

INTRODUCTION

The Listeriosis outbreak in South Africa has been the biggest in the world with the highest number of cases and deaths. Cases were also reported in Australia and Namibia some time ago. At the time of writing this fact sheet, 1000 cases were reported with almost 200 deaths and it appears that cases have been occurring over quite some years, although the disease was not a notifiable disease until recently and therefore the scope of the outbreak was not recognised. This in itself indicates a shortcoming in South Africa's ability to identify and deal with serious outbreaks of less common food related diseases.

The Minister of Health, Dr Aaron Motsoaledi, has indicated that the Enterprise factories in Polokwane and Germiston and the RCL Foods Rainbow facility near Sasolburg have been identified as the source of the recent contamination. Since then, several retailers have removed cold meats from their stores. Furthermore, restaurant groups such as Famous Brands recalled ready-to-eat meat products from their menus.¹ It appears also that a dairy farm near Ladysmith in KZN was affected with the disease. In the meantime, law firms have initiated class action law-suits against the food manufacturing companies.

Whilst the figures quoted below show that the incidence of Listeriosis in terms of the general population is very low and therefore not every workplace will encounter the problem, certain sections of the population are more at risk and therefore an evaluation of the risk in every organisation should be carried out and appropriate action taken, as outlined in this Fact Sheet. In addition, the Listeriosis outbreak is a timely reminder of the importance of food safety and hygiene in general, and organisations should review their practices to ensure suitable prevention and mitigation of the risks.

This Fact Sheet deals with definitions, prevalence, symptoms, the implications of Listeriosis, and practical approaches for HR practitioners. The Fact Sheet is based on the premise that listeria is the problem and food hygiene and safety are the solution.



¹ Gama, M. 2018. Listeria and gourmet burgers be damned. Finance Week, 15 March, p. 20.

Definitions

There is a difference between Listeria, the bacterium, and Listeriosis, the disease, as shown below:

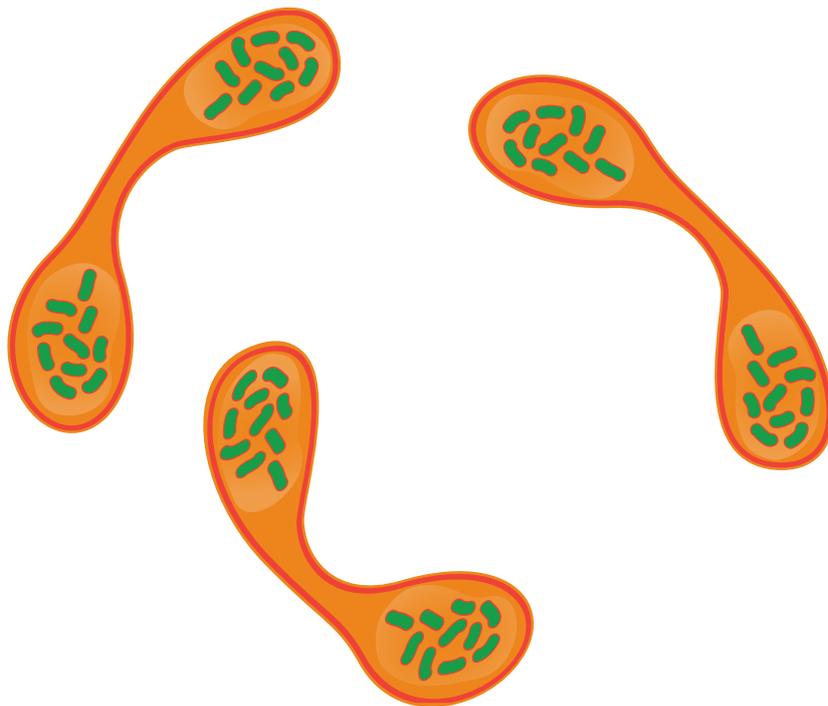
"Listeriosis is an infection caused by Listeria, a bacterium found in contaminated soil, water, vegetation, certain animals like poultry, cattle and milk."

Department of Health

"Listeriosis is food poisoning caused by eating foods contaminated with the Listeria monocytogenes bacteria."

EWN

The bacterium, listeria, is a naturally occurring bacterium which at low levels of concentration is not a problem. Under certain circumstances, it becomes concentrated and infects water, vegetation and animals, thus eventually creating a disease in humans.



Key facts about listeriosis

As a relatively new disease, there is a lack of awareness about the causes and nature of listeriosis. In addition, there is also misinformation and speculation about listeriosis that leads to increased levels of confusion.

At the beginning of March 2018, the current statistics pertaining to the prevalence of Listeriosis were as follows:

KEY STATISTICS ²

- The total laboratory cases have increased to 948 by 2 March 2018;
- 180 of them have died, i.e. a 27% fatality rate;
- 85% of patients interviewed ate ready-to-eat processed meat products;
- Polony was the most common food consumed, followed by viennas and sausages;
- The outbreak is driven by sequence type 6 (ST6).

Thus, it is essential to focus on the key facts provided by the Department of Health³



COMPILED DECEMBER 2016

OUTBREAK RESPONSE UNIT, DIVISION OF PUBLIC HEALTH SURVEILLANCE AND RESPONSE

Listeriosis

Frequently Asked Questions

1. What is Listeriosis?

Listeriosis is a serious bacterial disease caused by the Gram-positive, rod shaped bacterium, *Listeria monocytogenes*. The bacterium is widely distributed in nature and can be found in soil, water and contaminated food. Animals and food products such as vegetables can become contaminated from these sources. Infection with *Listeria* usually results in gastro-enteritis with symptoms ranging from mild to severe. However, in persons with weak immunity, Listeriosis can lead to meningitis or septicaemia. In pregnant women, Listeriosis may result in pregnancy loss (abortion) along with meningitis of their infant.

² Motsoaledi, A. 2018. Media Statement by the Minister of Health. Pretoria, 4 March.

³ Department of Health, 2018. Information on Listeriosis. Twitter, 18 March.

2. Who can get Listeriosis?

Anyone can get Listeriosis. However, those at high risk of severe disease are newborns, the elderly, immunocompromised individuals, pregnant women and their unborn babies; and those with underlying conditions such as HIV, diabetes, cancer, chronic liver or kidney disease.

3. Where does Listeriosis occur in South Africa?

The first documented outbreak of listeriosis was from August 1977 to April 1978 where 14 cases from the Johannesburg area were reported. Sporadic cases occur throughout South Africa. In January to September 2015, seven cases were reported from a tertiary hospital in the Western Cape Province. No common source of exposure was found amongst these cases, although at least five of the seven were shown to be related on laboratory examination.

4. How is Listeriosis transmitted?

Listeriosis is usually spread through the ingestion of contaminated food products most frequently with raw or unpasteurised milk and soft cheeses, but also vegetables, processed foods, ready-to-eat meats and smoked fish products. *Listeria* can survive in normal temperatures associated with refrigeration (4°C). The *Listeria* bacterium can also be transmitted from a pregnant woman to her unborn baby during pregnancy or at the time of birth. Direct contact with the organism can cause skin lesions.

5. What are the signs and symptoms of Listeriosis in humans?

The incubation period varies and can be between 3 – 70 days (median 3 weeks). Up to 10% of people may be asymptomatic carriers. This figure may be higher in abattoir and laboratory workers who work with *Listeria monocytogenes* cultures. In the average healthy adult, infection is usually asymptomatic. Symptoms are usually mild and may include fever, myalgia, malaise and sometimes nausea or diarrhoea. In at-risk patients, spread of infection to the nervous system can cause meningitis leading to headaches, confusion, stiff neck, loss of balance or convulsions. Bacteraemia may also occur.

Pregnant women may present with mild flu-like illness associated with headache, fever and myalgia. However, infections during pregnancy can lead to premature births, infection of the newborn with permanent disability, and miscarriage or stillbirth.

6. How is Listeriosis diagnosed?

Diagnosis is made by culturing *Listeria monocytogenes* from clinical specimens such blood, cerebrospinal fluid (CSF), amniotic fluid, placenta or other sterile body fluids. A high index of suspicion is needed for diagnosis as the organisms may be mistaken for skin contaminants (diphtheroids) on Gram stain.

7. How is Listeriosis treated?

Gastro-enteritis due to *Listeria* usually does not require treatment. Meningitis or septicaemia due to *Listeria* can be life threatening and should be treated with intravenous antibiotics. Such as ampicillin alone or in combination with other antibiotics such as gentamicin, trimethoprim-sulfamethoxazole. *Listeria* is resistant to the cephalosporin antibiotics.

8. How can Listeriosis be prevented?

Unlike most other foodborne pathogens, *Listeria monocytogenes* can grow in refrigerated foods that are contaminated. To prevent this, it is recommended to have fridge temperatures below 4°C; and freezer temperatures below -18°C. Therefore, those at high risk of listeriosis should avoid the following foods:

- Raw or unpasteurized milk, or dairy products that contain unpasteurized milk;
- Soft cheeses (e.g. feta, goat, Brie);
- Foods from delicatessen counters (e.g. prepared salads, cold meats) that have not been heated/reheated adequately;
- Refrigerated pâtés.

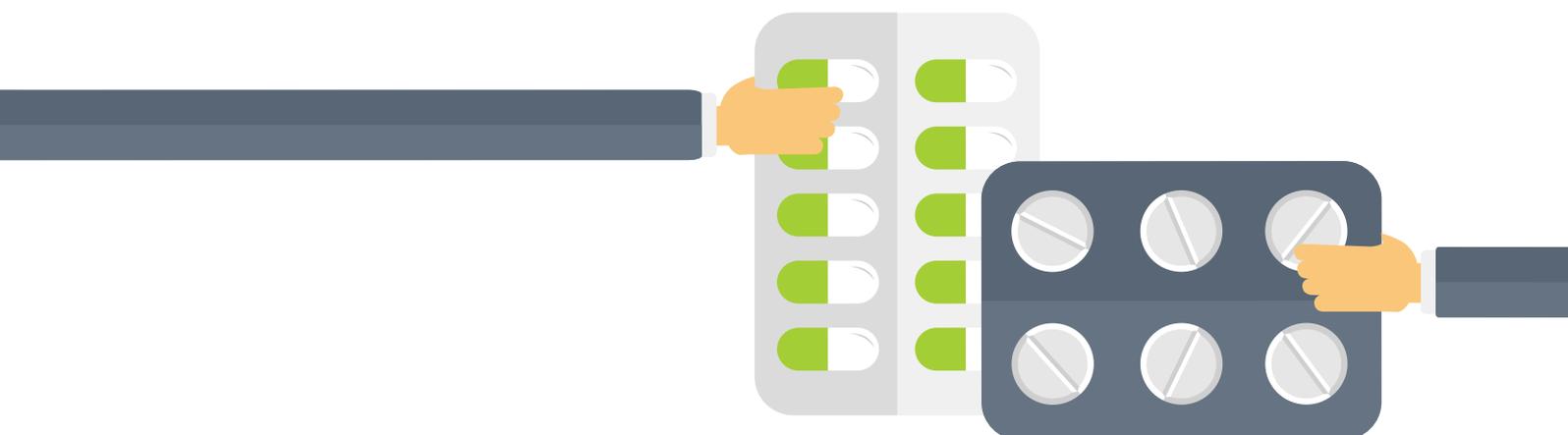
There is no vaccine or pre-exposure prophylaxis for preventing infection. The main preventive measure is to always ensure that good basic hygiene is followed. This includes:

- Using only pasteurized dairy products;
- Thoroughly cooking raw foods from animal sources, such as beef, pork or poultry;
- Washing your hands before preparing food, before eating and after going to the toilet;
- Washing and decontamination of kitchen surfaces and utensils regularly, particularly after preparing raw meat, poultry and eggs, including industrial kitchens;
- Washing raw vegetables and fruits thoroughly before eating.

9. Where can I find out more information

For more information: contact the Outbreak Response Unit or the Centre for Enteric Diseases (for use by healthcare professionals only).

- Medical / clinical related queries: NICD Hotline +27 82 883 9920;
- Results inquiries: NICD Specimen Receiving Laboratory: +27 11 386 6404.



The spread of the current outbreak

According to Mia Malan from the Mail & Guardian⁴, the killer bacterium listeria had found its way into South African food in January 2017, although, as shown above, cases had occurred previously. During the last three months (December 2017, January and February 2018) significant progress was made to stop the spread of the bacteria. Donnelly⁵ compiled the following timeline:

5 December 2017: Listeriosis is declared an outbreak. Investigations by the National Institute of Communicable Diseases (NICD) confirms that the ST6 strain of Listeria is responsible.

12 January 2018: Nine children under five years old from a Soweto creche are admitted to Chris Hani Baragwanath with febrile gastro-enteritis. Environmental health practitioners visit the creche and obtain two samples from unrelated polony brands – Enterprise and Rainbow Chicken. Listeria is isolated from one of the sick children's stool and from the polony specimens at the creche.

27 January 2018: Genome sequencing done by the NICD confirms the ST6 strain to be in all three samples.

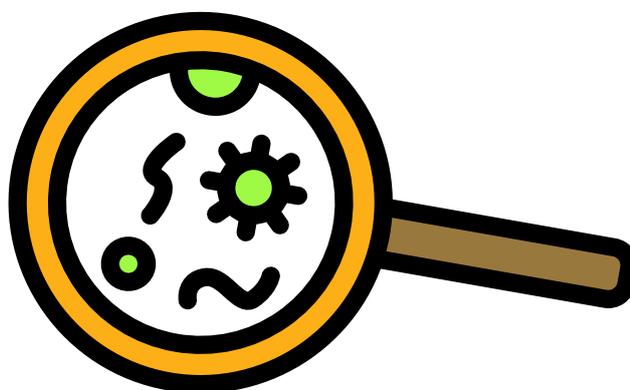
31 January 2018: An environmental health practitioner from the Capricorn district municipality makes an attempt to gain access to Polokwane Enterprise Foods plant but is unable to.

2 February 2018: Environmental health practitioners, representatives from the NICD, Department of Agriculture, Forestry and Fisheries, and three technical experts from the WHO visit the Polokwane Enterprise manufacturing plant. Listeria is isolated from over 30% of the environmental samples collected from the site.

14 February 2018: Tiger Brand's own results show low levels of Listeria bacteria in a product (Mieliekip polony) and recalls it.

27 February 2018: The Capricorn municipality informs the company that 40% of the environmental samples tested positive for Listeria and serves it with a compliance notice.

4 March 2018: Health Minister Aaron Motsoaledi confirms that the ST6 strain is present at the Polokwane factory and he announces a recall of Enterprise products. A recall of Rainbow Chickens products is also initiated.



⁴ Malan, M, 2018. #Listeria: Another Life Esidimeni. Mail & Guardian, March 16-22, p. 16

⁵ Donnelly, L. 2018. How Big Polony's lethal listeria outbreak was stopped. Mail & Guardian, shared on Twitter, 18 March.

Which groups are at risk for contracting Listeriosis?

The following groups of people are at risk:

- Pregnant Women
- Unborn babies and babies under the age of a month
- Children
- The elderly over 65 years old
- People with weakened immune systems, people living with HIV/AIDS, liver/kidney disease, cancer as well as diabetes.

What are the symptoms of Listeriosis? for contracting Listeriosis?

The symptoms of Listeriosis are as follows:

- Fever
- Muscle aches
- Nausea or diarrhea
- Headache
- Confusion
- Convulsions

How is listeriosis diagnosed?

Listeriosis is diagnosed according to the results of findings from the laboratories. The patient's blood sample/cerebrospinal fluid is taken by a health professional and sent to a laboratory for testing.

How is listeriosis treated?

Listeriosis can be treated with a type of antibiotic called Ampicillin, sometimes a second antibiotic called Gentamicin. It takes two weeks to treat Listeriosis and sometimes longer depending on the severity of the infection.

What are the foods we should avoid?

The Department of Health requests people to avoid the following types of foods:

- Polony
- Viennas and other sausages like Russians
- Cold meat and processed meats

How can we ensure that our food preparation reduces the chances of contracting Listeriosis?

Food should be cooked thoroughly before consumption. Wash food before cooking and ensure that the food is thoroughly cooked either by boiling or frying it.

Where should high risk food be taken for safe disposal?

The high risk food can be stored in a different fridge or separate place, until an official communication is released for a safe reuse of the high risk food. Consumers are advised to take products back to producers/retailers for safe disposal of all products.



Source: <https://www.thesouthafrican.com/listeriosis-how-it-survives/>



Source: <http://www.foodsafetynews.com/2018/03/south-africas-processed-meats-blamed-in-deadly-listeria-outbreak/#.WsNrkraQ0k8>

Workplace impact of listeriosis

Since the announcement about the source of Listeriosis on 4 March 2018 by the Minister of Health there has been wide-spread speculation about who will take responsibility for the crisis. The outbreak raises several questions that need to be answered:

- Are companies doing enough to ensure hygiene and food safety in the workplace and the supply and customer chain?
- Does the government provide sufficient inspections and oversight over food safety?
- Do we have sufficient professional staff qualified to deal with food safety in a proactive manner such as food inspectors, food technologists, environmental health practitioners and quality assurance professionals?

Although the media criticised the Tiger Brands CEO, Lawrence MacDougall, for an inadequate response to the outbreak after it has been traced back to his Enterprise factories in Polokwane and Germiston, it is clear that the debate about food safety has only started. However, it is evident that a lack of responsibility and accountability has been a feature of the responses so far. The Tiger Brands response is as follows:

"We acknowledge that we are dealing with an extremely serious issue that pertains to people's personal health and wellbeing and want to provide assurance to all South Africans that we are dealing with this matter with the utmost urgency."

Lawrence MacDougall, CEO: Tiger Brands



The trade union federation Cosatu responded as follows:

"It is the government's lax attitude and failure to educate our people and properly regulate the food industry that has led to so many dying from a serious but treatable food poisoning. The department could have done more to rope in other stakeholders to assist in the awareness campaign; these deaths could have been avoided."

Sizwe Pamla, National Spokesperson: Cosatu



Other possible implications of listeriosis in the workplace to be considered are as follows:

- Uncertainty about how Listeriosis will affect staff;
- Implications for suppliers, e.g. catering suppliers and fast food companies delivering food;
- Increased sick leave and medical expenses;
- Quality control of food and implications for key workforce segments such as kitchen, cafeteria and cleaning staff;
- A fifth of processing industry workers already laid off;⁶
- Implications for occupational health and safety.

Practical approaches and guidelines for HR practitioners

To address the workplace implications of listeriosis as discussed above, we are providing you with practical approaches and guidelines for HR Managers to deal with Listeriosis:

Create awareness of listeriosis and food safety

First and foremost, create an awareness campaign about listeriosis and food safety in the workplace. While food manufacturing companies may be more severely affected than other companies, food is consumed in all workplaces, therefore all workplaces are affected. Because some misinformation may be distributed in the media (including social media), ensure that you distribute information from credible sources such as the Department of Health or the National Institute of Communicable Diseases. Use brochures, social media, websites and intranets, notice boards and all other communication channels to reach all your employees and even visitors to your organisation. Furthermore, it is important to ensure consistency in communication and to be cautious when possible inconsistencies in messages are created, e.g. discouraging staff to wash their hands in water saving campaign will most certainly create unsafe conditions in the food safety campaign.

Staff training should include food safety at home, e.g. encouraging staff to disinfect their fridges and surfaces, and transferring this knowledge to their family members and domestic workers.

The 5 keys to safer food as prescribed by the Department of Health are essential for all staff in organisations, not only at work, but also at home and other places they visit:

Key 1: Keep hands, utensils and surfaces clean
Key 2: Separate raw and cooked food
Key 3: Cook food thoroughly

Key 4: Keep food at safe temperatures
Key 5: Use safe water and raw materials

⁶ Donnelly, L. 2018. Jobs shed as cooked meat sales dip. Mail & Guardian, March 16-22, p. 2

Invest in proper training for high risk staff members

While general awareness and training is essential for all staff, certain groups of staff are more exposed to viruses and bacteria, for example, staff working in cafeterias or kitchens, or those receiving food from catering suppliers, and indeed cleaners. These high risk staff members should receive intensive training on food safety and the prevention of diseases. Thus, ensuring that relevant professionals such as occupational nurses, health and safety officers, environmental health practitioners, and employee wellness practitioners are well trained to deal proactively with listeriosis prevention and treatment will be key in ensuring effective training and development of staff.

Treat listeriosis as an external and possible internal risk

As with all other diseases, listeriosis poses a significant disruptive risk to an organisation in terms of losing staff, law suits, costs, absenteeism, reputational risk and should therefore, like HIV/AIDS, be treated as an external risk entering your business. The focus should therefore be on prevention so that it does not affect your business, but once staff or customers are infected it must be treated and further spread minimised. Risk mitigation becomes a key strategy in dealing with listeriosis. Using the guidelines proposed in the SABPP HR Risk Management Standard, as well as the Employee Wellness Standard could be a useful point of departure in dealing with the threat of listeriosis.

Address talent gaps in the area of food safety and health inspections

Companies operating in the food manufacturing, food distribution, health and safety, tourism, entertainment, hotels and restaurants are directly affected, but it is also reported that the country faces a critical shortage of food technologists and health and safety inspectors. Municipalities are responsible for food health and safety inspections and apparently many municipalities are severely dysfunctional in this service delivery.

Skills development practitioners and learning providers should ensure that there is an adequate supply of staff with the requisite skills in in the food sector. In particular, the listeriosis outbreak highlights the need for an increased focus on food safety and quality control specifically. The problem is exacerbated by the national shortage of 3 300 health inspectors.⁷ The appropriate Sector Education and Training Authorities should take up this issue.

Support and empower infected staff

In the event of staff being infected by Listeriosis, ensure that over and above the normal sick leave and medical aid benefits being activated, the necessary emotional and counselling support via the employee assistance programme and wellness interventions is provided.

Strengthen health, wellness and safety policy and programmes

Most health and safety programmes focus more on the physical safety of the workplace in terms of safety equipment and behaviour. Listeriosis certainly puts the spotlight on the impact of food-related diseases, and it is therefore essential to ensure that occupational health and safety policies and regulations are expanded to include food safety and hygiene in the workplace. Also, apart from the risk of being infected with listeriosis, the debate surrounding the bacteria has expanded to the broader issue of unhealthy eating and lifestyles, a problematic area for most South Africans. Eating unhealthily, and in particular the excessive intake of large quantities of meat and processed food, is a health risk and has contributed to one of the highest obesity and high blood pressure rates in the world.

What complicates the Listeriosis epidemic is that the symptoms are very similar to flu and other typical outbreaks typically experienced during the winter months. This may cause unnecessary panic among staff members on the one hand, but also pose additional infection rates for staff with weaker immune systems. It is recommended that HR Managers invite medical practitioners to the workplace to orientate and support staff during periods of flu outbreaks to prevent the spread of flu and listeriosis.

Create a compliance and good corporate citizen culture

The problem in some companies is that compliance is sometimes seen as a “necessary evil” at best and “unnecessary evil” at worst. In other words, compliance is seen as a problem and not the solution. The reality is that compliance regimes are instituted to address problems in organisations and society such as fraud, corruption, collusion, price fixing, inequality, poor safety and

⁷ Mohlomi, S. 2018. No Kota Spared. Financial Mail, March 15-21, p .28

exploitation of employees, customers, suppliers and other stakeholders. As one of the professions with the strongest compliance systems, HR is uniquely positioned to become facilitators of compliance in the workplace. This means that HR should support and enable a culture of compliance. In addition to laws - rules, codes and standards, good practice guidelines should be followed. As indicated by Rose⁸ some companies have a poor track record of non-compliance and making excuses without apologies is described as "lukewarm about owning up to the truth." Human rights lawyer, Richard Spoor when discussing the Tiger Brands situation is quoted by Barron⁹ as follows:

"We are lagging a long, long way behind in terms of standards, compliance and accountability."

Richard Spoor, Human Rights Lawyer

There is no better way of establishing a culture of compliance in food safety than by embedding food safety standards, such as the Food Safety System Certification Standard [22 000] of the International Standards Organization¹⁰ and the National Standard for processed meat products (SANS885).¹¹ Furthermore, it is important that consumers must be protected against harm caused by a product or service in accordance with the Consumer Protection Act.

Ensure that non-compliance on food hygiene and safety is covered to enable disciplinary action

Whilst we do not recommend incorporating specifics about Listeriosis into company disciplinary codes, we do recommend a review of the code of conduct, or workplace rules, whatever approach you take to communicating with employees on what is acceptable behaviour and what is likely to lead to disciplinary action.

Remind high risk groups that negligence in the event of the spread of listeriosis and other diseases can be used for the purpose of disciplinary action. Likewise, if health and safety policies are strengthened as suggested earlier, non-conformance to policy is also a ground for disciplinary action. While we are most certainly not proposing the creating of a culture a fear in the workplace, responsible behaviour based on sound principles of prevention, safety and disease control can be used to promote a culture of conformance, prevention, cleanliness, safety and discipline.

Reporting of Listeriosis to the authorities

All cases of Listeriosis must be reported to the Department of Health or National Institute of Communicable Diseases within 24 hours of diagnosis. Health practitioners will do this immediately, thus employers with clinics or health centres should also ensure that this happens so that the provincial and national listeriosis statistics can be updated on a regular basis.

⁸ Rose, R. 2018. The Problem with Tiger. Financial Mail, March 15 – 21, p .5

⁹ Barron, C. 2018. Spoor on the hunt for Tiger settlement. Business Times, 18 March, p. 7

¹⁰ Gedye, L. 2018. Tiger Brands counts the costs. Finance Week, 15 March, p. 17

¹¹ Donnelly, L. 2018. Jobs shed as cooked meat sales dip. Mail & Guardian, p. 2

Develop stronger reputation management approaches

The responses to the current outbreak from private food companies and in certain cases government departments has been criticised and this once again shows that top and senior management teams are often not ready to deal with crisis response in a professional manner. Take this opportunity to ensure that your skills development and other human resource development programmes include appropriate training in crisis management, in particular on how to respond to the media. Inadequate responses will do more damage than the short-term loss in sales or class-action law suits, in particular when the reputation of the company is adversely affected and trust is eroded. Additional costs could include medical bills and large fines from the Department of Health.¹²



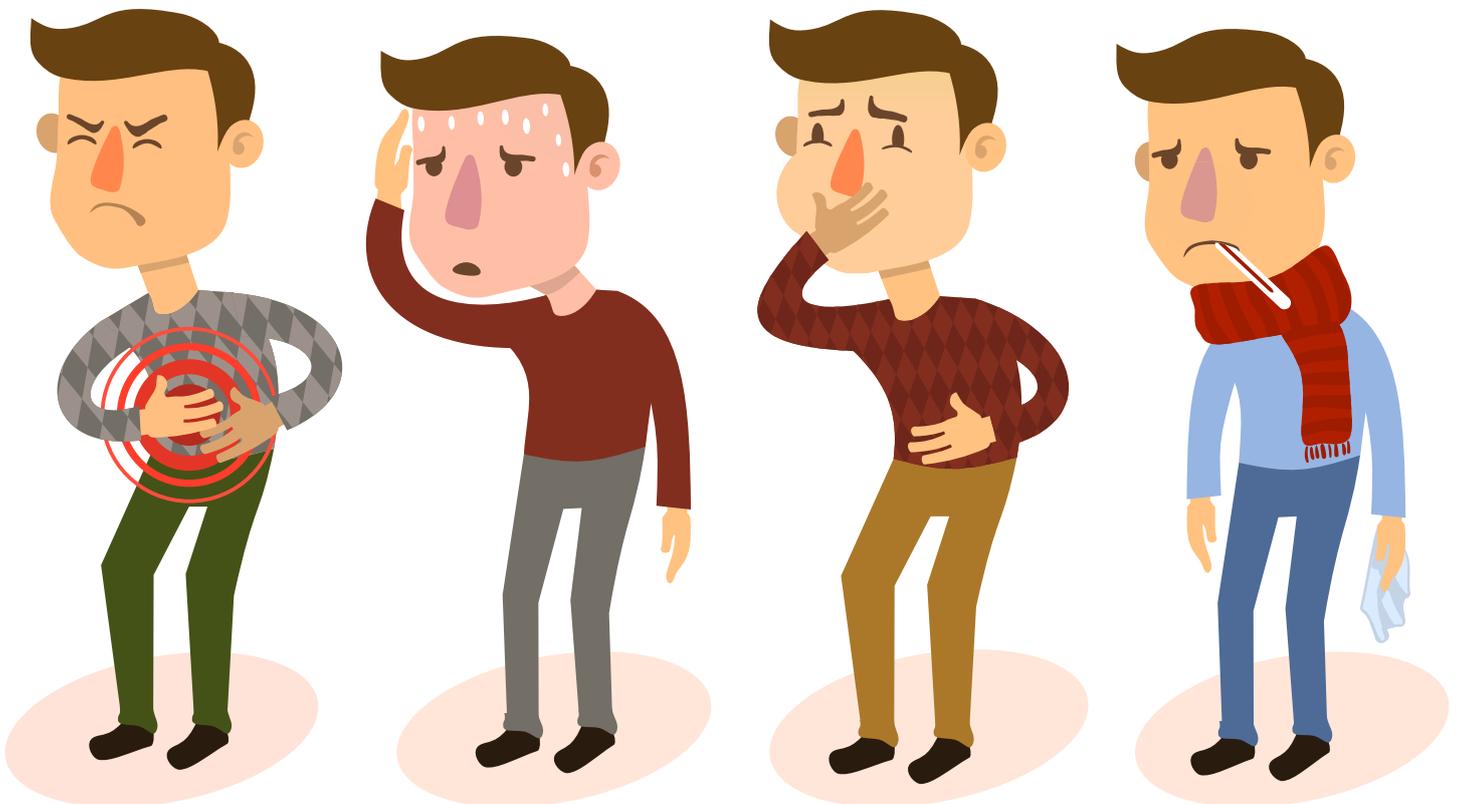
¹² Gedye, L. 2018. Tiger Brands counts the costs. Finance Week, 18 March, p. 16-17

Conclusion

The outbreak of Listeriosis has put the spotlight on the need for an increased focus on food hygiene and safety in the workplace, homes, shops, and other places where food is consumed. Already the listeriosis outbreak has caused more deaths than the Marikana massacre and the Life Esidimeni tragedy combined. While this Fact Sheet has attempted to share the current known facts about the bacteria with readers, it is not clear how it will spread and evolve in future. Whether we will be able to cope with the full extent of the Listeriosis epidemic remains to be seen. Clearly, more research and development work is needed in dealing with Listeriosis. However, given the fact that the outbreak is now the most severe in the world, the short-term priority should be to curb the current spread of Listeriosis and to prevent future cases.

HR practitioners have played a vital role in controlling and minimising the impact of HIV/AIDS in the workplace, so much so that infection rates have decreased in recent years. SABPP would like to commend HR practitioners for their role in dealing with the HIV/AIDS crisis in such a professional and focused way in ensuring that the disease is now under control. However, we need to remind ourselves that as the AIDS crisis in South Africa was the worst in the world and it is the same with Listeriosis. But with AIDS we managed to develop the best national AIDS programme in the world, and similar work is needed to deal with Listeriosis and other possible future food related disease outbreaks. Increased accountability systems need to be established.

SABPP proposes a similar intensive and proactive campaign focusing not only on the Listeriosis crisis, but on food safety, hygiene and cleanliness in general. All workplaces where food is consumed are at risk, and higher levels of awareness and capacity-building is needed in creating clean, safe and healthy work and food environments. Moreover, while the short-term crisis forces us to focus on Listeriosis as one disease, it is possible that other similar or worse diseases may emerge in future. Therefore, we will need to balance short-term reactive approaches in dealing with the crisis at hand, while simultaneously developing robust and proactive approaches and systems of dealing with the outbreak of any new diseases.



Further reading

HR and Wellness Practitioners are encouraged to continue reading about Listeriosis and Food safety to keep their knowledge up to date on this important topic. The following websites contain the latest updates about listeriosis and food safety:

Bhekisisa M&G Health: www.bhekisisa.org

Department of Health: www.doh.gov.za

Health24: www.health24.com

National Health Laboratory Service: www.nhls.ac.za

National Institute of Communicable Diseases: www.nicd.ac.za

World Health Organization: www.who.int

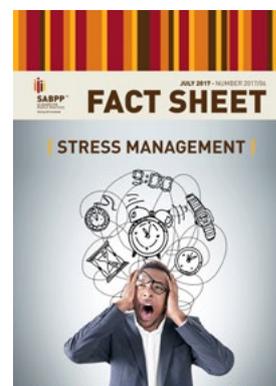
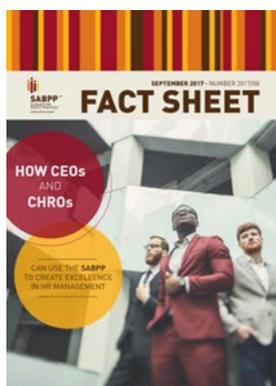
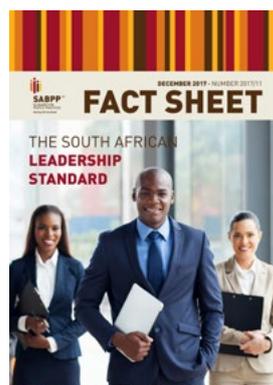
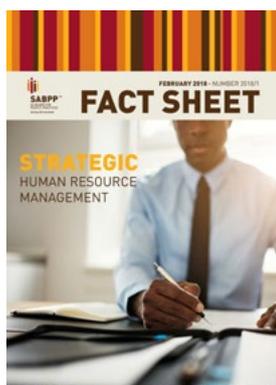
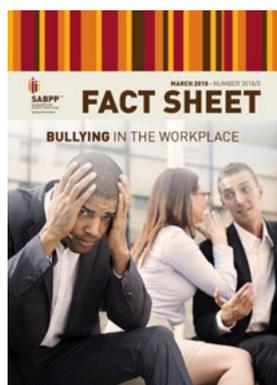
This Fact Sheet was written by Marius Meyer, CEO of SABPP with inputs from Dr Penny Abbott, Research and Policy Adviser to the SABPP. The inputs from Pinkie Baloyi, Deputy Director-General: HR and OD at the Gauteng Department of Health is acknowledged.



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July	6	HR COMPETENCIES
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October	9	EMPLOYEE ENGAGEMENT
November	10	SEXUAL HARASSMENT

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