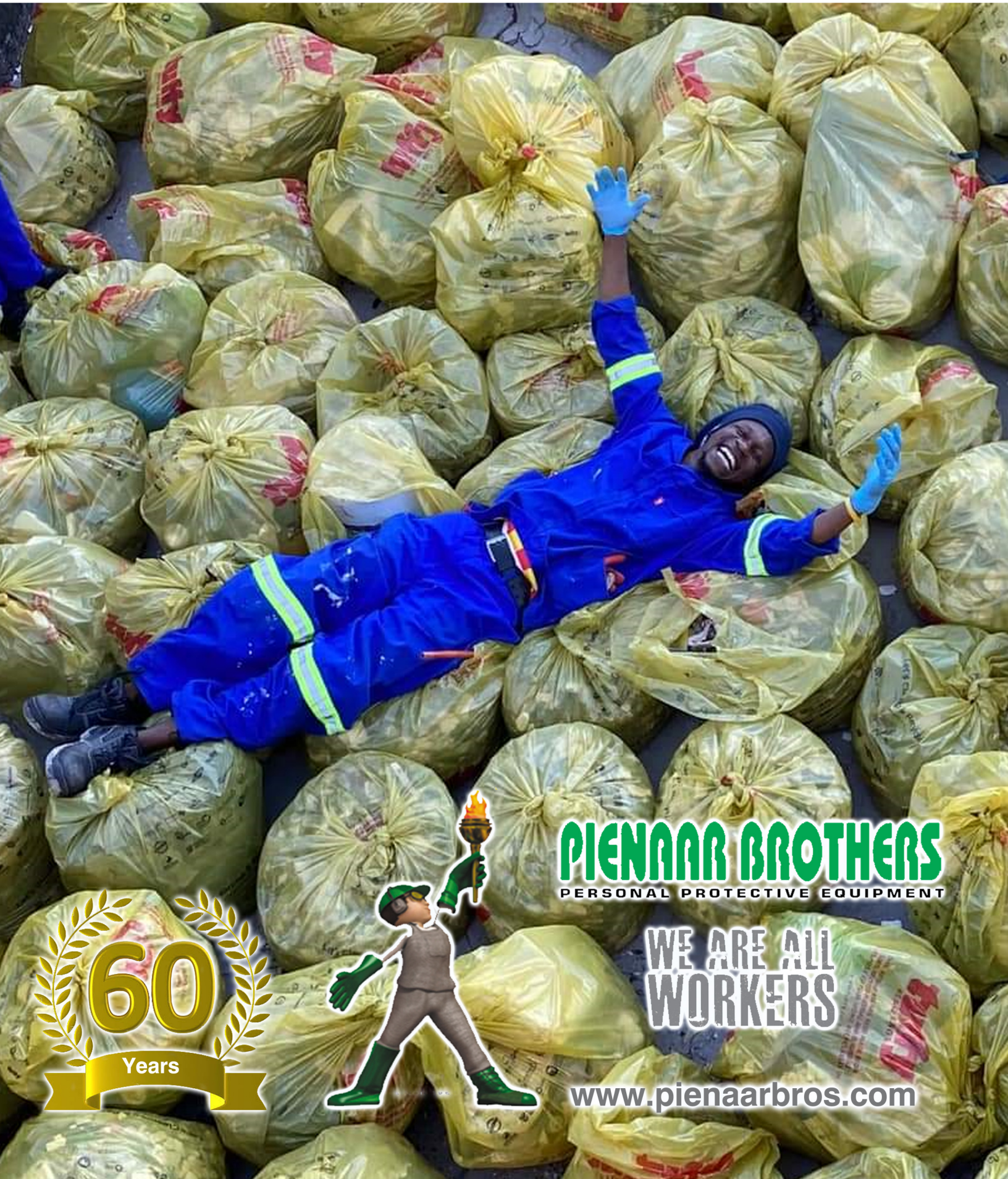


# African **OS&H**

Published by The Safety First Association  
May/June 2021 Vol 81 No 3



**PIENAAR BROTHERS**  
PERSONAL PROTECTIVE EQUIPMENT

**WE ARE ALL  
WORKERS**

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# uvex hearing conservation training

uvex safety is all about protecting people and has consulted with occupational hygienists, audiologists and the local South African government to create a free online eLearning hearing conservation training solution for all customers to protect their employees, achieve compliance, keep records thereof, and ultimately reduce NIHL injuries in their organisation.

The training content is local, covers all criteria stipulated by the OHS Act (85 of 1993) and the NIHL regulations. The training takes approx. 25min to complete and upon completion uvex will send individual certificates per employee in a digital pdf format.



Formerly known as National Safety

May/June 2021 - Volume 81 Number 3

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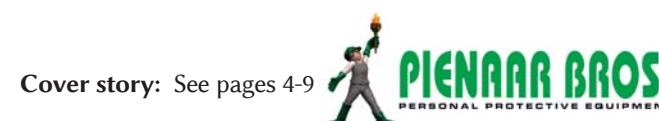
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Participating associations / organisations / institutes with African OS&H and the Safety First Association







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## Editor's Comment

The third wave is here. It's scary! Covid-19 infection rates are screaming up. Every morning we are alerted to the rising figures of infections and deaths over the past 24 hours.

People are too casual about this disease. Most who contract the virus recover easily. Many only suffer mild symptoms. But for those who become seriously ill it is a frightening experience. In this issue Leighton Bennett writes about his and his wife's experiences spent in hospital suffering and then recovering from Covid-19. Read what he saw, what he heard, how he felt.

I recently listened to a webinar on the vaccination roll-out, and one of the presenters who had visited some vaccination sites was shocked to see people arriving for vaccinations without masks. Really? They are serious enough to go for their vaccine, but they don't wear masks? One wonders what they had done over the past few days, and who they had been in contact with while possibly ignoring all other safety protocols.

The webinar showed graphs on the success of the roll-out in countries such as Israel and the UK where the majority of the adult population has been vaccinated. Unfortunately no vaccine offers 100% immunity, and there are new variants, so although these countries have seen new Covid-19 cases, the symptoms have been mild, their hospital admissions minimal and their death rates zero.

While people are scared of the unknown - including the vaccination - and conspiracy theories still abound, they need to look at the benefits. By now, there are statistics, hard facts. Millions of doses have been administered worldwide since the roll-outs started during December 2020. There is enough data to prove that the vaccination does work. And while there are fears about its long-term effects, these fears are mainly among non-medical people. The best in the business have been working on it non-stop. We must trust in those who know more than us. The vaccine may not be perfect, but it is the best we have.

I have had to go to vaccination sites on three separate occasions. They are busy and have the potential to be super-spreader places. Only one of them adhered to strict safety protocols. At the others which were in shopping centres where ventilation is not adequate, social distancing was not adhered to, seats were not cleaned in-between people moving around. Everyone was wearing masks, but I saw people pushing their masks below their mouths to speak on the phone while standing close to others. I saw others pushing their masks below their chins to drink coffee, water or to eat while happily speaking to their neighbours. I have seen these practices often at the supermarket as well.

On 11th June, Labour minister Thulas Nxesi published a new directive on Covid-19 and the workplace which provides guidelines on the vaccination roll-out including whether an employer can make vaccinations mandatory and what operational requirements of the workplace should influence their decision. It also provides guidelines for preparations of the roll-out such as developing a plan for the phased return to work; maintaining lists of employees permitted to work in the workplace and those still required to work from home; maintaining lists of people who are vulnerable and those with co-morbidities; making sure procedures are in place for employees who refuse to return to work due to fear of exposure to Covid-19 etc.

The full directive can be downloaded from the Safety First Association website: <https://www.safety1st.co.za> or send an email to [magazine@african-osh.co.za](mailto:magazine@african-osh.co.za)

And last, but definitely not least we congratulate **Pienaar Bros** on reaching their 60th milestone anniversary, and include an article on their history - one of South Africa's oldest PPE companies.

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only effective  
WHEN THEY ARE  
WORN





*Pienaar Brothers (Pty) Ltd one of southern Africa's oldest and largest, manufacturer, importer and distributor of PPE and industrial supplies celebrates its 60th birthday milestone this year*

### HUMBLE BEGINNINGS

Although the company was registered in 1961, its story started way back in 1945 when Alec Lapiner returned to South Africa after fighting in northern Africa during WW2. He found employment as a sales representative at Medicus Shoes which was situated in Port Elizabeth, and whereas manufacturers and importers of footwear into South Africa, Alec was introduced to the safety and footwear industry.

Alec, always looking for opportunities, soon saw that there was a gap in the farming communities and smaller towns such as Oudtshoorn, Robertson surrounding Cape Town, with no reps taking care of their needs. Dressed in his safari suit, with long socks and his worn-out satchel filled with catalogues, he packed the boot of his Valiant with samples, drove out to meet them and offer his services.

Alec was a people's person and immediately developed a good relationship with them and became their regular supplier. The farmers started asking him for other products as well such as rags, shovels, spades, gloves.



Alec Lapiner (R), in his footwear showroom changed his name to Pienaar as many of his customers were rural Afrikaans farmers and businessmen and found it difficult to pronounce Lapiner.

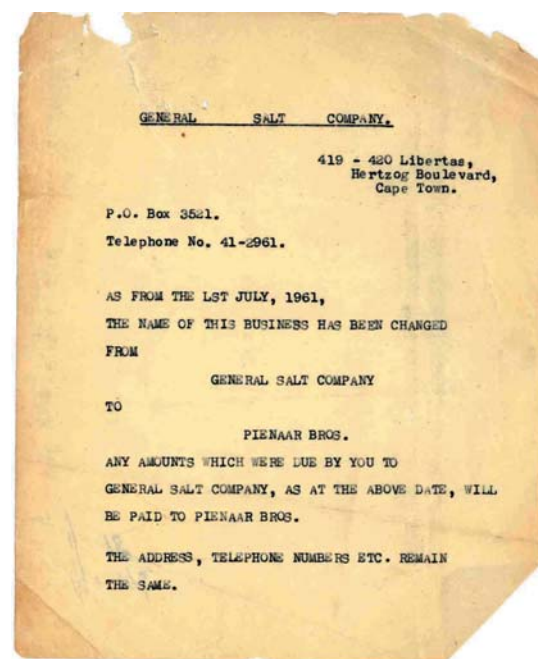
It is during these early times that the name Pienaar was borne, when the farmers found it difficult to relate to the name Lapiner, and started calling him Pienaar.

While Alec's young wife Adele sat on their garage floor rolling mutton cloth and packing goods, Alec drove around securing orders and personally delivering all the products.

Times were tough, and during those early days they sold anything that was needed, on one occasion even a load of herrings.

When the business started to take off, the young couple registered a company known as the General Salt Company, before re-registering it as Pienaar Bros (Pty) Ltd during July 1961, and moved into small offices in Hertzog Boulevard in the city centre.

It remained a family business, and even after Alec had passed away, Adele continued working for the company well into her 80s when she still went into the office every day to help with the admin.



When the business started to take off, the company was registered as the General Salt Company, before re-registering it as Pienaar Bros (Pty) Ltd during July 1961

Warren Spiro, today's MD of Pienaar Bros and grandson of Alec treasures the memory of his grandfather who he said was always demanding but fair and is proud to be part of the legend left by his grandfather. He attributes his grandfather's success to his character who he described as "a passionate and eccentric self-styled salesman who didn't like losing business".



Warren Spiro, today's MD of Pienaar Bros describes his grandfather Alec as a committed and demanding but fair man as well as passionate about everything he did.

Above is Alec's certificate of the Memorable Order of Tin Hats (MOTH) which shows his commitment towards helping comrades in need.

### THREE GENERATIONS OF STRICT FAMILY VALUES

Alec died during 1985 at the age of 67. Howard Spiro, who was married to his daughter Vivienne, having joined the company at the age of 19 and worked his way from the ground up, took over as MD.

Howard had been mentored by Alec, but was a more conservative leader. He became well-known amongst staff and clients for his ethical management style, which saw the business grow even further.

In 1997, Howard was proud to be joined by his son Warren who immediately was lured by the business with its products ranging from eyewear, to clothing to respiratory protection.

Pienaar Bros had become a leader in hearing conservation, eye protection and respiratory protection.

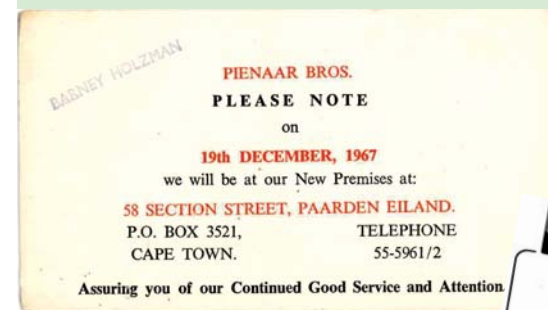
Warren developed a marketing division which he realised was important because of the technological advances in design and functionality of products which characterise the PPE industry. At the time he said "We don't see ourselves as just selling PPE, rather we see ourselves as contributing towards health and safety in the workplace".

Howard passed away in 2020, and Warren took over as MD and has continued to build on all the values that were instilled in the company by his grandfather and father.

### Growth of the business and the need for larger and more modern premises

*Since 1967, the company has been part of the landscape in Paarden Eiland.*

After working from their offices in the City Centre for six years, Pienaar Bros moved to larger premises at 58 Section Street to accommodate their additional staff members and growing stock. The company stayed there for 35 years.



By August 1992, Pienaar Bros once again needed larger premises and moved down the road to 25 Section Street.

From there they could offer a better service, with space for their increased fleet, more storage facilities and ample parking for clients



Twelve years later they moved to even larger premises at 22 Auckland Street 2004, just 2kms from the existing premises to streamline operations and improve service delivery. It was a quieter street, with more modern and larger warehouse facilities, and increased parking for a growing customer base.

Warren introduced a showroom, a dedicated collection counter for customers, and wholesale shop for the public was introduced. Howard Spiro, MD at the time said the move was necessary because "Pienaar Bros is committed to customer satisfaction".



www.pienaarbros.com



## STAFF AND CLIENT LOYALTY

Pienaar Bros' average employee turnover remains close to Zero with an average 25 years of service.

"The company's loyal and dedicated clients, customers and partners (employees) are always a reminder of how important our exemplary business ethic is and our unwavering good business practices are.

"This has created an environment where everyone is a winner and will endeavour to provide loyal, long term and dedicated efforts to assist in their own personal growth and development and success as well as that of the business" said Warren.

60 years after Pienaar Bros was registered, their relationship with farmers remains strong.

Howard Spiro MD at the time commented "We attribute this this success thanks to the dedication and conscientiousness of our staff".

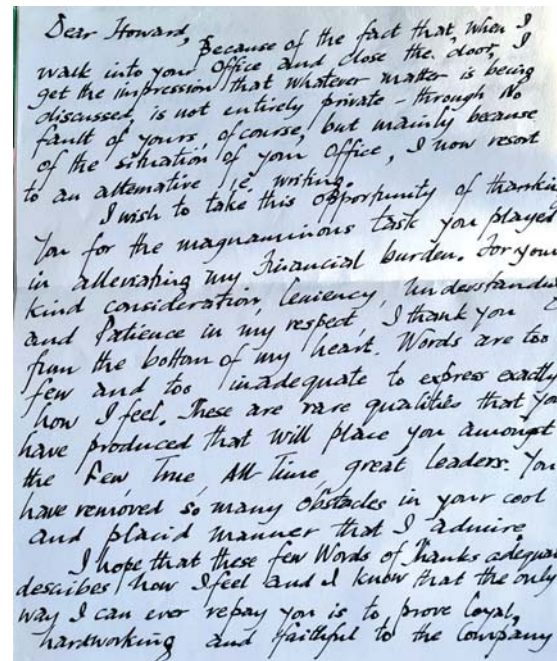
## PIENAAR BROS HAS DEVELOPED LASTING RELATIONSHIPS WITH ITS SUPPLIERS



Above: Howard Spiro in the centre with Hans and Wolfgang Beier



Above: Jacky Bredeveldt Executive Director and Warren Spiro receiving the Best Regional Distributors Award at a BBF awards ceremony. Jacky has been working for the company since she was 19 years old. She was instrumental in creating the latest version of Pienaar Brothers as a Level 3 BBEE business. This level of loyalty and dedication is the key to her success within the business and is a true reflection of what's possible when creating your own personal success by always giving your personal best.



Letter sent to Howard Spiro from a sales rep who worked for the company almost for 45 years, from a young man up until he was too old and weak to go and see his customers.

## FAMILY RESPECT

My father and I worked together for 20 years and never had an argument. Many heated discussions were had and many hard decisions made but always with mutual respect and absolute tolerance.

It was a lot of hard work and now a great honour to carry on running the business for a generation of legacy leaders, from my grandfather's legendary kindness and for my fathers loyalty and dedication to working with Brian that drives me to be better every day.

I couldn't be prouder to be working amongst the best in the business.



Father and son, Howard Spiro with Warren

## BRIAN PIENAAR (PTY) LTD



Alec's son Brian studied Law at Grahamstown University and was not sure if he wanted to join the family business. As time passed he decided to commit to growing the family business by opening a new office of the company in what was then called the Transvaal.

In 1988, 3 years after Alec passed away, Brian Pienaar (Pty) Ltd T/A Pienaar Transvaal was borne.

Pienaar Bros. based in Cape Town was already well known in Johannesburg which gave Brian a good foundation to start his business and grow it into what it has become today.

Today Pienaar Bros North is a hugely successful PPE business with many mine contracts and branches.

Between the Cape Town company and the Johannesburg based company Pienaar Bros grew to become a formidable competitor to any other company trying to trade in the PPE industry.



www.pienaarbros.com



Pienaar Bros offers the full range of PPE products, from eye protection, to hand protection, to respiratory protection. They also supply all well-known brands.

## PIENAAR BROS IS A CHAMPION OF CHANGE

Pienaar Bros has always been a champion of change, and during 2007 the company launched its Black Economic Empowerment deal with Sam Montsi of Montsi Investments after undergoing a lengthy process to find the ideal partner.

This was of huge benefit to its employees with a comprehensive employment equity plan and skills development and training programme which aimed to benefit all of its staff members.

Over the years it has upskilled and uplifted a growing number of employees at its various distribution centres. "We have been improving and honing our programme ever since. Our approach has included the formation of an employment equity committee and a skills development facilitator who guides us on what programmes are available, and encourages staff training" said Warren Spiro, MD.

## TRAINING AND UPSKILLING STAFF

PB is part of the wholesale and retail SETA with a level 3 BBEEE rating. The company's work-based education and training programmes comprise adult based education while others are linked to qualifications that are registered with the South African Qualifications Authority (SAQA) on the National Qualifications Framework (NQF).

All courses are offered onsite, during working hours and offer staff the opportunities for growth and potential.

"This reiterates the point that while our company remains a family run business with old style values, we are always evolving to stay ahead of the times.

"By improving their position in life, they are also able to uplift their families. The end result is the feel-good factor of the programme", said Warren and Co-Executive Director and 25% shareholder Jacky Bredeveldt who worked with the company's HR department to achieve the Level 3 BBEEE rating.

Pienaar Bros are expecting to achieve **Level 1 BBEEE** status later this year.





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## PIENAAR BROS AND COVID-19

Dr. Grimwood runs the NGO that facilitated the nursing sister and all the equipment and testing kits.



When Covid was declared a pandemic during 2020, Pienaar Bros an essential service provider, found itself at the forefront of PPE supplies.

While the national lockdown was enforced for most industries and self-isolation became the norm, the staff at Pienaar Bros had to continue working.

The company immediately put policies in place to make sure that their workers would be well-cared for, so that neither their lives nor the lives of their families would be compromised.

They engaged with Dr Grimwood and set up a well-equipped Covid site in a caravan at the Paarden Eiland premises



## PIENAAR BROS AND ENVIRONMENTAL AWARENESS

Pienaar Bros donates all the necessary PPE and other supplies for the regular clean-up of the Liesbeck River that runs into the ocean.



## BRANCHES AND STORE LOCATIONS

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Mandy Marais, Mossel Bay & George



Georgie Smith, East London

Nadia Hannekom, Cape Winelands



Kobus and Cristal van Deventer (R) celebrating the success of the Kathu Branch in the Northern Cape with Warren Spiro (MD) and Stevie Minaar, National Sales Manager



Sharron Pillay, Durban



Kobus van Deventer, Kathu and Upington

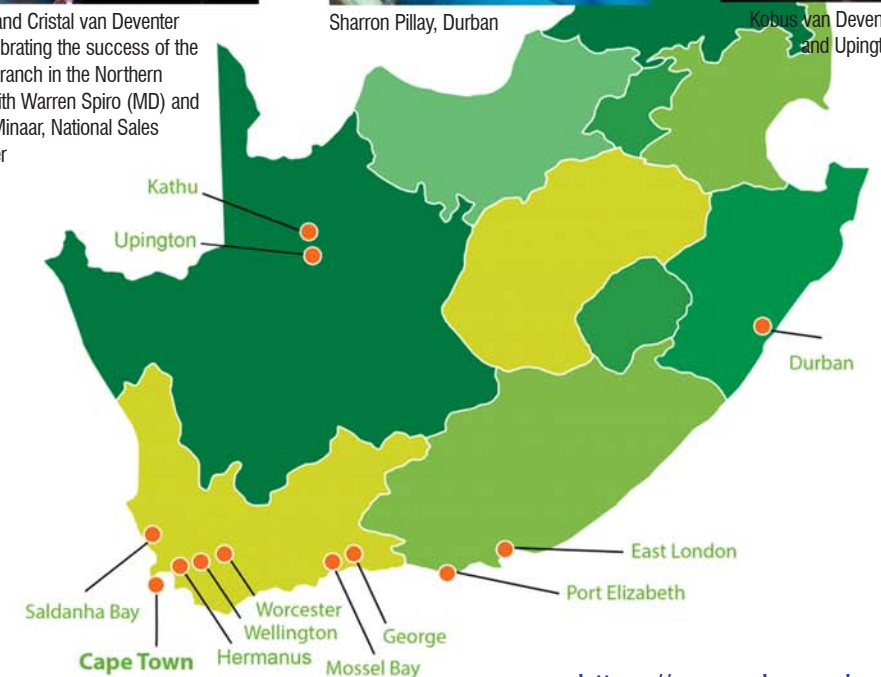
Doreen Bezuidenhout, Saldanha



Martin Muller, Port Elizabeth



Gerhardt Geldenhuys, Worcester



<https://www.pienaarbros.com>



Kathu and Upington Branch





(Above) A sister sits 24/7 at an ICU bed monitoring the COVID patient's condition and watching and recording the data displayed on the screens. I don't know if this patient survived this Covid battle which was still in progress when I left the ward. See the red biohazard medical waste bin into which all ward waste was thrown for safe medical disposal.

## Our personal Covid virus experiences



By Leighton Bennett,  
Safety First Association  
Vice-Chairperson.  
Above photo taken  
while he was  
recovering in hospital

Both my wife and I have been hospitalised due to Covid and this first-hand experience has prompted me to write about the experience, as there is a general perception that this Covid virus pandemic is a joke. Let me tell you it is a horrific and tragic survival experience I will never ever forget.

I got home last week after a week in high care and am now slowly recovering and gaining strength.

My wife was discharged and got home two days ago, after spending 29 days in hospital. She will still need several more weeks in recovery before she will be able to work again.

Both of us run businesses, a cat hotel (cattery) and my OHS consulting business. We adopted and followed all the covid virus management safety protocols and still we don't know how we got infected.

### MY WIFE'S COVID EXPERIENCE

It started with my wife not feeling well on a



Right: My wife in ICU, sedated on a ventilator, 3 pipes down her throat, eyes taped shut & wrists bound that she could not pull the pipes out of the throat.

Friday and she went for a nasal Covid test which recorded Covid Negative, but over the weekend she felt terrible with a dry cough, chest pains and breath shortness. I took her to her doctor on Monday who, based on her symptoms said she has asthma, Covid and an x-ray confirmed pneumonia in the lungs. She was medicated and sent home to recuperate.

By Thursday midday her oxygen in the blood reading was 86% where it should be over 93%. I rushed her to the doctor who ordered an ambulance with an oxygen cylinder to transport her directly to one of the northern suburbs hospitals. Some four hours later I phoned the hospital to be told she was not admitted to the cited hospital, neither was she answering her cellphone. Where was she? I was extremely worried. When I had last seen her, she she was in a shocking condition trying to breathe and she was not mentally present. The psychological and emotional stress hit me badly. I immediately thought that she is not in hospital as she has died and is now lying in a mortuary somewhere.

At 19h30 that evening a friend of my wife finally managed to get hold of her. She was in casualty on oxygen at another hospital. Absolute relief after I had suffered hours of mental anguish.

The reality is that the hospitals don't have any Covid spare beds so you will be sent anywhere where a bed may be available. When I went into hospital some 10 days later, they were planning to send me to a hospital in Klerksdorp, when a northern suburbs hospital high-care bed became available for me.

Hospitals are currently over-flowing with third wave Covid patients and are now forced to apply survival triage Covid case management. This is where a Covid patient may not be admitted into ICU if his or her chance of survival is limited, whereas others will be if they have a better chance of survival. This is not a story, this is the reality that doctors are forced to make, life and death decisions not daily but hourly, during their long 20 hour day shifts when they see some 120 patients per day.

My wife's condition went from casualty, to a Covid ward, to high care, to sedation on a ventilator in ICU all in under 24 hours. Her condition got to a stage that she had multiple body function failures, namely asthma, Covid, pneumonia, water

accumulation surrounding and interfering with her heart function, a collapsed lung, kidney and liver failure and suddenly elevated blood sugar levels due to the medication clash between the Covid and diabetes control medications. My wife actually died and with adrenalin injected into the heart and heart massage, she became a miracle who managed to survive. She later reported hearing the staff order a body bag for her.

Currently her body is like a laptop that has just being rebooted, where everything has to be re-switched on and re-connected. She had to learn to walk again and was on a high litres/minute oxygen supply to get plus 93% oxygen into her blood stream. She only got home after she could breathe the normal 21% oxygen in the atmospheric air for a day or two, and she was not allowed home until we had an oxygen cylinder supply at home, for emergency purposes. Should a relapse occur, she would not be readmitted to hospital as there are no beds available with the Covid third wave happening now.

### MY COVID EXPERIENCE

My Covid experience started over the weekend after my wife went into hospital. I felt unwell, had a dry cough and such severe leg and calf cramps that I couldn't sleep for three nights. I went for a throat Covid test on Sunday which was negative. I went to see my doctor on Monday who, based on my symptoms, said I have a false negative Covid test and prescribed antibiotics, nebulizing, heavy vitamin doses and Ivermectin for a week. As the week ended, I was weak, had lost my appetite and started feeling physically useless.

On Tuesday evening my son took me to hospital where I lay in casualty overnight breathing oxygen. The next morning they started searching for a Covid bed for me. I was lucky to get a bed at a northern suburbs hospital where an x-ray confirmed I had a bacterial lung virus which only tested positive for Covid on the 7th Covid test. I went straight into a Covid ward and was then moved to a medical ward as all my Covid tests were still negative, and then a positive Covid test resulted in my medical ward mate being placed in Covid isolation and me relocated to the Covid high-care/ICU ward. This was an adapted maternity ward that had been converted to a Covid bed ward to provide more bed space.

Mornings and evenings, two bags of meds were delivered for the hospital pharmacy to give me three intravenous high dose steroids and vitamin drips that made my hand tremble like I had Parkinsons. I was originally on 4l/min oxygen allowing me to get the 93% blood oxygen level required to breathe safely. I later went off oxygen altogether when I could breathe atmospheric air for three days before being discharged.

A serious complication is that the Covid medication clashed with my diabetic sugar level control medication such that my sugar levels went up to 28.6 (with a likely diabetic coma at 32).

I am now home but still struggling to re-control my diabetes sugar levels condition with blood sugar testing every 3-4 hours currently. In hospital I was getting diabetic insulation pen in-stomach injections for up to 18 insulation units at least twice per day with on-going regular blood sugar tests.

### THE COVID WARD REALITY

Over and above our Covid experience one needs to know the life and death drama playing out each day in the Covid wards.



An "Astronaut" clad doctor with a Covid PPE clad "blue-angle" nursing sister in the background.

Both northern suburb hospitals that we were admitted to have converted their maternity wards into Covid high-care and ICU wards.

The doctors look like astronauts in filtered air-fed face helmets, while all the medical staff are totally covered in Covid blue clad body PPE, face shields, face masks, gloves (changed per patient), foot sleeves, etc, and all are exhausted from the long hours they are working. The medical staff are a crew of "Blue Angels". Medical hazard waste boxes are everywhere.

The real struggle is seeing an ICU sister tending to a patient on a ventilator desperately trying to breathe and only able to draw 20 to 30% oxygen into their blood stream, where normal breath requires over 93% oxygen in the blood. Regular dry coughing episodes end in a situation of total fatigue and no energy.

No hospital visits are allowed so you don't know the condition of your significant other or family member, especially if they are ventilator sedated to stop them pulling out the ventilation piping. To make things worse, there is no cell phone communication. You feel totally cut-off.

This is another psychological and emotional stress as you may not be able to "say good bye" or be able to be with or support your loved one at the crucial moment.

### CONCLUSION

My wife and I know five people who have died from Covid - both cattery clients and friends. Hopefully no more will occur. Both our businesses have been closed for over two months now and will only reopen when we have recovered and regained enough strength to be able to function again.

I decided to share our experiences as too many people have no understanding how horrific the Covid pandemic is.

I hope our experiences have given you a revised view of this virus and the importance to practice safe Covid management techniques and methods.

Please don't take chances.



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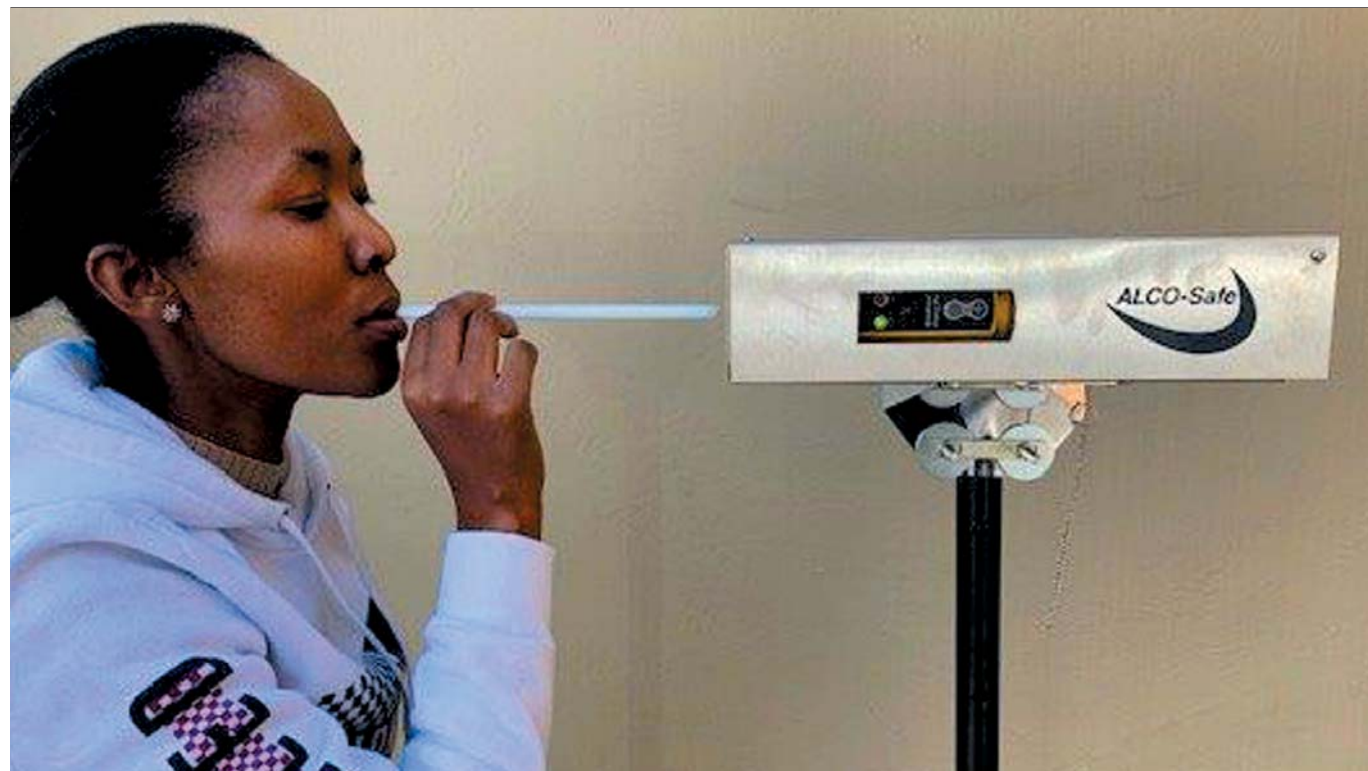


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## South Africa's alcohol problem starts at an early age



By Rhys Evans,  
Managing Director of  
ALCO-Safe

With South Africa's alcohol problem so starkly highlighted by lockdown prohibitions, there has been much discussion as to what can be done to reduce harmful alcohol consumption, particularly underage drinking.

Measures that will be debated in Parliament include a complete ban on alcohol advertising, tracking of unlicensed alcohol sales and increasing the legal drinking age to 21.

While South Africa already has a robust legislative framework in place to keep alcohol out of the workplace, prohibiting driving under the influence and the sale of liquor to minors, these regulations are not properly or consistently enforced.

Because of this, raising the legal drinking age alone is not sufficient to discourage the youth from alcohol consumption.

Only strict enforcement with unpleasant consequences for breaking the rules is likely to help correct South Africa's problematic relationship with booze.

### SOUTH AFRICA'S SITUATION

The 2018 World Health Organization (WHO) Global Status Report on Alcohol Consumption placed South Africa as the 19th highest alcohol consumer in the world.

Alcohol abuse isn't just a problem on its own. It brings with it issues of domestic violence, and 58% of road deaths are attributed to alcohol consumption in South Africa alone.

In a study that examined alcohol consumption among high school learners in rural Limpopo, it was found that most adolescents start using alcohol

between the age of 13 and 14.

Evidence suggests that the use of alcohol constitutes one of the most risk-taking forms of behaviour among adolescents in secondary school. Furthermore, studies have shown there is a strong link between substance use and resulting social disadvantage, with a negative impact on educational achievement as well as increased difficulty in finding and keeping a job.

Young people are at greater risk of alcohol-related harm than adults. This is because until an individual has reached their mid-twenties, the brain is still developing, and drinking alcohol can greatly increase the risk of damage. It can also lead to alcohol dependency problems later on in life.

### WHAT DIFFERENCE WOULD IT MAKE TO INCREASE THE LEGAL DRINKING AGE?

Raising the legal drinking age to 21 as a measure on its own will be insufficient to deter youngsters from underage drinking.

Proper enforcement of all alcohol-related restrictions is required to reduce the national propensity for dangerous consumption of alcohol. Legislative updates that will be debated in Parliament include measures to track the sale of alcohol. Technological advancements such as the Internet of Things (IoT), have made it a simple matter when it comes to tracking items, like bottles of alcohol through the supply chain.

In this manner, technology can assist with the tracking of unlicensed liquor sales, and if a bottle lands up in the wrong hands it will be easy to tell where it came from.

Outlets such as bars and restaurants that are

found to sell or serve alcohol to minors must have their liquor licenses removed along with heavy fines to act as a deterrent.

Awareness campaigns for high school students are necessary to educate on the dangers of underage alcohol consumption, including the harmful impact of alcohol on brain development and the risk of developing an alcohol dependence problem.

A ban in alcohol related advertising should go hand-in-hand with these educational programmes because it falsely glamorises the consumption of alcohol, which is dangerous for impressionable youngsters.

### EXCELLENT LEGISLATION REQUIRES ENFORCEMENT TO MATCH

South Africa already has the correct legislative framework in place, intended to ensure safe, alcohol-free workplaces and roads.

Extending this protection to the youth and ensuring the effectiveness of all measures intended to control alcohol consumption requires stricter enforcement by the police and Liquor Board officials.

This can be achieved through roadblocks and liquor raids on establishments selling alcohol to check for underage sale.



As mentioned already, the consequences of underage sale need to act as a deterrent.

This means that where establishments cater to underage drinkers, their liquor license should be revoked.

South Africa has already shown that such change is possible, in the way that smoking in public places was banned and enforced. Contraventions of smoking laws are now rare, as the punitive consequences of being fined heavily have made restaurants unwilling to allow patrons to break the rules.

While it took us 10 - 15 years to get where we are today, it's important that we get ahead of our alcohol problem sooner rather than later.

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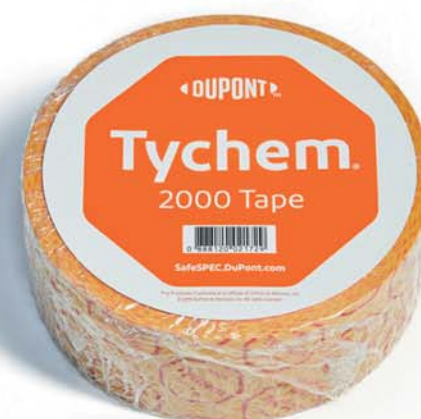


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# The importance of eye protection in the workplace

## INTRODUCTION

Industrial eye accidents are evolving as one of the biggest occupational fatalities in the workplace involving workers working in a drastic environment.

According to IndustriALL, a global union of workers, since May 2020, there have been about 30 industrial eye accidents in India, killing at least 75 workers.

From 2014 to 2017, 8,004 such incidents occurred in Indian workplaces killing 6,368 employees. These are staggering figures that drive home the importance of protecting the eyes of workers both through engineering controls and via personal protective equipment (PPE) such as safety glasses; goggles; hybrid eye safety products, which combine the comfort of eye-wear with the side protection of goggles; face shields; and welding helmets.

It also draws our attention to an immediate appetite to create awareness among the industrial workers and safety executives regarding undertaking collective measures to implement stringent safety protocols.

## THE LIKELY CAUSES OF EYE INJURIES AT WORKPLACE

The majority of workplace eye injuries are caused by small particles or objects (such as metal slivers, wood chips or dust) striking or abrading the eye, according to the National Institute for Occupational Safety and Health (NIOSH).

The U.S. Bureau of Labor Statistics (BLS) found that 70 percent of eye injuries studied resulted from flying or falling objects or sparks striking the eye.

Injured workers said that nearly three-fifth of the objects were smaller than a pinhead.

Injuries also can occur when nails, staples or metal penetrate the eyeball, which can result in a permanent loss of vision.

Blunt force traumas caused by objects striking the eyes or face or from a worker running into an object are another threat, as are

chemical burns from splashes of industrial chemicals or cleaning products.

Welders, their assistants and nearby workers are at risk for thermal burns and UV radiation burns from the welder's flash.

## THE IMPORTANCE OF CREATING AWARENESS, CONDUCTING TRAINING AROUND ASSOCIATED HAZARDS AND RISKS AT THE WORKPLACE

Eye injuries in the workplace are extremely widespread across industries.

Working on extreme conditions involving eye risks is inevitable. But ensuring the sheer safety of workers through building awareness of the likely hazards and educating them around ways to protect oneself from the same is attainable.

The practice of providing adequate and comprehensive training for all workers before being exposed to hazardous environments should be established as a mandate for all industries involved in risky business.

Workers who were injured while not wearing protective eyewear most often said they believed it was not required for the situation.

Such misconceptions and attitude regarding the use of safety wears must be debunked by creating proper awareness through organising training sessions.

## THE IMPORTANCE OF EYE PROTECTIVE EQUIPMENT

An on-the-job eye injury can cause lasting and permanent vision damage, potentially disabling a worker for life.

Even "minor" eye injuries can cause long-term vision problems and suffering, such as recurrent and painful corneal erosion from a simple scratch from sawdust, cement or drywall.

However, an estimated 90 percent of eye injuries can be prevented through the use of proper protective eyewear.

With a statistic as compelling as this, it makes both common and economic sense to do everything possible to make sure workers have the right PPE to protect their eyes on the job.

With such a wide array of comfortable and stylish products on the market today, there is really no excuse for workers not to wear protective eyewear.



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EN 172:1994, EN 168:2001

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Based on possible hazards in the work places, the protective equipment i.e., the safety eye wear is designed with higher attributes to ensure protection.

Safety eyewear must conform to a higher standard of impact resistance than regular eyeglasses.

This higher standard applies to both the lenses and the frames of safety glasses and goggles.

Regardless of their size or the durability of the frame and lenses, regular prescription eyeglasses do not qualify as safety glasses as they do not meet

certain criteria.

Our exclusive revolutionary range of safety spectacles comes with higher levels of personal comfort and industrial safety.

The safety spectacles are CE certified and conform to the standard laid down in EN 166:2001.

KARAM endorses and promotes the notion of creating a safe environment at worksites which involves tricky and risky work conditions by providing high-quality safety products.

With the safety of workers in our sights, we at KARAM research and develop high-quality eye protection solutions for work at extreme conditions, with unique optical requirements.

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SAPEMA Member







## Obituary

BRIAN FALCONER SMITH



SAPEMA has announced with sadness that Brian Falconer Smith, one of their members passed away on the 7th June 2021 from Covid-19.

Brian was a long standing and respected member of the personal protective industry, firstly with Quality Safety and then with Tamas Tunder at Falmit Fibreglass for 14 years before he ventured on his own to carry on the business.

He had a long standing association with SAPEMA and the SAPEMA SABS Technical Committees.

Brian was responsible for the design and building of many testing apparatus which SAPEMA donated to SABS for testing of critical PPE items.

Brian is survived by his wife Joy, son Allan and daughter Melany.



### ADAO announces their 16th Annual Conference which will be held virtually!

ADAO is the only U.S. nonprofit that organizes an annual conference dedicated to preventing and eliminating asbestos-caused diseases.

**Dates:** September 17-18 2021

#### Keynote speakers

- Judd Apatow, Warren Zevon "Keep Me in Your Heart" Tribute Honoree
- Dr. Jacqueline M. Moline, The Dr. Irving Selikoff Lifetime Achievement Award
- Congressman John Shimkus, The Tribute of Hope Award
- Congressman Paul Tonko, The Tribute of Hope Award
- Alan Reinstein Ban Asbestos Now Act Supporters, The Tribute of Inspiration Award
- American Federation of Teachers, The Tribute of Unity Award
- Barry Robson, The Alan Reinstein Award
- Robert Sussman, The Alan Reinstein Award
- Rebecca L. Reindel, MS, MPH, Safety and Health Director, AFL-CIO, Keynote Speaker
- Wendy Rudderman, The Andrew Schneider Memorial Lecture
- Julie Gundlach, Friday Keynote Speaker

#### Conference Fees:

General Admission - \$300

Asbestos Victims, Non-profits, and Students - \$75

#### Visit:

<https://web.cvent.com/event/9c0b6ffb-7957-4e64-9d2a-d58be320cd61/summary>

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### ARE YOU MEETING ALL OCCUPATIONAL AND ENVIRONMENTAL CHALLENGES?

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## Meet SAPEMA Past Chairmen

Over the next few issues African OS&H will publish profiles of past chairmen

### Darryl Jacobs

Darryl has been involved in the PPE industry for 26 years and general industry for a total of 45 years. He lives in Pretoria where he studied through UNISA.

Darryl was employed by Norton Abrasives for 19 years, an American company who at some point owned North Safety. He then joined North Safety in Isando as National Sales manager, and was promoted to Marketing Manager in 1995. North at the time was owned by Siebe Gorman, a listed company in the UK.

He joined uvex Safety in 1999 and became Managing Director in 2004 of uvex South Africa. He took over the responsibility of Africa, Middle East and India with the title Director RBU MAI (Middle East/India /Africa). Darryl will be retiring in July 2021 after nearly 22 years.

According to Darryl, the German family owned uvex company has been a wonderful journey of growth, mutual respect, and personal actualisation.

Darryl served on SAPEMA's committee for a number of years, of which two he stood as chairman.

"I was privileged to be involved with SAPEMA. In those days we worked well with IoSM, Master Builders Association and SAIOH and even organised an exhibition between the 3 organisations



under the names of SAFConex and Noshebo" said Darryl.

Long term relationships developed with the associations including Neels Nortje who is now the CEO of SAIOSH.

Darryl played provincial baseball and hockey. He stopped playing league hockey at 50 years old, then started paddling and mountain biking which he still enjoys.

With the uvex sports (cycling) being included in his responsibilities it fitted in well with his personal activities.

"The safety industry has treated me well and I have enjoyed the people involved" said Darryl.



### Brett Jones

Brett Jones was one of the first pioneers of the South African safety industry. Born in Port of Spain, the capital of Trinidad and Tabago he came to South Africa in the early 1960s.



Right: Gary Player with his father Harry

One of his first jobs was with MSA Africa in Durban. MSA became the first big safety company to open its doors in South Africa during 1940. One of their first employees was Gary Player's father - Harry "Whiskey" Player. The MD during Brett's formative MSA career was Athol Rowan - the renowned Springbok cricketer.

Brett Jones rose to prominence at MSA as Marketing Manager and later Marketing Director. He retired in the 1990s before moving onto Chubb SA where he did a short spell as Managing Director.

Brett has remained active in the safety and fire industry and was the first Chairman of SAQCC Fire (South African Qualification & Certification Committee) for a period of 3 years until 2015.

Prior to that he was Chairman of SAQCC 1475 from June 2005 to June 2012.

As he approaches his 80th birthday he is well looked after in his retirement by his wife Pam (who has just retired from her tennis playing days) along with 2 grandchildren and his daughter who lives around the corner and a son in London.

### Duncan Ramsden

Born in Manchester England, in 1959, Duncan moved to South Africa in 1967. Schooled at Robertsham Primary and Sir John Adamson High School, the south of Johannesburg has always been his place of abode.

Representing SA Schools in 1975 he went on to Ipswich Town FC for trials but didn't make the grade and returned in 1976 to complete his matric. He then spent the next three years at Wits University, majoring in African Politics, English and Social Anthropology. He envisioned a career in journalism ... however that was not to be and he joined MSA in January 1982 after spending seven

months travelling through Africa.

He spent 19 years at MSA and moved from being a Technical Sales Representative to Sales and Marketing Director. His passion for safety and the never ending exposure to a vast sea of knowledge meant that the safety industry became his focus for life.

His spell as Chairman of Sapema involved negotiations with Manie Mulder (Dept of Manpower) and SABS to initiate the first homologated product grouping - respirators. This was brought about under his Chairmanship as a way of excluding non-compliant products from the South African safety industry and workplace.

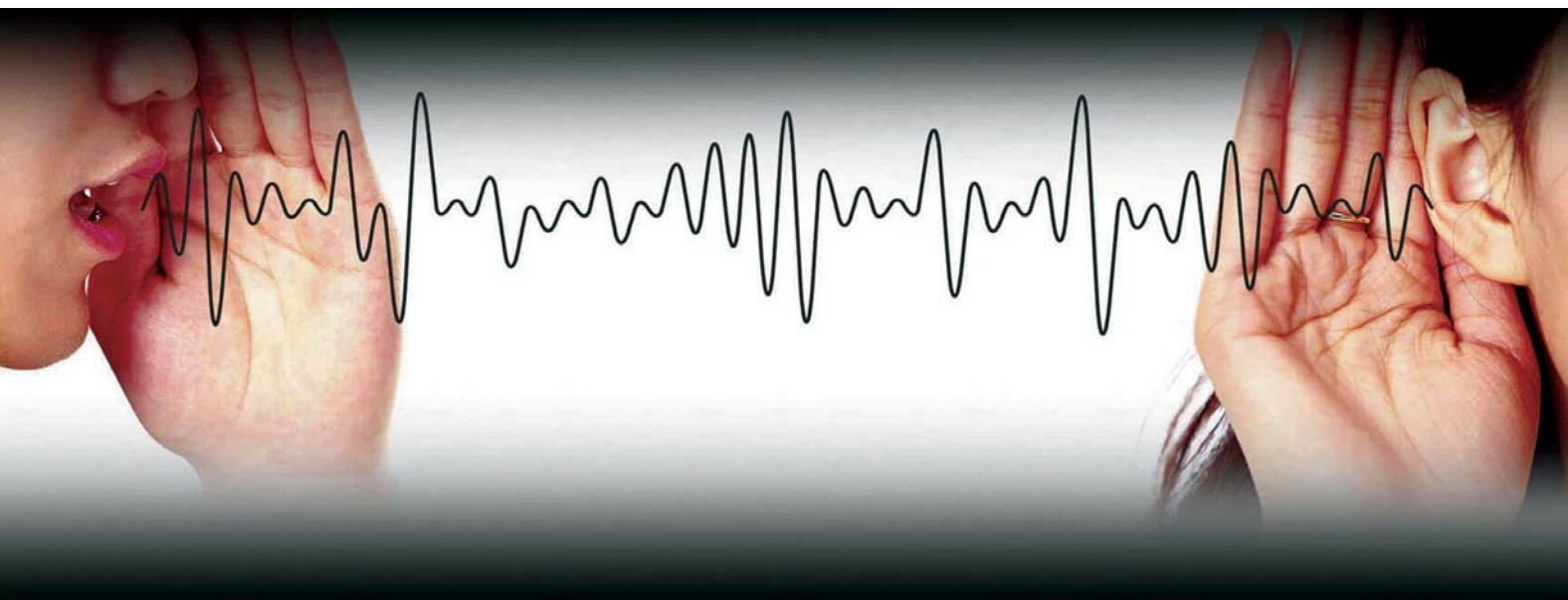
In December 2000 he moved from MSA to Quality Safety where he worked together with another Sapema Chairman, Cobus Kruger.

In March 2008 he eventually plucked up enough courage to "go it alone". The launch of the Firebreak brand has been his focus for the past 13 years, and together with his wife Tracy they have dedicated themselves to growing a business that now employs 28 people ... mostly colleagues that he has worked with and admired / for their dedication to the safety industry during the last 40 years.

Duncan remembers the first SAPEMA Chairman, John Bain Venn and still keeps in contact with Brett Jones, but comments that the most accomplishing and dedicated Chairman has got to be the lady of the moment - Deleane Luzzatto!







## Noise-Induced Hearing Loss (NIHL)

### WHAT IS NIHL?

Tiny hair cells (or stereocilia) in our ears absorb vibrations and interpret the sounds around us. Short intense bursts of noise or exposure to loud noises for prolonged periods cause damage to these hair cells.

Noise-Induced Hearing Loss (NIHL) is a permanent hearing impairment resulting from exposure to noise levels above the noise-rating limit (85dB averaged over 8 hours).

If exposed to high noise levels without hearing protection, we are likely to lose part, or in the worst-case scenario all of our hearing.

NIHL is the most common occupational injury in the world.



### WHAT CAN I DO?

Once damaged, our hair cells are not replaceable and do not regrow. This means that NIHL is a permanent and irreversible impairment.

The good news is that it is relatively easy to prevent but we need to be proactive and take action now!

By wearing the appropriate hearing protection device and wearing it correctly, we can beat noise-induced hearing loss.

See Figure 1 uvex hearing protection products.



Figure 1 uvex hearing protection products

As simple as this seems, millions of people around the world are still affected by NIHL. Why is this? At uvex we believe that this is due to a lack of knowledge and access to training for those exposed to high noise levels. This is why the local Occupational Health and Safety Act (Act no. 85 of 1993) and the Noise-Induced Hearing Loss Regulations instruct employers to offer annual hearing conservation refresher training to their employees.

The short answer: Ave Noise Level (dB) – SNR Value (dB) = must equal between 70dB – 80dB

## HOW DO I SELECT THE CORRECT HEARING PROTECTION DEVICE (HPD)

Noise levels in the workplace must be measured first to determine what level of protection is required. The health and safety professional or external qualified service provider should conduct the assessment using approved test equipment. The continuous noise level and if necessary, the peak emission noise level are measured, enabling a noise profile to be recorded. Appropriate hearing protection can then be selected using the SNR calculation method above (in accordance with: Directive 2003/10/EG "Noise" [8] And 2002/44/EG "Vibrations" Of The European Parliament And Of The Council).

80dB(A): Hearing protection must be provided for employees (use is optional).

85dB(A): Provision and use of hearing protection is mandatory.

The objective when choosing suitable hearing protection is to achieve an effective residual noise level of between 70dB and 80dB for the wearer. If the protection is too high (over protection), this can result in the inability to communicate and hear warning signals.

Example: Noise level 100dB – uvex whisper reusable earplug SNR 23dB = 77dB. Perfect!

See Figure 2 for the typical noise levels (dB) produced by everyday objects

Comfort is also an important factor as it increases the likelihood of correct insertion and extended periods of use. Selecting a product that is free from harmful substances is also critical to prevent irritations that are prone for sensitive skin inside the ear canal.

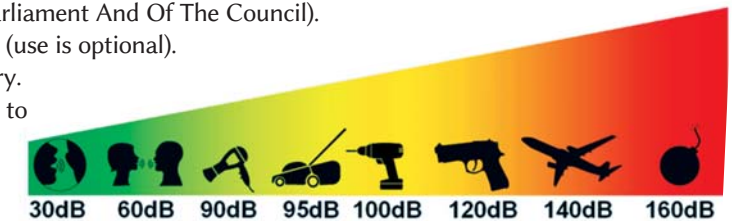


Figure 2 for the typical noise levels (dB) produced by everyday objects

## FREE OHS COMPLIANT HEARING CONSERVATION TRAINING

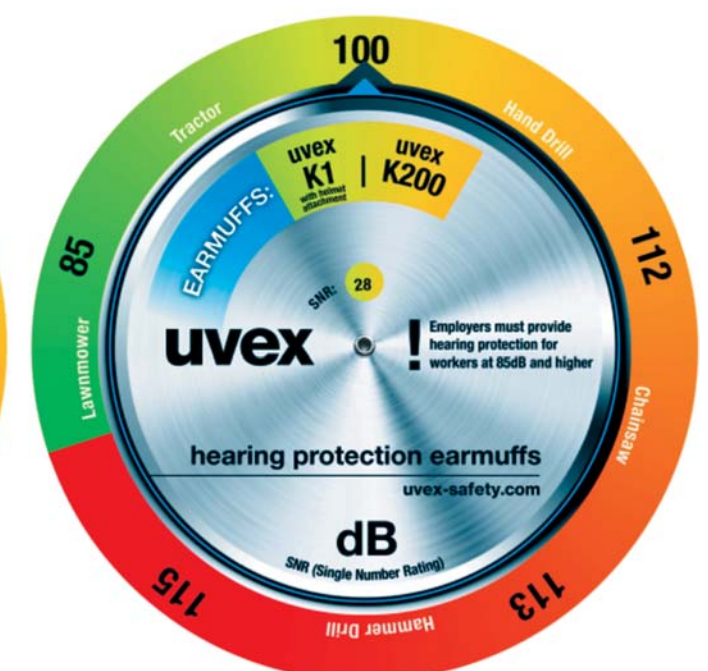
uvex safety is all about protecting people and has consulted with occupational hygienists, audiologists and local South African government to create a free online eLearning hearing conservation training module for all customers to protect their employees, achieve training compliance on record, and ultimately prevent NIHL injuries in their organisation.

The training content is local, covers all criteria stipulated by the OHS Act (85 of 1993), NIHL regulations and produces

individual certificates per employee by Name, Surname, Company Name and Identity Number upon completion. The training takes approx. 25min to complete and should be retaken annually by all employees exposed to high noise levels as determined by your noise assessment. The training is completely free to all uvex safety hearing protection customers. All you need to do is register on [uvex.co.za](http://uvex.co.za) and a link will be emailed to you.



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CONSTRUCTION SAFETY - H&S WORKPLACE REGULATIONS

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EMERGENCY EVACUATION PLANS - VENTILATION

HYGIENE - HAND TOOLS SELECTION - SKIN CARE

WORKPLACE ACCIDENTS - WORKSTATION DESIGN

## The OSHiversity project, and my journey thus far



Training and capacity building has always been close to my heart, perhaps because my parents were both teachers.

To help people improve skills, I started holding class sessions professionally in 2005 and it has been a fast evolving journey since then.

The OSHiversity project was a dream that COVID-19 lockdown helped me fast track. I have always known the future of education will be driven by on-line learning which I am also a product of. I have taken so many online classes in my life and the knowledge I have acquired through the generosity of this virtual learning space cannot be quantified.

When we were forced into isolation unpreparedly, I told myself I needed to use the period wisely because no one was sure how long this process would last. I went in search of online courses and that was how I got into a Train-The-Trainers class as facilitated by TJ Walker, who is now one of my mentors and about the best trainer and public speaking expert I have ever met.

I had to go through 600 videos to complete the course, which is the highest I have ever been through in my entire time in online learning.

In one of the videos, Mr. Walker said "do you know online training is the future". He further said, "you may be so strong now and able to hop from one flight to the other, flying from a city to another, have you ever imagined a time will come when your health or age may not allow you to do all these".

These few words of his got me thinking. A few months before, I had already played with the idea of OSHiversity Training and Development Company, and now it was time to make it a reality.

OSHiversity's overall goal is to make FREE OSH trainings accessible to citizens from low and medium income countries (LMIC) who may not be able to afford the exorbitant cost of existing OSH certifications.

OSHiversity offers them something to build on at no cost and this goes a long way in bridging the competency gap in OSH within low income countries. Because our courses are all virtual, you can join our classes from any country so long as you get pre-registered for proper profiling and have access to either a smart phone or a computer with internet connectivity.



Ehi Iden President  
OSHAfrica

We used the remote working period to structure the organisation and held the formal launch via zoom during November 2020 with attendees from over 19 countries. This was a huge moment for us and we moved quickly.

Our first class was presented in December 2020, "Managing Mental Health at Workplaces". To our amazement, 61 participants from 11 countries registered, we saw people willing to learn and the feedback was very impressive.

Excited with this initial support, we advertised yet another class titled "Workplace Health, Wellness and Productivity" which we designed as a two-week class during February, 2021. This time, we recorded 69 registrations from 14 countries. The participants enjoyed the course so much, and got so much benefit that they did not want it to come to an end. Most importantly, a number of the attendees started making actionable lifestyle improvement plans even after the first week of the training. We found these very impressive.

Altogether we recorded 130 registrations for the two courses we have hosted so far.

It is important to mention that we use pre-class assessment and post-class assessment questionnaires as our training evaluation model. With this, we are able measure the knowledge level of the participants prior to training and we are also able to measure the impact of the training at the end of the class sessions.

We have derived great fulfilment from the OSHiversity project, the feedback emails we get from participants are amazing.

We have achieved all this through self-funding and we look forward to do more in the coming months and years.

We have a list of courses lined up for the year and the one I feel most strongly about is "Train the OSH Trainer". This is close to my heart, the need to raise more trainers is crucial in this part of the world, whether they are safety officers, supervisors or managers, they need to be trained so they can start delivering quality safety training within their organisations.

Our goal is to train a minimum of 800 people during our first year and we are working hard towards increasing the frequency of our classes.

We are in discussion with guest experts to facilitate the class sessions during the second quarter of 2021. Our next class scheduled for 8th April, 2021 already has over 50 registrations from 12 countries.

We are looking forward to a more impressive performance in Q2.



OSHAfrica



## The ideal health and safety representative

The Occupational Health and Safety Amendment Bill No. R. 422 was published on 14 May 2021. This Bill has an overall proactive approach to managing workplace health and safety. One of the key roles under this bill for looking after the health and safety of workers is the health and safety representative.

A health and safety representative is a legal appointment made in line with section 17 of the bill. Employers must appoint health and safety representatives in writing when the number of employees exceeds 20. Appointments are for a specified period and can be made for different sections of the workplace. For shops and offices, one representative is sufficient for every 100 employees or a representative for every 50 workers in other workplaces. Inspectors can notify employers to appoint more reps and reps do not incur civil liability for anything they did or fail to do as required by the OHS Act.

Under the current 1993 OHS Act, a health and safety representative can pretty much be anyone employed by an organisation that wants to have the responsibility. In some instances, workers become health and safety representatives for bonus incentives extended to them by some employers for employees who carry additional responsibilities.

The new bill however does not leave room for this. It requires bold, engaging and agile characters with exceptional temperament and communication skills to take on the role of health and safety representative.

Below are some of the characteristics that shall be required from health and safety reps if they are to successfully execute their roles under the proposed OHS Amendment Bill;

- Health and safety reps must be present or punctual at work. Section 13(b) requires employers to inform health and safety representatives beforehand of inspections, investigations or formal inquiries which the employer has been notified by an inspector. If the health and safety rep is always absent from work, this may become an impediment to this communication channel. It is unwise to appoint an individual with poor attendance record or high levels of absenteeism.
- Health and safety reps must be proactive. Section 14(d) requires employees to report to a health and safety representative or employer when they become aware of an unsafe or unhealthy situation. If the health and safety rep is lethargic and passive, these unsafe or unhealthy situations may never be investigated leading to accidents or illnesses.
- Health and safety reps must have good temperament. According to section 14(e), employees must report to a health and safety representative or employer when they are



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



involved in an incident which may affect their health or has caused an injury. Workplace accidents can be fatal. You need an individual with a cool head that can remain calm enough in such situations as emotions can get the better of us all when a colleague has died at work.

- Health and safety reps need to be able to balance their workload. Section 18 outlines the functions of health and safety representatives. These individuals must collaborate with the employer, investigate causes of incidents as well as health and safety complaints, intermediate for employees, inspect plant machinery, equipment, substances etc., receive information from inspectors and attend health and safety committee meetings. All these functions are in addition to what the health and safety rep is actually employed to do.
- Health and safety reps must understand the law. Under the OHS Act bill, they must report areas of non-compliance to the employer or health and safety committee. This is only possible if the rep is aware of requirements.
- Health and safety reps should have exceptional leadership qualities. Things get a little complicated under proposed section 18(d). Health and safety reps must attend meetings with the employees they represent, listen to the issues affecting the employees, receive mandates from employees to be presented in committee meetings and give feedback to employees. Furthermore, when an incident has occurred, the rep must attend a 'special' meeting after the incident to gather information from employees, provide information on the incident and provide arrangements to investigate the incident. Reps will accompany inspectors on inspections, participate in safety audits and inspect documents that they are permitted to request from their employer.
- Reps must be able to make valuable contributions to the health and safety committee. The health and safety committee has a lot more weight under the proposed bill as their functions are clearly defined and more interactive with employees, employers and inspectors. Poor reps may possibly not add value to this committee.

The characteristics described above are by no means exhaustive but they present an overall picture of the ideal health and safety representative under the proposed OHS amendment bill.

A lot of responsibility was placed on the employer in the past yet the management of health and safety will be a shared responsibility with employees through proactive health and safety representatives who are at the forefront of protecting the employees that they are appointed to represent.

## Covid in the workplace - vaccination policies

African OS&H spoke to Wensley Misrole, Committee Member of the of the Safety First Association about the Covid in the workplace and the vaccination roll-out

**Q: Have any plans been put in place in your company to manage the roll-out which has now started?**

In our company we don't have any plans for the vaccination roll-out, as we are a small company with mostly contract staff working in foreign countries or client sites.

There are five people in our daily office administration team. We rely on the clients from various sites / locations to communicate their requirements to us and then we will comply accordingly.

Although we don't have plans for such a policy, we do have a Covid-19 risk assessment. We discuss the effects and consequences regularly during our meetings and make information available to our employees about the vaccinations. However, we cannot enforce a company policy on a private personal matter.

Companies will need to take an active stance on the vaccine roll-out as it can affect the project or production progress. I will highlight this in experience we recently had.

**Q: Will the over 60s be allowed back once they have had their vaccinations?**

In our company and many others the 60 plus have not stopped working. Although as much as possible, they do work from home. The owners of our company are 60 plus years, and some consultants in their 70s have gone to client sites, without ill effect so far.

**Q: What will they do when employees who are vaccinated refuse to work with those who haven't etc. other countries are already experiencing these problems. Are we learning from them?**

This is going to be problematic to manage, as on both sides of the divide employees have rights that need to be respected and protected.

In our consultancy environment it may not pose such a big problem as we usually work on our own and remotely, and can use multimedia to communicate.

Even with a Covid-19 vaccination, you could still become ill with the virus. According to the scientists, the vaccination just means that you won't experience critical symptoms, but rather mild ones. The risk exposure to those who are not vaccinated will be greater.

The problem will come where employees have to travel across borders and that country insists that foreigners need to be vaccinated to gain entry.



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



**Q: What were the consequences of the Covid-19 pandemic on one of your projects that you mentioned earlier**

We are involved in a construction site in Rwanda, and below is a report from the safety manager.

"Due to the conditions on site where several employees of a subcontractor tested positive for Covid-19, the entire team of about 420 was placed in quarantine.

The Client Project Director decided after consultation with the Department of Health (Rwanda) to close the site for a period of two weeks.

It was decided that full capacity work would only commence after everybody had undergone a rapid Covid-19 test.

Of the approximate 420 employees on site, 230 decided that they will take the vaccine.

Management decided it was an opportunity to send some expats home for their 15 day leave period as leave will only be granted again in December 2021".

I flew back to South Africa. Two of my colleagues stayed in Rwanda and continued working with a selected few in the fabrication area which is removed from the construction site.

Covid-19 has presented several challenges. This is the second time that the site has been closed due to the pandemic, contributing to delays with the project. We have had other delays as well, such as when shipments of materials and equipment couldn't get through from Europe.

These problems have all resulted in huge unforeseen costs for the investors, client and contractors.

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# Developing internal vaccination policies

## A long road ahead for employers

In this article, Dr Bill Pomfret investigates whether companies can require employees to get vaccinated against Covid-19

As the Covid-19 pandemic continues to devastate populations around the world, ramped-up vaccine rollouts are offering some hope for an eventual return to normal. However, the speed of the rollout and confusing federal guidance on workplace vaccination policies have put employers in a difficult position.

Organisations are essentially on their own in terms of developing policies related to Covid-19 and deciding whether employees should be required to get vaccinated. There are a variety of factors to consider at this crucial crossroads to determine which path companies should take.

### EMPLOYERS PLAYING A NEW ROLE

Where do companies fit into the development of vaccine policy? With both the U.S. and Canadian federal government's declining to provide clear plans of action on Covid-19 vaccines, small employers are often completely lost on strategy and large employers have been thrust into the position of policy leadership. There is clearly a duty of care for employers to protect their employees to some extent by considering Covid-19 a health and safety concern, but at what point do policies on vaccination become legally questionable?

### THE LEGALITY OF VACCINATION MANDATES

The biggest question business leaders tend to have about mandating vaccines for employees is whether such a mandate would even be legal. The answer depends largely on location.

In the United States, it is legal for employers to institute mandatory vaccination policies for Covid-19. Employees have the option of seeking exemptions through the Americans With Disabilities Act (ADA), Title VII of the Civil Rights Act of 1964 and the Genetic Information Non-discrimination Act (GINA).

The Society for Human Resources Management (SHRM) has reported on guidance by federal and state anti-discrimination organisations for employers. Both the Canadian and U.S. Equal Employment Opportunity Commission (EEOC) have affirmed that employers generally



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

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

can mandate Covid-19 vaccinations.

There is a grey area here because the vaccines available in Canada as of mid-May 2021 are approved under emergency use authorisation (EUA), not full FDA BLA approval. *STAT News*, a prominent publication covering the biotech and medical fields, has published detailed explanations on why the EUA status prohibits employers from requiring Covid-19 vaccinations, but also, that there are few to no legal barriers to employers or schools that seek to mandate vaccination.

Most small-to-medium-sized businesses don't have the legal resources to develop an airtight vaccine mandate policy that properly accommodates the required exemptions.

The CDC is also taking the lead in producing resources and options for organisations to use as they encourage and incentivise workforces to get vaccinated.

In nearly every other part of the world, the public health ministries of each country are the only bodies that can mandate vaccines, and employers are heavily restricted from doing so. Most of Latin America, Europe and the United Kingdom operate in this fashion. Japan's Ministry of Health, Labor and Welfare has gone even further and explicitly prohibited mandatory vaccines altogether. South Africa has also taken this route.

As a result of these variations, companies that operate beyond the United States are facing pressure to develop policies in the US while ensuring that non-US employees are following the governmental guidelines specific to each country.

California recently became the first state to offer guidance on vaccine mandates, with guidelines based on the Fair Employment and Housing Act (FEHA). Under FEHA, employers can mandate vaccines that have been approved by the FDA if

organisations are not discriminating against employees or applicants based on protected characteristics such as race, age or sex. The Department has not made any statement suggesting that employers are encouraged to implement vaccine mandates and recommends that organisations should seek legal advice before changing any related policies.

### WHEN MANDATING MAKES SENSE

Business leaders must decide when the benefits of mandating vaccines – versus highly encouraging them –



outweigh the associated risks and challenges. The industry space that you're in is a significant factor, with companies that are mostly office-based being least likely to mandate. When workers are mostly interacting with colleagues and may even be working from home, there is not a strong health-based case to work through all the red tape necessary for a stringent vaccine policy.

Companies in the retail, healthcare, trades, manufacturing, hospitality and travel spaces, on the other hand, must consider that their employees who interact directly with colleagues and customers each day are at greater risk of contracting Covid-19 as well as greater risk of exposing others to the virus.

Air travel is a clear example of an industry where vaccination mandates make sense. Airline workers are considered essential, and they spend hours at a time in close quarters with travellers, making them a clear high-risk group. The CEO of United Airlines has taken a strong stance and stated that despite logistical challenges, he believes that "the right thing to do is for United Airlines, and for other companies, to require the vaccines and to make them mandatory."

### OTHER OPTIONS FOR VACCINE POLICY

Vaccine policies don't have to include mandates. Tyson Foods, for example, has declined to implement a mandate. However, because its workers are handling food production, there is risk associated with ignoring vaccines altogether. Rather than force employees to get vaccinated, Tyson has offered vaccines on-site at its facilities in multiple states and expects that many of its workers will take advantage of these pop-ups.

The average business without an in-house legal team is most likely to follow Tyson's example and take steps to encourage vaccination, rather than mandate it. They may not be able to set up on-site clinics, but they can do things like give employees paid time off to get the shot and provide resources such as lists of nearby vaccination sites.

Offering incentives may also be a smart way to encourage vaccination without making it a requirement. Health insurance provider Anthem has announced that all associates who are fully

vaccinated against Covid-19 are eligible for a one-time medical premium credit, which they can accept or choose to donate to the Anthem Cares Fund to support other employees in need. Such incentives are a workable option for businesses of all sizes, as they can be tailored to the resources available.

### ANTICIPATING EMPLOYEE PUSHBACK

Although attitudes are changing rapidly, there is a significant portion of the population that will refuse to get the vaccine even if mandated by their employer.

- A January poll showed that 51% of adults definitely plan to receive the vaccine when available, while 14% said they probably would not and 10% said they definitely would not get vaccinated.
- In later research by the SHRM, 60% of workers indicated they would probably or definitely get a vaccine once available, but an eye-opening 28% of respondents said they would be willing to lose their jobs if their employer made the vaccine mandatory.

### WHAT RECOURSE DO EMPLOYERS HAVE WHEN AN EMPLOYEE REFUSES TO COMPLY WITH A MANDATE?

In most cases, companies can terminate employees for refusing to follow health and safety rules. It's crucial to note that employee objections based in fear or distrust of the vaccine rather than reasons related to disability or religion do not have to be accommodated. In fact, in employment-at-will states, employers can fire workers for no reason at all. However, this can lead to reputational damage that most businesses would rather avoid.

When possible, companies can bar employees from the workplace until they get vaccinated – although this may not be an effective strategy for employees that can't work from home.

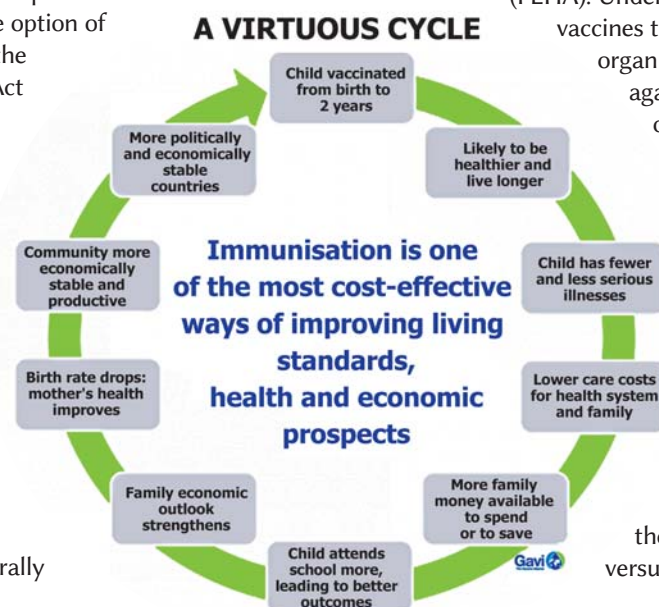
Other types of accommodation include requiring the employee in question to wear a mask and practice social distancing while at work.

### LARGE EMPLOYERS LEADING THE CHARGE

Companies like United Airlines, Tyson and Anthem are proving that employers have a significant role and responsibility in building vaccine policy for the road ahead. As they and other large employers roll out policies and gauge their viability, they provide a blueprint for smaller businesses to follow when attempting to create legal and ethical health and safety guidelines related to Covid-19.

### FINDING THE RIGHT VACCINATION POLICY MANAGEMENT APPROACH

For employers of any organisational size, developing and implementing vaccination-related company policies will become a new priority as more employees start to return to offices and work environments.





# Are all occupational health and safety practitioners equal?

To the company representative OHS is a legal obligation, an insurance policy and/or a loss-controller.

To the union official OHS may be a human right and a moral imperative.

To an OHS practitioner OHS may be a profession, a calling or just a job.

OHS clearly means many different things to many different people. So what type of OHS do you practice?

## A PRACTICE

Practice can be defined as an activity that consists of a “knowledge” and a methodology, the specific combination of which is determined by the attitudes, skills and habits that we have developed during our “life experience.”

The “knowledge” includes technical information, understanding of the law, “common sense” and our personal moral principles.

Our methods may include the ways in which we collect and analyse information, measures we recommend to be implemented and the measuring tools we use to monitor performance.

We adopt a practice that we feel is “good.”

Our biases have a huge influence on how we construct a practice of OHS since, as stated above, our “life experience” shapes our decisions in very important ways.

A “life experience” characterised by social separation could mean that our choices of “knowledges” and methods may be prejudicial against sections of society that one has had poor relations with in the past.

If those same sections of society are the main recipients of our services we may be the wrong person for the job.

## TYPES OF OHS

It therefore becomes necessary to be conscious of the type of practice one has.

We need to take responsibility for the type of OHS we choose.

I propose that there are basically two(2) types of OHS and these are Corporate OHS and Rights-based OHS.

## CORPORATE OHS

This type of OHS can be called “standard OHS” as it is the commonly understood and practised OHS.

It is the type that is taught in courses, captured in policy and legislation and the type most practitioners accept as “good” OHS.

This type of OHS traditionally focusses on Safety; it relies on expert advice; “complete” risk assessments; it produces rules; monitors for



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



non-compliance and disciplines non-conformances. It is anchored in Behaviour-based interventions. It advocates a “Zero Harm Vision.”

## RIGHTS-BASED OHS

This is the lesser known and practised OHS.

It is based on Workplace Democracy.

It acknowledges worker knowledge.

Workplace consultation is a critical and essential activity. It focusses on health. It uses ergonomic methodologies to measure task demands and identify resource gaps.

It understands OHS as a service to workers and measures OHS quality standards by using service quality indicators.

It understands that OHS is not an act of charity but a critical component of fair labour relations.

It knows that Workers pay for OHS and that they are entitled to a high standard of OHS services.

## OHS IS NOT VALUE-FREE

OHS practitioners cannot continue to operate as if OHS as a profession is value-free and neutral.

Do we actively analyse the OHS knowledge presented to us in training sessions, at OHS conferences and in OHS media?

Are we consciously developing our methodology or are we essentially practising the same OHS we were taught?

Do we adopt every technological innovation like drones and software, just because we can afford it, or it will impress our “clients” or so we can show-off our new toys; without any consideration of the implications of such?

Are we aware of the pseudosciences and “non-knowledges” that have penetrated in the OHS field?

All social actors are not on the same side.

For some OHS is just about keeping the workforce productive for the optimal time.

Our primary responsibility, as OHS Advisers, should be to the Employees who actually fund our services by the value they create with their labour. Under-funded OHS is a hallmark of exploitation. Are we guaranteeing workers a fair deal?

# What do you mean when you say “coaching”?



Fabian Buckley  
co-founder of Xfluence



Kai Gransee co-founder of Xfluence is German, and has been working for health and safety authorities and global organisations in a leadership role since 1994. He is a Certified coach (ACC level), accredited trainer for leadership coaching classes and certified “The Inner Game Methodology” facilitator. He developed and implemented the first-of-its-kind safety leadership and coaching programme in the world’s largest gas and engineering company.



Sara del Barrio Ramos co-founder of Xfluence is Spanish, and has been working as a health and safety professional on construction sites for various industries including the oil and gas sector since 2005. She is a Certified coach (ACC level), accredited trainer for leadership coaching classes and certified “The Inner Game Methodology” facilitator.

When it comes to advising on good leadership practices, in safety or other areas, we often hear and read about “coaching”, and that it is the method or style to be preferred.

When digging a bit deeper, for example by reading the full article or more articles by the same authors, it remains unclear, what the actual advice is. It seems, when the term “coaching” is used, it predominantly refers to having a nice chat, certainly not being rude or loud, and doing a bit less of commanding and instructing, or if needed, instruct and tell in a smoother way. No doubt, it’s a good move in the right direction, away from the carrot and stick approach.

However, using the term without dealing with the details of what “coaching” really is, prevents us from seeing the wonderful, magic and amazing potential of “real” coaching skills and techniques. And even more, it angers one when the least people-focused leaders claim to “coach” their people, while still focused on fixing the “people problem”, because coaching with that attitude is impossible!

Are you willing to dig a little bit deeper in “coaching”? When studying its most common definitions\*, Sir John Whitmore, Tim Gallwey, Eric Parsloe or the International Coaching federation, they all seem to have in common the following: *Coaching is*

- *Unlocking and maximising potential*
- *Creating learning, rather than teaching*
- *Improving and maximising performance.*

There is obviously no place in coaching to convince someone of what someone else wants, especially not when doing it nicely.

In coaching, people are not the problem to control, but the solution to harness.

In coaching, people are seen as being full of potential and the only resource which is needed to overcome obstacles and challenges to increase their performance.

When we are coaching, our only focus is to support and help others to learn, by raising their awareness and generating their responsibility, for the benefit of their development and well-being. Which also means, that a coaching conversation, although coming from a strictly positive and optimistic mindset, might be anything but nice, since it might be rather challenging at times, which can feel awkward or uncomfortable. There is also no place for judgements in coaching. Finding something good or bad, doesn’t matter at all, and it is not the coach’s job to do so. Sounds weird, especially when coaching in safety?

We, the members of XFLUENCE, had the pleasure to find ourselves sitting in various coaching

classes during the past few years. As it turned out, we all had no idea, of what coaching really is. We had no idea what great things it can do to us. We had no idea, what great impact we can have on others, even when we tried to use some of the new skills, that we had learned in only two days. Since then we have had the chance to train, improve and implement our skills, with many successes and an enjoyment previously unheard of. We also have had the opportunity to train hundreds of individuals with the objective to add these beautiful techniques and skills to their leadership toolbox, and how to integrate them in their safety work. Not one of them had even a rough idea of what coaching really is, before we kicked off our joint learning journey. But most of them were open for something totally new to them ... and they learned to coach.

This is nothing else than a plea for coaching and its use in the world of safety. And even more, it is a plea for the conscious use of the term “coaching”, because when used inappropriately, it overshadows the great potential it has and makes it look like a commodity, whilst it is pure luxury to be able coach or to be coached. This golden nugget must be handled with care and the respect it deserves. Coaching is more than coaching.

So here is our advice for good leadership practices, especially in safety:

- Do not claim you are coaching, when you are not, and when you do not really know what it is. Instead, be curious about what it really is and how it can help you and others.
  - Read a book about coaching (“Coaching for Performance” might be a good start).
  - Register for a coaching programme or ask your learning and development experts to offer trainings for your leaders.
- Here is my promise: You will never regret it!

## WHAT THE EXPERTS HAVE TO SAY

*“Coaching is partnering with clients in a thought-provoking and creative process that inspires them to maximise their personal and professional potential.”* (International Coaching Federation – ICF)

*“Coaching is a process that enables learning and development to occur and thus performance to improve.”* (Eric Parsloe, 1999)

*“Coaching is unlocking a person’s potential to maximise their own performance. It is helping them learn rather than teaching them.”* (Sir John Whitmore, 1992)

*“The individual’s internal obstacles are often more daunting than external ones, therefore what is more important is the individual’s own learning, rather than teaching from an external source.”* (Timothy Gallwey, 1986)





# The benefits of ergonomics interventions at work



The Ergonomic Regulations were promulgated in 2019 and then placed on hold until June 2021 for implementation. A number of comments noted from individuals who have discussed such issues revolve around who is going to police such legislation? Our legislation should not have to be policed, it's self-regulatory and therefore it is up to individual organisations to police themselves. The Regulations follow similar principles of the current Occupational Health and Safety Act (currently under review). It is the employer's duty to identify, manage or mitigate risks identified, ensure participation of workers, and inform and train them. The use of the hierarchy of control is critical in such management.

Completing an ergonomic survey could identify aspects not previously considered given that ergonomics is such an enormous field. Aspects considered include occupational hygiene, occupational health, stress and psychology, occupational safety, design and process flows, among other. Like all other aspects of health and safety, ergonomic issues need to be addressed as early as possible to limit the outcome of occupational diseases and injuries. There would be a long lag time between exposure and development of symptoms in general should work be done that is highly physical in nature, however this is not always the case. The fog index of exposure and the development of symptoms is a good indicator relative to how serious such symptoms are. The Work Related Upper Limb Disorder (WRULDS) Circular Instruction No. 180, published by the Compensation Commissioner is a good indicator to use. The WRULDS document is a good guide to use.

Some of the ways an ergonomic survey can assist in reaching some of the positive effects of ergonomic interventions include assessments of absenteeism, and musculoskeletal 'hot-spots' for

occupational health issues. A medical surveillance programme should be used to corroborate the evidence of any symptoms experienced prior to commencing work and also periodically. A team approach between the occupational health and medicine practitioner is an imperative in this aspect. The musculo-skeletal system needs to be examined to determine individual risk factors and addressed on an ongoing basis. The construction sector among other is a challenging environment to manage in this regard due to the temporary nature of the work.

The most common reasons for not including any form of ergonomic intervention is that it is deemed expensive. However, early interventions (during designing for a facility, or maintaining where work will be done) has a number of benefits. Studies completed at the Washington State Department of Labor and Industries completed (reported by a review of 250 ergonomic case studies) to reveal the impact on business goals on savings, productivity and quality.

Table 1 shows a summary of the findings, which indicate the sample size of each case study, and in terms of the findings, with an increase of 25% in productivity, 48% decrease in labour turnover, a 75% decrease in lost workdays, and a 58% decrease in absenteeism. What is more significant is that the average payback or return on investment period was 7 months.

**IN CONCLUSION**

An ergonomic programme makes good business sense, brings the H&S team together with management to improve overall well-being and the reduction of risk to the organisation.

**REFERENCES**

<http://ergo-plus.com/workplace-ergonomics-success/>

Metric	Number of examples	Average	Median	95%CI	Range
WMSDs	90	59%↓	56%↓	5%	8%-100%
Incidence rate*	53	65%↓	67%↓	8%	9%-100%
Lost workdays*	78	75%↓	80%↓	5%	3%-100%
Restricted days*	30	53%↓	58%↓	11%	5%-100%
Workers' comp costs*	52	68%↓	70%↓	6%	15%-100%
Cost per claim*	7	39%↓	50%↓	28%	-20%-81%
Productivity	61	25%↓	20%↓	5%	-0.2%-80%
Labour costs	6	43%↓	32%↓	26%	10%-85%
Scrap errors	8	67%↓	75%↓	18%	8%-100%
Turnover	34	48%↓	48%↓	8%	3%-98%
Absenteeism	11	58%↓	60%↓	15%	14%-98%
Payback period	36	0.7 years	0.4 years	0.3	0.03-4.4 years
Cost benefit ratio	6	1:45.5	1.10	1.45	1:2.5-1:140

\*Due to WMSDs



# ACHASM - membership fees and benefits

The Association of Construction Health and Safety Management (ACHASM) is a registered non-profit company and a recognised SACPCMP Voluntary Association (VA), established to provide all those working in the construction health and safety (CHS) field with an advisory and representative body.

ACHASM is committed to promoting the professional interest of CHS practitioners within the built environment, in terms of the Construction Regulations (2014).

Be among the leaders of Construction H&S, as ACHASM is the only Construction H&S VA in South Africa.

- Members have, in brief, access to the latest information from leading academics and thinkers in Construction H&S.
- ACHASM is a signatory to the SACPCMP VA Code of Conduct.
- We serve as experts on the 5th term SACPCMP council
- We serve as a member of the BEP Groupings among the other Built environment councils VAs' to ensure our voice is heard by clients and government.

Membership has continued to grow. We are now at almost 1000 members with over a third of our members registered with the SACPCMP.

MEMBERSHIP FEES		
Full Member		
Registered with the SACPCMP in their respective category:		
ACHASM	SACPCMP	
CHS Professional	Pr.CHSA	
CHS Management Practitioner	CHSM	
CHS Practitioner	CHSO	
Candidate	Candidate	

Category	Sub-category	Annual fee
Full	CHS Professional	R700
	Candidate CHS Professional	R600
	CHS Management Practitioner	R550
	Candidate CHS Management Practitioner	R450
	CHS Practitioner	R400
	Candidate CHS Practitioner	R400
Affiliate	CHS Practitioner	R400
Associate	Built Environment Practitioner	R450
Student/Retired	H&S Student / Retired	Free
Corporate	Organisations	R2 500

Please note that applications for 'Full' membership must be accompanied by a valid SACPCMP registration certificate, not merely a verification letter, and 'Student' membership by a valid student identity card.

**Affiliate Member**

Granted to persons who have applied to the SACPCMP, but who have not yet completed their registration process.

**Associate Member**

Granted to persons in the built environment who subscribe to the aims and objectives of the Association.

Please note that the ACHASM annual Registration period runs from 01 March to 28 February of the following year.

Pro-rata rates may be applied where late registration dates are applicable (i.e. registration after end October)

**MEMBERSHIP BENEFITS**

- ACHASM promotes the services and skills of members to clients and the public.
- Discounted fees for attendance of ACHASM (and affiliated institutions), seminars, workshops, and conferences.
- Assistance with requirements for training, knowledge, experience, and continuous professional development (CPD).
- Access to best practice information and technical assistance.
- Opportunities for involvement in the development of procedures and standards for accreditation of courses, which meet member requirements.
- Access to a forum which fields queries relating to CHS and assistance with incident investigations.
- ACHASM offers a mediation and dispute resolution service to its members and other interested parties. This includes associated services such as Expert Witness, Assisted Negotiation and Early Neutral Evaluation for CHS matters.
- ACHASM, in conjunction with the SACPCMP, has negotiated to secure a specialised cost-effective group Professional Indemnity insurance scheme for all professionally registered ACHASM members.
- Free subscription to the National Safety publication.
- Membership contributes 5 credits per cycle for SACPCMP CPD requirements.
- ACHASM promotes ethical practices and holds members to account, where such standards are not met.

**BENEFITS OF CORPORATE MEMBERSHIP**

Corporate membership is available to any organisation that subscribes to the aims and objectives of the Association.

Benefit from added exposure; show belief in, and support of Construction H&S Practitioners that are SACPCMP registered; be involved in developing, and general transformation of the construction sector in South Africa.

*What are the benefits of being a Corporate Member?*

- First 2 Individual Memberships for employees of Corporate Members are free;
- Balance of Individual Memberships for employees of Corporate Members at a 20% reduction at the level of membership rate;
- Free advertising on the ACHASM website; (logo & Link);
- Monthly distribution of marketing material to members.
- Corporation and Membership showcase at official ACHASM functions;
- Up to 20% discount on ACHASM Continuing Professional Development (CPD) training;
- Early Bird Discount on pricing for ACHASM symposia, conferences, etc. that will continue up to the date of the event, and
- First option on premium conference sponsorships and exhibitions.

For more information please contact ACHASM at [info@achasm.co.za](mailto:info@achasm.co.za)



# SAIOH President's Message



Hennie Van Der Westhuizen  
SAIOH President

The SAIOH Management Board's and the SAIOH National Council's activities continue to drive SAIOH's goals for 2021.

In this newsletter, an overview is provided of completed and planned activities (including updates on the annual conference), Professional Certification Committee (PCC) matters, and other aspects of SAIOH.

Another of our Council members is introduced, and we remember a great stalwart in occupational hygiene, Johan Jacobs, who sadly passed away in April this year.

International Nurses Day was celebrated across the world on 12 May - the anniversary of Florence Nightingale's birthday. SAIOH salutes all nurses for their dedication to the wellbeing and health of others, especially during these trying times of the pandemic.

## IN MEMORY OF JOHAN JACOBS

It was with deep regret and sadness that SAIOH learned of the passing of Johan Jacobs, from cancer, on 27 April 2021. Due to his high profile in the occupational hygiene profession and many years of loyal work on Council and Certification Board, his death is a big loss to us all.

Johan was a remarkable man and will be sorely missed as a leader in our profession and as a valued colleague.

As president of the Occupational Hygiene Association of Southern Africa (OHASA), he was instrumental in the merger between OHASA and the Institute of Occupational Hygiene (IOHSA), which led to the formation of the much stronger and unified professional body, SAIOH.

On behalf of SAIOH Council, we would like to express our deepest sympathy and sincere condolences to his family, and friends. May his soul rest in eternal peace.

A more comprehensive obituary will appear in the next issue.

## COUNCIL ACTIVITIES

Hennie van der Westhuizen: SAIOH president

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Nico Potgieter: SAIOH marketing and communication

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Kate Smart: SAIOH chief administrative officer

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### 1. SAIOH Council and Management Board activities

Memoranda of understanding

We are pleased to announce that the Management Board has done the groundwork and signed memoranda of understanding (MoUs) with both the Ergonomics Society of South Africa (ESSA)

and the Responsible Packaging Management Association of Southern Africa (RPMASA).

A MoU with the American Industrial Hygiene Association (AIHA) is currently being finalised – watch this space!

SAIOH Technical Committee

The launch of SAIOH's Technical Committee is imminent.

The Committee will consist of members of all three registration levels and will be responsible for researching and drafting all SAIOH position papers and technical papers.

Thank you to all members who put their hands up - we appreciate your commitment!

## MAKE YOUR MARK

The SAIOH Council invites topics and the establishment of working groups for technical papers from its members.

If you have any suggestions or contributions in this regard, please e-mail them to our President at [president@saioh.co.za](mailto:president@saioh.co.za) or to the Chief Administrative Officer at [info@saioh.co.za](mailto:info@saioh.co.za).

### 2. SAIOH annual conference

As a result of unpredictable variables associated with COVID-19, the Conference Committee in the Western Cape decided that the 2021 SAIOH Conference will be virtual, offering a number of high-quality focused webinars, rather than presenting a fully-fledged traditional conference.

These webinars will be presented over a period of two weeks.

Specialists are currently being contacted to present selected topics; formal communication will be released once the details have been finalised.

## BRANCH ACTIVITIES

Moses Mokone: SAIOH Branches Coordinator

e-mail: [moses.mokone@nioh.ac.za](mailto:moses.mokone@nioh.ac.za)

A branch chair strategy meeting was held on 11 March 2021, where the branch chairpersons focused on members' needs, planning meetings and workshops for the year, and hosting of mini conferences as webinars.

As a result of COVID-19, all branch meetings are currently held online.

Some SAIOH branches merged during this time:

- Gauteng South and Gauteng North merged into the Gauteng Branch
- North-West Potchefstroom and Rustenburg merged into the North-West Branch

Branch activities are summarised in Table 1.

We urge all our members to support their branches and to participate in branch activities.

Members can submit topics for discussion to the various branch chairpersons for consideration in future webinars / meetings.

Table 1. Branch activities, year-to-date 2021

Branch	No. activities	Topic
Gauteng	1	• How to cut hearing damage risk by 75% - 90% at negligible or no cost
Western Cape	1	• The revised OELs and BEIs for the draft Hazardous Chemical Agents: 'balancing science and law' (Dr Greg Kew, occupational medicine specialist) • Continuous remote exposure monitoring for the occupational hygiene professional (Justin Chicken, Envirocon Instrumentation) • Preparing for SAIOH assessments (Karen du Preez, SAIOH PCC)
North-West	1	• Ventilation and air changes (Izak Visagie) • Members to discuss methods/correctness of ventilation scenarios • Branch planning - way forward for 2021 • Potchefstroom and Rustenburg collaborative online meetings • Industry approach for the North West Branch collective
KwaZulu Natal	1	• Air monitoring - interpreting analytical detection limits, or interpreting analytical detection limits • COVID-19 infections in a workplace - learning from incidents (LFIs): case studies

## INTRODUCING OUR COUNCIL MEMBERS

Nico Potgieter: SAIOH marketing and communication

e-mail: [santam.nico@gmail.com](mailto:santam.nico@gmail.com)

### Karen du Preez, PCC Chairperson



Karen du Preez has been registered with SAIOH at the Occupational Hygienist level since 2009, has been a member of the PCC since 2014, and is currently serving as Chairperson of the Committee.

She obtained her BSc degree in physiology at North West University in 1994, a Certificate in Occupational Hygiene at Tshwane University of Technology in 2006, and an Intermediate Certificate in Mine Environmental Control in 2012.

She is currently studying towards a Master of Public Health (MPH) degree at the University of Pretoria.

Karen worked at occupational hygiene approved inspection authorities (AIAs) from 2004 to 2016, gaining extensive experience in the implementation and maintenance of occupational hygiene programmes at various industries and opencast

mining operations.

She has been employed as the Occupational Hygienist & Technical Signatory at the National Institute for Occupational Health (NIOH) since 2017.

Karen is also a Technical Assessor with the South African National Accreditation System (SANAS), for occupational hygiene inspection bodies (ISO/IEC 17020) since 2019.

In her free time, Karen enjoys reading and the outdoors.





FROM THE PROFESSIONAL CERTIFICATION COMMITTEE (PCC)

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

1. Certification assessments

The Professional Certification Committee (PCC) written assessments took place in March 2021, with 64 candidates participating.

Some 29 oral assessments were conducted from 23 April to 11 May 2021.

The results were moderated, and the PCC administration sent the outcome letters to all candidates.

A summary of the results is provided in Table 2.

During the PCC meeting on 23 April 2021, a refresher course was presented to the oral assessors (PCC members), prepared by the chief examiner.

The PCC's Examination Committee is currently in discussions with the American Industrial Hygiene Association (AIHA), the Australian Institute of Occupational Hygiene (AIOH), and Workplace Health Without Borders (WHWB), to develop and share in one multiple choice question database for the Occupational Hygiene Training Association (OHTA)'s Foundation Module (W 201). Watch this space!

The PCC prepared a list of shortcomings identified through the written and oral assessments from 2019 to date.

These topics will be used for Branch workshops, mini-conferences, and the annual conference in 2021.

2. Occupational Hygiene Skills Forum

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

The OHSF recently approved a new Recognised Training Provider (RTP) for the Asbestos Fibre

counting Module (AP101) – congratulations to Celia Keet and her Occupational Hygiene Management Services (OHMS).

Prospective training providers can apply as RTPs for the AP 101 module, as well as the AP 102 - Analysis of bulk materials for asbestos content module.

Other modules currently in development include the AP 103 module on Management of asbestos in buildings, including asbestos risk assessment.

Another function of the OHSF is to evaluate applications from tertiary institutions for recognition of their occupational hygiene related qualifications.

The OHSF is progressing well with the accreditation of the tertiary institution qualifications.

A matrix was recently developed to evaluate the occupational hygiene (OH) qualifications offered (in line with the 50% OH content requirement).

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

**Hot of the Press:** The 4 year B degree in Occupational Hygiene, offered by North West University, was the first tertiary qualification accredited.

The details of recognised training providers as well as recognised qualifications will be available on the SAIOH website ([www.saioh.co.za](http://www.saioh.co.za)).

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

HAVE YOUR SAY

The SAIOH Council invites and welcomes your feedback on how this communication is helping you as a SAIOH member, and how we can improve it.

If you have any suggestions, inputs, or contributions, please e-mail them to our president at [President@saioh.co.za](mailto:President@saioh.co.za), or to the chief administrative officer at [info@saioh.co.za](mailto:info@saioh.co.za).



Table 2. Summary of SAIOH PCC certification assessment results for 2021 (as at 31 May 2021)

Certification Category	Written assessment results					Final and oral assessment results			
	2021			2020		2021		2020	
	Assessed n	Passed n	Pass rate %	Assessed n	Pass rate %	Assessed n	Passed n	Pass rate %	Pass rate %
Occupational hygiene assistant	35	30	85.7	150	74	35	30	85.7	74
Occupational hygiene technologist	22	12	54.5	49	63	19	10	52.6	66
Occupational hygienist	14	6	42.9	45	33	10	5	50.0	75
Total	71	48	67.6	244	64	64	45	70.3	73

# Rosond celebrates one year zero harm at Carletonville operations

Drilling technology and services provider Rosond recently celebrated a year of zero harm operations in Carletonville, Gauteng.

This area-specific safety record, is the latest in a series of occupational health and safety (OHS) accolades for the company, which recorded zero harm across the entire business on 1 October 2019.

Rosond is currently undertaking core and exploration drilling - its two main areas of expertise for the mining industry - at six different mines and 11 associated shafts.

With a total of 300 employees, all safety-related activities are overseen by Senior Safety Officer Eugene Barnard who commented: "I wish to congratulate all Rosond employees working in the Carletonville area on one year of zero harm. This is an enormous achievement that the entire company can be extremely proud of."

The OHS culture at Rosond is underpinned by the simple mantra of "We cannot drill if we cannot do so safely", explains Barnard.

From MD Ricardo Ribeiro right down to the drill assistants, safety is lived and breathed at the company. "The fact that this is underpinned right from top management all the way to ground level is critical."

Rosond works for different mining houses at a range of mines, all with their own specific requirements and procedures and policies.

These are often subject to amendment, which means that Barnard and his team have to be constantly alert to any changes that might impact on OHS.

COVID-19 COMPLIANCE

From the outset of the lockdown in response to the Covid-19 pandemic, Rosond committed itself to complying with all of the necessary government rules and regulations.

"Many mining houses themselves implemented additional measures, as mining is a high-risk activity with specific requirements in terms of ensuring worker safety during this difficult period," adds Barnard.

In terms of OHS compliance, Rosond had to monitor the types of activities that were undertaken in order to allocate the correct numbers of workers in accordance with social distancing protocols.

The Covid-19 requirements for the mining industry also have a legal stipulation for specific OHS documentation to be completed daily.



MD Ricardo Ribeiro



Senior Safety Officer Eugene Barnard

ROSOND OSH INITIATIVES

As part of its own OHS initiative, Rosond has quarterly safety drives based on a specific topic identified in the period under review.

This information is then made available through safety posters and other awareness-raising campaigns to underscore essential OHS lessons and learnings.

Rosond makes sure that every site where they are operational is subject to a quarterly internal OHS audit to ensure compliance with the Mine Health and Safety Act and any other statutory requirements.

Weekly safety meetings are conducted by site managers, supervisors and safety officers, in addition to an ongoing daily work risk assessment and hazard identification process to red-flag any hazardous OHS related issues.

Barnard attributes Rosond's significant OHS achievements to date to the fact that the safety system implemented by the company is both readily understandable to all employees, and flexible enough to take into account any contingencies.

The company is also committed to constant innovation, which means that all drilling and related equipment is constantly upgraded to improve the level of risk management.



The Rosond team