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**SANS 16001:2020**

Edition 3

## **SOUTH AFRICAN NATIONAL STANDARD**

# **Wellness, health and disease management systems (WHDMS) — Requirements for guidance of use**

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#### **Table of changes**

<b>Change No.</b>	<b>Date</b>	<b>Scope</b>

## **Foreword**

This South African standard was prepared by National Committee SABS/TC 201, *Health and Wellness*, in accordance with procedures of the South African Bureau of Standards, in compliance with annex 3 of the WTO/TBT agreement.

This document was approved for publication in October 2020.

This document supersedes SANS 16001:2013 (edition 2).

**Compliance with this document cannot confer immunity from legal obligations.**

## **0.1 Introduction**

**0.1.1** Organisations recognise that non-occupationally related to health and wellness and disease risks can negatively impact their workers and workplace. These risks need to be effectively managed. Ineffective management can result in a reduction of productivity and employee engagement, increase in absenteeism and presenteeism, and negative impacts to the sustainability of the business.

**0.1.2** A Wellness, Health and Disease Management System is an employer-sponsored initiative that is designed to promote positive organisational behaviour and to improve the health and wellness of its workers.

**0.1.3** The adoption of a Wellness, Health and Disease Management System (WHDMS) is intended to enable an organisation where reasonable, prevent, treat or provide access to treatment of communicable and non-communicable (non-occupational) diseases. The intention is to promote holistic worker health and wellness by providing effective workplace interventions and continually improve an organisation's WHDMS performance in which workers can flourish.

## **0.2 Aim of a WHD Management System**

**0.2.1** The aim of the WHDMS is to effectively and efficiently manage health, wellness and disease risks and opportunities. Working towards a healthier and engaged workforce.

**0.2.2** The WHDMS is most effective and efficient when organisations take proactive action to address the strengths, weaknesses and opportunities through continuous improvement of the WHDMS.

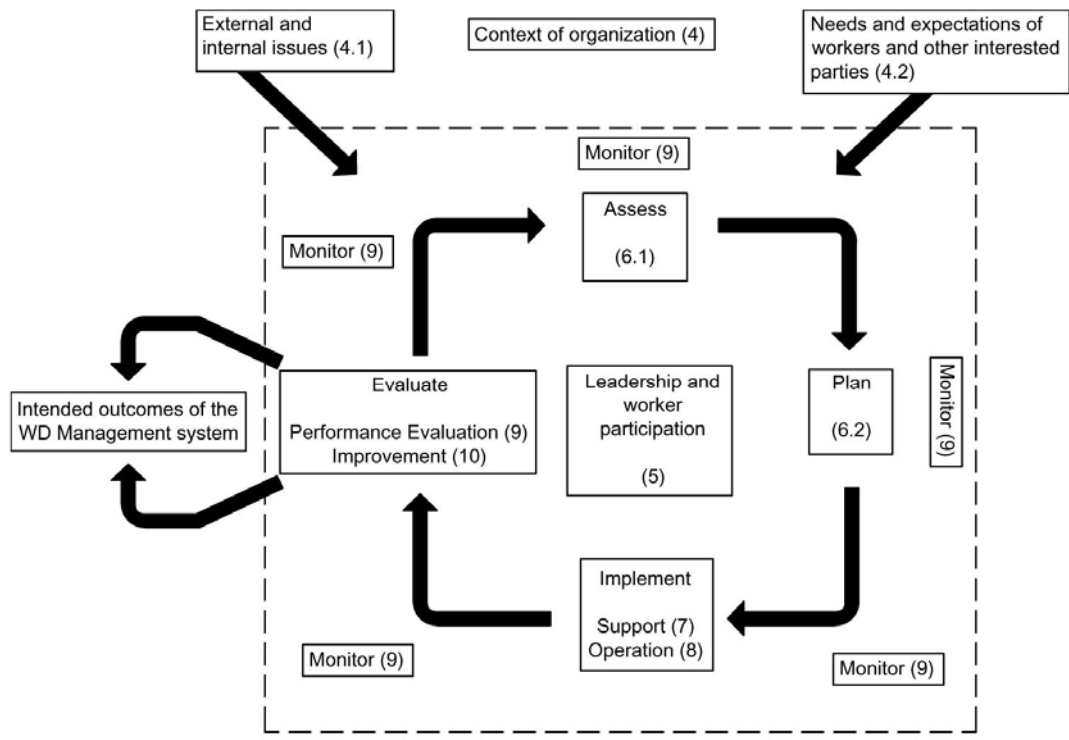
**Introduction** *(concluded)*

**0.3 Assess-Plan-Implement-Monitor-Evaluate Cycle** (see figure 0.1)

The basis of the WHDMS approach applied in this standard is founded on the framework of “Assess, Plan, Implement, Monitor and Evaluate” (APIME). The APIME cycle is a management method, and an iterative process. The repeated cycle of operations can be applied to an entire management system and to each of its individual elements.

The APIME cycle can be described as follows:

- a) **Assess:** to determine and identify diseases, physical and psychological ill health, worker health risks, workplace wellness opportunities and determinants of health and wellness. Conducting baseline and ongoing health and wellness assessments can be done with various assessment tools such as, but not limited to: KABP Surveys, gap and situational analysis, health risk assessments, actuarial and prevalence surveys, and organisation culture surveys.
- b) **Plan:** to establish policies, programmes, projects, interventions, campaigns, objectives, processes and procedures, necessary for the alignment to the organisation’s wellness, health and disease management scope and outcomes. Planning addresses the intended management actions regarding the identified health risks and workplace wellness opportunities, as well as compliance with the country’s legislation and other requirements. Planning includes setting of targets, objectives and success indicators to measure performance against.
- c) **Implement:** to put the planned WHDM policies, programmes, projects, interventions, campaigns, objectives, processes and procedures into effect.
- d) **Monitor:** to continuously assess the effectiveness, efficiency and progress of the planning and implementation phases.
- e) **Evaluate:** to routinely assess and appraise the WHDM system. Appropriately document and report the outcomes regarding the WHDMS evaluation, the WHDMS performance and the continual improvement of the WHDMS.



NOTE The numbers given in brackets refer to the clause numbers in this document.

**Figure 0.1 — Relationship between APIME cycle and the framework in this standard**

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## **Wellness, health and disease management systems — Requirements for guidance of use**

### **1 Scope**

**1.1** This standard specifies general requirements for Wellness, Health and Disease Management Systems (WHDMS), related to non-occupationally induced health conditions that include but are not limited to: communicable diseases such as Human Immunodeficiency Virus (HIV) and Tuberculosis (TB); non-communicable diseases such as cardiovascular diseases, cancers, chronic respiratory diseases and diabetes; and psychological ill health such as depression, anxiety disorders, burnout and addictive behaviours that affect the mood, thinking and behaviour of workers. The WHDMS provides guidance for its use to enable organisations to proactively manage worker health and wellness.

**1.2** This standard applies to any organisation that wishes to establish, implement, manage and maintain a WHDMS in order to eliminate or minimize worker diseases, physical and psychological ill health and health risks; to improve workplace health and wellness practices; take advantage of workplace wellness opportunities; and address WHDMS nonconformities (including system deficiencies).

**1.3** This standard is intended to help an organisation to achieve the intended outcomes of its WHDMS, including:

- a) continual improvement of the WHDMS performance;
- b) fulfilment of the relevant legal requirements and other requirements; and
- c) achievement of WHDM targets and objectives.

**1.4** This standard applies to any organisation regardless of its size, type and activity and applies to the non-occupational health status of workers, as determined by the organisation. These standard requirements do not provide specific protocols for wellness, health and disease management performance, nor are they prescriptive about the specific design of a WHDMS. When determining the scope of the WHDMS, the organisation should take into account factors such as the context in which the organisation operates, the social and health determinants of workers, the needs and expectations of its workers, and the vested interest of stakeholders or other interested parties.

**NOTE 1** This standard supports an organisation, through its WHDMS, to integrate other aspects of worker health and wellness such as but not limited to human capital development, occupational health and safety, medical aid assistance, health insurance, and employee assistance programmes (EAP), coaching or counselling services.

**NOTE 2** This standard can be used in whole or in part to systematically improve wellness, health and disease management. However, claims of conformity to this standard are not acceptable unless all its requirements are incorporated into an organisation's WHDMS and fulfilled without exclusion.

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## **2 Normative references**

Reserved.

## **3 Terms and definitions**

For the purposes of this document, the following definitions apply.

### **3.1**

#### **audit**

systematic, independent, and documented process (see also 3.36) for obtaining audit evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled.

NOTE 1 An audit can be an internal audit (first party) or an external audit (second party or third party), and it can be a combined audit (combining two or more disciplines).

NOTE 2 An internal audit (first party) is conducted by the organisation (see also 3.28), as a management review and other internal purposes, or by an external party on its behalf.

NOTE 3 Independence and objectivity can be demonstrated by freedom from responsibility for the activity being audited and freedom from bias or conflict of interest.

NOTE 4 "Audit evidence" are records, reports, statements of fact and other information which are relevant to the audit criteria and verifiable, while "audit criteria" are a set of policies (see also 3.32), procedures or legal and other requirements (see also 3.39) used as a reference against which audit evidence is compared. "Audit evidence" and "audit criteria" are defined in SANS 19011.

### **3.2**

#### **competence**

ability to apply knowledge and skills to achieve intended results

### **3.3**

#### **conformity**

fulfilment of a requirement (see 3.39)

### **3.4**

#### **compliance**

fulfilment of a legal requirement

### **3.5**

#### **continual improvement**

recurring process or activity of enhancing the WHDMS performance consistent with the organisation's wellness and disease management policies and procedures

### **3.6**

#### **contractor**

external person(s) providing products or services (or both) to an organisation (see 3.28) at a workplace (see 3.47) in accordance with agreed specifications terms and conditions.

NOTE External person(s) can include one person, a group of persons, an organisation or a group of organisations that provide a service or products to the organisation.

### **3.7**

#### **corrective action**

action to eliminate the cause(s) of a nonconformity, noncompliance or an incident, and to mitigate or to prevent recurrence



### **3.8**

#### **determinants of health**

factors that influence the health status of individuals or populations which include:

- a) The social and economic environment (e.g. income, education, social status, support networks, culture, customs, traditions);
- b) The physical environment (e.g. water, air, workplace, housing, communities and road or transport infrastructure);
- c) The person's individual characteristics (e.g. genetics, gender, age, personality); and
- d) The person's lifestyle and behaviour (e.g. smoking, alcohol use, nutrition, physical activity, coping skills and ability to deal with life's challenges).

### **3.9**

#### **disease**

#### **ill-health**

#### **burden of disease**

adverse effect(s), condition (s) or syndrome that prevents normal functioning or causes impairment or damage to the physical or psychological health of a person (or both).

NOTE "ill-health" includes physical and psychological death, diseases, illnesses and disorders. The terms "disease", "illness", and "disorder" are often used interchangeably and refer to conditions with specific symptoms and diagnoses.

### **3.10**

#### **documented information**

information required to be controlled and maintained by an organisation (see 3.28) and the medium on which it is contained

NOTE 1 Documented information can be in any format and media and from any source.

NOTE 2 Documented information can refer to:

- a) The management system (see 3.22) including related processes (see 3.36);
- b) Information created for the organisation to operate (documentation); and
- c) Evidence of results achieved (records).

### **3.11**

#### **employee assistance programme**

#### **EAP**

confidential assessment and short-term interventions, monitoring and aftercare, and counselling services for workers with personal or work-related concerns (or both) that may adversely affect their job performance

### **3.12**

#### **effectiveness**

extent to which planned activities are realised and planned results achieved

### **3.13**

#### **establish**

settle the level of permanency, achieve permanent acceptance, achievement or recognition

NOTE The system is established when all its elements and the key priority areas of the system have been demonstrably implemented on a permanent basis.

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#### **3.14**

##### **engagement**

state of commitment, the involvement in, and contribution to activities or processes in order to achieve common objectives

#### **3.15**

##### **health**

condition that indicates physical and psychological functioning that does not impede daily function, and when someone is free from pain, ill-health, injury or disease that negatively impacts activities of daily living

#### **3.16**

##### **impact**

anticipated end-result or long-term effect

NOTE For example, reduced incidence or prevalence of a particular health or disease risks or leverage wellness opportunities.

#### **3.17**

##### **indicator**

quantitative or qualitative variable that measures an aspect of performance linked to the objectives, targets and success criteria that is used to demonstrate change

NOTE It describes the extent to which results are being or have been achieved. These can be measured at different levels, stages, processes, input, output and outcomes.

#### **3.18**

##### **interested party(ies)**

person or organisation (see 3.28) that can affect, be affected by, or perceive itself to be affected by a decision or activity related to the WHDMS (see 3.44).

NOTE This standard sets out requirements (see 3.39) with respect to workers (see 3.45) beyond their status as interested parties.

#### **3.19**

##### **intervention**

activity, project, campaign or programme designed to modify unhealthy practices, promote healthy practises, correct management actions or to encourage and support positive behaviour change

#### **3.20**

##### **legal requirements and other requirements**

need or expectation that is stated or generally implied or obligated that an organisation (see 3.28) should or chooses to comply with

NOTE 1 For the purposes of this document, legal requirements and other requirements are those relevant to the WHDMS (see 3.44).

NOTE 2 Legal requirements and other requirements include the provisions, terms and conditions in collective agreements.

NOTE 3 Legal requirements and other requirements include those that determine the persons who are workers' representatives in accordance with laws, regulations, collective agreements and practice.

#### **3.21**

##### **maintain**

keep up or sustain a management system

NOTE This term implies that, once established, the system continues to operate. This requires active effort on the part of the organisation. Many of the elements of this standard are designed to ensure active maintenance of the system.

### **3.22**

#### **management system**

set of interrelated or interacting elements of an organisation (see 3.28) to establish policies (see 3.32) and objectives (see 3.27), and processes (see 3.36) to achieve those objectives

NOTE 1 A management system can address a single discipline or several disciplines.

NOTE 2 The system elements include the organisation's structure, roles and responsibilities, planning, operation, performance evaluation and improvement.

NOTE 3 The scope of a management system may include the whole of the organisation, specific and identified functions of the organisation, specific and identified sections of the organisation, or one or more functions across a group of organisations.

### **3.23**

#### **measurement**

activity, or process (see 3.36) to determine an outcome, objective, the value or impact that serves as evidence

### **3.24**

#### **monitoring**

determining the status of a system, a process, programme, or an intervention

### **3.25**

#### **non-conformity**

non-fulfilment of a requirement

NOTE Non-conformity relates to requirements in this standard and its appropriate wellness, health and disease management requirements that an organisation has established for itself.

### **3.26**

#### **non-occupational disease or illness**

physical or a psychological disease or illness which is not directly caused by the nature of the work or the workplace environment

### **3.27**

#### **objective**

statement that express the intended result or outcome to be achieved

NOTE 1 An objective can be strategic, tactical or operational.

NOTE 2 Objectives can relate to different disciplines such as financial, quality, wellness and disease, health and safety, and environmental goals, and can apply at different levels such as strategic, organisation-wide, project, service and process (see 3.36).

NOTE 3 An objective can be expressed in other ways such as a wellness, health and disease management objective (see 3.27), an intended outcome, an operational criterion or using other words with similar meaning (e.g. aim, goal, or target).

### **3.28**

#### **organisation**

persons or group of people that has its own functions with responsibilities, authorities and relationships to achieve its objectives (3.27)

NOTE The concept of organisation includes, but is not limited to sole-trader, company, corporation, firm, enterprise, authority, partnership, charity or institution, or part or combination thereof, whether incorporated or not, public or private.

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#### **3.29**

##### **outcome**

change that is measured in the organisation, the WHDMS (see 3.44), or the organisation's target population, or some or all results of a given campaign, programme or intervention

NOTE This term refers to specific knowledge, behaviours, or practices on the part of the intended audience that are clearly related to the campaign, programme, or intervention that can reasonably be expected to change in the short to intermediate term, and that contribute to desired long-term goals or impact.

#### **3.30**

##### **outsource**

arrangement where an external service provider(s) performs part of an organisation's function, process or provides services or products (or both) to the organisation

#### **3.31**

##### **performance**

extent to which measurable results or evidence of the WHDMS (see 3.44) are achieved

#### **3.32**

##### **policy**

intentions and management practices of an organisation (see 3.28), as formally expressed by its top management (see 3.41)

#### **3.33**

##### **post-exposure prophylaxis**

##### **PEP**

set of activities that includes the possible administration of prophylactic to prevent infection by a pathogen

NOTE 1 Treatment such as anti-retroviral drugs given to anyone who has been exposed to blood or body fluids that might be infected with HIV.

NOTE 2 According to approved PEP protocols.

#### **3.34**

##### **pre-exposure prophylaxis**

##### **PrEP**

set of activities that includes the possible administration of pre-exposure prophylactic to prevent infection by a pathogen

NOTE According to approved PrEP protocols.

#### **3.35**

##### **prevention**

actions that mitigate instances and incidences of any non-occupational disease or illness or physical and psychological health risks in a population, and thus to reduce, as far as possible, new cases developing

NOTE Prevention is also concerned with reduction of incidences of incapacity through various rehabilitation techniques and interventions designed to assist the person to return to realistic healthy functioning.

#### **3.36**

##### **process**

set of interrelated or interacting activities which transforms inputs into outputs

**3.37**

**programme**

collection or a set of activities or interventions aimed at prevention, diagnosis, treatment, care and support, and the promotion of worker health and wellness

**3.38**

**promotion**

actions and the process of enabling workers to increase control over and to improve their health, and thus to develop, as far as possible, new competencies

NOTE This standard supports and encourages physical and psychological health promotion interventions that are designed to assist workers to develop optimal functioning in all areas of life (see annex A).

**3.39**

**requirement**

need or expectation that is stated, generally implied or obligatory

NOTE 1 "generally implied" means that it is custom or common practice for the organisation (see 3.28) and other interested parties (see 3.18) that the need or expectation under consideration is implied.

NOTE 2 A specified requirement is one that is stated, for example, in documented information (see 3.10)

**3.40**

**risk**

effect of uncertainty

NOTE 1 An "effect" is a deviation from the expected, or the norm – positive or negative.

NOTE 2 "Uncertainty" is the state of deficiency of information related to, understanding or knowledge of, an event, its consequence, or likelihood.

NOTE 3 "Risk" is often characterised with reference to potential "events" and "consequences", or a combination of these.

NOTE 4 "Risk" is often expressed in terms of the consequences of an event (including changes in circumstances) and the associated "likelihood".

NOTE 5 In this standard, where the term "risks and opportunities" is used it means worker health and disease (management) risks, and workplace wellness (management) opportunities.

**3.41**

**top management**

person(s) or group of people who directs and controls an organisation (see 3.28) at the highest level

NOTE 1 Top management has the power to delegate authority and provide resources within the organisation and has ultimate accountability and responsibility to ensure that the WHDMS is maintained.

NOTE 2 If the scope of the management system (see 3.23) covers only part of an organisation, then top management also refers to those who direct and control that part of the organisation such as a Prescribed Officer.

**3.42**

**wellness**

condition and a process that indicates optimal functioning through which people are aware of, take responsibility for, control of and implement actions to fulfil their full potential

NOTE 1 Wellness is a way of life, and the result of an intentional, self-directed effort to live a balanced, healthy and optimal life.

NOTE 2 The terms "health promotion", "well-being", and "wellness" are often used interchangeably. [GRI 403]

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#### **3.43**

##### **wellness opportunities**

any variables that directly or indirectly influence the prevention of non-occupational disease or physical and psychological ill health, and the promotion of health and wellness, including but not limited to specific host characteristics, behaviours or environmental factors and determinants of health and wellness

NOTE A **variable** is any factor, trait, or condition that can exist in differing amounts or types.

#### **3.44**

##### **wellness, health and disease management system**

##### **WDHMS**

management system(s) (see 3.22) or part of a management system used to achieve the wellness, health and disease management policies (see 3.32) and objectives (see 3.27) and processes (see 3.36)

NOTE The intended outcomes of the WHDMS are to prevent non-occupational disease, to prevent physical and psychological ill health, to promote worker health and wellness.

#### **3.45**

##### **worker**

person performing work or work-related activities that are under the control of the organisation (see 3.27)

NOTE Persons that perform work or work-related activities under various arrangements such as paid or unpaid, regularly or temporarily or seasonally, casually or on a part-time basis.

#### **3.46**

##### **workplace**

place under the control and management of the organisation (see 3.28) where a person needs to be or needs to go to for work purposes (this includes remote work)

NOTE The organisation's accountability and responsibility under the WHDMS (see 3.44) depends on the degree of management and control over the workplace.

#### **3.47**

##### **workplace wellness**

workplace that establishes, documents, implements and maintains policies, programmes and practices that prevent work-related injuries, risks to health, illness and disease, and promotes health and wellness to advance worker wellness

## **4 Context of the organisation**

### **4.1 Understanding the organisation and its context**

The organisation shall determine external and internal issues that are relevant to its purpose and objectives, and that affect its ability to achieve the intended outcome(s) of its WHDMS. The organisation shall review and document appropriate management information about these external and internal issues.

NOTE 1 Issues can include positive and negative factors or conditions.

NOTE 2 Understanding the external context can be facilitated by considering issues arising from legal, technological, competitive, market, cultural, social, health and economic environments that influence the organisation or its workers, whether international, national, regional or local.

NOTE 3 Understanding the internal context can be facilitated by considering issues related to values, culture, health, knowledge and performance of the organisation or its workers.

### **4.2 Understanding the needs and expectations of workers and other interested parties**

The organisation shall determine:

- a) the target populations, workers, and other interested parties that are relevant to the WHDMS;
- b) the relevant needs and expectations of workers and other interested parties; and
- c) the legal and other requirements that are, or could become, relevant to the needs and expectations of workers, and interested parties.

### **4.3 Determining the scope of the WHDMS**

**4.3.1** The organisation shall determine the boundaries and applicability of the WHDMS to establish its scope.

**4.3.2** When determining the scope, the organisation shall take into account:

- a) the external and internal issues referred to in 4.1;
- b) the needs and expectations (requirements) referred to in 4.2;
- c) the planned or performed work and operational activities of the organisation that can impact the WHDMS performance;
- d) the relevant health determinants and behavioural factors that impact the health of workers, and influence the organisation's performance;
- e) the WHD management services offered by or to the organisation (or both); and
- f) the availability of and access to such services (for example; onsite or offsite clinics, medical aid membership, counselling or coaching services or public and community health and wellness services).

**4.3.3** The scope shall be available as documented information.

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### **4.4 Wellness, Health and Disease Management System**

The organisation shall establish, document, implement, maintain and continually improve their WHDMS, including the processes needed and their interactions, in accordance with the requirements of this standard.

## **5 Requirements for leadership and worker participation**

### **5.1 Leadership and commitment**

Top management shall demonstrate leadership and commitment with respect to the WHDMS by:

- a) Taking overall responsibility and accountability for the reasonable prevention of non-occupational disease and physical and psychological ill health, and the promotion of worker health and wellness;
- b) Ensuring that the WHDMS policy, scope and related objectives are established and are aligned with the human capital management and risk management strategy of the organisation;
- c) Ensuring the integration of the WHDMS processes and requirements into the organisation's business processes;
- d) Ensuring that the financial and non-financial resources needed to establish, implement, maintain and improve the WHDMS are available;
- e) Communicating the importance of WHD management, and of conforming to the WHDMS requirements;
- f) Ensuring that the WHDMS achieves its intended outcome(s);
- g) Engaging, directing and supporting all persons to contribute to the effectiveness of the WHDMS;
- h) Ensuring that the WHDMS non-conformities and opportunities for continuous improvement are identified and action is taken to improve WHDMS performance;
- i) Supporting all stakeholders (including service providers) to be responsible, and to demonstrate leadership regarding worker health and wellness;
- j) Supporting leaders, and other relevant management roles to demonstrate leadership as it applies to their areas of responsibility in relation to worker health and wellness;
- k) Developing, leading and promoting a culture of health and wellness that supports the intended outcomes of the WHDMS;
- l) Protecting workers from reprisals when reporting incidents, hazards, risks and opportunities for improvement;
- m) Ensuring that worker health promotion and disease management interventions are established, documented, implemented, maintained and continually improved;
- n) Ensuring that the organisation appropriately manages the engagement and active participation of workers and facilitate proper consultation, participation, diversity and inclusion of all workers; and
- o) Supporting the establishment and effective functioning of the appropriate management committees.



## **5.2 Policy**

**5.2.1** Top management shall establish, document, implement and maintain a WHDMS policy that:

- a) includes a commitment to the wellness, health and disease management of workers, and that is appropriate to the purpose, size and context of the organisation, and to the specific nature of its workforce health risks and workplace wellness opportunities;
- b) provides a framework for setting the WHDMS objectives;
- c) includes a commitment to comply with applicable legal and other requirements;
- d) includes a commitment to the management and mitigation of non-occupationally induced diseases, physical and psychological health risks, and the effective promotion of worker health and wellness;
- e) includes a commitment to continual improvement of the WHDMS;
- f) includes a commitment to workers participation, and as applicable their representatives, in health promotion interventions; and
- g) includes a commitment to non-discrimination in recruitment, employee benefits, performance evaluation criteria, disciplinary measures, dismissal, testing and medical screening, confidentiality and disclosure, other operational activities and requirements that are unique to the organisation.

**5.2.2** The wellness, health and disease management system policy shall be

- a) available as documented information,
- b) communicated to workers within the organisation,
- c) available to relevant and other interested parties, and
- d) reviewed periodically to ensure that it remains relevant and appropriate.

## **5.3 Organisational roles, responsibilities, accountabilities and authorities**

### **5.3.1 General**

Top management shall ensure that the responsibilities, accountabilities and authorities for roles within the WHDMS are assigned and communicated at all levels within the organisation and maintained as documented information. Workers at each level of the organisation shall assume responsibility for those aspects of the WHDMS over which they have control.

NOTE While responsibilities, accountabilities and authorities can be assigned, ultimately top management is still accountable for the functioning of the WHDMS.

### **5.3.2 Wellness and disease management representative**

Top management shall appoint one or more management representatives, including the assistance of a multidisciplinary team, who, irrespective of their other roles and responsibilities, shall have defined roles, responsibilities, accountabilities and authorities for:

- a) ensuring that a WHDMS is established, documented, implemented and maintained in accordance with the requirements of this standard;

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- b) reporting to top management on the performance of the WHDMS, including management reviews and recommendations for continuous improvement; and
- c) ensuring that the views of employees and other interested parties are taken into account when designing, implementing and maintaining the WHDMS.

#### **5.4 Consultation and participation of workers**

**5.4.1** The organisation shall establish a process(es) to ensure effective consultation and participation of workers at all levels and functions, and where appropriate workers representatives or other stakeholders (e.g. service providers) of the organisation (or both). Workers and other relevant stakeholders should be consulted in the assessment, planning, implementation, monitoring and evaluation phases of the WHDMS.

**5.4.2** The organisation shall:

- a) provide mechanisms, time, training and resources necessary for worker consultation and participation, and when applicable, their representation;
- b) provide timely access to clear, understandable and relevant information about the WHDMS; and
- c) determine and remove obstacles or barriers to consultation and participation, and minimise those that cannot be removed;

NOTE Obstacles and barriers can include failure to respond to worker inputs or suggestions, language or literacy barriers, reprisals or threats of reprisals and policies or practices that discourage or penalise worker participation.

- d) emphasise the consultation and participation with stakeholders should take into account:
  - 1) the needs and expectations of workers and other interested parties (see 4.2);
  - 2) the scope of the wellness, health and disease management system (see 4.3);
  - 3) the WHDMS policy (see 6.2);
  - 4) the roles, responsibilities, accountabilities and authorities of management representatives (see 5.3);
  - 5) actions to address worker health risks and workplace wellness opportunities (see 6.1);
  - 6) the WDMS objectives and planning to achieve them (see 6.2);
  - 7) the competence and development of workers (see 7.2);
  - 8) recording, reporting and documentation of information (see 7.5);
  - 9) the monitoring, measurement, analysis and evaluation (see 9.1); and
  - 10) the continual improvement (see 10.3).

NOTE 1 Emphasizing the consultation and participation of non-managerial workers is intended to apply to persons carrying out the work activities, but is not intended to exclude, for example, managers who are impacted by work activities or other factors in the organisation.

NOTE 2 It is recognized that the provision of training at no cost to workers and the provision of training during working hours, where possible, can remove significant barriers to worker participation.

## **6 Assessment and planning**

### **6.1 General actions to address risks and opportunities**

**6.1.1** When planning for the WHDMS, the organisation shall consider the issues referred to in 4.1 (context), the requirements referred to in 4.2 (interested parties) and 4.4 (the scope of its WHDMS), and determine the risks and opportunities that need to be addressed to:

- a) give assurance that the WHDMS can achieve its intended outcome(s);
- b) prevent, or reduce, undesired effects; and
- c) achieve continual improvement.

**6.1.2** When determining the risks and opportunities to the WHDMS and the intended outcomes, the organisation shall take into account:

- a) social determinants of health;
- b) WHDMS risk and other risk factors;
- c) WHDMS opportunities and other health and workplace wellness opportunities; and
- d) applicable legal and other requirements.

**6.1.3** The organisation shall, in planning its processes, assess the diseases, physical and psychological health risks and workplace wellness opportunities that are relevant to the intended outcomes of the WHDMS, its processes, and the population groups in which it operates. In the case of planned organisational changes, permanent or temporary, this assessment shall be undertaken before the changes are implemented.

**6.1.4** The organisation shall maintain documented information on:

- a) the identified risks and opportunities; and
- b) the processes and actions needed to address its risks and opportunities (see 6.2).

### **6.2 Identification and assessment of health risks and wellness opportunities**

#### **6.2.1 Identification of risks and opportunities**

**6.2.1.1** The organisation shall establish, implement and maintain processes and procedures for the on-going proactive identification and assessment of non-occupationally induced diseases and physical and psychological health risks that negatively impacts or reduce worker health. Similarly, the organisation shall establish, implement and maintain processes and procedures for the on-going proactive identification and assessment of opportunities that promote workplace wellness, and which positively impacts worker performance.

**6.2.1.2** The identified health and wellness risks and opportunities, including organisational risks and opportunities, shall be evaluated to determine the factors that have, or can have a significant impact on the performance of the WHDMS,

**6.2.1.3** The assessment process shall include the following:

- a) The leadership and culture of the organisation;

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- b) Social factors such as victimization, harassment and bullying; as well as positive organisational behaviour such as group cohesion, teamwork and interpersonal support;
- c) Routine and non-routine work activities or operational situations arising from
  - 1) infrastructure, equipment, materials, substances and the physical conditions of the workplace;
  - 2) product and service design, research, development, testing, production, assembly, construction;
  - 3) service delivery, maintenance or disposal;
  - 4) human factors;
  - 5) how the work is actually done;
  - 6) Adequacy of induction with specific regards to issues pertinent to the WHDMS and wellness of workers;
  - 7) Activities of all persons with access to the workplace (including contractors and visitors);
  - 8) Workers at a location not under the direct control of the organisation;
  - 9) Past and potential emergency situations;
  - 10) Onsite facilities, whether provided by the organisation or by service providers;
  - 11) Evidence of epidemiological review of available data (such as international, national or regional data);
  - 12) Identification of risk management and organisational transformation interventions that can impact the WHDMS; and
  - 13) Actual or proposed organisational changes, or changes in the operations, processes, activities and WHDMS.

**6.2.1.4** The organisation shall document the results of the identification and assessment of risks and opportunities, assessment processes and management review, and keep the information up-to-date.

### **6.2.2 Assessment of WHDMS risks**

**6.2.2.1** The organisation shall establish, implement and maintain procedures and processes to assess:

- a) the WHDMS risks while considering the effectiveness of the WHDMS; and
- b) any other risks related to the improvement of the WHDMS.

**6.2.2.2** The organisation's methodology and criteria for assessment of WHDMS risks shall be defined with respect to scope, nature and timing to ensure it is proactive rather than reactive and used in a systematic way. Documented information shall be maintained and retained, and the organisation shall ensure that WHDMS risks are updated to reflect any changes and continual improvement.

### **6.2.3 Assessment of WHDMS opportunities**

**6.2.3.1** The organisation shall establish, implement and maintain procedures and processes to assess:

- a) WHDMS opportunities while considering the effectiveness of the WHDMS; and
- b) Any other opportunities for improving WHDMS.

**6.2.3.2** The organisation's methodology and criteria for assessment of WHDMS opportunities shall be defined with respect to scope, nature and timing to ensure it is proactive rather than reactive, and used in a systematic way. Documented information shall be maintained and retained, and the organisation shall ensure that WHDMS opportunities are updated to reflect any changes and continual improvement.

### **6.2.4 Determination of applicable legal and other requirements**

**6.2.4.1** The organisation shall establish, implement and maintain procedures and processes to:

- a) have access to and to identify up-to-date legal and other requirements that are applicable to its WHDMS;
- b) determine how the organisation should apply the legal requirements and other requirements and what should be communicated to meet these requirements; and
- c) take these legal requirements and other requirements into account when establishing, implementing, maintaining and continually improving its WHDMS.

**6.2.4.2** Documented information shall be maintained and retained, and the organisation shall ensure that legal and other requirements relating to the WHDMS are updated to reflect any changes and continual improvement.

NOTE Legal requirements and other requirements can result in risks and opportunities to the organisation or the WHDMS (or both).

### **6.2.5 Planning action**

**6.2.5.1** The organisation shall plan:

a) Actions to:

- 1) Address these risks and opportunities (see 6.2.2 and 6.2.3);
- 2) Address applicable legal and other requirements (see 6.2.4); and
- 3) Prepare for, and respond to, emergency situations (see 8.5).

b) How to:

- 1) Integrate and implement the relevant actions, into its WHDMS processes; and
- 2) Evaluate the effectiveness of these actions.

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**6.2.5.2** When planning its actions, the organisation shall consider best practices, technological, financial and non-financial resources, and operational and business requirements.

NOTE 1 This standard is primarily focused on the supporting and encouraging positive behaviours (areas of influence), areas of control are minimal under this standard.

NOTE 2 Actions can include but are not limited to health campaigns, peer educator programmes, EAP services, behaviour change communications etc.

## **6.3 WHDMS objectives and planning to achieve them**

### **6.3.1 WHDMS objectives**

**6.3.1.1** The organisation shall establish WHDMS objectives at relevant functions and levels in order to maintain and continually improve the WHDMS and the WHDMS performance (see 10.3).

**6.3.1.2** The WHDMS objectives shall:

- a) be consistent with the WHDMS policy;
- b) be measurable (if practicable) or capable of performance evaluation; and
- c) take into account the following:
  - 1) applicable legal and other requirements;
  - 2) the outcome of the assessment of WHDMS risks and opportunities (See 6.2),
  - 3) the results of any consultation (See 5.4) with workers (and, as applicable, their representatives),
- d) be monitored and evaluated;
- e) be communicated (see 5.4); and
- f) updated as appropriate.

### **6.3.2 Planning to achieve WHDMS objectives**

**6.3.2.1** When planning how to achieve its WHDMS objectives, the organisation shall determine:

- a) What will be done;
- b) What resources will be required;
- c) Who will be responsible;
- d) When it will be completed;
- e) How the results will be evaluated, including indicators for monitoring; and
- f) How the actions to achieve WHDMS objectives will be integrated into the organisation's business processes.

**6.3.2.2** The organisation shall retain documented information on the WHDMS objectives and plans to achieve them.

## **7 Support**

### **7.1 Resources**

The organisation shall determine and provide the resources needed for the establishment, implementation, maintenance and continual improvement of the WHDMS.

### **7.2 Competence**

The organisation shall:

- a) determine the necessary competence of workers that affects or can affect its WHDMS performance;
- b) ensure that workers are competent based on appropriate education, training, qualification or experience (or both);
- c) where applicable, take actions to acquire the necessary competence, and evaluate the effectiveness of the actions taken; and
- d) retain appropriate documented information as evidence of competence.

NOTE 1 Necessary competencies also include those prescribed by applicable legal and other requirements.

NOTE 2 Applicable actions can include, for example, the provision of training to, the mentoring of, or the re-assignment of currently employed persons; or the hiring or contracting of competent persons.

### **7.3 Awareness and behaviour change communication**

**7.3.1** Workers shall be made aware of:

- a) The WHDMS policy and the WHDMS objectives;
- b) Their contribution to the effectiveness of the WHDMS, including the benefits of improved WHDMS performance;
- c) The implications of not conforming with the WHDMS requirements, including the consequences, actual or potential of their participation or non-participation; and
- d) Their rights and responsibilities in respect of worker wellness, health and disease management.

**7.3.2** Workers shall participate in:

- a) Behaviour change communication to learn what behaviours can bring about non-occupationally induced diseases, illness, and poor quality of life, as well as the benefits of a healthy lifestyle; and
- b) Behaviour change communication to learn strategies and skills needed for a healthy lifestyle.

### **7.4 Communication**

**7.4.1** The organisation shall establish, implement and maintain processes needed for the internal and external communication relevant to the WHDMS, including:

- a) What it will communicate;

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- b) When to communicate;
- c) How to communicate; and
- d) With whom to communicate:
  - 1) internally among the various levels and functions of the organisation;
  - 2) Among contractors and visitors to the workplace; and
  - 3) Among other stakeholders and interested parties.
- e) The diversity and inclusion of workers and relating to gender, language, culture, literacy and disability when considering its communication process.

**7.4.2** When establishing its communication processes, the organisation shall:

- a) take into account its legal requirements and other requirements;
- b) ensure that WHDMS information to be communicated is consistent, evidence based, and reliable; and
- c) take into account confidentiality of information where applicable.

**7.4.3** The organisation shall respond to relevant communications on its WHDMS.

**7.4.4** The organisation shall retain documented information as evidence of its communications, as appropriate.

## **7.5 Documented information**

### **7.5.1 General**

The organisation's WHDMS shall include:

- a) Documented information required by this standard;
- b) Documented information determined by the organisation as being necessary for the effectiveness of the WHDMS; and
- c) Documented information determined by the organisation as being necessary for internal and external communication and reporting.

**NOTE** The extent of documented information for a WHDMS can differ from one organisation to another due to:

- a) the size of organisation and its type of activities, processes, products and services;
- b) the need to demonstrate fulfilment of legal requirements and other requirements;
- c) the complexity of processes and their interactions; and
- d) the competence of workers.



## **7.5.2 Creating and updating documented information**

When creating, and updating documented information the organisation shall ensure appropriate:

- a) Identification and description (e.g. a title, date, author, or reference number);
- b) Format (e.g. language, software version, graphics) and media (e.g. paper, electronic); and
- c) Review and approval for suitability and adequacy, to ensure that it can be understood by the users.

## **7.5.3 Control of documented information**

**7.5.3.1** Documented information required by the WHDMS and by this standard shall be controlled to ensure:

- a) It is available and suitable for use, where and when it is needed; and
- b) It is adequately protected (e.g. from loss of confidentiality, improper use, or loss of integrity).

**7.5.3.2** For the control of documented information, the organisation shall address the following activities, as applicable:

- a) distribution, access, retrieval and use;
- b) storage and preservation, including preservation of legibility;
- c) control of changes (e.g. version control); and
- d) retention and disposition.

**7.5.3.3** Documented information of external origin determined by the organisation to be necessary for the planning and operation of the WHDMS shall be identified as appropriate and controlled.

NOTE 1 Access can imply a decision regarding the permission to view the documented information only, or the permission and authority to view and change the documented information.

NOTE 2 Access to relevant documented information includes access by workers, and where they exist, workers' representatives.

# **8 Operational planning and control**

## **8.1 General**

The organisation shall plan, implement, control and maintain the processes and procedures needed to meet WHDMS requirements, and to implement the actions determined in clause 6, by:

- a) Establishing criteria for the process(es);
- b) Implementing controls of the process(es) in accordance with the criteria;
- c) Maintaining and retaining documented information to the extent necessary to have confidence that the process(es) have been carried out as planned; and
- d) Adapting work to workers.

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### **8.2 Elimination and mitigation of non-occupationally induced health risks**

**8.2.1** The organisation shall establish, implement and maintain processes to manage, eliminate and mitigate non-occupationally induced health risks.

**8.2.2** The organisation should provide appropriate behaviour change interventions that promote, encourage and support positive health and wellness behaviours (e.g. peer educator programmes, EAP support, and workplace health campaigns and programmes).

**8.2.3** For those non-occupationally induced diseases, physical and psychological illness and worker health risks that can be controlled, the organisation should:

- a) Eliminate the risks (e.g. introduce a zero alcohol (substance) use policy in the workplace);
- b) Mitigate the risks (e.g. ensure airborne infection control in clinic, provide smoking cessation programmes, or counselling services);
- c) Transfer the risks (e.g. to medical aids, in hospital treatment, group risk insurance);
- d) Restructure work activities with less hazardous processes, less demanding operations, more organisational support or other resources (e.g. use of retractable needles for HIV testing versus lancets, provide rest breaks for fatigue management, provide reasonable accommodation);
- e) Use administrative controls (e.g. quality assurance processes for medical testing);
- f) Use adequate personal protective equipment or other materials (e.g. latex gloves, eye washes); and
- g) Implement referral processes for services that cannot be managed by the organisation (e.g. counselling services for family members in crisis)

NOTE 1 The examples indicated above are for description only and are not intended to be prescriptive nor seen as specific requirements.

NOTE 2 Behaviour change can only be influenced, it cannot be controlled. The organisation who subscribes to this standard is interested in creating a management system, environment and organisational culture that is supportive of positive behaviour change and supportive of a healthy lifestyle for workers.

NOTE 3 Controls are activities or processes that ensure interventions are carried out (implemented) as intended

### **8.3 Management of change**

**8.3.1** The organisation shall establish a process(es) for the implementation and control of planned temporary and permanent changes that impact WHDMS performance, including:

- a) New WHD products, services and processes, or changes to existing WHD products, services and processes, including;
  - 1) Workplace locations and surroundings;
  - 2) Organisation of work;
  - 3) Working conditions;
  - 4) Equipment; and
  - 5) The workforce.

- b) Changes to applicable legal or other requirements;
- c) Changes in knowledge or management information about diseases, physical and psychological ill health and worker health risks, as well as workplace wellness opportunities or any other health determinants; and
- d) Developments in knowledge, management information or technology within the WHDMS field.
- e) Changes to the external environment that may impact on worker health and wellness (e.g. epidemics and pandemics)

**8.3.2** The organisation shall review the consequences of unintended changes, taking action to mitigate any adverse effects, as necessary.

NOTE Organisational changes can result in WHDMS risks and opportunities (e.g. mergers and acquisitions, restructuring and retrenchments).

## **8.4 Procurement**

### **8.4.1 General**

The organisation shall establish, implement and maintain processes to control the procurement of products and services in order to ensure their conformity to its WHDMS.

### **8.4.2 Contractors and service providers**

**8.4.2.1** The organisation shall coordinate its procurement processes with its contractors or service providers (or both) to identify WHDMS risks and WHDMS opportunities, and to assess and manage these risks and opportunities, arising from:

- a) their activities and operations that impact workers and the organisation; and
- b) the organisation`s activities and operations that impact the contractors and service providers.

**8.4.2.2** The organisation shall ensure that the relevant requirements of its WHDMS are met by contractors or service providers and their workers.

NOTE For those providing onsite labour, the scope of this WHDMS should indicate the extent to which contract workers and employees of service providers are covered by the organisations WHDMS or if they will provide access to their own wellness, health and disease management system (or both) or programmes for the workers seconded to the organisation.

### **8.4.3 Outsourcing**

The organisation shall ensure that outsourced functions and processes are controlled. The organisation shall ensure that its outsourcing arrangements are consistent with legal requirements and other requirements and with achieving the intended outcomes of the WMDS. The type and degree of control to be applied to these functions and processes shall be defined within the WHDMS.

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### **8.5 Emergency preparedness and response**

**8.5.1** The organisation shall assess WHDMS risks associated with emergency situations and establish, implement and maintain a process to anticipate, prevent or minimise WHDMS risks from potential emergencies, including:

- a) The identification and planning for potential emergency situations;
- b) The preparation of a planned response to emergency situations;
- c) The periodic testing and exercise of emergency response capability;
- d) The evaluation and revision of emergency preparedness as necessary and after the occurrence of emergency situations;
- e) The provision of relevant information to all workers of the organisation on their duties and responsibilities;
- f) The provision of training for emergency prevention, preparedness and response;
- g) The communication of information to contractors, service providers, visitors, relevant emergency response services, government authorities, and the local community; and
- h) Taking into account the needs and capabilities of other interested parties to ensure their involvement, as appropriate, in the development of the planned response.

**8.5.2** The organisation shall provide for or provide access to post-exposure prophylaxis (PEP) in the event of exposure of a worker and shall ensure that it is administered in accordance with current protocols and guidelines.

**8.5.3** The organisation shall keep up-to-date documented information for the process and on the plans for potential emergency situations.

NOTE HIV PEP guidelines recommend administration as soon as possible after exposure, but optimally within 2 h of the incident

## **9 Performance evaluation**

### **9.1 Monitoring, measurement, analysis and performance evaluation**

#### **9.1.1 General**

**9.1.1.1** The organisation shall establish, implement and maintain processes for monitoring, measurement, analysis and performance evaluation of the WHDMS.

**9.1.1.2** The organisation shall determine:

- a) What needs to be monitored and measured;
- b) The methods for monitoring, measurement, analysis and evaluation needed to ensure valid results;
- c) When the monitoring and measuring shall be performed; and
- d) When the results from monitoring and measurement shall be analysed and evaluated.

**9.1.1.3** The organisation shall evaluate the performance and the effectiveness of the WHDMS.

**9.1.1.4** The organisation shall retain appropriate and documented information as evidence of the results.

### **9.1.2 Evaluation of compliance**

**9.1.2.1** The organisation shall plan implement and maintain a process for evaluating compliance with applicable legal requirements and other requirements to which the organisation subscribes.

**9.1.2.2** The organisation shall:

- a) determine the frequency and method(s) by which compliance will be evaluated;
- b) evaluate compliance and corrective and take action if needed (see 10.2);
- c) maintain knowledge and understanding of its status of conforming to legal and other requirements; and
- d) retain documented information as evidence of the evaluation result(s).

## **9.2 Internal audits**

The organisation shall conduct internal audits at planned intervals to provide information on whether the WHDMS:

- a) conforms to:
  - 1) The organisation's own requirements for its WHDMS, including the WHDMS policy, scope and objectives; and
  - 2) The requirements of this standard.
- b) is effectively implemented and maintained.

## **9.3 Internal audit programme**

The organisation shall:

- a) Plan, establish, implement and maintain an audit programme(s) including the frequency, methods, responsibilities, planning requirements and reporting, which shall take into consideration the importance of the processes concerned and the results of previous audits;
- b) Define the audit criteria and scope for each audit;
- c) Select competent WHDMS auditors and conduct audits to ensure objectivity and the impartiality of the audit process;
- d) Ensure that the results of the audits are reported and communicated to top management relevant workers, service providers and other interested parties;
- e) Take appropriate action to address non-conformities and continually improve the WHDMS (see clause 10); and
- f) Retain documented information as evidence of the audit programme and the audit results.

NOTE Form more information on auditing, refer to SANS 19011.

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#### **9.4 Management review**

**9.4.1** Top management shall review the organisation's WHDMS at planned intervals to ensure its continuing suitability, adequacy and effectiveness.

**9.4.2** The management review shall include consideration of:

- a) The status of actions from previous management reviews;
- b) Changes in external and internal issues that are relevant to the WHDMS, including:
  - 1) The needs and expectations of all stakeholders and other interested parties;
  - 2) Applicable legal and other requirements; and
  - 3) The organisation's WHDMS risks and opportunities and worker determinants of health.
- c) The extent to which the WHDMS policy, scope and objectives have been met;
- d) Information on the WHDMS performance, including status and trends in:
  - 1) Incidents, nonconformities, continual improvement, and corrective actions;
  - 2) Worker participation and consultation;
  - 3) Monitoring and measurement results;
  - 4) Audit results;
  - 5) Results of evaluation of compliance with legal and other requirements; and
  - 6) Worker health status, health risks and wellness opportunities.
- e) The adequacy of resources for maintaining an effective WHDMS;
- f) Changes in WHD information, trends, equipment, epidemiology, research, protocols, guidelines etc. that would impact the organisation's WHDMS;
- g) Relevant communication(s) with interested parties; and
- h) Opportunities for continual improvement.

**9.4.3** The outputs of the management review shall include decisions and actions relating to:

- a) the continuing suitability, adequacy and effectiveness of the WHDMS in achieving its intended outcomes;
- b) continual improvement opportunities;
- c) any need for and possible changes to the WHDMS, or the policy, scope and objectives;
- d) required resources;
- e) management interventions, if needed;
- f) opportunities to improve integration of the WHDMS with other business processes; and
- g) any implications for the strategic direction of the organisation.

**9.4.4** Top management shall communicate the outputs of the management review to its workers, and as applicable, to their representatives (see 7.4).

**9.4.5** The organisation shall retain documented information as evidence of the results of management reviews.

## **10 Improvement**

### **10.1 General**

The organisation shall determine opportunities for improvement (see clause 9) and implement necessary actions to achieve the intended outcomes of its WHDMS.

### **10.2 Nonconformity and corrective action**

**10.2.1** The organisation shall establish, implement and maintain a process(es), including reporting, investigating and taking action, to determine and manage incidents and nonconformities.

**10.2.2** When an incident or a nonconformity occurs, the organisation shall:

- a) Identify the incident or nonconformity;
- b) React in a timely manner to the incident or nonconformity;
- c) Manage the consequences; and
- d) Evaluate the need for corrective action to eliminate the root cause(s) of the incident or nonconformity, in order that it does not recur or occur elsewhere, by:
  - 1) Reviewing and investigating the incident or nonconformity;
  - 2) Determining the cause(s) of the incident or nonconformity; and
  - 3) Determining if similar incidents have occurred, if nonconformities exist, or if it could potentially occur.
- e) Review existing assessments of WDMS risks and opportunities (see 7.1 and 7.2);
- f) Assess WHDMS risks and opportunities that relate to corrective actions, prior to taking action;
- g) Implement any action needed, including corrective action(s) in accordance with the management of change (see 9.3) or any other business operations;
- h) Review the effectiveness of any corrective action taken;
- i) Update corrective action(s), if necessary; and
- j) Make changes to the WHDMS, if necessary.

**10.2.3** Corrective actions shall be appropriate to the effects or potential effects of the incidents or nonconformities encountered.

**10.2.4** The organisation shall retain documented information as evidence of:

- a) the nature of the incidents or nonconformities and any subsequent actions taken; and
- b) the results of any corrective action, including their effectiveness.

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**10.2.5** The organisation shall communicate the documented management information to relevant workers, and other relevant parties.

NOTE The timely assessment and reporting of incidents and nonconformities can enable WHDMS risk management practices.

### **10.3 Continual improvement**

The organisation shall continually improve the suitability, adequacy and effectiveness of the WHDMS by:

- a) enhancing WHDMS performance;
- b) promoting an organisational culture that supports an WHDMS;
- c) promoting the participation of workers in implementing actions for the continual improvement of the WHDMS;
- d) communicating the relevant results of continual improvement to workers, and where they exist, worker's representatives; and
- e) maintaining and retaining documented information as evidence of continual improvement.



## **Annex A**

(informative)

### **Guidance on the areas of life as dimensions of health and wellness**

#### **A.1 General**

This standard provides a summary of health and wellness dimensions, or areas of life, that can be relevant to any wellness, health and disease management system. The areas of life mainly consist of physical and psychological dimensions, while several sub-dimensions can be addressed as: physical, cognitive and intellectual, emotional, social/cultural, spiritual, sexual/reproductive, environmental, occupational and financial. Although these health and wellness dimensions are not expressed as absolute areas of life, it indicates to a large extent a holistic framework to develop worker health and wellness, while it supports the design and development of a comprehensive WHDMS. It needs to be acknowledged that the behaviour or lifestyle of workers may vary according to their particular circumstances or according to the work-home life challenges that they experience.

NOTE The organisation needs to assess the disease, physical and psychological ill health, worker health risks and workplace wellness opportunities to determine the WHDMS scope in alignment with one or more of the areas of life. The organisation is not required to implement programmes or interventions that address all these areas of life for workers, but at the same time, the organisation should be cognisant of the inter-relatedness of the areas of life and use them as an aid to develop effective WHDMS.

#### **A.2 Physical dimension**

**A.2.1** The physical dimension focuses predominately on managing the physical body. It incorporates the medical treatment of diagnosed diseases, prevention of physical ill health and promotion of physical wellness. Physical health and wellness focuses on a healthy lifestyle, which incorporates:

- a) the prevention and treatment of non-communicable diseases such as diabetes, hypertension, cancer, asthma, arthritis and cardiovascular problems;
- b) the prevention and treatment of communicable diseases such as HIV, Tuberculosis, or colds and flu;
- c) the reduction of health risks such as elevated blood sugar, blood pressure and blood cholesterol levels; and
- d) the promotion of physical wellness such as: healthy eating habits, physical activity, participating in health screenings, safe sexual and reproductive practices and avoiding substance abuse.

**A.2.2** Workers with high levels of physical health and wellness enjoy adequate sleep, regular exercise, pleasant leisure activities, healthy eating habits, reduced stress levels and maintain healthy body fat percentages. These workers tend to avoid sugary, fast foods and high trans-fat foods in their diet, have sufficient water intake, and abstain from tobacco use (smoking), and alcohol and drug misuse and abuse. They safely express their gender identity and sexual orientation in consenting relationships and they have access to effective, affordable and acceptable methods of family planning. Physically unwell workers tend to suffer from a diagnosed disease or illness that require appropriate medication and treatment. These workers require primary or secondary medical care and are often assisted by a health practitioner to function effectively.

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### **A.3 Psychological dimension**

The psychological dimension focuses predominately on managing mental health. It incorporates the medical treatment of diagnosed disorders, prevention of psychological ill health and promotion of psychosocial wellness. Managing psychological health and wellness predominately focuses on the thoughts, emotions, spirituality and social behaviour of workers, which include:

- a) the prevention and treatment of mood, anxiety, personality, psychotic, eating, substance abuse and trauma-related disorders;
- b) the reduction of psychological health risks factors such as substance dependency, high levels of stress and burnout, work-life imbalance, family and domestic violence, negative and traumatic life events, chronic ill-health conditions, physical disabilities, discrimination, social isolation and financial problems; and
- c) the promotion of psychological wellness such the development of resilience, positive coping skills, self-determination, character strengths, positive emotional experiences, diversity and inclusion, high-quality relationships, and meaning, purpose and appreciation of life. Psychological health promotion also incorporates cognitive and intellectual, emotional, spiritual and social development as follows:
  - 1) Cognitive and intellectual development involves the appropriate and effective use of our mental activities, creativity and thinking ability. It is about being mentally active, curious, flexible, innovative and mindful. Workers that experience high levels of cognitive and intellectual wellness expand their knowledge and skills, value intellectual stimulation and growth, purposefully reappraise stressful situations in a positive light, manage negative thoughts appropriately, develop more critical and innovative thinking, and they practice reflective thinking. These workers tend to take responsibility and set meaningful goals for themselves, and they focus on, and effectively resolve their problems. They practice positive reframing or rethinking their adversities or challenges. When developing cognitive and intellectual wellness, workers gain additional benefits that relate to improved self-esteem, optimism, mindfulness, wisdom, self-regulation, realistic beliefs, proactive planning, positive coping and goal-orientated behaviour.
  - 2) Emotional development is about being aware of one's feelings, accepting, managing and effectively expressing both positive and negative emotions with appropriate and related behaviour. Emotional wellness includes the degree to which workers feel positive, optimistic and enthusiastic about their work-and-home life, as well as being realistic about their limitations. Workers that experience high levels of emotional wellness enjoy more positive than negative emotions that help them to develop strategies that buffer stressful situations, enhance their creativity and problem-solving ability. They are self-aware and have insight in their emotions and they tend to recognise conflicts as opportunities for growth. These workers intentionally utilise positive emotions such as love, caring, compassion, positive humour, hope, gratitude, optimism and happiness as health promotion habits. When developing emotional wellness, workers tend to take ownership of their actions; effectively identify, experience and express their emotions, and they are resilient in the face of adversities and challenges.
  - 3) Spiritual development recognises workers search for meaning and purpose, and the deeper appreciation of life. Spiritual wellness is about the appropriate use and expression of one's inner capability, character strengths, personal beliefs and values. Workers with high levels of spiritual wellness have a fair amount of integrity, self-knowledge, self-insight and self-management skills to cope effectively with the demands of life and to feel good and function well. These individuals are responsible, centred, goal-orientated, self-motivated and self-directed. These workers tend to experience higher levels of fulfilment, self-confidence, tenacity, endurance, efficacy, conscientiousness, resilience and autonomy. Workers with

high levels of spiritual wellness understand, and experience, life as meaningful and manageable. They willingly take responsibility for their health, happiness and quality of life, while they intentionally apply themselves in order to grow and develop as individuals. When people endeavour to develop their spiritual wellness, it usually involves the development of their inner capability, character strengths and psychological competence.

- 4) Social development focusses on high quality interpersonal relationships, friendship and intimate loving relationships. Social wellness encourages cohesion and interdependence between individuals, as well as willing contribution towards the community and the environment. Workers with higher levels of social wellness tend to experience more positive connections with others, mutual respect, empathy, trust and support from their peers, friends, and family. These individuals enjoy the benefits of constructive interpersonal communication and positive recognition from others. In general, they are healthier, happier and more engaged at work while people with low levels of social wellness experience boredom, loneliness and sometimes depression more often. When developing social wellness, organisations focus on diversity and inclusion, active constructive communication and conflict management skills, positive recognition, teamwork and social support.

#### **A.4 Occupational dimension**

The occupational dimension involves high levels of work satisfaction, engagement, vitality, commitment, absorption and enrichment at work. At the centre of occupational wellness is the premise that occupational development, personal growth and fulfilment are related to one's interests and values. Workers that have high levels of occupational wellness often feel a sense of positive regard and appreciation towards their work and organisation. They are able to positively express their competencies and skills at work, and they find their work to be meaningful. Without being workaholics, these individuals are engaged at work, and they use their personal and professional resources to effectively manage their work. When developing occupational wellness, organisations support and encourage workers to thrive and flourish. By developing more positive work experiences that involves aspects such as high-quality interpersonal relationships, social integration, diversity and being resourceful, appreciative and eager to learn at work enhance occupational wellness.

#### **A.5 Financial dimension**

The financial dimension concerns understanding and effectively managing personal finances, developing and controlling a budget and managing financial risks and rewards. It is to fully meet current and ongoing financial obligations and to feel financially secure. Workers that experience higher levels of financial wellness are not necessarily wealthy, but they effectively manage what they have. These individuals take ownership, plan and budget, and control their spending well. They spend, save and invest their money, often support others and they enjoy the freedom to make financial choices that allow them to spend money on enjoyable experiences. When developing financial wellness, organisations educate workers to become responsible stewards and successful managers of their expenses, debt, savings and investments. During the process workers are empowered to set financial goals, manage their current financial resources, risks and credit record, and plan towards the future.

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