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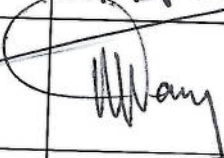
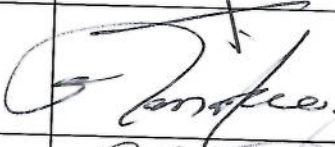
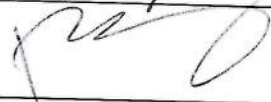
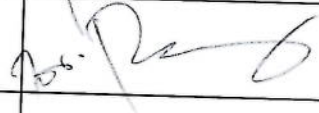
**PROVINCIAL GOVERNMENT**  
REPUBLIC OF SOUTH AFRICA

**OFFICE OF THE PREMIER**

**HEALTH AND PRODUCTIVITY  
MANAGEMENT (HPM)  
POLICY GUIDELINE**

## Document Approval Page

### HEALTH AND PRODUCTIVITY MANAGEMENT (HPM) POLICY

	Person	Signature	Date
Director General	Dr. P.P. PHEME		26/02/2015
Senior General Manager -	Mr. E. Managa		23/02/2015
General Manager – Corporate Services	Mr. M. Madubanya		19/02/2015
Senior Manager:	Mr. P. Ramavhoya		18/02/2015
Manager –	MS. A. MASHELA		18/02/2015

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## **HEALTH AND PRODUCTIVITY MANAGEMENT (HPM) POLICY**

### **1. INTRODUCTION**

- 1.1 The Health and Productivity Management Programme is one of the four programmes under EHWP. (HPM) policy is intended to guide the Office of the Premier on the management of the health risks in the workplace. The prevention interventions are geared towards strengthening the integrated management of health risks for communicable and non communicable disease, occupational injuries and diseases, and disability in order to mitigate their impact and effects on service delivery and employee wellbeing.
- 1.2 This Policy guideline furthermore seeks to strengthen and improve the efficiency of existing services and infrastructure through the implementation of the principles underpinned by the World Health Organisation Plan of Action on Workers Health 2008 -2017. The World Health Organisation Plan of Action on Workers Health 2008 -2017 advocates for:
  - 1.2.1 the principles of workers right to enjoy highest attainable standards of physical and mental health and favorable working conditions. The workplace should not be detrimental to health and wellbeing.
  - 1.2.2 the priority of primary prevention of occupational health hazards and that all components of the health systems should be involved in an integrated response to the specific health needs of working population.
  - 1.2.3 the recognition of the workplace as a setting for delivery of other essential public health interventions, and for health promotion and that activities related to workers' health should be planned, implemented, and evaluated with a view to reducing inequalities in workers' health within and between countries by both employers and workers representatives.
  - 1.2.4 effective interventions to prevent occupational hazards and to protect and promote health at the workplace and access to occupational health services.
- 1.3 Health and Productivity Management (HPM) also seeks to contribute to International Labour Organisation (ILO) Decent Work Agenda for Public Servants. The goal is not just the creation of jobs, but the creation of jobs of acceptable quality. This requires the integration of economic and social objectives with measures in the areas of employment promotion, rights at work, social protection and social dialogue.
- 1.4 This policy should be read in conjunction with the Employee Health and Wellness (EH&W) Strategic Framework (2008) Wellness management, HIV, STI and TB management and SHERQ management policies.

### **2. SCOPE OF APPLICATION**

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

### **3. LEGISLATIVE MANDATE**

The policy guideline should be read in conjunction with the following instruments:

- 3.1. **INTERNATIONAL INSTRUMENTS UNDERPINNING EH&W MANAGEMENT**
  - 3.1.1. WHO Global Strategy on Occupational Health for All
  - 3.1.2. ILO Decent Work Agenda 2007-2015
  - 3.1.3. ILO Promotional Framework for Occupational Safety Convention 2006

- 3.1.4. United Nations Convention on the Rights of People with Disabilities
- 3.1.5. United Nations Millennium Declaration and its Development Goals (MDGs)
- 3.1.6. The International Convention on Population Development 1994 (+10)
- 3.1.7. WHO Commission on social determinants of health

### **3.2 LEGISLATIVE MANDATE FOR EH&W MANAGEMENT WITHIN THE PUBLIC SERVICE**

- 3.1.8. Constitution of the RSA, [Act No. 108 of 1996];
- 3.1.9. Basic Conditions of Employment Act, 1997 [Act No. 75 of 1997];
- 3.1.10. Occupational Health and Safety Act, 1993 [Act No. 85 of 1993] and Regulations as amended;
- 3.1.11. Disaster Management Act, 2002 [Act No. 57 of 2002];
- 3.1.12. Employment Equity Act, 1998 [Act No. 55 of 1998];
- 3.1.13. Labour Relations Act, 1995 [Act No. 66 of 1995];
- 3.1.14. Promotion of Equality and Prevention of Unfair Discrimination Act, 2000 [Act No. 4 of 2000];
- 3.1.15. Public Service Act, 1994 [Act No. 103 of 1994] and Regulations as amended;
- 3.1.16. Compensation for Occupational Diseases and Injuries Act [No.130 of 1993];
- 3.1.17. Mental Health Care Act, 2002 [Act No. 17 of 2002]; and
- 3.1.18. The Medical Schemes Act, 1998 [Act No. 131 of 1998]

## **4. PURPOSE AND OBJECTIVES**

The purpose of this policy is to provide for the:

- 4.1 Management of communicable and non-communicable diseases in the workplace;
- 4.2 Management of mental health and psycho-somatic illnesses in the workplace;
- 4.3 Management of occupational injuries and diseases and incapacity due to ill health; and
- 4.4 Promotion of and education of employees on occupational health and identified health risks in the workplace.
- 4.5 Management and prevention of Substance abuse and
- 4.6 Management of Sport and Recreation activities, with the objective of promoting a healthy and productive workforce

## **5. PRINCIPLES**

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

- 5.1 Focus on all levels of employment.
- 5.2 Responding to the needs of designated groups such as women, older persons, people with disabilities and people living with HIV and AIDS.
- 5.3 Representation of targeted groups, a non-sexist, non-racist and fully inclusive Public Service.
- 5.4 Cohesiveness with Human Resource Development processes.
- 5.5 Equality and non-discrimination upholding the value that discrimination on any unfair grounds should be eliminated.
- 5.6 Promote healthy integration and embracing change.
- 5.7 Human dignity, autonomy, development and empowerment.
- 5.8 Barrier-free Public Service.
- 5.9 Collaborative Partnerships.
- 5.10 Confidentiality and ethical behavior

## 6. DEFINITIONS

For the purpose of this Policy guideline, unless the context indicates otherwise, the following definitions are set out for the terms indicated:

**“Asymptomatic”**: infected by a disease agent but exhibiting no medical symptoms.

**“Care”**: the steps taken to promote a person’s well-being through medical, psychological, spiritual and other means.

**“Chronic Illness”**: a group of health conditions that lasts a long time. There are many kinds of chronic illnesses - most chronic illnesses are not contagious. Chronic illnesses can be genetic, meaning that parents can pass the tendency to get them on to their children before they are born through genes.

**“Confidentiality”**: the right of every person, employee or job applicant to have their medical information, including HIV status kept private.

**“Disease Management”** : The processes and people concerned with improving or maintaining health status of individuals. It focuses on the reduction of the impact of diseases on quality work life by increasing knowledge level on communicable and non-communicable disease amongst employees.

**“Employee”**: An employee as defined in the Public Service Act, 1994 as amended and the Employment of Educators Act, 1998 (Act No. 76 of 1998).

**“Employee Health and Wellness Advisory Committee”**: The committee in the Office constituted by the following stakeholders, yet not limited to EH&W, HRM, HRD, Finance Management, PMDS, Organized Labour and Risk Management to oversee the implementation of EH&W programmes and advise where necessary.

**“Employee Health and Wellness Coordinator”**: An employee tasked with the responsibility to coordinate the implementation of Employee Health & Wellness programmes, which includes Health and Productivity Management programmes.

**“Health and Productivity Management or HPM”**: An integration of data and services related to all aspects of employee health that affect work performance. It includes measuring the impact of targeted interventions on both employee health and productivity. The Health and Productivity Management value chain designs benefits and programs to provide incentives, change behavior, reduce risks, improve health, which impact medical costs and disabilities, improve functionality, which translates into enhanced worker productivity.

**“Health and Safety Representative”**: 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 commencing business, or from such time as the number of employees 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.

**"Health Promotion":** Programmes aimed at ensuring the physical and mental health and well-being of employees.

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

**"Immediate Family"** means spouse and children or as determined by the Office.

**"Informed Consent"** means the prior consent of an employee to have an HIV test performed, in circumstances where the employee understands the nature and purpose of the test and where the employee has been given verbal counselling by a trained HIV, AIDS and TB counselor.

**"Mental health"** means a basic component of positive health and well-being. 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.

**"Mental illness":** A shorthand term for a variety of illnesses that affect our mental well-being.

**"Occupational Injury and diseases"** An injury on duty 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 Disease Act, 1993 (Act No 130 of 1993).

**"Occupational Exposure":** The exposure to blood and other body fluids, which may be HIV infected, during the course of carrying out working duties.

**"Occupational Health Education and Promotion":** A variety of communication, dissemination and information transfer activities that are intended to enhance the knowledge levels of employees to help catalyze and reinforce behaviour change while intentionally leading to improved individual health and productivity

**"Office":** A structure whereby employees are allocated various tasks with the purpose of achieving the mission and vision of the organization.

**"SHERQ"** Management means Safety, Health, Environment, Risk and Quality Management.

**"Substance Abuse":** The situation of being unable to function without the influence of drugs.

**"Support":** The services and assistance that may be provided to help a person deal with difficult situations and challenges.

**"Temporary Incapacity Leave":** The leave benefit that can be applied in the event where normal sick leave has been exhausted in the three year sick leave cycle, subject to the Policy on Incapacity Leave.

**“Treatment”:** The medical term describing the steps being taken to take care for and manage an illness.

**“Workplace programme”:** An intervention to address a specific issue within the workplace.

## **7. POLICY PRONOUNCEMENTS**

The Office shall:

- 7.1 Conduct integrated Health Risk assessment and management to improve Chronic Disease management and the measuring of the impact on employee health and productivity.
- 7.2 Implement disease management programmes.
- 7.3 Conduct awareness programmes.
- 7.4 Implement Toolkit for Mental Health Promotion.
- 7.5 Integrate Health Risk Assessment and Productivity Management processes.
- 7.6 Meet Health standards and put processes in place to ensure continuous health improvement.
- 7.7 Develop effective behaviour change communication programmes.
- 7.8 Ensure specific training for employees on Health and Productivity Management programmes.
- 7.9 Evaluate the impact of occupational health policies and health systems in the workplace.
- 7.10 Manage the implementation of the Substance Abuse programmes
- 7.11 Manage the implementation of the Sports and Recreational activities. that allows for different sporting codes and recreational performance to be introduced and employees afforded an opportunity to participate;
- 7.12 Establish a sport and recreation committee to manage sport and recreational activities;
- 7.13 Ensure that injuries sustained during approved Office sports or recreational activities shall be regarded as occupational injuries and shall as a result, be subject to Occupational Health and Safety Procedure guidelines and the Compensation for Occupational Injuries and Diseases Act, 1993(Act No. 130 of 1993).

## **8 MONITORING AND EVALUATION**

Monthly and quarterly reports regarding the implementation of the programme shall be submitted to the Executive Management, Employee Health and Wellness Advisory Committee.

## **9. INCEPTION DATE**

The inception date for this policy will be after approval by the Director General as the Accounting Officer.

## **10. TERMINATION AND REVIEW CONDITIONS**

This policy will remain in force unless withdrawn or amended by the Accounting Officer and shall be reviewed by a special review committee appointed by the Accounting Officer bi-annually or whenever a need arises

## **11. ENQUIRIES**

All enquiries can be directed to the Employee Health and Wellness Programme Directorate within Office of the Premier.