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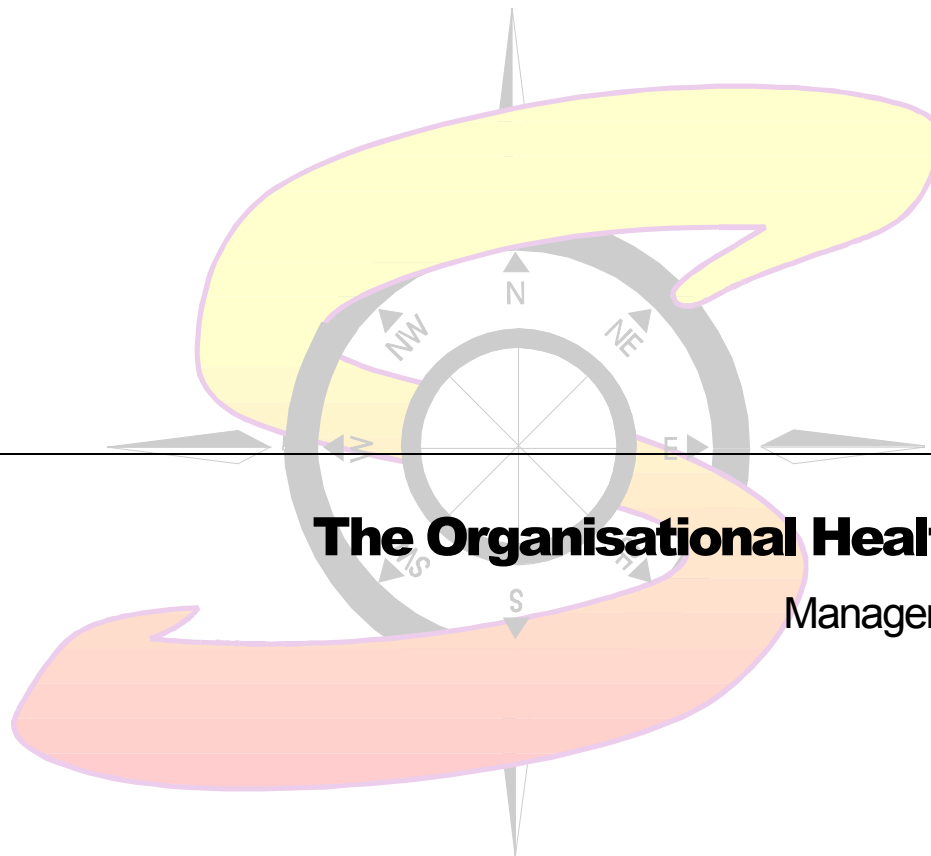
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The Organisational Health Service Management Guideline



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1 INTRODUCTION – WHAT IS ORGANISATIONAL HEALTH?

Organisations who wish to help deliver world class products and services realise that health related issues in the work place are ever present, often awkward to manage and more complex to deal with due to the technicalities and the personal nature of the problems. Health is no longer a soft issue that can be managed in an ad hoc fashion.


An “Organisational Health” approach refers to strategic, co-ordinated strategy for managing all the facets of health in the organisation. There are various ways of viewing this complex relationship.

The following image provides a useful aerial view of this, illustrating strategic associations, but does not reflect reporting lines or responsibilities.



This image illustrates the wide variety of programmes that collectively form the integrated workplace Organisational Health model. Depending on circumstances, businesses may emphasise certain aspects of these programmes more than others.

The image demonstrates the relationships between the 4 main limbs of Organisational Health:

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- The “Risk Management Limb” refers to the traditional aspects of Occupational Health, driven predominantly by the need to comply with Law, and manage the risks of occupational illness and injury.
- The “Support Services Limb” refers to the clinical aspects of Healthcare, in which treatment and restoration is the focus, driven predominantly by the need for affordable access to good quality healthcare by most South Africans.
- The “Promotive Limb” refers to the aspects of workplace health that aim to keep employees productive, and reduce disability and incapacity; driven predominantly by the business need to optimise its human capital.
- The “Strategic Limb” refers to the aspects of workplace health that affect long-term business success; driven predominantly by “Healthcare Spend” issues and Global Market pressures.

1.1 IMPLEMENTATION STRATEGY

For the purposes of implementation, the Organisational Health model may be re-organised as follows. The value of re-arranging the components of the Organisational Health program in this way is that these building blocks fit together functionally, and facilitate planning, reporting and role allocation.

Organisational health services are delivered by an integrated team and has four main components:



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The importance of this image is that it demonstrates the complex relationships that Organisational Health has with various entities within the organisation.

The interfaces with Engineering, Occupational Hygiene and Safety departments under the banner of “Occupational Health” means that there are a number of activities therein, with contributions from health professionals, safety specialists, occupational hygienists, and engineering professionals.

The interfaces with Human Resources department under the banner of “Employee Benefits & Curative Care” means that there are a number of activities therein, with contributions from health professionals, human resources personnel and professionals with expertise in healthcare funding.

The interfaces with various health related professionals under the banner of “Primary Health Care” and “Employee Wellbeing” means that there are a number of activities therein, with contributions from health professionals from a variety of fields, including general practice, medical specialists, occupational therapists, physiotherapists, psychologists, social workers, and many others.

The sub-elements of these components can be further broken down as follows:



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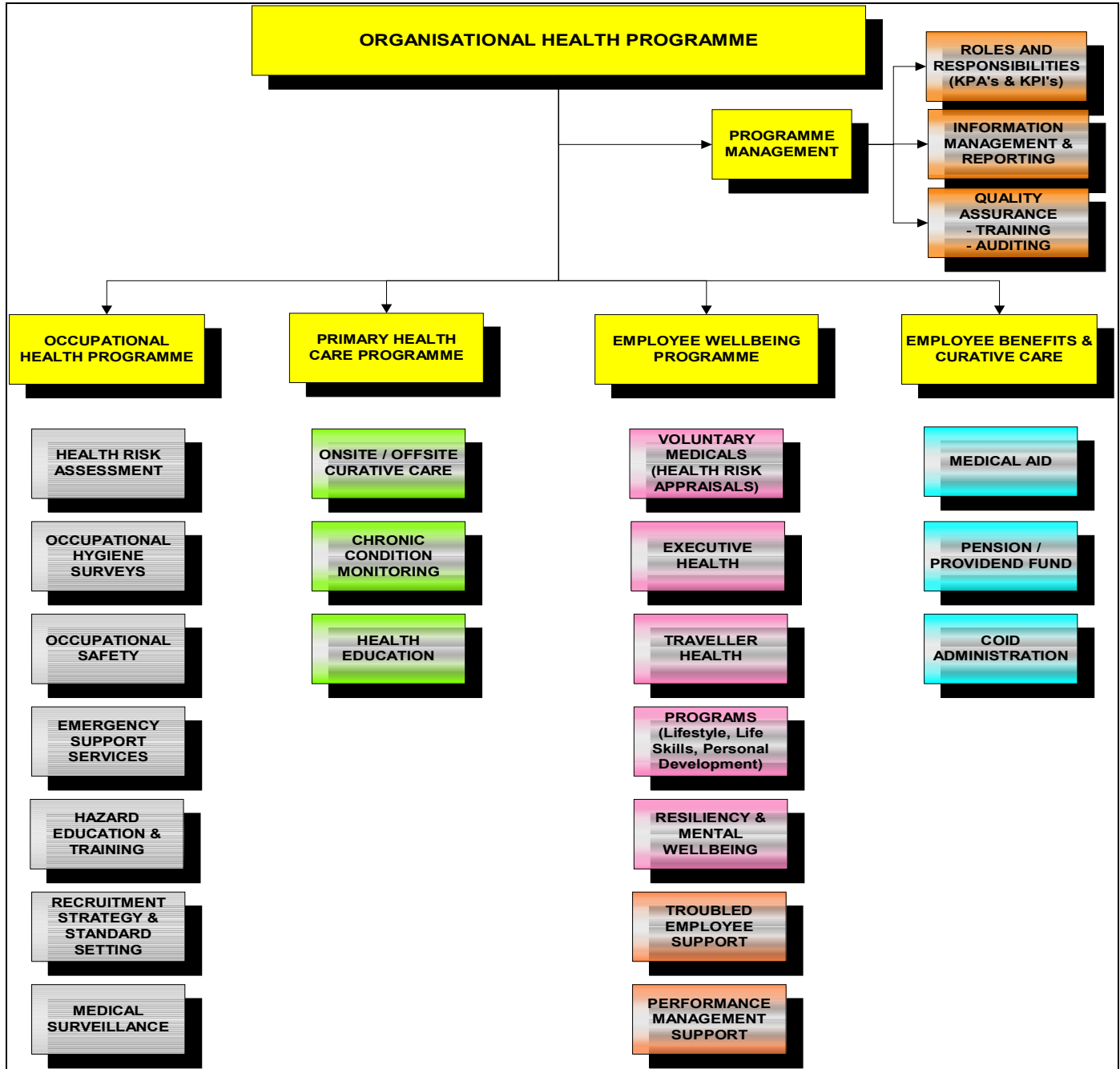
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Successful implementation of this model requires:

- Engineering the key program elements to be in alignment with key business objectives.
- Senior management ownership, creating an enabling environment

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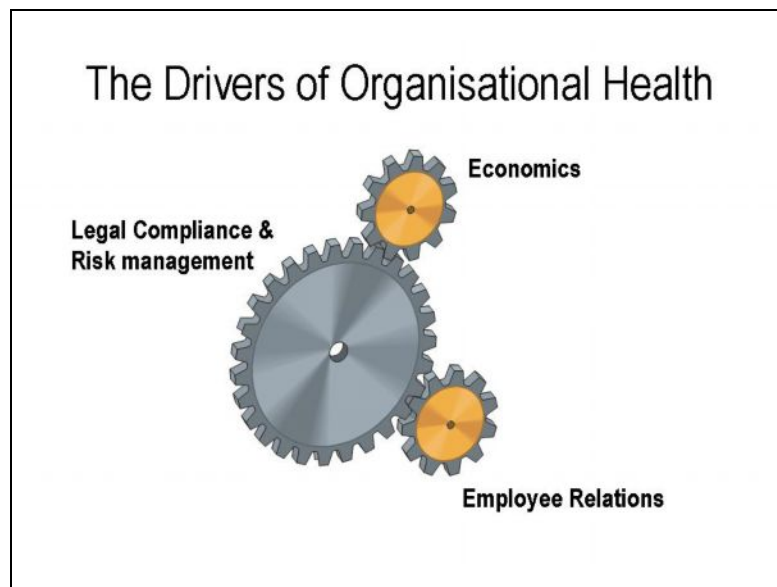
- Reporting lines with clear roles, responsibilities and deliverables.
- Management systems and tools by which to deliver the required objectives.
- Motivated and competent people that drive the process

1.2 THE VALUE PROPOSITION FOR ORGANISATIONAL HEALTH


The Key drivers of Occupational Health are as follows:

- Statutory Compliance and Risk Management
- Optimal productivity from company human capital
- Good Corporate Governance & Moral responsibility (Employee Relations)

Of these three, the first is often regarded as the most powerful driver, hence the large cog representing Legislation, in the figure below.



The health-related legal obligations that face organisations are many and diverse. A list is recorded in the appendices. The task of the Organisational Health Service is to have a working knowledge (preferably an excellent knowledge) of the law, to keep abreast of changes, and to inform management accordingly. A way to accomplish this is to develop company standards that meet with legal requirements, develop tools that can be used by relevant staff to ensure that their areas of responsibility comply with law, and to train them on the use of these tools, supported by ready access to all the relevant laws. The next phase is to implement a system of legal audits, and closure of the gaps identified.


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The Economic value of the Organisational Health program is through reduced cost of injury and illness, as well as optimising the productivity of all employees. The objective is not only to reduce illness & injury events, but also to reduce the burden of these events on the company's operational staff, by channelling the work of dealing with these issues to the Occupational Health team, who are best suited to effectively addressing them with minimum business impact.

Employee Relations are better managed through the integrated Organisational Health model, by reducing the likelihood of health-related flash-points between management and employees. Furthermore, it provides a visible and tangible demonstration of the company's commitment to looking after its employees.

2 OBJECTIVES

1. The objective of the Occupational Health Programme will be to minimise the likelihood of injury or illness by incorporating the disciplines of Occupational Hygiene, Occupational Medicine, and Occupational Safety, and through the providing effective training and appropriate employee deployment strategies. Three levels of preventive strategies are recognised, including Primary Prevention (prevention of exposure to hazards), Secondary Prevention (early identification of exposure effects through screening, enabling early intervention to prevent progression to illness), and Tertiary Prevention (actions that reduce the impact of the occupational event, such as changing occupations, rehabilitation and workmen's compensation).
2. The objective of the Primary Health Care Programme will be to improve employee productivity by minimising the impact of non work-related illness & injury, through effective first contact clinical (including emergency) care, tight control of employees with chronic disorders, improved employee understanding of their conditions, and efficient return to work through active rehabilitation and re-integration.
3. The objective of the Employee Wellbeing Programme is to improve employee productivity and reduce company expenditure on health-related benefits, through a dual strategy of Employee Assistance and Health Promotion.
 - The Employee Assistance Program component aims to minimise the impact of psychosocial problems experienced by employees, through early identification of troubled employees, counselling & appropriate referral, tight case management, and effective return to satisfactory function at work and home.
 - The Health Promotion Programme aims to maximise the positive impact on employee productivity through optimal well-being and resiliency, achieved by promoting healthy lifestyles and work styles, and providing educational initiatives that improve insight & self management.
4. The objective of the Employee Benefits Programme will be to improve the efficiency of the company's management of employee benefits, minimise the impact of underperforming employees, and reduce company expenditure on health-related benefits, by providing support to the Human Resource team in the management of medical aid, pension and disability issues, and COID document administration.
5. The objective of the Program Management Elements is to support the implementation of the Organisational Health programs. Elements include Document Management systems, Data

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Management & Reporting systems, Performance Management systems (roles, responsibilities and performance indicators), Standards Management systems (ie. OHSAS 18000).

3 LEGAL REFERENCES

In South Africa, the four key legal frameworks that influence the Health and Safety related statutory obligations of employers are as follows:

Those which require the employer to ensure the safety & health of employees, visitors and surrounding communities. In the context of this setting, primarily the following statutes and their regulations (also, relevant SABS Codes of Practice).

1. Occupational Health and Safety Act 85 of 1993
2. Hazardous Substances Act 15 of 1973
3. National Railway Regulator Safety Act 16 of 2002
4. National Road Traffic Act 93 of 1996
5. National Health Act
6. Civil Aviation Act
7. Merchant Shipping Act

Those which require early identification and management of adverse health effects of exposures to workplace hazard. In the context of this setting, primarily the following statutes and their regulations.


1. Occupational Health and Safety Act 85 of 1993
2. Compensation for Occupational Injuries and Diseases Act 130 of 1993

Those which protect the rights of employees (and potential employees) from unfair discrimination. In the context of this setting, primarily the following statutes and their regulations, as well as relevant Codes of Practice.

1. Labour Relations Act 66 of 1995
2. Employment Equity Act 55 of 1998
3. Basic Conditions of Employment Act 75 of 1997

Those which prescribe the framework by which professional medical practices are to be conducted in the workplace setting. In the context of this setting, primarily the following statutes and their regulations, as well as relevant Codes of Practice.

1. Health Professions Act 56 of 1974
2. Nursing Act 33 of 2005
3. Meds & Related Substances Control Act 101 of 1965

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4 DEFINITIONS

1. Occupational Health (OH) Programme is the science of work-related injury and illness prevention, incorporating the disciplines of Occupational Hygiene, Safety and Medicine, through various strategies, including risk assessment and risk control by means of engineering away hazards, and monitoring for early signs of failure of these controls.
2. The Primary Health Care (PHC) Programme is the delivery of first-level medical interventions, including curative as well as preventive, for injured and ill employees at work, and is implied to be an on-site activity.
3. The Employee Assistance Programme (EAP) is the delivery of support services for employees that are functioning sub-optimally due to physical, psychological and social problems, and include counselling, training, rehabilitation, and the mobilisation of statutory bodies where necessary.
4. The Health Promotion and Wellness (HP&W) Programme is the term, which describes the coordinated activities that aim for a state of health that exceeds the absence of disease, and seeks to achieve optimal mental, social and physical function.
5. Employee Benefits & Curative Care, include matters such as pension or provident fund provision, statutory entitlements, such as sick leave, perinatal leave, medical aid, hospital insurance and other negotiated benefits.
6. Occupational Medical Practitioner: means a medical practitioner as defined in the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), who holds a qualification in occupational medicine or an equivalent qualification which qualification or equivalent is recognised as such by the South African Medical and Dental Council referred to in the said Act
7. Occupational Health Nurse Practitioner: means a registered nurse who holds a qualification in occupational health, recognised as such by the South African Nursing Council as referred to in the Nursing Act, 1978 (Act No. 50 of 1978).

5 STANDARDS

5.1 Broad principles:

1. Organisational health services are considered as having a preventive orientation that focuses on work-related problems. Nonetheless, the occupational health services should be comprehensive and undertake curative, preventive, promotive, compensation and rehabilitation services; education and training of employees; and maintain an appropriate health information system.
2. The governance of the organisational health service should involve participation of both management and employees, in determining the activities of the service.
3. The infrastructure of the Organisational Health Services in terms of the facilities, resources and staffing must be appropriate to the needs of the workforce, and aligned with business strategies.
4. The services should be easily accessible to use during working hours.

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5.2 Staffing and Infrastructure

The OH Service will be implemented through the company health centre, functioning in liaison with the risk management officers, environmental control and human resource departments, and the health and safety reps.

The Company Health Centre will be staffed by:

- An occupational health sister
- A part time occupational health doctor.
- Depending on the size of the workforce, an Assistant nurse practitioner or staff nurse/nursing assistant and Administrative assistants.

The Risk Management function will be staffed by:

- A Risk Manager
- A risk officer
- Depending on the size of the workforce, an Assistant/s.

The Environmental Control function is staffed by:

- An industrial hygienist, supported by assistants.

All service providers should be appropriately qualified to perform their function, as defined above.

5.3 Staff Development


Of central importance to the running of the OHS is the need to have the correct staff levels and ensure that they are competent and adequately trained. The qualifications listed above (excepting for those described for the Risk Officer, are prescribed by various Regulations in the Occupational Health & Safety Act, as well as the Mines Health & Safety Act.

In South Africa, Continuing Medical Education (CME) is mandatory for doctors, but not (yet) for nurses. Hence staff members should be encouraged to remain current in the practice of their disciplines by being allowed to attend conferences and seminars.

Professionals working in factory sited clinics run the risk of “stagnating” because of their relative isolation. They do not automatically obtain the same kind of peer review and on-going academic training that, for example, occurs in a hospital setting. For this reason it is important that the staff, at all levels, be given the chance to constantly update their knowledge and skills, including ongoing training to develop specific skills for performing their roles satisfactorily eg. Audiometry, spirometry, chest x-ray, computer literacy, clinical refresher courses etc.

5.4 Evaluation and Audit

The occupational health service must be subject to a process of ongoing evaluation and audit. This involves a systematic approach to peer review of healthcare in order to identify opportunities and provide mechanisms for improvement in patient care, education and professional standards. This process also provides information on the efficiency and cost effectiveness of the service and provides an opportunity to evaluate satisfaction of the recipients of the service.

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Both internal and external audits should be an ongoing feature of the occupational health service to maintain and ensure quality control.

6 FUNCTIONS OF THE ORGANISATIONAL HEALTH SERVICE

The functions of the Occupational Health Service at each workplace should include the following:

6.1 Occupational Health Program

The objective of the Occupational Health Programme is to provide a comprehensive injury and illness prevention strategy, including Occupational Hygiene, Occupational Medicine and Occupational Safety, through various strategies, including risk assessment and risk control by means of engineering away hazards, and monitoring for early signs of failure of these controls. Examples include:

6.1.1 *Risk Assessments and Risk Control*

- Hazard Assessment including:
 - Qualitative Assessments, using an appropriate risk scoring matrix
 - Quantitative Assessments, using an Approved Inspection Authority
- Risk Reduction strategies, including
 - Application of a hierarchy of controls
 - Selection of appropriate personal protective equipment (PPE)
 - (Pest control).

6.1.2 *Occupational Safety*

- Establishment of Health and Safety structures (Health and Safety Reps, Health and Safety Meetings) and communication channels
- Ongoing monitoring and surveillance through inspections, including the surveillance of effectiveness of control measures (such as PPE) against specific hazards.
- Documentation of investigation into all occupational accidents
- Tracking of incident statistics to seek trends that enable early intervention before severe incidents take place

6.1.3 *Training*

- Education and training of all employees, especially health and safety representatives.
- First aid training.

6.1.4 *Emergency Support and disaster management*

- First aid and emergency treatment.
- Diagnosis, advice and treatment of employees who are injured or ill at work, including:



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- Appropriate referral mechanisms for specialist assessment and care.
- Assistance in the rehabilitation of workers following sickness or injury.
- Contact management with off-site referral routes (specialists, rehabilitation services)
- Provision of emergency resuscitation points and equipment in the workplace eg eye wash facilities, deluge showers, etc.
- Disaster preparedness, including the development of contingency plans for major disasters in collaboration with internal and external emergency services.

6.1.5 *Medical surveillance programme*

- Design and implement a risk-dependant Medical Surveillance Programme, including:
 - Establish relevant standards of fitness for the various occupations
 - Screen for signs and symptoms of illness associated with exposure to hazards
- Appropriate medical removal protection programme for workers with occupational diseases and those found to be excessively exposed.
- Medical examination for compensation or disability applications (current and ex-workers).

Key Role Players:


- Occupational Health Nurse and Occupational Medicine Practitioner
- Contracted service providers to perform selected tasks, where it is not possible to have these in-house (laboratory tests, audiology).
- Risk Manager
- Contracted Approved Inspection Authority to conduct the legally required exposure monitoring.

6.2 Primary Health Care Program

The objective of the Primary Health Care Programme is to provide primary clinical services for employees with non work-related injuries and illnesses, and rehabilitation and re-integration where relevant.

6.2.1 *Administrative Functions*

- Maintenance of clinic registration with the Department of Health.
- Procurement, labelling, storage & stock control, dispensing and packaging as per the requirements of relevant health legislation.
- Record maintenance, as per relevant legal standards.
- Equipment and facilities maintenance
- Compensation claims processing and query management

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6.2.2 Primary clinical care functions

- Diagnosis, advice and treatment of employees with non work-related illnesses & injuries, including:
 - Appropriate referral mechanisms for specialist assessment and care.
 - Assistance in the rehabilitation of workers following sickness or injury.
 - Contact management with off-site referral routes (specialists, rehabilitation services)
- General health surveillance for common chronic conditions, such as high blood pressure and diabetes, or those periodically absent as a result of sickness or injury.
- Medication management (stock control, dispensing, etc.)
- Family planning
- Health education

Key Role Players:

- Occupational Health Nurse / Primary Health Care Nurse and Occupational Medicine Practitioner / General Medical Practitioner
- Contracted service providers to perform selected tasks, where it is not possible to have these in-house (medical specialists, rehabilitation services)

6.3 Employee Wellbeing Programme (EWP)


This comprises two elements: Employee Assistance Programme and Health Promotion Programme.

Employee Assistance Programme: the objective of the Employee Assistance Programme is to provide support services for employees that are functioning sub-optimally due to physical, psychological and social problems, and include counselling, training, rehabilitation, and the mobilisation of statutory bodies where necessary. Examples include:

- Psycho-social support programme for employees where stressful situations are impacting on performance.
- Training managers to identify & manage troubled employees effectively.
- Input, support and advice on absenteeism, incapacity and disability management
- Rehabilitation and suitable work adjustment, including the mutual adaptation of workers and their jobs by addressing physical, mental or social impediments caused by injury, disease or lifestyle.
- Appropriate counselling and assistance for those workers who are obliged to take ill health retirement, including psychological, health and financial counselling, retraining.

Key Role Players:

- Occupational Health Nurse and Occupational Medicine Practitioner

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- Social Workers
- Contracted service providers to perform selected tasks, where it is not possible to have these in-house.

Health Promotion: the objective of the Health Promotion and Wellness Programme is to provide a framework for optimal mental, social and physical resiliency, through healthy lifestyle and educational initiatives. Examples include:

- Voluntary Medical Testing / Examinations to identify early adverse effects of lifestyle (wellness screening, HIV testing, executive medicals).
- Self Management & lifestyle-oriented support programmes, including exercise, nutrition, stress management, etc.

Key Role Players:

- Occupational Health Nurse and Occupational Medicine Practitioner
- Contracted service providers to perform selected tasks, where it is not possible to have these in-house (such as educational sessions on drugs, nutrition, exercise, etc.).


6.4 Health Benefits Management & Curative Care

The objective of the Employee Benefits Programme is to support the Human Resource team in the management of employees with benefit queries, on such as matters such as pension or provident fund provision, statutory entitlements, such as sick leave, perinatal leave, medical aid, hospital insurance and other negotiated benefits. Examples include input, support and advice on:

- Recruitment / deployment assistance (employees are fit for the job)
- Issues pertaining to the Compensation for Occupational Injuries & Diseases Act
- Ensured benefits issues (are they medically sound? do they meet the needs of members and the organisation? have been considered from the perspective of productivity and health impacts?).
- Dealing with medical issues & interpretation of the rules. (Medical adjudication).

Key Role Players:

- Occupational Health Nurse and Occupational Medicine Practitioner
- Human Resources department

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6.5 General Functions

6.5.1 *Consultation and communication*

- Advise management on all current health and safety legislation, approved codes of practice relevant to the work undertaken in the organisation.
- Development of liaisons with statutory and other health and safety organisations, such as the factory inspectorate, the National Centre for Occupational Health (NCOH), NOSA, etc.
- The development of good working relationships with local medical practitioners and health services.

6.5.2 *Planning and design*

- Participation with management and employees in the planning stages of new projects and buildings prior to the introduction of new materials, processes and working procedures to ensure that the necessary health and safety controls, precautions and protective devices are recommended.

6.5.3 *Integrated Health Information System*

- Appropriate and efficient collection and interpretation of health and safety data to ensure efficient and cost-effective health care, including health care (clinical) data, risk assessment data, environmental (hygiene) data, safety data and occupational medicine data.
- Compilation and periodic review of trends and programme outcomes.

7 RESPONSIBILITIES

The responsibility for the implementation of the health aspects of the Organisational Health Program is of the Organisational Health Manager / Human Resources Manager.

The responsibility for the implementation of the Safety Program is of the Risk Manager / Engineering Manager.

The roles and responsibilities of the Occupational Health Nurse, Primary Health Care Nurse, and Occupational Medicine Practitioner are described in the document "Guideline – OH Roles and Responsibilities".

The roles and responsibilities of the Risk Officer, and Occupational Hygienist are described in the document "Guideline – Occupational Health Program".

8 APPENDICES

The list of attached appendices is as follows:



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Without prejudice to the responsibility of each employer for the health and safety of the workers in his employment, and with due regard to the necessity for the workers to participate in matters of occupational health and safety, occupational health services shall have such of the following functions as are adequate and appropriate to the occupational risks of the undertaking:

- Identification and assessment of the risks from health hazards in the workplace;
- Surveillance of the factors in the working environment and working practices which may affect workers' health, including sanitary installations, canteens and housing where these facilities are provided by the employer;
- Advice on planning and organisation of work, including the design of workplaces, on the choice, maintenance and condition of machinery and other equipment and on substances used in work;
- Participation in the development of programmes for the improvement of working practices as well as testing and evaluation of health aspects of new equipment;
- Advice on occupational health, safety and hygiene and on ergonomics and individual and collective protective equipment;
- Surveillance of workers' health in relation to work;
- Promoting the adaptation of work to the worker;
- Contribution to measures of vocational rehabilitation;
- Collaboration in providing information, training and education in the fields of occupational health and hygiene and ergonomics;
- Organising of first aid and emergency treatment;
- Participation in analysis of occupational accidents and occupational diseases.