OCCUPATIONAL HEALTH: THE SA PERSPECTIVE & APPROACH

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Overview

- Legal Framework
- Occupational Health HCWs
- Clinical Occupational Health
- Risk Assessment & Management
- Medical Surveillance
- Other Important Roles
- Occupational Health Services Setup
- Case Study
- Questions

Relevant Laws:

- Occupational Health & Safety Act/MHSA
 - Section 8
 - Instructions
 - Regulations
- Compensation of Occupational Injuries & Diseases Act/ODMWA
 - Acts as insurance
 - Compensation
 - Benefits
- Labour Relations Act
 - Procedures on Leave and Terminations
 - NB aspects relating to OHS
- RTMA
- Licensing
- PDP Medical
- Classification

Duty of employers

Section 8 of the OHS Act place the onus on employers to ensure that the working environment is safe and without risks to the health of their employees. In order to accomplish this, employers must through the services of a competent person assess the exposure of their employees to hazardous environmental conditions in the workplace.





Relevant Laws:

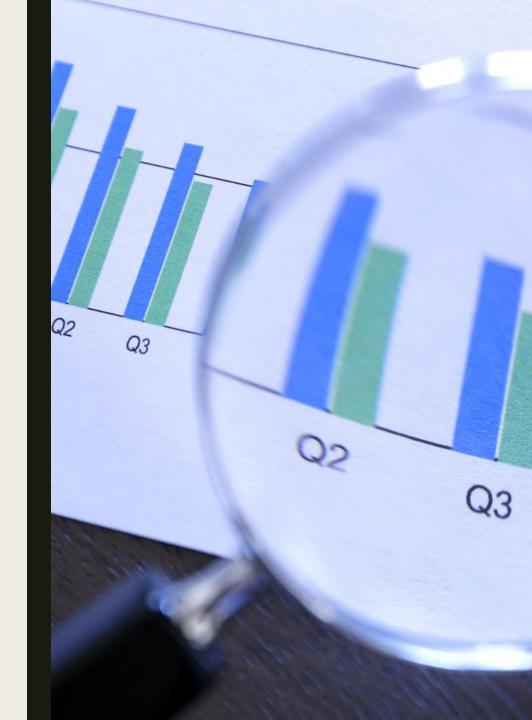


Occupational Health & Safety Act/MHSA

- Role of OHS
- Application

Relevant Laws:

- Compensation of Occupational Injuries & Diseases Act/ODMWA
 - Management of IOD's
 - Liaison with External HCWs
 - RTW medicals and placement





Relevant Laws:



Labour Relations Act

- Absenteeism Management
- Leave Management (Maternity, IOD)
 - Terminations due to incapacity

Relevant Laws:

- RTMA
 - Licensing, professional permit
 - Fitness to drive / Medicals (e.g. epilepsy, HPT)
- Different Instructions (171, 184, etc)
 - Instruction 171
 - Instruction 176
 - Instruction 180
 - Instruction 184
- Regulations
 - Driven Machinery
 - Hazardous Biological Agents
 - Hazardous Chemical Agents

Occupational Health

WHO Definition

- Occupational health is an area of work in public health to promote and maintain highest degree of physical, mental and social well-being of workers in all occupations.
- Occupational Health v/s Occupational Medicine
 - branch of medicine which is concerned with the maintenance of health in the workplace, including prevention and treatment of diseases and injuries, with secondary objectives of maintaining and increasing productivity and social adjustment in the workplace.
- Occupational Health is an umbrella term.

Occupational Health

- Role players & Responsibilities
 - OMP Leader & decision maker. Holds liability. Prescribes MS and RM solutions
 - OHNP Supports OMP. Conducts MS and often 1st contact with workers (Adviser)
 - Technician SASOHN Registration, conducts testing. Administration.
- Occupational Clinic vs PHC Clinic
 - The difference is in the functions
 - PHC not mandated, can be administered by any HCW

Legal Mandate

- Primary Mandate for Occupational HCW's:
 - Risk Assessment
 - Medical Surveillance
- Other Responsibilities:
 - Incapacity
 - IOD's
 - Advisory

- What is a Health Risk Assessment and why do we need a Health Risk Assessment?
- One of scientific ad systematic ways of determining, quantifying, and managing risk to achieve safety in the workplace.
- Different types of RA
 - Qualitative v/s quantitative
- Role Players
 - SHEQ team
 - Occupational hygienists
 - OMP & OHNP (Consolidation)

■ RA Process:

- Hazard Identification walkabouts
- Done at least every 2 years
- Quantification and grading
- Recommendation of controls
- Actioning/Implementation
- Risk v/s Hazard



- Hazard Types
 - Physical
 - Chemical
 - Biological
 - Ergonomic
 - Psychosocial

- Risk Grading
 - Severe
 - High
 - Moderate
 - Mild
 - Very mild
- Risk Matrix

- Risk Management:
 - Hierarchy of Controls
 - * Elimination
 - * Substitution
 - * Engineering Controls
 - * Administrative Controls
 - * PPE



- Risk Communication
 - What?
 - When?
 - Where?
 - Who?
 - Why?
 - How?
 - How Much?



RA - MS

- OREP
 - Defined
 - Purpose
 - Who is responsible?

Occupational Risk & Exposure Profile ("OREP")

SECTION:		DEPARTMENT:			DIVIS						
			n a scale	of1=05. (/ = None; 1 = Low; 3 =		_	_				
	_	QUIREMENTS:						ZARO EXPO			
Requirement scores ⇒	CAP	Requirement scores ⇒						tc.)			
THE SENSES		COMPOSITE FUNCTIONS	ļ	Groups S-Sensitive; Hintert C+C			•				
Hearing		Fine motor control		Chemical Name	CONS	PROG	RISK	GRP	Target Orga	ne	SCH
Balance		Hand-eye co-ordination			ļ			ļ			
Vision: Acuity - near		Hand-eye-foot co-ord			<u> </u>	ļ	<u>. į</u>	<u> </u>			
Acuity - far		Use of both hands required	ļ		<u> </u>	ļ	. <u>ļ</u>	<u> </u>			
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Depth		Strength (power) (kg)	ļ		ļ	ļ					
Colour		Endurance (fitness)			<u> </u>	ļ	<u> </u>	<u> </u>			
Night vision		Clear thinking / alertness	<u> </u>		<u> </u>	<u></u>	<u>. I</u>	<u> </u>			
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5mell					<u> </u>			<u> </u>			
Touch											
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GENERAL		SECONDARY TASKS	1								
Clarity of speech		Company Driver (Code)		BIOLOGICAL Agents:	c	ONS	PROB		DUST:	CONS	PRO
Company Driver ()		Fork-lift operator					-	Asbestos	2007	4	
Operator		Operate haz machinery	<u> </u>		 -			Silica / Qua			+
Operation		Fire / Rescue Team	ļ					Grain / Woo		2	
		Hazmat / Spill Team						Cotton / Fla		2	
		First Aid	ļ			-		Animal Prot		2	.
PPE REQUIRED		ENVIRONMENT / TASKS	i		 -	†		Other	eli		·
	REG		CAP		-					-	-
Hard Hat		Climbing ladders/stairs		PHYSIGAL Agents:		ONB	PROB		YSIGAL Agents:	CONE	PRO
Eye Protection		Work at Heights		Noise		3		Radiation (lonizing) - xrays	4	
Face Shield		Confined spaces		Heat		2		- alpha / be	ta / gamma	4	
Mask		Near dangerous machinery		Cold		3		Radiation (N-lon) - Laser	2	
Respirator		Prolonged sitting		Glare		2		- UV (sun,)	velding)	4	
Air hood		Bending/squatting		Vibration (Segmental)	Ť	3		- Infra Red	(sun, welding)	2	
Hearing Protection		Prolonged standing	·	Vibration (Whole)	t-	2		- Radio& micro		2	1
Overalls		Uneven or slippery terrain	·	VIDEOUS (VIIIOL)				- VLF, ELF, mag		2	
Fleece-lined jacket			ļ					- EMF	iliay	2	
;		Poor lighting				_				_	-
Safety Belt/Hamess		Shift work	ļ	ERGONOMIC Hazards	, (ONB	PROB	ERGO	NOMIC Hazards:	CONE	PRO
Gloves		International Travel		Awkward posture/position		2		Repetitive n	novements	3	
Safety Boots		Other		Twisting		3		Forceful movements		3	
				Static loading		2		Tasks at ext	tremes of reach	2	
			!	İ	·····						
				NOTES				199999999999		_	

RA - MS

- MS Matrix
 - Defined
 - Purpose
 - Who is responsible?

$$E = hc^{2}$$

$$\sqrt{2}$$

$$\nabla \times \mathbf{H} = \mathbf{J} + \frac{\partial \mathbf{D}}{\partial t}$$

5x5 Risk Matrix Example

Impact
How severe would the outcomes be if the risk occurred?

	happer
ity	he risk will
Probabilit	Vhat is the probability the risk will l
	is the p
	Vhat

	Insignificant Minor 1 2		Significant 3	Major 4	Severe 5	
5 Almost Certain	Medium 5	High 10	Very high 15	Extreme 20	Extreme 25	
4 Likely	Medium 4	Medium 8	High 12	Very high 16	Extreme 20	
3 Moderate	Low 3	Medium 6	Medium 9	High 12	Very high 15	
2 Unlikely	Very low 2	Low 4	Medium 6	Medium 8	High 10	
1 Rare	Very low 1	Very low 2	Low 3	Medium 4	Medium 5	

Safety Culture

- What is Medical surveillance?
 - Structured medical assessments that are performed at intervals or on occasions to minimize the risk of exposure to hazards and its impact.
 - Why is it part of risk assessment and management?
- Purpose of Medical Surveillance
 - Benefits

- Types of Medical Surveillance
 - Pre-employment
 - Pre-placement
 - Initial v/s baseline Medical Assessment
 - Periodic Medical Assessment
 - Return to work Medical Assessment
 - Fitness to work medical assessment (clinic visits)
 - Exit
- Medical Surveillance process



Medical surveillance Process:



Occupational & Clinical History



Clinical Examination (HTT)



Investigations

- Sideroom
- Legislated tests
- Biological monitoring
- Other clinical tests (Lab, Radigrphy)



- Investigations Continued:
 - Bedside Biochemical
 - MDT
 - Audiometry
 - Spirometry
 - Vision Screening
 - ECG/Exercise Tolerance
 - Heat Tolerance
 - Questionnires: HAV, Ergonomics, K10, Epworth, WAH, Confined Spaces Etc

- Bedside Biochemical Continued
 - Glucose
 - Haemoglobin
 - Cholesterol
 - Dipstix



- MDT Continued
 - Drug policy essential
 - Procedure outlined
 - Results interpreted
 - Procedure for positive tests
 - Cannabis
 - "Zero tolerance"

- Audiometry Continued
 - Instruction 171
 - Baseline Audiogram
 - Who can perform?
 - PLH
 - PLH Shift
 - NIHL
 - Disability percentage calculation
 - Controls (HCP)

- Spirometry Continued
 - Why is it performed
 - Restriction vs obstruction
 - Who ca perform it?
 - Acceptability & Repeatability
 - Compensated conditions
 - X-rays & pneumoconiosis

- Vision Screening Continued
 - Defined
 - Keystone vs Snellen
 - Components
 - Critical Occupations

- ECG/Exercise Tolerance Continued
- Heat Tolerance
- Questionnires: HAV, Ergonomics, K10, Epworth, Etc

- Heat Tolerance/Cold Stress, Thermal Continued
 - When is it performed
 - Extreme weather conditions

Questionnires:

- HAV
- Ergonomics
- K10
- Epworth
- Working at Heights
- Confined Spaces



- Biological Monitoring & Toxicology
 - Monitoring of exposure to chemicals using markers to quantify exposure to such chemicals
 - E.g Pesticides (Organophosphate)

- Fitness Certificates Outcomes
 - Fit to work
 - Fit with Restrictions
 - Temporarily unfit
 - Unfit to work
 - Duration is based on exposure and reasonable expectation

OCCUPATIONAL
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APPROACH

QUESTIONS

BREAK

Medical Surveillance Outcomes

Medically Fit With Restrictions Temporarily Unfit Unfit

Medical Surveillance Outcomes: Unfit Employees

Reasonable Accommodation

Redeployment

Medical Boarding

Temporary Disability Permanent Disability

Medical Surveillance Outcomes: Unfit Employees

Referrals to treating physician Review for outcomes Reasonable accommodation/redeployment Consider incapacity

- Risk Assessment
 - Assess and identify hazards
 - Evaluate exposure
 - Calculate and quantify/grade risk
 - Design controls
 - M & E
 - Start over

- Occupational Health Risk Assessment
- Risk Grading/Quantifying/Communication
- Implement Controls
- Monitoring & Evaluation
- Review
- Occupational Risk Exposure Profile
- Medical Surveillance Matrix

- Medical Surveillance
 - Pre-employment
 - Periodical
 - Fitness to Work
 - Return to Work
 - Exit Medicals

- Medical Tests
 - Spirometry/ Lung Function Tests
 - Audiometry/Hearing Tests
 - Vision Screening
 - Ergonomic Screening
 - Sideroom Tests



- Biological Monitoring
 - Done with Medicals
 - Seasonal (Baseline, Post-dosing)
 - Prethroids
 - Organophosphates
 - Interpretation

Other Functions

- Incapacity Management
 - How to approach it (Procedure)
 - Who to refer



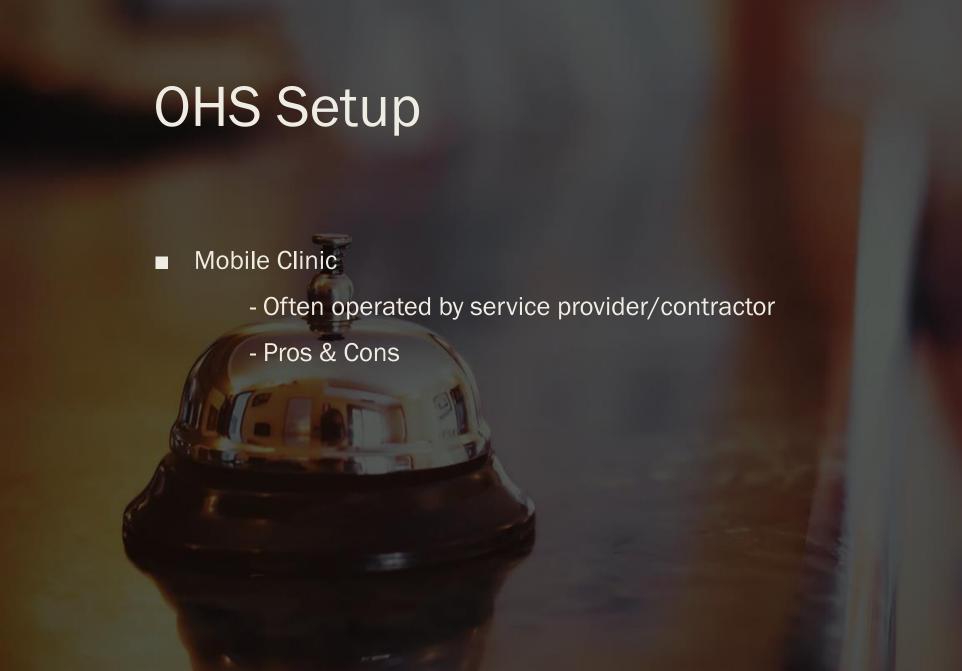
Other Functions

- Occupational Injuries
- Occupational Diseases
- When to notify
- Documents involved
- Compensation cases

Other Functions

- Advisory
 - advising management on anything that has to do with health.

- Onsite Clinic
 - Owned by employer, run by employer
 - Pros & Cons



- Onsite, Third-party Managed
 - Pros & Cons



- Walk-In Clinic
 - Privately owned
- Advantages & Disadvantages for employer/farmer





- Consulting Service
 - Uncommon in SA
 - Supplier provides Advisory
 - Clinical management
 - Incapacity Management

Case Study

- 58-year-old male presents loss of consciousness, abdominal cramps, foaming in the mouth, diarrhoea.
- He works on a farm as a general worker. They have been spraying crops for a week. It was windy during the day.
- The following day... a 50-year-old female presents at Emergency room with similar symptoms. On further enquiry it is established that she is his wife.

Approach

- Design exposure pathway
- Advise the farm on prevention & management of similar incidents



Exposure Pathway

Management & Controls



QUESTIONS

