



# MANAGER'S TOOLKIT

**Making your Employee Health and Wellbeing Programme work for you**

ICAS Southern Africa is the leading Employee Health and Wellbeing Programme (EHWP) provider in Africa. We are the undisputed market leader in the holistic perspective and solution-focused return-to-work industry. We have utilised our extensive expertise and experience to refine specialist clinical risk management products.



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# 1. WHAT THE EHWP PROVIDES

Your organisation has implemented the ICAS Employee Health and Wellbeing Programme (EHWP) to help employees and their families\* address the challenges and problems experienced in modern life.

\*If family option is applicable to your organisation.

## The EHWP recognises that most problems can be successfully managed if:

- They are identified in their early stages;
- Referrals are made to appropriate resources;
- Preventative programmes are put in place;
- Those involved take the required actions.



## This applies whether the problem is:

- Physical, mental or emotional illness;
- Financial, legal, marital or family distress;
- Alcohol or drug abuse;
- An occupational hazard or related;
- Or similar concerns.

## 2. ICAS SERVICES AVAILABLE

The EHWP provides various counselling and support services that can be accessed telephonically or face-to-face in both work and private environments. These services are available to all employees and their families. Your Employee Health and Wellbeing Programme is a completely confidential service provided to your organisation by ICAS (Independent Counselling and Advisory Services).

The aim of the service is to support the optimal performance of all employees through the provision of professionally managed psychological, social and health advice and counselling services.



### Counselling

Counselling offers a comprehensive range of counselling services which include unlimited telephonic counselling provided by qualified EHWP professionals 24 hours a day, in all eleven official languages. For the more complex personal and work-related issues that need to be addressed, face-to-face counselling is offered as needed with a qualified EHWP professional in the ICAS network. This diverse service also provides couples counselling, trauma counselling as well as live chat with a professional counsellor and video counselling options through the ICAS On-the-Go app 24/7/365.



### Group Trauma Interventions

Group Trauma Intervention (GTI) sessions can be provided on site within 24 to 48 hours of any work-related traumatic incident. Their aim is to normalise the event and provide coping tools and ongoing support to those affected by it. These sessions are arranged through the ICAS toll-free line and include incidents such as robberies, injuries at the workplace, bereavement, loss and hijackings.



### LifeManagement™

The LifeManagement™ service provides callers with access to legal guidance, in-depth financial advice, family care support and medical advisory services. This includes garnishee reviews, legal advice, debt management, debt counselling and financial planning. However, no labour-related advice is provided. The family care service focuses on the provision of information and guidance on a broad range of family-related issues such as parental guidance, educational resources and community resources. Medical advisory services offers disease specific education, counselling and support.



### e|Care

The ICAS e|Care service is available to employees with email access and provides them with health and medical information. The service encourages positive lifestyle changes and is designed to meet the needs of each and every individual. The personalised service can be activated by profiling yourself once you have entered the e|Care portal.

# 3. THE EMPLOYEE HEALTH AND WELLBEING PROGRAMME AS MANAGEMENT SUPPORT

The EHWP provides additional managerial services to support you in your role as a manager. These are:



**Managerial Consultancy**



**Managerial Referrals**



**Absenteeism and Incapacity Guidance**



**Conflict Mediation Services**

Did you know? It is imperative that managers are adequately equipped with the ability to effectively deliver EHWP information in an organisation.

## 3.1 MANAGERIAL CONSULTANCY

Managerial Consultancy is a confidential way to get professional assistance regarding any managerial-related issues you may experience. The service offers you a sounding board and an opportunity to discuss new or difficult people management issues.

### We can help you to:

- Explore your options regarding people management.
- Consider the alternatives and outcomes of any course of action.
- Develop contingency plans and performance enhancement strategies.
- Test ideas.
- Consider how an employee may react.
- Provide guidance on the best way forward (assisted or formal referral may be options to consider).



The programme is there to assist you to think through and adequately plan how you should handle people-management issues that are:

- Difficult to get right, e.g. warning about performance that needs to be delivered without demotivating the person.
- On the broader of the work and personal domain, e.g. discussing someone's deteriorating work relationships, which could be related to the stress of a marriage break-up.
- New to your experience, e.g. telling somebody that there will be a significant change in his/her role.

## 3.2 MANAGERIAL REFERRALS

Employees who have problems that could affect their job performance or wellbeing are encouraged to voluntarily seek confidential assistance from the EHWP. This is the most common way that employees access the EHWP service, either through self-initiated referral or through the encouragement of a colleague or family member.



However, it is also appropriate for a manager or supervisor to use the EHWP as an effective resource to address wellbeing issues that interfere with performance, safety, absenteeism or conduct standards.

There are two types of managerial referrals that may be an outcome of a managerial consultation:

1. Assisted Referral – where there is no impact on work performance yet.
2. Formal Referral – where there is an impact on work performance.

In both of these situations, the employee retains the ultimate right to decide whether or not to contact the EHWP. Referral is always voluntary. Should the employee not wish to make use of the services, the manager or supervisor needs to adhere to the performance enhancement process guidelines provided by the organisation.

### **BENEFITS OF MANAGERIAL SERVICES:**

- Tailor made services to presenting issue at hand.
- Objective assistance on appropriate intervention and discussion on the way forward.
- Sounding board to deal with new or difficult manager- or employee-related issues.
- Improve manager and employee relationships.
- Explore manager's options regarding people management issues.
- Consider the outcomes of any course of action.
- Develop contingency plans and performance enhancement strategies.
- Consider how an employee may react to manager intervention.
- Work on personal people management skills.
- Discuss confidential employee-related issues in a safe space.
- Develop a managerial toolkit in dealing with common manager-related issues.
- Assistance in dealing with issues outside of your skill base.
- Assistance in dealing with issues that may undermine your management boundaries.
- Assistance in dealing with issues that may be absorbing too much of your time.

### **BENEFITS OF MANAGERIAL REFERRAL PROCESS:**

- The process is user-friendly and easy to understand.
- Dedicated managerial consultant on each case to guide you through the process and offer relevant recommendations throughout the process.
- Supportive process for the employee (not punitive).
- The process is structured in terms of feedback points to the manager.
- The manager is also invited to request feedback at any point.
- Recommendations tailored to presenting issues at hand.
- Managerial referrals support the manager to assist the employee in maintaining, or returning, to optimal job performance.

# Provided below are a few examples of employee-related issues that you may need guidance on; and that the EHWP can assist with.



## Absenteeism and poor time keeping

- Explained and unexplained periods of absence or lateness
- Regular absenteeism for minor illness
- Absence at work from the assigned or expected work area
- Frequent requests to leave work early or arrive late



## Change in quantity and quality of work

- Increased volume of errors or omissions
- Late or incomplete assignments
- Confusion regarding instructions or details
- Procrastination
- Errors in judgement
- Uneven work pace



## Relationship with others

- Individual and colleagues' complaints
- Avoiding colleagues
- Intolerance of other individuals
- Disruption in the workplace



## Personal conduct

- Deterioration in appearance
- Smelling of alcohol during work hours
- Borrowing money from others
- Blaming others
- Personal business in the workplace
- Irritability
- Not following corporate policies
- Moodiness
- Preoccupation / distraction from work
- Difficulties in remembering
- Increased accident rate on or off the job



## Other situations

- Lack of focus
- Poor decision making
- Reduction in overall performance
- Missed deadlines
- Low motivation



# Managerial Referral Process Flow:

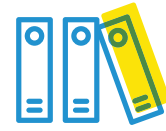


## Managerial Services

Manager calls in on the toll-free number

Immediately transferred to a Managerial Consultant for assistance  
Managerial Consultant explores issue

Managerial Consultation



### Managerial Consultation

- Based on presenting issues, relevant interventions and way forward discussed
- Manager is better equipped to manage issue in the workplace
- Manager may call in at any time for further assistance

### Managerial Referral

#### FORMAL REFERRAL

- Impact on work performance
- Summary report with work-related recommendations

#### ASSISTED REFERRAL

- No impact on work performance yet
- Progress report with risk-related recommendations

Managerial Consultations throughout the process

Feedback can be requested at any time



# CASE STUDY: FORMAL REFERRAL PROCESS



A manager called to discuss difficulties he had managing an employee who was also in a team leader position.

## HOW ICAS ASSISTED THE EMPLOYEE:

A number of treatment strategies were employed within the Managerial referral process to assist the employee in face-to-face counselling



- Stress management skills
- Anger management skills
- Coping skills
- Support for personal issue/s

- Financial stress – referral
- Setting up workable boundaries, prioritising and problem-solving
- People management skills
- Dealing with depression

## PRESENTING ISSUES:

- Abusive to other staff members
- Conflictual relationships with other colleagues
- Shrugs off taking responsibility for his behaviour
- The referrer relies on the employee considerably, thus affecting the referrer output
- The referrer believes there may be a medical problem
- Employee's behaviour may lead to dismissal
- Described as "racist, provocative, abrasive and volatile"
- Anger management
- Currently not meeting performance standards
- Number of grievances lodged against him



## OUTCOME:

The manager was provided with immediate guidance. ICAS recommended a Managerial referral.

## HOW ICAS ASSISTED THE MANAGER AND THE ORGANISATION:

The employee was actually HIV+ and was being admitted for a medical emergency



### The manager was coached on how to:

- Approach this employee
- Facilitate productive discussions



### External referral

recommended for the employee to a psychiatrist.



**Referrer taken through** employee's treatment strategies and the impact expected in the workplace. In this case it resulted in the employee's approach to his work and his colleagues.



The employee wanted to move to a different branch, **the manager was then able to assist** in this process given the background of this case. The transfer took place and improved the employee's emotional wellbeing. The employee is performing well at the new branch. He has a positive attitude to work since the referral.



### Manager invited to:

- Provide ICAS with feedback
- Request feedback at any time



Employee provided with a **diagnosis and medication.**



**Feedback** was provided throughout the referral process of the employee's progress with employee's signed consent.



Overall the employee benefitted from the support and therapy, gaining more insight into his behaviour. The employee has been reintegrated into the workplace with a more meaningful relationship with new manager.

**Relationships still intact in the old environment where he is still contacted for guidance and technical support.**



# CASE STUDY: ASSISTED REFERRAL PROCESS

A manager called to discuss difficulties in handling a situation where an employee informed the workplace that she urgently needed to be admitted. The manager called in as she thought that the employee was suicidal, even though the message had not indicated anything about suicidality. The manager came to this conclusion as she also noticed a change in the employee's behaviour where she was usually bubbly, she was more recently withdrawn in the workplace.

## PRESENTING ISSUES

- There was no impact on work performance but the employee was withdrawn in the workplace.
- Employee is employed as a care worker and works with HIV+ patients.
- Found her gratifying.
- She was good at her work and had particular strength in group work.
- The employee presented with low self-esteem and a submissive personality.



## OUTCOME:

The manager was provided with immediate guidance and ICAS recommended a Managerial referral.

## HOW ICAS ASSISTED THE EMPLOYEE:

A number of treatment strategies were employed within the Managerial referral process to assist the employee in face-to-face counselling.

- These included:**
- Stress management and containment
  - Working on self-esteem and assertiveness
  - Coping skills (acceptance of the diagnosis)
  - Communication skills (dealing with the withdrawn behaviour)

## HOW ICAS ASSISTED THE MANAGER AND THE ORGANISATION:

The employee was actually HIV+ and was being admitted for a medical emergency

### The manager was:

- Coached on how to manage risk
- Assisted with how to provide the space for the employee to open up and offer support once it was clarified that it was not a risk case



**Feedback** was provided throughout the referral process of the employee's progress.

### The manager did this and the

employee disclosed health-related issues, and discussed relevant SUPPORT going forward.

### The Managerial Consultant empowered the manager to have

this conversation in a **sensitive** way so that the appropriate support can be provided in the workplace.

### The employee was able to work

through her change in behaviour, accepted her diagnosis and returned to her bubbly self within the workplace.

**The manager noted** the improvement in her relationships with colleagues during the referral, and also found the employee to have a new-found confidence.



### Manager invited to:

- Provide ICAS with feedback
- Request feedback at any time

### ICAS recommended that the manager:

- Sit down and speak with the employee after discharge
- Provide the employee with the space to disclose her issues upon return to work



Employee was very thankful for the service and also felt that it was dealt with very sensitively as her diagnosis was still confidential upon case closure. She was fully engaged in work once more.

**THE CLIENT AND THE MANAGER WANTED TO LOG THIS INTERVENTION AS AN OFFICIAL COMPLIMENT TO ICAS FOR THE POSITIVE AND INSPIRED OUTCOME OF THIS REFERRAL.**

**Overall the employee benefitted from the support and therapy and gained more insight into her health and her behaviour. The employee has been reintegrated into the workplace with a more meaningful relationship with her colleagues and her manager.**









## 3.3 ABSENTEEISM AND INCAPACITY CONSULTANCY

This service is provided telephonically by a team of Incapacity Management Consultants with extensive experience in the management of workplace absenteeism and incapacity. The service provides an integrated absenteeism and incapacity consultancy function within the EHWP managerial consultancy service.

The service includes:

- Legislation and information regarding the employees' and employers' rights;
- Guidance regarding medical reviews and referrals;
- Information regarding incapacity and the management thereof.

### Managerial AID referral summary table

<b>Referral type</b> 	<b>Referral trigger</b> 	<b>Referral process</b> 	<b>Potential outcome</b> 
<b>Sick note verification referral</b> 	To verify the validity of a medical certificate.	Referral form & medical certificate submitted to ICAS.	Advise on the validity of medical certificates.
<b>Absence referral</b> 	To refer employees with repetitive/frequent absence to ICAS for assessment and workplace attendance recommendations (policy triggers, identified through forums).	Referral form and relevant supporting documentation submitted to ICAS (consent, sick leave record, medical certificates, job description).	Opinion on employee's absenteeism trend and recommendations on workplace attendance. Further referrals to Occ Health; specialist/occupational therapist where required.
<b>Incapacity investigations</b> 	To refer employees with long-term absence impact on performance due to medical condition (policy triggers, identified through incapacity panels).	Referral form and relevant supporting documentation submitted to ICAS. (As above).	Recommendation on notification to risk pool. Recommendations for further investigations.
<b>Disability investigations</b> 	To refer employees that require workplace accommodations.	Referral form submitted and relevant supporting documentation submitted to ICAS.	Advice on workplace accommodations to assist employees in performing their duties.

## 3.4 CONFLICT MEDIATION SERVICES

Conflict Mediation Services are offered to managers or HR who are dealing with employees who are in a conflictual relationship and where this may impact on work. The aim is to assist employees who are in conflict with one another to be equipped with coping strategies and communication skills in order to address the existing conflict with the outcome of a more amicable working relationship.

ICAS is able to assist with a conflict mediation process when the conflict is isolated to exist between a dyad (two employees). Should the conflict have a ripple effect in the team, or three or more parties are involved, a tailored group intervention is required and will thus fall within the ambit of the ICAS Performance Learning Department (additional costs may be incurred).

**DID YOU KNOW?** Managers are often promoted because they are good at what they do operationally. However, people management is a separate, but teachable skill that managers often need guidance on.

- 01** Manager can call toll-free line and ask to speak to a managerial consultant. Presenting issues are explored. Should the conflict mediation process be the best intervention and way forward then forms will be sent to the manager for completion.
- 02** Participating employees will need to sign consent, agreeing to participate in the conflict mediation process. Should one party not agree to the process, the consenting employee can continue with a managerial referral process.
- 03** Employees will be referred to an affiliate and a 4-session model of conflict mediation will be implemented consisting of individual and joint sessions.
- 04** A report will be written to the referrer including a summary of the conflict mediation process, and recommendations pertaining to re-integration where necessary.
- 05** Should the conflict not diminish in this process, further recommendations will be made regarding more in-depth conflict mediation strategies (this may fall outside of the EHWP scope).

**PLEASE NOTE: SHOULD A CONFLICT ARISE BETWEEN EMPLOYEES ON MANAGEMENT LEVEL, FOR EXAMPLE TOP MANAGEMENT AND MIDDLE MANAGEMENT, ICAS RECOMMENDS THAT THE REFERRAL SHOULD BE MANAGED BY HR. IN THIS WAY, HR IS INVOLVED FROM THE ONSET OF THE PROCESS AND ALL PARTIES CONCERNED ARE PROTECTED.**

## 3.5 GROUP TRAUMA INTERVENTIONS

Differentiating between a Group Trauma Intervention session, Secondary Trauma, an Emotional Impact Session and a Training Session

This document is for internal ICAS use. It provides a differentiation between the services of group trauma intervention, secondary trauma intervention, emotional impact session and training session, all of which are provided by different ICAS departments and have different lead times and management.

It is important to note that some companies will have processes and protocols that are exceptions to the generic processes outlined below. This document does not specify all the unique company processes and these can be obtained from the relevant Department if required.

### Group Trauma Intervention Session

A group trauma intervention session is held at the company premises after employees have experienced a critical incident. This service is managed by the Group Trauma Intervention Team.

#### 01 Definition of a critical incident

A critical incident refers to a traumatic incident that occurs in the workplace. This incident is outside of the normal work experience, which often leaves employees feeling overwhelmed and vulnerable. The definition used by ICAS is the following:

A sudden, unexpected and unprepared for event that is outside the range of normal human experience; involves actual or threatened death, serious injury or a threat to the physical integrity of self or others and would be markedly distressing to anyone. The event is so unpleasant and shocking that it typically produces immediate and/or delayed emotional reactions that surpass the individual's normal coping mechanisms and has the potential to interfere with normal functioning, as well as psychological and physical health. The traumatisation is caused by the event, not because of some failing or weakness in the person. After trauma, people are left feeling vulnerable, helpless and out of control in a world that is no longer predictable.



#### Examples of such incidents could include:

- Natural disaster
- Man-made disaster, such as an explosion
- Motor vehicle accident
- Hijacking
- Shooting
- Armed robbery
- Assault
- Violent death such as murder
- Loss of a colleague in an unexpected or violent manner
- Attempted suicide / successful suicide
- Physical assault such as a mugging
- Verbal assault such as direct threats
- Injury at work

A critical incident in the framework of the need for a group trauma intervention would not include the following and these incidents are dealt with by the Learning and Development Department at ICAS (please see below for more information on services provided by the Learning and Development Department):

- Organisational change, such as restructuring or retrenchment
- For health care workers, incidents such as the unexpected death of a patient are regarded as a secondary trauma. An Emotional Impact Intervention will be more suitable and can be arranged through ICAS by the relevant department.
- Disciplinary processes, such as suspensions
- Fraud
- Conflict in the workplace



A critical incident in the framework of the need for a group trauma intervention would not include the following and these incidents are dealt with by the Case Consultancy Department at ICAS:

- Family trauma
- Family trauma debriefing

## 02

### **Objectives of a group trauma intervention following a critical incident**

The aim of a group intervention is to minimise the disruption caused by the critical incident and its aftermath within the workplace, and to daily activities, by reducing potential psychological, emotional and physical responses to the event. To achieve this objective, the intervention manages the emotional effects of the traumatic experience within individual employees. It also assists the organisation to prepare for business recovery and to undertake crisis management planning. Therefore, this intervention is simultaneously directed at individual employees, as well as the organisation and stakeholders.

A group trauma intervention is recommended to occur on the Company premises when three or more employees require assistance to deal with a traumatic experience. If two or less employees have been directly exposed to a traumatic incident, it is recommended that the individuals receive psychological assistance away from the workplace. This intervention prevents other employees from being exposed to secondary trauma. In this case, the employees should be encouraged to contact the 24/7/365 toll-free number, which allows employees to access professional telephonic counselling immediately.

## Who is included in the GTI?

Who should attend the group	Who should not attend the group
Those who experienced the traumatic incident directly	Family members (see above relating to services provided by case consultancy)
Those who experienced the incident indirectly, i.e. heard about it from colleagues, should be seen in a separate group	Those who do not want to attend

## The intervention model used by ICAS

The Intervention Model used by ICAS consists of 3 parts, although not all of these parts happen for every incident. What is carried out depends on the situation, the group, and the company. The three parts are:

- Containment session
- Group Trauma Intervention
- Recovery support



### Containment session

A containment session usually occurs within 3-12 hours after the traumatic incident. Containment is short and usually lasts approximately one hour. However, the time would also depend on the incident, the number of participants and their reactions to the incident. The objective of the containment is to assist employees to manage the immediate practical aspects of recovery. This is done by reducing the initial distress and negative health behaviours.



### Group trauma intervention

At least 12 hours should elapse after the incident before a structured group intervention takes place. This is because most people are in shock following the incident. The main aim of the structured group intervention is to assist those affected with coping skills and to increase their resilience. This session also allows for the emotional release to be well contained and for the group to recover and function more effectively.



### Recovery support

Two to four weeks after the intervention, during which the company has been in a process of 'watchful waiting' and during which time the group has been allowed to settle and process the event and the intervention, the need for a follow up session can be identified and if necessary, carried out.



### Reporting

A report is provided to the referrer after 30 days which is at the end of the 'watchful waiting' period. The report outlines the incident, particular themes that came out of the intervention and recommendations.



## Individual counselling with affiliate

Part of the critical incident intervention is for the counsellor to identify those individual employees who are experiencing more severe reactions to the trauma and may require individual counselling. In extreme and severe instances of trauma, such individual counselling can be carried out on-site. However, this is merely containment for the individual and does not replace a complete session. Alternatively or in addition to the above, the individual can be provided with the relevant toll-free number, should this be applicable to the company contract, whereafter they can make use of this number at their own convenience.

## Responsibility of the manager

When an incident occurs, it is very common for the manager to feel overwhelmed and under-equipped to deal with the many different reactions of their staff members. It is therefore important for the manager to recognise this and to do the following:

- Ensure that any medical issues have been attended to immediately before anything else happens.
- When an injury occurs on duty it is recommended that the Company safety processes are followed.
- Any police investigations should be completed before the intervention is arranged.
- Call ICAS to speak to someone about how they can best handle the reactions of their employees.
- Ensure that staff members have had enough time to process the incident so that an intervention can occur.

### **If it is decided that containment and/or a group trauma intervention should occur, the manager should ensure that:**

- After the employees have had enough time to process the traumatic incident, it is recommended that a containment session be held 3-12 hours after the traumatic incident should it be in an urban area. A group trauma intervention session should be held after 12 - 24 hours have elapsed after the incident. In a remote area it can take up to 72 hours for a group trauma intervention session to be arranged.
- Ensure that the manager or supervisor to whom the staff report is the person that is the main contact person between ICAS and the Company.
- Ensure that there is always a contact person at the site where the intervention needs to take place.
- Staff members are aware of the purpose of the group.
- Staff members are willing to attend.
- The number of staff members attending has been confirmed.
- A group cannot be held for less than 3 employees.
- For a group of more than 15 employees it is recommended that the employees be allocated into smaller groups, where possible. Where this is not possible, the session will be a psychoeducational session.
- Staff members are aware that the group is confidential and feedback by ICAS to the Company is limited. No comment made by the group will be individualised.
- There is a private room in which the group can occur.
- All employees are in attendance at the agreed start time of the group.

# How to access the GTI service

This service is accessed through the referrer calling into the call centre. The following are questions that the call centre agent will ask:

## WHAT? What is the trauma?

### Where?

Where did the trauma take place?  
Where is the intervention required to take place?

### Who?

Who are the employees that were affected?  
How many employees were directly affected and how many employees witnessed the incident?

### When?

When did the trauma take place?  
This will determine if the group will be a containment session with a possible critical intervention group after a few days or a critical intervention group only.

### How?

How did it happen?

## Secondary Trauma Intervention

The secondary trauma intervention service is managed by the Group Trauma Intervention Team or the Learning and Development Team, depending on particular phenomena.

Secondary trauma interventions are sessions undertaken as a result of trauma experienced by employees on an on-going basis and as a result of their work. People working in the health and helping professions are often at risk as they experience significant stress resulting from assisting, and being exposed to, patients and clients who have been through traumatic events. Further, employees that are in the health services may experience secondary trauma as a result of the continuous deaths of patients.

People struggling with the impact of secondary trauma often experience the following symptoms:

- Intrusive, unwanted thoughts relating to the event
- Chronic fatigue
- Physical exhaustion
- Emotional exhaustion
- Physical illness
- Emotional difficulties
- Poor concentration
- Self-doubt
- Detachment
- Absenteeism
- Withdrawal
- Stress
- Tearfulness

The result of secondary trauma on an organisational level is that there may be higher levels of turnover, absenteeism and workplace discontent. This can have significant cost implications for a company both in the long and short term.

ICAS proposes secondary group trauma intervention sessions for hospital staff who are regularly exposed to secondary trauma. These interventions allow employees to speak about some of their experiences in a safe and non-threatening environment. Not only does this normalise their experiences, but also facilitates a supportive environment between colleagues. In addition to providing relief to employees, this approach may also reduce feelings of isolation and alienation for employees who work in stressful environments on a regular basis.

Secondary trauma can be addressed through an Emotional Impact Intervention. These interventions can be complimented by training on topics such as resilience, stress management training, change management training, and training on specific topics depending on the need of the employees.

## Emotional Impact Intervention

The emotional impact intervention service is managed by the Learning and Development Department. Access to such an intervention may be made internally between Departments, such as between the Group Trauma Intervention Department and the Learning and Development Department after the group have gone through a group trauma intervention and it has become clear that an emotional impact intervention is required. However, most often this service is accessed by the referrer through the toll-free line or through the Client Relationship Manager.

A request for the emotional impact intervention is made to the Learning and Development Department. After 48 hours, a Consultant from this Department makes contact with the referrer and then provides the referrer with a proposal and a quotation for the intervention.

An emotional impact session is applied to provide emotional containment in order to assist the group participants to express their situation and feel heard.

An emotional impact session is also an effective intervention to address the impact of organisational change. In such an instance, the intervention would include psychoeducation and awareness around organisational challenges such as change, conflict or stress management.

In an emotional impact intervention, the identification of team and/or organisational themes through group participation are made by the facilitator. This means that targeted interventions can be identified to help that team or organisation achieve optimum productivity or to overcome impediments to productivity.

In the event that a referrer is unsure as to whether a group trauma intervention or an emotional impact session is required, one rule of thumb is that an emotional impact session is carried out for all organisational matters that are not emergencies.

## Training

The training service is managed by the Learning and Development Department. Access to such an intervention is made internally between Departments, such as between the Group Trauma Intervention Department and the Learning and Development Department after the group have gone through a group trauma intervention and it has become clear that a training session is required. However, most often this service is accessed by the referrer through the toll-free line or through the Client Relationship Manager. A formal request is put in to the Learning and Development Department and this Department provides the referrer with a proposal and quotes the fee attached to such a service. A lead time of 48 hours is required by the Learning and Development Department.

Training interventions are carried out when there is a specific need for employees to acquire a certain skill or to acquire information on a specific topic. The objective of a training workshop would be to upskill employees with skills to, for example, manage their work environments more efficiently and interact with colleagues more effectively. It may also achieve the objective of increasing the emotional skills set. These interventions could include resilience training, change management training and training on psychological and psychiatric disorders.

# 3.6 EARLY INJURY ON DUTY MANAGEMENT

The Early Injury Management programme offers the injured employee clinical support in the unfortunate event that he/she suffer an injury on duty.

## THE UNIQUE ICAS APPROACH:

One of the ICAS clinical team will contact the employee, and after a brief assessment will ensure that the employee is receiving the right treatment at the right time. The employee will be supported to return back to work, as safely and as soon as possible. The case consultants will be in contact with the employee on a regular basis to ensure a speedy recovery and provide feedback to the referring manager on a regular basis, updating the manager on return-to-work expectations and recommendations.



## CLIENT EARLY INJURY MANAGEMENT PROCESS (IOD Referral)

The EHWP provides various counselling and support services that can be accessed telephonically or face-to-face in both work and private environments.

Main referral method for all injury on duty cases that required medical assistance. The manager/promotor completes the ICAS referral form and the WCL.2 and sends through to ICAS for further case management and Return-to-Work Assistance.

Manager sends completed WCL2 and ICAS referral form to [icas@icas.co.za](mailto:icas@icas.co.za)

IOD information will be submitted to COID Support and case will be allocated to a case manager.



### COID Support

COID Support will manage the legal and administrative process of the IOD case and will contact the manager/promoter for more information if needed and if any documentation is outstanding.



### Case Management

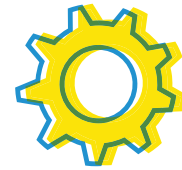
Telephonic Triage with employee within 24 hrs (or as soon as contact with the employee is possible) of receipt of referral forms - treatment plan to be discussed with employee.

Case Manager will provide manager with feedback re possible return-to-work day and treatment plan within 24 hrs (or as soon as contact with the employee is possible) after triage. If employee cannot be reached, manager will be informed and asked for additional contact details.

Further case management to assist employee to return to work, regular updates to the manager will be made.

# CLIENT EARLY INJURY MANAGEMENT PROCESS (Telephone)

To be used, if required, for minor injuries on duty where first aid advice might be the best treatment option or if there is no clarity on whether medical treatment is required or not for the injury on duty. The employee still has the responsibility to report the injury to his manager/promotor. The employee can then call the toll-free number and choose option 2 for basic medical advice for an injury on duty.



## Employee will call toll-free number and choose option 2 for medical advice for an injury on duty

Telephonic Triage – case opened and the determination is made if the employee requires first aid or medical assistance



### First Aid

Employee provided with basic medical advice from a qualified nurse and informed to report incident internally as well.

Case Manager will follow up within 24 hrs (or as soon as contact with the employee is possible) to determine how employee is doing and if employee is back at work. Case will be closed if no further assistance required.

If this injury results in further medical treatment being required after the initial advice had been provided and results in a reportable injury.



### Medical Assistance

Employee will be advised to visit a doctor or an ambulance will be dispatched, if needed.

Manager/Promoter will be informed by case manager re incident only if we have the correct contact details. It remains the employee's responsibility to inform the manager of the injury on duty. The manager needs to formally refer the employee for further RTW case management by completing the referral form and completing the WCL.2 and sending it to [icas@icas.co.za](mailto:icas@icas.co.za)

Case Manager will follow up within 24 hrs (or as soon as contact with the employee is possible) to determine the outcome of medical assistance.

Further case management to assist employee to return to work.

## 3.7 OCCUPATIONAL HEALTH & RISKS



If you know that your staff's certificate of fitness is due soon, or if they are expired, call us to have them renewed. Ensuring that a valid certificate of fitness is crucial as it indicates your staff fitness for work. Moreover, it also gives you, the manager, peace of mind.

### Who is entitled?

All employees of client who is mandated by law to have a Certificate of Fitness for the work that they are presently hired to perform.

### Outcomes:

Should an employee be found unfit for work, they are mandated by law to seek assistance and where necessary, receive medical intervention so that they can:

- Recover and return to work
- Seek therapy where necessary so that they can return to work
- Be reassigned at the discretion of the employer

### CALL US IF YOU OR YOUR STAFF REQUIRE:



- Occupational Health Certificate (Fitness for Work Certificate)
- Wellness Screenings
- Health and safety audits
- Any occupational health-related issues or suspected risks.

## 3.8 WELLNESS SCREENS

As a manager, it is your duty to ensure that all your staff is healthy and well enough to work. This goes beyond the certificate of fitness that is legislated. When was the last time you had a wellness screen done at your workplace? Do you know what type of chronic disease of lifestyle your staff has? Are your staff unproductive due to undiagnosed medical conditions?

### Who should get checked:

All client employees, regardless of job description is entitled to a wellness screen.

### Outcomes:

All employees who are screened will get a health passport that works together with their personalised e|Care platform. They will be able to set health goals and be guided via the platform to achieve it. Chronic diseases of lifestyle are addressed in the platform and is easily accessible to all employees. Managers are encouraged to get their staff onto this platform.

## Call us to:

Conduct a full wellness screen at your workplace for all staff.

Wellness screens include: height and weight, blood pressure, blood sugar, blood cholesterol (total), body composition analysis (fat and water %), body mass index (BMI), waist and hip circumference and ratio.

Educate your staff about chronic disease of lifestyle.



## 3.9 HIV DISEASE MANAGEMENT PROGRAMME



At the client's HIV Disease Management Programme, we take pride in ensuring that all HIV positive employees receive optimum treatment, psycho-social support, treatment adherence and compliance to the programme. As managers, you can be assured that your staff is well taken care of and will be able to perform at work at their healthiest and be the best version of themselves.

### Who can enrol?

- All client employees
- Spouses and children

### Financial aspects:

- Client is funding the HIV disease management programme for employees and family members.

### Reporting:

- Anonymous regular reporting based on client's requirements.

### Elements and logistics

- Identification of (new) HIV positive employees through the wellness and HIV screening programme.
- Enrolment via a registration form which needs to be completed by the treating HIV doctor.
- Form to be emailed to a dedicated email box: [careconsultant@healthinsite.net](mailto:careconsultant@healthinsite.net)
- HIV disease managers to offer telephonic guidance and support.
- Internal communication at client regarding the availability of this programme.

## 3.10 DEALING WITH EMPLOYEES IN CRISIS

Dealing with employees in crisis is a challenging task. It is important to balance coming across as supportive in an employee's time of need, and at the same time accommodating the employee so that it does not impact on the overall department/team's productivity.

### Employees may present with different "crises" and similarly this may have different meaning for different employees. For example:

- Receiving bad news regarding the loss of a loved one;
- Feeling suicidal;
- Being physically abused;
- Trauma;
- Severe financial problems;
- Work-related problems such as disciplinary procedures, etc.

Regardless of the presenting issue it is important to recognise that it is something that makes the employee feel overwhelmed, unsure of how to cope with the news/situation, unsure of how to access support, and may feel hopeless regarding the future.

Since each situation is unique and may require individualistic interventions, there are some generic guidelines that are important to remember in trying to manage such an employee.



# 3.11 GUIDELINES FOR MANAGERS: SUBSTANCE ABUSE IN THE WORKPLACE

## Recognising substance abuse in the workplace

Substance abuse in the South African workplace is a growing concern. It refers to the harmful use of alcohol or drugs by an employee. According to the World Health Organization (WHO) drug use in South Africa is twice the global average. The country is ranked in the top 20 of the biggest drinking nations and we are 3rd in Africa. Substance abuse has an impact on work relationships, employee health, performance and productivity and can result in an increase in injuries on duty.

Recognising substance abuse in the workplace can be difficult as there are many signs and symptoms. Managers can use below signs as warning flags for potential substance abuse and for further testing. It is best for a professional to do a proper assessment and not to jump to conclusions if one or two symptoms are present, as they could be as result of something entirely different. If signs persist for some time (a few weeks or months), a pattern develops and there are quite a few present, then seek help for a professional assessment rather than ignoring the warning signs.



### Signs and symptoms:

Slovenly, untidy appearance, deteriorating hygiene	Mood and energy swings (hyperactivity and depression)
Disinterest in usual activities	Change in friends or isolation
Withdrawal from relationships	Changes in appetite
Irrational behaviour (out of the norm) and/or irritability	Pre-occupation with self, defensiveness and over-sensitive
Fluctuating energy levels	Memory lapses
Lying, secretiveness, dishonesty	Financial changes
Absenteeism (especially Mondays and Fridays)	Presenteeism and missing from their desk regularly or for long periods of time
Changes in sleep patterns (too much or too little)	Impaired performance and/or reduced concentration
Smelling of alcohol in the workplace	Difficulty with eye-hand coordination
Effects on vision	Slow reaction time
Violent behaviour	Disorientation and/or unsteadiness
Slurred speech or incoherent conversation	Bloodshot eyes



## When is substance use a problem?

Substance abuse can have far reaching and devastating consequences if not addressed. It is estimated that substance abuse costs the economy R9 billion per annum due to reduced productivity, absenteeism and injuries on duty.

The Labour Relations Act 66 of 1995 states that the workplace as employer has the responsibility to assist an employee when a substance abuse problem is identified, and The Occupational Health and Safety Act 85 of 1993 stipulates that the onus is on the employer to ensure a safe working environment where substance abuse is adequately managed to mitigate risk to employees.

A significant challenge to assessing when substance use is a problem is that employees will often strongly deny that they abuse substances. Asking direct questions thus often does not yield direct answers.



**The following, known as the CAGE assessment, are useful indirect questions that might indicate that a person has a problem with substance abuse:**

- C** **“Cut Down”** - Has the person ever tried to reduce the amount of the substance they take?
- A** **“Arguments”** - Has the person’s use of the substance ever resulted in arguments with colleagues, friends or family?
- G** **“Guilt”** - Does the person ever feel guilty about their substance use?
- E** **“Eye Opener”** - Does the person need a drink to get going first thing in the morning?

Keep in mind, that it is best to leave the assessment and diagnosis to a professional; that is why your EHWP is there for you. You do not have to make the assessment and jumping to conclusions can be harmful. You are encouraged to contact your EHWP managerial consultancy service for guidance and to discuss any suspicion or management of substance abuse in the workplace on your toll-free number.



## Below is a list of some of the things you can do to assist and how ICAS can provide support as well:

### MANAGER GUIDELINES:

- Remain calm and encourage the employee to calm down – Listen.
- Do not try to solve the problem but rather try to access the correct support for the employee presenting in crisis, for example referring them to the EHWP for further support and assistance.
- Try to get all the necessary information about the employee's crisis. For example, an employee who is crying as he/she is very different to an employee crying because he/she has just heard about the passing of a loved one.
- Try to find out who is the employee's main source of support and obtain contact details if necessary (especially if an employee is unable to talk or presents with risk).
- Recognise and possibly acknowledge that the employee will not be functioning at optimal productivity levels and thus offer relevant support – allow the employee to guide you to some extent.
- The employee may need time off to deal with their presenting issue.
- Recognise that employee's personal problems do affect work, the employee is probably feeling overwhelmed and thus will not react rationally to the situation. It is important for you to remain rational on their behalf.
- Be flexible and try to accommodate the employee where possible.
- Speak to HR for guidelines and company specific policies where necessary.
- If the employee is presenting with imminent risk, it is advisable to arrange hospitalisation for the employee immediately.
- Call ICAS and speak to a Managerial Consultant who will guide you with context specific advice on how to deal with the relevant employee.
- Encourage the employee to call their EHWP toll-free number for contextual and personalised assistance.
- Our professionally qualified counsellors will provide the necessary support, guidance, containment, counselling, and face-to-face referral if necessary.
- If the employee is not willing to call the toll-free number, you may also request support and assistance on behalf of a colleague/ employee that presents with crisis.
- ICAS may contact the identified individual as long as the client consents to and is expecting our call, in order to assess the situation.
- There are cases where an identified individual may refuse to speak to ICAS, thus we play more of a role assisting the manager on how to deal with the situation.
- ICAS may make recommendations and may facilitate disclosure to next of kin or 3rd parties where necessary.
- The biggest source of support for the identified individual is the person they disclosed to (in this case the manager) and thus it is imperative to work as a team in trying to contain the crisis as far as possible.
- ICAS may lean on the identified support to facilitate the necessary measures to be put into place, as much as you may lean on ICAS for guidance.

Often the success of these interventions is largely dependent on the level of support received from the manager. The aim of the EHWP interventions is always to provide appropriate and timely interventions to mitigate the risk and its potential impact on the employee and the client company. The intention is to contain and assist the employee to deal with the presenting crisis and to return to optimal levels of functionality across their personal and work lives.

## 3.12 GUIDELINES FOR MANAGERS: MANAGING ABSENTEEISM

A joint approach between employers and employees to managing absenteeism is recommended.

<b>Employer responsibilities:</b>	<b>Employee responsibilities:</b>
<ul style="list-style-type: none"><li>• Find, read and understand your company's leave policy provide a safe working environment that does not contribute to ill-health</li><li>• Facilitate return-to-work interviews following a period of absence</li><li>• Maintain confidentiality of medical records and private information</li><li>• Maintain sick leave records, noting days that occur before/on/after weekends, days off, public holidays etc.</li><li>• Discuss absence records of concern with employees</li><li>• Reasonable accommodations in the workplace if absence relates to a disability</li></ul>	<ul style="list-style-type: none"><li>• Attend work as contractually required unless too ill to work</li><li>• Notify employer timeously of absence from work</li><li>• Take measures to minimise the risk of being absent from work due to illness</li><li>• Provide medical certificates as required</li><li>• Take an active part in return-to-work discussions (possible adjustments or support required)</li></ul>

### Tips for managing Absenteeism

- The employee should be reminded that sick leave is not an entitlement.
- Where their absence record is of concern, medical certificates should be requested following all sick leave incidents regardless of the duration.
- Any absences taken adjacent to weekends/public holidays/off days/annual leave/pay day should be noted and discussed with the employee. Further HR processes would need to be followed should his/her absence trends continue. Where possible, return-to-work interviews should be held following all sick leave incidents. Reasons for sick leave taken should be discussed and documented. A record of these should be kept on file and submitted to ICAS should the employer wish to reassess absenteeism in the future.
- The employee should consider utilising an onsite Occupational Medical practitioner or Nurse for consultations due to acute illness in order to avoid taking a full day off work for medical consultations.

### Return-to-work interviews

#### Definition:

- A discussion between an employee and a line manager following a period of sick leave, for the purpose of ensuring fitness to return to work. It is a proactive approach to managing sick leave, ensuring proactive health management.

#### Purpose:

- To promote an open and supportive relationship between manager and employee.
- The employer has an obligation to ensure a safe working environment where there are no known health risks to the employee or fellow employees.
- Identify any workplace accommodations or further management to assist the employee in performing their duties and to address the cause of absenteeism (e.g. EHWP for counselling and /or attendance management support).

**It is NOT to:**

- Intimidate the employee during the interview
- Force the employee to disclose medical information or ask intrusive medical questions
- Be used as a disciplinary tool
- Give the form to be completed by the employee without engaging with the employee

**Roles and responsibilities:**

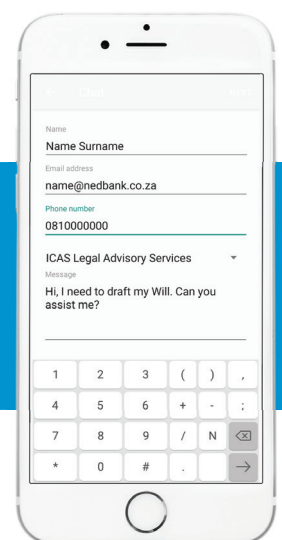
**Employee**

- Report to the manager/supervisor before the start of the shift on returning to work
- Cooperate with the manager during the discussion; however, it is not necessary to disclose confidential information if not warranted
- Ask your doctor to state symptoms that may be contra-indicated to your work tasks
- Submit supporting documentation (e.g. sick certificate)
- Consider and provide consent to participate in a referral to Occupational Health or the EHWP

**Job-related factors that have a negative relationship with attendance include:  
(consider rather: a negative impact on attendance)High workloads**

- Dangerous or unpleasant working environments
- Repetitiveness of tasks
- Work stress
- Long working hours
- Conflict at work
- Low staff morale

ICAS On-The-Go app provides direct access to information and resources including a series of support articles, exercises and videos. The app is available to users and their dependants 24/7/365 with various points of ewp contact including online chats, call back requests and direct calling.



## 3.13 CONFIDENTIALITY AND DISCLOSURE

The EHWP service is a confidential resource. All information that is shared with the counselling or health professionals remains the privileged information of the employee and the professionals. When making a managerial referral, only information pertaining to the management of the employee will be communicated without the written consent of the employee.



### DID YOU KNOW?

It is the responsibility of management to document performance, attendance, absenteeism, and conduct, and then to take the necessary steps required in order to remedy any discrepancy identified.

**This information will not be released without the written consent of the employee, unless the law requires disclosure in the following instances:**

- Suspected child abuse or elderly abuse;
- Threats of physical harm to self or others;
- Fraud;
- Risk to company safety or property;
- Sexual harassment in the workplace;
- For quality assurance and auditing purposes. Here all records are sanitised to ensure that individuals' rights to confidentiality are not compromised.



## 3.14 TAKING TIME OFF WORK FOR FACE-TO-FACE COUNSELLING

The EHWP managerial consultant and the employee will attempt to schedule sessions at times that do not require time off from work. However, this may be unavoidable, and it is then up to the employees to discuss and negotiate any time off needed with their managers.

## 4. CONCLUSION

Your organisation acknowledges that the world of work has changed significantly in recent years and that employees and their dependants are exposed to significant personal and work stressors. Although the organisation may be unable to address these stressors and the risks confronting its people, the EHWP provided by ICAS is a service that can support and enhance the lives of those affected by these challenges.

The true value of such a service is measured in the lives of the people who are supported by it, and it is the responsibility of both the organisation's management and ICAS to ensure that the programme is accessible to all and provided to those in need. ICAS and your organisation are committed to provide a service that is both professional and accountable to enhance the lives of those who access the Employee Health and Wellbeing Programme. We trust that you will provide your ongoing support to ensure the future success of this service.





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