

African

OS&H



Published by The Safety First Association
September/October 2021 Vol 81 No 5

- Covid-19 and OS&H practitioners: Lessons learned
- Legislation and the alcohol problem in the workplace
- Ethics of mandatory vaccinations in the occupational context
- How a virus changed the world
- Hazard and Operability Study (HAZOP)
- Deadly hazards of exposure to asbestos

Thriving Together





Innovative PPE products -
 Developed by uvex for the
 demands of your industry



Formerly known as National Safety

September/October 2021 - Volume 81 Number 5

CONTENTS

FEATURE ARTICLES

Legislation and the alcohol problem in the workplace6

Covid-19 and the OS&H Practitioner: Lessons learned14

How a virus changed the world28

Ethics of mandatory vaccinations in the occupational context31

Support government’s position on vaccination34

Prevention of suicide - there are warning signs to help your co-workers35

Hazard and Operability Study (HAZOP): Safety professionals need to understand36

Future of work post Covid-19 and productivity ...38

Deadly hazards of exposure to asbestos40

OSH and the age of specialisation43

GAS SAFETY



Training and development for a gas safe future44

Navigating labour pains44

PERSONAL PROTECTIVE EQUIPMENT



Sustainability strategy: Driving forward3

Comfort, durability and reliable protection with Wayne’s superior quality gumboots8

Retractable fall-arrest blocks. The perfect solution for tricky situations11

Obituary Jean-Pierre Lourens23

Meet SAPEMA Past Chairmen24

 Clyde Beattie

 Hayley Arnesen

Congratulations to SAPEMA on their 60th anniversary26

Interceptor Africa30

OCCUPATIONAL HYGIENE



President’s Message19

Council activities19

SAIOH Annual Conference20

Branch activities21

From the Professional Certification Committee ...22

Obituaries Johan Jacobs23

Cover story: See pages 3



Participating associations / organisations / institutes with African OS&H and the Safety First Association





African OS&H is published by the Safety First Association and is the official journal of

- Southern African Protective Equipment Marketing Association (SAPEMA)
- Association of Construction Health and Safety Management (ACHASM)
- HSE Connection Point (HCESP)

African OS&H is supported by:

- Southern African Institute for Occupational Hygiene (SAIOH)
- South African Qualification and Certification Committee for Gas (SAQCC GAS)
- Ergonomics Society of South Africa (ESSA)

African OS&H incorporates:

- Occupational Safety and Health
- Personal Protective Equipment
- Corporate Risk Management
- Occupational Hygiene
- Gas Safety
- Ergonomics

Editor: Debbie Myer
Production Editor: Lindsay Myer
Chairman: George Browne
Vice Chairman: Leighton Bennett
Administration & Membership: Sankie Greyling
Committee members: Sankie Greyling, Wensley Misrole, Wellington Mudenha, Steward Shapiro, Fabian Buckley, Herman Fourie, Warren Manning

Administration / Membership :
 Sankie Greyling
 Tel: +27 (0) 65 979-7879 E-mail: sankie@safety1st.co.za

Advertising & Editorial :
 Delinds Publications cc
 12 Delta Road, Blairgowrie, Randburg, PO Box 72366 Parkview 2122
 Tel: +27 11 886-5985 / Cell: +27 83-266-6662
 E-mail: delinds@mweb.co.za

Copyright: 2021 Material appearing in this issue may not be reproduced without the permission of the editor or publishers in any form whatsoever.

The Safety First Association is a non-profit making, privately supported, public service organisation which aims to prevent accidents by promoting an awareness of accident situations in day-to-day living amongst members of the community.

The Publishers and Editors are not liable for any damages or loss incurred as a result of any statement contained in this magazine. Whilst every effort is made to ensure accuracy in this publication, neither the Publishers nor Editors accept any responsibility for errors or omissions in the content and reserve the right to edit all contributions. The views expressed in this publication are not necessarily those of the Publishers or Editors.

Editor's Comment

South Africa's word for the year has just been announced as "vaccination". With Covid still very much part of our lives, it's not surprising. And as the debate for and against vaccinations continues to prevail, so the virus continues its path. While some believe it to be a personal decision where no-one should be forced against their will to take their vaccination, others are strongly pro-vaccination, some companies even going so far as to set a deadline for their employees to get the job.

Those anti-vaccination who finally take the step and get the vaccination always seems surprised that not only did they survive but they feel perfect with no side effects. A surprising reaction after so many millions have been administered world-wide with a minuscule fraction of side-effects being reported. We hear stories about anti-vax Covid sufferers on their death bed regretting not having the vaccination, or others who survive the disease and afterwards rush to be vaccinated, not wanting to go through that illness again, describing it like "no disease they have ever experienced before".

The questions now abound. Will we or won't we have the 4th wave? Will we be hit by another variant? With the holiday season just a few months away, it is a worrying time while we wait to find out. We need to continue practising all safety protocols - especially when on holiday and our guards are down.

The article "How a virus changed the world" is an excellent if not chilling summary of our lives since March 2020. For most the pandemic was a shock, even though it was expected and simulation exercises were designed to prepare for it. The reality hit harder than could have been predicted and many lessons were learned, leaving the majority of the population not wanting to return to how their lives were pre-pandemic.

Wellington Mudenha in his article "Support government's position on vaccination in the workplace" emphasises that as an OSH professional your personal viewpoint on vaccination is not the issue. Whether or not you support vaccination, do not support vaccination or you are sitting on the fence, it is your duty to inform the employer that no employee should be forced to vaccinate.

Warren Manning in his article "Ethics of mandatory vaccinations in the occupational context" discusses this in more detail and concludes that instead of waiting for practices to be made fully consistent with the Constitution, employers often take the initiative, sometimes with unintended consequences which unfortunately may be permanent and damaging. He emphasises that the right of employees to control their bodies must be acknowledged.

Rhys Evans in his article "Legislation and the alcohol problem in the workplace" laments how the fourth alcohol ban since the Covid-19 pandemic breakout in March 2020 has resulted in catastrophic job losses in the alcohol and hospitality industries. He goes onto discuss the Alcohol Amendment Bill with anti-alcohol lobby groups proposing new alcohol regulations to reduce alcohol consumption and relieve the burden on over-strained healthcare resources. While South Africa's alcohol problem isn't going to be easy to solve, he believes we must start somewhere and the Bill seems like a good starting point for government to seek public participation, in taking positive steps toward a safer, healthier population that is capable of making responsible alcohol choices.



Our company has evolved many times in 200 years, but the one constant has been deploying our science and innovation to empower the world with innovations to thrive.

Delivering solutions for global challenges Align 100% of the DuPont innovation portfolio to meaningfully advance the UN SDGs and create value for our customers	Acting on climate Reduce Green House Gas (GHGe) emissions 30% including sourcing 60% of electricity from renewable energy Deliver carbon neutral operations by 2050	Accelerating diversity, equity & inclusion Become one of the world's most inclusive companies with diversity well ahead of industry benchmarks
Enabling a circular economy Integrate circular economy principles into our business models considering lifestyle impacts in the markets we serve	Leading water stewardship Implement holistic water strategies across all facilities prioritizing manufacturing plants and communities in high-risk watersheds Enable millions of people access to clean water through leadership in advancing water technology and enacting strategic partnerships	Cultivating well-being & fulfillment Create a workplace where employees report high levels of well-being and fulfillment
Innovating safer by design Design 100% of our products and processes using sustainability criteria including the principles of green chemistry	Delivering world-class health & safety Further our commitment to zero injuries, occupational illnesses and incidents	Building thriving communities Improve over 100 million lives through targeted social impact programmes

Our long-standing actions embedding sustainability in all we do has impact globally as well as in the local communities we call home. Our roots include being a founding member in the World Business Council for Sustainable Development (WBCSD), an early adopter of both the UN Global Compact and the American Chemistry Council's Responsible Care® management system, and years of engaging industries, customers, national governments, international bodies and others to advocate for action on climate change and other sustainability issues.

HOW WE MAKE AN IMPACT

The most significant impact we can have as an innovation leader is drawn from our experience and ability to apply scientific solutions which drives a more sustainable world' explains Ajen Maharaj, Country Leader for DuPont in South Africa. From safer, more efficient building materials, to innovations for electric and autonomous vehicles, and new technologies that enable life-giving medical care and access to clean water, our businesses work with customers and industry leaders to help people thrive in a safer, healthier and more sustainable world.

To support our sustainability journey, we are using the U.N. Sustainable Development Goals (SDG) as a guiding set of principles to understand what the world needs action on, now. Within the 17 SDGs, we have identified seven with the strongest alignment to our science and the markets we serve, and where we are confident we can impact largescale change. Even as our business and product portfolio evolve, these global goals will continue to be used as a source of worldwide

consensus on sustainability priorities for our scientists and engineers to work toward innovative solutions.



OUR 2030 GOALS

After interviewing customers, investors, suppliers, NGOs and internal stakeholders representing each of our businesses, we created nine sustainability goals that drive action on the most salient sustainability issues for our company. We are using these goals to improve our innovation processes, our operations, and the communities within and around DuPont.

We invite you to read our 2021 Sustainability Report to learn how we work to advance sustainability—engaging with suppliers, improving our operations, and enabling better sustainability outcomes for our customers and communities.

For further information contact

Chemical Industrial:
 Loren Pearson / Patricia Ntsekhe
 Cell: +27 (0)82 377 6765 / Cell: +27 (0) 82 305 6279
 Email: loren.pearson@dupont.com / patricia.ntsekhe@dupont.com
Thermal Apparel:
 Dharmesh Lakmidas / Patricia Ntsekhe
 Cell: +27 (0)72 098 0791 / Cell: +27 (0) 82 305 6279
 Email: dharmesh.lakmidas@dupont.com / patricia.ntsekhe@dupont.com



<https://www.dupont.com> | Tel: +27 11 218-8600



What are
drugged
employees
costing your
company?

JusCheck

An screen device which is simple to use. For the detection of drug abuse in saliva. Test accurately for 6 drugs in 5 minutes.

NEW!



AlcoBlow® Rapid Test

Strongest and fastest breath alcohol tester on the market. AlcoBlow® Rapid Test requires the smallest breath sample and ensures accurate results first time, every time. Results are obtained within seconds. Very economical operation, no disposable mouthpieces are required.



ALCONTROL

Made to be rugged and simple to use, the ALCONTROL can be used in any environment for operator free breathalyser testing. Ideal for controlling entrance at turnstile gates.



URINE TESTING

Test accurately for up to 10 drug types. Test results are available within 5 minutes.



LionAlcometer® 600

The Lion Alcometer 600 and it's printer have a touch screen display. Allows for entering of the test subject name, surname and ID number. Perfect for CCMA cases.



High speed testers capable of testing high volumes of people at site entrance/exit points and portable instruments with digital readouts for use at remote sites providing immediate printed evidence.

Find out why over 5000 businesses trust our products and expert levels support in policy development, legal advice and after sales service.

Ensuring safer working environments for over 40 years
Help is one call away +27 12 343 8114 or visit www.alcosafe.co.za for more information

Legislation and the alcohol problem in the workplace



By Rhys Evans,
Managing Director of
ALCO-Safe

South Africa recently experienced its fourth alcohol ban since the Covid-19 pandemic breakout in March 2020. The resultant catastrophic job losses in the alcohol and hospitality industries after numerous weeks of revenue loss must be balanced with rising infection and mortality numbers.

Calls to discuss the Alcohol Amendment Bill have increased with anti-alcohol lobby groups proposing new alcohol regulations to reduce alcohol consumption and relieve the burden on over-strained healthcare resources.

While the best course of action for tackling rising infections is undoubtedly a rapid roll-out of a nationwide vaccination programme, this does not address the root of the crisis: South Africa's alcohol problem. Here, it is critical for government to consider input from all stakeholders in deciding how best to build the next generation of responsible alcohol consumers.

WHAT IS THE LIQUOR AMENDMENT BILL?

First tabled in 2016, the Liquor Amendment Bill proposes certain changes, such as:

- Increasing the legal drinking age to 21 years;
- Introducing a 100-metre radius trade limitation near educational and religious premises;
- Banning alcohol sales and advertising on social and small media;
- Introducing specific liability clauses for alcohol-sellers.

LEGISLATION ALONE WILL NOT SOLVE THE ALCOHOL PROBLEM

While the Bill has been debated numerous times over the past few years, most recently at the beginning of 2021, there has been no movement towards its formal introduction yet.

Given the severity of South Africa's crisis with alcohol, this type of Bill should be open to public comment, to see how interested parties can contribute to a legislative framework focused on solving the problem effectively, without banning the sale of alcohol outright in the long-term.

In the short-term, any changes to the rules and regulations regarding the sale and consumption of alcohol will need to be properly enforced, with appropriate legal or punitive repercussions for the contravention of liquor laws. This means ensuring that businesses around us are complying with alcohol restrictions in the manner specified by law.

For example, in the instance where the government has imposed periodic alcohol bans since the outbreak of Covid-19, what should individuals do when they see local restaurants and the like still selling booze?

Such businesses need to be reported to the South

African Police Service (SAPS) for contravening governmental order.

Furthermore, enforcement of existing laws regarding the consumption of liquor, need to be more strictly enforced.

Roadblocks testing for intoxicated drivers should be organised more frequently and prolifically, and those individuals caught exceeding blood alcohol limits need to face strict punitive measures to act as a deterrent for others.

ALCOHOL SAFETY IN THE WORKPLACE

In the same vein, industrial sectors need to continue to enforce Occupational Health and Safety (OHS) laws regarding alcohol in the workplace.

Given that South Africans generally spend a large portion of their waking time at work, there is an enhanced responsibility on employers (particularly in the mining, construction and manufacturing industries) to ensure that they provide alcohol-free workspaces.

This requires clear company policies detailing the organisation's position on alcohol, with measures that allow workers to come forward and seek help for substance abuse before they're caught for it.

Enforcing alcohol policies will need to be done in a visible manner, such as testing employees for alcohol by means of a breathalyser before entry to the workplace is permitted to avoid alcohol-related injuries in high-risk sectors.

Those workers that are found with excessive blood alcohol levels must face the appropriate disciplinary action, in order to serve as a deterrent for other employees.

THE TIME FOR PROBLEM SOLVING IS NOW

While South Africa's alcohol problem isn't going to be easy to solve and it's not going to happen overnight, we must start somewhere.

The Liquor Amendment Bill seems like a good starting point for government to seek public participation in taking positive steps toward a safer, healthier population that is capable of making responsible alcohol choices.

Help is one call away +27 12 343 8114
or visit <https://www.alcosafe.co.za> for more information



GREAT COMFORT. BETTER SAFETY.



INTERCEPTOR
GREAT COMFORT. BETTER SAFETY.



Comfort, durability and reliable protection with Wayne's superior quality gumboots

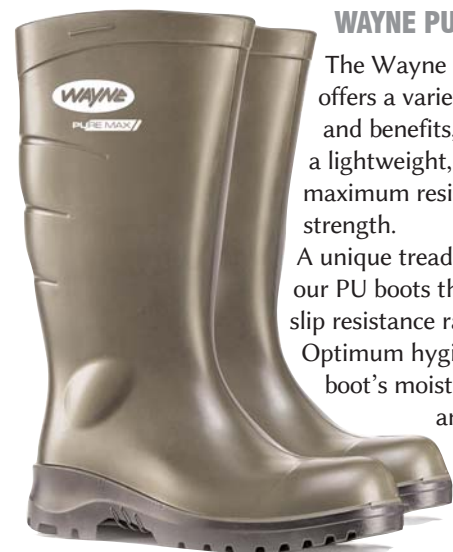
Wayne Safety has been Africa's gumboot specialist for over 80 years. Since 1940, no other manufacturer has supplied more industrial and safety gumboots into the African market.

Wayne Safety started manufacturing gumboots an incredible 80 years ago, with Wayne Rubber producing rubber gumboots in KZN. This began a long tradition of manufacturing superior quality gumboots and serving workers right at the heart of industry.

Today, Wayne is one of the foremost PVC and PU gumboot manufacturers in Africa.

Since 1940, we have focused on what we do best – gumboots, and gumboots alone – allowing us to emerge as specialists in our field and pioneers in both innovation and quality.

Our range of superior quality gumboots have been specifically designed to withstand the various hazards faced in the agricultural industry, delivering the best in protection, comfort and durability. With lightweight comfort, maximum slip resistance and soil release, resistance to oils, fats and chemicals and more, you can trust that our boots will give you unrivalled protection in harsh conditions.

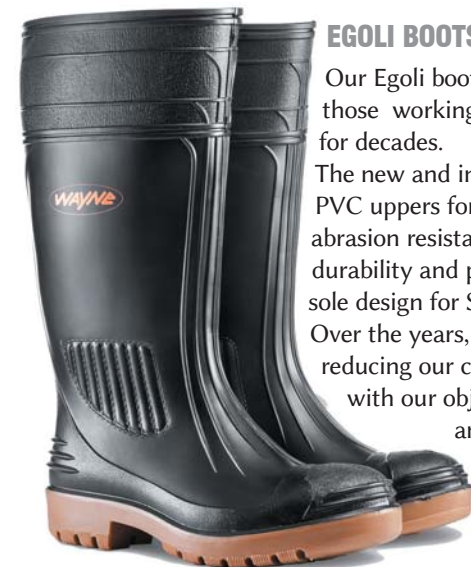


WAYNE PU GUMBOOTS

The Wayne range of PU gumboots offers a variety of enhanced features and benefits, with a longer lifespan, a lightweight, comfortable feel, and maximum resistance, flexibility and strength.

A unique tread-groove and depth gives our PU boots the highest possible SRC slip resistance rating.

Optimum hygiene is ensured through the boot's moisture wicking functionality, and anti-microbial and anti-fungal treatment; and a lightweight composition paired with a unique footbed results in all-day comfort.



EGOLI BOOTS

Our Egoli boots have been trusted by those working in dangerous industries for decades.

The new and improved Egoli 2 features PVC uppers for optimum flexibility and abrasion resistance, nitrile PVC soles for durability and protection, and a cleated sole design for SRA level slip resistance. Over the years, we have worked on reducing our carbon footprint in line with our objective of sustainability, and today we produce 35% of all our gumboots from recycled materials.



DURALIGHT BOOTS

Our Duralight 1 is well-recognised in agricultural sectors and incorporates a mix of virgin and recycled PVC that results in a superior, yet cost-effective, recycled gumboot upon which our customers can trust and rely.

CONCLUSION

Trust in Wayne, Africa's gumboot specialist for 80 years and counting, and get gumboots that have been designed to give you the best in protection, durability and comfort from Wayne today.



Find out more about Wayne's range of superior gumboots at <https://www.wayne-safety.com>

SAFETY MANAGEMENT



MASTER CLASS

Fabian Buckley has for many years identified the huge gaps within the Safety training materials, short courses, diplomas and in some degree level qualifications, and he has decided to offer his years of expertise, sweat, tears and passion and share his accumulated wealth of experience in a fun filled and dynamic online training sessions.

He has completed his NEBOSH International Diploma in Occupational Health & safety (SAQA evaluated NQF Level 8) and is a Registered Construction HSE Manager with SACPCMP and has more than 16 years of HSE Management Experience and 18 years combined HSE working experience. He is also currently serving on the Technical Committee appointed by the Chief Inspector of the Department of Employment and Labour.

He has worked both locally and internationally on various large scale Construction projects in the Oil & Gas Industry, Mining, Power Utilities and General Mega Projects.

He clawed his way up the corporate ladder, starting his career as a junior safety officer and moved through the ranks as a Safety Practitioner, Deputy HSE Manager, Project HSE Manager to becoming a Corporate HSE Manager for the largest Gas producing and world class safety EPCM, blue-chip company in the world.

He has recently managed a large modular fabrication for the same company in Tamil Nadu India, with nearly 6000 employees and oversaw an International Principal

Contractor's HSE department, which had an excellent Safety Manager and complete team of +70 strong safety staff.

He is offering an online 8 Days Zoom Safety Management Master Class of 2 hours per day accumulated into 16 hours. This training is for all aspiring HSE Managers, safety officers, supervision and management who would like to learn the skills he has personally developed. He will be sharing trade secrets which will set you apart within your career and give you golden nuggets which will place you miles ahead of the pack.

He will be deep diving into all aspects from managing a project from bidding phase, prequalification, contracts & deliverables, bid clarification, site establishment, construction scope, pre-commissioning, commissioning, project completion and hand over with a sample close out report.

He will be sharing various lessons learned, best techniques and methods for managing a team, best approaches one can use to manage stubborn management, unwilling supervision, difficult contractors, getting the best out of your team and contractor HSE department.

He will share true life stories of actual incidents, project stoppages and how we rectified these areas of concerns to becoming one of the best managed companies within the world.

He will share true events of what transpired on various projects and how it was dealt with and many of these examples can be used by any HSE professional today and this will ensure you have the edge in your career. He will also share training material to assist you as a reference to easily identify how to rectify any areas of concern and become a MASTER Safety manager in your own right.

Dates: (08/11)-(10/11)-(15/11)-(17/11)-(22/11)-(24/11)-(29/11)-(01/12)

South Africa (UTC+2) Time: 19:30- 21:30

Cost: Only R 5,000 ZAR



WIB
CONSTRUCTION
& SAFETY
excitement is building

Contact:
Fabian Buckley, Director

89 Victoria Road
Pietermaritzburg 3201
South Africa

C: +27 82 804 5838
E: fabian@wibcs.co.za
W: www.wibcs.co.za





RETRACTABLE FALL ARREST BLOCKS

The perfect solution for tricky situations

Karam's range of fall arrest blocks, offer its users optimal safety and ease of use. They are designed to reduce the vertical force on the body caused by falling from height.



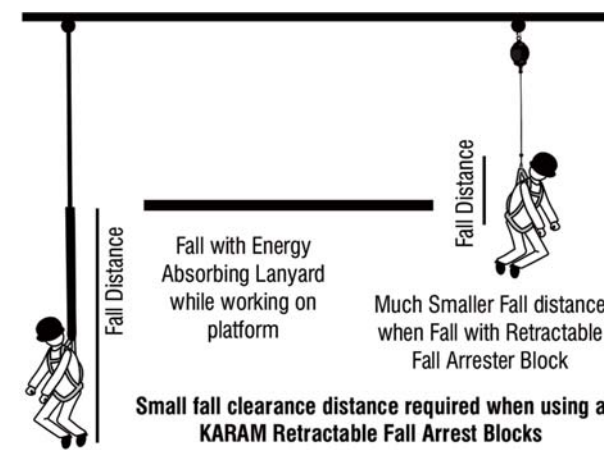
Retractable fall-arrest blocks - the perfect solution for tricky situations

CHALLENGES FACED DURING WORK AT HEIGHTS

One of the biggest challenges in fall protection is when an anchorage point is too high to access and the clearance distance is too small. KARAM Retractable Fall Arrester Blocks provide an ideal solution for such a problem.

WHAT IS A RETRACTABLE FALL ARRESTER BLOCK?

A Retractable Fall Arrester Block is a vertical lifeline that is used as part of a complete fall arrest system. During a fall event, the internal braking system of the block functions to disperse the energy of the fall over a short distance, thus limiting the force applied to a user's body.



FEATURES OF KARAM RETRACTABLE BLOCKS

There are several features of the retractable blocks that can mitigate the challenges faced when working at height. Firstly, the retractable block can be anchored to a single point which allows the user to move uninhibited at different levels. The connecting lanyard is such that it retracts or extends to different lengths as required and is always taut with no slack. In the event of a fall, the block locks immediately with minimum fall distance and lowers the impact of force to less than 6 kN.

- Other features:**
- Conformity** : Tested and Certified EN 360:2002
 - Casing** : Available in both Polymer and in aluminium casing
 - Lock Mechanism** : Unique Centrifugal Braking Mechanism



- Applications** : Ideal for vertical use in various hazardous conditions for personnel weighing up to 136 Kgs
- Retractable Life Line** : Available in both webbing and galvanized Iron (GI) wire rope
- Harness End Connector** : Swivel Snap Hook with Load Indicator PN 162 which indicates when a fall has occurred
- Handle** : The retractable block has a built-in side handle with special grip for supreme comfort. This special handle comes incorporated in all Polymer casings, GI and webbing lanyards. Also available in stainless steel wire rope

ATEX CERTIFIED BLOCKS

The Karam GI wire rope retractable blocks are ATEX certified for use in potentially explosive atmosphere as per Directive 2014/34/EU.

KARAM are leaders in fall protection and the manufacturing of personal protective equipment (PPE)

Member

For more information on Karam Africa's products, visit their website: <https://karamafrica.com>
Tel: +27 32 9400993 / Email: hello@karamafrica.com



SOME RANGES NEVER GO OUT OF STYLE
THEY JUST STEP UP THEIR GAME

In the later - 2000s, BOVA changed the game in South African Safety Footwear engineering, with the launch of their TRAX Range. Designed in partnership with our expert podiatrist, it combined superior safety and comfort like never before. Now we're putting our best foot forward again by re-engineering and expanding the entire Trax range. We've enhanced all the great features it's known for and added a whole lot more to make sure we stay a step ahead of the rest.



7.7 X
MORE SOLE
FLEXIBILITY*

We've improved the flexibility of the sole unit, when compared to the first generation TRAX.

This improves **durability** at **critical flex points** and **improves blood circulation** throughout the body, which is associated with **less fatigue** and **better focus**.

*based on the ISO 20345 Flex Test

WEIGHT REDUCED BY
261g
ON AVERAGE PER PAIR*

Without changing the fit (last remains identical) this reduced weight takes the equivalent of **1,3kgs** off the back and reduces the energy exerted by **2,8%** per step.

*based on size 8

SOLE GRIP INCREASED
TO AN **SRC SLIP**
RESISTANCE RATING

With an **83%** improvement on **forward heel slip** and **50%** improvement on **forward flat slip**.

INTRODUCING TRAX 2.0



MUNICH 2.0 21002
Steel Midsole 21702



ERGONOMIC DESIGN APPROVED BY A PODIATRIST | Size 5-13 | Accreditations EN / ISO 20345



BREMEN 2.0 21001
Steel Midsole 21701



ERGONOMIC DESIGN APPROVED BY A PODIATRIST | Size 5-13 | Accreditations EN / ISO 20345



TAHOE 21021



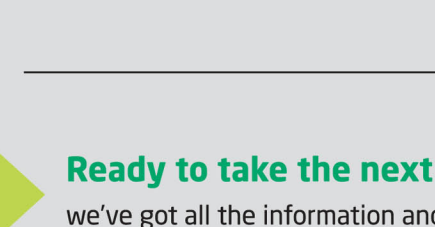
ERGONOMIC DESIGN APPROVED BY A PODIATRIST | Size 5-13 | Accreditations EN / ISO 20345



ALPINE 21019



ERGONOMIC DESIGN APPROVED BY A PODIATRIST | Size 5-13 | Accreditations EN / ISO 20345



AMATHOLE 21018



ERGONOMIC DESIGN APPROVED BY A PODIATRIST | Size 5-13 | Accreditations EN / ISO 20345



HIKER 2.0 21013
Hiker Soft Toe 21513



ERGONOMIC DESIGN APPROVED BY A PODIATRIST | Size 5-13 | Accreditations EN / ISO 20345



Ready to take the next step? To find out more about the Trax range, we've got all the information and more on our website www.bova.co.za.



Covid-19 and the OS&H Practitioner: Lessons learned

It's now been 18 months since we've been living with Covid-19. *African OS&H* spoke to some of our partners and committee members about their experiences and lessons learned since it was declared a pandemic by WHO.

When Covid was first declared a pandemic, did you have any idea of what lay ahead or were you caught totally unawares?

I was made aware of Covid-19 in December of 2019 at that stage it was considered a "conspiracy theory".

I hoped it would be isolated and stay in China, but that did not happen. I hoped it would go away or be a small problem like mad-cow and SARS, but I didn't worry much about it as we had not been affected by all the other viruses let loose worldwide.

So, it came as a huge surprise that they declared it a pandemic when only a few people had died from this virus.

Where did you go for information? Do you think adequate reliable information was available and was it informative?

I did research on several internet pages that had information available - all reliable pages. I also consulted sites like CDC Government pages etc.

I found many pages were contradicting and worked in circular reasoning so the information was vague and the real truth could not be determined without reasonable doubt, and to me this remains a problem.

Did you get support from management / clients when implementing safety protocols

My clients gave support with the understanding that everything must be done as cheaply as possible, and with as little interruption to the daily routine as is possible. This was a problem to me.

Did you have any problems with employees and safety protocols?

No we did not, but as time is progressing things are getting itchy as people are getting fed up with the lockdown and restrictions that have changed their lives.

Do you think Covid helped put OH&S on the map?

Covid did help in the beginning to place OH&S on the map but only for a while. As funds started to run dry so did the seriousness of OSHA run out the door. And sadly, many companies even made their safety officers redundant who were retrenched.

We have made contact with several companies where the safety officer left. Unfortunately they were not replaced and the post no longer exists.

What have been your biggest challenges over the past 18 months?

I have struggled at times to get employers to understand OSHA and the importance of it and to budget for it.



Herman (Harry) Fourie has a passion for occupational health and safety and has been working in the industry for many years. He has several diplomas and certificates and continues his studies through different organisations. He is a member of several professional organisations throughout Africa and beyond. Herman is a part time consultant creating software systems.



Also, everyone was initially so focused on Covid that they forgot about all the other health and safety issues that are important.

What lessons have you learned?

We found we were fighting a losing battle with companies who have resistance to OSHA and only want to do the bare minimum.

I have learned to inform them about the dangers and what prison sentence or fines can come their way and to remind them where I am. The ridiculous thing is once they're hit with a problem, they will call you and pay you well to fix the problem.

With hindsight, what would you do differently?

Maybe I would add a little more pressure on people to comply with OSHA.

Have you suggested to your clients any internal policies yet about vaccinations?

None of my clients have requested any policies regarding vaccinations. They consider vaccinations a decision that has to be made by the employees - whether to be vaccinated or not.

Most important is that all safety protocols remain in place and will be followed as long as is needed.

As a safety consultant I do not make any stance on vaccinations. I believe that each person must make his/her own choice.

If the employer does not push for vaccinations and does not feel that he should mandate it at the workplace, then we will not force them to implement any vaccination policies.

The pandemic is not yet over, do you have any plans for future months?

Our future plans are to continue working and assist people with OSHA for as long as possible.

I am not allowing Covid to stand in my way, life goes on. There is life with or without Covid.

How did you overcome all the problems?

By staying calm. It is important not to go into panic mode.

Take one problem at a time work it out, solve it and make sure that things are in place to prevent the same problem recurring.

We overcome our problems by not letting people with their own personal views force down their views and beliefs unto us.

Tackle the problem, dissect it, and get a solution, without intimidating or pushing a view onto others or being pushed by others.

When Covid was first declared a pandemic, did you have any idea of what lay ahead or were you caught totally unawares?

No I wasn't caught unawares, as I had been watching it overseas where it was first seen, and it had already been shown to be nasty.

Where did you go for information? Was it reliable and informative?

I googled it to see what was available before also looking at all the available South African sites

How did you approach safety protocols with your clients?

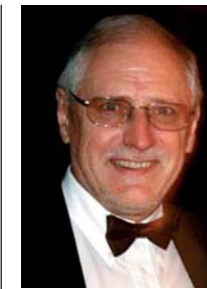
As a consultant I discussed all the risks and performed a baseline covid risk assessment with my clients.

Did you have any problems ensuring they implement the safety protocols?

I didn't directly. It was a client issue, but some were initially hesitant until it became regulated.

What have been your biggest challenges over the past 18 months

As a consultant, dealing with OHS staff who think they run the show but are sadly poorly trained and experienced.



Leighton Bennett (Pr.CHSA) Benrisk Consulting, Insurance Surveyor, and OHS and Risk Management Consultant. He is Vice President Safety First Association



Do you think Covid helped put OH&S on the map?

Yes and no depends on their own OSH awareness and compliance levels

What lessons have you learned?

OHS professional registration should/must involve knowledge, skill assessments and examinations.

Have any of your clients made any internal policies yet about vaccinations?

Most of my clients are not mandating vaccinations due to litigation risk. Only one of my clients has declared a mandatory vaccination requirement as the donations funder has set vaccinations as its funding condition requirement.

The pandemic is not yet over, do you have any plans for future months?

I anticipate the pandemic continuing for many months more. Even with vaccinations reaching a high percent of the population, I don't believe Covid will be something of the past in the near future.

The common cold's corona virus is still going around so why not Covid going forward too?

I anticipate that the Covid protocols will still be required for a year or two.

When Covid was first declared a pandemic, did you have any idea of what lay ahead or were you caught totally unawares?

Yes I was caught unawares

Where did you go for information? Was it reliable and informative?

I went to multiple sites but the one I used the most was WHO and Worldometers. It was somewhat reliable but also the information changed regularly.

Did you get full support from management when implementing safety protocols?

Yes, I had full support from my company.

Did you have any problems with employees and safety protocols?

Yes mostly mask compliance and social distancing, especially in the employee camps and also on site.

How did you overcome these problems?

I had to apply an array of processes to address these concerns mainly through poster campaigns, toolbox talks, weekly mass toolbox talks, pamphlets being shared, videos on Covid-19 requirements. We also implemented a fine system for repeat offenders. Lucky our management was very supportive in implementing Covid-19 requirements and assisted in addressing the workforce etc.

Do you think Covid helped put OH&S on the map?

Yes it did raise the awareness especially on the occupational health side and preparedness relating to viruses and diseases.



Fabian Buckley CEO HSECP



What have been your biggest challenges over the past 18 months

For me it was getting full support on HSE related issues from both clients and our own management.

Getting supervision to get them on our side and for them to comply without always being told or threatened to do so.

What lessons have you learned?

Coaching is the definitely the best way to get the results. Support your employees 100% and they in turn will trust you and work with you.

It is important to work together with management at all times.

With hindsight, what would you do differently?

I would change my initial approach in safety and how I did this initially. I was cruel and had a lot of ego. I have changed my approach to be more of a father figure and am striving to become a true safety leader.

Have you made any internal policies yet about vaccinations?

No I have not been asked to do make any policies and have not done so. I think people should not be coerced into getting vaccinations and should make their own decisions.

The pandemic is not yet over, do you have any plans for future months?

Yes we shall continue to uphold the requirements and procedures we have in place, which is obviously working for us as we have not lost a single employee out of 6000 employees on site.

When Covid was first declared a pandemic, did you have any idea of what lay ahead or were you caught totally unawares?

I could not have imagined what lay ahead as our country has not had any such serious pandemics in recent history and was spared from Ebola and others.

When the Covid infections occurred in China it was far removed from South Africa and my thinking was that in all probability it would be contained there and not reach us.

When it was announced that a group of South African tourists who visited Italy had tested positive and they were isolating, I still thought it would be contained.

Where did you go for information? Do you think adequate reliable information was available and was it informative?

I watched the news on TV and read newspaper articles. There was lots of information available, but it did not always answer all the questions, because there were lots of uncertainties.

The information was not always reliable as there were many different opinions and false information soon spread.

Did you get support from management / clients when implementing safety protocols

Yes in this area we experienced no opposition.

Did you have any problems with employees and safety protocols?

No all our employees were supportive of all the safety protocols. We are a small team of 10 people and maybe this helped.

How did you overcome all the problems?

In most cases work went on as usual via Zoom or Ms Teams although it was challenging to conduct meetings, audits, ISO System implementations and HAZOP Studies etc this way, but it was done.

Marketing and going to see prospective clients were affected and we lost some work due to the lockdown particularly in our neighbouring countries.

Turnover related we had a better order book than the pre-COVID years. It's difficult to explain why, but work was mostly outside of South Africa.

Do you think Covid helped put OH&S on the map.

No, I believe OH&S is well understood in all sectors, although it may not always be practised so diligently. It did however emphasise the need for increased hygiene practices.

What have been your biggest challenges over the past 18 months?

The lack of new projects and the economy slowing down even more and the ability to travel without considering all the restrictions.



Wensley Misrole is Director (Managing) of ARINT Global Services, an International Professional Engineering and Technical SHEQ Services company. He has a total of 46 years workplace experience, of which 25 years was spent in the Marine Construction, Engineering and Maintenance disciplines and 15 years in the OHS consulting services focusing on training and auditing.



What lessons have you learned?

The need to take the situation in your stride as one has no control over the laws and restrictions, and not to get stressed out, as this situation will pass in time. Also looking at more innovative ways to secure work.

With hindsight, what would you do differently?

There is nothing I would do differently as I had no prior experience of living during a pandemic and the nature of this pandemic crept up on us, without sufficient warning.

The authorities also gave us a false sense of security as they did not want to alarm us.

Have you made any internal policies yet about vaccinations?

No, formal policies put in place, other than a risk assessment and many discussions on the advantages and disadvantages of vaccinations.

We believe everyone needs to decide for themselves. Fortunately all our permanent employees have been vaccinated.

Unfortunately a lot of Covid-19 sufferers are now long haulers, how do you suggest they are managed in the workplace?

The ideal situation from a compassionate point of view, would be that their medical condition be taken into consideration, and work assignments tailored around that. This approach may work in large multinational and large state owned companies, but in small privately owned companies it may be unaffordable.

It would also depend on the extent of the individual's disability and their occupation, for example it will be problematic if they are required to work at heights or in confined spaces.

I think people in office environments will be easier to accommodate.

How will your company manage long haulers?

We have not been confronted with this situation as yet and all our employees have been vaccinated so hopefully we will be spared this difficult decision. If confronted with this challenge we would do a risk analysis of each individual case and then make a decision based on facts rather than emotions.

We are a close knit organisation and the wellbeing of everyone is important, so we would accommodate the individual as far as humanly possible.

The pandemic is not yet over, do you have any plans for future months

I would like to visit family around the country and internationally when infection rates are under control, and workwise I would like to secure more long term contracts in South Africa and elsewhere in the world.

When Covid was first declared a pandemic, did you have any idea of what lay ahead or were you caught totally unawares?

The World Health Organisation declared the COVID-19 (SARS-CoV-2) outbreak a Public Health Emergency of International Concern on 30 January 2020 and thereafter a pandemic on 11 March 2020. Like most organisations globally, this is the first pandemic we have encountered therefore I don't think anyone knew what lay ahead or predicted this pandemic.

Where did you go for information? Do you think adequate reliable information was available and was it informative?

As an organisation, we derived all information on managing the virus in the workplace from directives and regulations published by the Department of Employment and Labour and the Department of Health. These regulations were readily available, reliable and informative.

Additional sources of information were guidelines published by AUDA-NEPAD and information from the WHO.

As a general rule, I think OSH professionals should always be guided by regulations from Government departments.

Did you get support from management/clients when implementing safety protocols?

In line with COVID-19 directives and regulations, we had full support from management and clients. This was in the form of providing funds to procure PPE (face masks, gloves, face shields etc), hand sanitising stations and hand sanitisers, re-engineering the workplace to accommodate social distancing, working from home etc.

Did you have any problems with them implementing safety protocols?

All our employees fully complied with all safety measures implemented in the organisation.

Do you think Covid helped put OH&S on the map?

COVID-19 has certainly tied together the fields of public health, environmental health and occupational health.

What have been your biggest challenges over the past 18 months

- Surges in COVID cases (1st, 2nd and 3rd wave)
- Cost of PPE for the entire organisation
- Maintaining COVID workplace safety measures
- Managing COVID fatigue
- Managing infections among staff. For example, many operations and administrative staff including myself have tested positive for CORONA and have had to self isolate at home.



Wellington Mudenha is a qualified professional in the fields of Safety, Health, Environmental and Quality Management. He has a wealth of experience in SHEQ legal compliance as well as SHEQ ISO management systems development, implementation, maintenance and audit. Wellington is a SHEQ trainer / facilitator and SETA registered assessor.



What lessons have you learned?

- Take each day as it comes and stay up to date with developments
- Always be proactive rather than reactive
- Engage with internal and external stakeholders
- Make sure information is always readily available
- Rely on official communication from relevant Government departments and not general public sentiment.

With hindsight, what would you do differently?

All measures and decisions that have been taken by the organisation have been measured, carefully considered and intentional.

We have taken all positive and negative outcomes in our stride and learnt from them.

Have you made any internal policies yet about vaccinations and will you be encouraging your staff to be vaccinated?

In compliance with guidelines published by Department of Employment and Labour on 14 June 2021 and based on the organisational risk assessment and current COVID-19 measures that were put in place, no employee shall be forced to vaccinate.

The pandemic is not yet over, do you have any plans for future months?

Our organisation manages COVID-19 through the return to work plan which was documented 2020 in accordance with requirements in the Department of Labour OHS directive 479 (29 April 2020), directive 639 (4 June 2020) as well as the Department of Health guidance on vulnerable workers (25 May 2020).

This plan was shared with top management and signed off by the CEO, SHEQ Manager, HR Manager and chairperson of the Health and Safety committee?

The problem with long haulers has now become a reality, how will you manage them?

Fortunately, this has not been a problem in our organisation. But if any of our employees suffer from long COVID, they will be assessed by a medical practitioner and our organisation will review their recommendations.

When Covid was first declared a pandemic, did you have any idea of what lay ahead or were you caught totally unawares?

No never. Due to the fact that 2020 technology was regarded as way superior to that of 1918, there was no way of telling how long the pandemic would last but it was not foreseen that it would last this long.

No one could anticipate the effect that the lockdown and the ensuing restrictions would have on the functioning of SAIOH or that of our members in their endeavour to serve their clients.

Where did you go for information? Do you think adequate reliable information was available and was it informative?

There never was a shortage of information, what was awkward, was the fact that that the information trailed behind experiences with, and research on the pandemic. It is presumed that in many cases decisions had to be made without the luxury of research findings and this situation could have led to many mistakes. However, the information available was sufficient for the effective management and adaptation of SAIOH to the pandemic. The volumes of information and disinformation on the media was found to be tiring at times.

Did you get support from management/clients/members with safety protocols?

Yes, SAIOH Management immediately made provisions for accommodating the ensuing restrictions. We started to work from home and electronically on virtual platforms. We purchased a Zoom licence, did all meetings online/Zoom. Attended a lot of COVID Webinars, especially those hosted by the NIOH, Saioh and ourselves. However, SAIOH's Webinars were more focussed on assisting our members re new Legislation and controls to fight the pandemic.

Although hand sanitisers, face masks and social distancing are of importance it was our take that effective control would include these measures, but that an essential dimension of cardinal importance needed to be added, namely ventilation. Effective ventilation is considered paramount in controlling transmission of the virus in the workplace.

In addition to the above SAIOH assisted the Department of Employment and Labour and the Department of Health, with risk assessments at test laboratories, setting up protocols for conducting risk assessments, and even developed ventilation guidelines to prevent/combat the transmission and spread of the SARS-COV2 virus.

Did you have any problems implementing safety protocols?

No. Occupational Hygienists are armed with



Deon Jansen van Vuuren
SAIOH General Manager
2021/10/04



Hennie Van Der
Westhuizen
SAIOH President



knowledge and experience in the anticipation, evaluation, and control of hazardous biological agents. As a result, it was easy to set safety protocols. Likewise, our members had the necessary knowledge and skills to set safety protocols to their staff and clients as required.

Do you think Covid helped put OH&S on the map?

Yes, and No. Yes, the occupational health, especially research and medical professionals became more important, and heard of. However, this is not the case with disciplines such as occupational hygiene, and ergonomics with regard to matters such as: preventing the transmission of the virus by ventilation, or addressing the psychological stressors from working in isolation, etc.

What have been your biggest challenges over the past 18 months?

One of our biggest challenges was to communicate to industry, that ventilation is paramount in controlling hazardous biological agents. Therefore, defects in the ventilation of workplaces had to be dealt with immediately, rather than waiting until after the pandemic.

What lessons have you learned?

That there is a need for improving knowledge and competency regarding ventilation as a control measure for hazardous biological agents.

With hindsight, what would you do differently?

SAIOH Council effectively dealt with the new set of demands posed by COVID, within their internal management. Therefore, in this case, nothing would be done differently. However, with hindsight, greater efforts would be made to communicate the importance of occupational hygiene risk assessments and ventilation, as the way to combat the virus and prevent its transmission, to the powers that be.

Have you made any internal policies yet about vaccinations?

SAIOH being a small NGO with only 5 staff members did not develop any COVID related internal policies, but we adopted them from the DoH and DoEL's, posted it on our website and circulated it by means of our mailing system to all our members.

The pandemic is not yet over, do you have any plans for future months?

SAIOH will keep knocking on the doors of the higher authorities re the improvement of ventilation in our workplaces, training our members in ventilation and HBAs at workshops and at our upcoming National Scientific Conference. To find out more email Info@saioh.co.za

SAIOH President's Message



Hennie Van Der
Westhuizen
SAIOH President

Having read a short biography of Dr Grigory Perelman a Russian mathematician, I was struck by what to me, seems to be his humbleness and integrity despite his genius. In recognition of his cognitive contributions towards geometry Dr Perelman was offered the Fields Medal (The Mathematics equivalent of the Nobel prize). Verbally denouncing money and fame he declined the award, which included a minted gold coin with his profile on it. Likewise, he declined the Clay Fields Prize of \$1 000 000.00 in 2010, for his work in proving an almost 100-year-old mathematical theorem. This theorem was conjectured, by a French mathematician Henri Poincaré in 1904. The reason stated for declining this prize was that he felt that he worked no harder than another mathematician on proving this theorem.

From my perspective it appears as if society places a large premium on success and material gain. With these social values in mind, the question arose as to whether the traits exhibited by Dr Perelman prevailed in the health profession. Although a question like this could extensively be answered by formal research, I believe that they do prevail.

From my years in the academic environment and the contact that flowed from it with occupational medicine, occupational nursing, and safety disciplines, I can recall certain individuals who

selflessly immersed themselves in their proficiencies. Surely this would be true for the other disciplines in this cluster of professions? I have decisively witnessed this in our own profession, occupational hygiene, that there are individuals in the fore and background that passionately slave away at the improvement of the profession that they chose. These individuals are either using personal time and ignoring compensation, or others that are receiving compensation but have dedication, loyalty, and integrity way beyond expectations. A point in case, would be the many hands through which an article like this passes before seeing the light. Another would be the national council members and many individuals, present and past for their intellect, time, dedication, and integrity. In the end these are the qualities that establish, maintain, and promote a profession such as occupational hygiene.

If this collegial and serving spirit prevails within and between professions within our cluster, growth and mutual advancement in my opinion, is inevitable. Thus, promoting our goal of providing a healthier and safer workplace for the South African working community.

Persons wishing to read more about Dr Perelman may do so by reading the references at the end of the article on this site

https://en.wikipedia.org/wiki/Grigori_Perelman

Introduction

The SAIOH Management Board and the SAIOH National Council's activities continue to drive SAIOH's goals for 2021. In this newsletter, updates on Council activities, the annual conference, Professional Certification Committee (PCC) matters, and other aspects of SAIOH are reported on. Feedback on IOHA matters is also provided.

Council activities

Hennie van der Westhuizen: SAIOH president, e-mail: president@saioh.co.za

Nico Potgieter: SAIOH marketing and communication e-mail: njpotgieter101@gmail.com

Deon Jansen van Vuuren: SAIOH general manager e-mail: deon.jvuuuren@gmail.com

Kate Smart: SAIOH chief administrative officer e-mail: info@saioh.co.za

SAIOH Technical committee

SAIOH's Technical Committee is up and running. The Committee consists of members of all three registration levels and is responsible for researching and drafting all SAIOH position papers and technical papers.

Deon Swanepoel is the Council's Technical co-ordinator, and he commenced with presentations at the SAIOH Gauteng Branch meeting on the workings of this SAIOH Technical committee and on topical occupational hygiene issues, as a

soundboard for several technical and position papers.

MAKE YOUR MARK

The SAIOH Council invites topics and inputs to the technical committee from its members. If you have any suggestions or contributions in this regard, please e-mail them to our President at president@saioh.co.za or to the Chief Administrative Officer at info@saioh.co.za.

SAIOH annual conference

Moses Mokone: SAIOH Branch Co-ordinator, e-mail: moses.mokone@nioh.ac.za

SAIOH takes immense pleasure in inviting our members and others in the SHE fraternity to participate in our upcoming Annual Virtual Conference from 18 October to 05 November 2021. The conference promises to be of great value, with the theme “*Navigating Occupational Hygiene in Uncharted Waters*”.

The virtual conference is a paid event and is comprised of six on-line webinars and four Professional Development Courses (PDCs), as well as the SAIOH Annual General Meeting on the afternoon of 5 November 2021.

Webinars will commence on 18 October 2021 and will run over a two-week period ending on the 5 November 2021, with approximately one webinar every second or third day.

The PDCs will take place on one day, i.e. two

sessions consecutively in the morning and the last two, that afternoon. PDCs will commence on 26 October 2021 (members can choose which of these they would like to attend), with the duration of each of these sessions approximately 3 hours (this includes the Question-and-Answer session).

Attendees can register for as many of the sessions as they choose.

Registration links are available on the SAIOH website (<https://www.saioh.co.za>), and the applicable invoice will be generated upon registration. Please note that the Zoom link to attend the session will only be forwarded once payment is completed.

SAIOH PCC will award double points for the SAIOH National Conference attendance, thus 1 CPD point per webinar for the SAIOH members.

PRICING AND SPONSOR DETAILS:

- Each participant will on registration receive an invoice for the conference sessions selected.
- SAIOH members in good standing: R250.00 excl. VAT per session.
- Full-time students at tertiary institutions, and/or ROHA (students): Nil (No Charge)
- SAIOH non-member: R350.00 excl. VAT per session.
- Non-SAIOH members: R35.00 excl. VAT per Webinar/PDC Session;
- There is no fee to attend the Annual General Meeting.
- Presentations and recordings will be provided to the registered, and attendees who have paid.
- For those who are not able to attend, presentations and recordings will be available at R350.00 excl. VAT per webinar

CALLING ALL SPONSORS

- Sponsorship offers, for sponsors/exhibitors: names and contact details will be advertised during each webinar(s) which they sponsor, followed up with a separate Mailchimp after each webinar. They can send SAIOH advertising material, brochures, etc. which will be loaded on the SAIOH website with a hyperlink to their website, and on separate Mailchimp with the presentations and recordings of the webinar.
- Sponsorship; R350.00 excl. VAT per Webinar/PDC Session;
- For more information and assistance, please contact Kate Smart: Info@saioh.co.za

Ethics

SAIOH is entering into an agreement with a well-known legal NGO to represent SAIOH when required.

Their first task will be to review the SAIOH Ethics Policy and Procedure, thus empowering the Ethics Committee under Oscar Rikhotso.

From January 2022, all SAIOH certified members will have to provide proof that they completed

Ethics training. There will be a one-year phase in period allowed. SAIOH will facilitate an on-line test, and on qualifying, members will receive a certificate of recognition which will be valid for three years.

During Session 7 of our upcoming conference, there will be an hour session facilitated by Terry McDonald from BOHS, UK, a World-renowned expert in this field.



Continuous education

SAIOH recently hosted two successful special training webinars:

- 29 July 2021: Global Harmonised System (GHS) and how this guides the occupational hygiene practitioner's (OHP's) scope of occupational hygiene (OH) services; and on
- 25 August 2021: Regulations for Hazardous Chemical Agents and guidance on how to comply with these Regulations.

The KZN Branch and Harold Gaze of Occutech

started negotiations with Adrian Sims (UK) to host a paid LEV training course early in 2022.

More information on this to follow!

MAKE YOUR MARK... AGAIN

The SAIOH Council invites topics for webinars, as well as feedback on webinars held, from its members. If you have any suggestions or contributions in this regard, please e-mail them to our President at president@saioh.co.za or to the Chief Administrative Officer at info@saioh.co.za.

Administrative and finance matters

SAIOH's financial position is still sound, due to the strict management of expenditure and support from members (e.g. attending paid webinars). We thank everyone that played their part in this!

SAIOH engaged website administrators to completely overhaul our current website, but still

allowing integration with our Member Management System (MySAIOH).

A Guidance document has been developed by our Administrative Teams and is undergoing review by Council.

Watch this space!

Branch activities

Deon Jansen van Vuuren: SAIOH General Manager, e-mail: deon.jvuuuren@gmail.com

Moses Mokone: SAIOH Branch Co-ordinator, e-mail: moses.mokone@nioh.ac.za

Nico Potgieter: SAIOH marketing and communication, e-mail: nipotgieter101@gmail.com

Due to COVID-19, all branch meetings and workshops are currently held online. Virtual meetings and workshops present opportunities to SAIOH members who are invited to attend and participate in any branch meeting, regardless of their branch affiliation.

We urge all our members to support their branches and to participate in branch activities. Members can submit topics for discussion to the various branch chairpersons for consideration in future webinars / meetings, and/or workshops.

The Gauteng branches hosted their Branch meeting on 10 September 2021, and Western Cape's took place on 17 September 2021. Northwest and KZN branches hosted their meetings on or before August 2021.

During the recent Gauteng Branch meeting, Maryke van der Walt (PCC Assistant Chief Examiner) presented a very informative and comprehensive presentation with regard to the PCC certification process.

Deon Swanepoel, the Council's Technical co-ordinator, did a presentation on the Technical

Team set-up and objectives, and another on Welding fume compliance.

Jaco Pieterse did a presentation on HCA air sampling planning. Around 125 members attended this meeting.

Furthermore, the Gauteng Branches commenced the groundwork to constitute the Organising Committee to plan their hosting of the 2022 Annual Conference. This will be a hybrid conference, i.e., face-to-face, and live streaming. The theme and venue will be advised in due course.

WE NEED YOU!

COVID-19 took its toll, and we have several near-stagnant branches.

Members who would like to assist with or contribute ideas towards reviving some of the SAIOH branches are urged to contact Moses Mokone (Branch Co-ordinator) or Nico Potgieter (Marketing and Communication) at info@saioh.co.za.



From the Professional Certification Committee (PCC)

Deon Jansen van Vuuren: SAIOH chief examiner e-mail: deon.jvvuuren@gmail.com
 Karen du Preez: PCC chairperson e-mail: KarenD@nioh.ac.za
 Lee Doolan: SAIOH PCC administrator e-mail: lee@saioh.co.za

CERTIFICATION ASSESSMENTS

A summary of results of written and oral examinations year to date (YTD) is provided in Table 1.

The YTD pass rate for ROHT and ROH levels remain a matter of concern. SAIOH urges prospective ROHTs and ROHs to make use of the SAIOH Mentorship programme – Lee Doolan can be contacted at the address provided in this regard.

On Friday 17 September 2021, the latest electronic written assessments took place, with more than 75 candidates across the different registration levels.

The PCC's Examination committee is busy working with the American Industrial Hygiene Association (AIHA), the Australian Institute of Occupational Hygiene (AIOH), and Workplace

Health Without Borders (WHWB), to develop and share a single multiple choice question database for the Occupational Hygiene Training Association's (OHTA's) Foundation Module (W201). Watch this space!

W.e.f. September 2021 written assessments, the ROHA assessment paper will again consist of only multiple-choice questions (MCQs).

Furthermore, the special PCC technical team is hard at work to update the PCC Oral assessment format to align with the requirements in the OH Self-Assessment Tool. This is to ensure the ever-growing field of Occupational Hygiene is adequately covered, as well as that all the current concerns experienced are addressed.

Table 1. Summary of SAIOH PCC certification assessment results for 2021 YTD (as at end August 2021)

Summary of SAIOH PCC Certification Assessment Results 2021								
Certification Categories	Written assessment results (March & June 2021)				Final and oral assessment results (May - August 2021)			
	Assessed	Passed	Failed	Pass Rate	Assessed	Passed	Failed	Pass Rate
OH Assistant	37	30	7	81%	37	30	7	81%
W201 - Assistant	36	31	5	86%	36	31	5	86%
OH Technologist	36	19	17	53%	32	18	14	56%
Occ. Hygienist	25	12	13	48%	17	8	9	47%
TOTAL	134	92	42	69%	122	87	35	71%

OCCUPATIONAL HYGIENE SKILLS FORUM

The SAIOH Occupational Hygiene Skills Forum (OHSF) was introduced to co-ordinate all aspects related to the recognition of occupational hygiene training materials, training providers and institutions, and the development and management of assessment and examination systems, where required.

Another function of the OHSF is to evaluate applications from tertiary institutions for recognition of their occupational hygiene-related qualifications. The OHSF is progressing well with these accreditations. A matrix recently developed, was used to evaluate the occupational hygiene (OH) qualifications offered (in line with the 50% OH content requirement).

Congratulations to the Northwest University, whose four-year B-degree was recognised by the

OHSF to meet the qualification criteria at the ROH level.

And hot of the press: TUT's 4 year degree in Environmental Health was also just approved.

Wits's qualifications are currently being evaluated by the OHSF.

All tertiary institutions that offer OH qualifications are encouraged to contact the PCC administrator for information regarding application for recognition (Lee@saioh.co.za).

The details of recognised training providers and recognised qualifications will be available on the SAIOH website (<https://www.saioh.co.za>).

This will make it easier for students and certification candidates to select suitable qualifications that meet SAIOH and international requirements.



Obituaries

Johan Jacobs

When I was asked to write a tribute to Johan, I had no idea how I would ever be able to capture something that would do him justice. I began with comments and shared memories from colleagues, and a common theme ran through each of the contributions received...

In everything that he did – work, play, and everyday life – Johan knew the secret to having fun. He was a gentle soul, blessed with an excellent sense of humour and a welcoming spirit that made everyone feel right at home. He loved people and it showed – in how he mentored young professionals, interacted with colleagues at all levels during his career, and treated people who he invited to his house, where there was always good conversation, a drink, and time to braai some fish.

Johan contributed greatly towards the occupational hygiene profession during his career and, over the years, was actively involved in the professional bodies – from OHASA through to the establishment of SAIOH as it is today. He



was a true professional who paid attention to detail, analysing problems from all possible angles to ensure that the chosen paths were the most appropriate for the circumstances.

I had the deepest respect for Johan, and I know he left an enduring mark on many, including me.

I remember running into him at Cape Vidal while camping with my son and, after a friendly catchup, he arrived at our camp site a while later, bearing freshly speared fish for dinner.

Even in the midst of his cancer treatment, I never heard him complain. He remained upbeat and positive, and kept doing what he could. That is who he was, and how I will always remember him.

Instead of mourning his passing, I know he would rather we celebrate his memories. So, if you had the privilege of knowing Johan, raise a glass in his memory the next time you light a braai fire. To Debbie and family, we can only imagine the hole he has left. Our thoughts and prayers are with you.

Jean-Pierre Lourens



It is with great sorrow and regret that we bring sad news of the passing of Jean-Pierre (JP) Lourens, General Manager at HSE Solutions last week.

JP had been treated in hospital for Covid-19 for the last 16 days but on the 24th of August, he lost his brave and valiant fight. Our first thoughts are for his wife Liezel and children Jeanre and Jeannica. They have suffered a terrible loss and the coming days and weeks will be very difficult

for them. We extend our condolences to them and offer our support as they grieve their loss. Please keep them in your prayers.

With JP's passing we lose a leader, a colleague and a friend. He was known for his enthusiasm, sense of purpose and devotion to the HSE team. JP will leave a huge hole both within HSE and the PPE industry.

JP, you will be sorely missed.
 The HSE Team

To make sure all six issues of *African OS&H* published annually are delivered to your inbox as soon as they are available.

and
 to keep up-to-date with *OS&H News and Views*, please sign-up via the link below:

<https://www.safety1st.co.za/magazine-signup/>



NOTE: There is no cost.
 This is a service to the OS&H Industry from the Safety First Association

Meet SAPEMA Past Chairmen

Clyde Beattie

I was born in the city known as sleepy hollow (Pietermaritzburg, for those who don't know where that is).

I attended Merchiston Primary school and participated across a number of different sports codes trying to find what talent I have. I eventually landed on playing both tennis and soccer for the school.

After finishing primary school, I moved onto Maritzburg College (best school to attend in Pietermaritzburg) where I took my tennis talent. However, the pressure was on to try my hand at Rugby (big sport at college), and due to my body shape realised I was not a fly half or a scrum half, so went into the hooker position. I played both sports for years until I realised my real talent was not going in the rugby direction. I was fortunate to make the 1st team tennis, so that became my sport of choice.

After passing matric, I completed my compulsory military service, not sure what they were thinking by making me a chef in the army ...

After the two years were up, I joined the government in the personnel department and studied part-time at the Natal Technikon completing a three-year Administration Diploma.



I then relocated to Johannesburg and joined the international company Rentokil in 1992, starting as a sales person, and moving through the structures fairly quickly. I ended up with them for 18 years, with my last position being General Manager.

Sadly, I was retrenched, and at the age of 43 was left wondering ... where to from here ?

I was then offered a job in the safety industry at uvex, knowing nothing about the industry and having to kickstart my career after 18 months without a job, I gladly accepted the challenge and joined uvex in March 2011.

I was immediately introduced to SAPEMA and took on the role as the uvex representative. Over time, I was asked to do more for SAPEMA, had a stint as Vice Chairman, then Chairman, and now once again Vice Chairman.

I have made good connections over the past 11 years within the safety industry and believe that the knowledge gained while working at uvex has given me the ability to add value to SAPEMA.

SAPEMA has got some ambitious goals for the future and I hope to be able to assist them in achieving those goals.

Hayley Arnesen

A small-town girl, privileged to have grown up on a small holding in the sleepy village of Magaliesburg, I spent my days as a child close to nature, enjoying many outdoor adventures.

I made my way to the big city when attended WITS and completed my BA(Ed). My first role in working life was that of an English teacher and my fourth was as a product manager at MSA, initially hired by one of the former SAPEMA presidents, Duncan Ramsden.

I spent the next 18 rewarding years of my career in the safety industry working at MSA and then North Safety where I filled various roles from Product Manager to Exports Manager to Marketing Director. They were years that presented me with many opportunities to broaden my knowledge, to travel, to take on significant challenges, to grow and to make numerous long-term professional contacts and friends.



I was honoured to serve as a member of the SAPEMA exco from 2008 and filled the position as the first female Chairman from 2011 to 2013. Being part of SAPEMA gave me a way to give back to an industry that gave so much to me.

Personally, I was always drawn to sports with an adventurous twist, I climbed Kilimanjaro in 2000 and have through the years enjoyed deep sea diving, sky diving, hiking, and horse riding.



Four years ago, I changed industries and now live at the coast in KZN but still maintain contact with people in the PPE industry.

The work done by the SAPEMA members is often thankless and unseen, but it is this work that plays a critical role in binding the PPE industry together, making it stronger and driving it forward. I am always heartened to see how it continues to develop and grow.



Are you using a
SAPEMA Member for
your PPE requirements?

During this unprecedented time of Covid-19, many have jumped onto the PPE band wagon in order to survive. Their only knowledge of PPE, is their ability to trade.

When choosing a PPE supplier, ensure that they are an official SAPEMA Member. SAPEMA Members are experienced Manufacturers & Distributors of compliant PPE to recognised and approved Safety standards. **SAPEMA and its Members stand for compliant Product, correct usage of PPE, and standards and specifications.**

Your Protection is Our Priority!

For more information, contact SAPEMA on 063-442-9935 or info@sapema.org.



Southern African Protective
Equipment Marketing Association

www.sapema.org

Congratulations to SAPEMA on their 60th anniversary

We at AMS Haden would like to congratulate SAPEMA on 60 years of success. Thank you for all you do in our industry, we certainly are proud members. Best wishes.
<https://www.amshaden.co.za>



YOUR TRUSTED PARTNER IN SAFETY

Congratulations from BBF Safety Group on 60 years as a forum for the South African PPE industry – providing all participants with a voice, promoting the broader industry and working to ensure legislation and standards contribute to a safer South African workforce.
<https://www.bbfsafety.co.za>

CHARNAUD®

Congratulations SAPEMA on this milestone
<https://www.charnaud.net>



"60 years of success." Congratulations from Claw Boots International.
<https://www.clawboots.co.za>



Congratulations on your 60 Year Anniversary. Together with the industry we value and thank you for promoting technology that saves life. Dräger South Africa is proud to be a member of your association.
<https://www.draeger.com>

We at Dromex would like to congratulate to SAPEMA on their 60th Anniversary! We're proud to be actively involved with an organisation who continually endeavours to protect our South African workers and keep our industry to date with the latest international standards. We wish you many more successful years ahead.
<https://www.dromex.co.za>



We at DuPont congratulate SAPEMA on your 60th Anniversary! Thank you for your support since 1961 as a leading safety association. Wishing you success for many years to come.
<https://www.dupont.safespec.co.uk>



"FIREBREAK SA are proud to be members of an institution that for the last 60 years has had a core focus of protecting people's lives that men and women may work in safety!
Congratulations SAPEMA on your milestone"
<https://www.firebreaksa.co.za>



Congrats on reaching such a milestone, Idube safety have been associated with you for 16 years and look forward to many years ahead.
<https://www.idubesafety.co.za>



What an achievement celebrating 60 years of PPE. Congratulations on being a staple as well as a leader in the industry. We at Interceptor Africa hope to spend many more years connecting and building the industry together. Wishing you all the future success.
<https://www.hi-tec.co.za>



At Karam Africa we would like to congratulate SAPEMA on their 60th Anniversary. As proud members of the association we wish them many more successful years.
<https://www.karamafrica.com>

Congratulations SAPEMA and well done on achieving 60 years, here's to another 60 years from the Directors and Staff at Multiquip.
<https://www.multiquip.co.za>



Pienaar Brothers (Pty) Ltd takes this opportunity to congratulate SAPEMA on reaching 60 years. We appreciate your commitment and the networking opportunities this platform has afforded the PPE business at large.
<https://www.pienaarbrothers.co.za>

Protakta Safety Gear congratulates SAPEMA on your 60th birthday milestone. You've shown hard work and determination. May you continue to blossom in the years to come.
<https://www.protakta.co.za>

In an environment that sometimes gets stretched entrepreneurially, it is a blessing that an association like SAPEMA is playing their part to attempt to regulate the South African PPE industry. SHEQ Safety wishes you a happy 60th Birthday and may your successes and efforts continue unobstructed.
<https://www.saharaworkwear.com>



Tiffany Safety would like to congratulate SAPEMA on 60 years of serving the PPE Manufacturers and Distributors in South Africa. May the decades ahead be filled with many advances in providing ever improving protection for the workers that are so essential to the welfare of our beautiful country, South Africa.
<https://www.tiffysafety.co.za>



We congratulate SAPEMA on achieving their 60 year anniversary. We are a proud member and will continue to support the goals and efforts of the association. We wish you all the best as you continue to uphold the focus on maintaining the standards in the safety industry.
<https://www.uvex.co.za>

Industry leaders you can rely on



Delta Health and Safety wishes to express their gratitude to SAPEMA for their valued input into the PPE industry over the last 60 years.

Thank you for setting - and raising - the bar to protect end users and industry players. Congratulations on reaching this milestone. We wish you everything of the best for the next 60 years!

Tel: 011 391 9080
www.deltahealth.co.za



Congratulations
SAPEMA
on your
60th Anniversary

info@vanguardafrica.co.za
www.vanguardfire.co.za
Durban: +27 (0) 31 554 3200
Port Elizabeth: +27 (0) 41 451 2481

ULTITEC You are safe with us!
ULTITEC, certified CE type 5/6 coveralls.
Ultimate protection in hazardous environments.

How a virus changed the world

People knew it would come – simulation exercises were designed to prepare them for it. Yet such exercises were neither able to predict the dynamics nor the consequences of the coronavirus pandemic. We go in search of clues.

by Nils Schiffhauer

No eyes, no ears, no brain. And yet viruses appear to be rather clever, even though they are not counted as living organisms. Their sole job is to multiply, as far as we are aware. To do this, they rely on the cells of living organisms, which they hijack to use their resources. Once they have multiplied in this way, they leave the cells and the stricken body to propagate further.

Since a virus uses its host without wanting to destroy them, the host generally remains unaware of the involuntary role they are playing. Yet there are exceptions that can lead to serious illness and even death.

As an epidemic, viruses afflict large groups of living organisms. Sometimes only animals or plants, as in the case of swine fever or the tobacco mosaic virus, but often also humans, as in the case of the Spanish flu (1918 to 1920) or the coronavirus SARS-CoV-2. The latter causes various symptoms that are all grouped under the disease known as Covid-19. In 2020, Covid-19 – also known as the “coronavirus” – found its way into our collective consciousness.

FEAR AND TERROR

Viruses (and bacteria) have always caused epidemics and shaken entire societies.

The plague is probably the best known example. The bacterium *Yersinia pestis* jumps mostly from rodents to humans, with the rat flea being the main bearer of the so-called Black Death. Hunting and trading in fur helped it to spread.

How the rat flea in the fur of black rats infested large parts of the world from its native habitat in the Asian Steppe follows a pattern that remains relevant to this day: Initially geographically restricted, the epidemic reaches those societies that are connected through trade and transport routes and becomes a pandemic.

Bacteria and viruses are invisible to the human eye. For many millennia, the research into their causes was thus as adventurous as the measures taken to prevent them. They also didn't always work as well as the vaccination against smallpox, which is thought to date back 3,000 years to China. In many cases, foul air (miasma) was thought to be the cause. If it smelt bad, it was unhealthy.

And this was precisely the case when it came to cholera, which is caused by drinking water contaminated by fecal matter. It took around 200 years from the first observation of bacteria under

the microscope by the Dutch naturalist Antoni van Leeuwenhoek (1674) to the discovery by Robert Koch of the first proven bacterial chain of infection caused by anthrax (1876).

HYGIENE AND VACCINATIONS

As a result of this pioneering feat by the German doctor, diseases caused by viruses and bacteria became the focus of scientific research. Yet even though the principle was well known, biodiversity and genetic mutation made fighting such diseases a challenge.

Of the several hundred thousand types of bacteria and viruses, a good 5,000 bacteria and 3,000 viruses have been researched. Bacteria are up to 100 times larger than viruses and have a diameter of between 0.4 and 0.75 micrometers (µm). Although only a fraction of bacteria and viruses are dangerous, many of them stubbornly resist scientific work.

Astonishingly, the people stricken by the plague in the Middle Ages would have recognised many of the measures and reactions seen today during the coronavirus pandemic. Social distancing, moving to rural areas, lockdowns and quarantine are just some of the parallels, along with masks and handwashing.

Nowadays such measures can be backed up by science. During handwashing, for example, the soap breaks open the lipid membrane of the coronavirus, preventing it from multiplying.

The coronavirus is probably the first pandemic in human history to encounter a scientifically enlightened society with huge resources in terms of research and capital. On the other hand, it is encountering a society that finds itself in the midst of a digital revolution.

Just like every previous industrial revolution, this one is also accompanied by social disruption and struggles for resources.

However, the coronavirus is making many developments much more visible. The associated crisis is existential on many levels.

It is ultimately about health and economic existence. And this is happening with insufficient but constantly growing knowledge as well as huge, but not infinite, resources and capacity.

HOW THE VIRUS IS TESTING SOCIETY

The challenges are not just medical in nature. They touch on ethics as well as employment relationships and impinge on interpersonal relationships.

Questions arise – about the relationship between the worlds of politics and science and about the degree of self-determination, responsibility, and risk assessment.

Reason plays a considerable role, but so do feelings. Solidarity is as visible as envy and greed. Depending on one's temperament, we are ultimately left with both uneasy and hopeful questions: What is the purpose of all of this? What remains of it all? Doctors and medical staff sometimes have to make the most radical decisions. Whenever materials or human resources are insufficient for all, they must make difficult and justified decisions.

Who will be given a chance to live and be healthy and who won't? They then find themselves under an immediate compulsion to act, just as if they were on a battlefield.

The triage approach has proven successful here, a selection procedure that prioritises the use of scarce resources based on maximum benefits when providing medical care. Who has the best chance of survival if treated?

Viewed in this way, the coronavirus has become a battlefield in hot spots like Italy, Spain, Brazil, and elsewhere – a battlefield on which insufficient resources, such as intensive care beds, ventilators, and staff must be distributed based on criteria that are as objectively fair and transparent as possible.

It is a traumatic choice – between the devil and the deep blue sea. For the healthcare systems in developed societies, which spend up to 17 percent of their gross domestic product on this sector, these screening and decision-making processes give rise to new problems. The specific moment requires an ethically justified allocation of limited resources. Furthermore, once the crisis has been overcome and a little time has passed, the ethics must deliver convincing answers to the question of how society wishes to arm itself to combat epidemics and pandemics in the future to still be able to live with them. This path out into the open can be secured with increased investment in personnel, education, and material.

The billions in aid – for the aviation industry and other sectors – combined with simultaneous cuts to the budget for research and science show the power of this struggle for resources. And the appreciation shown to the staff in hospitals and care homes – in the form of well-intentioned clapping, for example – can be no substitution for improved working hours and conditions, also extending to education and remuneration.

A PACKAGE OF MEASURES

The virus itself has no concept of how it changes us. An infected person falls ill with the virus itself and the body's immune response to it. Society, meanwhile, is confronted with the consequences of the mass occurrence of the illness.

Reacting appropriately requires an overview of the situation and rapid development of effective and accepted protection and defense mechanisms. This has led to an astonishing cooperation partnership between the worlds of politics and science.

Virologists and epidemiologists have thrown themselves into the research of causes, effects, spread, and protection – covering everything from hygiene and quarantine measures to immunisation.

Areas that have traditionally received less attention, such as aerosol research, from which the scientists hope to obtain information as to how the virus is transmitted, have suddenly been thrown into the spotlight. The same also goes for the completely new vaccine concept, which is using messenger RNA (or mRNA) for the first time, an approach that is as targeted as it is efficient.

Fortunately, the field of fundamental research had already been working in these areas (in the course of searching for medication to treat cancer, among other things), enabling the coronavirus vaccine to get off to a flying start.

SCIENCE'S TIME HAS COME

Overall, it can be said that science's time has come. Yet this takes time, conducting research out in the open, research that is essentially refutable and leads us up the occasional blind alley.

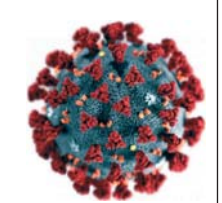
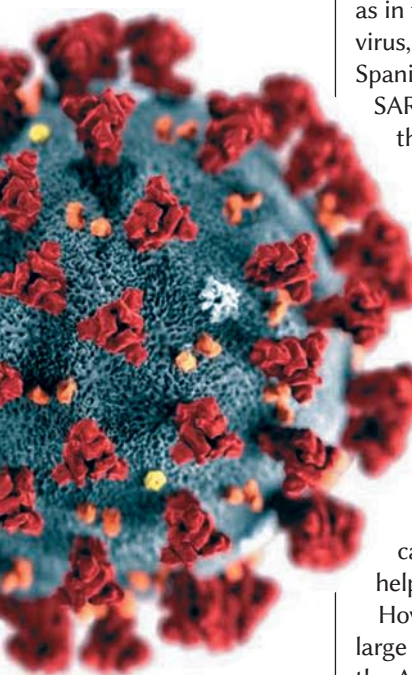
The world of politics, meanwhile, is eager to see clear results that lead to corresponding recommended courses of action.

A number of convincing yet contradictory measures evolved out of this tension, each taken separately and based on the situation at any given moment. They ranged from a liberal strategy initially pursued in Sweden (people were largely confident that the pandemic could be managed with only a few restrictions – common sense instead of constraint and lockdown) to a hard lockdown in countries like Austria. It was obvious to only a few people that these were large-scale scientific experiments, strictly speaking a learning process involving living subjects. Well-founded, perhaps, but essentially with an uncertain outcome. That is how science works, after all – step by step. Occasionally and heuristically on unfamiliar territory, but using trial and error.

ANYTHING – JUST NOT “BUSINESS AS USUAL”

Many of the measures are having a deep impact on the economy. Entire sectors such as retail, catering, and the events industry have been paralysed, while mail-order businesses have profited. Ultimately, it is not just companies, but primarily people who are affected as employees, business owners, and consumers.

Nations are attempting to take counter-measures with billions of euros of funding. What does this mean for future generations? And what about



distributive justice? We will only be able to tell in a few years from now because an economy is neither a family nor a company. A state possesses virtually unlimited assets and can rely on the economic potential of millions of taxpayers.

Many changes can already be felt. Largely reducing social contact has often made people painfully aware of the lack of interpersonal interaction. The big winner ought to be digitalisation. The pandemic also demonstrates the importance of up-to-date and centrally held information – and shows how working environments can evolve, even though people in many places were insufficiently prepared for this extraordinary tempo.

From the joy of being able to freely organise working hours to the depression of having insufficient space or missing out on a chance encounter while grabbing a coffee in the office kitchen, there are many different viewpoints.

It has become apparent, however, that there are far more digital ways of working than most players previously thought possible.

It will only be necessary to think about the specific organisation and distribution of productivity gains for the time after the pandemic.

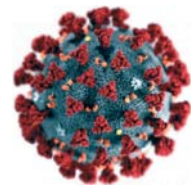
The same also goes for data protection, the legitimisation of political actions, future forms of economic activity, leisure habits, and the organisation of working environments and affluent societies.

According to the World Economic Forum (WEF), the pandemic is more than just a public health crisis, and has had a devastating impact on poverty levels and inequality. Besides poor, older, and disabled people as well as migrants, women in particular have felt the effects of the pandemic.

Furthermore, according to the WEF, minorities have been harder hit and will recover much more slowly from the downturn.

The pandemic was, and still is, a shock. Yet if there is anything positive to take from it, then it is this: 72 percent of people worldwide want their lives to change significantly after the pandemic – and do not want to return to how life was before the pandemic. This desire is the real hope. And it is up to all of us to play our part in achieving it.

This article has been reprinted with thanks to Drager Review Technology for Life, Special issue #24 How a virus changes a world 2021



Interceptor Africa

Interceptor by HI-TEC, answers to the end-user's demand in providing high quality safety footwear with features that include a range of leather uppers, toe caps and specialised sole constructions.

Interceptor will continue to push the boundaries of industry leading design and innovation by exploring the varied dangers inherent in an industry.

Our product caters to the fields in the following industries:

- Construction
- Electrician
- Agriculture
- Welding
- Engineering
- Plumbing
- Diy
- Mechanic

<https://www.hi-tec.co.za>



Ethics of mandatory vaccinations in the occupational context

Mandatory Covid-19 vaccinations is currently a contentious issues attracting much attention. The discourse in the media has been mainly framed as tension between the right to public good on the one hand and the protection of individual rights on the other. The right to health is presented as a binary: either as the right to protection from infection by unvaccinated persons or as the individual's right to control their body.

While those discussions are absolutely necessary, the substitution of the highly abstract "individual" by the more specific "employee", changes the context of the proposed mandatory vaccinations. When this change of context is not acknowledged, the ethical debate loses some of its validity and utility since "individual" and "employee" are not equivalent and interchangeable terms.

The legal definitions of "patient" and "employee" and their respective rights and obligations are very different. A "patient's" control of their body is guaranteed and only violated in specific situations whereas an "employee" has essentially ceded control of their body to the "employee" via a type of leasing agreement called the employment contract.

VACCINE PREVENTABLE OCCUPATIONAL DISEASES

Firstly, it is important to state that vaccines play an important role in occupational health.

Many categories of workers, for example wastewater treatment workers, are exposed to a host of hazardous biological agents and vaccines are routinely used as part of the comprehensive measures aimed at the protection of their health.

While the same is necessary for Covid-19, the resistance by some to accepting the vaccinations should draw our attention to the specific issues of occupational health ethics since an important factor causing vaccine hesitancy is the phenomenon of "trust deficit."

OHS AS A DISCIPLINARY TOOL

We must appreciate that for many workers there is a deep seated mistrust of their "employers" based on the evidence gained from their work experience, in general, and specifically and more relevantly, the manner in which occupational health and safety (OHS) is commonly managed in the workplace. OHS is usually about rules and enforcement and it is therefore not surprising that many workers view OHS as a disciplinary tool of the "employer". Safety officers are seen as workplace police officers.

Further, the OHS system routinely downplays the health issues that "employees" raise and instead



Warren G Manning is an OSH-lander based in Durban with an interest in "Just OHS"

blames them for poor OHS performance. Consequently, unsafe worker behaviour is still viewed by many as the primary cause of harm incidents.

UNEQUAL OHS PROTECTIONS

It must also be noted that OHS law is highly fragmented and unequal. "Employees" in different industrial (non-security) sectors of the economy have different sets of rights and protections under three (3) acts mandating OHS services. Further, different occupational medical procedures with respect to medical surveillance and testing are in place in the various sectors of the economy.

Many sectors do not even have promulgated medical fitness standards even though workers are repeatedly subjected to these mandatory tests - the actual medical value of which have been consistently questioned.

To add injury onto insult, "employees" may lose their employment when they fail these tests. In addition, the reporting of suspected cases of occupational illness to the Compensation Commissioner is not at satisfactory levels.

THE ETHICAL FRAMEWORK

The National Health Act essentially acknowledges two scenarios where a person may receive medical treatment. The first is where a private person needs some sort of medical service and here, the requirement to protect the autonomy and human dignity of this person is outlined.

The second scenario is when medical researchers want to conduct tests on human subjects. Here too, the rights and protections of human participants in medical research have been clearly outlined. The employment medical scenario has not been explicitly defined. The consequence of this is that there is a gap in our current framework of medical ethics. The current legal doctrine of employment law has created an ethical blind spot.

"Employees" who are subjected to medical interventions are not regarded as "patients"; the medical examiner is not regarded as a "medical practitioner" and there is no "doctor-patient" relationship. In the employment context, it is the "employer" who chooses the "medical examiner"; who in turn determines the scope of the examination and the evaluation criteria where no promulgated standards exist. The "employee" is expected to submit or face sanctions, including possible dismissal, on the grounds of disobeying a legal instruction, or for medical incapacity in the event of a "medically unfit" determination.





ETHICAL ISSUES OF OCCUPATIONAL MEDICINE

Medical interventions are commonly evaluated ethically using the framework of Principlism and its four (4) categories of ethical principles: *autonomy, beneficence, non-maleficence* and *justice*.

The selection of these principles is a result of the experience of medical practitioners working within their evolving professional field over many centuries.

Further, these principles are seen as being embedded in our broader “framework of social morality.” The debate in the media has sought to justify the imposition of mandatory Covid-19 vaccinations within the moral boundaries as set by the Constitution.

The strident demands for mandatory vaccinations clearly shows that such an imposition on the general public, the abstract “individual”, is not without its issues. It is when this demand is viewed from the perspective of the “employee” that the ethical issues become extremely problematic.

Autonomy

Autonomy is essential recognition of each persons’ self-rule, ensuring participation of the person in planning of services that they may receive and respecting the choice of the person concerned.

Analyses of the impact of a measure on the autonomy of individuals involve considerations of voluntariness, truth-telling and informed consent.

Autonomous actions are by their very nature voluntary since the person acting knows what alternate actions are possible, has evaluated the options and has decided on what action to take. They are therefore responsible for the consequences of their choices.

Some options are imprudent and could result in loss of income and possibly loss of employment for the average “employee” refusing to be vaccinated – a reality given our current economic climate.

Mandatory vaccinations in occupational context of South Africa amounts to a non-voluntary action on the part of the “employee” and they have no

reasonable option other than to submit. Increased costs of testing or unemployment are simply unacceptable to many “employees.”

Truth-telling is an important requirement for those recommending a medical intervention.

The dominant position of the need for the vaccine is obvious but hides the fact that there are areas of uncertainty which are important for a decision-maker. There is a level of natural immunity in the population due to exposure to the wild virus and this may make the vaccine unnecessary in some instances. Secondly, any risk involved in giving an asymptomatic person a vaccination must be discussed. Would the precautionary principle not require pre-vaccination Covid-19 testing?

The nature of the protection that the vaccines offers, the knowledge that immunisation does not mean one will not become infected or shed viruses, the length of protection provided by the vaccination and the need for a booster or annual Covid-19 vaccinations must be clearly discussed as part of the counselling process.

Further, in the event of an adverse effect, however unlikely, will such an outcome be regarded as an occupational illness? Who will become liable? This is especially so since the guidelines remove the “employer” from the actual administration of the vaccination.

Where vaccine hesitancy exists partly due to “trust deficits”, this can only be reduced by full disclosure of well known - and poorly known factors relating to Covid-19 vaccinations.

The need for the granting of informed consent is a much cherished principle within medical ethics. Consent in its simplest meaning is the granting of permission or allowing something to be done.

It is obvious that a mandatory requirement makes the giving of consent moot. Further, in the occupational context the requirement of the giving of “non-coerced” consent becomes very challenging since disciplinary practices are more active.

It is important to note that under these circumstances any adverse effects of the vaccine, however unlikely, must be regarded as an occupational incident and liability would fall on the “employer” as the “employee” cannot be held responsible for a decision that was non-voluntarily, without full disclosure and for which no consent was granted.

Beneficence

Vaccines are undeniably beneficial to the person being vaccinated. But, as the debate has highlighted, it is not just the vaccinated individual that benefits but society at large. The utilitarian evaluation of benefits must be mindful of Kants requirement of seeing the person, the abstract “individual”, as an end in themselves and not as a means for another. In society that balance is essential.

In the occupational context the balance of benefits can reasonably be assumed to be already skewed in favour of the “employer.”

This is especially the case in exploitative employment situations where the body of the “employee” is essentially a means for the “employers” ends. Some “employers” may, for example, calculate that it is cheaper to vaccinate “employees” than to improve the ventilation system or ablution facilities.

The demand for mandatory vaccinations of “employees” may be tipping the already imbalanced power relationship further in favour of the “employer.” The extra power dividend the “employer” receives may be used to press for other gains in other aspects of the employment relationship.

Non-maleficence

It is common cause that the subjection of a person to a non-voluntary action is inherently a violation of their human dignity and is a form of violence that results in harm. The harm caused will be exacerbated by repeated violations. There is a high likelihood that mandatory vaccinations will be at least an annual action. Additionally, the psychological stress some folks are experiencing because of the probability of repeated unwanted vaccinations is already a harm. The stigmatisation of the unvaccinated is another form of harm that we must acknowledge.

Further, in the occupational context the burden of increased costs for weekly Covid tests, or the possible threat of disciplinary action resulting in dismissal are harms that may result from a vaccine mandate. Considering our unemployment climate, these burdens are heavily weighted against the majority of South Africans.

Justice

Ethical evaluations of justice - from a distributive perspective - relate to the efficient and fair allocation of limited resources. This context requires reflection on a cost balance between one combination of options versus other possible combinations. A Covid-19 response budget will need to provide for a wide range of measures including education programmes addressing vaccine hesitancy, environmental monitoring, voluntary testing and the provision of all the standard controls such as improved ventilation, ablution facilities, PPE and the vaccination programme itself. There is a danger that the implementation of mandatory vaccination of “employees” may reduce the investment in the other robust and proven controls in favour of vaccines as a quick fix.

We must not lose sight of the fact that there are many hazardous biological agents whose spread will be unaffected by the Covid-19 vaccine but are effectively managed by the other controls mentioned above.

Occupational justice concerns itself with the rules itself since the making and implementation of rules have specific effects in the employment context. The Covid-19 guidelines allows the “employer” to make a new rule, via a “risk assessment”, that will make vaccinations mandatory for identified categories of “employees”. The “risk assessment” provides a cloak of rationality for the procedure even though such assessments are not bias-free. This rationalisation of the vaccine mandate increases the chances for a consensus to be obtained during any consultations between the parties.

This form of “rule by law” on the “micro” level of the workplace will have the net result of amending the conditions of employment with respect to medical fitness requirements of selected “employees”. It also reinforces the existing discourse that the “employer” is rational and “good” and those who are hesitant are “irrational” and “bad”.

TOWARDS AN ALTERNATE APPROACH

The need to close the gap in our framework of ethics is a critical “must-do” but in order to deliver a healthy dividend on that investment we must adopt a model of occupational health and safety that provides the paradigm where such an ethics can be operationalised.

We mainly see OHS as an issue of legal compliance and it consistently ranks low in importance for corporate decision makers. An alternate view is for OHS to be seen as a service with the employees as its primary client. The strategic value of service quality is well-established with a range of innovative techniques and technologies available for design, implementation and evaluation. The application of specific service quality indicators have been proven to shift client community perceptions of organisations as their expectations and experiences are seen to be valued. Relationships between service provider and client become mutually beneficial. Trust is strengthened.

CONCLUSION

We must appreciate the fact that “employers” do not wait for practices to be made fully consistent with the Constitution, they take the initiative and even if attended to in good faith, some unintended consequences are permanent and damaging and their impacts fall on the shoulders of the poor to deal with in silence.

The right of “employees” to control their bodies, which is their most valuable property, must be acknowledged in our bioethical framework. This invisibility of workers must end.

The development of an ethical dispensation based on the collective rights of workers, similar to those won by oppressed ethnic minorities, must be made a priority of “employees and employers”.

Support government's position on vaccination in the workplace

A news article from Health24 reported that two medical bodies in South Africa had distanced themselves from a social media video made by South Africa's first female heart surgeon about Covid-19 vaccinations.

The heart surgeon claimed that "the risk of the vaccine is worse than the risk of the virus" and that the composition of the vaccine is akin to a trade secret. Those who had been asked in the article to comment about her video expressed "profound disappointment and disbelief" and distanced themselves from her comments.

The South African Thoracic Society pointed out that "although healthcare professionals have a right to free speech, they should not utilise social or formal media to spread blatant misinformation particularly if it can lead to (preventable) suffering and death".

Furthermore, the Health Professions Council of South Africa (HPCSA) had received a formal complaint against the doctor which prompted investigations.

Healthcare professionals registered with the HPCSA are bound to a code of professional and ethical conduct. This is also the case in many other professions.

Likewise, individuals employed in these different sectors and are registered with professional councils, membership bodies and or associations are expected to abide by their professions code of conduct and not issue irresponsible, unfounded or frivolous allegations in public or social media as these could very well land them in hot soup. Ideally, this should also be the case with OHS professionals. Sadly it isn't.

MANDATORY VACCINATIONS AND OSH

One of the most contentious issues within occupational health and safety in South Africa at the moment is the matter of mandatory COVID-19 vaccinations in the workplace. This subject has created a lot of debate which has been fuelled more so by personal standpoints regarding vaccination. Many occupational health and safety professionals have added their voices on social media to this issue which surprisingly should not be subject to debate given the clear position of government on the matter.

It is important to state that, as far back as February 2021, President Ramaphosa stated in a televised address to the nation that "Nobody will be forced to take this vaccine. Nobody will be forbidden from travelling, from enrolling at school, or from taking part in any public activity if they



Wellington Mudenha is a qualified professional in the fields of Safety, Health, Environmental and Quality Management. He has a wealth of experience in SHEQ legal compliance as well as SHEQ ISO management systems development, implementation, maintenance and audit. Wellington is a SHEQ trainer / facilitator and SETA registered assessor.



have not been vaccinated. Nobody will be given this vaccine against their will, nor will the vaccine be administered in secret."

Botes and Gibson (2021) published a summary of the Department of Labour consolidated guidelines for employers seeking to implement a mandatory vaccination policy.

The consolidated OSH directive gave employers 21 days to conduct an objective risk assessment, determine the actual need for vaccination in their workplace and identify the categories of employees requiring vaccination (Botes and Gibson, 2021).

Furthermore, the guidelines made provision for employees to refuse the vaccine on a medical basis (allergic reaction) or constitutional basis (employees right to bodily integrity and or right to freedom of conscience, religion, thought, belief and opinion (Botes and Gibson, 2021).

The guidelines clearly state that vaccination should not be forced on employees. Employers were encouraged to seriously consider any objection raised by employees to the vaccine and try to accommodate such employees where possible. Dismissal of employees who refuse vaccination should only be taken as a last resort.

DEPARTMENT OF EMPLOYMENT AND LABOUR DIRECTIVES ON VACCINATIONS

In an article by IOL in September 2021, president Ramaphosa once again stated that no one can be forced to be vaccinated amid reports that some companies were forcing their work force to be vaccinated. He made reference to the Department of Employment and Labour directives to companies on the vaccination programme for workers and further stated that the constitution ensures the rights of individuals which must be balanced with the rights of the population.

There are no grey areas regarding this matter. Vaccination should not be forced on any employees and the directives issued by the Department of Employment and Labour are very clear. OSH professionals should therefore ensure that their employers comply with these directives and advise their employer in instances where an employer intentionally or unintentionally may disregard these directives.

As an OSH professional your personal viewpoint on vaccination is not the issue. Whether or not you support vaccination, do not support vaccination or you are on the fence as some would put it, it is your duty to inform your employer that no employee should be forced to vaccinate.

Prevention of suicide - there are warning signs to help your co-workers

Netcare Akeso operates a network of private in-patient mental health facilities and is part of the Netcare Group

The World Health Organization estimates that each year 700,000 lives are lost globally to suicide with the Covid-19 pandemic having a major impact on people's mental health. Some groups, including health and other frontline workers, students, people living alone, and those with pre-existing mental health conditions, have been particularly affected.

South Africa's suicide rate for 2019 was estimated at 23.5 suicides per 100,000 people, of which more than three-quarters were male. However, during 2020, there were 1 781 suicide related deaths in South Africa over a four month period, between 27 March and 27 July 2020 indicating that many were as a result of the Covid-19 pandemic.

This year's theme for World Suicide Prevention Day on 10 September addressed the myth that talking about suicide may encourage people to act on it. Its theme 'Creating hope through action' emphasised that suicide should not be treated as a taboo subject, and not only in the home, but in the workplace as well.

OSH RESPONSIBILITY

The occupational health and safety practitioner needs to be aware of the signs of suicide which can be identified, both amongst employees working from home, or at the workplace.

"The sad fact is that for each suicide, there are believed to be at least 20 attempted suicides," Megan Hosking, psychiatric intake clinician at Netcare Akeso mental health facilities says.

"While not every tragic death from self-harm can be stopped, it may be possible to reach more people before it is too late, if our society is better informed. Creating a deeper understanding of suicide through raising awareness could help more people to reach out and help others before that last resort.

"Suicide is complicated and often misunderstood, and for a person who is suicidal the situation feels hopeless and often confusing. There are no simple answers when it comes to suicide," says Hosking.

LEARN TO RECOGNISE THE SIGNS

When a person is suicidal, their sole thought is to end the pain or suffering they are experiencing. "They may feel there is no other way out of their struggle, even if they have conflicting feelings about death. This may be as a result of mental health difficulties, adjustment to new medication, a feeling of hopelessness, emotional struggles, financial difficulties, experiences of loss, or other challenges that feel overwhelming to them," she says.

Both OSH practitioners and co-workers should be trained to recognise the signs. While it may more difficult identifying these signs amongst employees

working from home, corporate communications are on-going through digital meetings, and the symptoms can still be recognised. Also, employees often keep contact with each other through out-of-work chats, and they should learn to be aware of co-workers showing signs of suicide.

According to Hosking, just because someone may be thinking about suicide, does not mean there is no hope for them. While people who are suicidal may not always reveal their inner pain or intentions in a way that is recognisable to others, there are several common warning signs that should be taken seriously.

Nine potential warning signs

1. The person is talking about death, harming or killing themselves
2. Expressing feelings of hopelessness and having no hope for the future
3. Expressing being a "burden" on others
4. Seeking out things that may be harmful, such as drugs or weapons
5. Saying goodbye, or giving away possessions
6. Increased isolation from family members and friends
7. Self-destructive behaviour
8. Previous suicide attempts
9. A sudden sense of calm – this could indicate the person has a plan for suicide and has made 'peace' with their situation.

"Awareness and recognition of these signs can help save lives. Any indication of suicidal thoughts must be taken seriously and responding appropriately could help to make the difference between life and death." Hosking says.

WHAT YOU CAN DO TO HELP SOMEONE AT RISK

- Talk to the person if you are worried about them. Be honest about your concerns but avoid blaming them for anything they are feeling. Listen to them and take them seriously.
- Offer help and support but know your boundaries. Seek professional help, make sure they are in a safe place, and able to access professional care.
- Respond quickly if there is a crisis. If the person says they are feeling suicidal or having thoughts of harming themselves, try and find out if they have made plans for taking their own life and have the means to carry this out. Immediately seek emergency assistance, as this is a high risk situation.
- Call 0861 435 787, open 24 hours a day for emergency support.



Oil and gas plant in the Gulf

Hazard and Operability Study (HAZOP): Safety professionals need to understand

HAZOP studies are ideal for complex processes in high hazard facilities, such as chemical plants, nuclear facilities, and oil and gas operations.

A Hazard and Operability Study (HAZOP) is a systematic investigation of a present or planned process or operation. It was originally designed to assess chemical plants and the procedure and processes used in them but is now applied more widely.

The goal of a HAZOP study is to identify and evaluate any problems within a plant or work environment that could pose a risk to the employees or equipment. It also looks at processes that might prevent the facility from running as efficiently as it should.

In this article, I will explain what a HAZOP study involves and give some tips and advice for those who will be involved in conducting one.

HOW DOES HAZOP WORK?

HAZOP studies are carried out by a multi-disciplinary team, usually composed of four or five members, though larger studies can require up to 20 members on the HAZOP team.

The team holds a series of meetings during which they conduct a qualitative assessment of the plant's design.

The team's focuses are on specific points of the design, which are explored one by one. What the



Dr. Bill Pomfret brings an unrivaled perspective on risk, regulation and liability from over 50 years of experience as a safety consultant working for leading companies around the world.

He also spent nearly a decade in the North Sea exploration and production as a safety manager. Dr Bill is a passionate advocate for safety training.

team is looking for is deviations in the process parameters.

Once the team has identified several deviates, each is considered as a potential cause or effect of operational problems or hazards.

HAZOP effectiveness is largely determined by:

- The parameters and exact description of the study
- The skills and experience of the team members
- The team's ability to work well together
- Meaningful questions posed by the HAZOP team
- Completeness and accuracy of the study
- The team's ability to use the outlined approach
- The team's ability to identify and concentrate on serious hazards and not get sidetracked by sheer breadth of the study

WHY IS HAZOP IMPORTANT FOR SAFETY PROFESSIONALS?

In addition to helping the plant run smoothly, Hazard and Operability studies also allow safety professionals to identify and then either control or eliminate hazards.

HAZOP is ideal for large and complex systems. Breaking these down into their component parts and assessing each in turn gives safety professionals a more fine-grained look at potential hazards that may otherwise be overlooked.

PROS OF CONDUCTING A HAZOP STUDY

- An efficient, knowledgeable HAZOP team can save the company considerably more money than the expense of the conducting the study
- HAZOP studies identify hazards and can thus save lives and decrease employee injuries
- HAZOP teams provide a multi-disciplinary look at various processes
- Cons of Conducting a HAZOP Study
- HAZOP studies are very time consuming
- HAZOP teams take a very focused approach to each element of a process and may miss some of the hazards that are more evident from taking a bigger picture perspective.
- A team that is not led by a competent facilitator and composed of knowledgeable, experienced members may not investigate the processes thoroughly enough or may fail to identify some of the potential hazards.

HAZARD AND OPERABILITY STUDY TIPS

HAZOP studies can be very long and tedious. If you're conducting one, the following tips may make it more efficient and effective.

Select a HAZOP team that has the necessary skills.

1. Do they all understand the design, operation or procedure that is being studied?
2. Clarify the study's focus. Are you reviewing a concept, procedure, operation, or design?
3. What are the parameters of the study and is the entire team clear on this?
4. Prepare an information package well before the study begins.
5. Establish (in consultation with the entire HAZOP team) what software may be needed to assist the study.
6. The facilitator should ensure that each team member makes contributions related to their area of expertise.
7. Since HAZOP studies can be mentally taxing on those involved, the team should schedule regular breaks to refocus.
8. The HAZOP team's meetings should be meticulously recorded, and meeting minutes should be kept for future reference.

CONCLUSION

- A Hazard and Operability study is a great way to break down complex processes and consider all the ways they could go wrong.
- It can allow you to plan for the worst and prepare for the unexpected, but it's only the first step.
- Once your HAZOP study has identified potential risks, those risks need to be addressed and managed.



Typical Chemical Process Plant (Europe)



ARE YOU MEETING ALL OCCUPATIONAL AND ENVIRONMENTAL CHALLENGES?



Occutech is an inspection authority for the work and business environment surrounds approved by the Department of Employment and Labour

- Indoor air quality assessment
- Risk assessors
- Occupational hygiene
- Environmental consultants

Occutech is able to recognise, evaluate and recommend cost-effective controls of occupational and environmental hazards

PREVENTION IS BETTER THAN CURE!

<http://www.occutech.co.za>
 Email: occutech@occutech.co.za
 Tel: (031) 206-1244 Fax: (031) 205-2561

Future of work post Covid-19 and productivity

The Covid-19 global pandemic continues to create disruption, most especially in the workplace as companies grapple with the balancing act of keeping people safe and observant of health and safety compliance regulations and the need to continue delivering goods and services to remain in business.

Remote working, often touted as one of the leading indicators of the “future of work”, has suddenly become the norm, with millions of employees around the world operating from home. Have there been productivity challenges? Undoubtedly, but these have in many instances been overcome with improved access to enabling technologies and the shift in thinking about what work looks like.

For some, remote working has tipped the scales in the opposite direction, with individuals working around the clock and with little to no boundaries. For others, the demands of the family and homeschooling, or lack of contact with colleagues, has created additional stress and strain.

What is required to manage this ‘new normal’, is the realisation that work is something you do, not somewhere you go, and that productivity and performance output are what matter, not where, how, or what time you do the work.

As more individuals realise the benefits of working from home, the saved money and time usually wasted in traffic, and the ability to balance their own unique lifestyle priorities, the more remote working will become a must-have from the best talent available. A report by Zapier.com published at the end of 2019 revealed that about 74% of the workforce would prefer to quit a job for one that offers remote positions, and one assumes this stat will have grown after Covid-19 has proven that work can successfully be done remotely.

For organisations, savings realised through fewer expensive office spaces and facilities will be attractive, especially during economically trying times. Not to mention that harnessing the very best talent available no longer has geographical boundaries, including the ability to source the best skill at the most affordable price.

Challenges to the traditional employment model, includes revisiting contractual and relationship management expectations. Productivity-based “quasi employment” models are becoming increasingly popular with both companies and individuals, however compliance management of such can be tricky, as individuals do not necessarily fall into the definition of ‘independent contractor’.

And, because not all skills can be outsourced, or contracted at arm’s length, HR professionals are left juggling a multitude of varying contractual

arrangements, each with their own administrative and compliance requirements. This is made more complicated if one manages a diverse and geographically divergent workforce.

Temporary Employment Services (TES) providers offer several solutions that benefit companies and the individuals who deliver market-relevant services, managing scheduling, invoicing, payment, tax and benefits administration, and contract assignment management. Partnering with a compliant TES means that companies’ management can focus on their core business, leaving the complexities of labour law compliance and people management to experts.

The Confederation of Associations in the Private Employment Sector (CAPES), who drives compliance and advocacy for the TES industry, suggests that collaboration, proven to be critical during these uncertain times, provides the perfect opportunity for organisations to take advantage of all the best the future of work offers, whilst entrusting the compliant management thereof to specialist TES providers.

A McKinsey survey conducted in 2020 to assess the impact of Covid19 by sector, indicates the differences resulting from changing consumer behaviour and regulatory restrictions. Some sectors, such as hospitality and manufacturing have been hard-hit by the restrictions in place to contain the spread of the virus, with TES numbers taking a plunge across these sectors. Others, like IT have remained neutral, as demand for virtual platforms to replace face-to-face engagements has increased and much of the work conducted by IT professionals can be done remotely.

For some, the shift to online shopping and the demand for PPE to be shipped globally as well as the higher levels of medical care required, means an increased demand for labour within the distribution and healthcare spaces.

For those TES workers laid off in sectors experiencing a downturn, the chance to be re-skilled and re-deployed into other buoyant sectors of the market creates great opportunities and is invaluable.

TES providers offer the chance to their affected workers to transition far easier than for individuals who are retrenched and left alone to navigate a suppressed job market.

The Covid-19 pandemic and its knock-on impacts have exposed the limits of traditional employment models and fast-tracked the need for organisations to expand their thinking to incorporate alternative methods and diverse forms of work – and workforce management - that provide the necessary flexibility to weather the unpredictable.

REGISTER NOW!

INTERNATIONAL VISION ZERO
IN SAFETY, HEALTH & WELL-BEING
CONFERENCE 2021

BOOK YOUR EXHIBITION STAND NOW!
LIMITED SPACE AVAILABLE

Theme **FROM SAFETY AND HEALTH PROBLEMS TO PRACTICAL SOLUTIONS IN CONSTRUCTION AND RELATED INDUSTRIES**

FEATURING: CONFERENCE | TECHNICAL/BREAKOUT SESSION | EXHIBITION | NETWORKING/AWARD DINNER

23RD - 25TH NOVEMBER, 2021 | **BALMORAL HALL**
FEDERAL PALACE HOTEL, VICTORIA ISLAND, LAGOS, NIGERIA

CHEMICAL INDUSTRY



TRANSPORTATION



INFORMATION



MINING





TRADE, GOODS LOGISTIC & PORTS HANDLING



ELECTRICITY, GAS & WATER



CONSTRUCTION



EXHIBITION

Showcase the latest technologies, product innovation, and best practices. Visitors to the Exhibition can look forward to top solution providers and industry partners' stands and presentations from all over the world.

TECHNICAL & BREAKOUT SESSIONS

Choose different sessions - the vast areas of focus from Safety & Health Problems to Practical Solutions

CONFERENCE

This conference will feature an interactive session on understanding human error and health and safety behaviors.

NETWORKING

...encourage networking & to create unique business & educational opportunities for all attendees. Networking opportunities with the authorities, etc

FOR MORE ENQUIRIES

+234 802 305 0678, +234 802 491 8800, +234 803 561 8669 | +49 0202 398-8200

info@ivzconference.com | www.ivzconference.com



Deadly hazards of exposure to asbestos

Asbestos.com

A long duration of asbestos exposure can lead to serious health effects such as asbestosis, lung cancer and mesothelioma. Exposure to asbestos in the workplace is the No. 1 cause of asbestos-related disease and can even occur in the home.

HOW DOES ASBESTOS EXPOSURE HAPPEN?

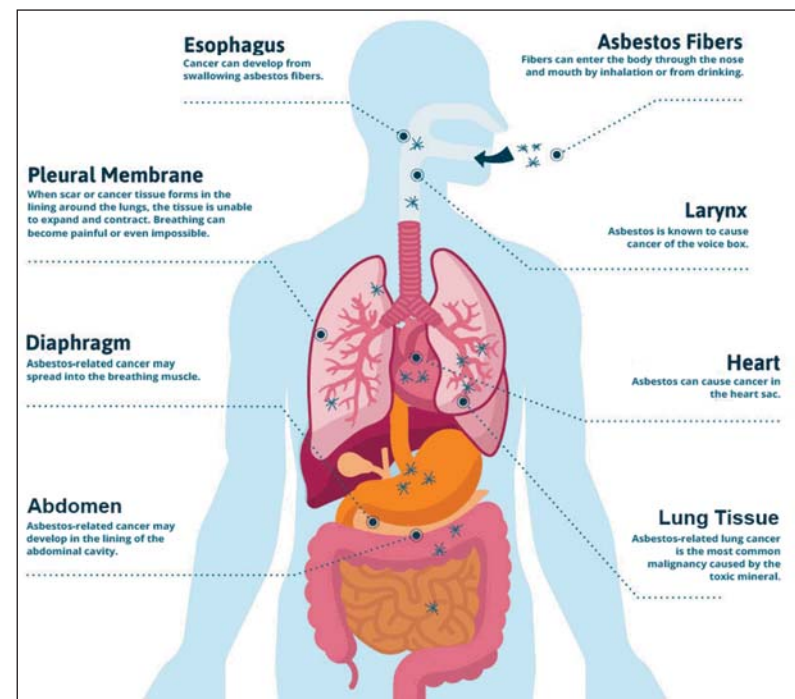
Asbestos exposure happens when microscopic asbestos fibres become airborne. The toxic mineral dust can remain in the air for hours, placing anyone nearby in danger of inhaling or ingesting it.

In an ideal environment with little disturbances, it may take 48 to 72 hours for asbestos fibres to settle. If the dust is disturbed, it can easily become airborne again because it is so light.

Asbestos is a naturally occurring mineral that has been used in thousands of domestic, commercial and industrial products. And although most companies have stopped using it, many older buildings still have asbestos-containing materials, and products made from asbestos are still found lying around. When common asbestos products found in homes start to deteriorate or are cut, sanded, drilled or disturbed in any way, microscopic fibres enter the air.

Occupations in manual labour and skilled trades present the highest risk of asbestos exposure. Workers in construction, shipyards and factories face a high likelihood of exposure on the job.

Environmental and secondary exposure to asbestos is less common, but it can still happen. Many people during their lifetime have inhaled some quantity of asbestos, but trace amounts rarely cause health problems.



WHERE ASBESTOS EXPOSURE OCCURS

People are primarily exposed to asbestos in the workplace, otherwise known as occupational asbestos exposure, through direct or indirect exposure to asbestos products.

Workers may also bring asbestos home and cause secondary asbestos exposure among family members. Another source of exposure is naturally occurring deposits of asbestos.

Asbestos exposure can occur if you:

- Live near contaminated job sites or natural asbestos deposits.
- Use or disturb asbestos-containing products.
- Work in certain occupations, including the military.
- Experience man-made or natural disasters.

PRODUCTS

Thousands of products were manufactured by companies using asbestos fibres.

Asbestos may be found in insulation, drywall, ceiling and floor tiles, cement, paint and more.

These asbestos-containing construction products are able to travel through waste water after flooding and other natural disasters. In this way, construction products can contaminate waterways with asbestos in the water supply.

Asbestos in automobiles and transportation materials continues to be a source of contamination in some countries through products such as brakes, spark plugs, mufflers, air conditioning and decals.

These products have placed workers in automotive garages, gas stations and vehicle depots at significant risk of asbestos exposure.

OCCUPATIONS

Many types of workplaces used asbestos in their products and facilities, putting millions of workers at risk. These include:

- Chemical plants
- Metal works
- Power plants
- Schools
- Shipyards

Although safety regulations have helped reduce asbestos exposure, certain trades remain at risk, such as electricians and firefighters.

ENVIRONMENTAL EXPOSURE

Environmental exposure occurs when asbestos fibres are released through:

- Mining
- Disturbance of a natural asbestos deposit
- Processing asbestos ore
- Natural disasters such as hurricanes, tornadoes and earthquakes

In 2016, the Journal of Toxicology and Environmental Health published a study that showed occupational exposure to asbestos has declined in recent years. But there has been a rise in environmental exposure in specific geographic areas.

The study also used the findings to explain why the percentage of women and younger patients with asbestos-related disease has been rising.

Researchers at the University of Hawaii Cancer Center conducted a similar study in 2015. It highlighted the need to be more aware of environmental exposure in Nevada.

Northern California is also home to large naturally occurring deposits of asbestos

RISKS FROM NEARBY ASBESTOS OPERATIONS

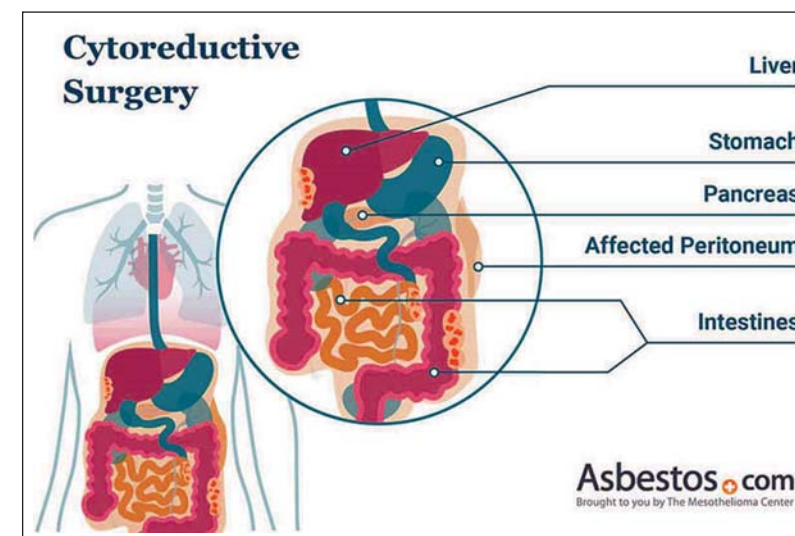
Job sites that use asbestos often contaminate the air outside with airborne dust. People in nearby communities face environmental exposure that puts them at risk of related diseases.

A 2011 Atmospheric Pollution Research study looked at the effects of environmental exposure in a population living near an asbestos manufacturing plant. The study examined rates of pleural mesothelioma and other asbestos-related conditions in Shubra El-Kheima, Egypt, an industrial city containing the Sigwart Company asbestos plant.

Researchers compared disease rates in individuals working in the plant, those living near the plant and those in a control group with no known asbestos exposure. In total, the study had more than 4,000 participants.

Pleural mesothelioma was highest (2.8%) in the group with environmental asbestos exposure. The group with occupational exposure had a strikingly lower rate of only 0.8%. As expected, the control group had the fewest incidences, with a rate of 0.1%.

These rates varied for other illnesses such as diffuse pleural thickening. Overall, the study found a slightly higher, but still comparable, rate of



asbestos-related illnesses in asbestos workers than in nearby residents.

Research shows that short-term asbestos exposure has caused mesothelioma in people who were exposed on the job and through secondhand exposure. Short-term exposure has also caused mesothelioma among people who lived near naturally occurring asbestos deposits.

9/11 ATTACK ON THE WORLD TRADE CENTER

The 2001 terrorist attack at the World Trade Center released tons of pulverised asbestos insulation into the air of New York City. This caused a sudden and very serious exposure problem for rescue, recovery and cleanup workers who remained at the site for months.

In 2006, a study was published in Environmental Health Perspectives that followed those workers. About 70% of them suffered new or worsened respiratory problems, and about 28% had abnormal lung function tests.

Researchers continue to closely follow those who worked in the rubble. They also follow nearby residents for long-term health consequences.

SECONDARY ASBESTOS EXPOSURE

People can get an asbestos-related disease without ever working with or around the toxic mineral. Secondary exposure, or indirect exposure, can be just as dangerous as firsthand exposure.

This kind of exposure happens when an asbestos worker unknowingly brings asbestos fibres home on their work clothes, hair and skin.

Throughout the 20th century in the U.S., men were more likely to work directly with asbestos products. Secondary exposure was more likely to affect women and children in the homes of these asbestos workers. Women who laundered their husband's contaminated work clothes were the most at risk of secondary exposure.

IMPROPER ASBESTOS REMOVAL

It is important to adhere to safety regulations regarding the removal and disposal of asbestos-containing materials to minimise health risks. There is a high risk of exposure to airborne asbestos fibres if proper abatement procedures are not followed.

PROTECTING YOURSELF AND LOVED ONES

Today, the law requires all employers to protect workers from asbestos and other job-related health risks. Workers must use protective equipment provided by employers and follow proper safety procedures. Only approved respirators must be worn when working around asbestos fibres.

It also is important to take precautions against bringing asbestos home from work. Clean any contaminated clothing or shoes at the job site, and take a shower before returning home to avoid endangering family members.

OSH and the age of specialisation



Ehi Iden President OSHAfrica



OSHAfrica

Lately I have looked at many professions including Occupational Safety and Health (OSH) and realised most of us are comfortable in the "generalist" pool which I see bloating by the day. To make ourselves an authority with skills in a defined area, we need to start thinking "specialisation". We need to move from the general pool to a specific area of focus within a larger field of study or practice. But this does not happen over night. First you have to identify a specific area of interest within your profession, then develop and train yourself to meet the qualification requirements within that speciality. This is the goal we should all strive to achieve, leave the pool and carve a niche for yourself to stand out from the crowd. What this means is quite simple, you know what your colleagues know, but you have gone the extra step to develop yourself in a specific area which places you at an advantage over others. When the Covid-19 pandemic came, it soon

became obvious that the world was short of occupational hygienists, especially in Africa. OSH is a big field, what do you want to be known for within this big pool of knowledge? You will be better off if you are acknowledged in a specific field. For example, we need more ergonomists, risk assessors, accident investigators, workplace health surveillance experts, occupational medicine physicians, workplace mental health experts and many more. Where does your interest lie? Why don't you stretch yourself a little more further to develop yourself along one of these focus areas? Once you are able to do this, you have set yourself on the pathway to specialisation. You need to start thinking about exiting the large pool of generalists, separating yourself and developing a speciality where you will be more useful. You need to stand out from the crowd - you can achieve this if you try. And remember, specialists are always priced differently! I encourage you to give this a thought.

Safety equipment and good practices today protect you against future asbestos problems.

HOW WORKERS CAN PROTECT THEMSELVES

If you think your work conditions are unsafe or your employer isn't adequately protecting you from asbestos, file an anonymous complaint with the Department of Employment and Labour. It has the authority to issue fines and shut down operations when asbestos laws are violated.

HEALTH RISKS OF ASBESTOS EXPOSURE

When microscopic asbestos fibres are inhaled or swallowed, they can become trapped in the body's respiratory or digestive tract. The body can get rid of some asbestos fibres, but many fibres become stuck permanently.

ASBESTOS EXPOSURE AND THE BODY.

No level of asbestos exposure is considered safe. However, most problems arise after years of repeated and long-term exposure to the carcinogen. When asbestos fibres accumulate in human tissue through repeat exposure, they cause inflammation and DNA damage. Over time, this damage causes cellular changes that can lead to cancer and other diseases. Exposure to asbestos can cause four different types of cancer and several pulmonary conditions. The combination of smoking and asbestos exposure results in a greater risk of developing lung cancer.

CANCERS CAUSED BY ASBESTOS EXPOSURE INCLUDE:

- Mesothelioma:** This is a rare and incurable cancer that develops in the lining of the lungs or abdomen.
- Lung Cancer:** Asbestos-related lung cancer accounts for approximately 4% of all lung cancer cases.
- Ovarian Cancer:** In 2012, the International Agency for Research on Cancer confirmed that

asbestos causes ovarian cancer. **Laryngeal Cancer:** In 2006, the National Institutes of Health confirmed that asbestos causes laryngeal cancer.

NONCANCEROUS CONDITIONS CAUSED BY ASBESTOS INCLUDE:

- Asbestosis:** Inflammation and scarring of lung tissue, which prevents the lungs from expanding and relaxing normally.
- Pleural plaques:** Areas of fibrous thickening of the lining around the lungs — the most common sign of asbestos exposure.
- Pleural Effusion:** Buildup of fluid around the lungs that causes difficulty breathing.
- Diffuse Pleural Thickening:** Extensive scarring that thickens the pleural lining of the lungs, causing chest pain and breathing issues.
- Pleurisy:** Severe inflammation of the pleural lining, also known as pleuritic pain.
- Atelectasis:** Inflammation and scarring that cause the pleural lining to fold in on itself, causing the lungs to underinflate.

Research continues to investigate other diseases that might be caused by asbestos exposure. According to a 2020 study published in Gastroenterology, some researchers believe asbestos should be listed as a possible risk factor for intra-hepatic bile duct cancer.

It may take anywhere from 10 to 70 years after the initial exposure for asbestos-related diseases to develop. Asbestosis can develop in as few as 10 years. Related cancers usually take 20-50 years to develop. Signs of asbestos-related disease include breathing difficulty, chest pain and a range of other cancer symptoms.

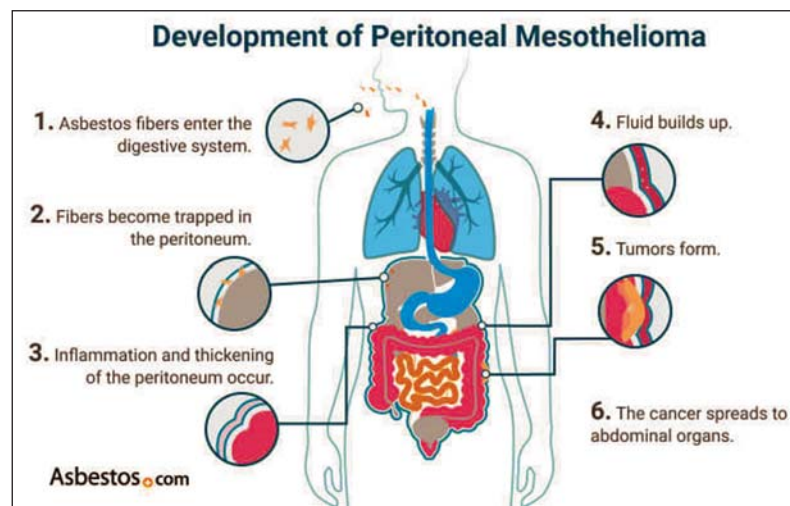
WHAT SHOULD YOU DO IF EXPOSED TO ASBESTOS DUST?

If you have been exposed to asbestos and are experiencing symptoms of mesothelioma or other asbestos-related diseases, you should contact a doctor immediately. Mesothelioma doctors can adequately screen for asbestos-related illnesses and prevent misdiagnosis.

CONCLUSION

There is no safe amount of asbestos exposure. Even one-time asbestos exposure can lead to asbestos-related diseases such as pleural thickening, lung cancer or mesothelioma. Secondary asbestos exposure occurs when asbestos fibres are carried by someone else. For example, blue-collar workers who bring home asbestos on their clothes can unknowingly increase the risk of family members developing asbestos-related diseases such as mesothelioma.

Reprinted with thanks to <https://www.asbestos.com>



Do you want to keep your workplace safe?
Do you want to make sure that your workers return home safely and in good health every day?

Then you cannot afford to be without the **SAFETY HANDBOOK**

The most comprehensive Occupational Health and Safety Handbook that is available for the South African market



NOTE :
NEW TELEPHONE NUMBER
Tel: +27 (0)65 979-7879
Email: sankie@safety1st.co.za
<https://www.safety1st.co.za>

SAFETY HANDBOOK
For the South African industry and other workplaces

For all who have the safety of workers at heart

Author: S.A. KADIRI
Co-author: D. NIESING

Published by the Safety First Association

- CONSTRUCTION SAFETY - H&S WORKPLACE REGULATIONS
- HEAT STRESS - RISK ASSESSMENTS - CONFINED SPACE ENTRY
- ELECTRICAL SAFETY - PSYCHOLOGICAL WELLBEING - BACK PAINS
- CHEMICAL HAZARDS - INDUSTRIAL SAFETY- FIRST AID - ERGONOMICS
- FIRE SAFETY - RISK INSPECTIONS - PERSONAL PROTECTIVE EQUIPMENT

- SAFETY POLICIES - EMPLOYER'S RESPONSIBILITIES
- HAZARD CONTROL - DEVELOPING A SAFETY PLAN
- EMERGENCY EVACUATION PLANS - VENTILATION
- HYGIENE - HAND TOOLS SELECTION - SKIN CARE
- WORKPLACE ACCIDENTS - WORKSTATION DESIGN

Training and development for a gas safe future

The global gas industry has been in existence since the early 1800s. 1892 saw the first production of gas in South Africa. Since then, the use of gas has grown both in the domestic, commercial and industrial markets. Our local gas industry is considered established and is governed by key legislation with enforcement falling under the jurisdiction of the Department of Employment and Labour (DEL).

Any persons working on gas shall be registered with the South African Qualification and Certification Committee or SAQCC Gas which is mandated by the DEL. Persons registered with SAQCC Gas are termed, gas practitioners.

A gas practitioner is issued with a 3-year license. Initial registration and renewals both require proof of competence. This is also supported by 3 Associations in terms of training and refresher training.

The Associations are:

- The Southern African Gas Association or SAGAS trains for industrial gases.
- The Liquefied Petroleum Gas Association of South Africa or LPGSA trains for domestics and industrial gases.
- The South African Refrigeration & Air Conditioning Contractors Association or SARACCA trains for air conditioning gases.
- The Southern Africa Compressed Association (SACGA) (or 4th Association) assesses the competence of the gas practitioner at both the initial registration and on renewal of registration based upon documentary evidence proving competence based upon theoretical qualification, knowledge, and practical experience. The practitioner's registration application and the supporting documentation is assessed by the Association's Registrations Committee, if the application is accepted, they will be approved for registration by the SAQCC Gas.

BUILDING A BETTER INDUSTRY

The gas landscape is constantly evolving. Evolution rings in changes to technology, product development and practitioner techniques. Undergoing training and development prepares a practitioner for these changes and helps those registered to practice safely alongside the regulations. It is a matter of life or death for a person working in the gas industry to register and undergo training.



Trained gas practitioners help build a better industry and safeguard the future of gas.

South Africa has seen its fair share of non-registered gas practitioners who have bypassed the training and development process and are, therefore, potentially, not competent to carry out the work they are doing.

CERTIFICATION OF WORK

A registered gas practitioner will be able to issue a Certificate of Conformity or CoC. Non-registered gas practitioners will not be able to certify their work. Work undertaken by a non-registered gas practitioner will be deemed illegal.

Registration is the right thing to do. It allows gas practitioners to ensure they are deemed competent from both SAQCC Gas and their respective associations.

Working on gas is a profession. Much like a health practitioner, a gas practitioner is a skilled worker. With adequate training and development, the gas practitioner will remain proficient, competent, and knowledgeable.

To find out more about registrations or renewals, visit either one of the associations or the SAQCC Gas website.

Navigating labour pains

Under the current economic climate, it is "all hands on deck" for businesses across South Africa. This is more so for the HVAC +R industry which has long suffered low growth and market instability. In good and bad times, success is often reliant on businesses joining an industry-specific association. The right association chosen will help support and drive a business forward. In the case of South Africa, SARACCA is that said association.

SARACCA is one of the biggest associations within the HVAC+R industry. As an employer's organisation, SARACCA offers many essential benefits to members ranging from training to labour.

A key benefit is an affiliation to the Steel Engineering Industries Federation of Southern Africa (SEIFSA) which gives SARACCA members access to SEIFSA's array of professional business products and services. SARACCA is also a signatory to the Main Agreement.

THE MAIN AGREEMENT

This is a settlement agreement reached between labour unions and SEIFSA. It forms an integral part of a SARACCA member's labour policy, with many advantages for employers, such as:

- Guides members on terms and conditions of

employment such as; hours of work, intervals and breaks, overtime rates, shift allowances, payment for working on Sunday and public holidays and so forth.

- Contains three key provisions not found in either the Basic Conditions of Employment Act or the Labour Relations Act that allow employers to immediately respond to dips in their operating cycle caused by circumstances beyond their immediate control and implement short time, lay-off and/or be entitled to send employees home due to planned and/ or unplanned outages, load shedding and/or any service delivery failures.
- Contains an important peace clause that protects employers from being approached to engage in plant-level bargaining, any form of industrial action during the currency of an agreement related to terms and conditions of employment and once gazetted this protection is extended to cover any trade union who may not be a signatory to the Main Agreement or registered with the bargaining council but has managed to recruit members on an employers' shop floor.
- Contains a generic exemptions clause that allows party employers to apply for exemption from any provision of the Main Agreement.
- Contains an alternative working time provision that allows employers and their employees to reach an agreement on a variety of alternative working time arrangements ranging from averaging of working hours, working over week-ends at normal rates of pay, banking hours etc. to the extent that this provision refers to any alternative working time arrangement agreed between workers and management.
- In such instances, any working time agreement would trump the terms and conditions contained in the Main Agreement, with the employer retaining all the rights and protections contained in the Main Agreement.

JOB GRADING

The Main Agreement offers a simple guideline for the job grading of employees, with schedule E/3

specifically applying to employers involved in the industrial refrigeration and air-conditioning industry. In many cases, the E/3 schedule is not suitable for some contractors.

Therefore, the Main Agreement offers the five-grade structure which defines employee's area and scope of work which can also be applied to employers involved in the industrial refrigeration and air-conditioning industry. Job grading is essentially the process of assigning a specific grade to work undertaken by an employee. There are many reasons why a detailed job grade is important, here are four:

1. It ensures that the employee is correctly remunerated per the Main Agreement relevant to the rate as prescribed and as applies to the work performed by the employee.
2. It eliminates the possibility of underpayment of wages thereby avoiding any assessment for underpayment of wages.
3. It provides objective guidelines eliminating the likelihood of complaints around underpayments and/or incorrect job grading.
4. It avoids the employer having to pay a wage assessment in addition to the possibility of a fine being imposed and being held liable for the arbitration costs.

BENEFIT BY ASSOCIATION

SARACCA is a growing association and through its benefits and affiliation to SEIFSA, members have navigated difficult waters, given the right support at the right time.

Key benefits such as labour policies and grading guidelines have given the SARACCA member peace of mind, even when the industry has seen the proliferation of unions and the recent phenomenon of the emergence of political parties on the shop floor.

SARACCA's mission is to ensure that the industry is governed by world-class standards and operates free of fear or favour, leaving businesses to focus on growth.

ERGONIZE@ your workspaces!

Comply with the newly released Ergonomic Regulations

OCCUMED cc Ergonizing@ workspaces for 20 years

Link risks to medical surveillance programmes

Ergonomic training programmes

Identify specific risk areas

Contact Dr Claire Deacon Cell: 083 658 5390
Email: claire@occumed.co.za / claire@cd-a.co.za

oshprov



Oshprov Pty Ltd
Reg. 2018/499060/07 B-BBEE 9257497154



<https://www.oshprov.co.za>

Cell: 076 471 4458

All the SHREQ support you need, at the best rates and best service ever.

We have branches in KZN & OFS.

We cover everything from the safety file to jobs and much, much more.

We assist SME's within their respective health and safety areas.

We focus on organizations that do not always have the means to implement health and safety, but are also passionate like us to care for their workers and working environment.

We assist schools, farms, places of worship and medium sized events.

We are a training provider, with excellent training material and Saioosh accredited courses.

HSE EMPLOYMENT SERVICE

for employers and job seekers

OSHPROV has recently launched an employment service for the OSH industry through its revamped website.

Anyone seeking employment in the OSH industry, or any employers needing to fill OSH vacancies in their companies are urged to register.

NEW

There is no cost for this service.

Employers click on the link:
<https://oshprov.co.za/employers/>

Job seekers click on the link
<https://oshprov.co.za/job-seekers/>



Lining up to get a cooked meal

Every month, **EDUCATION OF HOPE AFRICA** supply sanitary towels as well as grocery hampers to families who are in desperate need, especially orphaned children, single mothers, elderly, girls and women. They also regularly hand out cooked meals to residents of the townships, many who haven't had a decent meal in months.



To find out how to become a sponsor, contact:

Timothy Zulu, Programmes Director
Education of Hope Africa

Tel: +27 73 885 2437 / +27 67 058 4406

Email: office@educationofhopeafrica.org.za

For further information:

Twitter: @EducationofHop1

Facebook: EducationofHopeAfrica NPO

LinkedIn: Education of Hope Africa NPO

<https://www.educationofhopeafrica.org.za>

OUTSOURCING YOUR NON-CORE OSHE REQUIREMENTS?



To remain competitive and focussed on your core business, restructuring, downsizing and similar strategies have often necessitated businesses reducing the attention paid to and the priority required for the maintenance of good corporate governance & best practice.

In this process, the onerous financial, legal and moral liabilities of Occupational Safety, Health, Environmental (SHE) and General Risk Management, which can impact on the competitiveness and reputation of a business, tend to be overlooked as the production and profitability imperatives receive priority. Businesses frequently lack the in-house expertise to meet these business liabilities.

Benrisk Consulting is your outsourced partner of choice to cost effectively manage the liabilities from the Occupational Safety, Health & Environment (SHE) Risks and Risk Management fields.

We provide a "3P" Service; a Personalised, Practical and Professional service, to facilitate a positive impact on the profitability of your operations.

Benrisk Consulting provides, amongst others, the following Outsourced Services:

Occupational Safety, Health & Environmental Services:

- Construction H&S Specifications and Plans development (Pr.CHSA)
- SHE programme design and implementation services
- SHE inspection and legal compliance audit services
- SHE management and advice services
- Incident investigation services (basic to comprehensive)
- Emergency procedures plan development

Risk Management Services:

- Risk management process implementation services
- Risk assessments (Basic to sophisticated: Baseline/ Issue-based/ HAZOP/ What-it/ FMECA/ FTA)
- Enterprise-wide Baseline risk assessment workshop facilitation
- Risk control survey and audit services
- Management risk profiling and assessment workshops

Insurance Underwriting Survey Services:

- Site insurance underwriting survey reports
- Insurance underwriting loss estimates

Training Courses

- SHE courses:
- "Hard & Soft Rock" Excavation Safety training
- Risk assessment (Baseline and Issue-based HIRA)
- OHSAct 16(2), H&S Representatives, etc
- Comprehensive incident investigation
- General maintenance safety induction
- SHE topic presentations as requested
- Risk Assessments and Risk Management Process facilitation and seminars

Other Services Available

- Services customised to suite client needs - just ask!!

LEIGHTON BENNETT,
SHE & Risk Management
Consultant
Cell: 083 325 4182
Email: benrisk@mweb.co.za