



Department:  
Community Safety & Transport Management  
**North West Provincial Government**  
**REPUBLIC OF SOUTH AFRICA**

# **HEALTH AND PRODUCTIVITY MANAGEMENT POLICY**

**NORTHWEST PROVINCE:  
DEPARTMENT OF COMMUNITY SAFETY AND TRANSPORT MANAGEMENT  
HUMAN RESOURCES POLICY**

**POLICY NO** : **HR2016/002**  
**NAME OF POLICY** : **HEALTH AND PRODUCTIVITY MANAGEMENT**  
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## **PREAMBLE**

The North West Department of Community Safety and Transport Management, in its attempt to empower its employees, deemed it necessary to formulate a Health and Productivity Management Policy in line with National Health and Productivity Management Policy for the Public Service of 2009 as amended and determination by the Minister for Public Service and Administration for the provision for the management of the Health and Productivity Management and integration into core mandate of Department and to ensure the organizational productivity reach its allocated outcomes and constitutional mandate.

Taking recognition that the health and wellbeing of employees directly impact on productivity of the entire organization and are the life-blood of the organization it is vital to help them produce at their optimum level. The World Health Organization's Global Plan of Action on Workers Health 2008 – 2017 state that workers represent half the world population and they are major contributors to economic development which calls for effective 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 Department. The plan deals with all aspects of worker's health, including primary prevention of occupational hazards, promotion and protection of health at work, employment conditions and a better response from health systems to workers health.

The HPM programme is underpinned by the WHO Plan of action The Head of the Department shall ensure that his or her department has adopted a health and productivity management policy.

### **1. PURPOSE AND OBJECTIVES**

#### **1.1 The purpose of this policy is to:**

- (a) Focus on the areas of Disease Management, Mental Health Management, Injury on Duty & Incapacity due to ill-health and Occupational Health Education and Promotion.
- (b) 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.
- (c) Reduce absenteeism from work, abuse of sick leave, help catalyze and reinforce behavior change while intentionally leading to improve health and productivity.
- (d) Ensure that the benefits of this policy are offered in a fair, equitable and consistent manner,

## **1.2 The objectives of the Department with respect to Health and Productivity Management:**

- (a) To ensure that the Department has adopted Health and Productivity Management policy.
- (b) The Health and Productivity Management policy defines circumstances and conditions under which short / long temporary incapacity leave , ill-health retirement, leave for occupational injuries and disease, is granted, and
- (c) As far as possible, how will employee receive emotional and psychological support through Employee Assistant Program and Chaplaincy?
- (d) Give effect to the directive on leave of absence in the Public Service, which authorizes the development of a special leave policy.
- (e) Provide direction as to when certain intervention events may be regarded as part of an employee's official duties that will not require them to apply.

## **2. SCOPE OF APPLICATION**

The policy shall apply to all the employees of the Department of Community Safety and Transport Management whether employed on permanent, fixed term contract or on temporary capacity basis within the Department.

## **3. LEGISLATIVE FRAMEWORK**

- 3.1** Constitution of the Republic of South Africa, Act No.108 of 1996.
- 3.2** Public Service Act, No.103 of 1994.
- 3.3** Occupational Health and Safety Act, No. 85 of 1993.
- 3.4** Basic Conditions of Employment Act, No. 75 of 1997.
- 3.5** Public Service Regulations of 2001, as amended in 2006.
- 3.7** Labour Relations Act, No. 66 of 1995 as amended.
- 3.8** Determination on Leave of Absence in the Public Service, 2009.
- 3.9** Compensation for Occupational Injuries and Disease Act, No. 130 of 1993.
- 3.10** PSCBC Resolution No. 3 of 1999, section (7.1-7.3) which provides for Special sick leave due to injury on duty.
- 3.11** PSCBC Resolution No. 7 of 2000, section (7.6) sub-sections (a-c) which provides for Leave for occupational injuries and diseases.
- 3.12** PSCBC Resolution No. 5 of 2001, section (7.6) sub-sections (a-c) which provides for Leave for occupational injuries and diseases.

## **4. ABBREVIATIONS**

- 4.1** **DoH** "means Department of Health";
- 4.2** **DoL** "means Department of Labour";
- 4.3** **HPM** "means Health and Productivity Management";
- 4.4** **EH & W** "means Employee Health and Wellness";
- 4.5** **EH&WSF** "means Employee Health & Wellness Strategic Framework";
- 4.6** **NDP** "means National Development Plan;"

- 4.7 **HRM** "means Human Resources Management;
- 4.8 **HRD** "means Human Resource Development;
- 4.9 **PILIR** "means Policy and Procedure on Incapacity Leave and Ill-Health Retirement;"
- 4.10 **COIDA** "means " Compensation for Occupational Injuries and Disease Act;"
- 4.11 **ROI** "means Return on Investment;"
- 4.12 **OD** "means Organizational Development;"
- 4.13 **HIV** "means "Human Immune deficiency Virus;
- 4.14 **PSCBC** "means Public Service Co-ordinating Bargaining Council;"
- 4.15 **AU** "means African Union;"
- 4.16 **NEPAD** "means New Partnership for Africa's Development;"
- 4.17 **SMS** "means Senior Management Services;"
- 4.18 **PSA** " means Public Service Act;"
- 4.19 **IEHW** "means Integrated Employee Health and Wellness;"
- 4.20 **SABS** "means South African Bureau of Standards;"
- 4.21 **ISO** "means International Standardization Organization;"

## 5. DEFINITIONS

- 5.1 **Department** "means Department of Community Safety and Transport Management;"
- 5.2 **Head of Department**" means the incumbent of post mentioned in the second column of schedule 1, 2 and 3 of PSA;"
- 5.3 **Employer** "means the Head of Department or his/her designated office which will be responsible for handling and investigating of incapacity leave applications and ill-health retirements applications;"
- 5.4 **Employee**" means all employees of the Department employed in terms of the Public Service Act of 1994, the Basic Conditions of Employment Act of 1998, as amended and includes contract workers, interns, volunteers and prospective employees;"
- 5.5 **Health Risk Manager** means "an individual natural or juristic person appointed by the Employer to advice on the granting of incapacity leave and ill-health retirements of employees;"
- 5.6 **Leave Determination means** "the Determination on Leave of Absence in the Public Service made by the Minister for Public Service and Administration in terms of section 3(2) of the PSA, as amended from time to time;"
- 5.7 **Incapacitated** "means the inability to perform some or all of one' s assigned function as result of incapacity;"
- 5.8 **Incapacity** "means an illness or injury";
- 5.9 **Leave** "means, concession of absence from work provided for in PSBC resolution 7 of 2000";
- 5.10 **Conditionally incapacity leave** "means leave granted by the Head of Department pending assessment outcome from the Health Risk Manager";

- 5.11 Short temporary Incapacity leave** "means leave granted less than 29 working only when normal sick leave have been exhausted in a three sick leave cycle";
- 5.12 Long Temporary Incapacity Leave** "means leave granted for more 30 working days when normal sick leave is exhausted in a three year cycle";
- 5.13 Remuneration** "means the employee's annual basic salary;
- 5.14 Leave for Occupational Injuries and Disease** "means a special leave granted to an employee who meet with an accident and contract disease arising out of and in the course of his/her employment resulting a personal injury for which medical treatment is required or death;"
- 5.15 Ill-Health Retirement** "means retirement from employment on medical grounds;"
- 5.16 Contract worker,**" means a person employed for a fixed term but excluding a casual worker or employee to whom a retirement age applies";

### **5.17 Health and Productivity Management**

Institute of Health and Productivity Management defines Health and Productivity Management (HPM) as integration of data and services related to all aspect 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 value chain designs benefits and programs to provide incentives, change behavior, reduce risk, improve health, which impact medical costs and disabilities, improve functionality, which translate into enhanced worker productivity.

### **5.18 Disease Management**

Disease Management has evolved from managed care, specialty capitation, and health service demand management, and refers to the processes and people concerned with improving or maintaining health in large populations. Disease Management is concerned with common chronic illnesses, and the reduction of future complications associated with those diseases. Disease management mitigate the impact of diseases by promoting the objectives of communicable and non-communicable diseases. The idea is to ease the disease path, rather than cure the disease. Improving quality and activities for daily living are first and foremost.

Disease management increases knowledge of diseases and promotes essential attitude change. It creates a demand for information and services. Reduce stigma and discrimination against certain illnesses and promotes care and support of vulnerable employees.



## **5.19 Chronic Illness**

A chronic illness is word used to describe a group of health conditions that last a long time. In fact, the root word of chronic is "chromos", which refers to 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

## **5.20 Mental Health**

Mental health is 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. Mental health can be very positive and worth aiming to have. However, we all go through times in our lives where we may experience mental illness. 'Mental illness' is a shorthand term for variety of illnesses that affect our mental wellbeing. It covers a range of symptoms and experience.

## **5.21 Temporary Incapacity Leave**

Incapacity leave is a leave benefit that can be applied in the event where normal sick leave has been exhausted in the three year sick leave cycle. Incapacity Leave is for management process categorize into two types:

- 5.21.1 Short temporary incapacity- this is when the period of incapacity leave that is requested is twenty nine (29) days or less.
- 5.21.2 Long temporary incapacity- this when one applies for 30 or more days of incapacity leave.
- 5.21.3 Manage and investigate the employee application, with the assistance of the Health Risk Manager, in terms of the Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR).
- 5.21.4 The employer will notify the employee of its findings and take appropriate action according to its findings.

## **5.22 Ill-Health Retirement**

When an employee becomes permanently unable to work due to medical reasons, he/she could be discharged /retired from employment of the Department on medical grounds. Either the employee or employer could initiate an ill-health retirement should it be suspected that the employee has become permanently unable to work. The Employer should:

- 5.22.1 If necessary request the employee to complete ill-health retirement specific application forms.





- 5.22.2 Manage and investigate the employee application, with the assistance of the Health Risk Manager, in terms of the Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR).
- 5.22.3 The employer will notify the employee of its findings and take appropriate action according to its findings.

### **5.23 Injury on Duty and Occupational Diseases**

An injury on duty is taken to mean when an employee meet with an accident arising out of and in the course of his/her employment resulting in a personal injury for which medical treatment is required, or death.

Whenever an employee reports any personal injury to his/her employer, if in making the report the employee alleges that such injury arose out of and in the course of his /her employment.

Occupational Diseases is taken to mean an employee alleges that the diseases arisen out of and in the course of his employment irrespective of the fact that he/she may have contracted the disease in the employment of his/her previous employer

### **5.24 Occupational Health Education and Promotion**

Occupational Health Education and Promotion in the workplace is defined as a variety of communication dissemination and information transfer activities that are intended to enhance the knowledge levels of individuals help catalyze and reinforce behavior change while intentionally leading to improved individual health and productivity.

### **5.25 DDG/HOD**

Means Deputy Director General/ Head of Department and includes any employee acting in such post.

### **5.26 Senior Manager**

Means a member of the Senior Management Services (SMS) who is tasked with championing the Employee Health and Wellness programme in the Department.

### **5.27 Health and Wellness Coordinator**

Is an employee tasked with the responsibility to coordinate the implementation of EH&W programmes, which include HPM programmes.



The Health and Wellness Coordinator can be professionally trained to perform therapeutic interventions, if not trained; such cases should be referred to registered health professional for intervention.

### **5.28 Employees**

Means a person appointed in terms of Public Service Act No.103 of 1994.

### **5.29 Health and Safety Committee**

It is a committee that initiates, develops, promotes, maintains and reviews measures to ensure the health and safety of employee at work. The employer shall in respect of each workplace where two or more health and safety representatives have been designated, establish one or more health and safety committee (s).

### **5.30 Peer Educator**

A peer educator mean an employee who is trained in working with his /her peers, sharing information and guiding a discussion using his /her peer experience and knowledge.

### **5.31 The Steering Committee**

The DPSA has established Steering Committees for all components of Human Resource Management and Development, which include HPM programmes.

The Steering Committee is a vehicle of coordination, communication of Employee Health and Wellness Framework; build commitment for its implementation and creates avenues through which collaborative initiatives can be forged. Senior manager and EH&W practitioners are representatives on the Steering Committees.

## **6. PRINCIPLES**

### **6.1 The Health and Production Management programme is underpinned by the following principles:**

- 6.1.1 Focus on all Level of employment, senior and executive management, middle managers, operational and technical staff as well as staff at the lowest level of the occupational ladder.
- 6.1.2 Responding to the needs of designated groups such as women, older persons, people with disabilities and people living with HIV and AIDS.
- 6.1.3 Cohesive with HRD process.



- 6.1.4 Equality and non-discrimination upholding the value that discrimination on any unfair grounds should be eliminated.
- 6.1.5 Promote healthy integration and embracing change.
- 6.1.6 Human dignity, autonomy, development and empowerment.
- 6.1.7 Collaborative Partnership.
- 6.1.8 Employees utilizing the Health and Productivity Management programme are assured.
- 6.1.9 Confidentiality and ethical behavior.
- 6.1.10 Only registered professionals will be allowed to provide therapeutic interventions.

## **7. Policy Statement**

The Department is committed to provide measures and procedures to ensure that health and productivity management programme is in fair, equitable and consistent manner.

## **8. The Department will, through the appropriate mechanisms, ensure that:**

- 8.1 Applying forms for Incapacity leave and ill-health retirement are submitted for all absences;
- 8.2 Applying forms for occupational injuries and diseases are submitted to the Compensation Commissioner as prescribed in the Act;
- 8.3 All outstanding applying Leave forms are followed up and resolved;
- 8.4 Details of all forms taken will be captured timeously;
- 8.5 There will be no backlog in respect of incapacity leave and ill-health retirements transactions for each leave cycle; and

## **9. STATUTORY AUTHORIZATION**

- 9.1 The Constitution of the Republic of South Africa 1996, requires that everyone has the right to a safe environment.
- 9.2 The Public Service Regulations 2001, as amended in 2006, requires the Head of the Department to establish and maintain a safe and healthy work environment for employees of the department.
- 9.3 The Occupational Health and Safety Act, 1993 requires the employer, employees and their clients to take responsible care and maintain a working environment that is healthy, safe and free from hazards and risks.
- 9.4 The Occupational Health and Safety Act, 1993 requires the Head of the Department to put measures in place/develop systems that will continuously maintain and reduce occupational health and safety hazards in the workplace.



9.5 The Basic Conditions of Employment Act, 1997, prohibits employers from requiring or permitting a pregnant employee or an employee who is breast-feeding to perform work that is hazardous to the health of the employee or her child.

## **10. ROLE PLAYERS**

### **10.1 This policy involves the following role players:**

#### **10.1.1 The Head of Department shall ensure that:**

- a) HPM in the work place will encompass the prevention and management of chronic diseases, infectious diseases, occupational injuries, disability and occupational diseases so as to reduce the burden of disease by early entry into disease management programs in order to enhance productivity in the Department;
- b) Mental health in the workplace is address by:
  - i) Providing support options which are confidential and non-stigmatization;
  - ii) Review employment practices to ensure that staff with a history of mental health problems is not excluded.
- c) Injury on duty and incapacity due to ill-health is managed in terms of Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR)
- d) Managers ensure that targeted employees must attend training on Health and Productivity Management programmes.
- e) System/ procedures/delegations are adapted to establish a fertile environment for implementation and the management of Health and Productivity Management programmes.
- f) Support should be provided to employees who truly need such support through Health and Wellness Programmes i.e. to take action where necessary e.g. to adapt an incapacitated employee's work when so advised.
- g) The management of health programmes is changed to promote both employees' health and enhance service delivery.
- h) Appoint a designated senior manager to champion Health and Productivity Management Programmes in the workplace.

#### **10.1.2 The Designated Senior Manager (Director: HRM) shall**

##### **a) Develop capacity building programmes**

- i) Promote competence development of practitioners.
- ii) Improve capacity development of auxiliary functions (Organizational Development, HR, International Relations, Skills Development and Change Management etc.).
- iii) Assist with HPM promotion at an organizational level.

## **b) Form organizational support initiative**

- Establish an appropriate organizational structure for HPM.
- Ensure Human Resource planning and management system.
- Develop integrated HPM information management system.
- Provide physical resources and facilities.
- Ensure financial planning and budgeting.
- Mobilize Management support.

## **c) Development Governance and Institutional Initiative**

- Establish an HPM Steering Committee.
- Obtain Stakeholder commitment and development.
- Develop and implement an ethical framework for HPM.
- Develop the management of wellness care.
- Develop and implement management standards for HPM.
- Develop and maintain an effective communication system.
- Develop and implement a system for monitoring, evaluation, and impact analysis.

## **d) Develop Economic Growth and Development Initiatives**

- Mitigate the impact of Diseases on the economy.
- Ensure responsiveness to the Government's Programme of Action.
- Ensure Responsiveness to Millennium Development Goals.
- Integrating NEPAD, AU and Global programmes for the economic sector.

### **10.1.3 The HPM Coordinator**

- a) Coordinate the implementation of HPM, projects and interventions;
- b) Plan, monitor and manage HPM according to departmental strategies, policies and budgetary guidelines;
- c) Analyses and evaluate data and communicate information, statistics and results to various stakeholders and management for intervention.
- d) Interact with Peer Educators on their departmental activities.
- e) Promote work-life balance.

### **10.1.4 The Employee should**

- a) Ensure that he/she register early into disease management programs in order to manage the disease and enhance productivity in the Department.
- b) Participate in care and preventative programmes to minimize the effects of a disease, or chronic condition through integrative care and preventive care.

- c) 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.
- d) If involved in any incident which may affect his/her health or which has cause an injury to him /herslf, report such incident to his /her employer or his/her health and safety representative, as soon as practicable.
- e) Comply with standards as set by legislation, regulations, SABS, ISO and DOL.

#### **10.1.5 Health and Safety Representatives shall**

- a) Review the effectiveness of health and safety measures.
- b) Identify potential causes that influence productivity in the workplace.
- c) In collaboration with employer, examine the cause of accidents at workplace and investigate complaints by any employee relating to employee's health and productivity at work.
- d) Make representations to the employer on general matters affecting the health and productivity of the employees at the workplace.
- e) Inspect the workplace, including any article, substance, plant, machinery or health and safety equipments at the workplace with a view to improve the health and productivity of employees, at such intervals as may be agreed upon with the employer, provided that the employer is notified in advance and may be present during the inspection.
- f) Attend meetings of the health and safety committee of which they are members, in connection with any of the above functions.
- g) Act as a focal point for the distribution of evidence-based and generic health and productivity information materials at workplace.
- h) Take initiative to implement awareness activities and to communicate health and productivity information in the workplace.
- i) Act as referral agent for employees to relevant internal or external health and productivity support programmes.
- j) Be involved with the identification of health risks in the workplace.
- k) Support the HIV and AIDS and TB Management programmes in distribution of condoms and femidoms in the workplace.
- l) Supporting staff training with regard to employee health, productivity and wellness.
- m) Submit reports of activities to the HPM coordinator.

#### **10.1.6 The Health and Safety Committee shall**

- a) Make recommendation to the employer regarding policy matters and implementation procedures, including any matter affecting the wellness of employees.
- b) Discuss any incidents at the workplace or section thereof in which or in consequences of which any person was injured, became ill or die, and may in writing report on the incident to an inspector.

- c) Keep records of each recommendation made to an employer and of any report made to an inspector.
- d) Involve Labour Relations Unit.
- e) Serve as a vehicle of communication to promote wellness initiatives within the workplace.

#### **10.1.7 The Labour relations Representative**

- a) Represent employees in the workplace
- b) Ensure that the employer fulfill the mandate of health and productivity legislation in order to optimize health and productivity in the workplace
- c) Sit in on health and productivity steering committee meetings
- d) Make representation to the employer on agreed issues affecting the health and productivity of employees in the workplace.

### **11. MONITORING AND EVALUATION**

The Department's IEHW Sub-Directorate is responsible for communicating the provisions of this document within the department. All managers and supervisors are responsible for the implementation thereof.

### **12. POLICY REVIEW**

Regular reviews of progress on Health and Productivity programmes should be conducted. The reviews should be conducted annually through departmental reports. These reviews will inform implementation, monitoring and evaluation and future planning.

The policy shall be reviewed and amended as and when a need arises to ensure that it is aligned to prevailing legislations.

### **13. RELATED POLICIES**

Effective implementation of this policy requires that it be read together with other Departmental Policies.



**14. COMMENCEMENT OF THE POLICY**

This policy shall be implemented by the Department with effect from the date of approval and signature by the HOD.

**APPROVED**



**OAGENG MOSIANE (MR)  
ACTING HEAD OF DEPARTMENT**

SIGNED THIS DAY <sup>05</sup> ~~2016/06/06~~ OF JUNE 2016.



## **PART B: IMPLEMENTATION OF POLICY OBJECTIVES**

The aim of this part of the policy is to provide direction for the implementation of the Health and Productivity Management in the Public Service. As indicated in Part A paragraph 3 of this policy, HPM has four objectives for implementation. All these objectives have an AIM, Policy Measures and procedural arrangements.

Policy measures are actions developed to address a perceived problem or further Departmental objectives. It can include regulatory, financial matters or information based tools.

### **IMPLEMENTATION OF POLICY OBJECTIVES: DISEASE AND CHRONIC ILLNESS MANAGEMENT**

#### **1. AIM**

Disease and Chronic Illness Management seeks to mitigate the impact of disease management.

It must ensure that the reduction of barriers to disease management remains a strategic priority within the department and actively involve employees in self care as it is critical. The department must classify occupational diseases in the work place and reduce the risk of employees acquiring an infectious disease through their work.

#### **2. POLICY PRINCIPLES**

Refer to section 6 of part A.

#### **3. POLICY MEASURES**

- 3.1 Integrated Health Risk assessment and management to improve Chronic Disease management and the measuring of the impact on employee health and productivity.
- 3.2 Utilization of disease management programmes through co-operation between medical practitioners and patients to reduce barriers at the work place.
- 3.3 The Department must develop its own departmental Health and Productivity Management policy.
- 3.4 Implementation of strategies to reduce the risk of employees contracting communicable and non-communicable diseases and the need for medical interventions.
- 3.5 The department must conduct awareness programmes on the functions and purpose of health surveillance and the relevant laws and regulations.

#### **4. PROCEDURAL ARRANGEMENTS**

All procedural arrangements for implementation will be the same as identified for the role of the Designated Senior Manager in Part A, Section 9.1.2 of this policy. The policy will be implemented according to the implementation Guide or procedure guideline.

### **PART C: IMPLEMENTATION OF POLICY OBJECTIVES: INJURY ON DUTY & INCAPACITY DUE TO ILL HEALTH**

#### **1. AIM**

The aim of Injury on duty and Incapacity due to Ill-Health management is to investigate accidents and or exposures, to institute remedial measures to prevent similar incidents, to grant injury on duty leave according to COIDA, to grant and manage the employee conditional leave pending the outcome of its investigation into the nature and extend of the employee's incapacity leave in terms of PILIR.

Of further importance is the management and investigation of the employee's application on ill-health retirement, with the assistance of a Health Risk Manager, in terms of PILIR, the creation of a supportive environment for Health and Productivity Management and the designated Senior Manager to assist to improve productivity, increase morale, to curb abuse and increase service delivery, and protect the employees as well as complying with the law. This will help focus on the risk that really matter in the workplace-the ones with the potential to cause real harm.

#### **2. POLICY PRINCIPLES**

The principles are as in Part A, Section 6.

#### **3. POLICY MEASURES**

- 3.1 Integration of Health Risk Assessment and Management and Productivity Management.
- 3.2 Establishing of a process to report any injuries sustained by workers in the workplace.
- 3.3 Establishing of Procedures for protecting employees, as well as complying with the law.
- 3.4 Establishing and utilization of counseling and support services.

#### **4. PROCEDURAL ARRANGEMENTS**

All procedural arrangements for implementation will be the same as identified for the role of the Designated Senior Manager in Part A, Section 9.1.2 of this policy. The policy will be further implemented as according to the implementation guide or procedure guideline.

## **PART D: IMPLEMENTATION OF POLICY OBJECTIVES: OCCUPATIONAL HEALTH EDUCATION AND PROMOTION**

### **1. AIM**

The aim of Occupational Health Education is to promote a healthy behavior using educational processes to affect change, to reinforce health practices of employees, their families, and government departments. Health and promotion aims to implement processes that can be employed to change the conditions that affect employee health and to focus on increasing the options available to people to exercise more control over their own environments. It also aims to make choices conducive to health, to promote health services shared among individuals, community groups, health professionals, health service institutions and governments.

It further strengthens systems for workplace learning in Health and Productivity Management, to develop effective behavior change communication programmes, to ensure specific training for departmental employees on Health and Productivity Management programmes, and to achieve and sustain an environment that acknowledges and responds effectively to diversity.

### **2. POLICY PRINCIPLES**

The principles are as in Part A, Section 6.

### **3. POLICY MEASURES**

- 3.1 Evaluation of the impact of occupational health policies and health systems on public health practice and on broad, population-based health outcomes within historical, political and economic framework.
- 3.2 Meeting of Health standards and putting processes in place to ensure continuous improvement.
- 3.3 Options are made available to employees to exercise more control over their own health and over their environments, and to make choices conducive to health.
- 3.4 Sharing of Health Services among individuals, community groups, health professionals, health service institutions and governments.
- 3.5 Strengthening of systems for workplace learning in health management.

### **4. PROCEDURAL ARRANGEMENTS**

All procedural arrangements for implementation will be the same as identified for the role of the Designated Senior Manager in part A paragraph 9.1.2 of this policy. This policy will be further implemented as according to the Implementation Guide or Procedure Guidelines.