



LIMPOPO

PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

Department of
**Public Works, Roads and
Infrastructure**

Policy Name	Health and Productivity Management Policy
The revision/ version of the Policy	01
Domain	Employee Health and Wellness

1. ACRONYMS / ABBREVIATIONS

AIDS	-Acquired Immune Disease Syndrome
BCEA	- Basic Condition of Employment Act
COIDA	-Compensation for Occupational Injuries and Diseases Act
DPSA	-Department of Public Service and Administration
DoL	-Department of Labour
EAP-	Employee Assistance Policy
EH &W	-Employee Health and Wellness
HIV	-Human Immune Virus
HPM	-Health and Productivity Management
LDP	-Limpopo Development Plan
SDG's	-Sustainable Development Goals
SHERQ	-Safety, Health, Environmental, Risk and Quality
STI	-Sexual Transmitted Infections
ILO	-International Labour Organization
ISO	-International Standard Organization
PILLAR	- Procedure on Incapacity Leave and Ill-health Retirement
OHS	-Occupational Health and Safety/Occupational Hygiene and Safety
OHSAS	-Occupational Health Standards and Systems
TB	-Tuberculosis
WHO	-World Health Organization

2. INTRODUCTION

The Department of Public Works, Roads and Infrastructure acknowledges the negative impact resulting from poor management of chronic illnesses, mental/psychosomatic illnesses and incapacity due to injury on duty and ill health. The Health and Productivity Management (HPM) policy is intended to guide the Department of Public Works, Roads and Infrastructure 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.

The rationale and intended outcome related to Health and Productivity Management is an essential programme in the workplace that presents state of the art health and productivity research. The policy provides for Health and Productivity Management defined as “the integrated management of health risks for chronic illness, occupational injuries and diseases, 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 Public Service world of work.

This policy should be read in conjunction with the DPSA Employee Health and Wellness (EH&W) Strategic Framework (2008), Departmental Wellness Management, HIV, STI and TB management and SHERQ Management Policies and OHS Act and Basic Condition of Employment Act.

Department of Public Works, Roads and Infrastructure is committed to:

- 2.1** Mitigate the impact and effects of identified health risks in the workplace through prevention initiatives such as Health Risk Assessment, awareness and education.
- 2.2** Ensure that no individual identified as having communicable disease shall be excluded from appropriate services for which he/she is otherwise eligible. Each individual case shall be evaluated and decisions on services will be based upon medical data and according to current medical guidelines in reference to a specific infectious disease.

- 5.3.7 National TB Infection Control Guidelines, June 2007;
- 5.3.8 Management of Drug Resistant Tuberculosis in South Africa, Policy guideline, 2007;
- 5.3.9 Managing HIV/AIDS in the Workplace, A guide for Government Departments, July 2002;
- 5.3.10 Mental Health Care Regulations 14 February 2003; and
- 5.3.11. Policy and Procedure on Incapacity Leave and Ill-health Retirement (PILIR).

5.4 ECONOMIC AND SOCIAL POLICY, PROGRAMMES AND STRATEGY

- 5.4.1 Presidential and Provincial Pronouncements and Budget Speeches;
- 5.4.2 Limpopo Development Plan.

6. SCOPE OF APPLICATION

This policy is applicable to the employees of the Department of Public Works, Roads and Infrastructure: Limpopo Province.

7. DEFINITIONS

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

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

“Care” means a broad term referring to the steps taken to promote a person's well-being through medical, psychological, spiritual and other means.

“Chronic Illness” means 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” means the right of every person, employee or job applicant to have their medical information, including HIV status kept private.

“Disease Management” refers to the processes and people concerned with improving or maintaining health status of individuals. It focuses on the reduction of the impact of diseases

5.1 INTERNATIONAL INSTRUMENTS UNDERPINNING EH&W MANAGEMENT

- 5.1.1 WHO Commission on social determinants of health WHO Global Strategy on Occupational Health for All.
- 5.1.2 ILO Decent Work Agenda 2007-2015
- 5.1.3 ILO Promotional Framework for Occupational Safety Convention 2006.
- 5.1.4 United Nations Convention on the Rights of People with Disabilities.
- 5.1.5 Sustainable Development Goals (SDGs).
- 5.1.6 The International Convention on Population Development 1994 (+10).

5.2 LEGISLATIVE MANDATE FOR EH&W MANAGEMENT WITHIN THE PUBLIC SERVICE

- 5.2.1 Constitution of the RSA, [Act No. 108 of 1996];
- 5.2.2 Basic Conditions of Employment Act, 1997 [Act No. 75 of 1997];
- 5.2.3 Occupational Health and Safety Act, 1993 [Act No. 85 of 1993] and Regulations as amended;
- 5.2.4 Disaster Management Act, 2002 [Act No. 57 of 2002];
- 5.2.5 Employment Equity Act, 1998 [Act No. 55 of 1998];
- 5.2.6 Labour Relations Act, 1995 [Act No. 66 of 1995];
- 5.2.7 Promotion of Equality and Prevention of Unfair Discrimination Act, 2000 [Act No. 4 of 2000];
- 5.2.8 Public Service Act, 1994 [Act No. 103 of 1994] and Regulations 2016 as amended;
- 5.2.9 Compensation for Occupational Diseases and Injuries Act [No.130 of 1993];
- 5.2.10 Mental Health Care Act, 2002 [Act No. 17 of 2002]; and
- 5.2.11 The Medical Schemes Act, 1998 (Act No. 131 of 1998)

5.3. STRATEGIC FRAMEWORKS APPLICABLE TO EH&W WITHIN THE PUBLIC SERVICE

- 5.3.1 Employee Health and Wellness Strategic Framework for Public Service, 2008;
 - 5.3.2 National Strategic Framework on Stigma and Discrimination;
 - 5.3.3 National Strategic Plan for HIV, TB and STI 2017-2022
 - 5.3.4 National Occupational Health and Safety Policy of 2005;
 - 5.3.5 HIV&AIDS, STIs and TB National Strategic Plan 2012 – 2016;
 - 5.3.6 HIV&AIDS, STIs and TB Provincial Strategic Plan 2012 – 2016;
- LDPWRI Health and Productivity Management Policy

3. PURPOSE AND OBJECTIVES OF THE POLICY.

3.1 Purpose

The purpose of this policy is to-:

- 3.1.1 Strengthen and improve the efficiency of existing services and infrastructure through the implementation of the principles underpinned by the World Health Organization Plan of Action on Workers Health 2008 -2017.
- 3.1.2 Contribute to International Labour Organization (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.

3.2 Objectives

The objective of this policy is to provide guidance to Department in order to:

- 3.2.1. Manage communicable and non-communicable diseases in the workplace;
- 3.2.2. Manage mental health and psycho-somatic illnesses in the workplace;
- 3. 2.3. Manage occupational injuries and diseases and incapacity due to ill health; and
Promote and educate employees on occupational health and identified health risks in the workplace.

4. AUTHORITY OF POLICY

This policy is authorized and issued by the Member of Executive Council for Limpopo Provincial Department of Public Works, Roads and Infrastructure to employees (i.e. permanent, temporary and contractors on LDPWRI sites) of the Department.

5. LEGAL FRAMEWORK

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

on quality work life by increasing knowledge level on communicable and non-communicable disease amongst employees.

“Department” means the Department of Public Works, Roads and Infrastructure.

“Employee” means 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” is a Departmental committee constituted by representatives from all programmes, 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” means 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” means 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 Productivity and 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” 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 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” means 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 Department (read in conjunction with the Departmental EAP Policy).

“Informed Consent” means the prior consent of an employee to have wellness screening (HIV, cholesterol, TB, body mass index etc.) or counselling 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 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” means a shorthand term for a variety of illnesses that affect mental well-being. It covers a range of symptoms and experiences.

“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” means 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” means a variety of communication, dissemination and information transfer activities that are intended to enhance the knowledge levels of employees to help catalyse and reinforce behaviour change while intentionally leading to improved individual health and productivity.

“Policy” means this Provincial Policy guideline on Health and Productivity Management.

“Director” responsible for Health and Productivity” means any member of the Senior Management Service in line with the provisions of the Public Service Act, 1994, who is tasked with championing the Health and Productivity Management programme within the workplace.

“SHERQ” Management means Safety, Health, Environment, Risk and Quality Management.

“Support” means the services and assistance that may be provided to help a person deal with difficult situations and challenges.

“Temporary Incapacity Leave” means 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” means the medical term describing the steps being taken to care for and manage an illness.

“Workplace programme” means an intervention to address a specific issue within the workplace.

8. POLICY PRONOUNCEMENT

The Limpopo Department of Public Work, Roads and Infrastructure is committed to the well-being of its employees and to ensure a healthy and productive workforce by:-

- 8.1 Promoting and educating employees on occupational health and identified health risks in the workplace.
- 8.2 Managing communicable and non-communicable diseases in the workplace;
- 8.3 Managing mental health and psycho-somatic illnesses in the workplace; and
- 8.4 Managing occupational injuries and diseases and incapacity due to ill health.

9. PRINCIPLES

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

- 9.1 Focus on all levels of employment.

- 9.2 Responding to the needs of designated groups such as women, older persons, people with disabilities and people living with HIV and AIDS.
- 9.3 Representation of targeted groups, a non-sexist, non-racial and fully inclusive Public Service.
- 9.4 Cohesiveness with Human Resource Management and Development processes.
- 9.5 Equality and non-discrimination upholding the value that discrimination on any unfair grounds should be eliminated.
- 9.6 Promote healthy integration and embracing change.
- 9.7 Human dignity, autonomy, development and empowerment.
- 9.8 Barrier-free Public Service.
- 9.9 Collaborative Partnerships.
- 9.10 Confidentiality and Ethical behavior and conduct.

10. EMPLOYEE BENEFITS

- 10.1 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.
- 10.2 Employee living with any condition listed under item 10.1 above will be treated no less favourably than the staff with any other serious illness/condition with regard to access to employee benefits.
- 10.3 Information from benefits schemes on the medical status of an employee should be kept confidential and should not be used to unfairly discriminate.
- 10.4 The Department offers a medical aid subsidy as part of the employee benefit package.
- 10.5 All Public Works, Roads and Infrastructure employees should be educated regarding the advantages of joining Medical Aids Schemes.

11. ROLE PLAYERS AND RESPONSIBILITIES

This policy involves the following role players and their responsibilities are as follows:

11.1 The Head of Department as the accounting officer shall:

- 11.1.1 Ensure the Development and implementation of Health and Productivity management

policy in the Department.

- 11.1.2 Ensure the provision of financial, human and physical resources for the implementation of Health and Productivity programmes in the Department.
- 11.1.3 Ensure that all supervisors play a key role in the promotion and implementation of the policy in the Department.
- 11.1.4 Ensure compliance with legislation, regulations and standards during the Implementation of the policy.

11.2 Designated member of the Senior Management Services (SMS) shall:

- 11.2.1 Play an oversight role to ensure the implementation of health and productivity management strategies and policies.
- 11.2.2 Advocate for resources for the programme.
- 11.2.3 Manage and monitor external Wellness service providers.
- 11.2.4 Monitor and evaluate implementation of Wellness interventions.
- 11.2.5 Mobilize management support for wellness initiatives.

11.3 The EH&W Coordinator shall:

- 11.3.1 Plan, implement, monitor and evaluate HPM according to strategies, policies and budgetary guidelines.
- 11.3.2 Coordinate the implementation of HPM related projects and interventions.
- 11.3.3 Provide wellness services to employees and their immediate family members (as outlined in the Departmental EAP Policy) through promotion of physical, social, emotional, occupational, spiritual and intellectual wellness of employees.
- 11.3.4 Analyze and evaluate data and communicate information, statistics and results to various stakeholders and management structures.
- 11.3.5 Promote work-life balance at the workplace.
- 11.3.6 Provide information regarding nutrition.

11.4 The Employee shall:

Be responsible for improvement of personal quality of work life through utilization of Wellness services provided in the workplace.

- 11.4.1 Ensure that he/she registers early into disease management programs in order to manage the disease and enhance productivity in the Public Service.
- 11.4.2 Participate in care and preventive programmes to minimize the effects of a disease, or chronic condition through integrative care and preventive care.
- 11.4.3 Take reasonable care for the health and safety of him/herself and of other persons who may be affected by his/her acts or omissions.
- 11.4.4 If involved in any incident which may affect his/her employer or which has caused an injury to himself/herself, report such to his/her employer or to his/her health and safety representative as soon as possible.
- 11.4.5 Comply with standards as set out in legislation, regulations, South African Bureau of Standards, International Standard Organization and Department of Labour.

11.5 The Departmental Employee Health and Wellness Committee shall:

- 11.5.1. Provide strategic guidance on the implementation of HPM programme
- 11.7.2 Meet quarterly to discuss employee wellness policy matters.
- 11.5.3. Measure consistently the impact of EH&W on productivity in the Department
- 11.5.4 Oversee the monitoring and evaluation HPM programme
- 11.5.5. Contribute to EH&W policy formulation and review as well as research planning and implementation thereof.
- 11.5.6 Assist with the marketing of HPM programme in the Department
- 11.5.7 Advise the Accounting Officer and Executive Authority on all HPM matters.

11.6 Labour Union Representative shall:

- 11.6.1 Represent employees in the Departmental EH&W committee meetings
- 11.6.2 Contribute in the development and review of Wellness policies

11.7 Health and Safety Representatives shall:

- 11.7.1 Ensure that incident investigation is conducted if an accident occurs in their designated areas.
- 11.7.2 Review that incident investigated in collaboration with the employer, examine the causes of incidents at the workplace and investigate complaints by any employee

relating to employees health and productivity at work.

- 11.7.3 Make representations to the employer on general matters affecting the health and productivity of the employees at the workplace.
- 11.7.4 Conduct workplace inspection on health and safety and report deviations identified to the health and safety committee.
- 11.7.5 Attend meetings of the health and safety committee of which they are members, in connection with any of the above mentioned functions.

12. PROGRAMME FUNCTIONS

This Policy guideline must be implemented in line with the four main objectives namely;

- 12.1 Communicable and non-communicable diseases management,
- 12.2 Mental health and psychosomatic illness management,
- 12.3 Occupational injuries and diseases management, Incapacity Due to ill health; and
- 12.4 Occupational Health Education and Promotion.

12.1 Communicable and non-Communicable Disease Management

This objective seeks to mitigate the impact of disease management, and ensure that the reduction of barriers to disease management remains a strategic priority of the Department of Public Works. It is critical to actively involve employees in self-care, classify occupational diseases in the workplace and reduce the risk of employees acquiring an infectious disease at work by:

- 12.1.1 Conducting integrated Health Risk Assessment and management to improve Chronic disease management and the measuring of the impact on employee health and productivity.
- 12.1.2 Utilisation of disease management programmes through co-operation between Medical practitioners and patients to reduce barriers at the work place.
- 12.1.3 Development of Departmental Health and Productivity Policy.
- 12.1.4 Implementation of strategies to reduce the risk of employees contracting Communicable disease and the need for medical interventions.
- 12.1.5 Conducting of awareness programmes on the functions and purpose of health surveillance and the relevant laws and regulations.

12.2 Mental Health and Psychosomatic illness Management

This objective focuses on reduction of stress inducing risk factors, guide how to follow a balanced approach to understand work stress, recognise that employment provides rewards that are both internal and external, and reduce stigma and discrimination against mental diseases through the following :-

- 12.2.1 Development and implementation of a Toolkit for Mental Health Promotion in the workplace which looks at practical steps for addressing mental health.
- 12.2.2 Measurement of the impact of programmes that reduce the psychosocial and physical demand physical demands of the workplace that trigger stress.
- 12.2.3 Reduction of stigma and discrimination against people living with mental diseases and Non- communicable diseases as well as the promotion of human rights.
- 12.2.4 Implementation of interventions that involve groups of employees that are formed based on person-environment relationships, and which contribute to the generation or reduction of psychosomatic disorders.

12.3 Occupational Injury and Diseases and Incapacity Due to ill health

This objective is to ensure that incident investigation, corrective and preventive measures are implemented, furthermore, to ensure that Occupational injuries and diseases are managed in terms of the Compensation for Occupational Diseases and Injuries Act, 1993 (COIDA), and Ill Health incapacity is managed in terms of the Policy and Procedure on Incapacity Leave and Ill-health Retirement (PILIR) as follows:-.

- 12.3.1 Ensure integration of Health Risk Assessment and Management and Productivity Management processes.
- 12.3.2 Manage incapacity and ill-health retirement in accordance with PILIR.
- 12.3.3 Report occupational injuries and diseases in accordance with the Procedure on COIDA management.
- 12.3.4 Develop relevant standard operating procedures for implementation of HPM.
- 12.3.5 Provide psychosocial support and counselling as a need arise in the workplace.
- 12.3.6 Develop a system to quantify Return on Investment (ROI) and to develop cost effective Health care programmes.

12.4 Occupational Health Education and Promotion

The objective focuses on the promotion of healthy behavior using educational processes to affect change, to reinforce health practices of employees and their families and to develop effective behaviour change communication programmes, and to achieve and sustain an environment that acknowledges and responds effectively to diversity. Department should ensure that they:

- 12.4.1 Meet Health standards and put processes in place to ensure continuous health improvement.
- 12.4.2 Make options available to employees to exercise more control over their own health and over their environments, and to make choices conducive to their health.
- 12.4.3 Develop a strategy to share health services and institutions to the benefit of employees and government.
- 12.4.4 Strengthen systems for workplace learning on health management.
- 12.4.5 Conduct information and educational sessions on health management.
- 12.4.6 Develop effective behaviour change communication programmes.
- 12.4.7 Ensure specific training for employees on Health and Productivity Management Programmes.
- 12.4.8 Evaluate the impact of occupational health safety policies and health systems in all the workplace stations.

13. FINANCIAL IMPLICATIONS

The cost associated with the implementation of this policy must be met from the Limpopo Department of Public Works Roads and Infrastructure's Budget. The Accounting Officer should ensure that funds are available for the implementation of the policy for the MTEF period.

14. IMPLEMENTATION

The implementation of this policy will require the Department to develop an implementation plan outlining objectives, activities, outputs, indicators, budget, time frames as well as entities responsibilities.

15. MONITORING AND EVALUATION

The Department shall:

- i. Ensure that the implementation of the policy is monitored quarterly.
- ii. Evaluate the achievements of policy objectives at least once every two years.
- iii. Submit monthly and quarterly report to the Office of the Premier.

16. DEFAULT

Non- Compliance with this policy will lead misconduct which to be dealt legislations and Disciplinary Code of the Public Service.

17. INCEPTION DATE

The inception date of this policy is a day after the approval by the member of the Executive Council.

18. TERMINATION AND REVIEW CONDITIONS

The policy shall be reviewed at the end of the MTSF Period and at an interval of three (3) years or amended by the relevant legislation.

19. ENQUIRIES

Enquiries with regard to any matter relating to this policy will be directed to the Director: Employee Health and Wellness and particular representatives to HOD.

Approved by



MR. A.J.D NDOU
MEC OF DPWRI

09/05/2017
DATE