

VERSION 1

HEALTH AND PRODUCTIVITY MANAGEMENT POLICY

DEPARTMENT OF
TRANSPORT AND COMMUNITY SAFETY

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

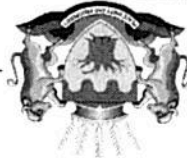


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DTCs	Department of Transport Community Safety
HOD	Head of Department
MEC	Member of Executive Committee
HPM	Health and Productivity Management
EHWP	Employee Health & wellness Programme
COIDA	Compensation for occupational injury and disease Act
HIV	Human immune deficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
TB	Tuberculosis
DOL	Department of Labour
OHS	Occupational Health and Safety
SHERQ	Safety, Health, Environment, Risk and Quality
CEDAW	Convention on the Elimination of all Forms of Discrimination Against women
ILO	International Labour organization

The following acronyms and abbreviations are used in this policy:

ACRONYMS

DEFINITIONS

1. **Department** - Department of Transport and Community Safety, Limpopo Province.

2. **Employee Wellness Programme** - a long-term organisational activities designed to promote the adoption of organisational practices and personal behavior conducive to maintenance or improvement of employees' overall wellbeing i.e. physical, emotional, intellectual, spiritual, occupational and social.

3. **Employer** - for the purpose of this policy means the Head of Department.

4. **Employee** - any person appointed in terms of the Public Service Act, 1994 as amended within the Department of Transport and Community Safety

5. **Health and Productivity Management** - the integration of data and services related to all aspects of employee health that affects work

performance. It includes measuring the impact of all targeted interventions on employee health and productivity.

6. **Work Life Programme** - means organisational practices that recommends aggressive support for efforts of everyone who wants to achieve success at home and at work and include programmes such as elderly care initiatives, flexible work arrangements, family participation.

7. **Chronic illnesses** - means a group of health conditions that lasts a long time.

8. **Disease management** - Disease management mitigate the impact of Diseases by promoting the objectives of communicable and non Communicable diseases by easing the disease path, improving the quality of daily living and the reduction of future complications associated with the disease.

9. **Health and Safety representatives** - means a representative of workers that each and every employer who has more than 20 employees in his employment at the workplace, shall, within four months after the

commencement of the Occupational Health and safety Act or after exceeds 20, as the case may be, designate in writing for a specific period health and safety representative for such workplace, or for different sections thereof.

10. Mental Health means a basic component of positive health and wellbeing. It is necessary to help management of life successfully and provide emotional and spiritual resilience to allow enjoyment of life and dealing with distress and disappointment.

11. Mental illness means a shorthand term for a variety of illnesses that affect mental wellbeing. It covers a range of symptoms and experiences.

12. Occupational Injury and diseases means an injury is taken to mean a personal injury sustained in an accident occurring during the performance of an employee's work. An occupational disease is like any other disease, with the distinction that it was caused solely or principally by factors peculiar to the working environment. Occupational diseases are listed in Schedule 3 of the Compensation for occupational Injuries and Diseases Act, 1993 (Act No 130 of 1993).

13. Ill Health Retirement means when an employee becomes permanently unable to work due to medical reasons, he/she could be discharged/retired from employment of the public service on medical grounds.

1. INTRODUCTION

Health and productivity is one of the four pillars of the DPSA Employee Health and Wellness Framework (2008). Health and Productivity is defined as " the integrated management of health risks for chronic illness, mental diseases and disability to reduce employees' total health related costs, including direct medical expenditures, unnecessary absence from work, and lost performance at work – also known as presenteeism" in the workplace.

This policy is intended to guide the Department of Transport and Community Safety on health risks in the work environment and to strengthen the management thereof. Workers should be in a position to be party to high standards of physical and mental health in the workplace without having an environment that has a negative bearing to their health and wellbeing. The quality of an employees work needs to be taken into consideration and not only the quantity.

The policy should be read in conjunction with the Wellness Management, HIV STI and TB Management, SHERQ Management, DPSA Employee Health and Wellness Strategic Framework 2008, Occupational Health and Safety act and the Basic conditions of Employment Act.

2. PURPOSE AND OBJECTIVES OF POLICY

2.1 The objectives of this policy are to:

- 2.1.1 Focus on the areas of Disease Management, Mental Health Management, injury on Duty & incapacity due to ill-Health and Occupational Health Education and Promotion.
- 2.1.2 Help employees manage their lives successfully and provide them with the emotional and spiritual resilience to allow them to enjoy life and deal with distress and disappointment.

- 2.1.3 Reduce healthcare costs and /or improving quality of life for individuals with chronic conditions by preventing or minimizing the effects of a disease, or chronic condition and medical surveillance.
- 2.1.4 Reduce absenteeism from work, abuse of sick leave, injury on duty, ill health retirements, incapacity leave, occupational diseases and health risks.
- 2.1.5 Enhance the knowledge levels of individuals, help catalyze and reinforce behaviour change while intentionally leading to improve health and productivity.

3. AUTHORITY OF POLICY

The authority of this policy lies within the Office of Executive Authority of the Department of Community Safety.

4. LEGAL FRAMEWORK

This Policy should be read in conjunction with the following instruments:

4.1 INTERNATIONAL INSTRUMENTS UNDERPINNING HP MANAGEMENT

- 4.1.1 WHO Global Strategy on Occupational Health for all.
- 4.1.2 WHO Global Workers Plan 2008-2017.
- 4.1.3 ILO Decent Work Agenda 2007-2015.
- 4.1.4 ILO Promotional Framework for Occupational Safety Convection 2006.
- 4.1.5 United Nations Convention on the Rights of people with Disabilities.
- 4.1.6 Convection on the Elimination of all Forms of Discrimination Against women (CEDAW)
- 4.1.7 The Beijing Declaration and its platform for Action, 1995(+10)
- 4.1.8 WHO Global Strategy on Prevention and Control of Non-Communicable Diseases (April 2008)
- 4.1.9 United Nations Millennium Declaration and its Development Goals (MDGs)
- 4.1.10 The internationals Convection on Population Development 1994(+10)
- 4.1.11 World Summit on Sustainable Development, Johannesburg 2002
- 4.1.12 WHO commission on Social Determinants of Health.
- 4.1.13 Public Service Act 1994 as amended.

4.2 LEGAL FRAMEWORK FOR HP MANAGEMENT WITHIN THE PUBLIC SERVICE:

- 4.2.1 Constitution of the RSA Act 108 1996:
- 4.2.2 Disaster Management Act, 2002(Act No.57 of 2002)
- 4.2.3 Basic Conditions of Employment Act, 1997(Act No.75 of 1997)
- 4.2.4 Occupational Health and Safety Act, 1993(Act No.85 of 1993)
- 4.2.5 Employment Equity Act, 1998(Act No.55 of 1998: Act No.97 of 1998; Act No.9 of 1999)
- 4.2.6 Labour Relations Act, 1995(Act No.66 of 1995)
- 4.2.7 National Disaster Management Framework
- 5.2.8 Promotion of Equity and Prevention of Unfair Discrimination Act 2000(Act No.4 of 2000)

- 4.2.9 Public Service Act of 1994 as amended & regulations
- 4.2.10 Compensation for Occupational Diseases and Injuries Act, 1993(Act No.130 of 1993)
- 4.2.11 Mental Health Care, 2002 (Act No.17, 2002)

- (a) The Medical Schemes Act, 1998 (Act No.131 of 1998)
- (b) National Health Care Act, 2003 (Act No. 60 of 2003)
- (c) Tobacco Products Control Amendment Act, 1999 (Act No.12 of 1999)
- (d) Mental Health Care Regulations Act, 2003 (Act No.14 of 2003)

4.3 STRATEGIC FRAMEWORKS APPLICABLE TO HPM AND EHW WITHIN THE PUBLIC SERVICE

- 4.3.1 National Strategic Plan on HIV/AIDS & TB 2012-2016
- 4.3.2 National Strategic Framework on Stigma and Discrimination
- 4.3.3 National Occupational Health and Safety Policy of 2005

5. SCOPE OF APPLICATION

5.1 This policy is applicable to all employees of the DTCS as contemplated in the Public Service Act of 1994 as amended.

- 5.2 All employees are eligible and encouraged to receive awareness information on Disease Management and Prevention by EHWP.
- 5.3 Participation in the Disease Management and Prevention Awareness Programmes and activities is voluntary.

6. PRINCIPLES

- 5.1 Equality and non-discrimination.
- 5.2 Barrier – free work environment.
- 5.3 Confidentiality and ethical behavior.
- 5.4 Form partnerships with relevant organisations.
- 5.5 Human dignity, autonomy, development and empowerment

7. POLICY PRONOUNCEMENTS

7.1 The Health and Productivity Management programme is underpinned by the following principles:

7.1.1 Focuses on all levels of employment.

7.1.2 Responds to the needs of designated groups such as women, older persons, people with disabilities and people living with HIV and AIDS.

7.1.3 Representation of targeted groups, non-sexist, non-racist and fully inclusive Public Service.

7.1.4 Cohesiveness with Human Resource Development processes.

7.1.5 Equality and non-discrimination upholding the value that discrimination on any unfair grounds should be eliminated.

7.1.6 Promotes healthy integration and embracing change

7.1.7 Human dignity, autonomy, development and empowerment.

7.1.8 Barrier-free Public service

7.1.9 Collaborative Partnerships

7.1.10 Confidentiality and ethical behavior

8. EMPLOYEE BENEFITS

8.1 An employee with any chronic mental/psychosomatic illness, incapacity due to injury on duty or ill health may not be unfairly discriminated against in the allocation of employee benefits.

8.2 An employee living with any condition listed under item 10.1 above will be treated no less favorably than the staff with any other serious illness/condition with regard to access to employee benefits.

8.3 Information from benefit schemes on the medical status of an employee should be kept confidential and should not be used to unfairly discriminate against the affected employee.

8.4 The Department offers a medical aid subsidy as part of the employee benefit package. All DTCS employees should be educated regarding the advantages of joining Medical Aids Schemes.

9. ROLE PLAYERS

9.1 Employer

9.1.1 Appoint a member of the senior management services to oversee

the implementation of Health and Productivity Management in the Department.

9.1.2 Appoint and train suitably qualified professionals at Head Office and Districts to develop and implement workplace programme based on this Policy and the minimum standards stipulated by the Department of

Public Service and Administration. The afore-mentioned professionals

should be trained to be able to implement, monitor and evaluate the Health and Productivity Management programme in the Department.

9.1.3 Ensure that the policy is communicated through regular workshops and meetings within the Department.

9.1.4 Ensure that there is provision of financial, human and physical resources

for the implementation of Health and Productivity programmes in the Department.

9.1.5 Mobilise management support for the programme.

fulfills the mandate of health and productivity.

9.5.1 Represent employees in the workplace and ensure that the employer

9.5 Labour representatives

Issues.

9.4.3 Provide support to employees experiencing challenges with health related

various management structures.

9.4.2 Conduct analysis on information regarding HPM and present to the

policies and financial guidelines.

9.4.1 Plan, implement and monitor and evaluate HPM according to strategies,

9.4 The EH&W Coordinator shall:

to himself/herself.

9.3.4 Report an incident, which may affect his/her employer or caused an injury

may be affected by his/her health acts or omissions.

9.3.3 Take care for the health and safety of him/herself and of other people who

Programme for purposes of maintaining productivity in the workplace.

9.3.2 Employees should register timely into disease management

programs.

9.3.1 Employee should participate in the preventative, support and care

9.3 Employee

staff members.

9.2.2 Managers and supervisors shall communicate the contents of this policy to

Health and Wellness programme.

provisions of this policy concerning the referral of ill employees to Employee

9.2.1 All managers and supervisors are responsible for adhering to the

9.2 Managers and supervisors

9.6 Health and Safety Representatives shall:

- 9.6.1 Ensure that if an accident occurs in their respective designated area it has to be investigated.
- 9.6.2 Causes of the incidents at the workplace has to be examined with the employer and complaints by an employee relating to their health and productivity at work needs to be investigated.

- 9.6.3 Representations to the employer with regard to general matters affecting the health and productivity of employees at the workplace need to be made.
- 9.6.4 Inspections at the workplace need to be conducted and any deviations need to be reported to the health and safety committee.

- 9.6.5 Reps have to attend Health and Safety committee meetings wherein they are members, in relation to the above-mentioned functions.

- 9.6.6 Identify health risks in the workplace.

10. PROGRAMME SUB-OBJECTIVES

Health and Productivity Management programme will be implemented under the following sub-objectives:

10.1. Disease management programme:

This sub-objective is concerned with improving health in the workplace. It focuses on health promotion and prevention of common chronic ailments and the reduction of associated complications. Departmental responses under this sub-objective include general health screening which is undertaken periodically for the early detection and management of both communicable and non-communicable diseases among employees; and advocacy programme for the reasonable accommodation of employees with chronic diseases. Use of the disease management programme need to be encouraged through co-operation between medical practitioners and patients to reduce the barriers in the workplace. Awareness programmes

The aim of this particular subjective is to utilise education to promote healthy behavior. Health promotion should change conditions that affect people's health by providing them with options so that they will have more

10.4 Occupational Health education and promotion

The purpose of here is to ensure that there is incident investigation, prevention and corrective measures are in place. There needs to be adherence to the Compensation for Occupational Injuries and Diseases Act, 1993 (COIDA). Ill Health incapacity is managed in terms of the Policy and procedure on Incapacity Leave and Ill Health retirement (PILIR). Relevant System operating procedures with regard to HPM need to be developed. Psychosocial support services need to be established and utilised.

10.3. Occupational injuries and Diseases and incapacity due to ill Health

A toolkit for Mental health promotion in workplace which looks at specific steps in terms of dealing with mental health issues need to be developed and implemented.

Interventions under this sub-objective focus on improving mental health in the workplace. Good mental health will allow employees to manage their lives successfully, build emotional and spiritual resilience necessary to cope with distress and challenges. To realise this sub-objective, mental health awareness promotions will be done among employees covering all workplaces of the Department. Reduction of stigma and discrimination against employees living with mental diseases is very important.

10.2. Mental health and psychosomatic illnesses:

on the functions and purpose of health surveillance and relevant laws and regulations need to be conducted. Disease management assist in reducing the impact of diseases and increases knowledge of diseases and attitude transformation.

15. DEFAULT

- 14.3 Submit monthly and quarterly reports to the office of the premier.
years.
- 14.2 Evaluate the achievements of policy objectives at least once every two
14.1 Ensure that the implementation of the policy is monitored quarterly.

The Department shall:

14. MONITORING AND EVALUATION

This policy will be implemented in line with the National Strategic Frameworks, National and Provincial Strategic Plans on Wellness Management and HIV&AIDS and TB, and both reports and results from Wellness Programmes offered to employees will inform implementation, monitoring and evaluation, and future planning.

13. IMPLEMENTATION

- 12.1 The budget for Employee Health and Wellness Programs shall be utilised for HPM activities.

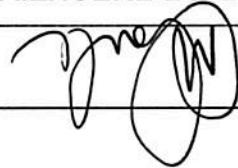
12. FINANCIAL ARRANGEMENTS

All employees shall be educated regarding the advantages of joining Medical Aid Schemes and the benefits offered by various medical aid schemes for Chronic illnesses including HIV and AIDS.

11. MEDICAL AID

control over their health and environment. There should be systems put in place to conduct workplace education on health management programmes. The impact of Occupational Health and safety policies in the workplace need to be evaluated.

MEMBER OF EXECUTIVE COUNCIL



DATE

30/03/2021

~~APPROVED / NOT APPROVED~~

ACCOUNTING OFFICER



DATE

19/3/21

~~RECOMMENDED / NOT RECOMMENDED~~

All enquiries related to this policy should be directed to the Human Resources Management and Employee Health and Wellness Programmes Unit

18. ENQUIRIES

The HPM policy will be reviewed in a period of 36 months after the date of approval or as and when the need arises.

17. TERMINATION AND REVIEW CONDITIONS

This policy shall come into effect from the date of approval.

16. INCEPTION DATE

Non-compliance with this policy may be considered as a misconduct and lead to disciplinary hearing.