



LIMPOPO

PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT
OF
PUBLIC WORKS

Policy Name	HIV/AIDS, TB Management Policy
The revision/ version of the Policy	01
Domain	Employee Wellness Programme

ACRONYMS / ABBREVIATIONS

AIDS-	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral drugs
CIDB	Construction Industry Development Board
DOT	Directly Observed Therapy (DOT) for the Treatment of Tuberculosis.
EAP	Employee Assistance Programme
EH&W	Employee Health and Wellness
HCT	HIV Testing and Counselling
HIV-	Human Immunodeficiency Virus
NGO	Non Governmental Organization
NSP-	National Strategic Plan
TB-	Tuberculosis
STI	Sexual Transmitted Infection

2. INTRODUCTION

The Department of Public Works acknowledges the seriousness of HIV & AIDS and that there is still no cure. HIV & AIDS epidemic/pandemic is a threat to the country's economic development and it poses a challenge to Employee Assistance Programme (EAP). Absenteeism due to HIV&AIDS related illness definitely lowers the moral and the motivation of employees leading to decrease in productivity. Because of the stigma attached to it, employees are afraid of discrimination and are silent about their status and therefore die a slow death alone.

During the past ten years the incidence of TB has increased in South Africa. Co-infection with Mycobacterium Tuberculosis and HIV/AIDS has make prevention and control activities more complex and demanding. Each disease (HIV/AIDS and TB) speed up the progress of the other, and the two diseases present a deadly combination, since they are more destructive together than either disease is alone. Tackling HIV should therefore include tackling tuberculosis, while preventing tuberculosis should include prevention and management of HIV.

3. PURPOSE AND OBJECTIVES OF THE POLICY

- 3.1 Capacitate employees about the disease (mode of entry, spread and prevention)
- 3.2 Capacitate employees on Human right and access to Justice
- 3.3 To create a non-discriminatory work environment for infected or affected employees.
- 3.4 Changing employee's high-risk behaviour
- 3.5 Improving the quality of life for employees affected by the disease.
- 3.6 Facilitate Treatment, Care and Support
- 3.7 Manage Human and legal Rights; and Access to Justice
- 3.8 Monitor, Research and Surveillance



4. AUTHORITY OF POLICY

This policy is authorized and issued by the Executive Authority.

5. LEGAL FRAMEWORK

LEGAL FRAMEWORK FOR HIV/AIDS and TB WITHIN THE PUBLIC SERVICE.

Basic Conditions of Employment Act, 1997 (Act No. 75 of 1997)
Compensation for Occupational Diseases and Injuries Act, 1993 (Act No.130 of 1993)
Constitution of the Republic of South Africa Act, 1996
Disaster Management Act, 2002 (Act No. 57 of 2002)
Employment Equity Act, 1998 (Act No. 55 of 1998)
Health Act, 1977 (Act No. 63 of 1977)
Labour Relations, 1995 (Act No. 66 of 1995)
National Disaster Management Framework
Occupational Health and Safety Act, 1993 (Act No. 85 of 1993)
Promotion of Equality and Prevention of Unfair Discrimination Act, 2000 (Act No.4 of 2000)
Public Service Act, 1994 (Proclamation No.103 of 1994)
Public Service Regulations, 2001
The Medical Schemes Act, 1998 (Act No. 131 of 1998)
Tobacco Products Control Act, 1993 (Act No. 83 of 1993)

STRATEGIC FRAMEWORKS APPLICABLE TO HIV/AIDS AND TB MANAGEMENT EH&W WITHIN THE PUBLIC SERVICE

- 6.2.1. HIV/AIDS and STI National Strategic Plan 2007-2011
- 6.2.2. Tuberculosis Strategic Plan for South Africa, 2007-2011
- 6.2.3. National TB Infection Control Guidelines, June 2007
- 6.2.4 HIV/AIDS and TB Management Policy
- 6.2.5 HIV/AIDS and TB Management Policy 10
- 6.2.6. Management of Drug Resistant Tuberculosis in South Africa, Policy Guidelines June, 2007
- 6.2.7. National Strategic Framework on Stigma and Discrimination
- 6.2.8. National Occupational Health and Safety Policy of 2005
- 6.2.9. National HIV/AIDS and TB Management Policy Of 2005

6. SCOPE OF APPLICATION

This policy is applicable to the employees (including their immediate family members) of the Department of Public Works: Limpopo Provincial Administration and its contractors.



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7. DEFINITIONS

“HIV” stands for **HUMAN IMMUNODEFICIENCY VIRUS**. It is a blood borne virus transmitted amongst human beings. HIV attacks the immune system and once it has rendered it incompetent, a person could develop various illnesses because the body will be too weak to defend itself.

“AIDS” stands for **ACQUIRED IMMUNE DEFICIENCY SYNDROME**.

AIDS is a condition that is present when the body's defense system is deficient and various life-threatening infections occur. These life-threatening infections are called opportunistic infections or diseases.

“TB” stands for **TUBERCULOSIS**. It is an infection caused by an organism called Mycobacterium Tuberculosis, characterized by fever, loss of weight, night sweat, and fatigue. When the infection is in the lungs the person presents with prolonged cough of more than two weeks.

“TB disease” when a person develops symptoms of tuberculosis and is falling sick it is referred to as active TB.

“The HIV&AIDS and TB Coordinator” is an employee tasked with the responsibility to coordinate the implementation of HIV&AIDS and TB programmes. The HIV&AIDS Coordinator can be professionally trained to perform therapeutic interventions, if not trained, such cases should be referred.

“The Head of Department” means head of a national department, the Office of the Premier, a provincial department, or a head of a national or provincial component, and includes any employee acting in such post.

“The Designated Senior Manager” 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 HIV&AIDS and TB management programme within the workplace.

“The Employee” means a person appointed in terms of the Public Service Act, 1994 but excludes a person appointed as a special adviser in terms of section 12(A).

“The Health and Safety Committee” is a committee that is established by the HOD to initiate, develop, promote, maintain and review measures to ensure the health and safety of employees at the workplace. Such committee shall be constituted by the employer, health and safety representatives and labour unions.

“The Peer Educator” is an employee who is trained to work with his/her peers, sharing information and guiding a discussion using his/her peer experience and knowledge.

“Employee Health and Wellness Advisory Committee” This is a departmental committee constituted by the following stakeholders not limited to EH&W, HRM, HRD, Finance Management, PMS, Organized Labour and Risk Management to oversee the implementation of EH&W programmes and advise where necessary.

“Immediate Family” means spouse and children or anyone living under the roof of an employee.

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8. POLICY PRONOUNCEMENT

The Limpopo Department of Public Works is committed to the social and emotional well-being of its employees and to ensuring a safe and healthy working environment that will minimize the spread of HIV and TB epidemic by:-

- 8.1 Capacity building for employees- the Employee Health and Wellness Unit is responsible to introduce appropriate education, awareness and prevention programmes on HIV&AIDS, TB and other sexually transmitted infections for the employees in the department and, where possible, their families in order to (a) minimize stigma and discrimination, (b) change high risk behaviours, (c) manage human and legal right and access to justice,. This will be done on monthly and quarterly basis depending on the need.
- 8.2 Facilitate Treatment, Care and Support-The Unit will, upon receiving consent from the employee who has disclosed his/her HIV + or TB status facilitate treatment, care and psychological support for the employee.
- 8.3 Monitor, Research and Surveillance- the Unit is responsible to monitor progress of the programme through available tools such as reports.

9. PRINCIPLES

The HIV/AIDS and TB Management is underpinned by the following principles:-

- 9.1 The promotion of equality and non-discrimination between individuals with HIV infection and those without and between HIV&AIDS and other comparable health/ medical conditions.
- 9.2 The creation of a supportive environment so that HIV infected employees are able to continue working under normal conditions in their current employment for as long as they are medically fit to do so.
- 9.3 The privacy of staff living with HIV&AIDS shall be protected at all times.
- 9.4 HIV& AIDS impacts disproportionately on women and this should be taken into account in the development of workplace policies and programmes.
- 9.5 Consultation, exclusivity and encouraging full participation of all stakeholders are key principles that should underpin every HIV& AIDS policy and programme.
- 9.6 Access to personal data relating to an employee's HIV-status shall be bound by the rules of confidentiality, and no employer shall disclose such information without a written consent of the employee.

10. EMPLOYEE BENEFITS

- 10.1 Employees with HIV &AIDS may not be unfairly discriminated against in the allocation of employee benefits.

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- 10.2 Employees living with HIV& AIDS 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. All Public Works employees should be educated regarding the advantages of joining Medical Aids Schemes. They should be made aware of how much cover their medical aid schemes offer for HIV & AIDS.

11. ROLE PLAYERS

This policy involves the following role players and functions:

11.1 The Head of Department shall:

- 11.1.1 Take cognizance of the reality that HIV&AIDS is one of the main challenges facing South Africa today, and encourage a policy with a mainstreamed response to the challenge of HIV infection, and the wide ranging impact of AIDS and other diseases on the workforce. In this regard mainstreaming means inclusion of HIV&AIDS and TB into functions relevant to the core mandate of each sector/organization.
- 11.1.2. Take cognizance of the reality of TB which, together with HIV and AIDS, causes health-related problems for the employee and lowers productivity for the organization as well as contributes to the high attrition rate in South Africa, and ensure effective implementation on intervention of prevention and treatment care and support.
- 11.1.3 Ensure that the initiatives and interventions included in the policy address the following goals and objectives:
- (a) The Department of Health's National TB Infection Control Guidelines, which includes among other education of employees.
- (b) The HIV & AIDS and STI Strategic Plan for South Africa 2007-2011 (NSP), which seeks to reduce the number of new HIV infections by 50% HIV&AIDS and TB Management Policy HIV&AIDS and TB Management Policy 15 and reduce the impact of HIV and AIDS on individuals, families, communities and society by expanding access to appropriate treatment, care and support to 80% of all people diagnosed with HIV.
- 11.1.4 Establish and maintain a safe and healthy environment for employees of the department.
- 11.1.5 HIV testing
- a) Although voluntary testing will be encouraged, the Department may not require an employee, or an applicant for employment, to undertake an HIV test in order to ascertain that employee's HIV(TB or any other disease) status.



- b) In the case where testing is compulsory, the department will seek approval from Labour Court as outlined in the HIV&AIDS and TB Management Policy, HIV&AIDS and TB Management Policy 16 to declare such testing as justifiable in terms of the Employment Equity Act, 1998 (Act No. 55 of 1998).
- c) Testing at the request of the employee with written consent of the employer will be done with his/her written consent once appropriate counselling has been provided.
- d) In order to encourage employees to know their HIV status, the Department shall facilitate testing on-site. The service provider shall disclose the employee HIV+ status to the Employee Health and Wellness (EH&W) Officials after the concerned employee has consented.
- e) Confidentiality regarding the HIV status of an employee shall be maintained at all times. However, in line with the Department's philosophy on the virus, the employee will be encouraged to be open about his/her HIV status.
- f) The principle of shared confidentiality will be observed in cases where appropriate health care may need to be provided.
- g) Where an employee chooses to voluntarily disclose his/her status to the employer or to other employees, such information may not be disclosed to others without the employee's written permission.
- h) Confidential documents such as counselling records and case registers within the wellness programme shall be kept only by a registered wellness professional.
- i) The conduct of wellness and the management of confidential documents shall be governed by the principles contained in Social Work Act of 1978.
- j) Take appropriate measures to actively promote non-discrimination and to protect HIV positive employees and employees perceived to be HIV- positive from discrimination.
- k) As far as possible the generic principles of respect for autonomy, non-maleficence, beneficence, and distributive justice will guide the actions of policymakers, programme managers, researchers and all professionals working in the field of employee health and wellness. HIV&AIDS and TB Management Policy HIV&AIDS and TB Management Policy 17.

11.1.6. Health Promotion

- (a) Introduce appropriate education, awareness and prevention programmes on HIV&AIDS, TB and other sexually transmitted infections for the employees in the department and, where possible, their families, and as far as possible, integrate those programmes with programmes that promote the health and well-being of employees;
- (b) Create mechanisms within the workplace to encourage openness, acceptance, care and support for HIV-positive employees. Such mechanisms should preferably form part of a comprehensive employee health and wellness assistance programme or health promotion programme;



- (c) Designate a member of the SMS with adequate skills, seniority and support to implement the provisions contained in regulation E, Part VI, Chapter 1 of the Public Service Regulations, 2001 within the department, and ensure that the member so designated is held accountable by means of her or his performance agreement for the implementation of the provisions;
- (d) Allocate adequate human and financial resources to implement the provisions of Regulation E, Part VI, Chapter 1 of the Public Service Regulations, 2001, and, where appropriate, form partnerships with other departments, organizations and individuals who are able to assist with health promotion programmes;
- (e) Establish a HIV/AIDS/TB committee for the department with adequate representation and support from all relevant stakeholders, including trade union representatives, to facilitate the effectiveness of the provisions of regulation E, Part VI, Chapter 1 of the Public Service Regulations, 2001; and
- (f) Ensure that the health promotion programme includes an effective internal communication strategy. HIV&AIDS and TB Management Policy HIV&AIDS and TB Management Policy 18

11.1.7 Monitoring and Evaluation

The head of department shall introduce appropriate measures for monitoring and evaluation of the impact of HIV&AIDS and TB management programme in the world of work.

11.2 The Designated Senior Manager:

11.2.1. Promote capacity development Initiatives to:

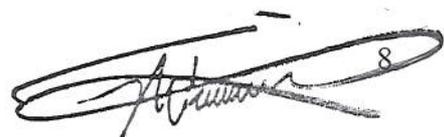
- (a) Promote competence development of practitioners;
- (b) Improve capacity development of auxiliary functions (OD, HR, IR, Skills Development, Change Management, etc.) to assist with HIV&AIDS and TB prevention at organizational level; and
- (c) Establish e-Health and HIV&AIDS and TB information systems.

11.2.2. Establish organizational support initiatives to:

- a) Structure, strategize, plan and develop holistic HIV and AIDS and TB programmes in collaboration with other stakeholders;
- b) Ensure Human Resource planning and management;
- c) Develop integrated HIV&AIDS and TB information management system;
- d) Provide physical resources;
- e) Ensure financial planning and budgeting; and
- f) Mobilize management support.

11.2.3. Develop governance and institutional development initiatives i.e.:

- a. Establish and facilitate Employee Health and Wellness Advisory Committee” and obtain Stakeholder commitment and development.
- b. Manage HIV and AIDS and TB strategies and policies, e.g. Prevention, Treatment care and support and Human Rights.



- c. Align and interface HIV and AIDS and TB management policy with other relevant policies and procedures. HIV&AIDS and TB Management Policy HIV&AIDS and TB Management Policy 19
- d. Develop and implement management standards for HIV&AIDS and TB.
- e. Develop and implement ethical framework for HIV&AIDS and TB Management
- f. Liaise with, manage and monitor external service providers.
- g. Develop and maintain an effective communication system.
- h. Plan interventions based on risk and needs analysis.
- i. Monitor and evaluate implementation of HIV and AIDS and TB management interventions.
- j. Develop and implement a system for monitoring, evaluation and impact analysis.

11.2.4. Develop economic growth and development initiatives, i.e.:

- a) Mitigate the impact of HIV&AIDS and TB infected employee on the economy.
- b) Ensure responsiveness to the Government's Programme of Action.
- c) Ensure responsiveness to the Millennium Development Goals.
- d) Integrating NEPAD, AU and Global programmes for the economic sector.

11.3. The HIV&AIDS and TB Coordinator:

- 11.3.1. Coordinate the implementation of HIV&AIDS and TB management programmes, projects and interventions;
- 11.3.2. Plan, monitor and manage workplace HIV&AIDS and TB according to strategies, policies and budgetary guidelines;
- 11.3.3. Obtain and make condoms and femidom available at the workplace and provide usage education thereof;
- 11.3.4. Initiate and arrange staff training with regard to HIV&AIDS and TB including its relationship;
- 11.3.5. Make provision for counseling to individual employees and to their immediate family members;
- 11.3.6. Identify personal development needs for individual employees; HIV&AIDS and TB Management Policy HIV&AIDS and TB Management Policy.
- 11.3.7. Analyze and evaluate data and communicate information, statistics and results to various stakeholders and management;
- 11.3.8. Coordinate activities of Peer Educators;
- 11.3.9. Promote work-life balance for employees;
- 11.3.10 Provide information regarding nutrition and monitor canteen services;
- 11.3.11. Ensure adherence to universal precautions, which include:
 - (i) Displaying universal precaution notices;
 - (ii) Provision of condoms and dispensers;
 - (iii) Provision of first aid kits;
 - (iv) Wearing of latex gloves when administering first aid;
 - (v) Washing of hands before administering first aid; and

11.4 The Peer Educator:

The Department shall select and appoint Peer Educators who will be capacitated with HIV & AIDS matters to-:

- 11.4.1. Act as a focal point for the distribution of evidence-based and generic HIV&AIDS and TB promotional material at the workplace;



- 11.4.2. Take the initiative to implement awareness activities, or to communicate HIV&AIDS and TB information at the workplace;
- 11.4.3. Act as HIV&AIDS and TB peer educator in the workplace;
- 11.4.4. Act as a referral agent of employees to relevant internal or external health support programmes;
- 11.4.5. Support employees on TB and/or ARV treatment to adhere to treatment (act as DOTS supporter /ARV Buddy); and
- 11.4.6. Submit monthly reports of activities to the HIV&AIDS and TB Coordinator.

11.5 Employee Health and Wellness Advisory Committee

The Department shall select and appoint the Employee Health and Wellness Advisory Committee members to perform the following-:

- 11.5.1 Advise on the formulation of all Employee Health and Wellness Programme policies and strategy.
- 11.5.2 Advise on the implementation of the Employee Health and Wellness programmes or pillars
- 11.5.3 To contribute to the evaluation of the programme through monitoring on quarterly basis and assist in improving the program.
- 11.5.4 Advise and report to management on issues related to Employee Health and Wellness programme

11.6. Recognized Labour Unions

- 11.6.1 The role of recognized Trade unions in supporting the correct implementation of the policy is vital.
- 11.6.2 Trade Unions have a key role to play in informing members about their human rights and access to justice with regards to HIV&AIDS and TB.

12. ACCESS TO SERVICES

Employees shall have access to preventive and therapeutic service within comprehensive Human Resource/ Employee Assistant Programme, which is utilised by staff experiencing a variety of psychosocial difficulties including, but not limited to, HIV & AIDS so as to de-stigmatise AIDS programmes.

13. CONSTRUCTION WORK

Constructors or clients who engage in construction work on behalf of the Department of Public Works shall do so as per this Policy and CIDB's Specification for HIV/AIDS Awareness, 2003.

14. CARE, TREATMENT AND SUPPORT

The Department shall create mechanism to encourage openness, acceptance and support for those who disclose their HIV status, and ensure that they are not



stigmatized. To mitigate the impact of the HIV/AIDS epidemic and TB in the workplace, counselling for both infected and affected employees and their immediate family members shall be done in line with the Departmental EAP Policy and the EAPSA Standards, 2005.

In the case where an employee discloses his/her HIV+ status, the department shall facilitate the link between the employee and the Department of Health and Social Development for treatment. The employee or his/her family member may be linked with the NGOs near their work or based in their communities for support (Annexures B, C and D will be implemented in provision of the care referred to above).

15. COMPENSATION FOR OCCUPATIONAL ACQUIRED HIV.

15.1 The Department is responsible for the creation of a healthy and safe working environment for its employees to ensure that the risk of HIV & AIDS infection is minimised.

15.2 In the event of an employee being infected with HIV& AIDS as a result of the nature of work performed by the employee concerned, the department must take an initiative to explain the rights of that employee under the COIDA Act to that employee.

15.3 The Department shall in addition assist the said employee to claim compensation under the said Act above.

15.4 Bodily fluid shall be handled as per the “Annexure A, Universal Precautions” attached

16. FINANCIAL IMPLICATIONS

The cost associated with the implementation of this policy must be met from the department's budget. The Employee Health and Wellness Programme shall cost their HIV/AIDS and TB Management operational plan using the costing model as a guide for budgeting.

17. HIV & AIDS PROGRAMME IN THE WORKPLACE.

The Department will offer the following services to all its employees and their affected family members.

17.1 Awareness;

17.2 Education and training;

17.3 Creating a non- discriminatory environment;

17.4 Condom promotion and distribution in the workplace (both females and males).

17.5 Facilitate HCTs.

17.6 Psychosocial support



18. HIV AND AIDS AMBASSADOR

The HIV and AIDS ambassador can be requested to take part in awareness, HCT, care and support Programmes within the department.

19. GRIEVANCES

Discrimination or victimization of HIV-positive employees will not be condoned. Such behaviour will be addressed by means of disciplinary action in accordance with the Disciplinary Code and Procedure (PSCBC Resolution No 2 of 1999).

20. REASONABLE ACCOMMODATION.

In the case where an employee is not able to do the same job due to ill-health, the employer shall find out how that job can be adapted to accommodate the employee. If the incapacity is work related, there can be a great onus on the employer to accommodate the employee. Reasonable accommodation shall be dealt with based on its merit.

Attached find “**Annexure D Standard Operating Procedure for Reasonable Accommodation**”.

21. DISMISSAL

No employee shall suffer adverse consequences, whether dismissal or terminated merely on the basis of her/his HIV & AIDS status. If an employee with AIDS is unable to perform his/her tasks adequately, the Department is obliged to follow accepted guidelines regarding terminating an employee's services and/or retirement due to continued illness. The dismissal should be dealt with in line with the Labour relations Act, No 66 of 1995 and the Public service Act, 1994.

22. MONITORING AND EVALUATION

Monitoring and evaluation have a significant role to play in HIV/AIDS and TB Management interventions as it assists in assessing whether the programme is appropriate; cost effective and meeting the set objectives. The 11 components that should be included in the HIV/AIDS and TB Management Monitoring and Evaluation (M&E) System are indicated below:

22.1 Organisational structures with EH&W monitoring and evaluation

22.2 Functions Human capacity for HIV/AIDS and TB Management monitoring and evaluation

22.3 Partnerships to plan, coordinate, and manage the M&E system

22.4 National multi-sectoral EH&W monitoring and evaluation plan

22.5 Annual costed departmental HIV/AIDS and TB Management monitoring and evaluation work plan Advocacy, communications, and culture for EH&W

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monitoring and Evaluation.

22.6 Surveys and surveillance.

22.7 National and sub-national EH&W Databases

22.8 Supportive supervision and data auditing

22.9 EH&W evaluation and research

22.10 Data dissemination and use

23. INCEPTION DATE

The inception date of this policy is after the approval by the Executive Authority.

24. REVIEW

The Policy shall be reviewed as and when there are new developments in Legislation.

25. ENQUIRIES

Enquiries with regard to any matter relating to this policy will be directed to the Employee Health and Wellness Unit

Approved by



EXECUTIVE AUTHORITY

25/07/13

DATE

ANNEXURE A

Universal Precautions/ Standard Operating Procedure

As protection against the blood-related modes of transmission, Employees should use universal precautions when coming in contact with the blood of all clients, or bodily fluids containing blood.

Staff member should adhere to the following universal precautions:

- Wear latex gloves when coming into contact with blood, skin and mucous membrane cuts, or any open skin lesion.
- Use gloves only for the care of one person, then discard the gloves.
- Wash hands after discarding the gloves.
- Use mouth piece device for resuscitating a fainted person
- Properly dispose of contaminated materials exposed to blood, such as needles.

Strict **adherence** to universal precautions prevents exposure to blood-borne pathogens including HIV and **hepatitis B**.



ANNEXURE B

PROCEDURE MANUAL FOR COUNSELLING SERVICES

1. INTRODUCTION

The national Employee Health and Wellness Strategic framework provide guidelines on the implementation of the programme in the Public Service. Departments should provide psychosocial wellness services to employees to enhance employee wellbeing and productivity.

The counselling procedure manual is crucial to ensure that there uniformity in terms of service provision in all departments. This serves as guide to department when offering counselling services to employees or their dependants

2. REFERRAL PROCEDURE

2.1 When employees seek assistance from professional counsellors should access the services with the department or outside the department. Referral to the internal professional is not part of disciplinary process and should not be regarded as such by employees. Referral to the professional counsellor can be done in three ways:

- **Self-referral:** The employee as an individual who is in a best position to identify his/her problems consults the professional counsellor voluntarily for assistance.
- **Informal referral:** The employee receives a recommendation from other people such as manager, friend, colleague, union representative, family member and so on to consult the professional counsellor for assistance regarding his/her problem. No documentation is necessary when referring an employee.
- **Formal referral:** The supervisor refers the employee in writing to EHW unit for assistance due to lowering job performance. The referral form should be completed and signed by both the supervisor and the employee.

2.2. When employee is referred to EH&W unit appointment should be made. The referral will be handled within 5 working days or within 3 workings days if is a crisis.

2.3. The professional counsellor will record the proceedings of all face to face or telephonic consultations held with the employee or referral



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ANNEXURE C: STANDARD OPERATING PROCEDURE FOR CONDOM DISTRIBUTION

The requirements for a successful workplace condom-distribution programme. are:-

1. Location

Condoms shall be located and distributed in places where they are easily accessible on the one hand, and private enough on the other hand.

2. Education sessions

Education sessions of between 30 and 60 minutes need to be conducted with all employees about the purpose of the condom programme.

3. Peer educators/peer-counselors

Distribution should be linked to the peer education programme. This will increase opportunities for face-to-face discussions and debates to encourage employees to talk about sex and sexuality, and to challenge preconceived ideas and misconceptions. Counselling should be available to help employees to deal with their concerns and fears.

4. Sustainability

Condoms shall be available at all times in order to maintain positive employee attitudes to the programme.

5. Quality

Ensuring quality includes correct sourcing, checking and storage of condoms. Condoms shall be stored at a regular and steady temperature.

6. Packaging

Condoms shall be placed in containers located in bathrooms and receptions for four or six condoms have greater uptake.

7. Education programmes

The distribution programme shall be linked to a general HIV/AIDS awareness and education programme. The education programme must include messages about quality, cost and correct use of condoms, as well as some pleasure tips. Through special events, employees could be targeted, to ensure that all employees have access to information.

8. Printed materials

Printed brochures (HIV/AIDS basic facts; How to use condoms; etc.) should be available for employees to read in private and to take to their partners. Posters promoting the service and giving information posted on all notice boards will help raise awareness.

9. Monitoring

The distribution programme shall be monitored to ensure that it is successfully reaching the target groups (employee) and being used effectively. Measuring condom uptake will inform the unit how many condoms are being accessed by employees, but not how many employees are using the service. KAP surveys may be used to check how many employees have actually changed their behaviour and are consistently using condoms.



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ANNEXURE D

STANDARD OPERATING PROCEDURE FOR REASONABLE ACCOMMODATION

1. When considering alternatives whether the incapacity is temporary or permanent, the department shall consider the following in order to apply reasonable accommodation-:
 - The nature of the job
 - The period of absence
 - The seriousness of the ill- health/ condition
 - The possibility of securing a temporary replacement.
 - The possibilities of finding alternative employment within the organization for the employee.
 - The possibilities of adapting the duties or work circumstances of the employee to accommodate the disability or incapacity.

2. Investigation

The department shall investigate the extent of the incapacity and ways in which the employer can make a reasonable accommodation.

3. Consultation

The department shall consult in order to find out from the employee whether the employee can still do the same work he/she was previously doing before the ill-health.

4. Alternative employment.

In the case where the employee cannot continue in the same position as before the ill-health, the department shall see whether any alternative position may be available (even at a reduced salary if necessary).

Reasonable accommodation can also refer to the adjustment of time in which the employee report for work and knocks- off. However this should be dealt with in line with the Basic Conditions of Employment Act, 1997 (Act No. 75 of 1997).

5. Counselling

In order to help the employee to adapt to the new circumstances, the employee, (depending on the nature of incapacity) shall be counselled regarding a possible adaptation of the job or a new position entirely. Counselling shall be done in line with item 13 above and the Procedure Manual for Counselling Services attached.

