



**SHERQ MANAGEMENT POLICY
(SAFETY, HEALTH, ENVIRONMENT, RISK, and QUALITY)
FOR THE PUBLIC SERVICE**

ANNEXURE A

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ABBREVIATIONS

AU	African Union
COIDA	Compensation for Occupational Injuries and Diseases Act
DPSA	Department of Public Service and Administration
EH&W	Employee Health and Wellness
EH&WMSF	Employee Health & Wellness Management Strategic Framework
GEMS	Government Employee Medical Scheme
HRMD	Human Resource Management Development
HR	Human Resource
IEC	Information Education and Communication
ILO	International Labour Organisation
ISO	International Standard Organisation
IR	Industrial Relations
KPA	Key Performance Area
MDGs	Millennium Development Goals
M& E	Monitoring & Evaluation
NEPAD	New Partnership for Africa's Development
NWHA	National Employees Health Agenda
OHS	Occupational Hygiene and Safety/Occupational Health and Safety
OHSAS	Occupational Health Standards and Systems
PDP	Personal Development Plan
PILIR	Policy and Procedure on Incapacity Leave& Ill-Health Retirement
PSR	Public Service Regulations
SADC	South African Development Community
SHERQ	Safety, Health, Environment, Risk and Quality
SITA	State Information Technology Agency
SMS	Senior Management Service
SOPs	Standard Operating Procedures
UNAIDS	United Nations Programme on HIV and AIDS
WHO	World Health Organisation



PART A: GENERAL

1. INTRODUCTION

Globally 2.3 million deaths take place due to occupational injuries (318,000 deaths) and work-related diseases (2,022,000 deaths) annually. The biggest killers are work-related cancer (32%); work-related circulatory diseases (23%), cardiovascular and stroke; communicable diseases (17%), in particular. In developing countries and farming, and occupational accidents accounts (18%) of injuries.

In South Africa, Tuberculosis, Noise induced hearing loss, Pneumoconiosis and Silicosis are occupational diseases commonly experienced with the incidence of TB being extremely very high. Cardio respiratory TB was the most prevalence occupational disease at 40.55% followed by Noise Induced hearing loss at 33.36%, Pneumoconiosis 15.37%, Silicosis 14.51% and other occupational diseases 30.46%. The list prevalence diseases was heat related diseases at 0.02%.

According to Department of Labour there is a total of 313 million injuries experienced by workers annually and 860 000 injuries daily. The total cost of fatalities, injuries and occupational diseases it exceeds R2 billion in 2017.

This pillar deals with the intangible and tangible factors of safety, health, environment, risks and quality management for purposes of optimal occupational health and safety of employees, the safety of citizens and also the sustainability of the environment, the management of occupational and general risks and quality of government products and services. It is in response to international instruments, National legislation and generally accepted standards of international Organisation of Standards and other standard generating authorities. This include but not limited to the ISO 45001 for Occupational health and safety, ISO 14001 for Environmental Management, ISO 9001 for Quality Management.

The report on the survey conducted following the public sector strike of 2006, the January 2008 Cabinet Lekgotla decision to improve the working environment in government front and back office environment, and the Parliament noting of ILO Convention 187 Promotional Framework for Occupational Safety and Health 2006, are all events and documentation that adds to the rationale for this pillar. At the end of 2007, South Africa noted the ILOs Convention 187 Promotional Framework for Occupational Safety and Health, 2006 for ratification.

This promotional framework provides for:



- the development of **national policy** on occupational safety and health and the working environment developed in accordance with the principles of Article 4 of the Occupational Safety and Health Convention, 1981 (No. 155);
- the development of **national system for occupational safety and health** or **national system** i.e. infrastructure which provides the main framework for implementing the national policy and national programmes on occupational safety and health;
- **national programme on occupational safety and health** or **national programme** which is a national programme that includes objectives to be achieved in a predetermined time frame, priorities and means of action formulated to improve occupational safety and health, and means to assess progress.
- **a national preventative safety and health culture** which is a culture in which the right to a safe and healthy working environment is respected at all levels, where government, employers and workers actively participate in securing a safe and healthy working environment through a system of defined rights, responsibilities and duties, and where the principle of prevention is accorded the highest priority.

This ILO convention 187 and the Occupational Health and Safety Policy of 2005 developed by the Department of Labour will form the basis of this Pillar and will address even risk , environment, and quality management in line with January 2008 Cabinet Lekgotla's decision for development of a plan on improvement of working environment in the work place. The SHERQ Pillar will constitute the Public Sectors response to ILO Convention 187 of 2008 and Department of Labour's OHS Policy of 2005.

The pillar is developed in response to National legislation that includes the Occupational Health and Safety Act No 85 of 1993, Basic Conditions of Employment Act [No. 75 of 1997] and Employment Equity Act , Environmental Management Act 1998,SHERQ also takes into consideration international Organisation for Standardization (ISO) instruments used to promote health and Safety this includes OHSAS 18001 which is an Occupational Health and Safety Management System Standard, ISO 9001 for Quality Management and ISO 14001 for Environmental Management.

The ILO Declaration on Fundamental Principles and Rights at Work and its follow-up, 1998. SHERQ seeks to contribute to Decent Work for Public Servants. The goal is not just the creation of jobs, but the creation



of jobs of acceptable quality. The quantity of employment cannot be divorced from its quality. Decent work sums up the aspirations of public servants in their working life. It involves opportunities for work that is productive and delivers a fair income, security in the work place and social protection for families, better prospects for personal development and social integration, freedom for people to express concerns, organise and participate in the decisions that affect their lives, and equality of opportunity and treatment for all women and men.

Decent work Country Programme calls for the integration of economic and social objectives and for a well-orchestrated combination of measures in the areas of employment promotion, rights at work, social protection and social dialogue. This coherent approach is proving its relevance to a wide-ranging policy agenda, from social dimensions of globalisation to poverty reduction strategies. The focus of the decent work programmes varies from department to department, reflecting different priorities and conditions. The PSCBC resolution 1 of 2012 decided to conduct an independent study on the principle of decent work and an independent audit on compliance with the occupational Health and Safety Act.

2. SCOPE

This policy shall apply to all National and Provincial Government Departments as mandated by the Public Service Act 1994 as amended by Act [No 30 2007] and the Occupational Health and Safety Act [No. 85 of 1993] as mandated by the Department of Labour and the Employment of Educators [Act No. 76 of 1998] and the Compensation for Occupational Diseases and Injuries Act [No.130 of 1993].

3. OBJECTIVE

- 3.1. To improve Occupational Health and Safety by controlling health hazards in the Workplace;
- 3.2. To have a healthy and safe public service environment that is safe for both public Servants and the community at large;
- 3.3. To guide the public service on how manage risks; eliminate illness, diseases and accidents.
- 3.4. (i) To guide the Public Service to produce quality products and services.
 - (ii) To guide the Public Service to render quality services.
 - (iii) To guide the Public Service to develop Standard Operating Procedures for efficiency, quality output and uniformity of performance.



4. MISSION

The Public Service is committed to the provision and promotion of a healthy and a safe work environment for employees and clients utilizing services at Public Service Deliver Points. This could be done by assessing and controlling risks through the enforcement of Public Service Regulations 2016 and Occupational Health and Safety Act, [No. 85 of 1993] in the Public Service.

5. PRINCIPLES

The SHERQ Management programme is underpinned by the following principles:

- 5.1 Focus on all levels of employment.
- 5.2 Responding to the needs of designated groups such as women, older persons, people with disabilities.
- 5.3 Representation of targeted groups and creating a non-sexist, non-racist and fully inclusive public service
- 5.4 Equality and non-discrimination upholding the value that discrimination on any grounds should be eliminated
- 5.5 Healthy integration and embracing change
- 5.6 Human dignity, autonomy, development and empowerment
- 5.7 Barrier-free Public Service
- 5.8 Collaborative Partnerships
- 5.9 Confidentiality and ethical behaviour
- 5.10 Cohesiveness with HRD processes
- 5.11 Policy Coherence: DPSA Policy measures should not contradict the measures of DOH, DSD,DCS etc
- 5.12 Coherence of models: The service delivery models should offer the same package to public servants in spite of it being in-house, outsourced, or DOH collaboration
- 5.13 Programme coherence: The programmes / protocols that are offered should not contradict each other in the various departments (remove full stops at end of incomplete sentences)



6. LEGAL FRAMEWORK

The policy should be read in conjunction with the following instruments:

6.1 INTERNATIONAL INSTRUMENTS UNDERPINNING SHERQ MANAGEMENT

- 6.1.1 WHO Global Strategy on Occupational Health for All
- 6.1.2 Global Plan of Action on Workers 2008-2017
- 6.1.3 ILO Decent Work Programme 2007-2015
- 6.1.4 ILO Promotional Framework for Occupational Safety Convention 2006
- 6.1.5 United Nations Millennium Declaration and its Development Goals
- 6.1.6 World Summit on Sustainable Development, Johannesburg 2002
- 6.1.7 WHO Commission on social determinants of health
- 6.1.8 WHO Convention on Tobacco Control (CTC) 2010 (Afghanistan)
- 6.1.9 WHO ILO UNAIDS HIV&AIDS and TB management for Health Care workers 2005
- 6.1.10 ILO HIV&AIDS Convention 200 of 2010 (HIV&AIDS TAG 2012)

6.2 LEGAL FRAMEWORK FOR SHERQ MANAGEMENT WITHIN THE PUBLIC SERVICE

- 6.2.1 Constitution of the RSA, [Act No. 108 of 1996]
- 6.2.2 Disaster Management Act [No. 57 of 2002 and]
- 6.2.3 Basic Conditions of Employment Act [No. 75 of 1997]
- 6.2.4 Occupational Health and Safety Act [No. 85 of 1993]
- 6.2.5 Employment Equity Act [No. 55 of 1998; 97 of 1998; 9 of 1999]
- 6.2.6 Labour Relations Act [No. 66 of 1995]
- 6.2.7 Promotion of Equality and Prevention of Unfair Discrimination [Act No. 4 of 2000]
- 6.2.8 Public Service Act [No 1994] as amended by Public Service [Act No 30 2007]
- 6.2.9 Compensation for Occupational Diseases and Injuries Act [No.130 of 1993]
- 6.2.10 Mental Health Care Act [No. 17 of 2002]
- 6.2.11 The Medical Schemes Act [No. 131 of 1998]
- 6.2.12 Tobacco Products Control Amendment Act [No. 12 of 1999]
- 6.2.13 National Environment Management Act [No. 107 of 1998]
- 6.2.14 Building Standards Act [No. 103 of 1977] and National Building Regulations”
- 6.2.15 Hazardous Substance Act [No. 15 of 1973]



6.3 STRATEGIC FRAMEWORKS APPLICABLE TO SHERQ WITHIN THE PUBLIC SERVICE

- 6.3.1 National Disaster Management Framework
- 6.3.2 Decent Work Country Programme 2010-2014
- 6.3.3 NSP HIV, TB & STIs 2017-2022
- 6.3.4 Tobacco Products Control Amendment Act 23 of 2007
- 6.3.5 Public Service Regulations 2012
- 6.3.6 Public Sector Summit
- 6.3.7 Accelerated School Infrastructure Development Initiative (ASIDI)
- 6.3.8 Programme Memorandum Infrastructure delivery Improvement Plan 2010
- 6.3.9 National Strategy for Quality Improvement in Health Care 2012

6.4 ECONOMIC AND SOCIAL POLICY, PROGRAMMES AND STRATEGY

- 6.4.1 Presidential and Provincial Pronouncements and Budget Speech
- 6.4.2 Integrated Development Plans (IDPs), Occupational Health and Safety Programme Local Government.
- 6.4.3 Medium Term Strategic Framework
- 6.4.4 National Spatial Development Strategies
- 6.4.5 Provincial Growth and Development Strategies
- 6.4.6 National Development Plan 2030
- 6.4.7 New Growth Path South Africa 2012
- 6.4.8 Public Service Regulations 2016 as amended.
- 6.4.9 Other Economic Development Plans (NSDP III, Social Security Framework, NHI,



7. DEFINITIONS

- 7.1 **“OCCUPATIONAL HEALTH”** includes occupational hygiene, occupational medicine and biological monitoring.
- 7.2 **“OCCUPATIONAL HYGIENE”** is the discipline of anticipating, recognising, evaluating and controlling health hazards in the working environment with the objective of protecting worker health and well-being and safeguarding the community at large.
- 7.3 **“HAZARD”** means any source of / or exposure to danger.
- 7.4 **“RISK”** means the probability that injury or damage will occur.
- 7.5 **“DG/HOD”** Means head of a national department, the office of the premier, a provincial department, or a head of a national or provincial component, and includes any employee acting in such post.
- 7.6 **“SENIOR MANAGER”** Means a member of the senior management service who is tasked with championing the SHERQ management programme.
- 7.7 **“EMPLOYEE”** Means a person appointed in terms of the Public Service Act 1994 as amended by Public Service [Act No 30 2007] and the Employment of Educators Act [No. 76 of 1998], but excludes a person appointed as a special adviser in terms of section 20(3).
- 7.8 **“HEALTH AND SAFETY REPRESENTATIVE”** It is a representative for workers that each and every employer who has more than 20 employees in his employment at the workplace shall designate. This designation should be done within four months after the commencement of the Occupational Health and Safety Act [No. 85 of 1993], or after commencing business, or from such time as the number of employees exceeds 20, as the case may be. The designation should be done in writing for a specific period in the workplace and for different sections thereof.
- 7.9 **“HEALTH AND SAFETY COMMITTEE”** It is a committee that initiates, develops, promotes, maintains and reviews measures to ensure the health and safety of employees at work. The employer shall in respect of each workplace where two or more health and safety representatives have been designated, establish one or more health and safety committees. They must be established under section 19 of the Occupational Health and Safety Act [No.85 of 1993].
- 7.10 **“STEERING COMMITTEE”** The Steering Committee is a vehicle of coordination, communication, collaboration, and consultation, which seeks to establish harmonised communication of the EH&W



Framework; build commitment for its implementation and create avenues through which collaborative initiatives can be forged.

8. ROLE PLAYERS AND RESPONSIBILITIES

This policy involves the following role players:

8.1 The Head of Department shall:

- 8.1.1 Provide and maintain, as far as reasonably practicable, a working environment that is safe and without risk to the health of employees
- 8.1.2 Ensure that there is a written policy concerning the protection of the health and safety of employees at work, and the safety of the general public
- 8.1.3 Appoint a designated senior manager to champion SHERQ programmes in the workplace
- 8.1.4 Designate in writing for a specified period health and safety representatives for the workplace , or for different sections thereof
- 8.1.5 Establish one or more employee health and wellness /health and safety committees and consult with the committee with a view to initiating, developing, promoting, maintaining and reviewing measures to ensure the health and safety of employees at work.
- 8.1.6 Ensure Total Quality Management Systems are in place

8.2 The Designated Senior Manager shall:

- 8.2.1 Develop capacity building programmes i.e.
 - a) Promote competence development of practitioners
 - b) Improve capacity development of auxiliary functions (OD, HR, IR, Skills Development, Change Management etc.) to assist with SHERQ promotion at an organisational level
 - c) Establish e-Health and Wellness information systems
- 8.2.2 Form organizational support initiatives i.e.
 - a) Establish an appropriate organizational structure for SHERQ
 - b) Ensure Human Resource planning and management
 - c) Develop integrated SHERQ information management system
 - d) Provide physical resources and facilities
 - e) Ensure financial planning and budgeting
 - f) Mobilize management support



- g) Ensure the Systematic Review Process for Operational Planning
- 8.2.3 Develop Governance and Institutional Initiatives i.e.
 - a) Establish an SHERQ Steering Committee
 - b) Obtain Stakeholder commitment and development
 - c) Develop and implement an ethical framework for SHERQ
 - d) Develop and implement management standards for SHERQ
 - e) Develop and maintain an effective communication system
 - f) Develop and implement a system for monitoring, evaluation, and impact analysis
- 8.2.4 Develop Economic Growth and Development Initiatives i.e.
 - a) Mitigate the impact of Diseases on the economy
 - b) Ensure responsiveness to the Government's Programme of Action
 - c) Ensure Responsiveness to Millennium Development Goals
 - d) Integrating NEPAD, AU and Global programmes for the economic sector
- 8.2.5 Identify appropriate to the nature and scale of the departments SHERQ risks and impacts
- 8.2.6 Ensure alignment with the SHERQ hazard identification and risk assessment outcomes
- 8.2.7 Ensure commitment to continual improvement of the SHERQ system
- 8.2.8 Ensure commitment to comply a minimum with current applicable legislation regulations and other requirements to which the department subscribes.

8.3 The SHERQ Coordinator shall:

- 8.3.1 Coordinate the implementation of SHERQ, projects and interventions
- 8.3.2 Plan, monitor and manage SHERQ according to strategies, policies and budgetary guidelines
- 8.3.3 Make provision for counseling to individual employees and to their immediate family members
- 8.3.4 Identify personal development needs for individual employees
- 8.3.5 Analyze and evaluate data and communicate information, statistics and results to various stakeholders and management
- 8.3.6 Coordinate activities of Safety and Health Coordinators
- 8.3.7 Promote work-life balance for employee



8.4 Health and Safety Representatives:

- 8.4.1 Review the effectiveness of health and safety measures**
- 8.4.2 Identify potential hazards and potential major incidents at the workplace.**
- 8.4.3 In collaboration with the employer, examine the causes of incidents at the workplace; investigate complaints by any employee relating to employee's health or safety at work.**
- 8.4.4 Make representations to the employer on general matters affecting the health or safety of the employees at the workplace.**
- 8.4.5 Inspect the workplace, including any article, substance, plant, machinery or health and safety equipment at the workplace with a view to improve the health and safety of employees at such intervals as may be agreed upon with the employer: Provided that the health and safety representative shall give reasonable notice of his intention to carry out such an inspection to the employer, who may be present during the inspection.**
- 8.4.6 Participate in consultations with inspectors at the workplace and accompany inspectors on inspections of the workplace.**
- 8.4.7 In their capacity as health and safety representatives attend meetings of the health and safety committee of which they are members, in connection with any of the above functions.**
- 8.4.8 Act as a focal point for the distribution of evidence-based and generic health and wellness promotional material at the workplace**
- 8.4.9 Take initiative to implement awareness activities, or to communicate health and wellness information at the workplace.**
- 8.4.10 Act as a referral agent of employees to relevant internal or external health support programmes.**
- 8.4.11 Be involved with the identification of health risks at the workplace**
- 8.4.12 Obtain and make condoms and femidom available at the workplace and provide usage education thereof.**



- 8.4.13 Initiate and arrange staff training with regard to employee health and wellness**
- 8.4.14 Ensure adherence to standards as set by legislation, regulations, SABS, ISO and DOL**
- 8.4.15 Submit monthly reports of activities to the SHERQ coordinator.**

8.5 Intradepartmental Health and Safety Committee (as part of the EHW committee) shall:

- 8.5.1 Make recommendations to the employer or, where the recommendations fail to resolve the matter, to an inspector regarding any matter affecting the health or safety of persons at the workplace or any section thereof for which such committee has been established.**
- 8.5.2 Discuss any incident at the workplace or section thereof in which or in consequence of which any person was injured, became ill or died, and may in writing report on the incident to an inspector.**
- 8.5.3 Keep record of each recommendation made to an employer and of any report made to an inspector.**
- 8.5.4 Ensure adherence to standards as set by legislation, regulations, SABS, ISO and DOL.**
- 8.5.5 Involve Labour relations movements.**

8.6 The Employee shall:

- 8.6.1 Take reasonable care for the health and safety of him/herself and of other persons who may be affected by his/her acts or omissions.**
- 8.6.2 Obey the health and safety rules and procedures laid down by his/her employer or any authorized person in the interest of health and safety.**



8.6.3 Report as soon as practicable any unsafe or unhealthy situation which comes to his/her attention, to the employer or to the health and safety representative for his/her workplace or section thereof.

8.6.4 If involved in any incident which may affect his/her health or which has caused an injury to him/herself, report such incident to his/her employer or to his/her health and safety representative, as soon as practicable.

8.6.5 Comply with standards as set by legislation, regulations, SABS, ISO and DOL.

8.7 The Interdepartmental Committee shall (National, provincial and district levels)

8.7.1 Draw lessons from policy implementation, monitoring and evaluation.

8.7.2 Asses the impact of SHERQ on the ongoing transformation of the Public Service.

8.7.3 Consistently measure the impact of SHERQ on productivity of the Public Service.

8.7.4 Coordinate the efforts of Departments to address strategic and SHERQ related issues.

8.7.5 Ensure that information is cascaded to all levels in provinces and in the departments, in directorates and in Institutions as well as with stakeholders and supporters.

8.8 Labour Representatives shall

8.8.1 Represent employees in the workplace

8.8.2 Ensure that the employer fulfill mandates of OHS ACT and Regulations in order to optimize Health and Safety in the workplace.

8.8.3 Sit in OHS committee meetings and make representation to the employer on agreed issues affecting the health and safety of employees at the work place.

9. FINANCIAL IMPLICATIONS

The expenditure associated with the implementation of this policy must be met from the individual department's budget.

10. IMPLEMENTATION

Implementation of this policy will follow a result-based management system as according to the outcomes based management model of the South African Government as approved by DPME, outlining SHERQ



Management programme inputs, process, outputs, outcomes and impact indicators. The pillars for implementation should comprise the four functional pillars as reflected in the EHW Strategic Framework, namely Occupational Health and Safety Management; Environment Management; Risk Management and Quality Management. The process pillars for implementation, which are the primary responsibility of the Designated Senior Manager, will include Capacity Development; Organizational Support; Governance; and Economic Growth and Development. These four process pillars are to operationalize each functional pillar and its related activities to achieve the intended annual outputs and intermediate outcomes leading to the desired impact.

11. MONITORING AND EVALUATION

Implementation of this policy needs departments to work together to develop an efficient and effective M&E system to monitor and review progress and results of the implementation. The 12 components that should be included in the SHERQ M&E System are indicated below:

- 11.1 Organisational structures with SHERQ M&E functions.
- 11.2 Human capacity for SHERQ M&E.
- 11.3 Partnerships to plan, coordinate, and manage the M&E system.
- 11.4 National multisectoral SHERQ M&E plan.
- 11.5 Annual costed national SHERQ M&E workplan.
- 11.6 Advocacy, communications, and culture for SHERQ M&E.
- 11.7 Routine SHERQ programme monitoring.
- 11.8 Surveys and surveillance.
- 11.9 National and sub-national SHERQ Databases.
- 11.10 Supportive supervision and data auditing.
- 11.11 EH&W evaluation and research.
- 11.12 Data dissemination and use.

12. REVIEW

The Policy shall be reviewed as and when there are new developments or after every three years.



PART B: IMPLEMENTATION OF POLICY OBJECTIVES

OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT

1. Aim

To ensure a healthy and safe work environment

2. Policy Measures

2.1 Hazard Identification Risk Assessment.

- a) Occupational health and related risks Identified and managed.
- b) occupational Safety and related risks Identified and managed.
- c) Ergonomics.

2.2 Occupational Hygiene

- a) Medical Surveillance (Baseline and Periodical)

2.3 Health and safety representation

- a) All OHS Statutory appointments

2.4 Management of Occupational Injuries and Diseases

- a) Application of COIDA

PROCEDURAL ARRANGEMENTS

All procedural arrangements for implementation will be the same as identified for the role of the Designated Senior Manager in PART A, paragraph 8.2 of this policy. These are the four Process Pillars, specifically the **Systematic Review** as part of Organizational Support Initiatives, Generic Implementation Guide and the Operational Plan template.



PART B: IMPLEMENTATION OF POLICY OBJECTIVES

ENVIRONMENTAL MANAGEMENT

1. Aim

To monitor the effectiveness of risk controls measures and trigger corrective actions when required.

2. Policy Measures

- a) Well maintained buildings and offices
- b) Safe waste disposal
- c) Maintained and practice Good housekeeping method.
- d) Well maintained machinery and electrical equipment.

3. Procedural Arrangements

All procedural arrangements for implementation will be the same as identified for the role of the Designated Senior Manager in PART A, paragraph 8.2 of this policy. These are the four Process Pillars, specifically the Systematic Review as part of Organizational Support Initiatives, Generic Implementation Guide and the Operational Plan template.

PART B: IMPLEMENTATION OF POLICY OBJECTIVES

RISK MANAGEMENT

1. Aim

Identify and assess risks through a dynamic, formal, structured and holistic process to facilitate effective risk reduction plans and actions.



2. Policy Measures

- a) Safety, Health, Environment and Quality risks Identified, assessed and controlled.
- b) Workplace preparedness plans established (disaster management Plan)
- c) An emergency/evacuation plan for DPSA developed

3. Procedural Arrangements

All procedural arrangements for implementation will be the same as identified for the role of the Designated Senior Manager in PART A, paragraph 8.2 of this policy. These are the four Process Pillars, specifically the Systematic Review as part of Organizational Support Initiatives, Generic Implementation Guide and the Operational Plan template.

PART B: IMPLEMENTATION OF POLICY OBJECTIVES

QUALITY MANAGEMENT

1. Aim

To establish, document, implement and maintain a quality management system (ISO 9001), SMT and Check list/Inspection tool to continually improve its effectiveness.



2. Policy Measures

Ensure compliance based on the set standard of ISO 9001/2015

Ensure compliance based on the set standard of ISO 14001/2015 (inspection)

Ensure compliance based on the set standard of OHAS 1800

Ensure compliance based on the set standard of ISO 31000

Ensure compliance based on the set standard of ISO 16001/2013

Ensure compliance based on the set standard of SANS 16000

- a) SHERQ Quality Standards Developed.
- b) Establishment of the **Audit team** (include SHERQ manager, SHERQ Reps, Line Manager, Supervisor and employees.
- c) Compliance to each **element** of the **SHERQ** system monitored.
 - It should be done twice a year or yearly.
 - Focus on organization risk profile (OHSRA/IHRA/HIRA) Other risk profiles for each element)
 - Deviation (findings) report and recommended action plan should be shared with relevant stake holders for corrections.
 - Follow up to check progress made on the corrective actions-monthly report back should take place at the SHERQ committee meetings.

3. Procedural Arrangements

All procedural arrangements for implementation will be the same as identified for the role of the Designated Senior Manager in PART A paragraph 8.2 of this policy. These are the four Process Pillars, specifically the Systematic Review as part of Organizational Support Initiatives, Step by Step Guide, Generic Implementation Guide and the Operational Plan template.