



social development

Department:  
Social Development  
PROVINCE OF KWAZULU-NATAL

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

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## **1. INTRODUCTION**

Health and Productivity Management activities are efforts to promote and maintain the general health of Employees through prevention, intervention, awareness, education, risk assessment and support in order to mitigate the impact and effect of communicable and non-communicable disease, injuries, productivity and quality life of Employees. The workplace should not be harmful to health and wellbeing of employees.

## **2. PURPOSE**

The purpose of this Policy is to provide guidelines for the implementation of Health and Productivity Management initiatives.

## **3. OBJECTIVE**

The objective of this Policy is to provide measures to:-

- (a) manage diseases and chronic illness;
- (b) manage mental health and psych-somatic illness in the workplace;
- (c) ensure that injury on duty and incapacity due to ill health are well managed; and
- (d) ensure occupational health education and promotion.

## **4. SCOPE OF APPLICABILITY**

This Policy is applicable to all Employees of the Department.

## **5. LEGISLATIVE FRAMEWORK**

- 5.1 Constitution of the Republic of South Africa, 1996
- 5.2 Public Service Act, 1994 (Proclamation No.103 of 1994);
- 5.3 Labour Relations Act, 1995 (Act No.66 of 1995);
- 5.4 DPSA Policy Framework on Employee Health and Wellness 2008;
- 5.5 Medical Schemes Act, 1998 (Act no 131 of 1998);
- 5.6 National TB infection control guidelines, June 2007;
- 5.7 Employment Equity Act, 1998 (Act No.55 of 1998);
- 5.8 Occupational Health and Safety Act, 1993 (Act no 85 of 1993);
- 5.9 National Health Care Act, 2003 (Act no 61 of 2003);
- 5.10 Promotion of Equality and Prevention of unfair discrimination Act, 2000 (Act no 4 of 2000)
- 5.11 National Strategic Framework on stigma and discrimination;
- 5.12 Disaster Management Act, 2002 (Act no 57 of 2002);
- 5.13 Policy and Procedure on Incapacity Leave and ill-health Retirement (PILIR);
- 5.14 Tobacco Products control amendment Act, 1999 (Act no 12 of 1999);
- 5.15 Promotion of Access to Information Act, 2000 (Act no 2 of 2000);
- 5.16 Promotional of Administrative Justice Act, 2000 (Act no 3 of 2000);
- 5.17 Managing HIV/Aids in workplace, A guide for government departments, July 2002;
- 5.18 Management of Drug Resistant tuberculosis in SA, Policy Guidelines June 2007;
- 5.19 Compensation for Occupation Injuries and Disease Act, 1996 (Act no 130 of 1996);

- 5.20 Disaster Management Act, 2002 (Act no 57 of 2002);
- 5.21 Basic Conditions of Employment Act, (Act no 75 of 1997);
- 5.22 Application for the Compensation for Occupational Injuries and Diseases Act in the Workplace: A guide for government departments: April 2005.

## 6. DEFINITIONS, ABBREVIATIONS AND ACRONYMS

For the purpose of this Policy:

- 6.1 **“Department”** means the Department of Social Development, KwaZulu Natal Provincial Government, and Employer has a corresponding meaning;
- 6.2 **“Disease Management”** means a system of coordinated healthcare interventions and communications for people with conditions in which patient self-care efforts are significant;
- 6.3 **“Employee”** means any person in the employ of the Department;
- 6.4 **“Health and Productivity Management” or “HPM”** means an integration of data and services related to all aspects of Employees health that affect work performance;
- 6.5 **“Hazard”** means any source of or exposure to danger;
- 6.6 **“Health and Safety Officer”** means a person who coordinates health and safety systems, identify hazards, assess risks and put appropriate safety controls in place.
- 6.7 **“HOD”** refers to the Head of Department;
- 6.8 **ill-Health Retirement”** means the retirement of an Employee who becomes permanently and unable to perform his/her duties due to medical reasons;
- 6.9 **“Immediate family”** means an Employees’ spouse or life partner, parents, adoptive parents, grandparents, children, adopted children, grandchildren or siblings;
- 6.10 **“injury on duty”** means a personal injury sustained in an accident occurring during the performance of an employee’s work whilst the Employee is on duty;
- 6.11 **“Mental illness”** means a positive diagnosis of a mental related illness in terms of accepted diagnostic criteria made by a mental health care practitioner authorised to make such diagnosis;
- 6.12 **“Occupational injury”** means a personal injury sustained as a result of an accident arising out of and in the course of employment;
- 6.13 **“SHERQ”** refers to Safety, Health, Environment, Risk and Quality Management;
- 6.14 **“Temporary Incapacity Leave”** means the leave benefits that can be applied in the event where normal sick leave has been exhausted in the three (3) year cycle, as provided for in the policy on Incapacity Leave and Ill health Retirement;

6.15 “**Workplace programme**” means programs that are a part of the overall departmental strategy for a healthy workplace.

## 7. POLICY PROVISIONS

This Policy must be implemented in line with the four (4) main Policy provisions outlined as follows:

### 7.1 Disease and Chronic illness Management

- (a) to mitigate the impact of disease management and ensure that the reduction of barriers to disease management remains a strategic priority in the Department; and
- (b) to actively involve Employees in self-care as a critical element, classify occupational disease to reduce the risk of Employees acquiring an infectious disease through their work.

7.1.1 The following activities must be undertaken:

- (i) Conduct integrated Health Risk assessment and management to improve chronic disease management and the measuring of the impact on Employees health productivity;
- (ii) Utilise disease management programmes through co-operation between medical practitioners and Employees to reduce barriers at the work place;
- (iii) Implement strategies to reduce the risk of Employees contracting communicable and non-communicable disease and the need for medical interventions;
- (iv) Conduct awareness programmes on the functions and purpose of health surveillance and the relevant legislative framework;
- (v) Implement strategies to reduce absenteeism in the workplace, abuse of sick leave, injuries on duty, ill health retirements, incapacity leave, occupational disease and health risk.

### 7.2 Mental Health and Psychological Illness Management

- (a) to focus on the reduction of stress inducing risk factors and to follow a balanced approach to understanding work stress; and
- (b) to recognise that employment provides rewards that are both internal and external and to reduce stigma and discrimination against mental illness.

7.2.1 The following activities must be undertaken:

- (i) develop and implement a Toolkit for Mental Health Promotion in the workplace which looks at practical steps to addressing mental health;
- (ii) measure the impact of programmes that reduce the psychosocial and physical demands of the work place that trigger stress;

- (iii) eradicate stigma and discrimination against people living with mental disease as well as the promotion of human rights and wellness; and
- (iv) implement interventions that involve groups of Employees that are formed based on person-environment relationships, and which contribute to the generation or reduction of psycho-somatic disorders.

### 7.3 Injury on duty and Incapacity due to ill Health

- (i) to investigate accidents and/or exposures and to institute remedial measures to prevent similar incidents in terms of the SHERQ Management Policy;
- (ii) to grant injury on duty leave according to Compensation for Occupational Injuries and Disease Act, 1993 (COIDA); and
- (iii) to grant and manage Employee's conditional leave pending the outcome of the investigation into the nature and extent of the Employee's incapacity in terms of the Policy and Procedure on Incapacity Leave and ill-health Retirement (PILIR).

#### 7.3.1 The following activities must be undertaken:

- (i) ensure integration of Health Risk Assessment and Management and Productivity Management process;
- (ii) manage and investigate Employees' application on ill-health retirement, with the assistance of a Health Risk manager, in terms of Incapacity Leave and ill-health Retirement
- (iii) establish procedures for protecting Employees, as well as complying with the SHERQ Management Policy;
- (iv) establish a process to report any injuries sustained by Employees in the workplace in line with the provisions of SHERQ Management Policy;
- (v) establish and maintain in-house or external counselling and support services depending on prevailing circumstances; and
- (vi) develop a system to quantify Return on Investment (RoI) and develop cost effective health care programmes.

### 7.4 Occupational Health Education and Promotion

- (a) to promote healthy behaviour using educational process to effect change and reinforce health practices of Employees and their families; and
- (b) to develop effective behavioural change communication programmes, and to create an environment that acknowledges and responds effectively to diversity.

7.4.1 The following activities must be undertaken:

- (i) meet health standards and implement process to ensure continuous health improvement;
- (ii) make options available to Employees to exercise more control over their own health and their environments, and to make choices conducive to good health;
- (iii) develop a strategy to share health services with institutions to the benefit of Employees;
- (iv) strengthen systems for workplace learning in health management;
- (v) conduct educational sessions and implement process that can be employed to change the conditions which affect Employees' health;
- (vi) ensure specific training for Employees on Health and Productivity Management programmes; and
- (vii) evaluate the impact of occupational health policies and health systems.

## **8. ROLES AND RESPONSIBILITIES**

8.1 The Head of Department is responsible for:-

- (a) establishing and maintaining a safe and healthy environment for Employees and ensure the effective implementation of and compliance with the Policy;
- (b) ensuring that the impact of Health and Productivity Management is monitored and steps implemented to mitigate the negative impact on service delivery;
- (c) appointing a designated Manager to Champion HPM programmes in the workplace;
- (d) allocating human and financial resources to ensure successful implementation of this Policy and its programmes;
- (e) introducing appropriate measures for the monitoring and evaluation of the impact of Health and productivity Management programmes and
- (f) ensuring that injury on duty and incapacity due to ill health are managed in terms of the Compensation of Occupational Injuries and Diseases Act (COIDA) and the Policy and Procedure on Incapacity Leave and ill-Health Retirement (PILIR).

8.2 Manager for Employee Health and Wellness is responsible for:-

- (a) promoting capacity development initiatives which include development of Employees;
- (b) establishing an Employee Health and Wellness Committee;



- (c) ensuring financial planning and budgeting;
- (d) aligning and interface the HPM Policy with other relevant policies and procedures;
- (e) monitoring and evaluating the implementation of HPM interventions and impact analysis;
- (f) ensuring commitment to continual improvement of the HPM programme and Policy;

8.3 Supervisors are responsible for:-

- (a) ensuring adherence to the provisions of this Policy;
- (b) providing an enabling environment with open communication channels concerning HPM; and
- (c) attending activities relating to HPM programmes.

8.4 Employee Health and Wellness Committee is responsible for:-

- (a) making inputs regarding Policy matters and implementation procedures, including any matters affecting the wellness of Employees;
- (b) discussing any incident at the workplace or section thereof in which or in consequence of which any person was affected; and
- (c) promoting Health and Productivity Management initiatives within the workplace.

8.5 Health and Safety representative is responsible for:-

- (a) reviewing the effectiveness of health and safety measures;
- (b) examining the causes of incidents at the workplace, investigating complaints by any Employee relating to the Employee's health and productivity at work;
- (c) making representations to the HOD on general matters affecting the health productivity of the Employees at work place;
- (d) inspecting the workplace, including any article, substance, plant, machinery or health and safety equipment with a view to improve the health and productivity of Employees, at such intervals as may be agreed upon with the HOD;
- (e) acting as a focal point for the distribution of evidence-based and generic health and productivity management promotional material at the workplace;



- (f) taking initiatives to implement awareness activities, or to communicate health and productivity information at workplace;
- (g) acting as a referral agent of Employees to relevant internal or external health and productivity support programmes;
- (h) supporting staff training with regard to Employee health, productivity and wellness;
- (i) identifying health risk at workplace; and
- (j) submitting monthly reports of activities to the EHW Committee.

8.6 The Employee Health and Wellness Practitioner is responsible for:-

- (a) coordinating the implementation of HPM Policy, projects and interventions;
- (b) planning, monitoring and managing HPM according to strategies and policies;
- (c) analysing and evaluating data and communicate information, statistics and results to various stakeholders; and
- (d) promoting work-life balance for employees.

8.7 All Employees are responsible for:-

- (a) ensuring that they register early for disease management programs in order to manage the disease and enhance productivity;
- (b) participating in care and preventive programmes to minimise the effects of a disease, or chronic condition through integrative and preventive care;
- (c) reporting any incident that they maybe involved in or affected by to the HOD or health and safety Officer as soon as practicable; and
- (d) complying with standards as set by relevant legislation.

## **9. MONITORING, EVALUATION AND REVIEW**

The Policy will be monitored, evaluated and reviewed after three years or as and when the need arises.

## **10. EFFECTIVE DATE**

This Policy is effective from the date of approval.

## **11. POLCY VERSION**

This Policy is available in English Version.

**12. TITLE OF THE POLICY**

This Policy shall be called the Policy on Health and productivity Management (HPM).

**13. POLICY APPROVAL**

This Policy is approved with effect from the 20 day of October in the year 2014

M. M. M. M.

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**ACTING HEAD OF DEPARTMENT  
DEPARTMENT OF SOCIAL DEVELOPMENT**