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## Editor's Comment

### CONSTRUCTION HEALTH AND SAFETY

The George building collapse on 06 May 2024 has brought compliance of construction sites into the spotlight. Without warning, the building - planned as an upmarket apartment block with a mountain view - was reduced to a pile of rubble killing 33 workers. While investigations are underway, it has become known as one of the deadliest construction accidents in South Africa. And while we wait for the outcome, speculation is rife.

Following this tragic event, John Smallwood penned his article "The long overdue overhaul of South African construction health and safety (H&S)". We urge all S&H practitioners - not only those in construction - to read and study this article taking into consideration the need to overhaul South African construction health and safety (H&S), and quality management, which require a range of interventions.

Tibor Szana also covers this tragedy in his article questioning how it is possible that with world class legislation in South Africa and several professional bodies associated with construction, this type of disaster still happens.

### PEDESTRIAN SAFETY

When The Safety First Association was formed 92 years ago, one of its focus areas was road safety. An article by Herman Fourie in this issue, takes me back to those early issues of our magazine when South Africa's car population was steadily growing, when road accidents were increasing and when teaching road safety to students and citizens alike was a priority.

Harry tells us that fatalities on major thoroughfares in South Africa amount to approximately 14000, with pedestrian fatalities constituting roughly 5600. These alarmingly high figures have prompted an inquiry into the underlying causes. Mechanisms to prevent these fatalities are detailed in his article.

### PROFESSIONALISATION

The article "Professional registration ... surely it is a rather obsolete notion" by Tibor Szana in our March/April 2024 issue elicited an interesting response - as we hoped. Some are published in this issue. We encourage this discussion to continue and welcome further responses emailed to debbie@safety1st.co.za.

### PPE AWARENESS

Although PPE became a household word during Covid-19, surprising comments from people not directly involved in OS&H are still being heard. These include "Oh! Has PPE always been around? I thought it started with Covid".

These are worrying responses considering that everyone who has been involved in the workforce, whether industry, the office environment or manufacturing should be acutely aware of the role PPE plays.

It is for this reason that the Safety First Association is teaming up with SAPEMA to run the first-ever PPE Conference. This 2-day event will be held during November 2024. The programme and dates are still being finalised. We encourage all our readers to keep their eyes peeled for the details, or email debbie@safety1st.co.za for further information.

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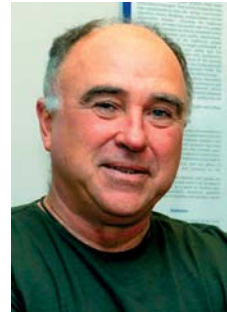


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# The long overdue overhaul of South African construction health and safety (H&S)



Professor John Smallwood  
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## Introduction

Notable events in the South African construction industry over decades indicate a need to overhaul South African construction health and safety (H&S), and for that matter, quality management, which requires a range of interventions.

'Chapter 1 The need for construction health and safety' in the title Applied Construction Health and Safety (Haupt & Smallwood, 2023) clearly presents the case for addressing construction H&S, H&S compliance and the prevention of fatalities, injuries, and disease, which although critical, are merely two of 18 reasons.

This article will be on record for years, as is the article 'NMMU releases report on Prevention of the Collapse of Reinforced Concrete (RC) Structures' published online on 21 February by SA Builder (2016). The latter mentioned article enabled access to the Draft Feedback Report on an Exploratory Study 'Preventing the Collapse of Reinforced Concrete (RC) Structures, Support Work and Formwork During Construction' (Smallwood, 2016a). It is notable that the report, which was posted on the KZN Master Builders Association (MBA) H&S Forum page on 1 February 2016, recorded 675 views as of 7 May 2024, and a related keynote address delivered to the 9th Construction Industry Development Board (cidb) Postgraduate Conference, 1 - 3 February 2016, posted on 14 March 2016, recorded 536 views as of 7 May 2024. As of 17 May the Forum has 2 641 members.

Furthermore, this article constitutes the first phase of the development of a major 'document', and is intended to conscientise, and mobilise stakeholders.

## 'Safetyitis'

The use of safety as an alleged all-encompassing term must cease! With respect to South Africa, the Occupational Health and Safety Act (OHSA) replaced the Machinery and Occupational Safety Act (MOSA) in 1993. Then, the health issues are greater than the safety issues, and worse, are latent as opposed to patent. There are two aspects in terms of health, occupational and primary health, which in cases, are inter-related (Smallwood, 2022). Furthermore, the No. 1 H&S issue in construction, globally, is mental health, which is a health and well-being issue (Smallwood, 2023).

'Cost, quality, and time'

The reference to the passé paradigm of cost, quality, and time as the set of criteria by which projects' success are measured must cease! Doing so marginalises H&S and confirms ignorance with

respect to the synergistic role H&S plays in overall project performance, including client satisfaction. Such reference also marginalises developing an H&S culture and reflects a lack of respect for people.

## 'H&S costs money!'

A further term that must cease to be used! The cost of accidents (COA) is a prompt in terms of the 'economics of H&S', ideal as all stakeholders can relate thereto, and it can be expressed as a percentage of the cost or value of a project, or the value of completed construction on a macro scale. In South Africa this was estimated to be between 4.3% and 5.4% of the value of completed construction, whereas the cost of implementing H&S (prevention) is estimated to be between 0.5% and 3% of project costs (Smallwood, 2004).

## H&S is a value not a priority

Often H&S is referred to as a priority. Given that priorities may change daily, H&S should be a value i.e., H&S must always be the first consideration and all activities must be 'structured around it'. Consequently, construction stakeholders must be able to deal with conflicting 'priorities'.

## Respect for people and 'People are our most important resource'

Respect for people is the catalyst for the value 'people are our most important resource'. However, inadequate welfare facilities on site, among others, are not a manifestation of respect for people. It must be remembered that supervisors and workers that are exposed to hazards and risk are people that have a body, mind, and a soul. They invariably have a partner, a family and are derived from a community. This value is the foundation and catalyst for H&S culture, performance on projects, and the sustainability of an organisation.

Then, there is the issue of working hours per day, and working days per week. Fatigue is a major issue, which militates against construction H&S, including mental health and well-being, productivity, quality, and time performance. The question arises as to which project stakeholder(s) determine a project's duration, and on what basis?

## 'Failure of management' versus 'accident'

There is no such thing as an 'accident' (myth). Traditional definitions include, among others: 'An unplanned event'. Are 'accidents' unplanned? Absolutely not! Any review will indicate that they are meticulously planned by default i.e., through actions and or omissions. Consequently, given that the five functions of management work are planning, organising, leading, controlling, and

coordinating, then unplanned events such as 'accidents' = 'failure of management' (reality). Effectively, this approach constitutes a philosophy, and 'a state of mind'. It should be noted that Schwartz (1995) refers to this 'reality' in The Magic of Thinking Big. However, the term management must not be construed to apply solely to contractors, as there is a management echelon in all built environment stakeholder organisations, including client, construction H&S agent (CHSA), construction project manager (CPM), designer, and quantity surveyor.

## Elimination / Mitigation of 'excusitis'

Schwartz (1995) maintains unsuccessful people suffer from a mind deadening thought disease called 'excusitis', and that every failure has the disease in its advanced form. However, the more successful the individual, the less inclined he / she is to make excuses.

## Statistics

The Federated Employers Mutual Assurance Company (RF) (Pty) Ltd (FEM) provides continually updated injury statistics relative to approximately 50% of the South African construction workforce, which they insure, which includes motor vehicle accidents (MVAs) during employment.

The Compensation Fund was flagged on p. 38 of the cidb's H&S status report (cidb, 2009) in terms of the most recent injury statistics available being for the year 1999. Perhaps the responsible Minister can advise with respect to the status quo in 2024? Suffice to say, if the Department of Employment and Labour (DEL) cannot resolve this immediately, then they must hand the data over to an entity that can deliver. The DEL should consider FEM.

It should be noted that the fatality rate (FR) / 100 000 workers in South African construction for 2022 is 17.5, and the accident rate (AR), 2.11 / 100 workers (FEM, 2024). The FR in Australian construction for 2021 is 2.1 (Safe Work Australia, 2023), and UK construction for 2022/23 is 2.1 (HSE, 2024).

A further disease is 'numberitis' relative to injury statistics i.e., employment levels change, and therefore rates are the only option to monitor the level of injuries and trends.

Leading (performance) versus trailing (outcome) indicators Although injury statistics are referred to as 'trailing' or 'outcome' indicators, they are of value in that they enable benchmarking and constitute motivators for action and interventions. They include, among other, the AR, FR, and disabling injury incidence rate (DIIR). However, 'leading' or 'performance' indicators constitute predictors of performance, and include, among others: percentage of supervisors that have received H&S training, percentage of workers that have received hazard identification and risk assessment (HIRA) training, and percentage of designers that have received design HIRA training.

## The role of clients in construction H&S

Clients initiate projects, provide the finance, or secure the finance therefore, and influence construction H&S directly and indirectly. Indirectly through, among others, nature of the project, number of storeys, project location, project duration, selection and appointment of consultants, and ensuring adequate principal contractor financial provision for construction H&S. Directly, through, among others, choice or

influence of structural frame, and choice of materials. Although 'better practice' construction H&S clients influence construction H&S, and have done so prior to the 2003 Construction Regulations, many clients are not knowledgeable or very knowledgeable with respect to construction H&S and quality management, and to exacerbate the situation, neither many non-CPM principal agents (PAs).

## The role of project financiers

The Environmental, Health, and Safety (EHS) Guidelines of the International Finance Corporation (IFC) (2007), which is part of the World Bank Group, constitute an example of the extent to which project funders endeavour to influence construction H&S.

Project financiers must 'protect their interests', which are all encompassing, not just H&S, and quality, and time being an obvious issue. Therefore, they should conduct rigorous project risk assessments, and include construction H&S and quality management criteria when pre-qualifying requests for project funding.

## Construction H&S agents (CHSAs)

CHSAs are invariably appointed after Stage 1 'Project initiation and briefing', and even worse, at stage 4 'tender documentation and procurement'. Then CHSAs are often not appointed by the client, but by PAs or another member of the design team. The Construction Regulations are very clear with respect to a direct appointment.

## The Construction Regulations

The 2017 Construction Regulations Guidelines cannot be deemed guidelines! The DEL and the built environment in general must read the title Applied Construction Health and Safety (Haupt & Smallwood, 2023). This title constitutes guidelines, and the designer-related chapters are likely to be illuminating to both the DEL and designers. These include 'Chapter 4: Designing for construction H&S', 'Chapter 6: Designer H&S specification', 'Chapter 7: Design hazard identification and risk assessment', and 'Chapter 8: Designer report'.

The industry confusion with respect to what an H&S specification should include must be addressed, including the difference between a 'designer' H&S specification, and a 'contractor' H&S specification. Then, the now 'infamous' H&S file, which is not an H&S file, but a collection of contractor collated project H&S documentation, must be addressed. The abovementioned title and the Health & Safety Executive (HSE) (2015), United Kingdom (UK), are very clear with respect to this matter. The H&S specification and H&S file issues were flagged on p. 39 of the cidb's H&S status report (cidb, 2009).

Hopefully, the people involved with the revision of the Construction Regulations understand and appreciate, among others, the structure of the industry, 'project managing construction H&S', and 'designing for construction H&S'.

Furthermore, they must not exclude mentioning and tasking CPMs as in the case of the 2003 and 2014 versions, which leads to the question: 'Who should be responsible for integrating construction H&S into projects?' Given that CPMs manage design delivery, the procurement process, and oversee the construction process, they are ideally suited to integrate construction H&S into projects, and to accept 'single point' responsibility for the integration thereof.



## Barriers to entry

Are there barriers to entry, and if so, what do they entail? What generic, H&S, and quality skills training did most supervisors, skilled, semi-skilled, and general construction workers receive? What qualifications does a contractor's staff need to possess, what resources does a contractor need to possess, and what H&S and quality management interventions do they need to undertake, to register with the cidb? This applies to contractors applying for membership of employer associations.

Then, the reality is that contractors do not have to register with the cidb or become a member of an employer association to undertake private sector work. However, should contractors become a member of an MBA or the South African Forum of Civil Engineering Contractors (SAFCEC), they will receive H&S-related communications and their projects are likely to be visited by H&S advisors who are indirectly funded by FEM, regardless of the degree of contractors' commitment to H&S. Furthermore, the MBSA, MBAs, and SAFCEC organise H&S competitions and manage an H&S star grading programme. Do the cidb, Department of Public Works and Infrastructure (DPWI), and National Home Builders Registration Council (NHBRC) undertake similar interventions?

## Inclusion of construction H&S in registration and membership processes

Criteria such as H&S management systems, and quality management systems must be included in the cidb and NHBRC contractor registration processes, and employer associations' e.g., MBAs and SAFCEC, membership application processes.

## The 'Scope of Work for Categories of Registration'

The six statutory built environment councils must review their respective 'Scope of Work for Categories of Registration' to ensure that they reflect 'better practice' H&S, and quality management, and reality.

Currently, the focus of registration is on projects. However, the construction of projects is undertaken from the business of construction, and not vice versa, the reality being that a construction business, including the owner, may not be knowledgeable with respect to construction, and / or H&S and quality management. Furthermore, the business of construction influences H&S and quality management on projects. This analogy applies to many clients.

## Procurement

Clients must pre-qualify, prior to appointment, CPMs, CHSAs, designers, and quantity surveyors (QSs) in terms of 'designing for construction H&S' competencies, systems, and processes, and quality management competencies, systems, and processes.

Clients must pre-qualify contractors in terms of H&S management systems, workers' compensation insurance claims (loss) ratios, other H&S performance measures, and quality management systems relative to both private and public sector projects.

The assessment of private and public sector bids or tenders must include H&S and quality management criteria.

A 'letter of good standing' is a given in terms of H&S management, and hardly constitutes a 'filter'.

## Financial provision for construction H&S

Although a procurement issue, it requires special 'treatment'. The author has been lobbying the Joint Building Contracts Committee (JBCC) with respect to recognising the need for the inclusion of a detailed H&S Preliminaries section in Bills of Quantities since 2013. This need has been confirmed courtesy of extensive research conducted by the author and several co-researchers / authors, and published globally, among others, by Emuze & Smallwood (2014).

## Construction H&S documentation

One of the conclusions arising from the study H&S documentation in construction is current H&S documentation "is inappropriate in that it can be complex, generic, lengthy, onerous, repetitive (duplicative), and vague; it engenders dubious practices; it generally 'does not add the potential value'; it shifts the focus from the physical process, and it could be improved." (Smallwood & Bester, 2020).

Construction H&S became a 'paper exercise' upon the gazetting of the Construction Regulations in 2003. At the very best, it can be argued to constitute unintended consequences. Although H&S documentation is necessary, it must never compete with, or overshadow the 'physical process and activities'. Constant HIRA relative to excavations is more important than 'ticking' 'Excavation inspected prior to commencement of work' in an excavation register!

## Multi-stakeholder project H&S plans

The need for such plans has been recommended, including to the cidb (Smallwood & Haupt, 2010). Such plans should clearly indicate the construction H&S interventions per stakeholder for each of the six stages of projects. However, such plans should be complemented by similar plans for the environment, risk, and quality.

## Construction H&S is a construction management line function

Construction H&S should and must be a construction management line function, as cost, environment, productivity, quality, and time. The Construction Regulations' requirement to appoint a construction H&S officer (CHSO) resulted in the perception that construction H&S is the function of the CHSO. Although CHSOs are and can fulfil a staff function, they are invariably not included in the site management of a project. Furthermore, the construction manager is responsible for the physical construction process.

Then, the gazetted requirement that CHSOs register, resulted in a plethora of applications to register. As the applications intensified, the author commented to the then Registrar, and CHS Executive, The South African Council for the Project and Construction Management Professions (SACPCMP), that the South African Institute of Occupational Safety and Health (Saioh) did not even have that many members, the point being that many applicants perceived the requirement to register as a 'job opportunity', with its inherent dangers.

## Inspections and review

The OH&S Inspectorate, DEL, must review client and designer contributions to construction H&S. In the case of clients, the baseline risk assessment, and H&S specification

(designer and contractor versions), including the processes adopted. In the case of designers, the designer report including interrogation of raw and residual risk, and the design HIRA process. The HSE's initiatives in the UK in this respect should be noted (Charnock, 2004).

However, it is necessary to remind the reader that 'construction H&S cannot be inspected into the built environment' and that H&S compliance is the third stage in a five-stage journey (Figure 1 below). Imagine only complying with the requirement to inspect excavations daily, prior to the commencement of each shift - even hourly is insufficient as excavations are a dynamic process.

## Section 32 Inquiry Reports and Professional Association / Statutory Council 'investigations'

These must be expedited expeditiously bearing in mind the families of deceased workers and others, the need for closure, and to communicate 'lessons learnt'. However, prevention through continuous improvement and 'better practice' H&S is preferable to 'testing projects on people'.

Then, how many construction-related Section 32 reports have been published other than the Section 32 Investigation Report into the Injaka Bridge Collapse of 6 July 1998 (Department of Labour, 2002)?

## The H&S journey model

Figure 1 presents Anglo American plc's H&S journey model (Foster & Hault, 2013). It is notable that compliance, which includes compliance with legislation and regulations, does not constitute the 'end' of the journey, but a stage in the journey. Thereafter, the 'proactive' stage precedes the 'resilient' stage, manifested in world class H&S performance - creating a process of continuous improvement / innovation.

However, the challenge in South African construction is realising 'compliance'! During visits to 1 415 construction sites by Department of Labour (DoL) inspectors, 52.5% of contractors were determined to be H&S non-compliant (cidb, 2009). Can the now DEL advise with respect to the level of compliance in 2023? Then, there are the other stakeholders - to what extent do they comply?

## Continuous improvement

The author was honoured and privileged to conduct a study 'Improving H&S performance in WBHO' and to present to two WBHO Annual Conferences in 2016. The top management, and Group H&S Manager of WBHO championed the study. Question 2 required respondents to indicate the importance of 122 (note the No.) aspects / interventions / issues / stakeholders in terms of improving WBHO's H&S performance.

Furthermore, factor analysis conducted relative to question 2's data, resulted in the development of nine pattern matrices, and the conclusion that the requisite 'cocktail' of aspects /

interventions / issues / stakeholders must be in place, and each to an optimum extent. This relates to stage 4 'Proactive' and stage 5 'Resilient' in Figure 1 above.

## Surface competencies, core competencies, and emotional quotient

Competency and more specifically, 'competent' person is frequently referred to, and certainly within legislation, regulations, and standards. Competent generally refers to knowledge, training, and experience, and where applicable, qualifications specific to the work or task. Is this sufficient? No!

Singh (2004) suggests that competencies are divided into two categories; the surface, which are required to be at least effective, and core, which distinguishes superior performance from average performance.

The core competencies are: self-concept (values, aptitude, attitude, and self-image); traits (self-confidence, team player, and handle ambiguity), and motives (focus on client success, and preserves organisation / personal integrity). Although the surface competencies are important, it is core competencies that are invariably critical in a dynamic environment such as construction e.g., values, aptitude, ability to handle ambiguity, and preservation of integrity.

Smallwood, Emuze, and Bloomberg (2014) investigated the role of emotional quotient (EQ) in terms of managing construction H&S. All 15 EQ attributes / states are more than important in terms of managing construction H&S and contribute to optimising H&S performance on construction projects to more of a major than a minor extent.

## Skills training

Given that construction H&S and quality are inter-related, workers must be empowered to 'do work right, first time, every time', while working in a healthy and safe manner and environment. Training in the South African construction industry must be reviewed, as the 'abolition' of the apprenticeship scheme, changed industry structure, and lack of 'barriers to entry' have collectively marginalised training, H&S, productivity, and quality.

## Adopting a developmental approach to support small contractors

This recommendation is recorded on p. ii of the cidb's H&S status report (cidb, 2009). 'Breaking news' is the initiation of a mentoring programme by FEM, which will be facilitated by the MBAs. This structured programme is likely to contribute to an improvement in small contractors' H&S performance.

## Tertiary built environment education

The findings and recommendations relative to the Final Report on the Construction H&S Framework for Tertiary Built Environment Education prepared for the Council for the Built Environment by the author, 7 July 2016, must be implemented

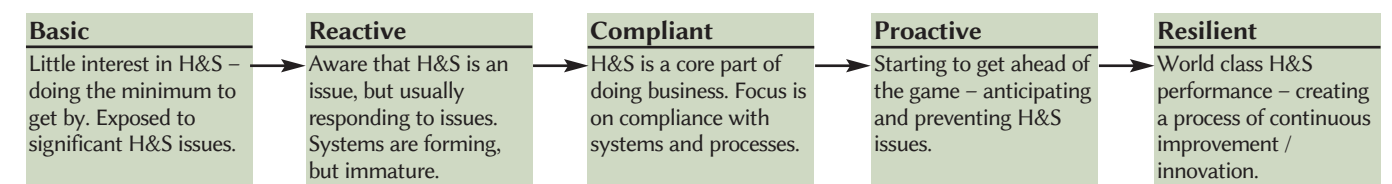


Figure 1: Anglo American plc's H&S journey model

(Smallwood, 2016b). The report includes, among others, a table, which indicates the degree of support for the inclusion of 25 aspects in 13 disciplines' tertiary-built environment programmes. Either a construction H&S subject, or a component of a subject.

Statutory council and professional association accreditation panels must focus on and interrogate (note the word) the extent to which construction H&S and quality management are embedded (not addressed) in such programmes.

#### **Funding of construction H&S training, tertiary education, and research**

The industry must fund H&S-related training, tertiary education, postgraduate studies, and research - 'What are the Rand sub-totals relative to the aforementioned?' 'Other than the National Research Foundation, and universities to a degree, which other entities fund H&S-related tertiary education, postgraduate studies, and research?' It should be noted that FEM funds H&S-related training via the MBAs and SAFCEC.

#### **Digitalisation of construction**

This has the potential to contribute to improving, among others, construction H&S and quality performance on projects as determined by the author and other researchers. However, it is not the panacea for the H&S challenges, and will require commitment, funding, and training.

#### **Establishment of an 'H&S Agency'**

This recommendation is recorded on p. ii of the cidb's H&S status report (cidb, 2009). Such an agency, as the HSE in the UK, should be an H&S focus point for construction H&S promotion, awareness, information, advice, and related research.

#### **Genuine concern for and commitment to construction H&S by the media as opposed to sensationalism**

The study 'The role of the media in construction H&S' (Smallwood & Venter, 2001) interrogated a range of related issues. The point is, the media must address construction H&S on a consistent basis, not only when an 'accident' occurs, as the former reflects commitment to construction H&S, as opposed to the latter. However, it should be noted that several contemporary H&S and construction magazines have addressed construction H&S over decades. Media editors must conduct a self-audit!

#### **Conclusions**

Construction H&S is a multi-stakeholder issue, which requires an integrated effort managed by a single-point responsible 'conductor' who must be well versed in terms of, among others, construction H&S and quality management.

There is an unhealthy 'H&S culture' in South African construction in the form of: 'safetyitis'; a focus on cost, quality, and time; the beliefs that 'H&S costs money', and H&S is a 'priority' as opposed to a value; a lack of respect for people; people are not the most important resource, 'excusitis'; the use of the word 'accident' as opposed to 'failure of management', and a pre-occupation with trailing as opposed to leading H&S indicators.

A pre-requisite for the realisation of optimum status for, and focus on H&S are respect for people, people-related values,

H&S culture, surface and core competencies, EQ in general, which in turn requires comprehensive construction skills training, and tertiary built environment education, which includes construction H&S and quality management.

The general construction environment, structure of the industry, no barriers to entry, pseudo registration of contractors, non-inclusion of construction H&S and quality management as criteria for registration or membership, and appointment to undertake projects, individually and collectively militate against construction H&S and quality.

#### **Recommendations**

A paradigm shift is necessary in terms of how construction H&S is viewed, promoted, and approached. Legislation constitutes a template, however it represents minimum requirements not 'better practice' construction H&S. Therefore, continuous improvement is the ideal. 'People are our most important resource' and 'H&S is a profit centre' represent rallying points to mobilise the built environment.

The Construction Regulations must be re-visited, proper guidelines published, and a 'conductor' must be identified to ensure that H&S is integrated into construction projects using, among others, multi-stakeholder project H&S plans. In terms of the building sector of the construction industry, this should be a CPM. The challenge will arise when projects do not entail the appointment of a CPM, but a traditional PA, and then, in a similar vein, with respect to civil engineering projects.

The 'Scope of Work for Categories of Registration' relative to the six statutory built environment councils must be re-visited to ensure that they reflect 'better practice' H&S, and quality management, and reality.

'Barriers to entry must exist', and construction H&S and quality must be included as criteria in registration and membership processes, and during the assessment of tenders or bids in both the private and public sectors. Contract documentation must include detailed references to construction H&S, and facilitate financial provision, therefore.

Generic mandatory skills training must be reinstated, and tertiary built environment education is a must for registered persons, and practitioners involved in the construction industry. Such education must address construction H&S and quality management.

The OH&S Inspectorate, DEL, must review client and designer contributions to construction H&S, and intensify inspections of H&S practices on construction sites, followed by appropriate reports. Furthermore, Section 32 Inquiry Reports and Professional Association / Statutory Council 'investigations' must be expedited expeditiously, and in the case of the latter, followed by accessible reports.

An H&S Agency must be established, and the industry must fund tertiary construction H&S education, and research.

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## Understanding the titles used for OHS practitioners



By Leighton Bennett, Benrisk Consulting, Safety First Association Chairman, OHS & Risk Management Consultant

When one looks at the health and safety Practitioner titles being used in the OHS field there is a general confusion of what level of qualification and competency they present, and what they mean in real terms.

### SAMTRAC vs NADSAM

Job adverts in the media often state the required education is a SAMTRAC or NADSAM, which illustrates that the education requirements for OHS practitioners are not understood.

A SAMTRAC course (introduction to advanced level) or equivalent course is about 4-5 weeks long, where the NADSAM qualification is 3-years of study and is SAQA recognised.

So what level of OHS practitioner is the advert actually looking for?

### SACPCMP

The SACPCMP is a statutory professional body with 3-recognised registration designation levels described for construction health and safety practitioners, and which are awarded after a specified registration assessment process is followed and completed. (i.e. CHS Officer, CHS Manager, Pr.CHS Agent).

A "Candidate" designation is awarded to those who have not achieved the required designation competency level as yet. (i.e. A Can.CHSM, not a registered CHS Manager yet).

### SAIOSH

SAIOSH is a non-statutory SAQA accredited health and safety professional body, which also awards 3-levels of recognised registration designations (i.e. Technical, Graduate and Chartered Members), awarded on the assessment of the documentation submitted for registration assessment.

There are no knowledge examination components required, like for the SACPCMP registration assessments.

### IOSM/SAQA

I was part of the former Institute of Safety Management (IOSM), a SAQA registered professional body before IOSM closed in November 2019, due to OHS practitioners not willing to be examination OHS knowledge assessed for registration at one of the 3-registration designation levels.

Some 30% of the examined registration applicants failed to achieve their application designation.

Furthermore, what was interesting, was that even then (pre-2019) fraudulent OHS training and

qualification certificates were being submitted by applicants for registration evaluation purposes.

Today, fraudulent training, qualification and professional registration certificates are almost daily highlighted in the media and on internet interest groups' sites.

### OVERCOMING FRAUD

This being the case, what is the actual discipline knowledge or skill competency of people using fraudulent qualification and training certificates?

OH! it is fraud so report it to the SAPS, as the professional bodies indicate they can only act against a registered member criminality.

Perhaps the professional bodies need to add to their body's scope - that usually states "to protect the public" - to include a clause stating that any person, entity, etc who fraudulently represents themselves as a professionally registered or qualified person or entity in that body's discipline will be acted against by the professional body.

Currently, the health and safety profession has an ongoing reputation problem, until these fraudulent "fly-by-nights" are criminally prosecuted.

### SHE, SHEQ, SHERQ

Within the health and safety field, various name titles are used by health and safety practitioners in relation to their job position titles, which varies in relation to the size of the employer's business and their possible competency level of qualification, experience, knowledge and skill.

For example, the different job titles used relate to Safety, Health and Safety, SHE, SHEQ, SHERQ, construction health and safety, and then being an officer, manager, co-ordinator, technician, professional, specialist, auditor, director, expert, etc within these fields.

Such titles may or may not give any indication of the actual qualification, training, experience, competency, capability or actual position level of such a person in the OHS working environment.

Where such an OHS name title is shown, in writing or in the media, and where it also displays actual qualifications and registrations one can essentially evaluate the person's level of OHS discipline background (e.g. Like when SAIOSH Graduate, SACPCMP Pr.CHSA, BSc, NADSAM, etc is displayed).

### CONCLUSION

To conclude, there needs to be a better understanding about the use of titles in the OHS field, to avoid the confusion in relation to how we represent ourselves and our profession in the marketplace.

## Safeguard aviation with substance abuse testing



Rhys Evans, Managing Director of ALCO-Safe

A recent alarming incident involving an off-duty Alaska Airlines pilot attempting to disable the plane's engines has brought the need for comprehensive drug and alcohol testing in the aviation industry into the spotlight.

This incident, coupled with others that have made headlines over the years, illustrates the urgent requirement for rigorous substance testing protocols to be put in place for all airline staff to ensure the safety and security of passengers, crew members, and the aircraft itself.

### DETERRENCE AND INTERVENTION

In the Alaska Airlines incident, the pilot's actions were influenced by a combination of drug use and sleep deprivation. To prevent such catastrophic situations, it is essential to implement comprehensive and consistent drug and alcohol testing programmes for all aviation personnel, including pilots, flight attendants, ground staff and safety-sensitive crew such as aircraft mechanics and engineers.

Drug and alcohol tests can serve as a powerful deterrent, discouraging individuals from engaging in risky behaviour. These tests also identify individuals who may be struggling with substance abuse issues, offering them an opportunity for intervention and support before their problems escalate. Mandatory testing ensures that those with substance abuse problems are kept out of critical aviation roles until they are fit to resume their duties.

As the Alaska Airlines case shows, the consequences of inadequate testing can be dire. As such, the aviation industry needs to prioritise the implementation of rigorous testing measures to maintain the highest standards of safety, where so many lives are at stake.

Recent incidents from various airlines worldwide, including a British Airways flight that was delayed due to cabin crew involved in a drug-fuelled escapade, as well as pilots engaging in drug use during their stopovers, highlight the widespread issue of substance abuse within the industry.

### TAKING REGULATORY STEPS TOWARD SAFETY

The International Air Transport Association (IATA) Safety Audit for Ground Operations (ISAGO) has become a key player in ensuring global safety standards.

The recent inclusion of drug and alcohol testing as a requirement for compliance with the International Operational Safety Audit (IOSA) demonstrates a growing commitment to enhancing safety measures.

Airlines operating out of South Africa, for

example, are now mandated by the South African Civil Aviation Authority (SACAA) to adhere to IOSA regulations, leading to an increase in drug and alcohol testing among aviation personnel.

To address the issue systematically, the aviation industry must collaborate with regulatory authorities and unions to ensure effective and fair drug testing policies.

Regulatory bodies such as IOSA play a crucial role in setting standards that prioritise safety. Creating awareness among employees about the importance of compliance with IOSA and the safety benefits of drug and alcohol testing will foster a more cooperative approach.

### BALANCING PRIVACY AND SAFETY

When implementing drug and alcohol testing in the aviation industry, it is necessary to balance the need for safety with the privacy rights of employees. However, when individual actions can have potentially severe consequences on safety, the right to privacy is justifiably curtailed.

Pre-employment testing, as mandated by IOSA, sets the expectation from the outset, ensuring that employees are aware of and consent to these measures as part of their employment contract.

### STREAMLINING TESTING PROCESSES

In terms of testing advancements, the aviation industry can benefit from technological innovations such as the SoToxa saliva drug test analyser, a handheld instrument designed for rapid drug screening and detection in oral fluid.

This device not only provides accurate and quick results but also facilitates easy reporting and data management with the ability to connect the analyser to a computer for seamless reporting to regulatory authorities, enhancing transparency and accountability through compliance.

Furthermore, when it comes to alcohol testing, breathalysers that provide an instant digital result and an immediate print out for evidence are effective in mitigating occurrences of reporting for duty while under the influence of alcohol.

### SOARING TO NEW HEIGHTS, SAFELY

Ultimately, drug and alcohol testing in the aviation industry is not only a regulatory requirement but an indispensable element in safeguarding the lives of passengers and maintaining the industry's integrity.

By prioritising safety, collaborating with regulatory bodies and unions, and embracing technological testing advancements, the aviation industry can successfully ensure safe skies for all.





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## Story telling in training



Dr. Bill Pomfret has over 50 years of experience as a safety consultant working for leading companies around the world. Dr Bill is a passionate advocate for safety training.

Stories are my favourite aspect of training. Successful stories is emotional. Don't you agree? The very reason people respond to them is that it "touches the heart" so to speak or "strikes a chord". To me, this is the most basic reason why using stories remains a powerful tool when we teach, train, or mentor.

*These are the critical keys to why stories work.*

- They grab the learner's attention.
- They keep the learner focused and drawn into the story.
- They help the learner relate to your lessons by recalling their own experiences.
- They help the learner understand the context in relation to their own real-life world.

As learning professionals involved in the design and delivery of training, leveraging the story-based learning approach becomes a most effective form of communication. In fact, let me share with you some strategies that can be helpful in your implementation of story-based learning.

### 1. USE REAL-LIFE STORIES

Truth in your stories makes them relatable, Imaginary ones will most likely not ring a bell in your learners' minds. Simply put - real stories of everyday life help your learners connect with your content and the lesson you endeavour them to accept, understand and assimilate.

Workplace incidents are potent sources of stories that ring true for your workers/learners. Let's say you are trying to impart lessons and policies that need to be remembered on data protection, and privacy. You ramble on with safety procedures and policies. All these will "fly over" your learners' heads - losing them early on in your session. But real-life incidents jolt them and help them relate to it.

### 2. VISUALLY PRESENT YOUR STORIES

Would you rather just "tell" them your story, or would it not be more fun "illustrating" them? With graphics, images, and even videos, you lighten up otherwise boring, tedious content. Comic relief may likewise be used as humour, especially in certain complex content to drive home a point.

Charts or tree diagrams aid learners understand as well as recollect a concept. Sales, marketing, or soft skills training programmes may benefit from illustrations and even be enhanced with audio for a stronger impact.

### 3. GAME-BASED STORIES POWER-UP LEARNER ENGAGEMENT

This may be challenging to design and implement. However, it levels up learner interaction,



especially in the improvement of problem-solving skills, risk-taking and assessment, and other skill-based objectives. Sometimes, this proves effective in critical-thinking learning situations and instances when learners learn best by doing.

### 4. ANIMATED STORIES

Complex topics may make use of this approach. The usage of audio, text, images, and the movement involved in producing animation helps clarify what can otherwise be a complicated concept. It may work well in the implementation of microlearning - the delivery of bite-sized learning units - since animations tend to focus on targeted information or reinforcement. Its high interactive value makes it a popular choice, if possible, to design and deliver.

### 5. COMPELLING OPEN-ENDED STORIES = COLLABORATIVE LEARNING

Open-ended stories can be used to elicit more interactivity. They have the elements of the story-based approach minus a definite ending.

This allows learners to experience a collaborative learning atmosphere based on their responses during the assessment process. However, keep in mind that the story by itself should be compelling enough to draw in the learners to actively participate in the analysis. This process will not only keep learners focused and more involved but provide you with insight into their comprehension of the learning content.

### CONCLUSION

Whatever strategy you choose to leverage it is important to recognise the benefits that story-based learning brings forth:

- 1) Connectivity with your learners;
- 2) A deeper understanding of your content; and
- 3) A positive impact on training retention.

A word of caution. I do not recommend long-winding narratives nor non-relatable accounts. Stories that impact learners must be short, provocative, compelling, and relatable for them to interact at a deeper level.

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## Addressing pedestrian fatalities on roadways



Herman (Harry) Fourie has a passion for occupational health and safety and has been working in the industry for many years. He is Vice-Chairman of the Safety First Association.

In contemporary times, technological advancements offer both advantages and challenges, particularly in the realm of road safety. In this context, leveraging technology for monitoring road incidents and disseminating timely information represents a notable advancement.

Through platforms such as WhatsApp groups dedicated to road surveillance, stakeholders can promptly report incidents, anticipate road closures, and track ongoing and prospective construction activities.

As an occupational health and safety professional, my inclination toward exploring applications in health, safety, and environment (HSE) naturally led me to recognise the significance of such initiatives.

Annually, the toll of fatalities on major thoroughfares, such as the M1 N12 in Gauteng, the N3/N2 in KZN, and the Cape Town highways, amounts to approximately 14000 (fourteen thousand), with pedestrian fatalities constituting a significant portion, accounting for up to 40% — roughly 5600 incidents.

### THE REASON FOR HIGH FATALITIES

The alarming prevalence of pedestrian fatalities prompts a critical inquiry into the underlying causes:

1. Insufficient dissemination of education or information regarding road safety protocols.
2. Inadequate or non-existent measures to secure highways against pedestrian intrusion and stray animals.
3. Scarce provision of designated areas for safe taxi embarkation and disembarkation.
4. Instances of suicides or attempted suicides.



### PREVENTION OF FATALITIES

Addressing these issues requires a multifaceted approach:

#### 1. Education Initiatives

Road safety education should commence at the familial level, with parents imparting fundamental road safety principles to their children.

Moreover, schools should incorporate comprehensive road safety modules into their curriculum, fostering a culture of safety from an early age and sustaining it through continuous reinforcement as students progress.

#### 2. Community Engagement

Collaborative efforts involving community members, traffic authorities, and municipal bodies are essential. These stakeholders should undertake proactive measures to educate both children and adults on road safety practices.

#### 3. Infrastructure Enhancement

The restoration and maintenance of fencing along highways, particularly in densely populated areas and near informal settlements, are imperative to deter pedestrian crossings. Furthermore, the establishment of safe pedestrian crossings and designated taxi stops, equipped with overhead walkways, can mitigate risks associated with roadside activity.

#### 4. Urban Planning Considerations

Municipalities and community leaders must prioritise urban planning strategies that minimise hazards associated with roadside living arrangements.

Encroachment onto roadways by informal settlements poses grave dangers, necessitating interventions to safeguard vulnerable populations.

#### 5. Suicidal Incidents

Efforts to address the complex issue of suicide-related fatalities on roadways require a nuanced approach, incorporating mental health awareness campaigns and crisis intervention initiatives.

In line with these objectives, Safety First Association endeavours to contribute to the enhancement of road user training and education, recognising road safety as an ongoing imperative.

### CONCLUSION

In conclusion, mitigating pedestrian fatalities on roadways demands concerted efforts encompassing education, infrastructure development, community engagement, and mental health advocacy.

As we strive toward safer roadways, the preservation of human life remains paramount, underscoring the enduring significance of prioritising road safety initiatives.

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## Zeroing in on cannabis in the workplace – when zero-tolerance constitutes unfair discrimination

By Mehnaaz Bux, Partner, Eugene Chaphi, Trainee Attorney & Neo Conference Moerane, Candidate Attorney from Webber Wentzel

The Labour Appeal Court (LAC) recently handed down a judgment which underscores the importance for companies to ensure that their zero-tolerance policies relating to the use of cannabis are operationally appropriate, necessary, and reasonable to withstand scrutiny.

In 2018, the Constitutional Court decriminalised the private use of cannabis in *Minister of Justice and Constitutional Development and Others v Prince (Clarke and Others Intervening)*<sup>1</sup>. Many employers have policies that govern substance use which were amended to include cannabis following the Prince judgment. The challenge which has since arisen is whether these policies, particularly where they are fully intolerant of cannabis consumption, are justifiable.

In *Enever v Barloworld Equipment*, a division of Barloworld South Africa (Pty) Ltd, the LAC considered four issues raised by the employee, namely whether:

- the employer differentiated between her and other employees;
- there was a causal link between her dismissal and her consumption of cannabis;
- the employer's policies were unfairly discriminatory; and
- she suffered impairment to her dignity as a result of the policies.

The employee worked as an analyst at Barloworld, which operates in the equipment production sector. The employee's role was limited to desk work and required no interaction with any production lines. Barloworld's applicable policies prohibited the possession and consumption of alcohol and cannabis in the workplace, and mandated routine or random drug testing. If an employee tested positive for a substance, they were required to remain at home for 7 days. Upon completing this period, they must test negative on another drug test before being allowed to return to work.

The employee was a regular cannabis user and tested positive for cannabis following a random drug test. She was sent home in accordance with the policy. The employee tested positive on a further four occasions and during the disciplinary enquiry into her alleged misconduct, the employee stated that she would continue to consume cannabis, culminating in her dismissal. She argued that the policy unfairly distinguishes between alcohol and cannabis users, employs a discriminatory testing approach, discriminates against her religious use of cannabis, and invades her right to privacy.

Given that cannabis can remain in a person's system for several months at a time, while alcohol can exit within a day, the employee argued that this permitted employees who tested positive for alcohol to return to work the next day whilst cannabis users would have to spend 7 days away from work. The LAC rejected this line of reasoning due to the fact that employees are sent home for the extent necessary to get "clean" as required by the policy. The LAC found that the zero-tolerance policy and the approach to testing for substances

discriminated against the employee, with the consequence of infringing on her right to dignity.

The employee also found success in her submission that the policy invaded her right to privacy, as the employer failed to establish that an employee's consumption of cannabis in her private capacity impaired her ability to perform within her role. The LAC also rejected the employer's assertion that its zero-tolerance policy sought to comply with the Occupational Health and Safety Act. The LAC found that when objectively considered, the actual effect of the employer's policy was that an employee cannot consume cannabis at all and applied the principle that overbroad, unwarranted, and unjustifiable invasions of the right to privacy are unconstitutional.

Whilst zero-tolerance policies may be treated with greater scrutiny considering *Enever*, the LAC also emphasised that its stance may not be applicable in different scenarios. Put differently, the extent to which a workplace policy might infringe the right to consume cannabis in private will depend on, amongst other issues:

- the nature of the employee's role;
- the nature of the workplace; and
- the statutory requirements for safety.

The LAC found the dismissal to be unfair based on unfair discrimination and awarded the employee 24 months' remuneration.

An alternative to zero-tolerance policies is to establish permitted cut-off levels of substances. This approach was applied by the employer in *Marasi v Petroleum Oil and Gas Corporation of South Africa (Marasi)*. The Labour Court in *Marasi* found that a policy which places a limit on the permissible amount of a substance in the body is not unconstitutional, especially in light of the employee's proximity to dangerous equipment on a daily basis. In this regard, there is a distinction between being intoxicated and having traces of certain substances in the body.

If employers elect to shift from zero-tolerance to acceptable cut-off limits in light of the *Enever* judgment, the degree to which substances affect different people may come to the fore. In *Tanker Services (Pty) Ltd v Magudulela (Tanker Services)*, the LAC stated that intoxication is a matter of degree, and that an employee would be considered intoxicated if it could be shown that their consumption of the substance renders them incapable of performing a task typical to their job without potentially compromising their safety and the safety of other persons in their workplace.

Where a zero-tolerance stance has been adopted, employers should review the substance use policies in place to determine whether a zero-tolerance approach is justifiable in the context of that workplace with due consideration to the nature of the operations, and the inherent requirements of the roles executed in that workplace. Where it is determined that a zero-tolerance stance is not operationally justified, employers are still within their rights to regulate substance use by other means, including establishing cut-off limits.

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# WEAR YOUR PPE

## Response to: Professional registration . . . surely it is a rather obsolete notion

Dear Tibor,

I refer to your article "Professional registration ....surely it is a rather obsolete notion" published in AFRICAN OS&H March/April 2024 issue: You referred to the related H&S Statutory and Voluntary Associations in SA but excluded the largest and only Voluntray Regulatory SAQA Recognised Professional Body for H&S, namely Saiosh.

Perhaps you purposely excluded Saiosh as it is not an old boys club, does not have exclusive cultural entry barriers, not restrictive, does not charge for CPD and has registered more than 20 000 persons of which more than 60% are black males and black females.

Regards  
Neels Nortje  
Saiosh CEO

## OHS Professionalisation is about Rights

by Warren Manning

Reading the Szana "Professional registration ... surely it is a rather obsolete notion" article in African OS&H (March/April 2024) was a very disturbing and confusing experience.

Firstly, it seems to have been written by at least two different people. In the major part of this very long work Mr Szana was strongly against a professionalisation project but somehow in the last sections and the conclusion he states that he is, in fact, for professionalisation. In the end, I am not sure which position is argued for.

Another disturbing aspect was the very disparaging tone Mr Szana uses to address the persons who support the professionalisation of OHS. I probably am taking the comments too personally since I am one of those who have been repeatedly calling for OHS professionalisation. Maybe I am afflicted by some seasonal silliness or worse a chronic inability to understand basic concepts of, and trends in professionalism. Or maybe I just want to get rich quick by offering expensive and unnecessary services; who cares that SMMEs can't afford them?

### WHAT IS OHS?

I think it is necessary to be clear what we are talking about when we deal with "Occupational Health and Safety (OHS)". Misconceptions can result in conflation of issues and the resulting confusion can have negative consequences for all involved. OHS is not just one thing.

In no order of priority OHS is a field of scientific research conducted by academics on topics such as occupational stressors (hazards), assessment methods, exposure standards, methods to detect impacts on the human body, systems of health promotion, etc.

We rely on this research to evaluate whether our "common sense" understandings of OHS issues are in fact valid.

Next, and most importantly, OHS is a Human Right. This status was finally recognised by the International Labour Organization (ILO) when on the 11 June 2022 it amended its Declaration on Fundamental Principles and Rights at Work by adding the fifth category of: "a safe and healthy working environment". This development is the result of a very long international campaign by organised labour.

OHS as a right of all working people has been demanded by workers at least since the very beginning of industrial manufacturing.

They did and do so because they experience first-hand the damage that unregulated workplaces have on their bodies.

Workers have campaigned for a comprehensive OHS service that will ensure that their health is "not part of the deal".

The OHS service is in fact a "non-pay benefit" that must be part of the remuneration package that workers receive in the fair exchange for their labour. It therefore follows that a hallmark of exploitation is the under-funding of the OHS service provided.

It is therefore necessary for all parties approaching OHS to deal with it as the sole possession of all working people of the world. No one must usurp their ownership of OHS especially when they, via their collective voice express themselves on OHS matters.

Therefore the debates on matters such as behaviour-based safety, zero harm or the development and adoption of ISO standards for OHS need to acknowledge that workers have ownership of matters relating to their bodies.

OHS is their property because it deals with the respect and protection of their basic fundamental rights of human dignity, life and health as captured in Chapter 2 Bill of Rights of our Constitution:

### Human dignity

10. Everyone has inherent dignity and the right to have their dignity respected and protected.

### Life

11. Everyone has the right to life.

### Health care, food, water and social security

27. (1) Everyone has the right to have access to—
- health care services, including reproductive health care;
  - sufficient food and water; and
  - social security, including, if they are unable to support themselves and their dependants, appropriate social assistance.
- (2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights.
- (3) No one may be refused emergency medical treatment.

It is because these rights are still routinely violated by employers in exploitative employment relationships that workers must have the enabling rights of association and of collective bargaining. These rights captured again in Chapter 2 as s23 rights:

### Labour relations

23. (1) Everyone has the right to fair labour practices.
- (2) Every worker has the right—
- to form and join a trade union;
  - to participate in the activities and programmes of a trade union; and
  - to strike.
- (3) Every employer has the right—
- to form and join an employers' organisation; and
  - to participate in the activities and programmes of an employers' organisation.
- (4) Every trade union and every employers' organisation has the right—
- to determine its own administration, programmes and activities;
  - to organise; and
  - to form and join a federation.
- (5) Every trade union, employers' organisation and employer has the right to engage in collective bargaining. National legislation may be enacted to regulate collective bargaining. To the extent that the legislation may limit a right in this Chapter, the limitation must comply with section 36(1).
- (6) National legislation may recognise union security arrangements contained in collective agreements. To the extent that the legislation may limit a right in this Chapter, the limitation must comply with section 36(1).

These rights of association and collective bargaining are the critical sine qua non of OHS as a right. It has been firmly established that unionisation has resulted in the vast improvements in OHS performance and when the unions falter in their "realistic vigilance" with regards to OHS rights, workers suffer.

This why the "health" of "workplace democracy" as the degree of the functionality of the OHS committee is central to an OHS programme. Do we respect the authority of this critical institution of OHS?

So the over-emphasis on the individual OHS practitioner as the critical component in OHS is

incorrect. OHS practitioners especially in the form of the professional consultant, have essentially an advisory role which is why the ILO's International Standard Classification of Occupations (ISCO) recognises the designation "OHS Advisor" in the unit "2263 environmental and occupational health and hygiene professionals" of the group "Other Health Professionals".

OHS practitioners whether the "consultant" or the "officer" are not the "hero of the day". They are a necessary but not a sufficient factor for the protection of OHS rights.

OHS is also a professional practice. As such it is the property of all those individuals that choose the practice of OHS as an occupation or profession. Our constitution also recognises this ownership as a Right in Chapter 2 at s22 as:

### Freedom of trade, occupation and profession

22. Every citizen has the right to choose their trade, occupation or profession freely. The practice of a trade, occupation or profession may be regulated by law.

Therefore on this level of discussion, we must again start with the understanding that when OHS practitioners express a desire to be recognised as a profession they are simply attempting to realise a right they possess.

The social history of our country must make it obvious to understand why this right is explicitly included in the Constitution of the Republic of South Africa.

While many of the readers may not have experienced the absence of such a right I most definitely remember being told and taught that "don't you know we are not allowed to be that."

The incorporation of s22 rights in the constitution means that when government officials, in particular, engage with us regarding our professionalisation project they must acknowledge the requirement of "progressive realisation" of rights where-by any "legal, administrative, operational and financial hurdles should be examined and, where possible, lowered over time" as the Constitutional Court has stated in the Grootboom case. One wonders if the Advisory Council for OHS (ACOHS) understands this principle.

I argue that in a loose and fractured (read separate and unequal) framework of OHS professionalism such as what exists in South Africa at the moment, it is easy for the professional practice of OHS to be captured and closed off to persons not belonging to a specific "in-crowd".

This "social closure" is what has in fact happened in "Construction Health and Safety" since the promulgation of the Construction Regulations of 2014. This explains the lack of "transformation" of the profession and the continued calls for investigations and change. "Social Closure" also has serious implications for any profession claiming to maintain objective levels of competence.

The current fractured state of RSA OHS Law creates many unconstitutional barriers to the realisation of OHS practitioner s22 Rights.

It is extremely concerning that even though many noted individuals have raised concerns about the current state of OHS law over decades, the proposed amendments to the OHS Act will in fact create more division. When will the Advisory Council for OHS (ACOHs) become transparent in its activities?

In summary, just as community members and parents own education as a right and have the final say regarding the content of the curriculum and education policy as when, for example, the history curriculum underwent substantial change after 1994, so too workers via their organisations should have the final say regarding OHS as a right.

Likewise as educators have a right to determine professional issues related to their work including job descriptions, wages and professional recognition and development, so too should OHS practitioners.

While these rights are separately owned they are connected and their realisations depend on a correct understanding of their mutual interactions.

#### WHITHER OHS PRACTITIONER?

What is true is that in the final analysis it is the degree of our "cultural" development, the cultural capital we collectively possess as OHS practitioners, that will determine if our professionalisation project will succeed or fail.

If we do not take our profession seriously we cannot expect anyone else to respect our

"professional dignity".

It is shame that one feels when one sees for example that under the Council for the Built Environment (CBE) alongside the South African Council for the Project and Construction Management Professions (SACPCMP) is the South African Council for the Landscape Architectural Profession (SACLAP).

There is full professional recognition of folks who are in effect "garden designers" (no disrespect intended) but we as OHS practitioners dither. Somehow we agree that "healthy, safe, and beautiful outdoor places" are more important than the health working people.

#### RESPONSE FROM TIBOR SZANA

It is important to note that what I wrote is my opinion and my lived experience. Others may feel that they were attacked personally or that they need to defend their position.

In my opinion, professionalisation has its place only, and only if it has a highly structured format with proper strong governance with legislation that provides a sound framework within which it can exist.

As with everything out there, there are people who are good at what they do and then there are bad apple. The proof is in the pudding. Incidents are taking place and people are dying in incidents that are avoidable.

The issue raised around "the rights of workers" is misplaced as that is not in question, quite the contrary.

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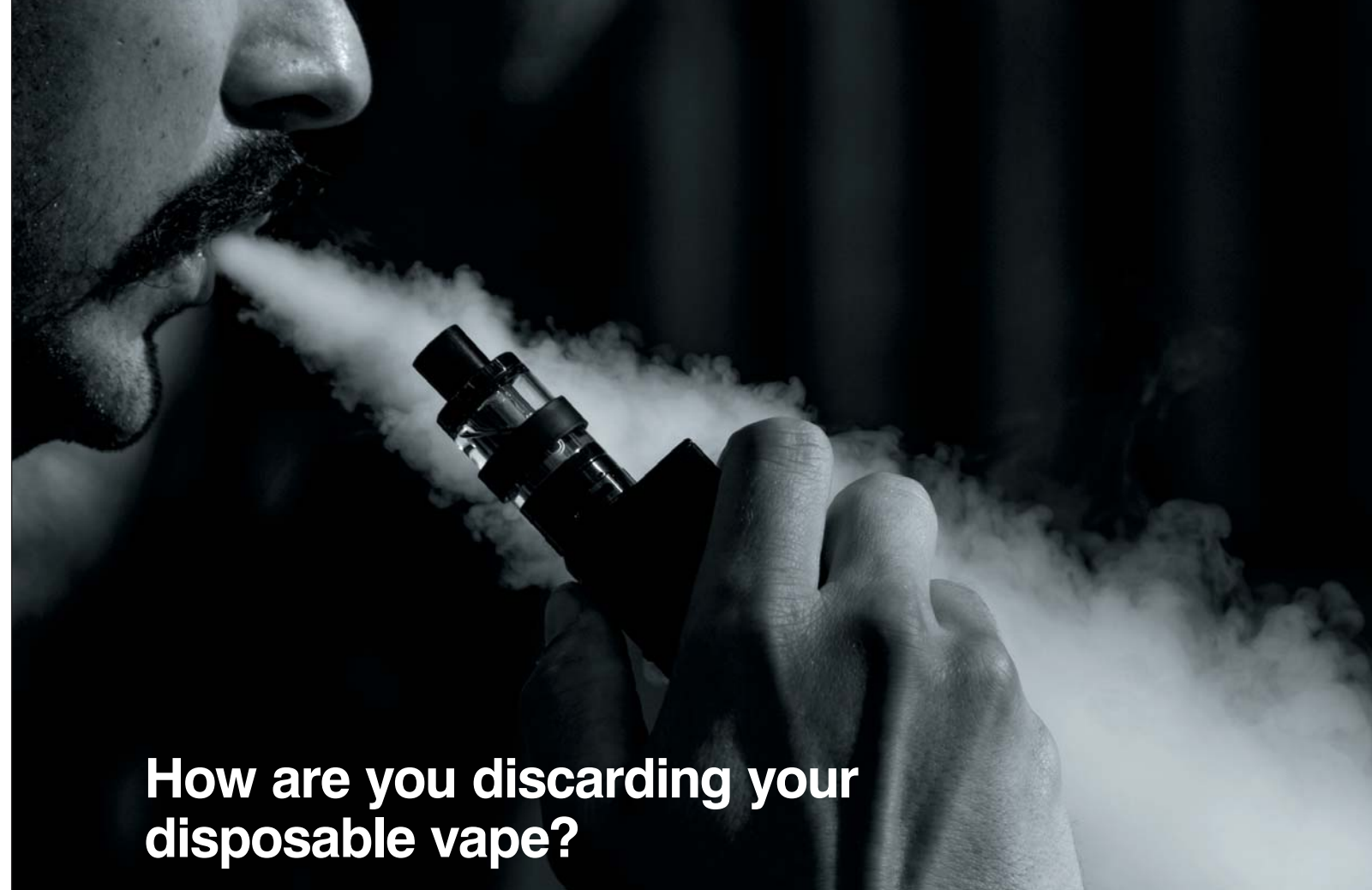
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## How are you discarding your disposable vape?

The Institute of Waste Management of Southern Africa (IWMSA)

As vaping grows in popularity, unfortunately so does the harm it causes to the environment.

It is especially trendy amongst younger users, though many seem to be unaware that vapes are actually electronic waste, cautions Patricia Schröder, Vice President at The Institute of Waste Management of Southern Africa (IWMSA).

#### TOXIN LEAKS DUE TO INCORRECT DISPOSAL CAN BE HAZARDOUS

A "vape," or electronic cigarette, is a device that heats up a liquid to create a vapour that the user then inhales. Since they have a heating element and lithium-ion batteries, vapes are considered as e-waste. But vape waste disposal is a big undertaking, because of the many chemicals and materials that are used in them.

"Despite the challenges, the correct vape disposal is absolutely crucial. After all, it keeps toxic substances and dangerous liquids out of general landfills," explains Schröder.

"Even in the form of residues, these toxins can leak into natural habitats and river systems, where they can eventually contaminate our fresh water sources.

"These dangerous elements can, however, be kept out of the environment by recycling and good product management.

"Additionally, the materials, including the harmful components, can be recovered for use in other applications."

#### INFORMED USERS ARE RESPONSIBLE USERS

Schröder notes that all electronic waste was banned from landfills in August 2021.

"Due to the fact that vape cartridges contain both electronic components and packaging, they are included in this legislation. However, there is definitely still a need for greater acceptance and understanding on the part of both manufacturers and consumers."

She says vapers should ensure their disposable cartridges are collected through a "Mandatory Take Back-programme" and then delivered to a recycling facility for environmentally sound management of the waste and to recover resources.

"Return the used vape cartridges to the merchants who sold them, and preferably, only support vendors who properly manage the vape cartridges and have proof of this," she elaborates.

"Under no circumstance dispose of your vape cartridges in normal waste bins as these go to general landfill and will cause pollution of this environment."

According to Schröder, so-called "end-of-life care" and recycling of vape goods are specialised tasks that call for very specific technology, expertise, and management approaches.

"It is the only way we can ensure environmentally sound management that does not adversely affect the environment or the handlers of the waste products."

## SAIOH President's Message

Naadiya Mundy: SAIOH President, e-mail: [president@saioh.co.za](mailto:president@saioh.co.za)



*As part of our service to our members, in the following paragraphs we provide feedback on the latest developments within SAIOH. SAIOH exists due to and for its members and is reliant on its members to continue to ethically serve this noble profession. Therefore, we invite your inputs and feedback on any matters communicated herein.*

### Addressing the impact of psychosocial hazards in occupational hygiene

The impact of mental health in the workplace is both significant and costly. Each year, approximately 12 billion workdays are lost globally due to depression and anxiety, resulting in an estimated \$1 trillion loss in productivity<sup>1</sup>.

This staggering figure highlights the urgent need to address mental health issues in the workplace. Traditionally, occupational hygiene focused on physical, chemical, and biological hazards. However, there is now growing recognition of the importance of psychosocial hazards and its impacts.

Addressing these hazards involves a multifaceted approach that aligns with the principles of occupational hygiene: anticipation, recognition, evaluation and control of workplace hazards.

The National Institute for Occupational Safety and Health (NIOSH) United States of America, defines psychosocial hazards as factors in the work environment that can cause stress, strain, or interpersonal problems for the worker.

The World Health Organisation (WHO) states that psychosocial risks may be related to job content, work schedule, specific workplace characteristics, or opportunities for career development, among other factors<sup>1,2</sup>. These can potentially lead to psychological or physical harm, which act as a catalyst for occupational diseases that spread beyond the confines of work. These hazards, which include stress, burnout, depression, and anxiety, significantly impact employees' mental health, well-being, and productivity.

Employment significantly influences mental health outcomes. Meaningful work acts as a protective factor, enhancing feelings of achievement, confidence, and financial well-being. It also aids in the recovery and inclusion of individuals with psychosocial disabilities.

Conversely, detrimental, or unsatisfactory working conditions, unsafe work environments, poor work organisation, strained working relationships, or unemployment—especially when prolonged—can significantly deteriorate mental health or worsen existing conditions<sup>4</sup>.

Impaired mental health can adversely impact an individual's cognitive, behavioural, emotional, social, and relational well-being, as well as their physical health and personal identity.

Moreover, the consequences of psychosocial hazards are not limited to mental health; they can also manifest as physical health issues such as cardiovascular problems, musculoskeletal disorders, and sleep disturbances.

Behavioural issues, including substance abuse and increased absenteeism or presenteeism, are also common outcomes of unmanaged psychosocial risks.

Furthermore, these hazards can deteriorate workplace dynamics, leading to decreased morale, reduced productivity, and higher personnel turnover rates.

Keeping this in mind occupational hygienists can follow the following interventions:

1. Conduct a risk assessment and perform regular evaluations to identify potential psychosocial risks through surveys, interviews and observations. These assessments should be integrated into routine workplace inspections and overall risk management strategies.

Organisational interventions play a crucial role in mitigating these risks. Job design must ensure manageable workloads, clear role definitions, and sufficient autonomy for employees.

Establishing robust support systems, including accessible mental health resources, counselling services, and employee assistance programmes is essential.

Promoting work-life balance through flexible working arrangements and reasonable working hours further helps in reducing stress and enhancing employee well-being.

2. Effective management practices are indispensable in addressing psychosocial hazards. Open communication channels should be established, allowing employees to express concerns and feel heard without fear of repercussions.

Employee involvement in decision-making processes related to work design and organisational changes can also significantly reduce psychosocial risks.

Encouraging employee feedback and participation in developing and implementing interventions ensures that the measures taken are relevant and effective.

3. Training and education are vital components of a comprehensive approach to psychosocial hazard management.

Providing employees with training on stress management, resilience building, and coping strategies empowers them to manage stress more effectively.

Additionally, educating employees on recognising signs of stress and mental health issues, helps improve workplace culture.

4. Applying models to improve workplace behaviour such as:
  - a. Job Demands-Resources (JD-R) Model, for instance, helps identify job demands that can lead to stress and resources that can mitigate these demands. Implementing this model aids in balancing job demands and resources, thereby reducing stress<sup>5</sup>.
  - b. Effort-Reward Imbalance (ERI) Model, which focuses on the balance between the efforts employees put into their work and the rewards they receive in return (e.g., salary, recognition, career opportunities). Ensuring a fair balance can reduce stress and increase job satisfaction<sup>6</sup>.
  - c. Cognitive behavioural approaches which help change thinking patterns and teach employees cognitive-behavioural techniques to manage stress, such as identifying and challenging negative thoughts, problem-solving, and relaxation techniques.

Addressing psychosocial hazards is an ongoing process that requires commitment from both management and employees. By integrating these

strategies into occupational hygiene practices, organisations can create healthier, more supportive, and productive work environments.

This holistic approach not only enhances the well-being of employees but also promotes overall organisational success.

As occupational hygienists, our role is crucial in advocating for and implementing these practices, ensuring a sustainable and positive impact on both individuals and the workplace as a whole.

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### National council feedback

Naadiya Mundy: SAIOH president, e-mail: [president@saioh.co.za](mailto:president@saioh.co.za)

Deon Jansen van Vuuren: SAIOH general manager, e-mail: [deon.jvuvuren@gmail.com](mailto:deon.jvuvuren@gmail.com)



SAIOH held its first Council meeting on 18 March 2024 and welcomed the newly elected council members. A special induction session was also held on 18 March 2024 for them.

SAIOH Council members have had a busy four months with numerous meetings taking place

namely, with the Department of Employment and Labour, Occupational Hygiene Approved Training Providers, the Occupational Hygiene Approved Inspection Authority Association (OH AIA Ass) and the Occupational Hygiene Training Association (OHTA).

### Strategic Plan and Objectives

The SAIOH council during their meetings, continue to review the 2023 – 2027 strategy, ensure that targets are being met and explore further strategic developments for the Institute and its members.

### Ethics

Ethics is a set of moral principles that guide behaviour and decision-making.  
 In the field of occupational hygiene, ethics plays a crucial role in ensuring that professionals act with integrity and maintain trust.  
 SAIOH places a strong emphasis on ethics and expects its members, stakeholders and staff to adhere to these ethical standards.  
 To ensure SAIOH encompasses all relevant

aspects applicable to our specialised field, legal subject specialists will be sought to review and rework our current documents for comment and approval by Council.  
 SAIOH and the Northwest University (NWU) are in talks to develop SAIOH’s own Ethics course focussing on Ethics in Occupational Hygiene and hope to have the NWU team present the course at the 2024 conference.

### SAIOH Branch activities

The Western Cape branch had their first meeting on Friday 8 March 2024. This was the first meeting chaired by the newly elected Western Cape Branch Chair, Vuyiseka Zikolo.  
 Presentations were given on asbestos bulk analysis and personal protective equipment.  
 The Gauteng branch hosted their first meeting on Friday 5 April 2024 with presentations on radiation and UV, and IR safety lenses.  
 The new Gauteng Branch Chair is Cecil-Roux Steyn.

The Zululand branch had a re-launch meeting on 19 February during which a new committee was elected. Their newly elected Chairperson is Alott Baloyi. The Zululand branch organised the Noise Masterclass that was held in Richards Bay on 24 April 2024. Their second meeting took place the same afternoon.  
 The Botswana Occupational Hygiene Association (BAOH) meet regularly and are fully committed with organising the SAIOH 2024 Conference to be held in Gaborone on from 21 to 24 October 2024.

### International Occupational Hygiene Association (IOHA) and Occupational Hygiene Training Association (OHTA) feedback

The examination system of OHTA has recently gone through a complete reorganisation and will now be managed by themselves.  
**SAIOH’s service as the administering body of the OHTA201 assessments has been rescinded effective 31 May 2024. As from 1 June 2024 OHTA will be the only awarding body for all their modules and all training material and assessments must be done via OHTA.**  
 IOHA have relaunched their Global Exposure Manager (GEM) newsletter which is available on theirs and the SAIOH websites.

The IOHA NAR Committee recently revised the accreditation evaluation matrix for use on all new and reaccredited associations.  
 The IOHA Governance committee are also updating their management system, quality procedures, and document management system.  
 The IOHA 2024 Annual Scientific conference is in its final planning stages and will be held in the AVIVA Stadium in Dublin, Ireland over the period 9 to 13 June 2024

### SAIOH Technical Committee feedback

SAIOH in conjunction with Sedulitas have organised a series of Noise Masterclasses. Internationally recognised noise specialists will present these masterclasses.  
 The Department of Employment and Labour have requested comments on the new Lead Regulations by end May 2024. Comments by SAIOH and other associations are being prepared.

Note: There is no change to the OEL for Lead, risk assessments must now be conducted every 24 months, exposure monitoring very technical and exit medicals must be done, and more.



### Annual SAIOH Conference

The Botswana Branch will host the SAIOH-BAOH Annual 2024 Conference in Gaborone with the theme being “Sustainable Occupational Hygiene in changing work environments and emerging economies.”

**Dates:** 21 to 24 October 2024

**Venue:** Phakalane Golf Estate and Convention Centre, just outside Gaborone



### Communications

SAIOH publishes its newsletter/Presidents’ page in two electronic media formats, namely the Occupational Health Southern Africa journal, and the African OS&H magazine (A-OS&H).

# From the Professional Certification Committee (PCC)

Lee Doolan: SAIOH PCC administrator, e-mail: [lee@saioh.co.za](mailto:lee@saioh.co.za)  
 Deon Jansen van Vuuren: SAIOH General Manager, e-mail: [deon.jvuuren@gmail.com](mailto:deon.jvuuren@gmail.com)  
 Corlia Peens: PCC chairperson, e-mail: [corlia.peens@sasol.com](mailto:corlia.peens@sasol.com)

## Certification assessments

A summary of results for the written and oral assessments that took place March to May 2024 is provided in Table 1 below.

Certification Categories	Written assessments (March - May)				Oral assessments (March - May)			
	Assessed n	Passed n	Failed n	Pass Rate %	Assessed n	Passed n	Failed n	Pass Rate %
OH Assistant	41	41	0	100	0	0	0	100
OH Technologist	31	24	7	60.9	31	17	14	54.8
Occupational Hygienist	14	8	8	57	8	7	1	87.5
<b>TOTAL</b>	<b>86</b>	<b>73</b>	<b>13</b>	<b>85</b>	<b>39</b>	<b>24</b>	<b>15</b>	<b>81.3</b>

## PCC assessment improvements

The PCC technical team have completed revising the skill set and are now in the process of developing scenario questions in line with the requirements for oral assessments.

## Occupational Hygiene Skills Forum (OHSF)

One of the functions 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 and is currently evaluating the Cape Peninsula University of Technology's (CPUT) occupational health qualification.

All tertiary institutions that offer occupational

hygiene qualifications are encouraged to contact the PCC administrator for information regarding application for recognition: [lee@saioh.co.za](mailto:lee@saioh.co.za).

Dr Ivan Naranjan attended the University of Technologies' Curriculum workshop.

SAIOH AP102 – Asbestos Bulk Analysis training took place in Cape Town on 15 April 2024 at the Occupational Hygiene Monitoring Services (OHMS) and Julie Hills presented the course in person.





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PREVENTION IS BETTER THAN CURE!

# Obituary – Petrus Cornelius Schutte (08 December 1950 – 28 September 2023)



by Deon Jansen van Vuuren, SAIOH General Manager

Petrus Schutte (Schu) was a prominent figure in the occupational hygiene and scientific community and was widely known for his contributions to these fields. Sadly, he passed away in 2023 and we feel the need to acknowledge the huge contributions that he made to the occupational hygiene profession in southern Africa.

Schu was a giant of a man, not just in size, but also in work and family life. He was a true gentleman.

I first met Schu at the Intervarsity in Bloemfontein, where he was playing prop for the PUKKE (University of Potchefstroom) first rugby team. And then a few years later when I was enrolled to do a BSc Honours degree in Industrial Physiology. I met him again at the Chamber of Mines Research Organisation (COMRO) where I did my practical work. Our lives continued to intermittently cross paths and we met up again at the Occupational Hygiene Association of South Africa (OHASA), and now 20 odd years later at the Southern African Institute for Occupational Hygiene (SAIOH).

Schu was a popular figure in the field of occupational hygiene for his willingness to assist, whether in brainstorming or giving presentations at workshops and annual conferences. He was always your go-to man.

COMRO did internationally recognised ground-breaking research in heat stress, occupational hygiene, and acclimatisation of workers in deep gold mines. This led to quite a few sessions in the hot and steamy acclimatisation chambers, and exposure to illumination, noise, and self-rescuers (self contained breathing systems). Throughout Schu's life, he kept on evolving, not just in heat

stress but he also became an expert in ergonomics and later in fatigue management.

At one stage Schu even worked for Columbus Stainless OH in Middelburg, saying "I need some exposure to industry also."

Mid 2023, Schu presented a SAIOH workshop on Heat Stress Management at the CSIR. He had the ability to break down complex technical facts and equations into comprehensible information.

Afterwards, in true Schu style, he spent time before, during and after lunch with the young Occupational Hygiene Practitioners (OHPs) to answer their questions and chat with them.

It was with immense shock when his wife Manda advised that he was in ICU and seriously ill, and even more so when she called to tell of his death. At his memorial service every-one had stories to tell of how Father Petrus, later Grand Father Petrus went to their rugby games sitting next to the field, even when it was raining, seldom missing a game and always ready with support and good advice.

With Schu's passing, messages of condolence came flooding in, a testament of how much he was loved and admired. Following is what they had to say about him:

*Dr Johan Kielblock, boss, and colleague at COMRO and the first SAIOH fellow:*

"I met Schu Schutte in 1980 when I joined the Chamber of Mines Research Organisation ('COMRO'). We both had a fondness for heat physiology, and the applied research that came from it. Schu was an extremely capable practical researcher and we as a team produced excellent work, in my humble opinion.

The best example was the creation of a heat screening test, or rather 'Heat Tolerance Screening' (HTS). With this method, the existing climate chamber acclimatisation process, which was extremely unpopular and even discriminatory, was done away with. After more than 30 years, this method is still the mainstay of physical screening for working in hot underground mines and is recognised as such by the Department of Mineral Resources and Energy in its official guidance to mines. Schu Schutte made an undeniable contribution in this field."

*Cecilia Pretorius, long-time colleague of Schu in CSIR Miningtek, now with CPRAS (Cecilia Pretorius Research and Advisory Services (Pty) Ltd):*

"I'd like to share a few thoughts about Schu Schutte.

Schu Schutte was a well-known researcher in the

field of occupational hygiene and ergonomics, in South Africa and abroad. For more than 40 years he was at the forefront of research on topics such as heat stress, ergonomics, fatigue management, human factors and accident analysis in the mining industry. He was a humble man with a kind heart who cared about people, especially mining people.

He leaves a gap in the industry as very few people will be able to fill his shoes! He was always willing to assist and continued to “help out,” even after his retirement. His friends and colleagues in industry will miss his advice and guidance. Above all, they will miss him as a person.”

*Ruth Teleka, Research Group Leader CSIR Mining Cluster:*

“Schu Schutte was my manager when I joined the Human Factors research group at the Centre for Mining Innovation at the CSIR in 2011. He was always kind and supportive and enabled me to contribute to and lead work relating to ergonomics in the southern African mining sector.

He was also a co-supervisor of my PhD research at the School of Public Health at the University of the Witwatersrand. He was knowledgeable and a leader in the field of ergonomics and occupational health. His formal qualifications included industrial physiology.

Schu’s experience in mining-related occupational health and safety research and application activities spanned decades (1974 to 2023). These activities included the implementation of heat stress management procedures, the assessment of physiological strain and workplace stress, the development of an operator fatigue management programme, and an ergonomics strategy and programmes for the South African mining industry.

He was author and co-author of at least 110 research reports, 12 chapters in handbooks, and 22 papers in scientific or technical publications.

Even when retired from the CSIR, Schu was available to assist us with projects. Most recently, one relating to the use of body cooling garments by rescue team members, completed in 2023.

He was committed and willing to give beyond what was required. As far as I am aware, he was content to continue with research until his departure from earth. He made a big impact in the mining industry, and his inputs have a lasting influence on improving the lives of people in the mining industry.

He was a loving and caring husband, father, and grandfather. I would like to offer my prayers and condolences to his family and all who knew him.”

*Vuyo Tsotsotso, Researcher CSIR Environmental Engineering Mining:*

“Schu was my mentor, and I got the privilege of working very closely with him on the Heat Tolerance Screening service for the last 3-4 years. I

learnt a lot from him to say the least. He was able to impart an immense amount of knowledge to me while conducting OHS projects and during our long drives across the South African landscape to provide the mines with the heat tolerance screening service.

He was an exceedingly kind, accommodating and understanding man whose presence was felt in every room he entered.

Schu was immensely respected and trusted in the occupational hygiene space and the quality of his work was second to none.

I will inherently use his teachings for the rest of my career. It is not an exaggeration to say his contributions to the advancement and understanding of heat stress in the mining industry are irreplaceable.”

*Directors of the OH AIA Association, forwarded this to their members:*

“Morning members. Very sad news. We were informed that Schu Schutte passed away early this morning.

Our deepest sympathy goes to his family and friends. Let us keep them in our prayers and thoughts.”

*Prof Gill Nelson, Wits School of Public Health, and Editor-in-Chief Occupational Health Southern Africa, wrote this letter to Schu while he was in hospital:*

“Dear Schu, I and many of your other colleagues who have happily worked with you for so many years are very distressed to hear about your recent health challenges.

On behalf of the Editorial Board and Advisory Panel of Occupational Health Southern Africa, we wish you a speedy recovery.

We will keep you and your family in our thoughts and prayers.”

*The SAIOH e-mail notification read:*

“Dear SAIOH member, It is with deep sadness and heavy hearts that we at SAIOH inform you of the death of Schu Schutte, who passed away on Thursday 28 September 2023.

Schu passed away suddenly after a recent prognosis. Schu was not just our colleague but a good friend as well to many of our SAIOH members. His contribution to occupational hygiene is a huge loss to SAIOH and South Africa.”

I would like to end Schu’s obituary with these words:

“I was very privileged to know and have worked with Schu.

He was such a compassionate person, with big empathy for everyone and I will always remember him as a true gentleman whose love for his wife Manda, and his family was sacrosanct. I cannot begin to imagine how much we will miss Schu.”



# EMS CONFERENCE 2024

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**21-22  
October 2024**

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# Human performance is critical in occupational health and safety management

## WHAT IS HUMAN FACTORS?

*Human Factors* is the application of what we know about human capabilities and limitations in order to maximise overall system performance.

By giving careful consideration to the interactions between humans and technological and organisational elements of a system it is possible to significantly increase the system's productivity and reliability.

*Human Factors* addresses the interaction of people with other people, with facilities and with management systems in the workplace.

These factors have been shown to have an impact on human performance and safe operations.

*Human Factors* provide practical solutions to reduce incidents while improving productivity.

In all the Occupational Health & Safety Management implementation, *Human Factors* is an essential component in the effort to operate in a safe and efficient manner.

Areas of improvements where *Human Factors* has a key role include:

- The design of tools, equipment and human machine or tools interfaces in a way that augments the user's work performance.
- Human and organisational factors are being identified within risk assessments and emergency preparedness planning processes.
- The individual human behaviour and cognitive perceptions during the sequence of events in an accident causation.
- Evaluating an efficient decision making process and how teamwork plays an important role in stressful or critical situations.
- The types of safety culture maturity and how safety behaviour improvement programmes impact change.
- The commitment, leadership and resources that deemed an organisation reliable.

*Human Factors* aims to achieve outstanding performance by proactively hazard identification and risk control with improvement opportunities, promoting safety leadership and designing improvement strategies, applying best practice tools, and supporting implementation to business and operational functions.

*Human Factors* has become an important and integral part of the industry's approach to safe and efficient operations.

Human performance is closely co-related to the participation in safety programmes and how they



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embrace the importance of safety & health and well-being of the workforce.

Every organisation and its leaders should exercise their duty of care to demonstrate that:

- The well-being of our workforce is a shared imperative.
- Our leadership demonstrates a culture of trust and inclusion by caring, listening to the workforce, making people feel valued for their contributions and supporting them.
- Human performance principles are embedded into how we design, operate and maintain our work environments, and we extend this across the whole supply chain and contributors.

The few human performance principles which I suggest as the essential key pillars to achieve optimum level of success in the Occupational Health & Safety Management, are namely:

- The workplace is psychologically a safe place to speak up.
- To err is normal.
- Blame does not solve any issues.
- A comprehensive context drives behaviour.
- Continuous Learning is important.
- The way on what kind of responses and being perceived matters.

## WHAT IS HUMAN PERFORMANCE (HP)?

Human Performance (HP) is often called a Health and Safety programme. In reality, HP is more comprehensive than a typical Health and Safety programme as it addresses all errors.

HP is an operating philosophy that results in a company that is psychologically safe and entrepreneurial with Just Culture.

HP and its concepts and principles are used to produce repeatable outcomes. HP works best when it considers the many on-the-job factors such as job site conditions, individual behaviour and results, and looks for places for error control.

HP takes a pragmatic perspective on human error identifying actions as not random events, but instead connected an organisation's people and the tasks they perform, their operating environment and how they behave in it.

## THE HUMAN PERFORMANCE PRINCIPLES

There are five key principles of HP. We know them and they are important underlying truths toward creating a safe organisation.

- People are fallible; everyone makes mistakes.
  - Error is universal.
  - No one is immune regardless of age, experience, or educational level.
  - No amount of counselling, training, or motivation can change it.
- Error-likely situations are predictable, manageable, and preventable.
  - Recognising situations that are prone to creating error is the first step.
  - Calling attention to these hazards or removing them prevents error.
- Individual behaviour is influenced by organisational processes and values.
  - The processes, business culture, and management within an organisation is what contributes most to human performance problems and errors.
  - Fix the process and fix the error prone situation.
- People achieve high levels of performance because of encouragement and reinforcement.
  - All human behaviour, good and bad, is reinforced, whether by what's happening now or by past experience.
  - The level of safety and reliability of an organisation is directly related to the behaviour of people within it.
- Mistakes can be avoided through an understanding of why they happen.
  - This is a critical action for ongoing improvement.

- Anticipating on how a past error can be prevented in the future is the most effective way of recurrence.

## THE INTERSECTION OF HEALTH AND SAFETY AND HUMAN PERFORMANCE

In comparing HP to Health and Safety, there are many similarities, especially in their recommended practices.

Health and Safety, as defined by OSHA, Code for Practice for Workplace Safety and Health Risk Management, has a primary goal of preventing workplace injuries, illnesses, and deaths, as well as the suffering and financial hardship these events can cause for employees and employers.

The recommended practices use a proactive approach to managing workplace health and safety and recognise that finding and fixing hazards before they cause any injury or illness is far more effective than a reactive or after-the-fact approach.

If an organisation focuses on achieving goals, monitoring performance, and evaluating outcomes, the workplace can progress along the path to higher levels of health and safety achievement.

## HP DRIVEN EMPOWERED EMPLOYEE CULTURE

A company that adopts the underpinnings of an HP program can also expect to become a more entrepreneurial workplace.

If employees feel empowered and supported by the company with a real process in place that they can depend on to provide positive and reliable results, inertia, and reticence to make decisions is replaced by calculated risk taking and presumably, projects delivered safely, on time and from a workforce that enjoys high morale.

## IMPORTANT ANNOUNCEMENT



# EMS CONFERENCE 2024

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CHANGE OF DATE: **21-22 OCTOBER 2024**

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## Is the entire construction industry truly progressing?

*Or is it merely reliving another déjà vu moment, caught in an endless loop?*

*“Has the attitude of countries changed towards the implementation of occupational safety and health?”*

*There is no simple answer to this question as attitudes towards occupational safety and health (OSH) vary between different countries and regions, and can change over time.”*

Author: Unknown

Okay, so there’s no problem with the construction industry!

From time to time it is guaranteed whether it is local or international, that there will be a serious incident/accident taking place that will kill many workers and/or members of the public in a single event such as a single or multi-storey building collapse, a bridge collapse or a major fire in a factory or a residential building, a major gas release of a toxic substance, etc., the list goes on. And in some instances, the event may possibly not even cause the death of a single individual, which in itself would be a miracle.

How is it then that we (operating in the industry) find ourselves in this rather bizarre, chaotic and catastrophic situation that, all things considered, with what has been put in place viz. world class legislation (as many are always touting), more inspectors (Department of Employment and Labour = +500 OHS) to do auditing/inspections and



Tibor Szana  
Chief Inspector:  
Occupational Health and  
Safety (Retired.)

enforcement, professional registration of various parties whether it is engineers, health and safety ‘specialists’ and the like. This of course includes various bodies (including professional bodies) that register these various parties and other representative bodies. Notwithstanding the Compensation Fund and the Federated Employers Mutual Assurance that both insure the construction industry players. The list goes on. Suffice it to say that each body or organ is attempting to play its part or a part to some greater or lesser degree.

This whole conglomeration of resources all put into place (structure(s) and systems) by way of frameworks (legislation and Accords) established by government (governed by various Councils and Boards) and agreed to by employers and employees (unions) through tripartite structures and public inclusion (public comment phase for legislation) and yet ...! Where lies the flaw? Some blame inspectors (DEL), others blame construction clients, the engineers, etc. Are we any closer to narrowing the gap related to the existing flaws?!

The regulatory environment that operates in the construction space and that may influence and have a direct impact on OHS include: Department of Employment and Labour; Department of Public Works and Infrastructure (DPWI); Council for the Built Environment (extracts); South African Council

for the Project and Construction Management Professions (SACPCMP); Construction Industry Development Board (CIDB), Engineering Council of South Africa (ECSA); South African National Accreditation Systems (SANAS); South African Bureau of Standards (SABS).

These bodies and government sister bodies (regulators) should ensure that there is tight co-ordination between them, their Councils and Boards when creating the right framework in the OHS space. This is not the case resulting in countless professionals being demoralised and helpless as their issues raised as professionals are not adequately or appropriately dealt with.

A failure at this level will lead to governance and implementation challenges and confusion on the ground. And most importantly, will lead to death and injuries of a permanent nature. For example, if a laboratory audited by SANAS fails to adhere to what it has been accredited to do when assessing construction related material, this could lead to catastrophic consequences on site. In other words, chaos at the top ... failure at the bottom.

An example of co-ordination would be the statutory registration required by the DEL in its Construction Regulations which has a requirement for registration with the SACPCMP. The SACPCMP has its own legislation that requires registration through a prescribed process. This whole process of registration is not without its own challenges which have been on-going for several years.

I emphasise that this discussion point is only in connection with specifically identified bodies and not all parties involved in the field of occupational health and safety.

### NPA

Something that should be clarified here is the challenge posed by the National Prosecuting Authority in relation to cases recommended by the inspector. These challenges are numerous and emanate from both sides.

In the case of the NPA you will find that it could take an inordinate amount of time for a case to be processed and finalised i.e. where complete cases are forwarded and no additional information required. The NPA have no specialised OHS prosecutors and/or Courts (as SARS has) in which it deals with only OHS cases. You would therefore find that OHS cases join a pile of other cases that the prosecutor is already dealing with. These could cover diverse issues where the OHS cases are dealt with ‘eventually’. This reminds us of the old maxim “justice delayed is justice denied”.

The inspector encounters other challenges which could range anything from administrative issues to substantive issues. Inspectors may have submitted poor reports, have insufficient evidence, given poor statements, taken too long to submit the report, delayed responding to queries from the prosecutors, the cause does not fit the contravention, incorrect legislation quoted, or, inspectors did not follow procedure, etc.

### STATISTICS

The construction industry, is an industry where more than 450 000 workers go to work every day -according to STATSSA - and whose sole desire is to return home every day after a hard day’s work at one of the more inherently dangerous work-

places. Workplaces that are forever changing and forever evolving, not only the site dynamics but technology as well.

### THE TEAM

These workers rely on their employers for their safety and health who in turn rely on the successful implementation of the Occupational Health and Safety Act, Act 85 of 1993 (OHSA). The OHSA sets out the minimum key responsibilities of all the parties who are involved in the ‘safe’ keeping of the worker, not least of which is viz. the employer, client, health and safety representative, health and safety committee, construction health and safety manager, construction health and safety agent, construction health and safety officer. The last two being a statutory requirement for registration with a body recognised by the Department of Employment and Labour (DEL). The body that is responsible for the registration is known as the South African Council for Project and Construction Management Professions (SACPCMP). Registration through the SACPCMP, is supposed to ensure that qualified individuals adhere to industry standards.

According to the SACPCMP, the relevant professionals play a vital role in ensuring health and safety on construction sites, protecting both workers and the public. Of course, there are several other key players in the industry such as the engineers, designers, architects and the structural engineer amongst several other parties who also have a role in ensuring the health and safety of workers on site.

### GEORGE MULTI-STOREY BUILDING

The George multi-storey building collapse - 6th May 2024 in George, Western Cape - marked a pivotal point unlike any time in the history of occupational health and safety in South Africa in the non-mining environment.

The incident involved a multi-storey (5) building that was under construction. Very suddenly and very tragically, it collapsed vertically. Scores of workers were left trapped under rubble with a handful of workers known to have died.

Given the history of serious construction related incidents over the past three decades, it was a matter of time before the issues would start to escalate. Unfortunately, this was always going to happen and will continue to happen given the historical evidence that is publicly available.

The list of major catastrophic failures that have taken place in South Africa over the last couple of decades is extensive. In some, only 1 person was fatally injured, while in others many more were fatally injured, with several permanently or temporarily disabled.

Unfortunately, incidents of a serious nature have occurred frequently over several decades. This is made more clear when considering the FEMA stats (see their website) which are only for a portion of the industry. For a full picture, you would need to factor in the Compensation Fund’s statistics for the construction sector. The question then remains, what improvements have we seen post the introduction of new legislation by each government role player and its Councils and Boards, given that each one clearly indicates their involvement and therefore their commitment to improving their role in OHS, in order to contribute to a healthier and safer working environment for workers.

## ACOHS

As the construction industry has now reached an all time low, the Advisory Council needs to provide the Minister with a clear plan on how it intends to deal with the existing catastrophe that is ongoing in the construction industry. This includes the fact that it appears that most if not all systems in place which are meant to safe guard the worker have failed. This is no longer in doubt. It is no longer a question that those very systems will continue to fail the industry, but a matter of time before another equally big or bigger incident will take place. Some stalwarts in the industry have already called it. Clearly things have gone on far enough and need to be addressed with clear and unambiguous vigour.

The Advisory Council has a clear mandate on what it needs to do in terms of Section 3 of OHS. It is therefore not clear if the ACOHS in relation to its functions, or the DEL as the administrators and functionaries of the OHS and support to ACOHS, have already advised the Minister on the real health and safety issues facing the construction industry as required by law.

No report to date has been published and neither is the work of the ACOHS known to the public, while the legislation is clear that the ACOHS is allowed to do research and conduct such investigations as it may deem necessary. The Act also says that the ACOHS may advise the Department concerning the formulation and publication of standards, specifications or other forms of guidance for the purpose of assisting employers, employees and users to maintain appropriate standards of occupational health and safety.

## CONSTRUCTION REGULATIONS

The last know publication relating to the construction industry was the amended Construction Regulations published in 2014, an amendment to the 2003 Construction Regulations. A Guidance Note to the Construction Regulations was also published. It has since been noted that there are concerns related to this piece of legislation that have not been attended to or clarified by either the Regulation or the Guidance Note.

While ACOHS may also have advised the Department on the promotion of education and training in occupational health and safety as well as the collection and dissemination of information on occupational health and safety, there is no information that has been published specifically for the construction industry, despite all the serious incidents that have transpired over the last couple of decades. An Accord was signed by the tripartite structure for the construction industry but nothing further has transpired and the progress related to the Accord is also not known.

If that is the case, given the high number of high profile catastrophic events, it is not clear why the ACOHS has not deemed the construction industry important enough to address its shortcomings. Clearly, it would appear that it is not in touch with the realities it faces in relation to hazards and the level of risk this translates into.

## RECOMMENDATIONS

In conjunction with the Advisory Council for Occupational Health and Safety (ACOHS), it is imperative that the DEL moves with a determination not seen yet in order to address

the serious shortcomings that exist and have existed.

The Department is in the privileged position to influence clients directly through its current system via the Compensation Fund and FEMA (licensee).

### Influence of Insurers – ‘a big role’

Being the only insurer means that it has a significant amount of leverage over the clients it services which is in the region of 50% for each insurer respectively, and with mainly big formal employers as members of FEMA.

Over and above direct communication using the email service, there is also access to clients using social media platforms such as: Facebook, LinkedIn, X, and so on.

Both parties are 100% responsible for providing insurance services to the construction industry and therefore any requirement to communicate with the employers and employees can be realised using both parties to great effect.

Over the next 6 to 18 months the Advisory Council (OHS) should consider:

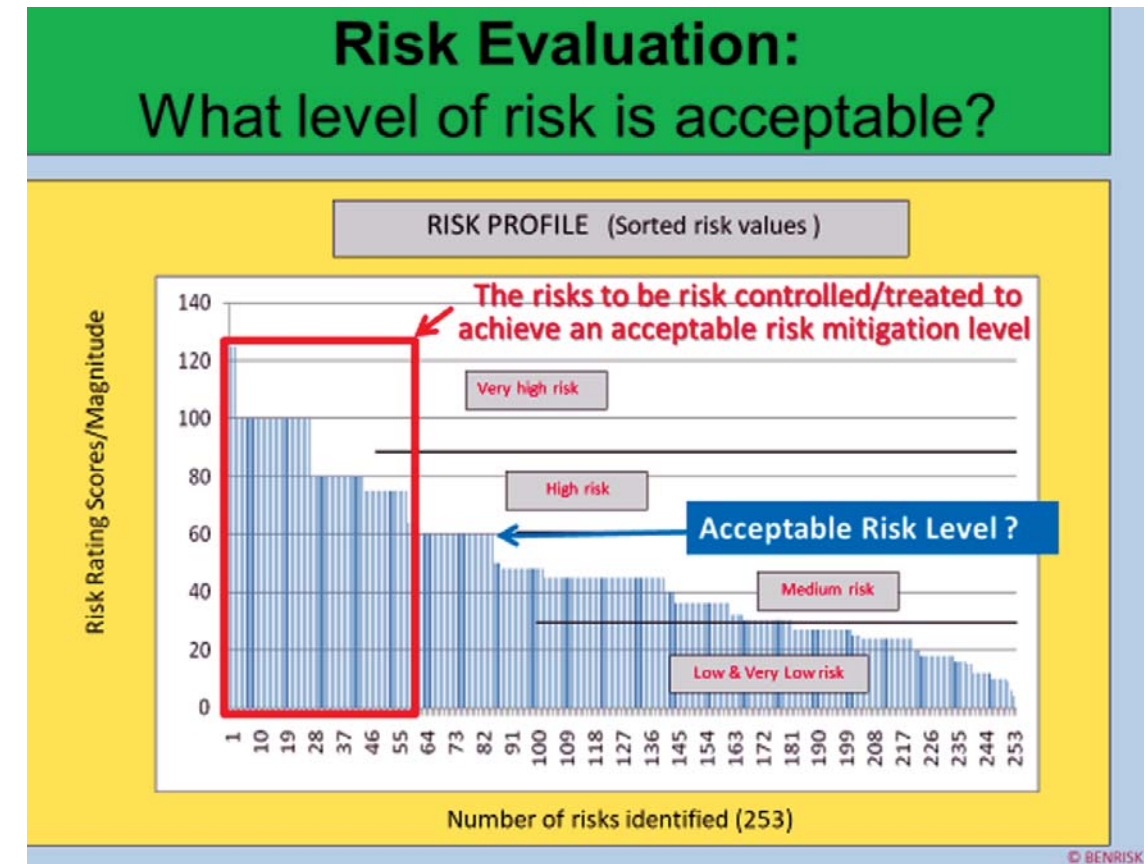
1. The amended Construction Regulations to be finalised as well as the Guideline. Both to be updated as a matter of urgency.
2. The DEL must run a 12 or 24 month active campaign in the construction industry with a strong focus on the highest risks faced by the construction industry. The DEL should have a focussed week in October every year just before annual shutdown which responds to “Health and Safety at Work”, where each campaign with a particular theme culminates in the week long health and safety week. Consideration should also be given to a week in April each year as the year starts to gain momentum. The outcome for the previous theme must be presented and every stakeholder must recommit to another year. The week includes any one or more of the following: training sessions, conferences and workshops, posters, film and photo competitions, quizzes, suggestion schemes, advertising campaigns, and press conferences. These must all be heavily promoted throughout the week.
3. Consider activating the “Listed Work” Section of OHS for the construction industry as documented in Section 11 and 12 (of OHS). The construction industry now warrants drastic measures to be put in place to rein in the industry.
4. Listed work is being proposed as a tool of the DEL and the ACOHS to deal with the current situation. Listed work allows the Minister by notice in a Gazette to declare any work under the conditions or circumstances that he will specify in the notice to be listed work. If there are special circumstances requiring the Minister to involve this specific tool, then he may do so with the intention of effecting the required changes.

## CONCLUSION

We as the industry need to ask ourselves the question, how is it that we are caught napping despite all the progress made and all the changes made? Time has shown that we are still not ready for the next event. And it will take place, as some have already said. It is not ‘if’? It is ‘when’?

Let’s work together and not be silent about the killer that ‘lurks a moment away’!

## Do you need a SACPCMP Construction Health & Safety Agent (Pr.CHSA) to assist you?



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Our Pr.CHSA has consulted in Occupational Health & Safety Management field for some 40 years and 24 years from Benrisk Consulting.

Our Pr.CHSA is usually involved from project inception, through design stage to performing the project Baseline Risk Assessment (Construction Regulation 5(1.a) , its Risk Profile & develop the Client’s site-specific Health & Safety Specification (Construction Regulation 5(1.b) for the project, assess and approve the compliance of the Contractors’ Health & Safety Plans & Files, monitor the construction work & perform the Monthly Contractor Compliance Audits for the Client.

Benrisk Consulting is based in Johannesburg, but the Pr.CHSA work has been performed in various of the Provinces of South Africa (Western Cape, Gauteng, KZN, OFS, Limpopo & Mpumalanga).

Our Pr.CHSA is not only SACPCMP professionally registered but is also professionally registered with SAIOSH, Institute of Risk Management SA (IRMSA), & the Institute for Work at Heights (IWH), while being BSC degreed and worked as an Engineering Geologist in the past.



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