Province of the

EASTERN CAPE

SOCIAL DEVELOPMENT
& SPECIAL PROGRAMMES

HIV/AIDS AND TB MANAGEMENT WORKPLACE POLICY

Policy Registration No: 2012-303

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DEFINITIONS AND TERMS

"For purposes of this policy, unless otherwise stated, the following definitions shall apply

i.	**Human Immunodeficiency Virus (HIV)**	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.
ii.	**Acquired Immune Defiency Syndrome (AIDS)**	AIDS is a condition which occurs when the body's defense system is deficient and various life-threatening infections occur. These life-threatening infections are called opportunistic infections or diseases.
iii.	**Tuberculosis (TB)**	TB 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.
iv.	**Latent TB or TB infection**	It is the state of having a small number of mycobacterium tuberculosis bacteria present in the body that are unable to grow due to control by the immune system.
v.	**TB disease**	When a person develops symptoms of tuberculosis and is falling sick it is referred to as active TB
vi.	**Extra Pulmonary TB**	Refers to the TB disease affecting other parts of the body outside the lungs and is less infectious than the TB disease which occurs in the lungs.
vii.	**Pulmonary TB**	Refers to the TB disease which occurs in the lungs and is easily transmitted through droplets produced during cough and sneezing.
viii.	**TB Prophylactic Treatment (TBPT)**	Preventive therapy against TB by using one or more anti-tuberculosis drugs given to individuals with latent infection with Mycobacterium tuberculosis in order to prevent the progression to active disease.
ix.	**Isoniazid Preventive Treatment**	It is the use of anti-TB drug, isoniazid (INH), in TB preventive treatment. This treatment is effective in providing prevention against TB for up to 18 months period.
x.	**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
xi.	**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
xii.	**Immediate family**	Refers to the employee's spouse, parent, adoptive parent, grandparent, child, adopted child, grandchild or sibling
xiii.	**The Department**	Refers to the Department of Social Development & Special Programmes in the Eastern Cape/ or interchangeably used as employer
xiv.	**Case Management register**	Refers to a register where an update of a client's information is captured electronically.

LEGISLATIVE FRAMEWORK

i. Constitution Act 108 of 1996:
ii. Labour Relations Act (LRA) 66 of 1995
iii. Basic Conditions of Employment Act 75 of 1997
iv. (v) Compensation of Occupational, Injuries and Disease Act 130 of 1993
v. Employment Equity Act 55 of 1998
vi. Occupational Health and Safety Act No. 85 of 1993
vii. Promotion of Equality and Prevention of Unfair Discrimination Act, No. 4 of 2000
viii. The Medical Schemes Act, No. 31 of 1998
ix. The Public Service Act, Proclamation No. 103 of 1994
x. Public Service Regulations, 2001
xi. Tobacco Products Control Act, No. 83 of 1993
xii. National Policy on testing as Gazetted by Minister of Health Gazette No. 20710
xiii. The Code of Good Practice on key aspects of HIV&AIDS and Employment
xiv. PSCBC Resolution No 8 of 2001-Policy on HIV/AIDS
xv. HIV&AIDS and STI National Strategic Plan 2007-2011
xvi. Tuberculosis Strategic Plan for South Africa, 2007-2011
xvii. National TB infection Control Guidelines, June 2007
xviii. National Strategic Framework on Stigma and Discrimination

1. PREAMBLE

1.1 HIV and AIDS is one of the major challenges facing South Africa today. Of the 48 million South Africans 5, 700 000 estimated to be HIV infected (UNAIDS/WHO 2008) with a prevalence rate (15-49 yrs) of 18, 1%. Most of these are women (3, 200 000) in urban and rural informal environments (SA National HIV Prevalence, HIV Incidence, Behaviour Communication, Survey 2005).. The knowledge of the epidemic and modes of transmission are important to inform all interventions in a mainstreamed fashion to address both internal and external responses to HIV&AIDS.

1.2 South Africa is one of the 22 High Burden Countries that contribute approximately 80% of the total global burden of all TB cases. It has the seventh highest TB incidence in the world. During the past ten years the incidence of tuberculosis has increased, in parallel to the increase in the estimated prevalence of HIV in the adult population. This has resulted in increasing recognition of the problems posed to public health by TB. Generally TB control is facing major challenges. Co-infection with Mycobacterium Tuberculosis and HIV (TB/HIV), and multi-drug-resistant (MDR) and extensively drug resistant (XDR) tuberculosis in all regions, make prevention and control activities more complex and demanding.

1.3 TB and HIV infections are so closely connected that the term “co-epidemic” or “dual epidemic” is often used to describe their relationship. Each disease speeds up the progress of the other, and the two diseases represent 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.

1.4 The Department of Social Development & Special Programmes’ Integrated Employee Wellness unit has facilitated health risk screening tests which include HIV Counseling and Testing in all Districts as well as the Head Office. The results of the tests show that there are employees who are infected with HIV hence acknowledging the seriousness of the epidemic. The Department therefore seeks to minimize economic and development consequences, which impact negatively on service delivery, productivity and costs, employee benefits, workplace morale and health.

2. PURPOSE

The purpose of this workplace policy is to mitigate the negative impact of HIV&AIDS and TB and ensure a uniform and fair approach to effective management and prevention of HIV&AIDS and TB among employers, employees and their immediate families.

3. SCOPE OF APPLICABILITY

This policy is applicable to all employees who are employed by the Department in terms of the Public Service Act, Proclamation 103 of 1994 and their immediate families.

4. PRINCIPLES AND VALUES

The HIV&AIDS and TB Management policy is underpinned by the following principles:

4.1 Recognition of HIV&AIDS and TB co-infection as a workplace issue

HIV&AIDS and TB co-infection is a workplace issue, and should be treated like any other serious illnesses or conditions in the workplace. This is because it affects the workforce, which is also part of the local community. Interventions in the workplace have a role to play in the struggle against the control of spread of the dual epidemic in the general community.

4.2 Respect for human rights and dignity

The rights and dignity of employees infected and affected by HIV&AIDS and TB should be respected and upheld.

4.3 Promoting a non-discriminatory work environment

To promote a non-discriminatory work environment the Department shall adopt appropriate measures to ensure that employees living with HIV&AIDS and TB are not unfairly discriminated against and are protected from victimization through positive measures such as:

4.3.1. preventing unfair discrimination and stigmatization of people living with HIV&AIDS and TB through the development of HIV&AIDS programmes for the workplace;

4.3.2. awareness education and training on the rights of all persons with regards to HIV&AIDS and TB ;and

4.3.3. providing support for all employees infected or affected by HIV&AIDS and TB

4.4 Gender equality

The gender dimensions of HIV&AIDS including TB and disability should be recognized. Women are more likely to become infected and are more often adversely affected by the HIV/AIDS epidemic than men due to biological, socio-cultural and economic reasons.

4.5 Healthy and safe work environment

4.5.1 Healthy and safe work environments should be created as much as practicably possible to prevent occupational exposure and transmission of HIV and TB. All workplaces must ensure that they are equipped with proper universal precautions (infection control equipment and procedure like First Aid Kit) that can be used in cases where there are accidents that can lead to blood spills.

4.5.2 Workplace Wellness committees should receive training in HIV&AIDS and how to take universal precautions. (see Post-exposure Prophylaxis Protocol attached as Annexure 1).

4.6 Consultation

The Department's HIV&AIDS and TB Management Workplace Policy is developed and will be implemented in consultation with the employees and all relevant stakeholders of the Department.

4.7 Equity

Employees living with HIV&AIDS have the same rights and obligations as all staff members and will be protected against all forms of unfair discrimination based on their HIV status as stated in the Employment Equity Act.

4.8 Confidentiality and Protection of Employees' Data

4.8.1 The Department shall create an environment wherein all employees treat information on an employee's HIV status as confidential and shall not disclose that information to any other person without the employee's written consent. The employer shall provide office space that is conducive to handling of all HIV&AIDS and TB related matters and ensure that employees utilizing the Integrated Employee Wellness Programme are assured of confidentiality, except in cases of risk to self and others or in terms of legislation.

4.8.2 No employee or job-applicant will be expected to disclose HIV-related personal information.

4.9 Reasonable accommodation

An employee with HIV-related illnesses, like any other illnesses, will continue to work for as long as he/she is medically fit in an available, appropriate work. The Department must accommodate an employee in other posts if possible.

4.10 Access to information and education

Change of attitudes and behavior should be attained through provision of information, education and addressing socio-economic factors. Information shall be made available through promotional material, hard copies and on the Departmental intranet.

4.11 Partnerships

The Department seeks to foster partnership with all the relevant stakeholders in the implementation of its HIV&AIDS and TB Management Workplace Policy.

5. POLICY STATEMENT

The Department recognizes the seriousness and implications of HIV&AIDS and TB on individual employees as well as co-workers of affected individuals and thus commits to management of HIV&AIDS and TB through the following pillars which are delivered through Integrated Employee Wellness Programme:

HIV&AIDS and TB Management, Health and Productivity Management, Wellness Management and Safety Health Environment Risk and Quality Management

5.1 HIV&AIDS and TB Management

(a) Prevention

This includes upscaling on site HIV Counseling and Testing (HCT), conducting advocacy on HIV&AIDS and TB, promotion of health screenings inclusive of HIV and TB, conducting education awareness on Sexually Transmitted Infections and other related diseases, mainstreaming of HIV& AIDS and TB into departmental strategic plans and programmes and encourage men friendly services to go for HCT.

(b) Provision of access to treatment, care and support.

This will be done by encouraging employees to join medical aid scheme, promoting enrolment on medical scheme disease management programmes, establishment of functional support groups,

training of Peer Educators and Lay Counselors and creating an enabling environment for both infected and affected and their immediate families.

(c) Promotion of human rights and access to justice.
Communication and accessibility of the HIV&AIDS and TB Management policy to all employees will be promoted. The HIV&AIDS and TB Management policy will be mainstreamed into HR policies and practices.

(d) Promote and conduct monitoring, research and surveillance
To facilitate HIV &AIDS and TB prevalence studies as well as impact assessment on behaviour change.

STAGES OF HIV INFECTION - ADAPTED FROM WORLD HEALTH ORGANIZATION (WHO)

Level of stages	**Stages of HIV (as defined by WHO)**	**Explanation**	**Implication for Workplace Policies**
STAGE ONE	Clinical picture; Asymptomatic; Acute retroviral syndrome (ARS); Persistent generalized lymphadenopathy (PGL); Performance scale; Asymptomatic, normal activity	No signs to suggest infection. Employee functioning well, and still able to do normal activities	Promotion of Workplace VCT for earlydetection and management. If HIV+ve screen for TB Preventive Treatment. Promote risk perception for HIV infection, to those with flu-like symptoms
STAGE TWO	Clinical; Weight loss < 10kg; Minor Mucocutaneous manifestations; Herpes zoster within last 5 years; Recurrent upper respiratory tract infections; and/or Performance scale; Symptomatic; normal activity	Some weight loss Infections of the skin and mucous membrane begins to manifest e.g. Shingles Employee functions well and still able to do normal activities	Employee likely to be stigmatized due to weight loss Time to clear common myths associated with Shingles e.g." the belt and fire of the ancestors"" Promote eagerness to know HIV status Screen for TB preventive Treatment if HIV+ve Intensify early detection of TB (signs and referral for TB test if coughing for more than 2 weeks)
STAGE THREE	Clinical; Weight loss > 10kg; Unexplained chronic diarrhoea > 1 month; Unexplained prolonged fever > 1 month; Oral candidiasis; Vulvo-vaginal candidiasis – chronic or poorly responsive to therapy; Oral hairy leukoplakia; *Pulmonary TB* within the last year; Severe bacterial infections – pneumonia; and/or Performance scale; Bedridden < 50% of day during the last month	Significant weight loss, Presence of diarrhea without a cause, like food-poisoning or herbal enemas Frequent respiratory diseases and Hospital admissions. In bed less than 50% of the time	Stigma an issue May need treatment for Pulmonary TB. Workplace treatment support (DOT) required after two weeks of treatment from the clinic Employees capacity development on infectiousness and TB transmission to reduce fear and stigma Person is away from work half of the time Intensified TB detection Infection control measures to prevent TB transmission in the workplace
STAGE FOUR	Clinical; HIV wasting syndrome; PCP; Toxoplasmosis of the brain > 1 month Cryptosporidiosis with diarrhea; Cryptosporidiosis, extra pulmonary Cytomegalovirus (disease of an organ other than liver, spleen or lymph nodes) Herpes simplex infection, Mucocutaneous for > 1 month, or visceral any duration;	Severe weight loss In hospital almost all the time Suffers from those diseases which make him qualify for ARV treatment according to S.A. guidelines	Exhaustion of sick leave days Disability Management through Social Grants or Incapacity management Consider rehabilitation and accommodation in case the condition improves on ART

5.2 Dismissal Due To Incapacity

Employees with HIV&AIDS may not be dismissed solely on the basis of their HIV&AIDS status. Where an employee has become too ill to perform their current work, the employer is obliged to follow accepted guidelines regarding dismissal for incapacity before terminating an employee's services, as set out in the Code of Good Practice on Dismissal contained in Schedule 8 of the Labour Relations Act. The employer should ensure that as far as possible, the employee's right to confidentiality regarding his or her HIV status is maintained during any incapacity proceedings. An employee cannot be compelled to disclose his or her HIV status as part of such proceedings unless the Labour Court authorised as such.

5.3 Grievance Procedures

The Department should ensure that the rights of employees with regard to HIV&AIDS and TB and the remedies available to them in the event of a breach of such rights become integrated into existing grievance procedures. The employer should create an awareness and understanding of the grievance procedures and how employees can utilize them.

5.4 Work Support Groups

The Department pledges to establish support groups for those infected with the virus in order for them to:

(a) share their experiences
(b) maximize knowledge about HIV&AIDS and TB and build sustainability
(c) promote their individual strengths

6 THE APPROVING AUTHORITY

The Head of Department has the responsibility for approval of this policy. The Departmental Policy Forum is responsible for the adjustment and review of this policy.

7 ADMINISTRATION OF THE POLICY

After adoption of this policy by the Head of Department the member of the SMS to whom the responsibility is delegated shall be accountable for the implementation of the policy.

8. ACCOUNTABILITIES AND RESPONSIBILITIES

8.1 The Head of Department shall:

(a) Take cognizance of the reality that HIV&AIDS is one of the main challenges facing South Africa today, and encourage a policy that responds to the challenge of HIV infection, and the wide ranging impact of AIDS and other diseases on the workforce.
(b) Take cognizance of the reality of TB which, together with HIV&AIDS, causes health related problems for the employee and lowers productivity for the Department.
(c) Ensure that the initiatives and interventions included in the policy address the objectives contained in this policy.

8.2 The Designated Senior Manager:

(a) The designated Senior manager shall promote capacity development initiatives so as to promote competence development of practitioners
(b) Establish Departmental support initiatives to strategize, plan and develop holistic HIV&AIDS and TB programmes in collaboration with other stakeholders
(c) Provide physical resources; ensure financial planning and budgeting
(d) Develop and implement a system for monitoring, evaluation and impact analysis

8.3 Line Managers or Supervisors

(a) Manage Performance proactively through early identification and referral
(b) Manage Incapacity
(c) Promote health and wellness through creation of an environment that supports healthy choices within own environment

8.4 Integrated Employee Wellness Unit

a) As the custodians of this policy, the unit must ensure its marketing
b) Manage the use of the Case Management Register for purposes of monitoring trends

8.5 The Employee should:

(a) Take reasonable care for the health and safety of himself and other persons who may be affected by his/her acts or omissions:

(b) Obey universal precautions as laid down by his/her employer or any authorised person in the interest of prevention of HIV&AIDS and TB

(c) Support effective HIV and TB prevention and people living with HIV&AIDS to lead healthy and productive lives:

(d) Contribute to the mitigation of HIV&AIDS and TB: and

(e) Contribute to the enabling of a social environment for care, treatment and support.

8.6 IEWP Coordinators in Districts:

(a) IEWP will take co-responsibility in managing the emotional and behavioural health of the employee

(b) To provide management with support without breaching confidentiality

(c) To provide co-support where applicable in managing the incapacity process

(d) To take responsibility for Wellness Promotion Activities in own district

8.7 The Peer Educator:

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

(b) Take the initiative to implement awareness activities, or to communicate HIV&AIDS and TB information at the workplace;

(c) Act as HIV&AIDS and TB peer educator in the workplace;

(d) Act as a referral agent of employees to relevant internal or external health support programmes;

(e) Be involved with the identification of employees at risks for TB transmission at the workplace;

(f) Support employees on TB and/or ARV treatment to adhere to treatment (act as DOTS supporter /ARV Buddy); and

(g) Submit monthly reports of activities to the HIV&AIDS and TB coordinator.

8.8 Integrated Employee Wellness Committee:

(a) Monitor the implementation efficacy of the HIV&AIDS and TB Management policy

(b) Take relevant measures to reduce risks and promote workplace health and safety

(c) Hold quarterly meetings to discuss employee wellness issues

(d) Facilitate and monitor the implementation of the HIV&AIDS and TB Management policy;

8.9 Organized Labour:

(a) Represent employees in the workplace

(b) Ensure that the employer fulfills the mandates of the Public Service Act, 1994 and the Public Service Regulations, 2001 in order to optimize Management of HIV&AIDS and TB in the workplace

(c) Should seek information about employee health and wellness activities and outcomes and educate their members

(d) Motivate staff to participate in wellness programmes and to utilize health and wellness preventative and promotive services offered.

9. EFFECTIVE DATE OF THE POLICY

This policy shall be effective from the date of its approval by the designated authority.

10. PROCEDURES FOR IMPLEMENTATION

The implementation of this policy will follow a result-based model, outlining HIV&AIDS and TB management programme inputs, process, outputs, outcomes and impact indicators. The pillars for the implementation should comprise the four functional pillars as reflected in the strategic plan, namely Prevention; Treatment, Care and Support; Human Rights and Access to Justice; and Research, Monitoring and Surveillance, as well as deliverables to operationalise each pillar and its related activities to achieve those intended deliverables and outcomes leading to the desired impact. Implementation of this policy needs department to develop an efficient and effective M&E system to monitor and review progress and results of the implementation.

11. IMPLEMENTATION PLAN

11.1. Policy Awareness

(a) All employees will be introduced to and made familiar with the Department HIV&AIDS and TB Management policy during workshop sessions.

(b) Employees will be provided with hard copy of the policy to ensure each employee is fully aware of the requirements.

(c) Training sessions will be planned and coordinated so as to ensure the maximum numbers of employees are reached.

11.2. Training for Managers

a. Managers are pivotal to the success of the HIV&AIDS and TB programme. Top management must ensure that those selected for training understand the policy and are able to explain it to subordinates. Being in direct contact with the workers, managers should be able to detect performance problems and take action when necessary.

b. Training must be designed and tailored to meet the specific and on-going needs of the Department. In addition to the kind of information and education provided, key personnel need additional training to help them meet their responsibilities for implementing the policy and ensuing programme. They should be given more in-depth training in areas such as:
   i. Department policy and documented procedures;
   ii. Problem identification and intervention;
   iii. Accessing case management register to check on trends

11.3. Employee Education

a. To have a successful HIV&AIDS and TB programme, it is essential to provide all employees with information relating to the priority areas of the programme and to implement on-going education initiatives.

b. A budget shall be established at the Departmental level for the purpose of HIV&AIDS and TB education and training in the Department.

c. A number of key factors determine the long-term impact of an information and education programme:
   i. The degree of commitment by top management, senior managers and shop stewards
   ii. The duration and scale of an overall campaign;
   iii. The number of employees reached;
   iv. The credibility and relevance of the key messages;
   v. The repetition of messages;
   vi. The use of a variety of methods of communication;
   vii. The availability of programme and self-help material; and
   viii. Campaign feedback/progress reviews.

12. MONITORING MECHANISMS

(a) Upon approval of this policy the Integrated Employee Wellness staff shall be responsible for the roll-out of the policy in the Department.

(b) Data of cases that are presented to the Employee Wellness unit will be captured in the Case Management Register that is managed by the Department (Integrated Employee Wellness Programme). The unit will report to the Office of The Premier (OTP) on a quarterly basis.

(c) The Integrated Employee Wellness staff will be trained on the use of the Case Management Register as part of monitoring tool, and report trends to supervisors and Senior Managers.

(d) The unit shall conduct impact assessment across the Department.

(e) (e) Monthly, quarterly, half yearly and annual reports shall be prepared and submitted to the Department and Office of the Premier.

(f) HIV&AIDS and TB related records shall be confidential, legible and identifiable to the activities involved.

13. RISK MANAGEMENT OF THE POLICY

The Department shall establish and maintain procedures for the on-going identification of factors that subtly promote the possibility of HIV&AIDS and TB risk exposure, assessment of risks and the implementation of necessary education measures.

14. REVIEW OF THE POLICY

The policy will be reviewed every three years and whenever there are new developments to maintain relevance.

15. POLICY RECOMMENDATION AND APPROVAL

Comments

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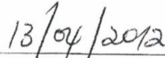
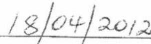
Recommended/ ~~Not Recommended~~



Head of Department: Dept. of Social Development & Special Programmes

Date

Approved/ ~~Not Approved~~



MEC: Dept. of Social Development & Special Programmes

Date

ANNEXURE A

PROVINCE OF THE EASTERN CAPE
DEPARTMENT OF SOCIAL DEVELOPMENT AND SPECIAL PROGRAMMES

POLICY GUIDELINES ON ACCIDENTAL OCCUPATIONAL EXPOSURE TO HIV, AND PROVISION OF POST-EXPOSURE PROPHYLAXIS

PRACTICAL GUIDELINES FOR MANAGING ACCIDENTAL OCCUPATIONAL EXPOSURE TO HIV INFECTED BLOOD/BODY FLUIDS.

1. Introduction

1.1 Employees, especially those whose work involves the use of sharp instruments or moving machinery, are at risk of accidental injury and exposure to HIV infected blood. The average risk of HIV infection from all reported percutaneous exposure to HIV infected blood is 0.3%.

1.2 Employees at risk include those working at Residential Care Facilities.

1.3 Exposure via HIV-infected blood or body fluid splashes into eyes, mouth, or onto unbroken healthy skin, is far unlikely to result in infection than exposure via a sharp instrument injury e.g. needle stick.

1.4 Transmission of HIV and other blood-borne viruses such as Hepatitis B virus can be minimized by strict adherence to standard universal precautions and by adoption of effective procedures to sterilize or disinfect equipment and other materials.

2. Exposure

Exposure can take place through blood-contaminated needle stick injury, or injury with blood-contaminated sharp instruments, or exposure of the mucous membranes to blood, cerebro-spinal fluid (CSF), or other serous fluid, or a blood splash onto broken skin.

3. Procedure to be followed

3.1 Clean injury site

Wash site of injury immediately with soap and running tap water. In case of mucous membrane exposure (eyes/mouth) without injury, flush mucous membranes well with running tap water. Apply appropriate dressing if necessary.

3.2 Report to Supervisor

The incident should be immediately reported to the Supervisor, who must ensure that the procedure is followed without delay.

3.3 Offer Post-exposure Prophylaxis (PEP)

PEP should be offered for any high-risk exposure (see Appendix 1) and should be commenced promptly within 1-2 hours after exposure. This is a recommendation by the World Health Organization, and has become a policy of the National and Eastern Provincial Departments of Health.

In low risk exposure of mucosal and skin contacts (See Appendix 1), PEP can be offered to the employee, but this is not a strong recommendation and its use should be assessed by balancing the lower risk of exposure with the uncertain efficacy and toxicity of the drugs. For urine/faecal contamination PEP is not recommended unless contaminated with blood.

3.4 Determine the HIV status of the Source Person

The HIV status of the source person (the person to whose blood/body fluids the employee has been exposed) must be determined as soon as possible. If there is no record of the HIV status then attempts should be made to obtain blood for the purpose of testing. This should be done only with informed and written consent, and in the proper and ethical manner, with pre-test and post-test counseling. A rapid HIV test could be done and be confirmed by a formal laboratory test

thereafter. If the source person refuses consent for HIV testing, the blood may not be taken and this must be documented as well as the relevant clinical information.

If the source person is HIV positive or if he/she is found to have one or more of the clinical signs of HIV infection, or there is a high index of suspicion that he/she is HIV positive then PEP is recommended.

If the source person's HIV status is not known, initiating PEP should be decided upon a case-by case basis, based on exposure risk and the likelihood of HIV infection in the source person.

If the HIV test on the source patient is negative, then the employee can be counseled about the possibility of the source person being in the window period, when viral loads are high, and given the option of either continuing or discontinuing the PEP therapy.

3.5 Determine the HIV status of the exposed employee

A rapid HIV test or ELIZA HIV test should be done on the exposed employee within 24 hours of the injury, at 6 weeks, 12 weeks, and 6 months. Written informed consent must be obtained and pre-and post-test counseling must be provided.

If the employee if found to be HIV positive on the first test, then the infection did not occur from the occupational exposure and the employee should not be given PEP, but should be offered supportive counseling.

If the employee sero-converts (becomes positive at a subsequent test) then the case must be reported to the Compensation Commissioner.

3.6 Supportive counselling for the employee

Supportive counseling should be available to the employee who should be advised to practice safer sex until the outcome of the follow-up tests is available.

3.7 Initiating Post-Exposure Prophylaxis

PEP is initiated according to the recommended PEP drug regimes in Appendix 1.

Informed, written consent is required from the employee prior to the commencement of PEP. The relative risk of sero-conversion and the side effects of the treatment should be fully discussed with the employee.

A baseline full blood count including platelets, urea and electrolytes, creatinine and liver function tests, should be done.

If PEP is initiated, the employee should be monitored for toxic drug effects by a clinician who has experienced in HIV care.

3.8 Recording and reporting

Record should be kept of the exposure incident. Information should be recorded in a confidential register/file. Details to be recorded include: name of employee, name of source person, responsible official, description of incident, action taken, and PEP therapy given. Particular attention should be paid to the maintenance of confidentiality for the whole episode.

3.9 Provision and control of Post-Exposure Prophylaxis Therapy

Starter packs consisting of 72 hour supply of the recommended PEP drug regime (See appendix 1) should be available at accessible points at Provincial Office and each district. These points will be determined by the Managers and District Managers of each directorate and district and employees should be informed on the procedure to access PEP therapy, including the after-hours procedure, where applicable.

Continuation therapy (after 72 hours and up to 4 weeks) should also be made available and the procedure for accessing it must be determined by the Manager concerned in consultation with the Department of Health in that district.

Control over the distribution of starter packs and continuation therapy will be maintained by the distribution point.

Costs for Post-Exposure Prophylaxis will be the responsibility of each department.

ANNEXURE B

1. **Referral Procedures**:

The Department will provide an environment in which troubled employees are encouraged to obtain guidance and advice as soon as possible. Names and addresses of specialist agencies are available, in confidence, from the Integrated Employee Wellness (IEW) Office. Referral to specialist agencies must always include the agreement of the person with the problem and self-referral may be the most effective way of addressing the problem.

1.1 Self-Referral

An employee who believes that he/she is experiencing problems that impact negatively on work performance is encouraged to visit IEWP. When troubled employees seek the advice of IEW officials directly, it is known as a case of self-referral.

Employees may call for information or to make appointments without the knowledge or participation of their supervisors. If attendance at such sessions is during the employee's normal work time, this should be by mutual agreement with the person's supervisor.

Any employee who, as a result of self-referral, is required to undertake a course of treatment that requires absence from work will be deemed to be absent from work on sick leave.

1.2 Supervisory Referral

1.2.1 A supervisor who has reasonable evidence to support the view that an employee for whom they have responsibility may have a problem that is affecting his/her work performance should arrange to discuss this with the employee concerned. The purpose of the discussion is not for the supervisor to "diagnose the problem"; rather it will be to raise problems in his/her work performance.

1.2.3 Supervisory Referral occurs when an employee is:

i. Not meeting the minimum requirements of a job he/she should perform,
ii. Whose performance has dropped noticeably,
iii. or whose performance is very unpredictable due to having personal problems that are not a direct result of the job situation.

1.2.3 If normal supervisory procedures do not assist in correcting the situation, a supervisor may refer the employee to the IEW Programme.

1.2.4 Training should be provided for managers giving them the confidence and skills to make early identification and to intervene should problems arise in the workplace.

1.2.5 What the Supervisor should do:

i. Always inform all staff members of what is expected of them in terms of performance.
ii. Be alert to changes in performance and changes in patterns of attendance. Record such changes in consultation with the employee.

1.3 Referral Outcomes:

(a) If, as a result of the referral programme, the employee is able to sustain a return to working at an acceptable level of performance, references to pending disciplinary action will be deleted. The period of sustained evidence of a successful outcome of the referral programme will normally be two years.

(b) Employees who embark on, but refuse to follow, the referral programme will be dealt with under the normal disciplinary procedures.

(c) Employees who return to working at an acceptable standard but whose performance again deteriorates may, if appropriate, be given further opportunities under the referral procedures. If an employee appears incapable of dealing with the problem, the department may/will take steps to terminate the employment on the grounds of capability and/or conduct.

ANNEXURE C: BUDGET IMPLICATIONS

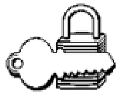
The Programme Manager shall be responsible for allocation of budget of workplace HIV&AIDS and TB Management Programmes.
The policy will have financial implications on the following:
Printing
Advocacy
Marketing
Referrals to specialized services

PERIOD	BUDGET ALLOCATION
Year 1	
Printing of policies	Will be incurred from Communications Directorate's budget
Advocacy of the policy	R120 000
Policy implementation & monitoring	Training will be incurred from Skills Development Levy
Referrals to specialized services	R150 000
Year 2	
Policy implementation & monitoring	Training will be incurred from Skills Development Levy
Referrals to specialized services	R150 000
Year 3	
Policy implementation & monitoring	Training will be incurred from Skills Development Levy
Referrals to specialized services	R150 000
Year 4	
Review of the policy	R126 000
TOTAL	**R696 000**

ANNEXURE D: REFERRAL FORM

Province of the
EASTERN CAPE
SOCIAL DEVELOPMENT & SPECIAL PROGRAMMES

Beacon Hill Park Corner of Hargreaves Avenue and Hockley Close.
Private Bag X0039 Bhisho 5605
REPUBIC OF SOUTH AFRICA
Tel: 043 605 5126 Fax (0)40 6089250 ·
Email address lindelwa.koto@socdev.ecprov.gov.za:
Website: www.socdev.ecprov.gov.za



CONFIDENTIAL

MANAGEMENT REFERRAL INFORMATION FORM
MANAGEMENT INFORMATION
WHEN REFERRING AN INDIVIDUAL TO THE IEWP, PLEASE IDENTIFY AND EVALUATE THE AREAS OF WORK PERFORMANCE BREAKDOWN USING THE CRITERIA BELOW. BE SPECIFIC AND ADD ANY ADDITIONAL INFORMATION YOU FEEL WOULD BE USEFUL. PLEASE INCLUDE ANY OTHER PREVIOUS CORRECTIVE ACTION.
THIS FORM MUST BE RECEIVED BY THE IEWP PRIOR TO THE EMPLOYEE'S SCHEDULED APPOINTMENT

EMPLOYEE NAME & SURNAME
EMPLOYEE PERSAL NUMBER DIRECTORATE :
PHONE NUMBER
NAME OFSUPERVISOR/MANAGEMENT REPRESENTATIVE MAKING REFERRAL PHONE NUMBER

WORK PERFORMANCE PROBLEM	**SEVERITY OF PROBLEM**				
	MINOR		**SEVERE**		
ABSENTEEISM (FULL DAY)	1		3	4	5
PARTIAL DA ABSENCES	1	2	3	4	5
TARDINESS	1	2	3	4	5
"UNSCHEDULED" VACATION DAYS	1	2	3	4	5
DECLINE IN QUALITY OF WORK	1	2	3	4	5
DECLINE IN QUANTITY OF WORK	1	2	3	4	5
CHANGE IN PERSONALITY	1	2	3	4	5
DISRUPTIVE BEHAVIOR	1	2	3		5
HANGE IN WORK HABI S	1	2	3	4	5
SAFETY RECORD	1	2	3	4	5
EXCESSIVE TIME AWAY FROM AREA	1	2	3	4	5
OTHER	1	2	3	4	5
OTHER	1	2	3	4	5
OTHER	1	2	3	4	5

MANAGEMENT / EMPLOYEE DISCUSSIONS / DISCIPLINARY ACTION

DATE		REASON		RESULT	
DATE		REASON		RESULT	
DATE		REASON		RESULT	

PLAN OF ACTION FOR PERFORMANCE IMPROVEMENT
(TO BE FILLED OUT BY SUPERVISOR AND EMPLOYEE)
WORK PERFORMANCE PROBLEM(S):

____
____
____

GOALS TO IMPROVE JOB PERFORMANCE:

1. ____
2. ____
3. ____
4. ____
5. ____

SPECIFIC ACTIONS EMPLOYEE CAN TAKE TO IMPROVE WORK PERFORMANCE:

1. ____
   ____
2. ____
   ____
3. ____
   ____
4. ____
   ____
5. ____
   ____

SUPERVISOR'S SIGNATURE:____________________DATE:_______________________

EMPLOYEE'S SIGNATURE:______________________DATE:_______________________

TO BE COMPLETED BY IEWP PRACTITIONER
CONTACT WITH SUPERVISOR BEFORE APPOINTMENT.
DATE:____________________________________ TIME:____________________________________
DATE PAPERWORK WAS RECEIVED:____ NOTES OR SUMMARY OF PRE-APPOINTMENT CONTACT WITH SUPERVISOR:

____
____
____

FOLLOW UP EMPLOYEE APPTS:

____
____

FOLLOW UP SUPERVISOR CONTACTS:

____
____

Management Referral Information Form Instructions

1. **Management Referral Information Form** -- used when a supervisor refers an employee to IEWP for work performance problems
2. **IEWP Information** -- to be completed by workplace HIV&AIDS staff - the date and time of initial contact and date and time of appointment and name of HIV&AIDS consultant are completed by the HIV&AIDS -- the rest of the form is to be completed by the supervisor/ manager who is making the referral
3. **Management Information** -- manager/supervisor is to complete this section providing employee name, PERSAL number, department, phone number and include his/her name and telephone number

4. **Work Performance Problem** -- manager/supervisor then indicates which performance problem(s) are applicable and rates the severity
5. **Management/ Employee Discussions/ Disciplinary Action** -- if the manager/supervisor has discussed the work performance problem with the employee in the past, and/or if disciplinary action has been taken: the dates, reasons and results (corrective action) of those occurrences should be recorded here; for example:

   Date: …………. Reason: excessive absenteeism Result: 1st Written Warning

6. **Plan of Action for Performance Improvement** -- to be completed by the manager/supervisor and employee together
   - **Work Performance Problem(s)** -- *a description of the work performance problem as understood by both, the employee and the supervisor: this description might be worded differently than the work performance problems listed on the front of the form*
   - ***Goals to Improve Work Performance*** -- *list all possible goals that will represent an improvement in job performance*
   - ***Specific Actions Employee Can Take to Improve Work Performance*** -- *list ideas and strategies developed by both the employee and supervisor that will facilitate the improvement of work performance*
   - ***Supervisor's Signature and the Date and Employee's Signature and the Date***

7. **To Be Completed by IEWP Practitioner** -- this section is completed by the IEWP Practitioner and records the initial contact with manager/supervisor, the date the paperwork was received and subsequent follow up contacts with employee and manager/supervisor

8. **Information Release Authorization** -- employee completes this form and the manager/supervisor signs and dates as the witness

Information Release Authorization

I, ________________ [insert employee name and PERSAL NUMBER], hereby give permission to the Integrated Employee Wellness Program Practitioner to:

☐ DISCLOSE the following information to ______________________

☐ OBTAIN the following information from ______________________

____

(Name of person information to be released or obtained from)

INFORMATION TO BE RELEASED:

☐ All information in my record

☐ Other [Specify Information]
- ☐ attendance at IEWP sessions
- ☐ compliance with plan of treatment
- ☐ work considerations

The purpose for the release of the information is: Progress and Follow-up

I understand that I may revoke this Authorization at any time, except to the extent that the Releasing Party has already taken action in reliance on said Authorization. Such revocation also has no effect until the written revocation is received by the Releasing Party. *If not previously revoked, this consent will terminate within one (1) year from the date noted below.*

I have read and understand this form. All of my questions have been answered. I sign my name freely, voluntarily and without coercion

Signature of Client ______________________________

Signature ______________________________

Date ______________________________

PERSAL Number ______________________________

ID NUMBER ______________________________

Date ______________________________

NOTICE TO RECIPIENT OF INFORMATION: This information has been disclosed to you from records, the confidentiality of which is protected by the HIV&AIDS and TB Management Policy. Accordingly, you are prohibited from making any further disclosure of this information without the specific prior written consent of the person to whom the information pertains, or as otherwise permitted by the HIV&AIDS and TB Management Policy. A general authorization for the release of medical or other information is not sufficient for this purpose.