

## **EMPLOYEE HEALTH AND WELLNESS POLICY**

### **1. PREAMBLE**

To communicate an integrated, needs driven, participat and holistic approach to Employee Health and Wellness in the Department of Cooperative Governance and Traditional Affairs.

### **2. PURPOSE**

To recognize the importance of linking individual health, safety and wel ness as well as organizational wellness to productivity and improved service delivery outcomes in the department

### **3. DEFINITIONS**

|         |   |  |
|---------|---|--|
| AIDS    | : | Acquired Immune Deficiency Syndrome                            |
| ART     | : | Anti-Retroviral Therapy  |
| COIDA   | : | Compensation for Occupational Injuries and Diseases Act        |
| EAP     | : | Employee Assistant Programme                                   |
| EH&W    | : | Employee Health and Wellness                                   |
| EH&WMSF | : | Employee Health &Wellness Management Strategic Framework       |
| HPM     | : | Health& Productivity Management                                |
| HIV     | : | Human Immunodeficiency Virus                                   |
| NSP     | : | National Strategic Policy Framework 2007-2011                  |
| NWHA    | : | National Workers Health Agenda                                 |
| OHS     | : | Occupational Hygiene and Safety/Occupational Health and Safety |
| QWL     | : | Quality of Work Life   |
| VCT     | : | Voluntary Counselling and Testing                              |

### **4. AUTHORIZATION**

This policy is derived from Employee Health and Wellne Strategic Framework and underpinned by the processes described in the revised Human Resour e Development Strategy Processes Pillars of Action which are cross-cutting for all Human Resources Development functions within public service.

## **5. REGULATORY FRAME WORK**

- 5.1 Constitution of the RSA, ACT 108 of 1996
- 5.2 National Strategic Policy Framework 2007-2011
- 5.3 Occupational Health and Safety Act 85 of 1993.
- 5.4 Employee Equity Act 55 of 1998; 97 of 1998; 9 of 1999
- 5.5 Basic Conditions of Employment Act 75 of 1997
- 5.6 Compensation for Occupational Diseases and Injuries Act No. 130 of 1993
- 5.7 Disaster Management Act, No. 57 of 2002
- 5.8 Labour Relations Act, 66 of 1995
- 5.9 Promotion of Equality and Prevention of Unfair Discrimination Act, 4 of 2000
- 5.10 Public Service Act, 1994 as amended and Regulations
- 5.11 The Medical Schemes Act, No. 131 of 1998

## **6. POLICY STATEMENT**

### **6.1 Confidentiality**

Employees utilizing the Employee Health and Wellness programme are assured of confidentiality, except in cases of risk to self and others or in terms of the legislation. Strict confidential records and information outside the personnel records should be maintained at all times. The Department of Cooperative Governance and Traditional Affairs will ensure the confidentiality of all medical and personal information of employees. The employees within the Public Service/Department have a constitutional right to confidentiality about their HIV and AIDS status, in particular, should an employee reveal his/her HIV status, this information shall not be disclosed to any party including other employees, union member or management. Consent for disclosure should be in writing.

### **6.2 Ethical Behaviour**

The EH&W/Transversal unit shall ensure professional and ethical behaviour as well as protection of the client's confidentiality. Only registered professionals will be allowed to provide therapeutic interventions. EH&W/EAP

professionals who are registered with their respective professional bodies will have to adhere to codes of conduct of such bodies as well as the code of conduct of the department. The EH&W/EAP professional will be held responsible for the consequences of their actions should they behave in unethical manner such as breaching confidentiality. As far as possible the generic principles of respect for autonomy, non-maleficence, beneficence, and distributive justice will guide the actions of policy makers, programme managers, researchers and all professionals working in the field of employee health and wellness

## **7. POLICY FRAMEWORK**

The Employee Health and Wellness Strategic Framework has 4 pillars each representing four critical strategic objectives built on a foundation of a set of core principles and a legal framework from which the implementation of the following programmes draw their mandates

### **7.1 Occupational Health which is represented by first 2 pillars**

#### **7.1.1 HIV&AIDS Management which has the following priority areas of the NSP 2007-2011;**

- a) Prevention
- b) Treatment Care and Support
- c) Human Rights and Access to Justice
- d) Research, Monitoring and Evaluation

#### **7.1.2 Health and Productivity Management which has the following priority areas;**

- a) Disease Management
- b) Mental Health
- c) Injury on Duty
- d) Incapacity due to Ill-Health
- e) Risk Management of Injury and Health
- f) Chronic Diseases and
- g) Disability and Health Education and Promotion Management

**7.2 Quality of Work Life (QWL) which is represented by 3<sup>rd</sup> and 4<sup>th</sup> pillars**

**7.2.1 Wellness Management** covers the traditional areas which address the entire spectrum of psycho-social stressors in the work place in order to enhance individual and organizational wellness and ultimately productivity. It has the following priority areas;

- a) Employee Assistance Programmes (EAP)
- b) Wellness Programmes and
- c) Work Life Programme

**7.2.2 Occupational Hygiene and Safety Management** which has the following priority areas;

- a) Occupational Hygiene
- b) Safety and Disaster Management

**8. SCOPE OF APPLICATION**

The above minimum provision to be complied with by all officials in the Department of Cooperative Governance and Traditional Affairs

**9. PROCEDURE FOR AMENDMENT**

Amendments to the policy must be tabled to the top Management for scrutiny and discussion and such amendments must be approved by the Accounting Officer

**10. MONITORING, EVALUATION AND REPORTING**

of the policy must be monitored, evaluated and reported on an annual basis. The effectiveness

**APPROVED/NOT APPROVED**

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**MR S. NGUBANE**  
**ACTING: HEAD OF DEPARTMENT**  
**DATE:** \_\_\_\_\_