

# Policy on the Integrated Management and Reporting for HIV, AIDS, TB and Occupational Lung Disease in the South African Mining Industry

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## DEFINITIONS

Word	Definition
<b>access to health services</b>	Requires provision to be made by employer for access to adequate health services according to what is feasible in terms of mine size and resources ranging from onsite, to off-site, public sector or private
<b>adequate health services</b>	health service rendered in such a way as to meet the needs of this policy as well as compliant with National Health norms and standards required by Office of Health Standards Compliance
<b>ART</b>	Antiretroviral Therapy
<b>contact tracing</b>	Contact tracing is the identification and diagnosis of other individuals who may have come into contact with an infected person with TB. In the context of this policy it means the contacts within the employees workplace and home within the close proximity of the workplace. Contact tracing should be seen as a partnership process between the employer and the local TB coordinator of the Department of Health.
<b>contractor employer</b>	Means employers who enter into a contract with an owner, as defined, to provide employees to work on an owner's mine/s
<b>competent health care provider</b>	a health care provider with a service level agreement with an employer who is able to fulfil the requirements of the service level agreement
<b>counselling</b>	Counselling in relation to this policy means counselling for HIV testing and is the process by which sufficient information about HIV is provided to the patients so they can give their explicit and voluntary informed consent to receive services. It must be confidential. Information provided during counselling can be to create awareness or detailed information about HIV.
<b>employee</b>	includes any person employed by or working at a mine
<b>employer</b>	Employers in terms of this policy include the following: <ul style="list-style-type: none"> <li>(i) An owner, as defined by the Mines Health and Safety Act; and</li> <li>(ii) Contractor employers who enter into a contract with an owner, as defined, to provide employees to work on an owner's mine/s</li> </ul>
<b>fitness to work</b>	includes that: <ul style="list-style-type: none"> <li>a) the employee meets the inherent requirements of the job</li> <li>b) the risk environment does not pose further risk to the individual</li> <li>c) the nature of the underlying medical condition in itself does not pose a risk to the employee and their co-workers</li> </ul>
<b>healthy</b>	means free from illness or injury attributable to occupational causes;
<b>health care provider</b>	means a person, providing health services in terms of any law, including in terms of the –

	<p>a) Allied Health Professions Act, 1982 (Act 63 of 1982)</p> <p>b) Health Professions Act, 1974 (Act 56 of 1974)</p> <p>c) Nursing Act, 1978 (Act 50 of 1978) as amended</p> <p>d) Pharmacy Act, 1974 (Act 53 of 1974)</p> <p>e) Dental Technicians Act, 1979 (Act 19 of 1979)</p> <p>For purposes of this policy health care provider include general practitioners, paramedics occupational medical practitioners, nurses and allied health professionals rendering health services for employees</p>
<b>health establishment</b>	means the whole or part of a public or private institution, facility, building or place, whether for profit or not, that is operated or designed to provide inpatient or outpatient, rehabilitative, palliative, convalescent, preventative or other health services
<b>health care service provider</b>	Means an organisation or health care provider providing health services to the employer. This may include medical aids, private and public health establishments
<b>HIV</b>	Human immunodeficiency virus
<b>HCT</b>	HIV counselling and testing
<b>informed consent</b>	Informed consent means consent for the provision of a specified health service by a person with legal capacity to do so after being informed fully regarding health status, range of diagnostic and therapeutic procedures generally available as well as the benefits, risks, costs and consequences associated with each option.
<b>mineworkers</b>	employee employed by or working at a mine
<b>occupational health</b>	includes occupational hygiene and occupational medicine disciplines
<b>occupational medical practitioner</b>	means a <i>health care provider</i> who holds a qualification in <i>occupational medicine</i> , or an equivalent qualification, recognised by the Health Professions Council of South Africa;
<b>occupational hygiene</b>	means the anticipation, recognition, evaluation and control of conditions arising in or from the workplace, which may cause illness or adverse health effects to persons
<b>occupational hygiene practitioner</b>	means the individual practising occupational hygiene or designated section 12(1) appointees in terms of the Mine Health and Safety Act
<b>occupational medicine</b>	means the prevention, diagnosis and treatment of illness, injury and adverse health effects associated with a particular type of work;
<b>OLD</b>	Occupational Lung Disease includes the following – silicosis in miners and surface workers exposed to silica dust, silicotuberculosis in miners and surface workers, coal workers’ pneumoconiosis in coal miners, obstructive airway disease in miners, tuberculosis affecting cardio-pulmonary organs in miners or surface workers exposed to dust, progressive systemic sclerosis in miners exposed to silica dust, platinosis, asbestosis, malignant mesothelioma in asbestos miners, pleural plaques in asbestos miners, hard metal pneumoconiosis and occupational asthma.

<b>owner</b>	<p>(a) in relation to a <i>mine</i>, means –</p> <p>(i) the holder of a <i>prospecting</i> permit or mining authorisation issued under the <i>Mineral and Petroleum Resources Development Act</i>;</p> <p>(Paragraph (a)(i) of the definition of owner substituted by section 30(f) of Act 74 of 2008)</p> <p>(ii) if a <i>prospecting</i> permit or mining authorisation does not exist, the person for whom the activities contemplated in paragraph (b) of the definition of '<i>mine</i>' are undertaken, but excluding an independent contractor; or</p> <p>(iii) if neither (i) or (ii) is applicable, the last person who worked the <i>mine</i> or that person's successor in title; and</p> <p>(b) in relation to a <i>works</i>, means the person who is undertaking the activities contemplated in the definition of '<i>works</i>', but excluding an independent contractor;</p> <p>(Definition of owner substituted by section 43(g) of Act 72 of 1997)</p>
<b>productivity</b>	Productivity in the context of this policy is the ability of the employee to have the power to produce for themselves and the mine in abundance. This implies that they are productive both at work and back in their community.
<b>reasonable accommodation</b>	<p>Reasonable accommodation may include the following:</p> <p>(a) making facilities accessible and ensure appropriate evacuation facilities where reasonably practicable;</p> <p>(b) job restructuring</p> <p>(c) modified job schedules</p> <p>(d) reassignment of vacant positions</p> <p>(e) provision of special equipment or devices</p> <p>(f) modification of administrative procedures</p> <p>(g) provision of assistant or support staff</p> <p>(h) modification of training materials or procedures.</p>
<b>reasonably practicable</b>	<p>means practicable having regard to -</p> <p>(a) the severity and scope of the <i>hazard</i> or <i>risk</i> concerned;</p> <p>(b) the state of knowledge reasonably available concerning that <i>hazard</i> or <i>risk</i> and of any means of removing or mitigating that <i>hazard</i> or <i>risk</i>;</p> <p>(c) the availability and suitability of means to remove or mitigate that <i>hazard</i> or <i>risk</i>; and</p> <p>(d) the costs and the benefits of removing or mitigating that <i>hazard</i> or <i>risk</i>;</p>
<b>risk</b>	means the likelihood that occupational injury or harm to persons will occur;
<b>service level agreement</b>	agreement between employer and competent health care provider describing all matters related to health services to be rendered
<b>support services</b>	Support services are those services outside of health services such as employee assistance programmes, social workers, other social support services, and financial assistance
<b>state</b>	including the Department of Mineral Resources and Department of Health

<b>STI</b>	sexual transmitted infection
<b>TB</b>	Tuberculosis
<b>VCT</b>	Voluntary counselling and testing
<b>wellness program</b>	means a program designed to teach the employee new life skills and awareness towards making conscious choices for a more balanced and healthy lifestyle across seven dimensions – social, physical, emotional, career, intellectual, environmental and spiritual
<b>workplace</b>	covers all areas of the mining operations including underground and administrative areas
<b>works</b>	means any place, excluding a <i>mine</i> , where any person carries out: <ul style="list-style-type: none"> <li>(a) the transmitting and distributing to another consumer of any form of power from a <i>mine</i>, by the <i>employer</i> thereof, to the terminal point of bulk supply or where the supply is not in bulk, to the power supply meter on any such other consumer's premises; or</li> <li>(b) training at any central rescue station; or</li> <li>(c) the making, repairing, re-opening or closing of any subterranean tunnel; or</li> <li>(d) any operations necessary or in connection with any of the operations listed in this paragraph.</li> </ul>

## 1 INTRODUCTION AND BACKGROUND

All stakeholders in the South African Mining Industry acknowledge the evidence that the high rates of HIV, TB and OLD disease among their employees are a consequence of a combination of closely interlinked biological, physical and socio-economic factors found within the mining sector and the use of migrant labour. It is further acknowledged that although the high prevalence of HIV and TB necessitates its consideration as a current health priority, new health priorities may transpire in future.

The aim of the MHSA is to safeguard the rights of employees and create a workplace that is safe such that

*“Every mine worker returning from work unharmed everyday”,*

the integrated HIV, AIDS, TB and OLD policy seeks to safeguard the rights of employees to optimal health in order for them to remain as productive members of the mining workforce and their communities. This policy therefore aims to support the fact that

*“Every mine worker going to work healthy and productive everyday”*

Therefore a **“shared value proposition”** is being proposed that aligns the needs of employees with that of the employer through a focus on productivity, health and safety creating a sustainable mining industry. The ability of the employee to remain a productive, healthy part of the workforce should apply to not only the time they spend employed in the mine but also to when they leave the mine; they should be able to remain productive and healthy within their community and home environment.

Integration of HIV, AIDS, TB and OLD within the mining industry therefore entails the implementation of a targeted package of prevention, surveillance, diagnostics, and treatment interventions for employees aimed at them receiving all appropriate interventions for HIV, TB and OLD in a “multiple diseases, one patient” way where health interventions are bundled together.

At all points of contact with the health and safety systems employees should be assessed for any risk factors for HIV, TB and OLD disease. They should be screened for symptoms and clinical signs of disease in order to make an early diagnosis and access treatment early. Disease screening should also be used to develop risk based medical surveillance processes that take the additional risk of HIV, TB and OLD into account when determining fitness to work. Monitoring of employees response to treatment, adherence to treatment plans, side effects and complications should occur throughout their care and treatment and the employees should be maintained at optimal health in order to allow them to remain a productive, healthy and safe member of the mining workforce.

Integration of HIV, TB and OLD also needs to occur across the service delivery points or platforms such that there is the creation of multipurpose service delivery points or facilities for employees where they receive a range of services under one management structure. This may take the form of the occupational health centres expanding their focus from surveillance to chronic disease management and basic primary health care in order for all the employees to have greater access to diagnostics, monitoring and treatment services.

Finally, better systems of integration of work relating to the health and safety of employees within an organisation through shared purposes being created between occupational hygiene, engineering and safety, occupational health and primary health service providers. Referral networks and cross organisational unit processes need to be established that remove the silo based management of health and safety and replaces it with a more holistic and integrated view.

## **2 HEALTH COMMITMENTS AND PRIORITIES**

Health commitments and priorities towards HIV, TB, silicosis and towards managing illness within the working environment are determined at international, regional and national level. In this section we look at some of the key commitments, principles and priorities that guide the context of the proposed HATOLD policy in South Africa (details can be found in Annexure A).

### **Nationally:**

At national level, the South African National Strategic Plan for HIV, STIs and TB 2012-2016 is based on the global frameworks, promoting an integrated approach to HIV and TB that emphasises the importance of partnerships across sectors and is based on principles of human rights and equity.

Through the National Strategic Plan (NSP) on HIV, STI's and TB 2012 – 2016 the country has committed to the following principles for the treatment and care of patients with HIV and TB:

- Addressing the social and structural drivers of infection by focussing on high risk persons such as persons working in mining and sex workers;
- Preventing infections by maximising opportunities for testing and screening, increasing access to preventative services and intensified case finding, infection control and INH prophylaxis;
- Sustaining health and wellness by reducing the disability and death resulting from infections through early diagnosis, rapid treatment enrolment and adherence monitoring and chronic care access and continuity;
- Ensuring protection of human rights and improving access to justice by removing barriers to access health services, stigmatisation and discrimination.

These strategic principles aim to achieve the Three Zeros advocated and in line with the global health commitments:

- Zero new HIV and TB infections ;
- Zero preventable deaths associated with HIV and TB; and

- Zero discrimination associated with HIV and TB

Within the South African mining sector, the industry has committed to achieving the 2014 MHS Safety Summit Milestones by 2024 of a TB incidence rate at or below the National TB incidence rate and 100% of employees offered HCT annually with all eligible employees linked to an ART programme as per the NSP. The elimination of OLD is also a milestone with a target of 95% of exposure measures results to be below the milestone levels for coal dust and silica dust in order to achieve zero new cases of silicosis and pneumoconiosis amongst previously unexposed individuals.

### **Regionally within SADEC**

At a regional level, there are various commitments towards rights-based responses to managing HIV, AIDS and TB, including within the working environment, which should also guide national responses to these diseases in the mining sector. The key commitments are:

- SADC's Code of Good Practice on HIV/AIDS and Employment promotes national rights-based responses to HIV in the working environment. The SADC Code and ILO codes of practice informed the development of South Africa's Code of Good Practice on Key Aspects of HIV/AIDS and Employment, published in 2000. The key principles include non-discrimination, a prohibition on unfair dismissals on the basis of HIV status, protection of the right to confidentiality and to voluntary HIV testing and counselling and promoting a safe and healthy working environment for employees.
- The SADC Strategic Plan for TB Control 2016-2020 is based on the WHO Stop TB Strategy, with the overarching goal of reducing the incidence of TB in the SADC region by 20% by 2020, compared to 2015. The specific targets for South Africa's TB incidence is 688 per 100,000 population, a TB treatment success rate target set at greater than 85% and 95% of all HIV positive TB patients to be on antiretroviral therapy.
- The 2012 SADC Declaration on TB in the Mining Sector commits Member States to moving towards a vision of zero new infections, zero discrimination and zero deaths from HIV, TB, silicosis and other occupational lung diseases.
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### **Internationally**

At the international level, UNAIDS guides the global response to HIV and AIDS and is used as a guidance for countries in the development of their own national strategic plans. The UNAIDS 2016-2021 Strategy: On the Fast Track to End AIDS seeks to end AIDS by 2030 and recognises that in order to do so, key targets need to be achieved by 2020, with a strong focus on those populations being "left behind" in responses to HIV and AIDS.

The 90-90-90 treatment targets aim to ensure that, by 2020:

- 90% of people living with HIV know their status;
- 90% of people who know their status are receiving treatment; and
- 90% of people on treatment have suppressed viral loads.

- Another key target of the global strategy is to ensure that 90% of key populations, such as person employed on mines, sex workers and migrants, amongst others, have access to HIV combination prevention services.
- Target 8 aims to ensure that 90% of people living with, at risk of and affected by HIV report no discrimination, especially in health, education and workplace settings.

Similarly The World Health Organisation's End TB Strategy, 2014 aims for a world free of TB, with zero deaths, disease and suffering due to TB. The End TB Strategy sets ambitious targets to reduce deaths from TB by 95% and reduce TB incidence rates by 90% by 2035 as well as to ensure that no family affected by TB is facing catastrophic costs by 2035.

The 90-90-90 targets for aim to ensure that by 2020:

- 90% of people with TB receive treatment;
- 90% of key vulnerable populations are reached; and
- 90% treatment success rate is achieved.

The International Labour Organisation (ILO) and World Health Organisation (WHO) jointly developed 2 documents the National Programme for the Elimination of Silicosis and National Action for the Elimination of Silicosis. These documents focus on prevention strategies for primary and secondary prevention of silicosis at organisational level and tie into the MHSC Safety Summit Milestones targets committed to by the South African Mining Industry in 2014.

A focus on reaching vulnerable and key populations and on protecting rights in HIV, TB and Silicosis responses has been recognised as a central tenet of international, regional and national responses for some time now.

### 3 LEGAL AND POLICY FRAMEWORK

In addition to the framework provided by national, regional and international commitments, declarations, guidance documents and plans on occupational health more broadly and HIV, TB and OLD, the policy sits within a national legislative context which guides its key principles and priorities. These include the following as relevant to this Policy:

- **The Constitution of the Republic of South Africa** as the supreme law of the country. Chapter 2 of the Constitution contains a Bill of Rights that sets out the civil, political, economic, social and cultural human rights of all persons. Of importance for this policy, it includes the right to equality and non-discrimination; the right to freedom and security of the person; the right to privacy; the right to choose a trade, occupation or profession; the right to a healthy environment; the right to fair labour practices and the right to health care, amongst others.
- **The Basic Conditions of Employment Act, 1997** (as amended) which regulates the basic conditions of employment in accordance with ILO standards, providing for issues such as sick leave, occupational accidents and diseases and proof of incapacity, amongst other things.
- **The Labour Relations Act, 1995** (as amended) regulates the relationship between employers, employees, trade unions and employer's organisations. It

provides for fair labour practices and regulates issues such as substantive and procedural requirements for termination of employment, amongst other things.

- **The Employment Equity Act of 1998** aims to achieve equity in the workplace by promoting equal opportunity and fair treatment in employment through the elimination of unfair discrimination and implementing affirmative action measures to redress disadvantages in the working environment. It contains specific provision for non-discrimination on the basis of a person's health status, including HIV status, and prohibits medical testing unless required by legislation or justifiable on various grounds, as well as prohibits HIV testing in the workplace unless justifiable by order of the Labour Court.
- **The Mine Health and Safety Act, 1996 as amended** which regulates health and safety in the mining sector and gives effect to international law commitments on health and safety at the mines. It aims to protect the health and safety of persons at mines, requires employers and employees to identify and eliminate or control hazards within the working environment and makes provision for monitoring and reporting on mine health and safety. It contains detailed provisions for managing employees' health issues.
- **The Occupational Diseases in Mines and Works Act 1973** (as amended) provides for compensation for certain diseases contracted by persons employed in mines and works. It provides for issues such as determining risk within the mines, certificates of fitness and regular medical examinations and compensation. The Act also places the obligation on an employer to meet the costs of treating an occupational disease from the date of commencement of that disease. TB under this Act is defined as 'Tuberculosis of the cardio-respiratory organs of a person who has worked at least 200 shifts in circumstances amounting to a risk and where silica dust or any other injurious dust was present, or any sequelae, complication or manifestation thereof, but does not include inactive or calcified foci'"
- **The Compensation for Occupational Injuries and Diseases Act, 1993** provides for compensation for disablement or death caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment. It applies to all employers and casual and full-time workers although certain categories of employees are excluded from the operation of the Act. Schedule 3 to the Act lists diseases that are presumed to be occupational and compensable diseases in terms of section 66 of the Act.
- **The National Health Act of 2003** regulates the health system within South Africa and also provides for individual health rights and duties of those using health care facilities. Of importance for this policy, it includes key rights such as the right to treatment with informed consent, the right to confidentiality and the right to access health records, amongst other things.

## 4 OBJECTIVES

The objective of the policy is to set out principles and standards for employers, employees, the state and organised labour on how to manage HIV, TB and Occupational Lung Disease within the mine workplace. The state has an oversight responsibility to ensure that this policy is implemented. The individual objectives for each of the illnesses include:

HIV - effective awareness such that employees know their status and present for early diagnosis and start treatment with the most suitable ARV's with a view to return to complete fitness to work. The long term goal is a population of employees with undetectable viral loads and full viral suppression working as healthy, safe and productive members of the workforce.

Tuberculosis – effective primary prevention, active screening and early diagnosis of infection in order to start treatment with the most suitable TB regimen with a view to early achievement of non infectious status with return to fitness to work and successful completion of course of treatment and TB cure. The long term goal is to limit new infections so that the only affected employees are those previously infected with TB; with subsequent reduced exposure to high risk environments to limit the opportunity for reinfection and prevention of transmission of TB to their co-workers.

Occupational Lung Disease – effective prevention at mine operations level therefore limiting exposure of employees, effective screening and early detection of illness for at risk individuals and the continuous risk based surveillance of individual exposure limits in the mining environment. Once disease is detected the suitable re-accommodation of the employee to an environment that will not increase exposure and the effective management and stabilisation of symptoms of the illness to allow them to return to work and their communities as healthy, safe and productive members.

## 5 APPLICATION AND SCOPE

The policy applies to all employers and employees in the South African mining industry, across all commodities and to all mines and works.

Employers include the following:

- (i) An owner, as defined by the Mines Health and Safety Act; and
- (ii) Contractor employers whose employees work on mines, in terms of a contract with the owner

Employees include any persons employed by an employer as defined above.

Mines and works includes those as defined by the Mines Health and Safety Act.

The employer maintains the overall responsibility for the implementation of this policy. Although the employer must appoint a manager (MHSA chapter 2, section 3.1) and the employer may designate the responsibilities for implementation of sections of this policy to other suitable employees, including occupational hygiene professionals (section 12 appointees), occupational medical practitioners, health care workers, safety representatives, the overall responsibility and accountability for the policy remains with the employer, as directed by the MHSA and other applicable legislation.

## **6 LEGAL STATUS OF DOCUMENT**

This policy document will set the context for the future development of a Code of Practice for the industry.

## **7 POLICY PRINCIPLES**

The policy is based on the key principles outlined below:

- (i) Recognition of HIV, TB and OLD as a workplace issue
- (ii) Non-Discrimination, Human Rights and Equity
- (iii) Gender Equality
- (iv) Confidentiality and Disclosure
- (v) HIV and TB Testing, OLD Screening,
- (vi) Access to health services to promote awareness, prevent infection, encourage early diagnosis and treatment and provide ongoing continuity of care and support
- (vii) Employees responsibility for their health
- (viii) Health and safety in the working environment
- (ix) Compensation for occupationally acquired diseases
- (x) Continuation of employment relationship

### **7.1 RECOGNITION OF HIV, AIDS, TB AND OLD AS A WORKPLACE HEALTH PRIORITY**

HIV, AIDS, TB and OLDs are workplace health priorities that impact significantly on employers, employees and their families and organised labour in the mining industry. All stakeholders recognise their joint responsibilities, in terms of the national, regional and international health and human and labour rights commitments to assist employees whose lives are affected by HATOLD, in order to provide a safe, healthy working environment; to allow affected employees to continue functioning as productive employees within the mines for as long as reasonably possible and to contribute towards the long terms welfare of employees and sustainability of the mining operations.

### **7.2 NON-DISCRIMINATION, HUMAN RIGHTS AND EQUITY**

There shall be zero discrimination and stigma on the basis of real or perceived health status. Therefore no employee affected by HATOLD shall be unfairly discriminated against within the employment relationship or within any employment policies or practices.

### **7.3 GENDER EQUALITY**

The HATOLD policy and related health services recognise the impact of gender inequality on health. It strives to reduce gender inequality, protect the rights of women and men in the working environment, ensure equitable distribution of and access to resources and services and target the gender-specific needs of women and men in the context of HATOLD.

## **7.4 CONFIDENTIALITY AND DISCLOSURE**

An employee has the right to confidentiality with regard to his or her health status <sup>1</sup>.

An employer may not require an employee to disclose his or her health status as part of any employment policies or practices. However, an employer shall strive to create an enabling, non-discriminatory working environment that is conducive to voluntary disclosures of health status by an employee, where this is in the interests of his or her mental and physical health and wellbeing within the broader context of a productive working relationship.

A health care professional must respect an employee's right to confidentiality and may not disclose an employee's health information to any person, without the employee's informed consent. However, a health care professional may disclose confidential health information to another health care provider or health establishment as is necessary for any legitimate purpose within the ordinary course and scope of his or her duties where such disclosure is in the interests of the employee's health and safety.

Employees shall be supported to consent to voluntary disclosures of health information to health care professionals and other relevant persons, where this is in the interests of the employee for purposes of medical assessments for fitness to work, health and safety, treatment, care and support.

Note: that section 25 of OHSA mandates any health care provider who examines or treats an employee for a disease described in the Second Schedule to the Workman's Compensation Act, 1941, or any other disease which he believes arose out of that person's employment, to report the case to the employer and the chief inspector as well as to inform the employee accordingly. For the purpose of this policy it would refer to any OLD as defined before, occupational acquired TB and HIV.

## **7.5 ACCESS TO VOLUNTARY TESTING AND DIAGNOSIS**

An employer shall facilitate the provision of on-going access to voluntary counselling, testing and screening for HIV, TB and OLD at all points of contact with the relevant health and safety services.

An employer may not unfairly discriminate against an employee or job applicant simply on the basis of a positive test or diagnosis for HIV, TB or OLD.

## **7.6 EMPLOYEES RESPONSIBILITY FOR THEIR OWN HEALTH**

All employees have the right to a healthy and safe environment that will ensure their physical, mental and psychological health and wellbeing. Employees thus have a responsibility to take care of their own health through following guidance on healthy lifestyle behaviours and safe work practices.

Employees should also take note of awareness information to identify and reduce health and safety hazards in the workplace, report lack of personal protective

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<sup>1</sup> As per section 15 and 16 of NHA, Labour relations act and POPI

equipment, appropriately use protective equipment and apply “Stop and Fix” principles to prevent or reduce those workplace hazards.

Employees are responsible for providing the health care providers with relevant and accurate information about their symptoms for diagnostic, treatment, rehabilitation or counselling purposes. Employees have a responsibility to comply with the prescribed treatment or rehabilitation procedures as prescribed by their health care provider and to take care of health records in their possession. Employees should utilise the health care system properly and not abuse it.

Employees also have the right to complain about any workplace that exposes them to harm and the health care system being provided to ensure that it meets their needs.

### **7.7 ACCESS TO HEALTH SERVICES AND CONTINUITY OF CARE**

The employer shall provide access to adequate, accessible and quality health services through a competent health care provider for the prevention, treatment, care and support of HATOLD for all employees.

Accessible services implies that these services should be easy to access so as not to have a negative financial impact on an employee or on the employee’s ability to continue to work.

Competent health care provider implies that the provider of health services provides such services in compliance with a service level agreement that stipulates the quality and efficiency outcomes for employees with HIV, TB and OLD.

Health care services for employees with HIV, TB and OLD must be coordinated amongst the healthcare professionals, amongst the health establishments, and over time so as to minimise the disruptions in care as the employee moves between the mine, their community and their home.

### **7.8 PROMOTING HEALTH AND SAFETY IN THE WORKING ENVIRONMENT**

The owner employer (is not relevant to the contractor employer) is committed to providing a safe and healthy working environment that reduces the risk of transmission of HIV, TB and OLD and promotes the optimal status of employees in relation to their health, welfare and productivity.

The owner employer (is not relevant to the contractor employer) must provide an employee with the necessary information, education, equipment and services <sup>2</sup>to prevent HIV, TB and OLD and promote their optimal health, welfare and safety.

The employee and their representative labour union shall ensure the employees obtain and use the necessary information, education, equipment and services to prevent HIV, TB and OLD and promote their optimal health, welfare and safety.

The owner employer (is not relevant to the contractor employer) must conduct an initial medical examination and baseline test and subsequent medical examinations appropriate to the health hazards or exposures of the occupation, the relevant risk

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<sup>2</sup> Services in this context refers to engineering, ventilation, safety, health and infection prevention and control services

assessments and the inherent requirements of the specific occupation that the employee will be performing.

## **7.9 ACCESS TO COMPENSATION FOR OCCUPATIONALLY ACQUIRED DISEASES**

An employee is entitled to compensation for HIV, TB and OLD where this is occupationally acquired, in terms of the relevant occupational health and safety laws and regulations.

The employer is responsible for identifying and reporting all occupationally acquired diseases to the necessary authority and supporting the employee to access the compensation from the relevant compensation funds, as entitled.

## **7.10 CONTINUATION OF EMPLOYMENT RELATIONSHIP**

An employee's employment may not be terminated simply on the basis of his or her health status. Persons with HIV, TB and OLD have the right to continue work as long as they are medically fit to do so.

The health care professional must assess whether the employee who has HIV, TB and OLD is fit for work based on the inherent requirements of the job, that the risk environment does not pose further risk to the employee and that the nature of the underlying medical condition in itself does not pose a risk to the employee and co-workers.

In addition, an employee affected by HIV, TB or OLD maintains his or her right to be reasonably accommodated within the working environment in order to support their optimal health, welfare and productivity as long as they are medically fit to do so.

An employee shall be supported by the employer and relevant personnel, including health care providers, health and safety, human resource and operational personnel, to make an informed decision<sup>3</sup> regarding his or her capacity to work and alternatives to his or her current position and working environment.

An employee affected by HATOLD has the right to paid sick leave, in terms of the Basic Conditions of Employment Act and other applicable agreements between labour unions and the employers.

In the event that HIV, TB and OLD is an occupationally acquired disease, as stipulated by the relevant occupational health and safety legislation, the employee is entitled to periodic payments in the case of temporary disablement for the period stipulated in the legislation and compensation from the relevant Compensation Fund thereafter.

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<sup>3</sup> *Informed decision means for a person to be fully informed regarding the person's health status including the diagnostic and therapeutic options generally available and the costs, risks, benefits and consequences associated with each option.*

The employer is responsible for supporting<sup>4</sup> the employee to provide evidence that his or her disease is an occupational disease and to access the necessary compensation from the relevant compensation funds, as entitled.

## 8 NORMS AND STANDARDS FOR ACCESS TO HEALTH SERVICES

The integrated HATOLD policy is based on norms and standards that reflect national, regional and international health commitments and respond to the key workplace issues of all concerned stakeholders as determined through the research conducted by the MHSC in 2016.

Norms and standards cover the following key aspects of the management and reporting for HATOLD aligned to the care pathway for these conditions:

- (i) Developing an awareness, communication and education workplace programme
- (ii) Prevention of acquisition and spread of HATOLD through adoption of leading practices
- (iii) Encourage early diagnosis of HATOLD
- (iv) Access to early effective treatment of HATOLD by a competent health care provider
- (v) Provision of on-going care and support
- (vi) Compensation
- (vii) Reporting and health information management

### 8.1 ACCESS TO EARLY EFFECTIVE TREATMENT OF HATOLD BY A COMPETENT HEALTH CARE PROVIDER

8.1.1 Employers are obliged to provide all employees with **access** to health programmes for HIV, TB and OLD in a manner that meets the employees need for efficient and effective care and high quality outcomes without negatively impacting on the financial status of the employee or limiting their ability to continue working. The manner in which access is provided should be guided by the needs and capacity of each individual workplace. However it is recommended that every employer should provide for the following health services as a minimum:

- (i) Access to awareness, information and education on prevention of HIV, TB and OLD
- (ii) Access to provider initiated counselling on HIV and voluntary counselling and testing for HIV
- (iii) Occupational health medical surveillance processes as per legislative requirements
- (iv) Access to screening and diagnostic investigation services for HIV, TB and OLD in order to determine the correct treatment for the employee
- (v) Access to awareness and of diseases of lifestyle that may impact the health and safety of the employee

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<sup>4</sup> Supporting the employee to provide evidence for compensation includes gathering the necessary evidence of exposure to hazards, informing the employee of the compensation process, timeframes, their rights and responsibilities, providing administrative processes and support to complete the necessary documents and report and submit them to the relevant compensation authorities.

- (vi) Access to treatment for HIV, TB and OLD in order for the employee to remain an active and productive member of the workforce on the mine and within their community when leaving the mine.
- 8.1.2 Access to the service must be provided to employees whilst at work in such a manner that it will not compromise the employee from a financial perspective either through them incurring additional costs to travel to the health services or loss of income due to lost shift time whilst they are accessing services;
- 8.1.3 Access should allow the employee who is at work to physically access the services whilst they are off duty such that they are not required to be away from a working shift or limit their ability to receive chronic or long term care.
- 8.1.4 The employer must ensure that the health services as provided by the health care provider are adequate; they should meet the needs of this policy (access, care pathways services as per 6.1.1. above) and are compliant with the Norms and Standards as set out by the Office of Health Standards Compliance from a quality point of view.
- 8.1.5 The employer is obliged to ensure that health care services are provided by a competent health care provider that meets the need for efficient and effective care and high quality outcomes. The choice of health care provider should be guided by the needs and capacity of each individual workplace. However it is recommended that every employer should ensure the following:
- (i) An agreement with the preferred health care provider that is explicit about:
    - a. the services to be provided (against the requirements of this policy);
    - b. that all employees are covered (for conditions in relation to this policy);
    - c. the cost of services;
    - d. availability of medicines and laboratory services;
    - e. the quality of care and efficiency of services to be provided as part of a service level agreement;
    - f. the outcomes to be monitored; and
    - g. a reporting and information management procedure for how confidential health information is managed.
  - (ii) Clearly defined quality of care service levels, process and outcome indicators that meet the norms and standards within this policy;
  - (iii) At least quarterly assessments of the efficiency and quality of services provided by the health care provider against the service level indicators and agreement;
  - (iv) That the employee's condition is assessed by the health care provider according to the frequency prescribed by the NDOH guidelines for HIV, TB and OLD.

## 8.2 DEVELOPING AN AWARENESS, COMMUNICATION AND EDUCATION WORKPLACE PROGRAMME

8.2.1 An employer is obliged to ensure that employees are made aware of the risks of acquiring HIV, TB and OLD in the workplace and outside the workplace. The nature and extend of the workplace awareness, communication and education programme should be guided by the needs and capacity of each individual employer. However it is recommended that every programme should address the following:

- (i) Employers, employees, labour unions and recognised structures should be engaged in the design, implementation and evaluation of the workplace programmes for awareness, communication and education of HATOLD on the mine<sup>5</sup>.
- (ii) The programme should cover the following aspects of awareness for each disease:
  - a. Awareness of the risk factors for acquiring HIV including occupational exposure, use of male and female condoms, prevention strategies, risk factors for key populations ( women, children , men having sex with men), confidentiality of testing and non discrimination on status, importance of treatment to viral load reduction, symptoms to aid early diagnosis, how to access health services and support services;
  - b. Awareness of the risk factors (smoking, poor nutrition, HIV, diabetes) for acquiring TB both in the workplace and outside the workplace, confidentiality of testing and non discrimination on the basis of status, the ability to cure the disease, cough etiquette and hand washing techniques, use of respiratory protection when working in a high risk environment, symptoms to aid early diagnosis, how to access health services and support services;
  - c. Awareness of the risk factors for acquiring OLD, use of respiratory protection when working in a high risk environments, use of mechanical and other engineering controls, symptoms to aid early diagnosis, how to access health services; how to access compensation and long term care and rehabilitation post-employment;
  - d. Awareness of the cumulative and compounding effect of one disease on the risk of acquiring a second disease i.e. the risk of TB if HIV positive or OLD is diagnosed and dust exposure, smoking and poor lifestyle choices continue;
- (iii) Employers must ensure that the education, information and communication to employees on HIV, TB and OLD is provided in a manner that takes into account the workplace gender and cultural sensitivities, educational level of the employees and is provided to all employees no matter what job category;
- (iv) The employer must share the risk assessments for exposure risks on the mine with the healthcare professionals providing health services to the employer and raise their awareness as to the specific risks to employees for the acquisition of HATOLDS on the mine.
- (v) Increased awareness must be created with the health care professionals on how to identify symptoms of HIV, TB and OLD to aid early detection, management and

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<sup>5</sup> This is built on the principle that employees, labour unions and recognised structures are represented in health and safety committees and other structures where policies and procedures on HATOLD are drafted and discussed;

treatment. And they should be provided with regular training on treatment and care protocols in line with National Treatment Guidelines and policies of the NDOH, in addition to the employers own Codes of Practices <sup>6</sup> as part of the contractual relationship with any health care provider;

- (vi) Capacitating health care professionals, treatment supporters, wellness managers, peer educators, health and safety representatives, supervisors, human resource managers, mine management, social workers, and counsellors to actively increase awareness of employees to the risks of exposure and acquiring the disease.
- (vii) Education of health care professionals about their own risk of occupational exposure to TB and HIV whilst working in the health care setting.

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<sup>6</sup> as referenced in annexure B

### **8.3 PREVENTION OF ACQUISITION AND SPREAD OF HATOLD THROUGH ADOPTION OF LEADING PRACTICES**

- 8.3.1 An employer is obliged to provide and maintain a safe and healthy workplace to ensure the health and safety of the employees, as far as is reasonably practicable. Therefore the employer must anticipate, identify, assess and record the risk of hazards in the workplace to the health and safety of the employees and take all reasonably practicable steps to implement measures to mitigate these risks.
- (i) All employees to be protected from exposure to air borne pollutants through effective prevention measures as defined in the relevant Codes of Practice, guidelines and policies from the MHSC<sup>7</sup> and those of the NDOH this includes adopting leading practices identified by the industry.
  - (ii) All employees to be protected from exposure to TB through infection control procedures, contact tracing, ventilation systems and effective dust elimination processes, including control at the source, control in the transmission path, protective measures relating to the employees and the workplace, this includes adopting leading practices identified by the industry.
- 8.3.2 The employer must minimise occupational exposure to HIV in the workplace. It is recommended that every workplace should:
- (i) Enforce the use of universal infection control measures and personal protective equipment for all workers in the event of an accident involving blood or bodily fluids;
  - (ii) Promote the rights of employees, including health care workers to be assessed and tested post occupational exposure and provide access to prophylaxis and treatment;
- 8.3.3 Given the significant burden of HIV and the impact on health, safety and productivity of employees, it is recommended that the employers make prevention measures available to all employees including:
- (i) Providing access to counselling and other forms of social support for employees affected by HIV/AIDS by setting up Employee Assistance Programs for health and wellness;
  - (ii) Promoting the use and distribution of female and male condom,
  - (iii) Providing access to counselling and other forms of social support for employees affected by HIV/AIDS
  - (iv) Encouraging health seeking behaviour for sexually transmitted infections and the HIV counselling and testing;
  - (v) Providing post exposure counselling and testing and access to prophylaxis where relevant
  - (vi) Promoting access to female and male sexual and reproductive health services (such as medical male circumcision and prevention of mother to child transmission (PMTCT) of HIV)
- 8.3.4 Given the significant link between HIV, AIDS, TB and OLD, employers should ensure that employees with HIV and OLD are provided with access to prophylaxis in the form of Isoniazid (INH) to prevent the development of TB. This provision should follow the Guidelines and Policies as set out and updated by the NDOH and DMR on a regular basis;

- 8.3.5 Employees and labour unions shall ensure the employees obtain and use the necessary information, education, equipment and services to prevent HIV, TB and OLD and promote their optimal health, welfare and safety. This includes the following:
- (i) Employees and labour unions to ensure that the education, information and communication to employees on HIV, TB and OLD is provide in manner that takes into account the gender, cultural sensitivities and educational level of the employees;
  - (ii) Employees should take the necessary precautions to avoid risks and hazards in the workplace;
  - (iii) Employees to utilise protective measures and protective equipment provided to prevent exposure specifically to airborne pollutants and to minimise contact spread of infectious diseases by utilising the hand hygiene and infection control equipment and techniques;
- 8.3.6 It is recommended that employers should promote the general health and wellbeing of employees to prevent the development of diseases of lifestyle or exposure to substances that may aggravate or increase chances of relapse in employees with HIV, TB and OLD. The nature and extent of such a workplace wellness programmes should be guided by the needs and capacity of each individual workplace. However it is recommended that every workplace should consider the following initiatives:
- (i) Smoking cessation programmes
  - (ii) Substance abuse programmes including alcohol and recreational drugs
  - (iii) Fatigue management programmes
  - (iv) Nutritional support and healthy eating habits
  - (v) Exercise and weight management programmes
  - (vi) Employee assistance programmes

#### **8.4 ENCOURAGE EARLY DIAGNOSIS AND TREATMENT OF HATOLD**

- 8.4.1 The employer is obliged to regularly provide medical surveillance of employees for occupational lung disease (as well as other occupational diseases as per section 13 of MHSA) based on the risk assessment of the mine and the job profile risk assessment. The manner in which this medical surveillance occurs should be guided by the needs and capacity of each individual workplace. However it is recommended that every workplace should provide for the following:
- (i) Occupational Medical Practitioners linking workplace exposures with individual employee and health outcomes (MHSA Section 12);
  - (ii) Determination of the impact of an individual's unique health and wellness status on their ability to meet the inherent requirements of the job; (Minimum Standards for FTW)
  - (iii) Protection of employee from hazardous exposures through instituting the hierarchy of controls (primary and secondary), with Respiratory Protective Equipment being the last resort and risk based medical surveillance examinations being an administrative control;

- (iv) Ensuring the best fit of the employee to the job as far as reasonably practicable which may mean adapting the work environment to the individual's physiological and psychological capabilities and unique needs.

8.4.2 In order to constantly strive for integration of services, it is recommended that the employer, should ensure that it offers regular screening for HIV and TB at any point of contact with the health services for all employees. The manner in which this regular screening occurs should be guided by the needs and capacity of each individual workplace. However it is recommended that every employer should provide for the following:

- (i) provider initiated counselling on HIV and TB during medical surveillance processes, awareness campaigns and at all contacts with the health services
- (ii) HCT if employees give consent during medical surveillance process and at all contacts with the health services or during awareness programmes and initiatives;
- (iii) mandatory TB symptom screening using the WHO screening questionnaire as adapted by the NDOH and MHSC (see annexure B) and at all contacts with the health services or during awareness programmes and initiatives;
- (iv) In order to provide a benchmark for establishing whether access to screening has been provided the norms below will apply to this provision:
  - a. 100% of employees offered HCT annually
  - b. 90% of employees screened for TB

8.4.3 The employer should encourage health seeking behaviour for all employees to assist with the early diagnosis and detection of disease and disease progression. It is recommended that every workplace should provide for the following:

- (i) Managers, peer educators, health and safety personnel actively identifying employees that are unwell and encouraging them to report to health care services for examination and testing;
- (ii) Creating an enabling, non discriminatory culture that is conducive to voluntary disclosure of health status by employees where this is in their interest to receive access to the necessary treatment to remain a healthy, safe and productive part of the workforce;
- (iii) Provide information to all employees on how to access health services in the event they need to seek information, advisory or diagnostic services for HIV, TB or OLD;

8.4.4 The employer should provide the employee with access to the necessary screening and diagnostic tests as per the most recent guidelines of the NDOH immediately upon becoming aware of the potential illness in order to diagnose early, stage their disease and determine the most appropriate course of treatment. The manner in which this testing and staging occurs should be guided by the needs and capacity of each individual workplace. However in order to provide a benchmark for establishing whether access to testing has been provided such that early diagnosis has been accomplished the following norms apply to this provision:

- (i) Definitive diagnosis of HIV and TB within 48 hours of being made aware of potential illness

- (ii) 90% of all employees with TB starting on the recommended TB regimen within 48 hours of positive diagnostic result
  - (iii) 90% of all eligible employees who are HIV positive started on Antiretroviral Therapy (ART)
- 8.4.5 The employer, through their contracted competent health care provider, must ensure that information about the care provided to employees with notifiable conditions or occupational illnesses is provided to the responsible occupational medical practitioner for the mine in order for a determination of fitness to work to be made. This includes any results of diagnostics investigations or tests/ investigations demonstrating resolution of illness. This sharing of health information between health care professionals must follow the necessary legal framework as per section 15 and 16 of the National Health Act <sup>8</sup> whilst taking into account any confidential information that requires the consent of the employee;
- 8.4.6 The employee has a responsibility to ensure that any relevant personal medical information that will assist with the determination of Fitness to Work should be available to them from their health care provider in order for the employee to provide this information to the mines Occupational Medical Practitioner;
- 8.4.7 The employer must ensure that all employees with HIV, TB and OLD have access to internationally accepted treatment regimens that is composed of good quality medicines. These regimens should follow the WHO best practices and the National Department of Health guidelines for management of HIV, TB and Occupational Lung disease. Treatment must be provided for the duration of the illness to enable the employee to remain health, safe and productive member of the workforce and within the community and home environment.
- 8.4.8 The employer, through their competent health care provider, is obliged to ensure that employees with HIV, TB and OLD are to be monitored for response to treatment, adherence and the early detection of side effects of medication. The manner in which this is done should be guided by the needs and capacity of each individual workplace. However as a minimum the following activities should be provided for:
- (i) Treatment by the competent health care provider should follow standard best practice according to NDOH guidelines in terms of frequency of follow ups, investigations and reviews. Once the treating health care provider considers the employee to be able to return to work, the employees should be assessed by employers designated Occupational Medical Practitioner for fitness to work.
  - (ii) The employer must foster and improve adherence to treatment for HIV, TB and OLD through a patient centred approach which includes:

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<sup>8</sup> Section 15 of the NHA deals with access to health records and states that “ a health worker or any health care provider that has access to the health records of a user may disclose such personal information to any other person, health care provider or health establishment as is necessary for any legitimate purpose within the ordinary course and scope of this or her duties where such access or disclosure is in the interests of the user” and Section 16 deals with access to health record by health care providers and states that “a health care provider may examine a user’s health records for the purpose of (a) treatment with the authorization of the user;”

- (i) Adherence counselling and education to employees;
- (ii) Adherence support through capacitating treatment supporters, health educators or health and safety supervisors and counsellors to support treatment adherence through direct observation and encouragement to employees affected by HIV, TB or OLD;
- (iii) Use of patient centred treatment methods such as Directly Observed Therapy (DOT's) for TB and
- (iv) use of fixed dose combinations of medicines to limit pill burden

8.4.9 The employer is obliged to ensure that all close contacts of employees with TB are identified, diagnosed and receive access to the required competent health care provider for provision of treatment and follow-up.

8.4.10 The employer is obliged to conduct an investigation when an employee develops TB whilst working on the mine to determine cause of illness, exposure hazards, contacts with TB, and infection control risk factors.

## **8.5 PROVISION OF ON-GOING CARE AND SUPPORT**

8.5.1 The employer is responsible for ensuring continuity of care for HIV, TB and OLD employees during and after employment to minimise disruptions in care <sup>9</sup>. The manner in which this is done should be guided by the capacity of each individual workplace and the flow of medical information should be in line with the National Health Act in terms of confidentiality obligations. However as a minimum the following activities should be provided for:

- (i) Referral systems and pathways between the various healthcare providers whilst the employee is employed such that all relevant health information of the employee is available to allow the health care professionals to make determinations of treatment, care, rehabilitation and fitness to work and the employees care or treatment is not disrupted for any reason;
- (ii) Referral systems and pathways between the employers health care provider and the health care providers in the community or the employees home when they exit the mine such that all relevant health information of the employee is available to allow the health care professionals to make determinations of treatment, care, rehabilitation and end of life or home based care and the employees care or treatment is not disrupted for any reason;
- (iii) An agreement with the relevant health care providers and non governmental organisations (where relevant) to enable these activities to occur and ensure necessary information about the employees medical status is available to all parties.

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<sup>9</sup> ODIMWA – the mine is responsible for the cost and provision of treatment and care to employees with OLD even if they have exited the mine

- (v) The employer and the occupational medical practitioner is obliged to re-evaluate all employees with HIV, TB and OLD for fitness to return to fitness and back to work after resolution of infectious state or stabilisation of long term illness and before returning to work <sup>10</sup>. This evaluation is to be individualised based on the disease the employee was suffering from, the additional biosocial factors and co-morbidities and must take into account the inherent requirements of the job, that the risk environment does not pose further risk to the employee and that the nature of the underlying medical illness in itself does not pose a risk to the employee and co-workers. Ensuring the best fit of the employee to the job, as far as reasonably practicable, may mean adapting the work environment to the individual's physiological and psychological capabilities and unique needs.

8.5.2 The employer must support the employees who have been ill with HIV, TB and OLD to back to work as soon as possible with a structured back to return to fitness programme. The manner in which this is done should be guided by the capacity of each individual workplace. However as a minimum the following activities should be provided for:

- (i) The back to work programme should start pre discharge or recovery to give the employee the best possible chance to return to their premorbid status and return back to work;
- (ii) Employee wellness programmes should be integrated into the return to fitness programme in order to address the biosocial factors which may impede the fast return to fitness and back to work programme for the employee;
- (iii) A back to work multidisciplinary forum, consisting of the following medical disciplines occupational medical practitioners, physician, physiotherapist, psychologist, social worker, occupational therapist, should be established in which the rehabilitation and employee support services are planned to meet the employee's physical health, wellness, biosocial circumstances and needs in order for them to return to work. The occupational medical practitioner, has the final determination of Fitness to Perform Work in line with Code of Practice;

8.5.3 The employer is obliged to ensure that employees found unfit to work due to HIV, TB or OLD are reasonable accommodated to find alternative work in the mine <sup>11</sup>. The manner in which this is done should be guided by the capacity of each individual workplace. However as a minimum the following activities should be provided for:

- (i) A Medical Incapacity panel should be formalised within the mine and be responsible for the fair adjudication and placement of incapacitated employees. The Panel should review each case and ratify final recommendations and placement in a procedurally and substantively fair manner;
- (ii) The Medical Incapacity Panel should comprise of multidisciplinary team members such as the employee, their union representative, human resources, the occupational medical practitioner, occupational medical nursing practitioner, rehabilitation and functional assessors, occupational hygienist, safety specialists, case managers, line managers, safety specialists, Industrial psychologist, social worker
- (iii) Reasonable accommodation options should be considered as per the relevant COP.

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<sup>10</sup> As per MHSA. and the COP on Fitness to Work

<sup>11</sup> In line with the COP Guidelines for mandatory code of practice for the management of medical incapacity due to ill health and injury – section 8.1.5 and 8.2

## **8.6 COMPENSATION**

- 8.6.1 An employee is entitled to compensation for occupationally acquired HIV, TB and OLD, in terms of the relevant occupational health and safety laws, compensation laws and regulations. The employer is obliged to identify and report all occupationally acquired diseases to the necessary authority and support the employee to access the necessary compensation from the relevant compensation funds, as they are entitled to. The manner in which this is done should be guided by the capacity of each individual workplace. However as a minimum the following activities should be provided for:
- (i) The employer must gather the necessary evidence that the employee developed occupational illness at the mine including any reported exposure incidents, exposure levels, results of tests and investigations, status and progression of disease information;
  - (ii) The employer must inform the employee regarding the compensation process and procedures, timeframes, their rights and the responsibilities of the employer and that the compensation commissioner will determine quantum based on their own assessment guided by relevant legislation;
  - (iii) Provide the administrative processes and support to the employee to complete the necessary documents and reports and submit them to the relevant compensation authority for adjudication, certification and payment as required. They should also provide support to the employee for any additional information needed by the compensation authority or queries raised by them;
  - (iv) Provide support to the deceased employee's family and dependents to complete the necessary documents and reports and submit them to the relevant authority in order to process the post mortem examination of cardiorespiratory organs.
- 8.6.1 The employer is obliged to inform employees of the two yearly benefit medical examination and the post mortem examination of cardiorespiratory organs once they have left the employment of the mine. The manner in which this is done should be guided by the capacity of each individual workplace. However as a minimum the following activities should be provided for:
- (i) The employer must provide the employee with information that they are able to take home with them as a reference.
  - (ii) The employer to document the forwarding address and contact information for the ex-employee and their next of kin to allow them to provide the ex employee with alerts for follow up medical surveillance and where to access these services;
  - (iii) For employees living in proximity to the mine, access to the mine occupational health centres must be provided. For employees living far from the mine, employers must provide ex-employees with information about how to access occupational health centres and medical examination centres testing sites;

## **8.7 REPORTING AND HEALTH INFORMATION MANAGEMENT**

- 8.7.1 The designated health care provider is obliged to maintain a written record of the employee with HIV, TB or OLD clinical condition, the type and stage of disease, all medication given and adherence to treatment, investigation results and treatment response and any adverse reactions or complications. The content of these records should follow the standardised nationally prescribed format of the DOH or that of the

DMR in terms of silicosis and OLD and be made available to the employees or their own health care provider if they should exit the services of the mine to ensure continuity of care;

- 8.7.2 The designated health care provider has a public health responsibility to report all notifiable conditions in the manner and format prescribed by the DOH including the use of the TB and HIV registers, electronic reporting and notification of compensable diseases according to the relevant legislation.
- 8.7.3 The designated health care provider must ensure that they report all compensable occupational diseases as per the regulations of the MHSA and ODMWA
- 8.7.4 The employer must ensure that the designated health care provider provides the employer with the necessary statistics and indicators to facilitate the statutory reporting for HIV, TB and OLD for the mine as prescribed by the MHSA and Chief Inspector or Mines from time to time (DMR 164,165, 231). This reporting must follow the principles of confidentiality of employees' information and should not disclose the name or any other identifiable information of the employee.

## **9 ROLES AND RESPONSIBILITIES FOR IMPLEMENTATION OF THIS INTEGRATED HATOLD POLICY**

It is acknowledged that the nature of health in the mining sector requires the close working relationship and partnership between the Departments of Mineral Resources, Health, Labour and the employers, civil society, NGOs, communities, employees and labour unions. In order for this integrated policy of the management and reporting of HIV, AIDS, TB and OLD to be implemented certain key department roles and responsibilities need to be outlined.

### **National Department of Health and Provincial Departments of Health:**

- Development and coordination of standardised policies for the provision of services as part of any Memorandums of Understanding between the mining employers and the public health establishments in relation to the management of mining employees with HIV, TB and OLD which includes:
  - Medication provision and funding policies
  - Service provision within Primary health care centres and hospitals
  - Treatment guidelines and diagnostic algorithms for alignment to National DOH policies and guidelines
  - Referral systems between health care providers and the health establishments including the sharing of health information standards and statistics for reporting;
- Investigate a long term sustainable financing models for provision of both occupational and non-occupational health care services, laboratory, pharmaceutical medicines and supplies for HIV and TB to mining employers
- Develop and coordinate the linkages between the mining regions and the referral labour sending areas in terms of the provision of continuous health care services;
- Standardised referral systems and health information records to allow for referral between mine health care services and those of the public sector and across borders to neighbouring countries
- Provide the standards for Service Level Agreements between the public sector and mining companies for health services
- Improve access to rapid diagnostics and drug sensitivity testing through enhancing laboratory capacity in the public sector, increasing availability within health care facilities.
- Provide guidelines on monitoring and reporting of HATOLD to ensure that there is adequate and timely information flow between public health establishments that manage TB/HIV for miners and the private mining companies who employ them.

### **Department of Mineral Resources:**

- Coordinate communication with DOH and communities to improve TB contact tracing, screening and treatment for TB and HIV in families of the employees. This policy sits within a national, regional and international health commitments context for the management of HIV, AIDS, TB and OLD. This policy sits within a national, regional and international health commitments context for the management of HIV, AIDS, TB and OLD.

- Development of guidelines on the implementation of this policy within the mining industry
- Enforcement of compliance to policy and reporting of data around compliance
- Development of standardised tools for inspections on compliance for health and safety and enforcement guidelines for progressive enforcement against this policy
- Coordinate with DOH on reporting needs between the 2 governmental departments to reduce the burden on reporting and clarify main contact points for reports on HIV and TB

**All Departments:**

- Promote a supportive regional policy and legislative environment for HIV, TB, occupational lung disease control in the mining sector. Which includes; (1) Strengthening legislation that supports compensation of mine workers and ex-mine workers who acquire TB and OLD in the mining sector (2) Facilitate development, revision and implementation of national policies and legislation on HIV, TB, OLD in the mining sector (3) Drive the development, enforcement and monitoring of limits on the cumulative exposure to silica dust in line with international conventions.
- Facilitate a regional agreement on the basic programmatic interventions and health services that should be provided for employees who acquire HATOLD in the mining sector which includes: (1) Development of SADC minimum standards and package of interventions which should be provided to mine workers and ex-mine workers who acquire HATOLD in the mining sector(2) Ensuring that employers take full responsibility for the management of HATOLD in their employees including post-employment (3) Promote the development of integrated wellness programs which provide preventative and primary health care services to mine workers, their families and communities.
- Strengthen program monitoring and evaluation for HATOLD management in the mining sector which includes considering the development of a common indicator list that all SADC member states are required to report on for HATOLD management in the mining sector.
- Strengthen referral networks to facilitate continuity of care for mine workers who move across borders in SADC. Support and finance innovative and collaborative mechanisms, including electronic registers and referral systems for information exchange, which are established within and across countries in SADC to ensure continuity of care and treatment adherence by employees with HATOLD.

## **10 ANNEXURE A: DETAILED OUTLINE OF HEALTH COMMITMENTS RELEVANT TO THE HATOLD POLICY**

Health commitments and priorities towards HIV, TB, silicosis and towards managing illness within the working environment are determined at international, regional and national level.

### **Nationally:**

At national level, the South African National Strategic Plan for HIV, STIs and TB 2012-2016 is based on the global frameworks, promoting an integrated approach to HIV and TB that emphasises the importance of partnerships across sectors and is based on principles of human rights and equity.

Through the National Strategic Plan (NSP) on HIV, STI's and TB 2012 – 2016 the country has committed to the following principles for the treatment and care of patients with HIV and TB:

- Addressing the social and structural drivers of infection by focussing on high risk persons such as persons working in mining and sex workers;
- Preventing infections by maximising opportunities for testing and screening, increasing access to preventative services and intensified case finding, infection control and INH prophylaxis;
- Sustaining health and wellness by reducing the disability and death resulting from infections through early diagnosis, rapid treatment enrolment and adherence monitoring and chronic care access and continuity;
- Ensuring protection of human rights and improving access to justice by removing barriers to access health services, stigmatisation and discrimination.

These strategic principles aim to achieve the Three Zeros advocated and in line with the global health commitments:

- Zero new HIV and TB infections ;
- Zero preventable deaths associated with HIV and TB; and
- Zero discrimination associated with HIV and TB

Within the South African mining sector, the industry has committed to achieving the 2014 MHS Safety Summit Milestones by 2024 of a TB incidence rate at or below the National TB incidence rate and 100% of employees offered HCT annually with all eligible employees linked to an ART programme as per the NSP. The elimination of OLD is also a milestone with a target of 95% of exposure measures results to be below the milestone levels for coal dust and silica dust in order to achieve zero new cases of silicosis and pneumoconiosis amongst previously unexposed individuals.

### **Regionally within SADEC**

At a regional level, there are various commitments towards rights-based responses to managing HIV, AIDS and TB, including within the working environment, which should also guide national responses to these diseases in the mining sector. The key commitments are:

In 2006 the Abuja Call for Accelerated Action Towards Universal Access to HIV/AIDS, TB and Malaria ("the Abuja Call") was adopted, committing African Union (AU) Member States to, amongst other things, promoting an enabling policy, legal and social environment to reduce vulnerability and promote human rights in the context of AIDS, TB and malaria.

In 2012 the African Union Commission (AUC) developed the AU Roadmap on Shared Responsibility and Global Solidarity for HIV/AIDS, TB and Malaria, to support countries to meet their commitments in terms of the Abuja Call by 2015. The Roadmap offers a set of practical and African-owned solutions to enhance sustainable responses to AIDS, TB and malaria and is based on 3 strategic pillars – sustainable financing models, strengthened access to medicines in Africa and leadership, governance and oversight for sustainability of responses – this last pillar includes a strong focus on ensuring that communities know and can access their rights in order to promote universal access to health care.

SADC adopted a Code of Good Practice on HIV/AIDS and Employment in 1997 to promote national rights-based responses to HIV in the working environment; the Code set out key principles relating to non-discrimination in the workplace, a prohibition on unfair dismissals simply on the basis of HIV status, protection of the right to confidentiality and to voluntary HIV testing and counselling and promoting a safe and healthy working environment for employees. It encouraged all employers to develop programmes to manage HIV and AIDS within their working environments, for the benefit of employers and employees. The SADC Code and ILO codes of practice informed the development of South Africa's Code of Good Practice on Key Aspects of HIV/AIDS and Employment, published in 2000.

In 2008, SADC PF adopted a Model Law on HIV and AIDS in order to promote rights-based legislative and policy responses to HIV in the Southern African Development Community. The Model Law recognises the need to protect the rights of people living with HIV and vulnerable populations, including in the working environment.

With respect to TB, there are a number of important framework documents to guide national and workplace responses to TB, some of which are mine-specific. The SADC Strategic Framework for the Control of TB in the SADC Region, 2007-2015 aims to significantly reduce the TB burden in the SADC region by 2015 in line with the Millennium Development Goals and the Stop TB Partnership targets. Objectives include

- to increase access to high-quality TB diagnosis & patient-centred treatment in the SADC Region
- to reduce the suffering and socioeconomic burden due to TB in the SADC Region and
- to ensure access to prevention, diagnosis and treatment of TB, TB/HIV and MDR/XDR-TB in the SADC Region.

Strategies for achieving the objectives include co-ordinating and harmonising policies and guidelines in the region as well as strengthening partnerships between TB programmes, HIV programmes, civil society and the private sector, amongst other things.

The new SADC Strategic Plan for TB Control 2016-2020 is based on the global Stop TB Strategy, with the overarching goal of reducing the incidence of TB in the SADC region by 20% by 2020, compared to 2015. The specific targets for South Africa's TB incidence is 688 per 100,000 population, a TB treatment success rate target set at greater than 85% and 95% of all HIV positive TB patients to be on antiretroviral therapy.

The objectives for achieving this goal include increasing TB diagnosis and treatment for all people with symptoms, addressing TB control systematically in high risk populations and undeserved populations and supporting a regional approach to cross-cutting TB control issues in Member States.

The SADC Harmonised Minimum Standards for the Prevention, Treatment and Management of Tuberculosis in the SADC Region propose minimum standards for the prevention and

control of TB in the SADC Member States, with the aim of harmonising the management of TB in the region.

Finally, the 2012 SADC Declaration on TB in the Mining Sector commits Member States to moving towards a vision of zero new infections, zero discrimination and zero deaths from HIV, TB, silicosis and other occupational lung diseases. Commitments include the commitment to collaborative action, strengthened legal and policy frameworks for managing HIV, TB and occupational lung diseases in the mines and strengthening programmatic interventions for HIV, TB and occupational lung diseases, amongst other things.

### **Internationally**

At the international level, UNAIDS guides the global response to HIV and AIDS and is used as a guidance for countries in the development of their own national strategic plans. The UNAIDS 2016-2021 Strategy: On the Fast Track to End AIDS seeks to end AIDS by 2030 and recognises that in order to do so, key targets need to be achieved by 2020, with a strong focus on those populations being “left behind” in responses to HIV and AIDS.

The 90-90-90 treatment targets aim to ensure that, by 2020:

- 90% of people living with HIV know their status;
- 90% of people who know their status are receiving treatment; and
- 90% of people on treatment have suppressed viral loads.
- Another key target of the global strategy is to ensure that 90% of key populations, such as person employed on mines, sex workers and migrants, amongst others, have access to HIV combination prevention services.
- Target 8 aims to ensure that 90% of people living with, at risk of and affected by HIV report no discrimination, especially in health, education and workplace settings.

Similarly The World Health Organisation’s End TB Strategy, 2014 aims for a world free of TB, with zero deaths, disease and suffering due to TB. The End TB Strategy sets ambitious targets to reduce deaths from TB by 95% and reduce TB incidence rates by 90% by 2035 as well as to ensure that no family affected by TB is facing catastrophic costs by 2035.

The 90-90-90 targets for aim to ensure that by 2020:

- 90% of people with TB receive treatment;
- 90% of key vulnerable populations are reached; and
- 90% treatment success rate is achieved.

The Strategy is built on the pillars of integrated, patient-centred TB prevention and care; bold policies and supportive systems and intensified research and innovation. Key principles of the End TB Strategy include, amongst other things, early diagnosis, preventive treatment of persons at high risk, treatment of all people, collaboration with HIV services, engagement of communities, civil society organisations and public and private care providers and protecting and promoting human rights, ethics and equity are all critical elements of the End TB Strategy.

The International Labour Organisation (ILO) and World Health Organisation (WHO) jointly developed 2 documents the National Programme for the Elimination of Silicosis and National Action for the Elimination of Silicosis. These documents focus on prevention strategies for primary and secondary prevention of silicosis at organisational level and tie into the MHSC Safety Summit Milestones targets committed to by the South African Mining Industry in 2014.

A focus on reaching vulnerable and key populations and on protecting rights in HIV, TB and Silicosis responses has been recognised as a central tenet of international, regional and national responses for some time now. In 2001 and again in 2006, all United Nations (UN) member states, including South Africa, made a commitment to strengthen laws that eliminate discrimination against people living with HIV and vulnerable populations and to ensure that they enjoy the full range of their human rights and can access health care and legal protection without prejudice. These commitments were reiterated in the 2011 Political Declaration on HIV/AIDS when UN Member States pledged to create legal, regulatory and social environments that advance and safeguard dignity, health and justice in the context of HIV.

## **11 ANNEXURE B - CODES OF PRACTICE GUIDELINES AND OTHER REFERENCES RELEVANT TO THIS POLICY**

- 1 DEPARTMENT OF LABOUR. National programme for the elimination of silicosis.
- 2 DEPARTMENT OF MINERAL RESOURCES. 2014. Guideline for the compilation of a mandatory code of practice for risk-based fatigue management at mines.
- 3 DEPARTMENT OF MINERAL RESOURCES. 2016. Guideline for the compilation of a mandatory code of practice for an occupational health programme (Occupational Hygiene and Medical Surveillance on Thermal Stress).
- 4 DEPARTMENT OF MINERAL RESOURCES. Guidance note for the management of TB in the South African mining industry.
- 5 DEPARTMENT OF MINERAL RESOURCES. Guideline for the compilation of a mandatory code of practice on the roles and responsibilities of occupational health practitioners in a system of medical surveillance at a mine.
- 6 DEPARTMENT OF MINERALS AND ENERGY. 2002. Guideline for the compilation of a mandatory code of practice for an occupational health programme on personal exposure to airborne pollutants.
- 7 DEPARTMENT OF MINERALS AND ENERGY. 2002. South African Mines Occupational Hygiene Programme Codebook.
- 8 DEPARTMENT OF MINERALS AND ENERGY. 2003. Guidance note for occupational medical practitioners: Tuberculosis control programmes.
- 9 DEPARTMENT OF MINERALS AND ENERGY. 2016. COP Guidelines for mandatory code of practice for the management of medical incapacity due to ill health and injury
- 10 SOUTH AFRICA. 1973. Occupational diseases in mines and works Act 78 of 1973.
- 11 SOUTH AFRICA. 1993. Compensation for Occupational Injuries and Diseases Act 130 of 1993.
- 12 SOUTH AFRICA. 1993. Occupational Health and Safety Act 85 of 1993.
- 13 SOUTH AFRICA. 1996. Mine Health and Safety Act 29 of 1996.
- 14 SOUTH AFRICA. 1997. Compensation for Occupational Injuries and Diseases amendment Act, 1997
- 15 SOUTH AFRICA. 2004. Compensation for Occupational Injuries and Diseases amendment Act 130 of 1993: Draft circular instruction regarding compensation for occupationally acquired HIV.
- 16 STANTON, D et al. 2005. South African mining industry best practice on the prevention of silicosis.

## 12 ANNEXURE C: TB SCREENING TOOL AS ADAPTED FOR THIS POLICY

### TB SCREENING TOOL FOR USE IN MINING INDUSTRY

Adapted from National TB Guidelines 2014

TB SYMPTOM SCREENING TOOL FOR MINING EMPLOYEES			
<b>PATIENT DETAILS</b>			
Surname:		First Name:	
Physical Address:		Age:	
Telephone Number:		Patient folder Number:	
<b>MEDICAL HISTORY</b>			
Close contact of a person with infectious TB:	Yes	No	Unknown
Type of index patient:	DS-TB	Rif Resistant TB	MDR-TB or XDR-TB
Diabetic:	Yes	No	Unknown
HIV Status:	Positive	Negative	Unknown
Other: (Specify)	_____		
<b>1. TB SYMPTOM SCREEN</b>			
Symptoms (Tick v)	Yes	No	
Cough of 2 weeks or more OR of any duration if HIV positive			
Persistent fever of more than two weeks			
Unexplained weight loss >1.5kg in a month			
Drenching night sweats			
<b>2. ADDITIONAL QUESTIONS</b>			
	Yes	No	
Have you ever been exposed to silica dust, platinum dust or asbestos dust?			
Have you ever worked in a foundry, quarry, gold, coal or platinum mine?			
Do you smoke?			
Have you ever smoked?			
<p><i>If "Yes" to one or more of these questions, consider TB.</i></p> <p><i>If the patient is coughing, collect sputum specimen and send it for Xpert testing.</i></p> <p><i>If the patient is not coughing but has the other symptoms, clinically assess the patient or refer for further investigation.</i></p>			
Date of last TB test:			
Patient referred for assessment and investigation:		Yes	No
Date of referral:		Facility name:	
Name:		Date:	