COMMUNITY SERVICE THERAPISTS’

**ORIENTATION DOCUMENT**

**2011**

# **DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT**

## FOREWORD

## Welcome to your Community Service year. Your contribution to our services, will assists in the initiative to bring affordable and accessible rehabilitation services to the people and communities in Gauteng.

We wish you a very successful year; remember it will be what YOU make of it. We realize that you may be faced with challenges, so we hope that we can minimize these for you: by orientating you well to the \_\_\_\_\_\_\_\_\_Department of Health and its policies, as well as setting up support structures for you to utilize.

## ACKNOWLEDGEMENTS

The following people/groups/organizations are thanked for contribution to this document.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

## UPDATED INFORMATION

Efforts are continuously made to ensure that information contained in this document is correct. However, The Public Service in South Africa finds itself in a dynamic environment with frequent changes. Where information is deemed incorrect or outdated please accept our sincerest apologies and inform us accordingly.

**OBJECTIVES OF THIS DOCUMENT**

To:

1. Acquaint you with your new work environment
2. Introduce you to relevant personnel
3. Acquaint you with the extent and nature of your duties
4. Familiarize you with Provincial procedures
5. Provide resource lists for you to utilize

This is to ensure that you will experience maximum job satisfaction by fulfilling your role effectively and with sufficient confidence, and so enhancing your contribution to the department.

**HOW TO USE THIS DOCUMENT**

1. Do become familiar with the layout and content of this document
2. Do fill in the relevant information related to your work environment in the space provided
3. Do refer to the document regularly and ensure that the information is kept up to date
4. Do refer to the relevant policy documents and resource lists

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**SECTION 1**

**INTRODUCTION AND ORIENTATION FOR HOSPITAL SERVICES**

* 1. **Structure of the Therapy Department**

| **POSITION** | **NAME** |
| --- | --- |
| Deputy Director (Central Office) |  |
| Assistant Director (Central Office) |  |
| Assistant Director (Hospital) |  |
| Chief Therapists |  |
|  |  |
|  |  |
| Senior Therapists |  |
|  |  |
|  |  |
|  |  |
| Junior Therapists |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Therapy Assistants |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Therapy clerical staff |  |
|  |  |
| Cleaners for Therapy section/dept |  |
|  |  |
|  |  |
| Porters for therapy section |  |
|  |  |
|  |  |
|  |  |
| University Therapists |  |
|  |  |
|  |  |
|  |  |
|  |  |

* 1. **Hospital Management**

|  |  |
| --- | --- |
| **POSITION** | **NAME** |
| Chief Executive Officer |  |
| Senior Superintendent |  |
| Other superintendents |  |
|  |  |
|  |  |
|  |  |
| Deputy Director |  |
|  |  |
|  |  |
| Assistant Director Nursing Services |  |
| Chief Nursing Services Manager |  |
|  |  |

**INTRODUCTION AND ORIENTATION FOR HOSPITAL SERVICES**

* 1. **Administrative Sections**

|  |  |
| --- | --- |
| **NAME OF KEY PERSON** | **NAME** |
| Patient matters |  |
| Medical records |  |
| Works Department |  |
| Transport |  |
| Inventory |  |
| Linen room |  |
| Telephone exchange |  |
| Staff office |  |
| Procurement (buying department) |  |
| Expenditure |  |
| Registry |  |
| Printing |  |
| Stores |  |
|  |  |
|  |  |
|  |  |

* 1. **Other Health Services**

|  |  |
| --- | --- |
| **DEPARTMENT** | **NAME** |
| Physiotherapy |  |
| Social Work |  |
| Speech Therapy |  |
| Radiography |  |
| Pharmacy |  |
| Medical Technology |  |
| Orthopaedic Workshop |  |
| Psychology |  |
| Dietician |  |
| Other |  |
|  |  |
| MEDICAL STAFF |  |
|  |  |
|  |  |
|  |  |
|  |  |

**SECTION 1**

**INTRODUCTION AND ORIENTATION FOR DISTRICT SERVICES**

* 1. **Structure of the Rehabilitation Programme**

|  |  |
| --- | --- |
| **DISTRICT OFFICE** | |
| POSITION | **NAME** |
| Director |  |
| Deputy Director: Clinical Support |  |
| Assistant Director: Clinical Support |  |
| Chief Health Therapist: Coordinator |  |
| **\_\_\_\_\_\_\_\_\_\_\_ DISTRICT/ SUB-DISTRICT** | |
| District Coordinator |  |
| Speech Therapist and Audiologist |  |
| Physiotherapist |  |
| Occupational Therapist |  |
| Occupational Therapy Assistant |  |
| Community Speech & Hearing Worker |  |
| Physiotherapy Assistant |  |
| Community Rehabilitation Facilitator |  |
| Community Rehabilitation Facilitator |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DISTRICT/ SUB-DISTRICT** | |
| District Coordinator |  |
| Occupational Therapist |  |
| Physiotherapist |  |
| Speech Therapist |  |
| Occupational Therapy Assistant |  |
| Physiotherapy Assistant |  |
| Community Rehabilitation Facilitator |  |
| Community Rehabilitation Facilitator |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_ DISTRICT/ SUB-DISTRICT** | |
| Social Worker District Coordinator) |  |
| Occupational Therapist |  |
| Physiotherapist |  |
| Speech Therapist |  |
| Community Rehabilitation Facilitator |  |
| Physiotherapy Assistant |  |
| Occupational Therapy Assistant |  |
| Community Rehabilitation Facilitator |  |

**INTRODUCTION AND ORIENTATION FOR DISTRICT SERVICES cont.**

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DISTRICT/ SUB-DISTRICT** | |
| Social Worker (District Coordinator) |  |
| Occupational Therapist |  |
| Physiotherapist |  |
| Speech Therapist |  |
| Physiotherapy Assistant |  |
| Occupational Therapy Assistant |  |
| Community Rehabilitation Facilitator |  |

* 1. **Regional Management**

|  |  |
| --- | --- |
| POSITION | **NAME** |
| Director |  |
| Chief Medical Officer |  |
| Medical & Dental Advisor |  |
| Deputy Director: Districts |  |
| Deputy Director: Districts |  |
| Deputy Director: Clinical Support |  |

**District Managers**

|  |  |  |
| --- | --- | --- |
| DISTRICT | **DISTRICT MANAGER** | **Chief Professional Nurse** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

* 1. **Administrative Sections**

|  |  |
| --- | --- |
| **SECTION** | **NAME OF KEY PERSON** |
| Administrative Head |  |
| Finance |  |
| Personnel |  |
| Logistics (Transport and Registry) |  |
| Procurement (Buying Department) |  |
| Switchboard |  |

**1.4 Other Health Programmes**

|  |  |
| --- | --- |
| PROGRAM | **HEAD OF DEPARTMENT** |
| Mental Health |  |
| Oral Health |  |
| Health Promotion |  |
| Nutrition |  |
| Environmental Health |  |
| HIV/Aids |  |
| Mother and child |  |

**SECTION 2**

**POLICY**

* 1. **Policy Making**

It is of primary importance that all actions taken in the public sector are **purposeful**. It is therefore necessary to formulate and publicize clearly defined **objectives**. This is generally known as **policy making**.

Police made by the Department of Health is formulated during regular strategic planning sessions. The process of policy making involves the determination of:

* **What** needs to be achieved
* **How** will it be achieved
* **By whom** and
* **By when** it will achieved

Policy is contained in Legislation, Rules and regulations, Procedure manuals and Operational manuals.

Copies of relevant policies are available at the institution should you want to refer to these.

* Constitutional Dispensation,
* National Health Plan, Patient’s Rights Charter,
* Children’s Rights Charter, Disability Rights Charter,
* Integrated National Disability Strategy,
* Medical, Dental and Supplementary Health Service Professions Act,
* Medical, Dental and Supplementary Health Amendment Act,
* Public Service Act, Health Act,
* Mental Health Act,
* Machinery and Occupational Safety Act,
* Workman’s Compensation,
* Labour Relations Act,
* Provincial Financial Management Act
* Basic Conditions of Employment act,
* Employment Equity Act,
* Skills Development Act,
* Public Service Regulations,
* White paper on: Transformation of Public Service,
* White paper on Transforming Service Delivery (Batho Pele),
* White paper on Human Resource Management in the Public Service,
* White paper on Affirmative action in the Public Service
* White paper on Transforming the Health System
  1. **Determination of objectives**

Objectives are determined according to needs. In the rendering of health services in the country, objectives are determined on different levels including National, Provincial, Regional and Districts

* 1. **Procedure Documents**

The following documents are available at the institutions:

* + 1. **Nature of clients to be seen**
       1. **Nature of records to be kept**
* **Intervention/treatment records**
* Each patient should be evaluated and an assessment form should be attached to the patient’s file.
* Regular notes are to be kept on the client card/continuation sheets. These should include comprehensive details of the assessment, treatment/intervention, treatment/intervention plan and progress notes. This must comply with legal requirements.
* Abbreviated notes must be included in the client’s bed letter/ clinic notes. Formal reports can be submitted as required following assessment and/or treatment/intervention.
* A discharge summary must be completed on discharge of clients from therapy.
* **Administrative records**
  + Statistics in the form of a workload analysis must be recorded daily and submitted on a monthly basis to Head Office. A detailed analysis is compiled at head office on an annual basis. The accurate completion of statistics is of vital importance. The measurement of workload is the cornerstone of managing services and provides data for service planning and staffing projections.
  + Statistics of numbers of assistive devices (wheelchairs, hearing aids, walking aids and artificial limbs) issued and on the waiting list, must be sent in on a monthly basis to head office using the forms provided.
  + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Quality Assurance**

Quality is an essential part of your service delivery. Discuss this matter with your supervisor to determine what is expected of you. Refer to the Quality Assurance Standards and Audit Tools pack.

* 1. **Policy of Rehabilitation**

Refer to the “National Rehabilitation Policy” and “Standardization of Provision of Assistive Devices in South Africa”

###### Treatment/Intervention

* All clients will be screened/assessed
* Source of referrals:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Intervention will be at the discretion of the therapist according to a priority rating as determined by protocols
* The effectiveness of specific activities/interventions should be regularly evaluated to determine their effectiveness. The evaluation should also take into account the cost of the activity and the availability of resources or materials. Necessary changes should be duly made

**2.5 Supervision**

* Staff can only treat clients who fall within their scope of practise according to their registration with the Health Professions Council South Africa (HPCSA)- see below
* Support staff are the responsibility of their supervising therapist/s, who should co-ordinate their training and duties within the section/ programme.
* All staff are required to report back on a regular basis on their treatment/ interventions.

**2.5.1 Working with Assistants**

* Should you be the only therapist working with assistants, you will legally be their supervisor. Should they, due to circumstances, have been working for a long period of time unsupervised, try and understand the precariousness of the situation.
* Establish their experiences and expertise and what they have been involved in.
* Do not change what you are not able to improve upon.
* Demonstrate respect for experience and skills gained over the years.
* Form a bond and relationship with the assistant/s.
* Clarify your respective roles bearing in mind that there are aspects of therapy which are excluded from the assistant’s role e.g. specialized techniques and electrotherapy.
* In the case of working with experienced assistants, it will be wise to establish a mutual educational role. Share new techniques, while you can learn much about the relevant community, language, culture and the whole set-up within that particular hospital and community.
* Being a qualified therapist will indeed always put you legally in charge of a Therapy Service.
  1. **Professional Policy**
     1. **Health Professionals Councils of South Africa (HPCSA)**

Professional policy is promulgated in the rules and regulations of the various professional boards, as approved by the Health Professions Council of South Africa.

The scope of the professionals registered at the HPCSA is published in the Government Gazette R2991 of 3 December 1976. The ethical rules that bind professionals were published in the Government Gazette R 1379 which is available within the Departments. Also refer to the HPCSA document on **Professional Guidelines** which should be available in your department or on the HPCSA website.

**Please note that it is of utmost importance for all health professionals to practice within these guidelines, failure of which a disciplinary action may be effected against anyone who disregard them.**

Every practicing professional in the categories mentioned below must be licensed to practise, by registering with the HPCSA.

* Speech Therapist and Audiologist
* Community Speech and Hearing Worker
* Occupational Therapist
* Occupational Therapy Assistant
* Community Rehabilitation Worker
* Physiotherapist
* Physiotherapy Assistant
* Physiotherapy Technician

**2.6.2 Professional Bodies**

You are advised to become a member of your professional body such as the following:

* Occupational Therapy Association of South Africa (OTASA)
* South African Speech-Language-Hearing Association (SASLHA)
* Physiotherapy Association (SASP)

**2.6.3 Trade Unions**

All staff members are encouraged to become active members of a trade union. The role of the trade union is to:

* Serve as a vehicle by which employee’s act collectively to protect and promote their interests. Representatives of a union and the organization’s management can through collective bargaining negotiate wage levels, conditions of employment and explicitly articulated contract of employment. In fact, unions are the ONLY bodies with power to change conditions of service due to their negotiating power.
* In Government services negotiations are held in the central bargaining chamber. Because union members as well as non-unionized employees can benefit from gains unions make, the government has introduced an agency shop fee, to reduce the number of “free riders”. A fee is therefore deducted from non-union employees. State employed non-union members now also contribute to the cost of the central bargaining chamber, thus promoting them to join a union of their choice.

# **SECTION 3**

**ORGANISATION**

* 1. **General**

The organizational structure of the section can be defined as the effective arrangement of people and other resources needed to achieve the objectives set by the section.

In order for people to work effectively towards accomplishing objectives, a structure of roles must be designed and maintained. An organizational structure should be designed to:

* Clarify the environment so that everyone knows their roles and responsibilities
* Remove obstacles to performance caused by confusion and uncertainty of assignments
* Furnish a decision-making communications network

* 1. **Communication Channels**

**3.2.1 Central Office and Institution**

**(Situated in zz------------------------------------ building)**

All communication to central office is done through the Assistant Director/Chief Therapist in charge (or District Manager) at the institution to the Deputy Director or Assistant Director: Rehabilitation at Central Office

* + 1. **Within the Hospital Within the Sub-District**

|  |  |
| --- | --- |
| CEO | Deputy Director |
| ↑ ↓ | ↑ ↓ |
| Superintendent | District Co-coordinator |
| ↑ ↓ | ↑ ↓ |
| Therapist in-charge | Therapist in-charge |
| ↑ ↓ | ↑ ↓ |
| Therapist | Therapist |
| ↑ ↓ | ↑ ↓ |
| Therapy Assistant | CRF/Therapy Assistant |

* 1. **Division of Work**

Duties are divided among staff members. Refer to your own job description.

* 1. **Time Table**

You are responsible for organizing your own daily programme. It is expected that you draw up and work according to a weekly timetable.

* 1. **Reporting and feedback of information**

After attending a workshop/conference or meeting you are responsible for providing comprehensive feedback to your colleagues.

* 1. **Meetings**
* **Discipline specific staff meetings**

Usually held \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Continued Professional Development/Journal Club**

Designed to improve knowledge on topics as requested by staff – held \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Multi-disciplinary/team meetings**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Management meetings**

Are attended by the Chief Health Therapist as required or requested from management

* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR DISTRICTS ONLY:

* **District Meetings**

As the District is divided into \_\_\_\_\_\_\_\_\_ sub-districts, each sub-district has a co-coordinator who meets every \_\_\_\_\_\_\_\_\_\_\_\_. Meetings are held to co-ordinate activities within the sub-district.

* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 4**

**FINANCES**

**4.1 Budget:**

* An annual budget is compiled for personnel, use of goods and services and capital equipment. Budget submissions are handed in a year in advance (e.g. 2002 submissions are for the 2003/2004 financial year).
* Each institution is allocated a gross amount for all categories under the budget. It is the CEO’s/Director’s responsibility to distribute money allocated between all divisions.
* To ensure that budgets are not exceeded, a controlling mechanism must be in place. It is imperative to keep record of equipment and items received.
  1. **Inventory and stock control**

You are responsible for control of equipment and tools in your area.

* **Losses**

Any loss is to be reported on the prescribed form and information regarding the type must be furnished for replacement purposes

* **Condemning**

Items for condemning must be recorded on the prescribed form. A technical report is required for certain categories of equipment (e.g. electrical tools). The condemning committee usually does condemning on a monthly basis.

* **Repairs**

Items for repairs must be recorded on the prescribed forms.

* **Consumables**

It is imperative that levels of all consumable supplies be monitored regularly and recorded to ensure that the institution is well stocked.

* 1. **Assistive Devices**
* An appropriate amount needs to be budgeted for the various assistive devices. In terms of controlling the budget for assistive devices, the therapist assigned with the task is accountable.
* There should be a controlling mechanism which details numbers ordered, and for whom the orders were for and when they were issued.
* Monthly statistics needs to be collated and sent to Central Office.

**SECTION 5**

**PERSONNEL ADMINISTRATION**

* 1. **Processes of personnel administration in the province.**

Please refer to the:

* The Public Service Regulations
* The Public Service Staff Code
  1. **Conditions of service and benefits**

**5.2.1 Remuneration**

* Your grade of remuneration is at level 6.
* You are entitled to the Scarce Skills Allowance
* You will be liable for taxation as per normal SARS regulations

**5.2.2 Leave**

Please refer to section 6 of your contract and the National Department of Health’s document titled “Draft Policy Leave Measures and Arrangements: Medical Interns and Community Service Workers”

Leave is classified into the following categories:

1. Annual leave (22 days)
2. Sick leave (36 days over a cycle of 3 years)
3. Temporary disability leave
4. Leave for Occupational Injuries and Diseases
5. Parental leave
   * Maternity leave (4 months)
   * Adoption leave
   * Family Responsibility leave
6. Special leave
7. Unpaid leave

All leave must be applied for in writing on the prescribed form, accompanied by the necessary documents where applicable.

Please refer to the Draft policy for further details

Annual Leave

* Although leave of absence is a right, each employee is obliged to arrange for leave of absence of any kind in good time to allow the Employer reasonable opportunity to ensure continuity of service delivery and applicants thus have no right to demand leave unreasonably.
* The specific time and duration of the leave will thus still be subject to approval by the supervisors. Annual or quarterly leave plans are recommended.
* Unused leave will not be paid out at the end of the contract period.
* Unused leave will lapse on termination of this contract.
* Leave in the last working month can be negotiated by both parties. At no stage must service delivery be compromised.

Normal Sick Leave

* Applicants for sick leave should inform their employee in good time of absence due to illness, preferably by midmorning of the first day to ensure continuity.
* A medical certificate by a registered medical or dental practitioner must be submitted, stating the duration of absence, if three or more days are taken as sick leave.
* Employers are entitled to request a medical certificate for any shorter periods of sick leave taken.
* A medical certificate will be required should one take more than 10 single days leave without a medical certificate during one year.
* Sick leave should not be abused.
* **Special sick leave** may be granted if absence is due to injury at work or illness contracted in the course of duty.
* Individuals with medical conditions that prevented them from rendering satisfactory internship or community service during the 1-year programme or that required of them to be absent for extended periods of time (maternity leave not included), **should extend their community service by the number of working days taken or as agreed with the Employer.**
* If you are unable to complete your community service, you will be required to complete the balance of your term within two years from the date you commenced community service, however you will not be given any preferences and will be placed last on the list once the current selection has been done.
  + 1. **Pension**
* Permanent and temporary employees contribute to a pension fund. Contributions are deducted from the monthly salaries.
  + Temporary staff: 5%
  + Permanent staff: 7,5%
* Application has to be made for re-imbursement of these contributions after termination of service at the age of 65 if appointed after 1 September 1986.
  + 1. **Medical Aid Scheme**
* Information about medical aid schemes is available at your personnel office.
* If you are a married woman, you can apply for your spouse and children to also be registered as members of your scheme.
* Subsidy is 2/3 maximum.

**5.2.5 Uniforms and shoes**

* All rehabilitation staff should take the responsibility to portray a professional image.
* Nametags are compulsory in terms of the patient’s rights charter.
* The therapist in charge will be held responsible to ensure that suitable attire / uniform is worn.

**5.2.6 Housing loan and subsidy scheme**

* Permanent employees qualify for a housing subsidy-the size of which depends on salary scales.
* Subsidies are adapted quarterly depending on the bond interest rates.
* Contact your staff office for full details on the subsidy scheme.
  + 1. **Overtime**
* You may be required to perform overtime duty
* “Time off” for overtime duty worked should only be granted if Client treatment/intervention is not compromised. Therefore the Therapist in charge will strictly control the number of therapy staff off at any one time. Timeous notice should be given in any need of “time-off”.
* The therapist in charge will use her/his discretion in granting “time-off” and maintain a record (Refer to: Public Service rules and regulations)
  + 1. **Official work hours**
* You are expected to work 8 hours a day (40 hours a week) and to be at work for 8 ½ hours. The following work hours apply to this Department: 7h30 – 16h00
* A five-day workweek applies. Employees may be required to perform official duties at any place.
* Tea time is included in the eight (8) working hours, and should not exceed 15 minutes each. It may be difficult to take these breaks when you are very busy or in the community. The following tea times apply to this institution:
  + Morning:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Afternoon: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Lunch time is excluded from the eight (8) working hours per day, but should not exceed 30 minutes. The following lunch time applies to our department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Staff may use this time as they wish.
  + 1. **Travel on official duty**
* Employees will make use of Government Transport for service rendering in the community or when traveling to courses/meetings.
* The transport section requires a photocopy of your driver’s license before a vehicle can be issued.
* A trip authority has to completed and signed by your supervisor.
* Submit requests timeously.
* Familiarize yourself with the procedures at your institution.
  + 1. **Continuing Education**
* The HPCSA has stipulated that you will not need to obtain Continuous Professional Development (CPD) points during his/ her community service year.
* However there are training programmes, or journal / case discussions in your or nearby institutions. **Personal development is your own responsibility.**
* Appropriate and relevant congresses and courses other than those arranged by the Gauteng Department of Health can be attended “on duty” at the discretion of the supervisor and with official permission from the CEO/superintendent/ director of the institution if it does not interfere with your rendering of services.
* Application for financial assistance must be done well in advance and assistance will depend on available funds and relevance of the course.
  1. **Termination of Contract of Service**

Refer to your contract for further details

* 1. **Job description and performance appraisal**
* You will receive a job description that should be kept in your personal file.
* Performance appraisal is known as the Performance Management and Development System (PMDS). Please refer to the handout.
* Performance appraisal will be done on a three monthly (quarterly) basis.( Refer to the Public Service Regulations and Performance Management and Development System)

**SECTION 6**

**WORK PROCEDURES**

* 1. Accepting Clients For Treatment/Intervention: The Nature And Source Thereof
* The institution serves the following residential areas:

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |

* Clients are referred from Doctors, wards, other allied health care professionals, clinics, community members or by self-referral.
* At the hospital level, all new patients are classified according to the Means test, which determines the patient’s fees payable for intervention/ admission. Every health care professional should be aware of the “Free Health Care for People with Disabilities at the Hospital Level”
* For community based services i.e. services at clinic level : these are at a primary health care level, hence clients do not have to pay for the services
* Procedure regarding
  + Private category patients:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Workmen’s Compensation Act patients: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Patients from other provinces: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  1. **Injury On Duty Of Personnel**
* An employee who sustains an injury in the performance of his/her duties is fully covered by the Workmen’s Compensation Act.
* All injuries on duty must be reported to the head of the department/ programme immediately, who will in turn report it to the superintendent/CEO/ Regional Director. All injuries on duty must be reported within seven (7) days.
* The necessary medical treatment/intervention will be provided to the injured employee at a suitable hospital (not your own private doctor).
* The following documentation must be completed (and is obtainable form the personnel section):
* Claim for indemnification (W.CL. 113)
* Sworn statement from witness (s)
* Sworn statement from injured person
* Employers Reports of an Accident (W.CL.2)
* First Medical Report (W.CL.4)
* Final Progress Medical Report (W.CL.5)
* Resumption Report (W.CL.6)
* Radiological Report (if any)
* Accounts
  + 1. **Motor Vehicle Accidents**
* When an employee is involved in a collision with a private vehicle, the following must also be submitted:
  + Plan of accident
  + SAP 352 or a case number
  + Name of the police station if reported
  + Court report if available
  + Report on an Accident (Z181)
    1. **Leave arrangement resulting from injury on duty**
* If an employee is compelled to be absent from duty on account of injury on duty, he may be granted sick leave or vacation leave as may stand to his /her credit. When compensation is granted, leave is converted to special leave with full pay.
  1. **Precaution against HIV/AIDS and Hepatitis B**
* You might not know the HIV status of a client. Therefore, precautions should be taken at all times. Familiarize yourself with the “Needle Stick injury” policy of the hospital/ district. Strict adherence to this policy is required.
  1. **Injury Of Clients During Treatment/Intervention**
     1. **Reporting:** All incidents of injury to the clients during treatment/intervention must immediately be reported to the head of department/section who will in turn report the incident to the CEO/Superintendent/Director. Clients working on equipment such as woodwork are required to sign an indemnity form.
     2. **Admission of guilt**: Rehabilitation workers should not admit guilt, negligence or make a statement, BUT should complete form H.H. 96.
     3. **First Aid:** Where necessary, first aid should be administered and the client taken to casualty.
  2. **Fire Fighting And Disaster Plan**
* Fire-fighting equipment is provided by the Public works department and will be checked periodically by them. All problems related to the equipment must be brought to the attention of the Head of Department/ section who will in turn report it the Public Works Department/ Health and safety officer
* Please familiarize your self with the disaster plans in each of the venues you might be rendering services.
  1. **Records**
* Clinical records are confidential and legal documents. The confidentiality of clients records must be maintained at all times and must be stored and kept in a manner described by the institution’s policy.
* The CEO/Superintendent/ Director are the only person who can authorize the investigation and the removal of the records. Photostats should be made rather than the original copy.
* Following the granting of permission by the CEO/Superintendent/ Director, clinical records can be made available to:
  + Legal representatives
  + South African Police Services
  + Doctors and Allied Medical Disciplines
  + Competent Insurers
* The archive commission is the only body that can authorize the destroying of records. Records are periodically assessed to see which can be destroyed.
  1. **Donations: Acceptance of Gifts, Commission Money and Rewards**
     + The HOD of Health or person appointed by Her/him may accept donations of money or any other kind.
     + The CEO/Superintendent / Director approve permission for hospital/ district staff to accept the following donations. He/she will in turn advise Head Office:
  + Perishable goods
  + Cash donations, not donated for a specific purpose
  + Equipment that is not for the treatment/intervention of clients with exception of television sets, radio’s and other audio-visual apparatus.
* Donations other than the ones mentioned might not be accepted by hospitals/districts before the necessary Head Office approval has been obtained.
* No provincial funds may be used for service, repair or replacement of donated items.
* An officer or employee shall not accept, without the permission of the CEO/Superintendent/ Director, Minister or Administrator, a gift, or any pecuniary commission/fee/reward or otherwise offered to him by a member of the public by reason of his occupying a particular post in the public service (Refer to Public Service Regulations p18, A11.1) and shall not fail to report to the head of the department/programme (and in turn to the CEO/Superintendent/Director) the offer of such commission, fee or reward (Refer to Public Service Regulations p18, A11.2).
* Hospitals have donation accounts. This money can only be spent on approval from the Director General. Please ask for advice from Top Management before accepting donations.
* When requesting expenditure from donations, all requisitions must be clearly marked indicating this.
  1. **Receipt and Implementation of Circulars**
* **Internal notices**

These can be:

* + Within the hospital/region when one section/programme notifies the other
  + Circulars concerning the whole hospital/region/district
  + Circulars concerning a few sections/programmes only
* **Head Offices Circulars**

The registry office of the hospital/region/district receives all circulars, decides which sections/programmes it concerns and arranges for circulation accordingly.

* 1. **Maintenance of Equipment/ Machinery**
* Certain items (equipment) used in the department/ region/district can only be serviced by specific companies (usually the company who sold the equipment to the institution). The maintenance costs must be negotiated with the respective firms.
* For every service or repair separate order forms should be completed. No firm should repair/service any equipment without an official order
* Approval from the CEO/Superintendent /Director or his delegate (an officer with a rank not lower than an administrative officer) is essential before any order is placed for repair or maintenance.
* The approval form and the order form are sent to the expenditure section on satisfactory completion of repairs.
* The complete list of equipment and service records of these should be available in each section /programme.

**SECTION 7**

**CONTROL**

* 1. **Processes and Levels of Provincial Management**

**(Refer to Code of Conduct)**

* Internal control is done through written reports, inspection and statistical data by your:
* Supervisor
* Head of the Section/Programme
* CEO/Superintendent /District manager
* Accountability for public funds involves recording and reporting inventory losses, theft, waste and sales.
* External control is done by means of inspections, advisory service, auditing, acts/ordinance and regulations/rules by the:
* Deputy Director: Rehabilitation and Technical services
* Assistant Director: Rehabilitation
* Quality assurance directorate – Central Office
* Accreditation committee.
* Director: District Services
* Provincial Auditors

(Acts mentioned in Part 2 (Policy) in the orientation programme)

* 1. **Misconduct and Disciplinary Measures**
     1. **Examples Of Misconduct**

When an official…

* Contravenes a section of an ordinance
* Disobeys a legal command
* Is negligent or indolent in carrying out his/her duties
* Displays disgraceful and impolite behaviour
* Uses alcohol or drugs whilst on duty
* Discloses specific information without permission of the Director
* Accepts money or any reward without permission
* Removes any property of the administration without permission
* Is absent from place of duty without a valid reason

**7.2.2 Disciplinary measures in terms of the misconduct**

* This happens in the following sequence

1. Formal verbal warnings
2. Written warning
3. Second written warning
4. Final written warning
5. Dismissal

This is the usual sequence of events but it can be affected by the nature of the misconduct. Dismissal can take place without warnings. Please refer to the Handout on Misconduct

* + 1. **Prevention of Misconduct Takes Place by Means of:**
* Systematic task training
* Efficient delegation
* Correct instructions
* Good guidance
* Setting an example
  + 1. **Indictment and Unfavourable Reports**

When drastic disciplinary measures are recommended, concrete evidence is required. It must be brought to the person’s attention and signed by him/her in the presence of two witnesses.

* 1. **Grievance Procedure**
* When an officer or employee has grievances or complaints, s/he must work through her/his supervisor. Problems that cannot be resolved on this level must be taken to the CEO/Superintendent/ Director. (The official channel to the CEO/Superintendent/ Director in your institution is described earlier in this document).
* Cases that the CEO/Superintendent/Director is not empowered to give a judgment shall be referred to the Labour Relations section at Central office.
* Employees and officers who belong to Trade Unions may also make the authorities aware of problems of general interest through these associations.
* All staff members are required to be familiar with the basic principles of the Labour Relations Act, and should at all time adheres to this Act.

APPENDIX A: RESOURCE LIST OF

* National Department of Health and Gauteng Provincial Co-ordinators for Community Service

|  |  |
| --- | --- |
| National Department of Health | Provincial Department of Health |
| Name: Ms Phumelele Zulu | Name: |
| Tel: (012) 312 0513 | Tel: |
| Fax: (012) 312 0562 | Fax: |

APPENDIX B: RESOURCE LIST OF

Provincial Rehabilitation Co-Ordinators

|  |  |
| --- | --- |
| Name | Name: |
| Designation: | Designation: |
| Tel: (011) 355 3432 | Tel: |
| Fax: (011) 355 3280 | Fax: |
| Email: | Email: |

APPENDIX C: RESOURCE LIST OF

Health Professions Council South Africa (HPCSA) and Professional Societies

* Health Professions Council South Africa (HPCSA)

|  |  |
| --- | --- |
| Postal Address: P O Box 205  Pretoria 0001 | Tel: (012) 338 9349 |
| Fax: (012) 328 4862 |
| Physical Address: 553 Vermeulen  Street Arcadia | Website: http://www.hpcsa.co.za |
|  |

* Professional Societies

South African Society for Physiotherapists (SASP)

|  |  |
| --- | --- |
| Postal Address: P O Box 92125  Norwood 2117 | Tel: (011) 485 1467 |
| Fax: (011) 485 1613 |
| Physical Address: Ground Floor  Office no 1, corner Cheltendale and orchards Road, Highlands North, JHB | Email: manager@saphysio.co.za |
| Website: http://www.physiosa.org.za |

OCCUPATIONAL THERAPY ASSOCIATION OF SOUTH AFRICA (OTASA)

|  |  |
| --- | --- |
| Postal Address: P O Box 11695  Hatfield 0028 | Tel: (012) 362 5457 |
| Fax: 086 651 5438 |
| Physical Address: 207 Domus building, Kasteel Street, Lynwood Glen | Email: otasa@otasa.org.za |
| Website: http://www.otasa.org.za/ |

SOUTH AFRICAN SPEECH, LANGUAGE AND HEARING ASSOCIATION (SASLHA)

|  |  |
| --- | --- |
| Postal Address: P O Box 5710  The Reeds 0158 | Tel: (012) 653 2114 |
| Fax: (012) 653 1351 |
| Physical Address: Bakenkop Medical Centre, 400 Theuns van Niekerk Street, Wierdapark 0157 | Email: admin@sasla.co.za |
| Website: http://www.saslha.co.za/ |

APPENDIX D: RESOURCE LIST OF

ALLIED HEALTH PROFESSIONAL SERVICES

APPENDIX E: RESOURCE LIST OF

DISTRICT REHABILITATION SERVICES