

**HIV/AIDS IN THE WORKPLACE:  
PRELIMINARY RESEARCH QUESTIONNAIRE**

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PRELIMINARY RESEARCH QUESTIONNAIRE**

Dear Respondent,

The following questionnaire is a preliminary questionnaire to finalise the final research questionnaire on HIV/Aids in the workplace. It will be appreciated if the questionnaire would be completed as thoroughly and accurately as possible. All information will be treated on a strict confidential manner and will only be used for academic and research purposes. Your co-operation in this regard will be highly appreciated.

Thank you,

Freddie Venter  
University of Pretoria

.....

**Instructions for completion:**

Please answer all the questions.

**Question 1:**

Briefly explain your organisation’s formal policy to address HIV/Aids in the workplace.

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**Question 2:**

What structures do your organisation have in place to manage the HI/Aids epidemic effectively (e.g. policies, employee care programmes, etc).

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**Question 3:**

Does your organisation address HIV/Aids as part of a larger policy concerning life-threatening illnesses, or separately? Please give your reasons why.

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**Question 4:**

Briefly explain your employee care programme, if any.

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.....  
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**Question 5:**

What is your organisation's policy with regard to medical testing?

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**Question 6:**

Does your organisation's Medical Aid Plan make special provision for people with HIV/Aids? If yes, please explain.

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**Question 7:**

What methods do your organisation use to educate employees on the HIV/Aids?

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**Question 8:**

What measures do your organisation take to ensure the safety of employees – not to contract the virus from co-workers.

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**Question 9:**

How have aids influenced your company over the last five years?

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**Question 10:**

What health and social support services (such as counselling, testing and condom distribution) does your company offer?

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.....  
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***THANK YOU VERY MUCH FOR YOUR CO-OPERATION IN COMPLETING THIS SURVEY***

**HIV/AIDS: RESEARCH QUESTIONNAIRE**

UNIVERSITY OF PRETORIA

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v1 

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DEPARTMENT OF BUSINESS MANAGEMENT

HIV/AIDS: RESEARCH QUESTIONNAIRE

Dear Respondent,

The following questionnaire is part of an extensive doctorate research study undertaken to investigate and determine if there are suitable and sustainable structures, action programmes, policies or strategies in place to combat and effectively manage and control HIV/Aids in the workplace. It will be highly appreciated if you (the respondent of this research) would complete and answer the questions as thoroughly as possible. All information will be treated in a confidential manner and will only be used for academic purposes.

Thank you for your co-operation,

Freddie Venter  
Department of Business Management  
University of Pretoria  
Cell: 082 801 2658

***Instructions for Completion:***

1. Please answer all relevant questions regarding to the impact of HIV/Aids as objective and honest as possible.
2. Where asked for comments or to express own opinion etc., keep answers as short and to the point, but yet thoroughly and honest as possible.
3. Mark a tick or cross in the spaces provided, which reflects your answer the most accurately and correctly after each question.
4. Answer all questions, if possible, this will provide more information to the researcher so that an accurate analysis and interpretation of data can be made.

## SECTION A

### GENERAL INFORMATION

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1. Your position within the organisation?

v2  4

1.	HR-Manager	
2.	HR-Officer	
3.	Medical Officer	
4.	Other (please specify) .....	
	.....	

2. Primary end product or service rendered in your organisation

v3  5

1.	Chemical and/or pharmaceutical	
2.	Manufacturing	
3.	Petroleum	
4.	Utilities	
5.	Mining	
6.	Construction	
7.	Other (please specify).....	
	.....	

3. Number of permanent employees in your organisation  
(please indicate only the number of your Vaal Triangle-based employees)

v4  6

1.	More than >500	
2.	Between 1 000 – 1 500	
3.	Between 1 500 – 2 000	
4.	Between 2 000 – 2 500	
5.	Between 2 5 00 – 3 000	
6.	More than >3 000	

4. In which town in the Vaal Triangle region is your organisation  
Located

v5  7

1.	Vereeniging	
2.	Vanderbijlpark	
3.	Sasolburg	
4.	Meyerton	
5.	Carltonville	

**SECTION B**

**HIV/AIDS: SPECIFIC QUESTIONS**

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v6   8-9

5. Does your organisation have a formal or informal HIV/Aids action plan, policy or programme?

1.	Formal	
2.	Informal	
3.	Don't know	

6. What programmes, policies or structures are currently used in your organisation to manage the impact of HIV/Aids more effectively in the workplace?

	Yes	No	Don't know			
1.				v7	<input type="checkbox"/>	10
2.				v8	<input type="checkbox"/>	11
3.				v9	<input type="checkbox"/>	12
4.				v10	<input type="checkbox"/>	13
5.				v11	<input type="checkbox"/>	14
6.				v12	<input type="checkbox"/>	15
7.				v13	<input type="checkbox"/>	16
8.				v14	<input type="checkbox"/>	17
9.				v15	<input type="checkbox"/>	18
10.				v16	<input type="checkbox"/>	19
11.				v17	<input type="checkbox"/>	20
12.				v18	<input type="checkbox"/>	21

7. Are you aware of any employees in your organisation who are HIV-positive or who had been diagnosed with full-blown Aids?

v19  22

1.	Yes	
2.	No	



If yes, please indicate by means of percentage (if possible).

v20  23

1.	< 10%	
2.	Between 10-20%	
3.	Between 20-30%	
4.	Between 30-40%	
5.	Between 40-50%	
6.	Between 50-60%	

8. Do you believe that Aids should be addressed as:

v21  24

1.	Part of a larger policy concerning life-threatening illnesses?	
2.	Dealing with it on a separate basis?	
3.	Not dealing it at all?	
4.	Don't know?	

9. Has your organisation adjusted its benefits and other plans to accommodate workers with HIV/Aids by addressing the following:

	Yes	No	Don't know			
1.	Health care			v22	<input type="text"/>	25
2.	Employee benefits (pensions and disability)			v23	<input type="text"/>	26
3.	Training			v24	<input type="text"/>	27
4.	Work duties and performance			v25	<input type="text"/>	28
5.	Recruitment			v26	<input type="text"/>	29
6.	Other (please specify)			v27	<input type="text"/>	30
	.....					
	.....					

10. What negative impact does HIV/Aids already have on your organisation?

	Yes	No	Don't know		
1. Loss of experienced personnel – particularly at middle management and skilled workers levels				v28	31
2. The need for increased resources to hire and retain replacements				v29	32
3. An increase in absenteeism and labour turn-over				v30	33
4. A decrease in productivity levels				v31	34
5. An increase in healthcare costs				v32	35
6. Loss of customer and consumer spending				v33	36
7. Other (please specify) ..... .....				v34	37

11. Describe what kind of discriminating practices or human rights violations if any, do you still see or experience related to HIV/Aids infected workers? v35   38-39  
v36   40-41

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.....  
.....

12. What is your organisation doing well with regard to the management and control of HIV/Aids in the work place (if applicable)? v37   42-43  
v38   44-45

.....  
.....  
.....

13. What is your organisation doing wrong with regard to the management and control of HIV/Aids in the work place? v39   46-47  
v40   48-49

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## SECTION C

## EVALUATING ACTION PROGRAMMES, POLICIES AND STRATEGIES

14. This section of the questionnaire indicate to what extent the following statements below, will have an influence on policy and structure formulation/implementation within the working environment of your specific organisation and to what extend you agree with each particular statement below (please mark every statement whether it applies or not).

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STATEMENT	1	2	3	4	5			
	Agree strongly	Agree	Uncertain	Do not agree	Disagree totally			
1. Increased vulnerability as more employees get infected with HIV/Aids						v41		50
2. Production costs will not increase as more employees are infected						v42		51
3. Absenteeism will impact negativity						v43		52
4. Reduced performance due to HIV/Aids sickness on the job						v44		53
5. Training and recruitment of employees will be severely affected						v45		54
6. Illness and death of key employees may prove disastrous for the organisation						v46		55
7. Employee benefit structures will be affected with an increase of HIV/Aids cases						v47		56
8. An increase in direct costs						v48		57
9. Morale of workforce will not be affected as more co-workers get infected and ultimately dies of full-blown Aids						v49		58
10. Average age and experience of employees will be affected						v50		59
11. Accidents within the work environment will not be effected						v51		60
12. Organisational resources will not be affected						v52		61

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STATEMENT	1	2	3	4	5			
	Agree strongly	Agree	Uncertain	Do not agree	Disagree totally			
13. No disruption of schedules, work teams or units						v53		62
14. An increase of organisational down-time due to Aids-related absences						v54		63
15. Unfair discrimination or stigma against an employee on the grounds of HIV-status.						v55		64
16. Reduction in the average level of skill, performance, institutional memory and experience of workforce						v56		65
17. Business will not be affected if suppliers of key inputs fail to manage the HIV/Aids impacts adequately						v57		66
18. Employees who are HIV/Aids infected and who die or retire on medical grounds do have to be replaced						v58		67
19. Employers don't have to increase the size of their work force to provide for deaths during apprenticeship and because of absenteeism generally						v59		68
20. The costs of health care, medical aid and hospitalisation will not be affected						v60		69
21. Consumer-base and credit loans will not be affected by the HIV/Aids epidemics						v61		70
22. Growth in the volume of sales will remain unaffected						v62		71
23. HIV/Aids will make it more expensive for an organisation to produce a given quantity of it's products unless it can reduce it's cost in other ways						v63		72

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STATEMENT	1	2	3	4	5			
	Agree strongly	Agree	Uncertain	Do not agree	Disagree totally			
24. Well designed programmes to reduce infection that leads to an increase awareness among employees will have a positive impact on the management of HIV/Aids in the workplace						v64		73
25. All persons with HIV or Aids have the legal right to privacy in the workplace						v65		74
26. Methods should be created to encourage openness						v66		75
27. The risk of HIV transmission in the workplace is minimal						v67		76
28. Providing appropriate equipment and materials to prevent employees from the risk of exposure to HIV in the workplace will have a significant impact on the spreading of the disease						v68		77
29. An employee may not be compensated if he or she becomes infected with HIV as a result of an occupational accident within the workplace						v69		78
30. Legislation aspects pertaining to HIV/Aids in the workplace is non-existent						v70		79
31. HIV/Aids will not affect business						v71		80

15. Respondent number

v72 

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 1-3

16. Card number

v73 

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 4-5

17. Repeat number

v74 

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 6

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15. What specific actions and recommendations can you suggest to ensure a proper and successful HIV/Aids strategy to be implemented or managed by management on all organisational levels?

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v75	<input type="checkbox"/>	7-8
v76	<input type="checkbox"/>	9-10
v77	<input type="checkbox"/>	11-12
v78	<input type="checkbox"/>	13-14
v79	<input type="checkbox"/>	15-16

Please describe:

.....  
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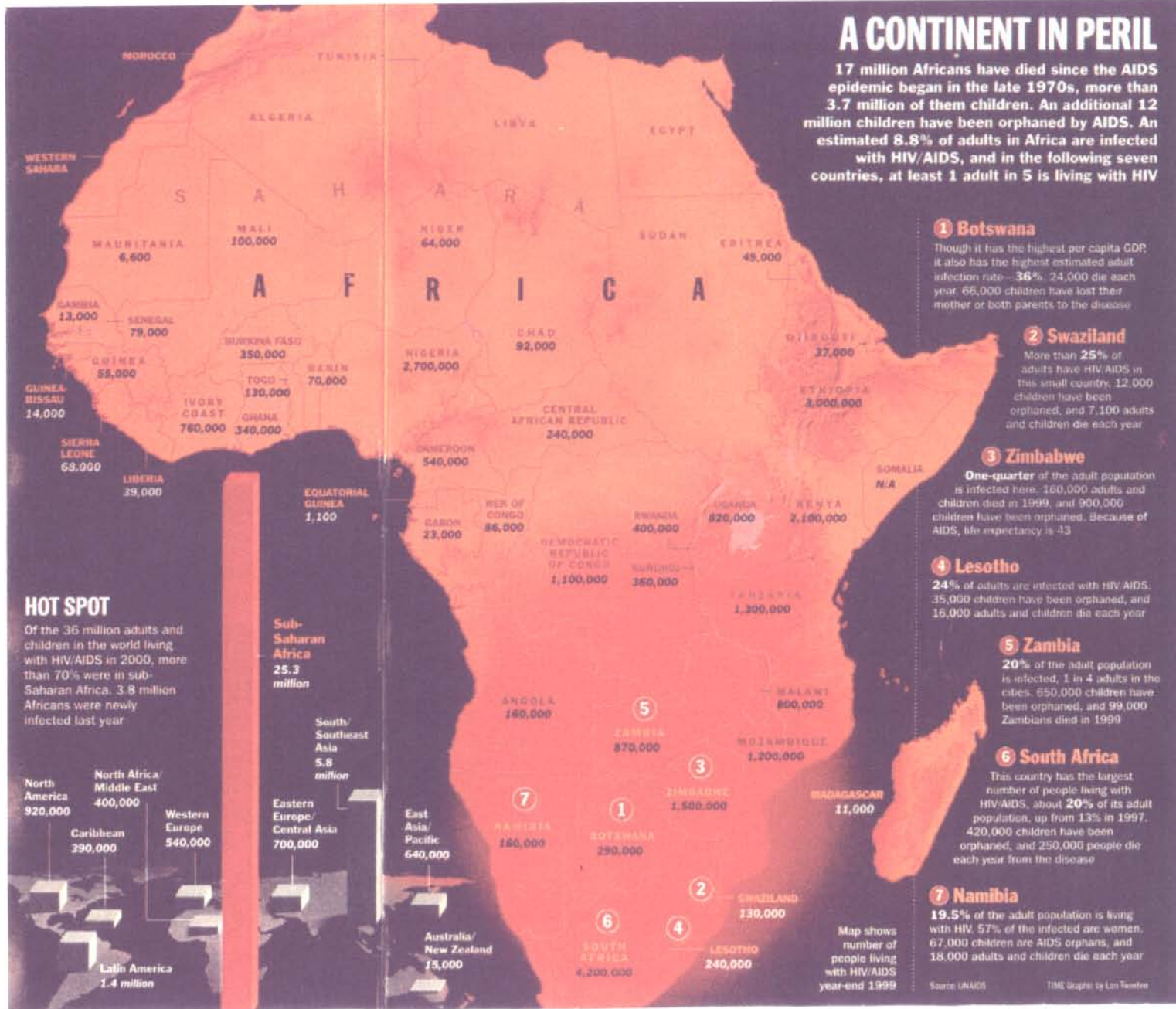
*Thank you very much for your co-operation and participation*

**APPENDIX C**

**THE GLOBAL IMPACTS OF HIV/AIDS WITH SPECIFIC  
REFERENCE TO SUB-SAHARAN AFRICA**

# A CONTINENT IN PERIL

17 million Africans have died since the AIDS epidemic began in the late 1970s, more than 3.7 million of them children. An additional 12 million children have been orphaned by AIDS. An estimated 8.8% of adults in Africa are infected with HIV/AIDS, and in the following seven countries, at least 1 adult in 5 is living with HIV





**APPENDIX D**

**EXAMPLES OF USER-FRIENDLY COMMUNICATION  
MEDIUMS AVAILABLE TO ASSIST EMPLOYEES WITHIN  
THE WORKPLACE**

# Put the bounce back in your step



BOUNCE

## Employee Assistance Programme (EAP)

FOR A CONFIDENTIAL APPOINTMENT OR FOR MORE  
INFORMATION ABOUT THE PROGRAMME CONTACT  
THE NATIONAL TOLL FREE NUMBER  
0800 00 4770



Centre for Human Development

Helping **organisations** and  
**people** to perform better.



**L**iving in today's complex world is challenging. As we strive to balance the demands of work, family and our own personal needs, there may be times when we feel our ability to cope is being stretched. When a personal problem makes life difficult, it affects all aspects of our lives – at home and at work.

Personal problems are a normal part of living. For this reason our company offers an Employee Assistance Programme (EAP) to help deal with life's tough spots – whether they occur on or off the job. When you are helped with a personal problem, your home life improves, work improves and everyone benefits.

### **What is your EAP?**

Your EAP is a confidential programme designed to help resolve personal problems. Information, consultation and brief solution-orientated therapy are provided by professionals at the Centre for Human Development/PPCI, an independent firm. The programme encourages early use – when you become aware of a problem and your own efforts to resolve it have not been satisfactory.

- ▶ Fees for employees and eligible family members are usually paid by your employer.
- ▶ Services are confidential.
- ▶ Use of your EAP is voluntary.

### **Your EAP can help with:**

Your EAP can assist you with a variety of personal problems such as:

- ▶ Emotional and personal difficulties
- ▶ Family and relationship concerns
- ▶ Drug and alcohol abuse
- ▶ HIV/AIDS
- ▶ Managing stress and change
- ▶ Budgeting
- ▶ Work-related issues
- ▶ Trauma

### **Is it really confidential?**

Information shared in your EAP is always treated as confidential. Information about individual employees who use the programme is not shared with your employer.

Most individuals make their own appointments. When an employee is referred to the EAP as a result of employment concerns, information related to employee participation may be required by the workplace. There is no discussion of what occurred in the sessions; personal information remains confidential.

Employees who wish to disclose information about their consultation with the EAP must sign a release of information form. This permits specific information to be shared with designated individuals. These exceptions will be discussed with you before your first session begins, by receiving a CHD/PPCI Statement of Understanding. This document describes your EAP and the confidentiality of the programme.

### **What happens in therapy?**

- ▶ Clarifying the problem: discussing the problem to help you determine what steps to take.
- ▶ Identifying options: exploring alternatives for resolving the problem.
- ▶ Developing a plan of action: deciding on a course of action and implementing your plan.
- ▶ Working together: achieving your goals.



## THE AIDS VIRUS IS A KILLER

**“I CARE... DO YOU?”**

It is now almost two decades ago that the virus that kills millions of people worldwide had been identified as the Human Immuno deficiency Virus (HIV). **This is the virus that causes AIDS.** To date there is still no cure for this deadly infection.

HIV lives in the body fluids like vaginal fluids, semen, blood, breast milk, tears, urine and saliva. Some of the body fluids like sweat and tears have so few of the virus that you have to drink more than a cup of infected saliva to become infected yourself.

Skin is a natural barrier to the virus – it cannot go through the skin. That is why it is perfectly safe to hug someone with AIDS or shake their hand. Remember that the infected fluid has to actually get into your bloodstream to infect you. A break in your skin can increase your risk of becoming infected. It is therefore important to cover any open wound.

Most people get the virus from having sex. During sex there is an exchange of body fluids. The semen of the man and the vaginal fluids from women end up inside the bodies of their sexual partners. This is called **unprotected sex**. You can protect yourself by using a condom during sex. A lot of other sexually transmitted infections cause sores on private parts and sometimes even discharges. These sores and discharges make it easier for you to get HIV. It is always a good idea to be treated for any sexually transmitted infections as soon as possible.

Other ways of transmitting the virus is by sharing needles and syringes to inject drugs into your body. HIV can also be transmitted to babies of pregnant women or through breastfeeding.

Other than **being infected** by HIV, we are all affected by this devastating disease through our involvement with our families, friends and the community we live in.

*As South Africans we should not get stuck in denial about AIDS.*

The latest estimates are that around 5 million South Africans are infected with HIV (This is more than 10% of the population) with 1500 additional new infections per day. With more people dying of AIDS related diseases we will have to care for the sick and the orphaned babies. In the workplace, we will be confronted with a whole lot of other work related issues such as absenteeism, sick leave and the loss of a skilled workforce, that will lead to increased costs of doing business for the company.

### COMPASSION

People infected with the HIV need more emotional support than anything else. We need to help them to learn as much as possible about HIV/AIDS. They need to know how the disease is passed on and how to stay healthy. During the early stages of illness the people who are HIV positive need to continue to live a normal life for as long as possible. They need to carry on working and carry on with their hobbies or sports. Even at this early stage of the illness HIV positive people need to go to their clinics or doctors for regular check-ups. Eating the right food, practicing safer sex, abstaining from alcohol and smoking are some of the ways that can help to keep you healthy for longer.

As friends and family of an HIV positive person that starts to get sick, it is important for them to know that we will be there for them all the time, spend time with them, read to them, listen to music together.

### WHAT CAN YOU DO!

- **Be informed** – to prevent the spread of the Human Immuno deficiency Virus (HIV)
- **Be aware** – of the support that is available for people living with AIDS
- **Show compassion** for people living with HIV/AIDS

For more information or a confidential appointment contact your EAP provider, the Centre for Human Development at the toll free number:



# PHARMACEUTICAL BENEFIT MANAGEMENT

## Aid for AIDS - Doctor's Information

Dear Doctor,

- Please **examine** your patient, **complete and sign the Aid for AIDS (AfA) application form**. Only **one application per person, for life**, is necessary. You do not need to submit another application for your patient: annually or for future HIV-related events or changes. Applications submitted for these reasons will not be paid under the 0199 tariff code.
- This consultation and completion of the application form as well as a possible telephonic consultation will be paid **under the tariff code 0199 (R150 VAT included)**. Please submit your account to PBM, Private Bag X1003, Claremont, 7735 for authorisation. *Payment is on the proviso that patients belong to one of the medical scheme options listed below, that they are HIV positive, and that their AfA application form is fully completed.*
- Please note that **only one practitioner** should complete the application form. Ideally this should be the practitioner who is most regularly responsible for your patient's HIV/AIDS medical care.
- Please **either fax** the completed form, **to our toll-free fax line: 0800 600 773, or post** it to the AfA programme in the **business reply envelope** provided.
- Please feel free to contact us on **0800 227 700**, for any **programme queries** or e-mail us at [afa@pbm.co.za](mailto:afa@pbm.co.za).
- **Please always deal directly with the Aid for AIDS programme, including submission of claims, in order to ensure confidentiality for your patient.**

### Schemes contracted to the AfA programme:

- |  |   |
|--|---|
| • AACMED (305)                               | • Medshield                                 |
| • ABI  | • Midmed (027)                              |
| • Barlow                                     | • Oilmed                                    |
| • BMW  | • Phila (062)                               |
| • Bonitas (238 - 240; 020; 277; 278)         | • Rennies (316; 317)                        |
| • Esmmed                                     | • SABC                                      |
| • Finmed (004; 074; 094; 255; 256)           | • SA Breweries Medical Aid Society (290)    |
| • G5Med                                      | • SAB Castellion Medical Scheme (034)       |
| • Haggie                                     | • Sasolmed (053, 054)                       |
| • Independent Newspapers Medical Aid Society | • Sizwe                                     |
| • Meddent Medical Scheme                     | • Southern (309)                            |
| • Medical Services Plan                      | • Stocksmmed (059)                          |
| • MEDS (310; 311)                            | • Wits (060)                                |
|  | • Wooltru Healthcare Fund (Medisure option) |

Please contact us on **(021) 658-6464** if your Medical Scheme is missing from this list.



Only one in 10 people who are HIV-positive are aware of their condition. Please allow us to help you identify the illness at an early stage and let us jointly manage your health and well-being so that you can remain an active and healthy member of your family, community and workplace.

## Join the Aid for AIDS programme today

Contact us at:  
Tel: 086 0100 646  
Fax: 0800 600 773  
Private Bag X1003  
Claremont 7735



## How to apply to the Aid for AIDS programme

### Step One

If you are worried that you might have HIV, ask your doctor or clinic to test you. This test will be paid for by your medical scheme and only you and your doctor will be informed of the results.



### Step Two

If the results show that you are HIV-positive, call **Aid for AIDS** on 086 0100 646 and ask for an application form.

### Step Three

Your doctor will examine you and help complete the form. This examination will be paid for by your medical scheme.



### Step Four

Fax your completed form to **Aid for AIDS** on their toll-free number: **0800 600 773**, or post it in the pre-paid envelope provided.



### Step Five

The **Aid for AIDS** medical team is specially trained to review your medical details. They will contact your doctor if necessary, and agree on the most appropriate treatment for your HIV/AIDS condition, which will be paid for by your medical scheme.



### Step Six

You will need to visit your doctor for regular examinations and tests. These will be paid for from your usual scheme benefits.

### Step Seven

Your doctor will contact **Aid for AIDS** to keep them informed about your condition. If necessary, your treatment plan will be updated.



### Step Eight

Send all HIV claims to **Aid for AIDS** at:

Private Bag X1003  
Claremont  
7735.

# Has your company quantified its HIV/AIDS liability?

**Question 1:** Have you done a comprehensive HIV/AIDS business impact assessment?

YES	NO
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**Question 2:** Do you know if you can afford and sustain current employee benefits in the face of HIV/AIDS?

YES	NO
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**Question 3:** Have you quantified the cost of an HIV infected employee to your organisation?

YES	NO
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**Question 4:** Have you established appropriate HIV/AIDS management interventions to reduce your HIV/AIDS liability?

YES	NO
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**Question 5:** If you have implemented HIV/AIDS interventions, have you measured the effectiveness and are you able to justify the costs of such interventions?

YES	NO
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**If you answered no to any of the above questions, contact us immediately!**

(011) 481 5500 Office Number

Dr Duncan McAulay (MBChB, DOH) 082 455 2344 or

Michelle Pirie (MA, MBA) 082 940 8888



■ Risk Management Consultants ■

**APPENDIX E**

**A TEN-POINT PLAN FOR THE EFFECTIVE  
MANAGEMENT AND CONTROL OF HIV/AIDS WITHIN THE  
WORKPLACE**



## APPENDIX E

### A TEN-POINT ACTION PLAN FOR ORGANISATIONS TO MANAGE AND CONTROL AIDS

The following 10-point plan, developed by Rutsohn and Law (1991), include many recommendations, additional and pragmatic details on how to implement a suitable plan of action within the workplace and include:

*Point 1: Form a task force of key personnel*

The task force will develop the organisation's Aids policy and guide the Aids education program. The group should include managers and representatives from the human resource, medical, safety, and labour relations arenas, if possible. The task force can include employees who are interested in the issue and willing to participate. Members of the task force should be knowledgeable about and have good access to up-to-date medical, social, and legal information about Aids. To obtain this knowledge, consultation with local health officials and lawyers is recommended.

*Point 2: Review the organisations benefit package.*

The organisations employee health insurance should be reviewed to ensure that it provides broad-spectrum coverage for all catastrophic illnesses, including Aids. While some insurance is treating Aids as they would any other major catastrophic disease, other insurance companies are limiting coverage due to the tremendous treatment costs involved. Since courts have ruled both ways concerning the rights of insurance companies to limit coverage for Aids victims, it is imperative to stay abreast of the legal issues.

Rutsohn and Law (1991) make several worthwhile suggestions about benefits options. First, they suggest that organisations obtain in writing insurance companies' policies on covering treatment and disability costs incurred by Aids-afflicted employees.

Thereafter, organisations should shop around for more effective coverage. They also suggest that employers explore the possibility of joining a multi-employer trust (MET) for insurance coverage.

*Point 3: Understand the legal responsibilities of the business and of employees*

The courts have determined that Aids is a workplace issue and that employers' responsibilities extend to both infected and non-infected employees. Thus, infected employees are protected against discrimination, and non-infected employees have the right to a safe workplace. In addition, Aids victims have a right to medical coverage and long-term disability benefits. Therefore, adverse employment decisions about an Aids-afflicted employee should only be made if the employee has become incapable of acceptable job performance.

*Point 4: Develop a written Aids policy*

The written Aids policy should present factual information on the disease and indicate that those afflicted will be treated the same as employees with any life-threatening, catastrophic disease. It also should state that employees with Aids-related conditions will be viewed as having a disability, that discrimination will not be tolerated, and that provision will be made to reasonably accommodate Aids-afflicted employees. The policy should also indicate that medical information will remain confidential and that all policies, including sick leave and other benefits will be applied uniformly.

*Point 5: Train personnel as Aids resource specialist or enlist outside specialists to provide education programs*

Local health officials, representatives of hospice and other resource providers are often available to provide education programmes or train in-house specialists (peer educators) to serve as the primary presenters. The latter is preferable because employees tend to trust people they know and can relate to.

*Point 6: Formal introduction of the topic*

A regular employee's communication vehicle, such as the organisation's newsletter or a bulleting board, can be used to familiarise employees with the Aids issue. Employers may consider sending each employee a letter about the upcoming employee's seminar on aids.

*Point 7: Educate managerial and supervisory employees*

Managerial and supervisory employees play an important role in every organisation; therefore, they should be educated first. Employees can then rely on managers and supervisors for guidance and information. A "For Managers/Supervisors Only Aids Education Seminar" should focus on the medical, social, and legal issues involved with the disease. In addition, managerial/supervisory employees must be properly prepared to handle confidential information related to Aids cases within the workplace.

*Point 8: Educate the general workforce*

An easy-to-follow program is recommended for educating the general workforce. If peer-educators have been properly trained, outside experts need not serve as the primary presenters.

After welcoming the employees and thanking them for taking the time to learn the facts about this deadly disease, organisational policies regarding Aids and/or catastrophic illnesses should be discussed. It should be stressed that Aids is not transmitted by casual contact, particularly the type of contact that occurs in the workplace. The seminar should inform employees about disease and answer their questions, but care should be taken not to pass judgement on anyone or intrude into personal matters.

Showing of a videotape on the basic fact about Aids is recommended, and the viewing should be followed by group discussion period. Employees should be encouraged to

ask questions, as well as to write questions down. These written questions are then collected and raised by the discussion leader. The procedure ensures that no employee will be directly linked to a specific question and creates a more open environment.

Although the primary presenter should, if possible, be an in-house specialist, local medical and legal experts should also be present to answer frequently asked questions about Aids. If their presence is not possible, the peer educator specialists should be completely prepared to answer such questions.

At the conclusion of the program, general information brochures and a seminar evaluation form should be distributed to all employees; in-house resource specialists should be introduced; employees should be informed that the organisation will provide them with updated information as it becomes available; and local community resources should be discussed. Finally, employees should be asked to share what they have learned with family and friend.

*Point 9: Keep employees informed about the disease*

Information about Aids changes almost daily; therefore, the organisation must stay abreast of new developments and disseminate up-to-date information, as it becomes available. Continual education is the best weapon for combating employee fears about Aids.

*Point 10: Evaluate the program for overall effectiveness*

The evaluation process should begin by asking whether the task force members have sufficient knowledge about all aspects of the disease and its ramifications and the ability to effectively communicate the knowledge. Managers and supervisors understanding of employees' concerns, as well as the importance of confidentiality, should be carefully assessed. In addition, the evaluation should examine whether the general workforce understands the important facts about Aids and related organisational policies.

**APPENDIX F**

**LIST OF INDUSTRIAL ORIENTATED ORGANISATIONS  
WITHIN THE AREA OF STUDY**

## SASOLBURG

Eskom (Lethabo Power Station)  
Karbochem  
Natref  
Omnia  
Polymer  
DOW Chemicals  
Sasol Chemical Industries (SCN)  
Sigma

## VANDERBIJLPARK

Acrow Engineering  
Afrox Ltd  
Air Products (Pty) Ltd  
Baldwin Steel  
Cape Gate  
Isacor Ltd  
Metal Box S.A. Ltd  
Rand Air (Pty) Ltd  
Rheem S.A. (Pty) Ltd  
Roxound Engineering (Pty) Ltd  
Sargo  
Slagment (Pty) Ltd  
Steinmuller (Pty) Ltd  
Suprachim (Pty) Ltd  
Universal Metals  
Van Leer S.A. (Pty) Ltd  
Vantin (Pty) Ltd  
Zimmerman & Jansen S.A. (Pty) Ltd  
Vaal Colliery

## **VEREENIGING AND MEYERTON**

African Cables

Afrigro

Apex Implements

Danmot Industries

Dorbyl Heavy Engineering

Driehoek Concrete Works

Engineering Fabricators

Heckitt Multi Service

Ilca Trading (Pty) Ltd

Prinsco Engineering (Pty) Ltd

Roto Engineering Works (Pty) Ltd

Samancor

Starcor Industries

Stewarts & Lloyds

Vereeniging Refractories

Acrow Engineering

## **CARLTONVILLE**

Elandsrand Goldmine

Anglo American