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"Partnering for Prevention"

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Editor's Comment



I have often wondered if, when Sir Ernest Oppenheimer started the Safety First Association in 1932 he imagined that 90 years later on it would still be running. Did he think that the magazine he started would still be a strong mouthpiece to the industry? Perhaps he thought that by 90 years later, industry would have learned enough about safety, health and accident prevention so wouldn't need an association and magazine to educate them about something they should be well-versed in. The early 1930s was a time that rapid industrialisation was seen in South Africa, but often to the detriment of health and safety. Mining was producing, diamonds, gold, coal and other minerals, manufacturing was expanding, but fatalities and injuries amongst the workers was growing. Oppenheimer wanted a safer workplace. Hard hats were already in use, but only because through experience they had learned about the harm caused by falling objects. Other PPE was not routinely supplied. Equipment was not properly maintained, there were no safety guards, working conditions were unsanitary. Hazardous materials like asbestos were largely unknown. Risks were not considered.

Although we are happy to still be a force in the industry, we realise that we are here because worldwide, the workplace continues to be a cause of ill-health with too many accidents and fatalities, often as a result of ignorance and a lack of proper training.

Only recently I learned that the Safety First Association is one of the oldest OSH organisations worldwide. Through world wars, pandemics, and many other challenges, we have held fast. Over the years, we've fielded many complaints, queries and requests for assistance from the OSH Practitioner. But since Covid-19, these have reached a new level. Many feel sidelined and struggle to get their voices heard in their organisations, many can't afford the necessary training to advance their skills, many can't access the literature needed to improve their knowledge, some even lost their jobs during Covid-19. And then there are those who can't get employment because they don't have the necessary certification to prove their skills. It is for this reason we decided to launch the new division of the Safety First Association: **Occupational Safety and Health Practitioner's Council (OSHPC)**.

Our aim is to be there as a support for the OSH practitioner, to hear their grievances, work towards resolving them and share information. We want to make literature and information easily available and affordable. We want training to be accessible and affordable to all dedicated OSH practitioners. In line with the aims of our founding fathers, we want OSHPC to be a platform from which everyone from management down to the workers can learn about the principles of occupational safety and health. OSH is a necessary part of any organisation and we want to ensure it is recognised as such.

OSHPC - an extension to the SFA - will be a platform for debating, learning and sharing of information so that OSH Practitioners can develop into competent and capable practitioners in their workplaces. We have identified the problem and we hope you will join us so that we can learn and grow together. We want it be your voice. We want to hear from you.

To find out about membership, email: sankie@safety1st.co.za or magazine@african-osh.co.za

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The curse of Asbestos and the frightening reality for Africa

by Debbie Myer
Editor
African OS&H



Ehi Iden
President OSHAfrica



Dr Thuthula Balfour
Vice-President OSHAfrica

OSHAfrica, in collaboration with Asbestos Disease Awareness Organisation (ADAO), National Institute of Occupational Health (NIOH), African Union Development Agency (AU-DA) recently hosted a successful webinar on Asbestos.

Moderated by Ehi Iden President of OSHAfrica, the keynote address was given by Linda Reinstein CEO of ADAO (USA). Other participating speakers were Dr Dingani Moyo (Zimbabwe), Norman Khoza (South Africa) and Wale Bakare (Nigeria), with guest appearances of Alec Farquhar, co-ordinator of Asbestos-Free Canada and Kevin Hedges on the Board of Directors of Workplace Health without Borders (WHWB). Participants were welcomed by Dr Thuthula Balfour Vice-President, OSHAfrica. Her comment that asbestos still causes a lot of ill health on our continent launched the webinar which ran for almost two hours.

To set the scene, Iden gave us the shocking statistics that only 7 countries in Africa - South Africa, Algeria, Egypt, Djibouti, Gabon, Mauritius and Mozambique - have legislated against asbestos. He then continued "Asbestos is known to have hazardous properties, yet it is still used in Africa, even though it is the cause of ill health and cancer leading to a certain death. We desperately need to do further research, but Africa unfortunately suffers from a data gap prohibiting this research. We know that for over 100 years Africa was the highest exporter of asbestos in the world". He then asked "Why are governments so quiet?" before handing over to Linda Reinstein.

ASBESTOS AND ITS DEADLY CONSEQUENCES

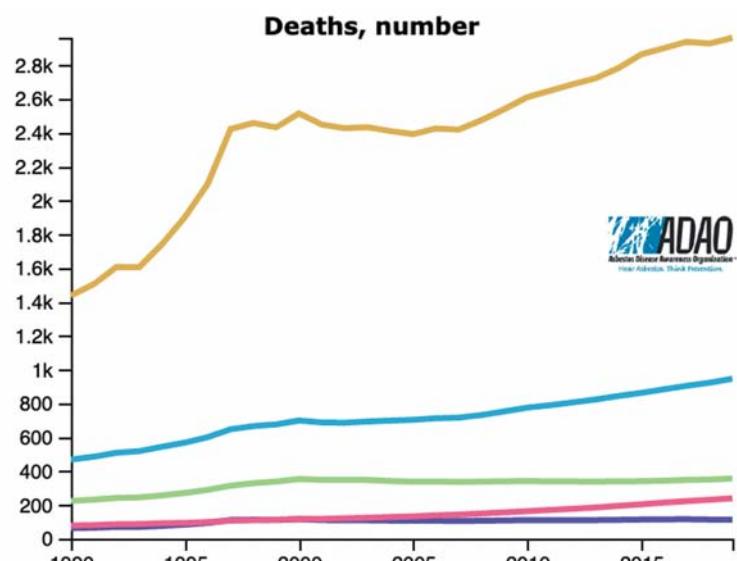
Linda Reinstein, President of ADAO resides in America and opened with the sobering statement that although America has a long and tragic history with asbestos, it still continues to import this deadly product. She shared a slide which illustrated that during 1906, the first asbestos-related disease was recorded. That was 116 years ago, and yet it

continues to be mined and used, even though its dangers are broadly known. Asbestos is found in many products, from industrial to household products, and to illustrate her point, Reinstein showed us a photo of children's crayons.

Often the problem comes down to ignorance. Worldwide there are still 5 asbestos producing countries: Russia, Kazakhstan, China, Brazil and Zimbabwe. It is unlikely that mining in these countries will stop anytime soon, therefore, it is necessary for everyone worldwide to know about the dangers of asbestos. Workers especially those who handle asbestos, or work near it must be educated in its dangers and trained in its safe handling. Unfortunately this doesn't always happen. And with tragic consequences, the industry sometimes uses misinformation to get their product sold. Available statistics tell us that 250,000 people worldwide are still dying as a result of exposure. But due to the lack of data, especially in Africa where many people die in the rural areas with no record of their causes of death, these figures are probably way higher. Those companies who do not honestly track the causes of their employees' deaths, must also take part of the blame.

With asbestos found in so many places, dangerous levels of exposure increase during times of disaster. This was seen after the terrorist attack on New York's World Trade Centre when buildings collapsed and asbestos dust filled the environment. The tragic consequences will be felt for many years to come. There is also a danger of secondary exposure when a worker returns home still wearing the same clothes he wore at work which are covered in asbestos dust.

Reinstein's interest in asbestos started after her husband, Alan succumbed to Mesothelioma. She spoke about Alan, about his illness, about the time they still had together when he was ill, and then she spoke about the loss to her family. There are millions of other Alan Reinstens, but they are all anonymous to us. My father Alec and his younger brother Isaac were also victims of asbestos, both losing their lives to mesothelioma during the 1990s. They worked in different places and lived in different cities. Isaac was a sheet metal worker and Alec worked in a factory that cleaned bags which were used to transport asbestos. The workers were not supplied with PPE and there was no ventilation. At the time he didn't know about the dangers of asbestos and nor did any of the 80 workers he spent his days with. It was the early 70s and although doctors already knew about its deadly effects, there was no public awareness. When he was diagnosed and asked where he could have picked up the disease, he couldn't remember at first. Working with asbestos at the time seemed a non-event.



Legend

- Africa, Both sexes, All ages, Larynx cancer, risk: Occupational exposure to asbestos
- Africa, Both sexes, All ages, Ovarian cancer, risk: Occupational exposure to asbestos
- Africa, Both sexes, All ages, Tracheal, bronchus and lung cancer, risk: Occupational exposure to asbestos
- Africa, Both sexes, All ages, Asbestosis, risk: Occupational exposure to asbestos
- Africa, Both sexes, All ages, Mesothelioma, risk: Occupational exposure to asbestos



Linda Reinstein
CEO ADAO (USA)

Twenty years later it was no longer a non-event. When we tried to find out how many of the other workers had also died from asbestos exposure or were living with ill health due to it, we found that all documentation was lost during a fire leaving no data.

Reinstein then raised the point that living near good medical facilities, Alan had good medical care throughout his illness. But worldwide, many sufferers don't have that luxury. They live in rural areas far from any hospital and good treatment is out of their reach. It is for this reason she emphasised that all countries must act as one. All countries must collaborate, communicate and act together to get asbestos banned and populations educated about its exposure.

"I think that international companies should be held responsible. Countries that have no asbestos legislation need to know that they must have prevention methodologies and occupational medicine interaction. Along the way, we will have many failures, but we must turn those failures into successes. Asbestos knows no boundaries and no borders. We must embrace education, advocacy and community support and take it to the next level so that everyone knows what we know. Can we prevent exposure to asbestos to eliminate the disease? I say yes!" she concluded.

OCCUPATIONAL MEDICINE, HEALTH AND HYGIENE

Ehi Iden then introduced Dr Dingani Moyo who opened with the statement "Africa has been the biggest exporter of asbestos for over 100 years. This is a painful truth and it's our responsibility to do things differently going forward". Asbestos exposure

cannot be solved in isolation, it is part of the occupational health and safety discipline. But, access to OSH world over is only at 15%, and even less in Africa leaving a holistic approach to OSH still a fantasy. A strategic paradigm therefore needs to be embraced which will see the development of organised OHS services, and asbestos an occupational health hazard that must be managed in a systematic way by all countries. Its elimination and management must be looked at holistically, all the way from mining to usage to the supply of PPE otherwise it will continue to be with us for even longer than is necessary.

The long latency period from exposure adds to the difficulty of its management and will see it being part of the occupational health discipline for a long time to come. Although primary prevention is vital, it is too late for the millions who have already been exposed. Their exposure may have happened during their past working lives, or from living near asbestos mines, or other high risk areas such as railway lines, or even children who played in asbestos dumps. The frightening reality is that even those countries who have banned asbestos, still carry a heavy burden of asbestos related diseases amongst their populations who are daily presenting with the illness. Surveillance systems must be put into place for those already exposed, and medical facilities to take care of these people who present with the disease and who need psychological support is necessary. Thousands of people are suffering now and thousands more will develop the disease and suffer into the future. Even if we see total elimination now, the disease will live with us for many years to come.

"It is a challenge for every country to manage this ongoing problem properly. We need to build capacity in the field of OSH to spread the word and therefore create awareness. We need to embark on evidence based knowledge and to characterise the burden of these problems in our countries. Even those countries who have banned asbestos cannot be complacent", concluded Dr Moyo.

POLICY AND POLITICAL COMMITMENT

Norman Khoza highlighted that although asbestos is an occupational and public health issue throughout the African continent, the African Union unfortunately still has a limited understanding of occupational health and safety and asbestos which is part of it. Too many countries in Africa do not have enough public health commitments, and poverty which is widespread also plays a role. With only 7 countries out of 54 having banned asbestos, this issue needs to be addressed urgently and changes in policy and political commitment need to be made. Awareness must be taken to the doorstep of parliament and our message must be packaged so that parliamentarians really understand the problem.



Dr Dingani Moyo
(Zimbabwe)Norman Khoza
(South Africa)

Wale Bakare (Nigeria)



OSHAfrica

Without a proper understanding, many governments and corporates will see it as a balancing act between the economy and health of the people. Asbestos is an occupational health hazard and for it to be properly managed, must be treated as such.

Management of the problem must start with political commitment through the implementation of national asbestos policies, implementation of regulations and declaration of protocols. Countries need to develop policies not only in the workplace, but also recreational facilities, hospitals, schools, anywhere that asbestos is found.

Asbestos mines in our communities need to be identified, a list drawn up and strict legislation implemented.

National asbestos strategies for the management of asbestos in factories, public and private institutions where asbestos can still be found must also be legislated. Thorough risk assessments must be done. Asbestos inventories are necessary to understand where asbestos is to be found and how to contain it. If no budget is available to remove it, then it must be contained with everyone understanding that it cannot be disturbed, and the dangers if they do. Asbestos that is not disturbed, is not dangerous. But the lack of data on our continent remains the problem and we cannot achieve this without data.

Khoza then gave some examples of asbestos usage on the continent: "Our problem is widespread. Last year we were summoned to assist in Lesotho after a storm damaged a huge hospital and hail damaged the roof which was made of asbestos. Until then there had been no problems with the hospital. But the storm changed all of that. I went with Dr Moyo and other professionals to do an assessment and give advice. In other situations, I have seen photos of principals stand in front of their schools and behind them you see a piles of asbestos just lying around". Using South Africa as an example where asbestos is legislated, Khoza then said that a lot can be learned from South Africa where laws and legislations are continually overhauled with exposure limits rewritten, updated and changed.

"The African Union is looking at a protocol that will govern operational authenticity and compel all African countries to sign and commit. Unfortunately, resistance and a lot of the problems lie with international companies who operate in Africa. Many of them apply different standards in Africa to what they apply in their home countries. This can be fought if governments in African countries are truly committed. It is sometimes hard to articulate the problems that we have. To achieve our goals, we need to hold policymakers accountable. I cannot emphasise strongly enough that we need to drive a data policy", concluded Khoza.

ASBESTOS IN NIGERIA

Wale Bakare spoke mainly about the problems still experienced in Nigeria which he said "regretfully is not one of the countries that has banned asbestos". Since 2011 the National Environmental Construction Regulations have been in place in Nigeria and Section 14 addresses asbestos. The updated National regulations now advise that asbestos should no longer be used in new construction, but even if this was achieved, the latency period of asbestos exposure remains a problem. During the oil boom of the late 1900s, asbestos was imported on a huge scale into the country. Housing developments sprung up using the cheapest products available which included asbestos. Now 30-40 years later many of these houses are degrading and asbestos fibres are being released into the living space of the occupants. This brings to the surface another hurdle the country faces which is the acute lack of awareness among the people who do not understand the inherent danger in the use and handling of asbestos. The challenge for the country is to achieve an all-encompassing ban.

In Nigeria, there is an appalling lack of data. Wale has tried to get data on how many people have actually lost their lives or suffered from an asbestos-related disease. As of 2018, the data available shows only 140 related asbestos diseases in the country, a country that has used over 1.1million tons of asbestos and has a population of over 200 million. "This is totally impossible" continued Wale "Some people don't realise that they are suffering now from exposure of 40 years previously".

During environmental awareness week in 2015, the Commissioner for Works in Lagos State advised people to remove all the asbestos roof sheets from their homes. Her intentions were good and she even suggested that they put the discarded sheets in the front of their houses which would be collected by the State. This well-meaning suggestion highlighted the lack of awareness of the dangers of asbestos - if a government official didn't understand, the general population cannot be expected to understand. Since then there has been a marginal improvement in understanding and awareness, but it is still abysmally low and is the reason asbestos is not getting the attention it deserves.

Like his colleagues, Bakare believes asbestos needs to be managed holistically. But motivating for a total ban in countries where asbestos is used for economic reasons will be met with resistance, especially among those who know that undamaged asbestos which is left alone is not a health risk. However, there are a lot of new building developments across the continent, where old houses are demolished to make way for modern ones and exposure is rife with dire consequences. Although asbestos was used extensively in roofing, flooring, plumbing and sanitation, very few



Kevin Hedges on the Board of Directors of Workplace Health without Borders

Alec Farquhar,
co-ordinator of
Asbestos-Free Canada

precautions are taken when these houses are broken down.

"The immediate reaction is to rip-off anything that contains asbestos in your homes or workplaces. Please do not do that. Removal needs to be done in a safe manner, so rather leave them in place if they are not broken. No dose of asbestos is acceptable, no matter how small it is. We must synchronise our actions through OSHAfrica. Our countries must meet the minimum levels of education about asbestos. Everyone, in every country must be enlightened about asbestos. Minimum levels of precautions must be put into place. The disposal of asbestos must be strictly monitored. The menace of this material must be known", concluded Bakare.

LESSONS FROM CANADA AND ABROAD

Illustrating the fact that the long latency period is a reality and a problem, Alec Farquhar, Co-ordinator of Asbestos-Free Canada told us that although Canada banned asbestos in 2018, they still have 2,000-4,000 deaths every year from asbestos cancer.

Their fight to get asbestos banned was long and hard and took decades to achieve against the powerful Canadian asbestos industries, one of the most significant influential industries in the country. From 1880-2012 Canada exported vast quantities of asbestos from all over the world, directly causing the death of many.

Canada now has a Workplace Health Without Borders working group on asbestos. With a lot of expertise in that group, their aim is to have an impact on the struggle and real frontline situation of workers with a focus on promoting substitutes for asbestos. "Hopefully other places won't have to re-learn all the lessons we learned the hard way. You can pick up on our lessons. We know what it is like to fight a powerful adversary", concluded Alec.

Global Asbestos Impact



Kevin Hedges on the Board of Directors of Workplace Health without Borders, and a former President appeared briefly promising commitment and support from the organisation.

CLOSING REMARKS

To drive home the point that asbestos is dangerous and rife, Iden in his closing comments reminded us that asbestos is found in thousands of products we encounter on a daily basis and not only roofing sheets, fire blankets, water supply pipes, clutches, brake linings, gaskets of automobiles, but toys for children as well. Some products only have traces of asbestos, but many with high asbestos contents are silently infecting us.

When asked if OSHAfrica is working together with the ILO, he confirmed they are. For example, together they are studying water contamination and how better to monitor dumping sites across Africa. In some of the countries where up to 70 percent of the population may be living in houses constructed with asbestos, the correct procedure for removal and disposal has to be taught.

OSHAfrica's collaboration with many organisations both in Africa and beyond has put it onto a better pedestal to start driving an initiative across the continent, with this webinar as the starting point. He suggested that OSHAfrica should launch a movement to get petitions signed directed at countries that have not banned asbestos. He believes that if education campaigns across Africa were implemented, people would not buy asbestos knowing the risk. He also wants smokers to know that asbestos exposure for them will increase their chances of lung cancer. But to drive all these policies, data is needed, and data across Africa is lacking. Data can only be collected if governments are committed, if organisations and doctors collate and provide the correct information and if medical support and care is taken to the rural areas.

To an overwhelming support, OSHAfrica agreed to form the African Asbestos Prevention and Control Programme. Participants were told it is their moral responsibility to go back to their country with this initiative, to make their policy makers accountable, and fight for changes, including a review in legislation and the improvement of working conditions.

"Some countries have a zero asbestos policy in their workplaces. In the UK, the law compels anyone working in construction to undergo asbestos awareness training. We need to do the same. If we do not fix it now, our children and our grandchildren will become victims of our silence. We are morally bound for the future of Africa. We must all stand together and build the Africa that we want. We want the world to hear what we, OSHAfrica is doing." concluded Iden.

<https://www.oshafrica.africa>

Making health and safety an integral part of education



Phumi Maphaha,
Acting Chief Inspector,
Department of
Employment and
Labour

Let us make health and safety a priority:
Department of Employment and Labour tells
workers.

It was about time that health and safety became an integral part of education in South Africa – thus ensuring it is elevated in the workplace, workers were told in Nelspruit, Mpumalanga, this week.

Phumi Maphaha, acting chief inspector at the Department of Employment and Labour, was addressing about 50 shop stewards at a training session organised by the Compensation Fund.

“When it comes to health and safety, we still have a long way to go. We do not have health and safety at the beginning stage of our education. If we are not taking health and safety to a primary level, we are missing it,” he said.

Maphaha said the Occupational Health and Safety Act provides and ensures the protection of the lives of people at work.

It goes further to protect persons other than workers against hazards to health and safety arising out of or in connection with the activities of persons at work.

He told the shop stewards that danger was “anything which may cause injury or damage to a person.”

On the other hands, Maphaha said: “Risk refers to probability that injury or damage will occur.”

The Acting Chief Inspector said it was an obligation of the employer to provide a working environment that “is safe and without risk to the health and safety of employees.”

Turning to the difference between the duties of inspectors and shop stewards, he said: “While an inspector protects the law, the person who has duty to protect workers is the shop steward.”

Maphaha said health and safety representation was a fundamental worker’s rights governed by Section 17 of the Act. “It applies to every employer who has more than 20 employees.” he said.

Maphaha called on shop stewards to prioritise the health and safety of their members by remaining vigilant and knowledgeable with legislation.



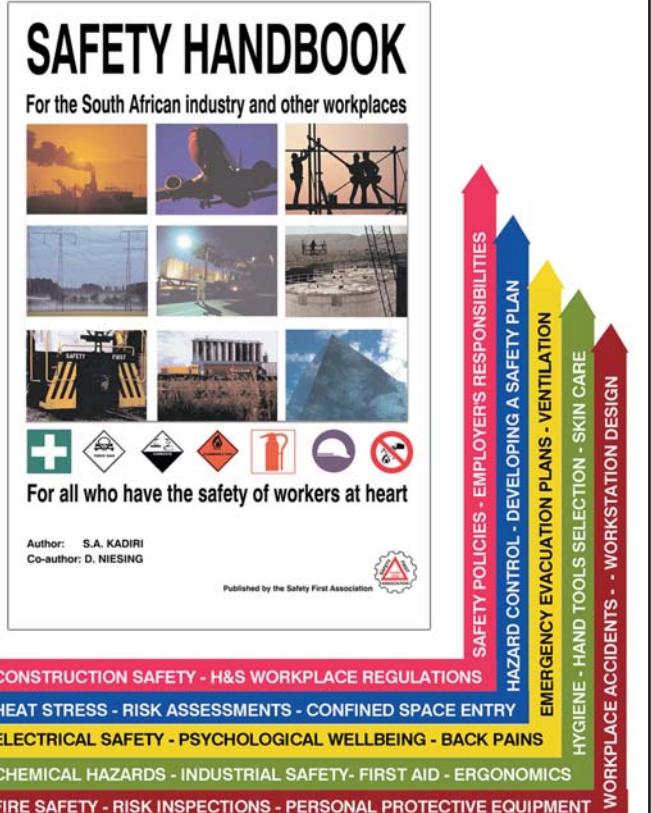
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Pienaar Brothers (Pty) Ltd goes solar

Implementing our Green Policy



As the Cape sun rises and its rays hit the solar panels above Pienaar Brothers (Pty) Ltd Head Office in Paarden Eiland, Cape Town, the workers start their day knowing there won't be any downtime due to electricity failures. Pienaar Brothers (Pty) Ltd - a national leader in PPE; workwear, safety boots, hearing conservation, protective eyewear and respiratory protection - has always prided itself in being at the forefront of innovation in the industry and consciously made the decision to go off the grid to become completely reliant on solar energy. Our corporate green policy directs us to do our part to help us mitigate against the negative effects of climate change and reduce carbon emissions.

We believe this move will put us at the forefront of innovation while boosting productivity.

Loadshedding has burdened South African industry and households with an unreliable electricity grid. Considering this, the management at Pienaar Brothers (Pty) Ltd decided to take the bold step to help the planet and also to future-proof the business. That was the beginning of a process to take the company closer to realising its goal to implement its Go Green policy. Once approval had been given by Eskom for their ambitious off-grid green policy, the installation was ready to start and during April 2022, the process was finally completed. With no production hours lost to loadshedding from the time the solar energy system was connected, Pienaar Brothers (Pty) Ltd has already felt the benefits and so has South Africa - with the excess energy going back into the grid.

Pienaar Brothers (Pty) Ltd is now always open for business and able to maintain the high level of service delivery for which it is known. PPE is an essential product and must be easily accessible. Sending visitors and clients away due to power failures is now a thing of the past. Clients, branches or the end-users can now walk in any-time knowing that the lights are always on. Not only that, with computers always up and running, and no downtime with internet connectivity, a

friendly voice is always available on the other side of the phone to help with any requests, queries and to take orders. Warren Spiro, MD of Pienaar Brothers along with his Executive Director Jacqueleen Bredeveldt as well as all the dedicated Pienaar Brothers Management and loyal employees, have worked hard at developing long-lasting relationships with their suppliers and clients. To maintain these good relationships, going off the grid was a necessary step to take.

Going green and energy efficient was not an issue for a company that has always been environmentally aware and actively involved in cleaning an already polluted environment. For years Pienaar Bros has donated PPE and other supplies to clean our rivers and the ocean.

BENEFITS OF SOLAR

After years of rising electricity costs - with annual price hikes now sitting at around 20% annually - going the solar route was the best financial decision. The Cape enjoys maximum solar irradiation levels and peak sun hours in the Western Cape average nearly 5 hours a day, making the move an ideal one.

As per the engineered design of the turnkey Solar PV system with full battery back-up, we are now projected to save around 70-80% of our energy costs and not suffer from down time during the multiple load shedding periods. The saving and the ability to continue working is difficult to quantify precisely, but it is quite substantial. There is nearly zero maintenance required for the system over the next 15-20 years.

The Solar PV rooftop array (roof orientation) is designed with a programme to maximise usable sun hours and the solar panels themselves are rated level tier 1 and have a design lifespan of 25 years.

Remote monitoring and control of the system is done by the service provider so as to ensure optimisation of the system at any time. All commissioning and registration with the local authorities was done by Solar Solutions Engineering SA (legal requirement in SA) which ensures we are compliant with all the regulatory bodies.

The battery storage (lithium-ion) is used to store the free excess solar power produced during sun peak hours and is an essential insurance against constant load-shedding or power outages.

As a responsible and an ethical business, the decision to go solar will ensure we are part of protecting the environment and reduce our carbon footprint substantially over the next few decades. Pienaar Brothers (Pty) Ltd is dedicated to looking after the earth for the future generation.



PIENAAR BROS STAYS AHEAD OF THE TIMES

Spiro sees Pienaar Brothers (Pty) Ltd as an important contributor towards health and safety in the workplace, and not just a supplier of PPE.

To maintain their position as a leading company, Pienaar Brothers (Pty) Ltd has always put the interests and care of their staff ahead of profits. When Covid-19 was declared a pandemic during 2020, and Pienaar Brothers (Pty) Ltd an essential service provider found itself at the forefront of PPE supplies, they immediately implemented measures to ensure their staff were properly protected. A fully-functioning Covid 19 caravan became part of their landscape to help minimise the spread of the illness and to care for their staff who became infected with the disease.

Training and educational facilities are also available offering their staff opportunities for growth and potential. 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).

LEVEL 1 BBEEE

Towards the end of 2021 Pienaar Brothers (Pty) Ltd proudly achieved Level 1 BBEEE status. This opens doors for us to conduct business with government sectors in South Africa, including municipalities, as well as public entities. The certificate also allows the company to tender for contracts. The main purpose of the BEE classification is to show our company's commitment to making a positive difference in South Africa's society.



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Choosing a harness that is right for you

Active fall protection is made of components and systems that require some manipulation by the workers to make the protection effective. These systems include body belts, full body harnesses, lanyards and their attachments, and component parts such as rope grabbing devices, lifelines, etc. **Karam** are the leaders in fall arrest and stock a range of fall arrest equipment.

The ABCs

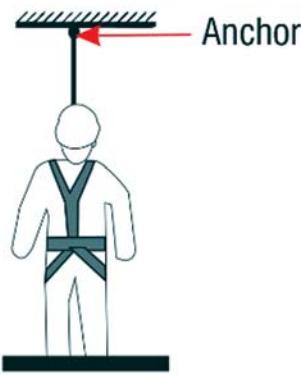
When looking at a complete fall protection system we often refer to the ABCs of fall protection. They are:

A : Anchorage - Provides a secure point of attachment for the fall arrest system.

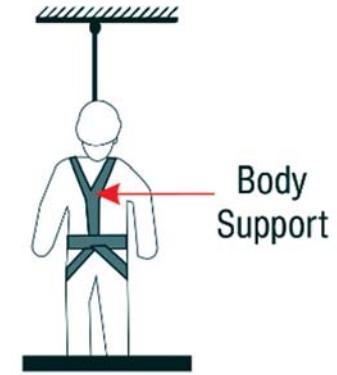
B: Body Support - A Full Body Harness which distributes the forces of a fall.

C: Connecting Device - The device that connects the Full Body Harness to the Anchorage system.

A (Anchorage)



B (Body Support)



C (Connection)



Karam's range of Harnesses

When it comes to fall arrest harnesses, Karam are the leaders in fall arrest and offer a range of harnesses from entry level harnesses right up to their specialised harnesses.



Alpha Range



Beta Range



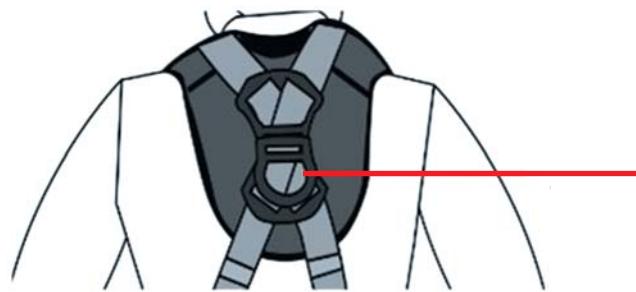
Gamma Range



Specialised Range

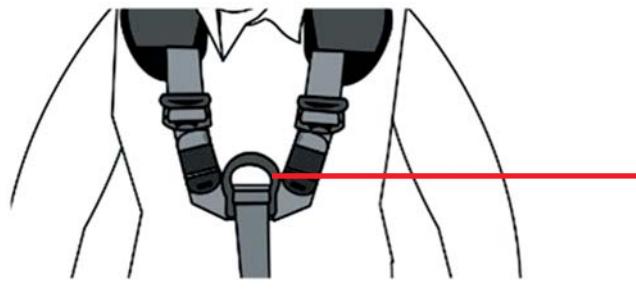
Attachment points

Another important aspect to consider when choosing the right harness for the work you do, is to look at the attachment points on a harness. Each attachment point on a harness has a particular function. Here is a quick snapshot on the various attachments on our harnesses and their functions:



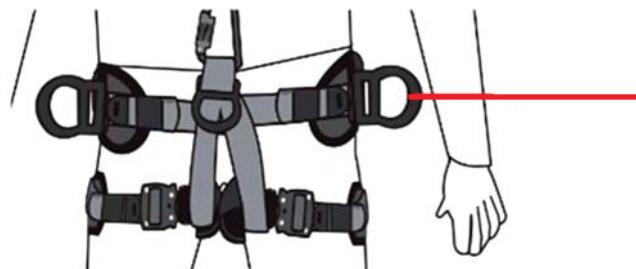
Dorsal Attachment Point:

This attachment point is located on the ID plate on the back of the harness between the shoulder blades. The Dorsal attachment point is ideal for fall arrest purposes because it evenly distributes the forces of fall arrest across a person's body. It is suitable for standard site work or platform working, where the worker only needs to be attached with no other requirement for climbing, work positioning.



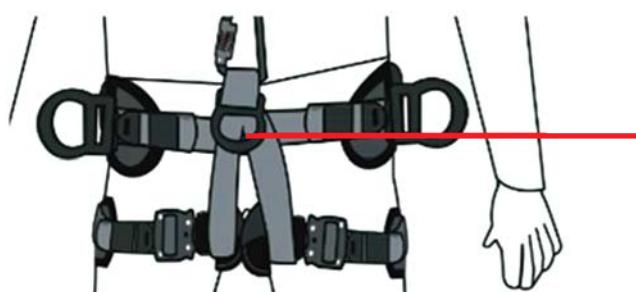
Sternal Attachment Point:

The ergonomically placed Sternal D ring on the chest area of the harness is used as a front attachment point for fall protection when using a guided type fall arrester while climbing or entering a confined space.



Lateral Attachment Point :

The 2 Lateral D-rings located on the sides in the lower waist area of the harness are used for work positioning. It allows a worker to have both their hands free to work while they remain connected to the work area. It should be noted that these attachment points are not to be used for fall arrest, but instead this system is a form of fall restraint.



Ventral Attachment Point :

This attachment point is located in the centre of the waist level of the harness. It is used for rope access, rescue and many other applications.



Find out more about Karam's harnesses by visiting their website:

<https://karamafrica.com/fall-arrest/full-body-harnesses/>

or contact their team on (+27) 32 940 0993 and one their representatives will assist you find the perfect harness for your workforce.

To find out more about Karam visit: <https://www.karamafrica.com>

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Safety systems then and now

Occupational health and safety in South Africa is more than a century old, with inspectors already operating in health and safety towards the end of the 19th century. The development of the industry started after the discovery of diamonds in the 1860s and the discovery of gold in the 1880s. This gave rise to the 1st Industrial Revolution in South Africa, which required safety compliance, laws, and eventually safety systems.

Historically, SHE systems started in South Africa with the National Occupational Safety Association (NOSA), which was established in 1952.

The Nosa system with its 5-star grading, was the grandfather of systems in South Africa, and the most popular which was used for a very long time. It was very much oriented around a factory setting and much more static and not as dynamic as required in the construction industry's ever-changing landscape and environment.

Don't misinterpret what I am sharing. It was not a terrible system and it had various advantage. I liked how it flowed nicely through its different elements.

NOSA's Integrated Five Star System Standard Audit Guidelines are divided into five main sections: Premises and housekeeping; Mechanical, electrical, and personal safeguarding; Management of fire and other emergency risks; Incident recording and Investigation organisational management.

THE STAR GRADING SYSTEM

NOSA visited factories to check on safety. They used a checklist (audit protocol) and awarded points to the factory if it did the tasks outlined in the checklist. The factory was then awarded with 1 to 5 stars.

What were some of the challenges with the NOSA System? Points were given for what NOSA thought were important, and often a few points for things that were important for worker's health and safety.

For example, 40 out of 160 points may have been given for investigating an accident, whilst 120 points for keeping records and doing paper work around the accident. While keeping records is important, it won't in itself reduce the number of accidents.

NOSA did not consult workers for their opinion (cited from <https://www.sahistory.org.za/archive/national-occupational-safety-association-nosa>)

My personal experience of working with the Nosa system was fairly good and at the time it served its purpose. I remember while working at Murray and Roberts in 2003, they had a brilliant Safety Book which was formulated on the Nosa elements, such as 1.11 building and floors, 1.12 lighting: natural and artificial, etc.



Fabian Buckley
Operations Manager
WIBCS



We as the safety practitioners, were required to complete daily, weekly, and monthly activities and record these checklists. It had different inspections on scaffolding, buildings, etc. on different days of the week, which was good and thorough.

It was also the only company I have worked for in my 19 years where the director for that project would audit your safety book every few months. This ensured your book was always up-to-date and completed professionally because they would verify this randomly.

I digressed a bit, so let's get back on track with the SHE Systems.

INTRODUCING OHSAS 18001

Being previously under British Colonial Rule, we followed everything British, including their standards and laws, and when it came out, their OSH system as well. We were introduced to the British Standard Occupational Health and Safety Assessment Series 18001 a few months after it was introduced in 1999. It was a lot more advanced in its structured approach and was very focused on procedures and protocols for compliance to be met. It was designed to help institutions control occupational health and safety threats for better performance. The series consisted of two specifications: 18001 provided requirements for an OHS management system and 18002 gave implementation guidelines. The OHSAS 18001 standard has a number of requirements that include the following elements:

- OH & S policy
- Planning for Hazard Identification
- Implementation & Operation
- Checking and Corrective Actions
- Risk Assessment & Risk Control
- Legal & Other Requirements
- Continual Improvement
- Objectives
- OH & S Management Programmes
- Training

MANAGEMENT REVIEW

It was a breath of fresh air and a step up from the Nosa system, but it also had its challenges and shortfalls. In 2007, it was updated to consider the ILO-OSH Guidelines, which considered the health component of H & S, which was given greater emphasis.

However, it was also not very focused on management's commitment to H&S and there was no measurement of employee participation.

It had certain gaps as it was only hazard focused

and did not look at the risks to the organisation. It was also very reactive when it came to incidents.

With that being said, it was a very good system and served us well for over 22 years.

ISO 45001:2018

We were recently introduced to the new kid on the block, with all the powers combined like a "Captain Planet" cartoon. We welcome you to the stage, ISO 45001:2018. Let's give this standard a round of applause, ladies and gentlemen.

It has all the prowess of ISO 14001, 9001, etc. and encompasses OHSAS 18001, but with additional upgrades and considerations.

The ISO system ensures a proactive approach that requires hazards and risks to be evaluated and remedied before they cause accidents and injuries.

Objectives and Performance

In ISO 45001, there is an increased focus on objectives as drivers for improvements and performance evaluation. These objectives can range from topics like worker participation, internal and external communication, and procurement.

Structure

ISO 45001's structure is based on Annex SL, which is the framework for other ISO management system standards, making implementation easier and more efficient.

Leadership & Management Commitment

ISO 45001 requires a stronger emphasis on top management to actively incorporate health and safety into the overall management system of the organisation.

Risk & Opportunity Management: With ISO 45001, companies determine, consider, and take action to address both risks and opportunities that may disrupt production.

Worker & Third-Party Involvement

ISO 45001 introduces enhanced focus on the needs and expectations of all workers and interested parties and requires employee training and education to identify risks.

SOUTH AFRICA AND THE OSH BILL

With all of this valuable information that I have shared, we need to take into consideration what our government is planning with the introduction of the new OSH Bill 2020.



The New Bill introduces the provisions that empower employees to withhold their labour should they feel the environment is dangerous and unsafe without being victimised by their employers. This was not included in the OSH Act 85 of 1993.

One other major proposed change is the introduction and replacement of the previously required policy, which has now been replaced by the Occupational Health and Safety Management system.

If this is passed, it would mean every company would be required to have a system in place and no longer just a policy with a few safety documents sprinkled here and there. They would have to implement a system of their choice covering the legal requirements of the Act.

Many companies should start preparing themselves for this very likely change, especially since South Africa is a member of the International Labour Organisation (ILO).

The ILO Convention 187 is of particular importance for this process because it provides guidance on the establishment of OSH systems and outlines the importance of the development of a country's OSH profile.

South Africa is committed to a decent work agenda and a decent future of work for its citizens. The implementation of the International Labour Organisation (ILO) conventions is key to resolving the challenge of OSH in the workplace.

South Africa is one of the 187 member states of the United Nations (UN). The ILO adopted Convention C187-Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) on May 31, 2006 which it came into force in 2009. South Africa is one of the 49 member states that have not ratified C187, which provides a framework and obligatory elements of an OSH system, which signatory member countries must implement.

With all the above being said, it is clear that it will be coming out very soon. Be well prepared to implement your Occupational Health and Safety Management system, if you have not already implemented one as the writing is on the wall.

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Preventing intoxicated workers from entering the workplace - the safe way

ERSBio, a leading South African specialist in customised biometric time and attendance solutions, has partnered with ALCO-Safe to incorporate standalone breathalysers with advanced reporting capabilities into their offering.

“Alcohol testing is a natural extension of time and attendance solutions, especially in industries like mining and manufacturing. In these sectors, the Occupational Health and Safety (OHS) Act mandates that persons under the influence of alcohol are not permitted to enter the workplace, and what better way to prevent this than by incorporating alcohol testing into the access control component,” says Rhys Evans, Managing Director at ALCO-Safe.

ERSBio approached ALCO-Safe about a partnership when customers began requesting more intelligence from breathalysers than just a simple pass or fail scenario or access prevention.

The emergence of COVID-19 brought with it significant changes and resulted in organisations moving away from handheld breathalyser equipment that enabled access to the worksite. As a result, the ERSBio and ALCO-Safe partnership worked to design an integrated breathalyser solution, the Lion ALCONTROL, that can monitor large volumes of people entering the workplace via an access control biometric tool.

How it works: on arrival, the employee will place their fingerprint on the biometric hardware in order to confirm that they are a registered employee. Once the biometric confirms the employee’s identity, the unmanned breathalyser will be activated, requiring them to blow. Only once a negative result has been produced on the breathalyser will the employee be granted access to the workplace.

“Since ALCO-Safe is a local manufacturer with local support and years of market experience, and turnaround times



By Rhys Evans,
Managing Director of
ALCO-Safe

are almost instant on any requests, partnering with them made sense from a development perspective. We are currently using the Lion ALCONTROL, which can operate on bi-directional and man trap style turnstiles, to prevent employees from entering the premises while intoxicated,” explains Zander Els, Special Projects Consultant at ERSBio.

The ALCONTROL can be used in any environment for operator-free breathalyser testing. It can be mounted on a wall as a voluntary device or fitted to a turnstile as part of an access control system with a siren and a beacon light that attract attention when a positive sample is blown.

By utilising fingerprint or facial biometric technology, organisations can ensure positive identification (and sobriety) of their employees, preventing employees from ‘buddy clocking’, a common occurrence with manual registers. Furthermore, with this technology, occurrences of human error are eliminated whereby security personnel may allow workers access to the workplace while neglecting to follow the correct access protocol.

“We have linked the breathalyser to the ERSBio software that enables advanced reporting on each reading. The reporting function is extremely powerful and can be set up to capture the number of tests that have been done, the exact time the employee clock-ins, and the number of employees who tested positive for intoxication. These reports can then be issued to security, safety and HR personnel on a daily as well as monthly basis. This information can be used to identify trends and pick up on repeat offenders, amongst other elements. The intelligence behind the data is where the value lies, and there are no limits to the customisation we can achieve,” Els adds. “As soon as a positive blow has been recorded, all relevant parties will be alerted immediately via the reporting mechanism, and the report can even provide suitable evidence including photographs.”

“Our partnership is mutually beneficial, as we are able to offer the customised products ERSBio needs, while leveraging their established customer base and market expertise to tap new markets. We look forward to a longstanding relationship with ERSBio’s tailored solutions to meet the specific needs of the South African market,” Evans concludes.



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



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Tropical storm - ISSA - Were we prepared?

When the first rains started on the 7th of April no one thought it would end in disaster. The first sign that things started to go wrong was when we lost water two days later. Unfortunately being without water and electricity for unknown periods of time has became part of our lifestyle in South Africa, so we didn't think much about it.

But from April 10 when the rains fell for three days and three nights I started to get uncomfortable, complaining about it on our chat groups. I normally don't complain about rain, I love it, but this rain was out of the normal. My friend joked we should get a canoe and gumboots (he prophesised correctly). But on the 11th when the rain poured down in buckets, I thought that that canoe would come in handy. By 14:00 that day parts of the N2 highway were closed to traffic due to mudslides and trees that fell over. Accidents were reported on the N3 highway. Mudslides closed down the M13 highway. By 18:00 videos and photos started to pour in showing the devastation all over the coastal region from Umdloti in the North down to Amanzimtoti.

A block of flats was instantly turned into a waterfall with water rushing in from the backdoor, out the front door, down the balcony and into the street. Pinetown's roads where I live were closed one by one as they flooded. We were cut off from the rest of the town.

The Umbilo River which winds its way down to the ocean overflowed, flooding roads and at some places taking the road and everything in its way with it.

By now there was no water and no electricity in most of the Ethekwini Municipality and most cell towers were out of commission.

The rains had subsided in most areas by 17th and



Herman (Harry) Fourie has a passion for occupational health and safety and has been working in the industry for many years.

He has several diplomas and certificates and continues his studies through different organisations.

He is a member of several professional organisations throughout Africa and beyond.

Herman is a part-time consultant creating software systems.



the sun appeared from time to time giving emergency workers time to assess the damage and start repairs and the search for missing people.

During the rains many houses disappeared under the mudslides others slid down the hill ending up in the valley. Townships were cut off without food and water for days with their only entrance being washed away by the raging waters. The death toll is high and is still climbing as I write this article. I have never seen this amount of devastation.

According to the weather bureau they never expected this much rain. From 9 - 12 April many areas recorded from 407 mm to 508mm*. This is a lot of water!

Could the damage and the deaths have been prevented? In some ways the answer is no. Many people lost their lives directly due to a storm that could not have been prevented.

In many other ways a lot of loss and damage could have been prevented or at least minimised which is the reason for this article.

1. Our drainage system is not suitable and unable to handle a huge load of water. It is often misused for the purpose it was created. We see people cleaning our streets who take short cuts by sweeping the rubbish into the stormwater system instead of bagging it. Maintenance is not done on scheduled times. They do not ensure that maintenance is kept up so that the drains will do what they were made to do. This responsibility falls under the Department of Health and Safety of the Local Municipality. Public litter is also responsible.

2. Poor control or lack of control when buildings are erected is another reason. All too often in certain areas, an engineer is not consulted in the construction process. Housing inspectors and



municipalities should survey suitable land for buildings and housing and make safe. If all this had been done, part of the disaster could have been prevented.

3. Poor management over informal settlements normally leads to disaster. Often through lack of awareness, they construct their homes in places with no drainage, and nor do they leave enough space for proper drainage should it rain. Housing structures sometimes do not have or lack the proper foundational support. Houses are constructed in close proximity to each other not allowing the water to run off properly.
4. Many houses and industrial buildings have been constructed on wetlands. Did the developers conduct a proper environmental survey and do a historical survey on the area for flooding? Did they consider the water table should a flood occur from the nearest river or stream. Did they provide proper drainage systems should the area be covered by water?
5. Some industries have been built on or close to the ocean or harbour. Were any steps put in place to prevent or minimise a disaster? Was a health and safety plan implemented should there be a disaster? What measures were put in place to prevent the loss of life, income, or damage to the property?
6. To summarise, there was no place for all the water to go and water always finds its own way via the lowest point which is exactly what it did.

CLIMATE CHANGE

It is easy to blame this flood on climate change, but when we look at the history books and records have been kept of the Natal region, the pattern is clear.

- Twice in the past, floods have occurred in April. The first recorded one was in April 1848. Between 13 and 15 April 1856, the Natal coast received

Photos courtesy of
Rescue South Africa

650mm of rain according to reports in the Natal Mercury of 18 and 25 April 1856.

- On 19 August 1868, 255mm of rain fell in a single day
- Heavy rainfall occurred during September 1893.
- On 31 May 1905 the Botanic Gardens recorded 287mm in a 13-hour period, 398mm in the Pinetown area in 15 hours and about 200 people drowned
- In July 1917, 262 mm of rain fell in a 36-hour period.
- Excessive flooding occurred in May 1959 when several bridges were washed away after 280 mm of rain had fallen.
- Heavy rains in March 1976 resulted in uprooted trees and foliage piling up on the beaches.
- Cyclone Demoina savaged the province in February 1984.
- The floods of 1959 repeated in September of 1987, swept away bridges leaving devastation in its path.

TO QUOTE

"As KZN's history shows, weather extremes are a natural occurrence. The rainfall in excess of 400 mm recorded in Durban last week was not an aberration and therefore cannot be ascribed to global warming as a result of fossil fuels," said Dr Duncan du Bois <https://www.biznews.com/global-citizen/2022/04/20/kzn-floods-over-ages-du-bois>

We must be prepared in the future and learn from the past. The weak spots must be known. Preparations and provisions must be made for the future to ensure the loss of life is minimised.

Safety Officers should learn and from this and take a history lesson from your area and prepare. They say it is negative to expect the worst, but it is a good thing to learn from the past and be prepared.

Email: admin@oshprov.co.za

Communication skills are important in the workplace

Back in 1990, I was introduced to Og Mandino, a best selling American author. Just three of his books, "The Greatest Salesman in the World" The Greatest Miracle in The World" and "The Greatest Secret in the World" sold over 50 million copies. In one of his presentations "How to write and speak" he explained the relationship between three critical elements for success: knowledge, practice and talent.

"The quality of communication - your speaking, your writing - is largely determined by ... how much knowledge you have, how much you practice with that knowledge, and what really matters is what you know.

It's not what you look at that matters, its what you see. Of course, we all know that knowledge is king, but how can we know which resources will deliver valuable insights? The internet has made each of us content creators and publishers. According to Statistica, at February 2020, more than 500 hours of video were uploaded to YouTube every minute, which equates to approximately 30,000 hours of newly uploaded content per hour. (And YouTube is not the only video platform! By some measures, TikTok is overtaking YouTube.) It's safe to say that everyone wants to share their knowledge and be seen on social media.

The sheer volume of content can make it difficult to find the "good stuff." Search YouTube or Google for even a seemingly straightforward question and you will be served up an endless list of results. Even a seemingly narrow search - for instance, combustible dust and sugar - produces hundreds of videos. And then of course, there are the results from a Google search.

It has always been clear that safety leaders are expected to be experts in the technical aspects of safety, but it's the ability to communicate about safety that sets apart the great safety leaders from the mediocre. There's a growing demand for sophisticated safety professionals who can influence and engage on safety. To make your mark in safety, you must improve your communication skills.

But what are communication skills? So many safety professionals think it's all about writing in a way that would make their school teacher proud of them. This means being grammatically correct, no spelling no mistakes and using lots of big words. After all, that's how you get an "A" at school or in academia. Not so in safety.

While I can't halt the information fire hose, I can help you find a stream with high value content that directly relates to your job as a coach or communications professional. Its not who you know that matters, it's who knows you that's important. Personal branding builds up your reputation to the point where you have a presence even when you're absent.



Dr. Bill Pormfret 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.

Being an effective safety leader requires us to be thoughtful and intentional about what we do and how we do it – it takes time and requires work. Taking the time to intentionally think about leadership may not get the attention it warrants, yet it is one of the most important things we can do to raise the performance of both ourselves and our organisation. Mandino provided me an opportunity and a challenge to fine-tune my leadership philosophy and focus on the parts of my own leadership that needed further development. You must think critically about your own approach to leadership communication and gain unique insights that will strengthen your ability as a leader.

Developing excellent communication skills is essential to effective leadership, the leader must be able to share knowledge and ideas to transmit a sense of urgency and enthusiasm to others.

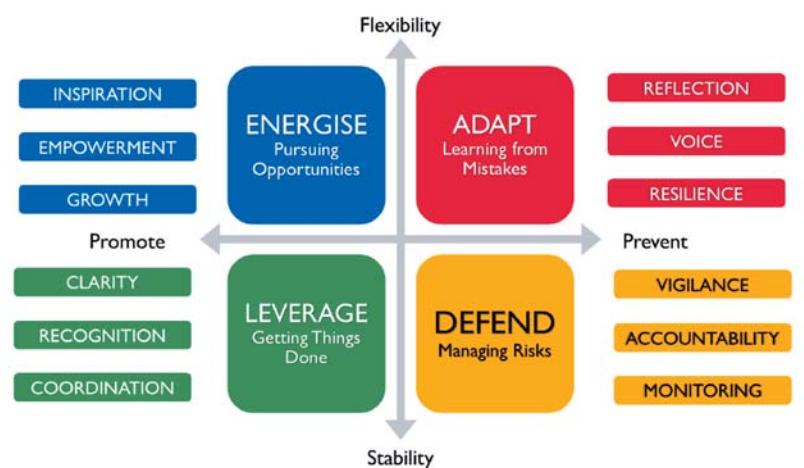
If a leader cannot get a message across clearly, and get others to act on it, then that message will be a waste of time.

Many events are held that can help increase your knowledge of industrial or occupational health, safety and loss prevention processes and modern risk management technologies. The expos bring together equipment manufacturers, subject-matter experts, and users of health and safety management systems and support technologies. This year, after a two year hiatus, many will once again be live events and enable visitors to see, feel and touch safety related equipment from a myriad of manufacturers. Experienced professionals will once again take to the podiums at conferences.

Being the key note speaker at so many of these events provided me with an outstanding career as a motivational speaker, writer, story teller, coach and mentor to successfully spread the safety message.

Sir Winston Churchill once said: "The difference between mere management and leadership is communication"

Email: pomfretb@spi5star.com



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- ISO 14001 – Environmental Management System.
- ISO 45001 – Occupational health and safety (OH&S) management system.

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Benrisk Consulting

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

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

Benrisk Consulting is your outsourced partner of choice to cost effectively manage the liabilities from the Occupational Safety, Health & Environment (SHE) Risks to Construction OHS Agent and Risk Management fields. We provide a "3P" Service; a Personalised, Practical and Professional service, to facilitate a positive impact on the profitability of your operations.

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

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- Construction H&S Specifications and Plans development (Pr.CHSA)
- Construction Site SHE inspections and audits
- SHE programme design and implementation services
- SHE risk assessments (baseline and job-task/issue-based (HIRAs))
- SHE management and advice services
- SHE inspection and legal compliance audit services (HETs)
- Incident investigation services (basic to comprehensive)
- Emergency procedures and recovery plan development

Risk Management Services:

- Risk management process implementation services
- Risk assessments (basic/ HAZOP/ What-if/ FMECA/ FTA)
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- Risk control survey and audit services
- Management risk profiling and assessment workshops

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 - SHE courses:
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Other Services Available:

- Services customised to suite client needs - just ask!
- Speaker /presenter at SHE, Construction & RM conferences

Implosion of Kaserne

Debbie Myer, Editor African OS&H

For 126 years Kaserne was part of Johannesburg city centre's skyline and all it took was 4 seconds for it to crumble into a pile of debris and dust. The historic five-storey building had been built as a parking garage in 1896, but for over a decade had become an informal settlement to over 100 families. After structural damage caused by a fire during 2021 when 9 people lost their lives, the building was condemned. On Sunday 15th May 2022, it was brought to the ground in a planned implosion by the Phoenecian Group, appointed by Johannesburg Social Housing Company (JOSCHO) under Mobongseni General Services cc.

"There is a huge amount of planning involved as you only have a single attempt to implode such a structure successfully" explained Kyle Perkin, Explosives Engineer Phoenecian Group.

Once the initial risk assessment was completed, the demolition plan drawn up and approval given by the authorities such as the Emergency Services and JMPD, the work could start.

"It took three months of detailed preparation and careful planning to achieve this," commented Sné Khanyile, Contracts Manager Phoenecian Group.

As soon as all the inhabitants had been relocated, and the site was cleared of the 600 tons of domestic waste, the structural procedures were ready to start. 'Soft' work was conducted by the demolition expert which included pre-weakening certain structural elements such as the lift shafts and stairwells to make sure nothing would be left standing. The hazardous assessment found no asbestos or other hazardous elements. To mitigate damage to nearby buildings from airblast and fly escape from bursting concrete, all columns were wrapped, and an external drape surrounded the structure.



Shortly after the implosion. The 200 metre radius can be seen around the site



Contracts Manager
Sné Khanyile



Kyle Perkin,
Explosives Engineer



Jason van der Berg
Health Safety &
Environmental
Manager



Left: Primary protection:
Columns are wrapped to
absorb the initial impact
and contain the bursting
concrete

Right: Secondary protection:
An external drape
surrounds the structure to
mitigate air blast and
contain any fly that
escapes the primary
protection



All buildings and dwellings in the neighbourhood were notified in advance about the implosion. The informal settlers who had moved into temporary dwellings close to the Kaserne were instructed to be clear of the area on the day of the implosion.

Crowd control is one of the challenges in an implosion. It is the type of event that captures the attention of curious onlookers and attracts crowds wanting to be part of the action.

Over 100 workers were involved on the day, including emergency and security personnel to make sure a 200 metre radius area around the site was clear of people.

The morning started early with road closures and sentry points set up to prevent entry into the area. Before the all clear was given, the road closures were checked by the team one last time. Once the streets were clear, the close dwellings evacuated and a final sweep of the area had been done, the engineers were notified to proceed.

783 non-electric detonators and 4 seconds later, the building had disappeared into a cloud of dust. Once the dust had settled, all that could be seen was a pile of rubble slightly higher than street level, most of the debris had settled into the basement area as planned.

Doing safety right the first and everytime: The "must know" of Accident Prevention

UNDERSTANDING "DUTY OF CARE"

Each and every stakeholder needs to understand and acknowledge their duty of care, according to their different capacities at work in the workplace. Culpability and potential harm caused result from when an incident occurred, which is an integral of assessing due diligence exercised on the duty of care.

Negligence as a tort requires more than mere lack of care. A claimant who wishes to sue in negligence must show:

- that the defendant owed him a legal duty to take care;
- that there was a breach of this legal duty by the defendant; and
- that the breach caused him recoverable damage.

Factors influencing the existence of a duty:

- the type of claimant (eg, socially sympathetic claimants such as rescuers are generally owed a duty of care in a wider range of situations than are less sympathetic ones such as trespassers);
- the type of defendant (eg, defendants with public functions owe a duty of care in more limited circumstances than do individual defendants);
- the nature of the damage caused (eg, a defendant almost always owes a duty of care not to cause physical damage to person or property through his negligent act, but the duty owed with respect to psychiatric harm and pure economic loss is more restricted); and
- the nature of the conduct (eg, active conduct is more likely to give rise to a duty of care on the part of a defendant than is a mere omission).

Often, negligence litigation claims on inadequacy of duty of care filed against employer, occupiers and principals by injured workers or the next-of-kin of deceased. Duty is an artificial conceptual barrier which the claimant must overcome before his action can even be considered. Its role is to keep the tort of negligence within manageable proportions by distinguishing situations in which a claim may, in principle, be entertained from those in which no action is possible.

COMPLIANCE TO WSH LEGAL AND OTHER REQUIREMENTS

Each and every stakeholder needs to adhere to stipulated requirements of the WSH Act, its subsidiary legislations and the list of approved code of practice, within the framework. Regular evaluation of compliance is critical to ensure its effectiveness. Stakeholders shall revisit the Part IV



Han Wenqi is an experienced workplace safety and health professional from Singapore, and an advocate with 15 years of industrial safety experience.

He is a lecturer for the Bachelor of Science in SHEM and MSc in OHSW. He is currently a guest speaker / associate lecturer with the Leeds Beckett University, Cardiff Metropolitan University. His experience is highly sought after in Singapore mega projects.

General Duties of Persons at workplaces of Workplace Safety and Health Act to interpret, understand and exercise due diligence in fulfilling the duties in accordance to different capacities ("Workplace safety a responsibility for whole firm" - ST 9 April 2016).

ONUS OF PROVING REASONABLY PRACTICABLE MEASURES TO ENSURE THE SAFETY AND HEALTH OF WORKERS

Stakeholders shall not only think of small omissions or shortcuts for day to day operations but could look at a broader picture where an incident occurs and investigation processes require evidence of:- (a) it was not reasonably practicable to do more than what was in fact done to satisfy that duty; or (b) there was no practicable means than was in fact used to satisfy that duty.

Workplace Safety and Health is embedded within every work process and activity. We should always consider the workplace safety and health during procurement stages and allocate adequate resources to comply and satisfy our duty of care, while maintaining a good record keeping habit when the need arises for document review on the onus of proving what reasonably practicable measures had been done to ensure safety and health of workers.

RETURN ON INVESTMENT ON INTANGIBLES

The reputation of an organisation is at stake when decision making in an event is not taken seriously. A shortcut with calculated risks could save costs in a short term perspectives, but may put the organisation and its employee at risk ("Don't take shortcuts on safety at work" - ST 21 May 2017). The unforeseeable costs incurred from litigation claims, loss of business opportunities and business down-time is an area which the decision maker should always consider.

Prior safety planning with adequate resources and intervention programmes can put unwanted risk at bay ("Enhance safety through prior planning" - ST 27 April 2016). Management commitment is the key success factor in safety planning and sustainability of a workplace with robust safety culture ("Safety planning must be part of industry culture" - ST 27 May 2016).

Regular safety training, promotion, inspection and engagement sessions, with a two way communication approach to gain feedback can also understand the task-based barriers that every individual faced. Within a psychologically safe work environment coupled with various channels of

engagements, will proactively move towards reducing risk at source.

HEALTH & SAFETY PROGRAMMES PERCEIVED AS FACADES, NOT IMPLEMENTED EFFECTIVELY IN THE WORKPLACE

Health and safety programmes in the workplace are the essential bolts and nuts of a machine (the safety culture, safety and health policy, safety and health objectives, the workplace safety and health management system). Many perceive them as a facade, where a generic programme is developed but which is then placed in the wardrobe as a white elephant. The implementation in the workplace is not verified.

Cognitive dissonance evolves in the workplace which health and safety programmes are perceived as facades and not implemented effectively in the workplace. This is due to stakeholders who struggle between their personal beliefs, values and perceptions of the law against the "facades" in the workplace.

A psychological safe work environment shall be provided first, in order to accept feedbacks, suggestions and red flags raised to reduce or eradicate cognitive dissonance or even high attrition risk ("Empower staff to speak up freely on concerns about workplace safety" - ST 1 November 2021).

Workplace scenarios of Cognitive Dissonance

Scenario A: A health and safety officer is asked by his health and safety manager to ensure that a health and safety inspection "turns a blind eye", or "does not include too many non-compliances in the inspection report" and "does not send out emails about non compliances" even though the situation may occur again.

In many cases where a person makes a conscious choice to execute a particular task (stressor) against his beliefs and values, the stress causes them to lose his / her moral centre. This often leads to workplace related depression.

Scenario B: A health and safety supervisor is asked by his health and safety manager to ensure that he coached the subcontractor by slowly explaining, rather than instructing, when a fall prevention barricade was provided for an open side of an excavation with 4.5 metres depth.

Scenario C: In a mega-scale construction project of a new gasification plant, a construction manager does not allow the health and safety supervisor to raise any findings about his health and safety walk-throughs, in front of all subcontractors and stakeholders during a coordination meeting. The health and safety supervisors were then coerced to sign off on the Permit to Work, in the meeting, to expedite all administration work for subcontractors.

Scenario D: A health and safety manager asks his subordinates why they need to comply with all the local legal requirements in front of his superiors and other stakeholders. He asks about each and every clause, so that he can justify himself.

NOTE: local legal requirements are the a minimum requirements which a health and safety manager should know on his / her fingertips.

SURVEILLANCE REGIME BY INSURANCE AGENCIES ON CLIENTS

Insurance agencies can instill a greater surveillance regime to regularly audit their clients. This way they can monitor workplace safety and health performance and raise red flags if irregularities and trends of incidents are found. Bad workplace safety and health performances could lead to extra costs in premium coverages and subsequently termination of coverage if no improvements are made.

ABSOLUTE INCIDENT INVESTIGATION MODELS

The combination of incident investigation models being adopted is crucial in determining root cause to prevent recurrence.

The Ishikawa fish bone diagram + Failure Modes and Effects Analysis (FMEA) + Force Field Analysis (Management of Change to cater for Corrective and Preventive Action) is useful to identify almost all areas of failure and preventative measures.

The Force Field Analysis will need to indicate the drivers and opposing forces, while within it are (a) Decision matrix analysis, (b) Decision tree analysis and (c) Cost/benefit analysis.

The Allocation of resources for Corrective and Preventive Action is addressed effectively before implementation and monitoring which will deter unwanted failures.

The guidance requirements within the ISO 45002-3-2018 - Occupational health and safety management systems - Part 3 Guidance on accident investigation, are also beneficial for developing a robust incident investigation programme.

USE OF TECHNOLOGY TO AID WORKPLACE SAFETY AND HEALTH IMPLEMENTATIONS

Decision makers can consider installing smart CCTVs in the workplace to help identify trends of unsafe act, conditions and also in incident investigation processes.

Deploying wearable cameras for supervisors and workplace safety and health professionals could also increase productivity and safety in the workplace.

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Duties of a health and safety officer

<https://www.hseblog.com/40-duties-of-a-safety-officer-you-must-know/>

The duties of a Health and Safety Officer vary depending on the company, organisation, sector, country's legislation, etc, in which one works.

This article lists some of the major duties that a Health & Safety Officer may need to perform or review while working as a Health & Safety Officer in any organisation, business, project or when attending an interview for the post of a Health & Safety Officer.

Below is a non-exhaustive list of potential duties a Health & Safety Officer may need to perform while working for any organisation, business, enterprise or a contractor project, so read it carefully to assimilate it.

SOME 50 DUTIES OF A HEALTH & SAFETY OFFICER:

1. The Health & Safety Officer (H&S Officer) is responsible for monitoring and assessing hazardous and unsafe situations.
2. Developing measures to assure personnel safety amongst the workforce.
3. Correct unsafe acts or conditions through the regular line of authority.
4. May exercise emergency authority to prevent or stop unsafe acts when immediate action is required.
5. The H&S Officer maintains awareness of active and developing situations.
6. Ensure there are safety measures described and included in each job-task procedure.
7. Participate in planning meetings to identify any health and safety concerns inherent in the operations daily work-plans and/or job-tasks.
8. Investigate all accidents that have occurred within workplace areas, in association with the incident's area management and/or supervision.
9. Review all the incident investigation reports to ensure the Action Plan includes safety improvement measures and employee communications.
10. Ensure preparation and implementation of a Site Health and Safety Management Plan (SHSMP).
11. Inspects the site to ensure it is a hazard-free environment.
12. Conducts or ensures supervision hold toolbox meetings with their workers.
13. Ensure a H&S Officer is part of and provides OHS advise at H&S committee & project safety meetings and leads all efforts to enhance health and safety interests and performance.



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



14. The workplace's H&S Officer is to review and approve all sub-contractor's safety plans. (SACPCMP registered for contractor construction work plans).
15. Verifies that injury logs and reports are completed and submitted to related government agencies.
16. Verifies that all tools and equipment are adequate and safe for use.
17. Promotes safe practices at the job site.
18. Enforces safety guidelines through line management and supervision.
19. Trains and carries out drills and exercises on how to manage emergency situations.
20. Conducts the investigations of all accidents and near-misses.
21. Reports to concerned authorities as requested or mandated by regulations.
22. Conducts job hazard analysis, in association with the workplace supervision.
23. Establishes safety standards and policies as needed.
24. Watches out for the safety of all workers and works to protect them from entering and/or working in hazardous situations.
25. Responds to H&S Representatives and employees' safety concerns.
26. Coordinates the registration and removal of hazardous waste.
27. Serves as the OHS link between state and local agencies, and contractors.
28. Receives reports from and responds to notices and contraventions issued by Department of Employment & Labour (DEL).
29. Arranges for OHS compliance audits and/or evaluations of the workplace by external OHS agencies/consultants.
30. Supports the development of OHS policies and programmes.
31. Advises and instructs on various safety-related topics (noise levels, use of machinery, working at heights, confined space entry, etc).
32. Conducts risk assessments (with supervisors) and ensures that risk preventative measures are included in job-task safe working procedures or method statements.

33. Review existing policies and measures and update according to legislation and/or risk assessment findings.
34. Initiate and organise OHS training of employees and executives.
35. Inspect premises and the work of personnel to identify issues or non-conformities (e.g. unsafe actions/conditions, not using PPE, etc).
36. Oversee installations, maintenance, disposal of substances, etc.
37. Stop any unsafe acts or processes that seem dangerous or unhealthy.
38. Record and investigate incidents to determine causes and handle workman's compensation claims.
39. Prepare reports on OHS occurrences and provide statistical information to upper management.
40. Carry out Planned Task/Job Observation (PTO/PJO) monitoring and reviews.
41. Carry out portable electrical equipment inspection monitoring checks.
42. Carry out lifting equipment and accessories inspection monitoring checks and ensure the annual lifting machinery certification.
43. Review site emergency management plan/s.
44. Assess working platforms and monitor/check their compliance before use, like for scaffolds, trestles, suspended platforms, MEWPs, etc.
45. Establish training needs and communicate with management.
46. Ensure proper storage and labelling of hazardous materials.
47. Ensure proper traffic management within the site and outside in cases of road work.
48. Ensure proper waste management (Waste segregation, storage and disposal) and where applicable, ensure that hazardous waste are handled, managed and disposed of according to the hazards materials compliance standards.
49. Choose qualified suppliers, and contractors for different activities within the site who meets the company's contractors' policy.
50. A H&S Officer needs to be professionally registered and to adhere to the ethics and professional conduct codes of their Professional Bodies.

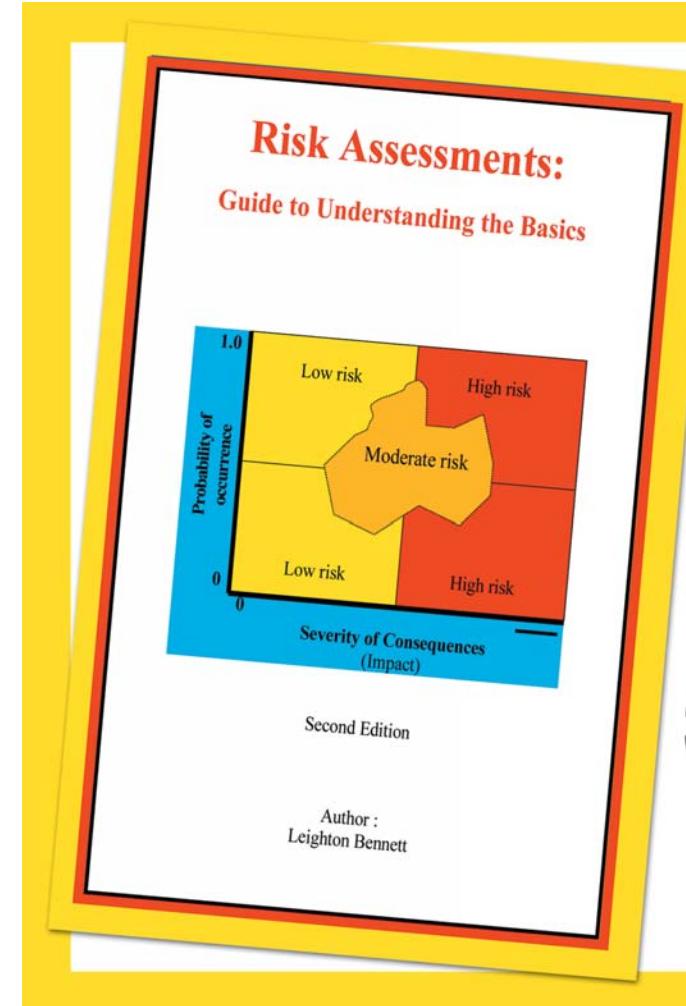
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"Risk comes from not knowing what you're doing"
Warren Buffet

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Author:
Leighton Bennett

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Women workers and PPE

Women first entered industry during the first world war out of necessity, but it was mainly with the feminist movement in the 60s that they joined the workforce as an occupation.

Over the years, their responsibilities in the mainly male-dominated environments grew, with many often doing the same physical work as men. They were supplied with PPE and clothing that had been designed with the male body in mind. At the time, it was the only PPE available. The fact that nothing fitted properly went mostly unnoticed. Neither did any company stop to consider that their female workers would be more productive if they were comfortable. For many years, this attitude continued to prevail. It is only now thanks to brands like Sisi Safety Wear that this attitude is starting to change.

Predahni Naidoo Brand Manager for Sisi Safety Wear is passionate about female PPE. While gaining knowledge and experience across all aspects of OH&S during her years at BBF Safety Group, her particular focus has been on raising awareness about PPE for women and making sure it is getting the attention it deserves.

We wanted to know more about the challenges she has faced and this is what she told us:

D.M. *Is the growth and awareness of female PPE at the level it should be?*

P.N. It continues to be a work in progress, but it is definitely growing. With females entering previously male dominated sectors and the numbers expanding, we have seen a continuous year on year growth. We have seen decision makers changing their mindset and doing the right thing for their workers. Many government tenders now even have the option for male and female PPE.

D.M. *How do you determine what kind of PPE is needed for females?*

P.N. As a start, our PPE is all locally manufactured so through talking to females and finding out what problems they experience in the workplace, we are able to give them exactly what they want. Also, before any of our products hit the market, they are properly tested, which adds to our confidence that they are getting the best. Once they have used our products, we interview them again. It is always rewarding to hear about the positive changes our PPE has made to their lives.

D.M. *What is hindering the procurement of female PPE?*

P.N. Although there are various reasons for this, ignorance plays a large role with some procurement and H&S officers unaware that a different range of PPE is available for women.

We have found that employers on the whole do want to order the best products available for their workers, but sometimes they just find it an easier option to repeat past orders. To overcome this, employers need to be educated on the importance of female PPE and the need to be made aware what PPE is available.

Female workers must also learn that they have the right to insist on the best PPE that is available for them.

D.M. *Why do some procurement officers still purchase PPE in bulk, which leaves no option for female PPE?*

P.N. Economical reasons - they get discounts for bulk purchases and sometimes it is just easier for them. But this is not always the best for female employees. They need to consider separate bulk orders for females and males.

D.M. *How can procurement officers become aware of changes in the safety PPE industry?*

P.N. It's an on-going process. We've done extensive PR campaigns, specialist shows, and extensive roadshows. Some in the mining industry and others in construction. Our aim is to get the message heard across the board - from the end user to the distributor, to the wearer. We have found once they learn what is on offer, there is more chance they will buy the correct products.

D.M. *Can you give us some examples of how female and male PPE differs?*

P.N. Different body shapes have to be considered. Males don't have a waist like females, and this has to be taken into consideration when designing clothing. We design women's tops with an extended cut, in other words, a longer back so that she is properly covered when bending over, giving her comfort and dignity. Even shoes are different, with women often slipping in shoes that are designed with the male foot in mind. Our fall arrest is manufactured with an elasticised chest strap which is important for comfort and essential for safety.

Predahni concluded, "We need to change the mindset of decision-makers. Employers must make the right decisions for their employees and buy the best clothes for them. And women must learn to insist on PPE that is manufactured specially for them. It is available. They don't buy men's clothes for themselves, so why must they wear men's clothes at work? Often women tend to just accept what is given to them, and with all the products now on offer, this is not necessary. If women are more comfortable, they will be more productive and focus on the job at hand".

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Hepatitis in the food industry



We are currently addressing some concerns in the Nigerian food industry in the area of Food Handlers' Health Assessment. Some confusion and a number of misconceptions exist with the types of tests necessary for a food handler's medical examination, but most importantly is the confusion with Hepatitis testing.

HEPATITIS A SPECIFICALLY IMPACTS THE FOOD INDUSTRY

We first need to understand that there are different types of Hepatitis namely, A, B, C and D. They are all infectious diseases but they are not all food borne diseases. Hepatitis A is the only food borne disease which spreads from contaminated food or water and contact with some who is infected. Therefore Hepatitis A is the only one we should include in our food handlers health assessment.

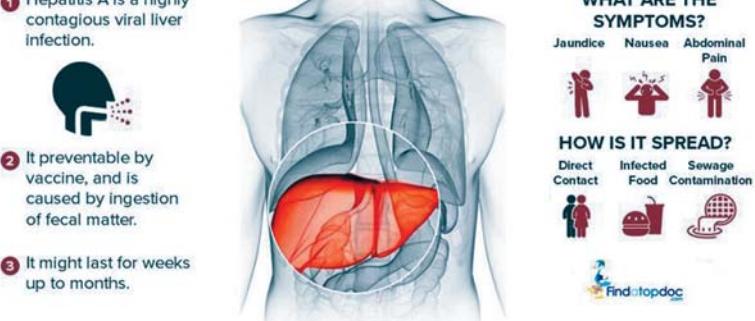
We have inspected facilities in Nigeria where we have seen the companies testing for Hepatitis B or C or a combination of both but leaving out Hepatitis A, the major industry concern. We have been educating food business operators mostly hotels in Lagos, Nigeria that Hepatitis type A should be an integral part of food handlers medical examination done every 6 months. Recently, during my ISO 22000 Food Safety Systems Certification (FSSC) Auditor's training, I came across the regulatory requirement by NAFDAC which simply says "Hepatitis test". It was not specific about the type of Hepatitis, so I realised that's where the confusion was coming from. We are currently engaging with them on the need to specify the Hepatitis type so that people have a clear instruction of what the regulation requires.

For the food industry operators, it is vital to have your food safety processes in top shape and well documented. Do the right thing at the right time and in the right manner.

Should any of your clients get food poisoning and want to take action, your first line of defence will be your safe food processes and documentation.



WHAT IS HEPATITIS A?



	TRANSMISSION	PREVENTION
HEPATITIS A	Eating contaminated food or drinking contaminated water	<ul style="list-style-type: none"> Practising good hygiene Vaccine
HEPATITIS B	Contact with the blood or bodily fluids of an infected person	<ul style="list-style-type: none"> Practising good hygiene Vaccine Blood screening
HEPATITIS C	Blood-to-blood contact	<ul style="list-style-type: none"> Practising good hygiene Avoid sharing needles, toothbrushes, razors or nail scissors
HEPATITIS D	Contact with infected blood (only occurs in people already infected with hepatitis B)	<ul style="list-style-type: none"> Hepatitis B Vaccine Avoid sharing needles, toothbrushes, razors or nail scissors
HEPATITIS E	Eating contaminated food or drinking contaminated water	<ul style="list-style-type: none"> Practising good hygiene Avoid drinking water that has come from a potentially unsafe source

HACCP PROCESSES

In addition to the correct food handlers medical assessment measures, it is also necessary to implement the Hazard Analysis and Critical Control Point (HACCP) processes which is a very useful tool in the food industry. Remember, you cannot afford to be found in a position of compromise when you are dealing with public safety, mostly in the area of food.

Food poisoning if not urgently and adequately managed can kill within a short period of time, and you do not want to be responsible for the death of a client who patronised your business.

Worldwide there have been many instances of litigation against food operators who were fined and penalised so heavily that some were even forced to close down at the weight of heavy fines. This is not good for the food business sustainability and continuity.

HEPATITIS B

Let me also emphasise that Hepatitis B testing amongst workers in food industry is also relevant. It is an infectious disease that is transmitted through blood and other potentially infectious materials (OPIM). We advocate for a Hepatitis B programme as a separate stand-alone programme on the prevention of ill-health in the food industry, instead of it being included in the food handlers medical examination.

Hepatitis B testing should be mandatory for all employees and not just food handlers. There should be immediate vaccination after testing with non-positive outcomes. Hepatitis B testing will cover those workers in the food industry where

sharing of equipment such as sharp objects is common and where the danger of suffering from cuts is a regular occurrence.

LEADERSHIP ACCOUNTABILITY

Improving workplaces and ensuring employees are confident to come to work knowing they will return to their families unharmed, uninfected and alive needs more leadership commitment and support than just pointing accusing fingers at

employees when things go wrong. The blame game is counter productive. Leadership accountability when things go wrong improves systems and keeps workers safe. We need to strive for the right kind of leadership who see the safety of their employees as an overarching indicator to their own safety and business profitability.

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OSHAfrica news from the President

Let me use this opportunity to thank everyone for the support and commitment shown towards our programmes, events and overall mandate. It has been a taskful journey but an interesting one as well.

I am also taking this opportunity to share some of the things we have been upto lately.

WEBINARS

We agreed to have at least one webinar every two months and so far that has been on course. Our webinar in May is focussing on Workplace Monitoring, Compliance and Enforcement. Participants will learn a lot from the renowned speaker from Health and Safety Executive UK who has been graciously allocated to us by one of our partners, International Association of Labour Inspectors (IALI).

LABOUR INSPECTOR PROGRAMME

Our seven week pilot class for African OSH and Labour Inspectors has now been completed. We designed this programme with our partner Workplace Health Without Borders (WHWB) Canada. It was extremely successful with inspectors from over eight African countries in attendance.

Registration for the second batch will commence in June 2022.

ASBESTOS

Lately, we have also become very concerned about the state of asbestos risks and exposure across Africa where only seven countries have clear legislations on Asbestos with 47 countries yet to make decisions about it. Those of us who attended our webinar to mark the Global Asbestos Awareness Week 2022, will understand this better. The article on page 4 of this issue summarises the webinar.

We have since inaugurated a strategic project called "African Asbestos Prevention and Control Network" with partners as AU-DA and NIOH working together with us. We need policy and we also need research. Asbestos fibres are not only

found in roofing sheets, automobile industries also asbestos for break pads and clutch discs. More awareness and education in asbestos handling and the inherent risks is needed.

We now have a new partner from Spain collaborating with us on asbestos, and knowing the great work they have done in Spain and Latin America, we feel this partnership will yield great dividends for Africa. We need everyone in Africa to come on-board with us.

ILO CONVENTIONS

Finally an issue surrounding competency improvement on ILO Conventions. In our recent meeting with ILO representatives, it became obvious that most of us do not clearly understand the existing conventions and when ILO has country projects on review or ratification of these conventions, the need to use an African for the work in Africa becomes a preferred choice, but there are some reservations. I have been contacted for recommendations of persons within certain localities and we have always managed to help. But there still exists a huge knowledge gap. For this reason, we are considering a webinar in either June or July 2022 for training on ILO Conventions which we will be doing in collaboration with ILO office. We need more of our people to be abreast with these conventions so that consultants outside Africa are not contracted to do what we could have done here on our own.

To conclude, we need every single African and professional association to be available as much as possible for these programmes, to make sure they are a success.



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SAIOH President's Message

Hennie Van Der Westhuizen, SAIOH President



As part of our service to our members, we provide feedback on the latest developments within SAIOH, in the following paragraphs.

SAIOH exists due to and for its members and is reliant on its members to continue to ethically serve this noble profession. Therefore, we invite your inputs and feedback on any matters communicated herewith.

A big thank you goes out to the National Council, Management Board, SAIOH Administration and PCC Teams for maintaining momentum in the strategic areas and day to day activities.

The relationship between Greek mythology and occupational hygiene

INTRODUCTION

Had Shakespeare known of the modern rose cultivars which have no fragrance, he would not have written the famous line “What is in a name, a rose by any other name would smell as sweet!”¹, thereby doing the world of literature a great injustice. He penned his play, Romeo and Juliet, in the period 1594-96.²

However, ignoring the context in which the phrase was written, it does prompt the question on the value and impact of names. Flowing from this, the name of our discipline, “occupational hygiene,” comes to mind.

In the following section an attempt will be made to provide insight into the origins and current use of the term occupational hygiene.”

ORIGIN OF THE WORD HYGIENE

The “occupational” part of the concept is easy to grasp as it merely describes the field to which the “hygiene” part, pertains to, i.e. having relevance to any work that is being done. That leaves us with the latter concept namely, “hygiene.” It originated in Greek mythology in that the name of the Greek goddess responsible for good health and the prevention of disease, was Hygieia.³ She was the daughter of Asclepius the god of medicine whose symbol of the staff and serpent is used until this day.⁴

Starting with Hygieia, the Ancient Greeks developed a word for health and welfare that was taken up by the Romans adopted by the French and eventually found its way into the English language.⁴

INTERNATIONAL PREVALENCE

Having originated approximately 400 BC,⁴ the word hygiene still has relevance today, is universally accepted and is interwoven in our everyday life. It can be found in various

health-related documents in South Africa and across the world, such as the various acts and regulations as well as publications of the World Health Organisation and the International Labour Organisation.

In the occupational or industrial context, the word has a specific meaning as defined by the various organisations, international bodies and legislation.

Various definitions may be found for this discipline, locally as well as internationally, such as those of the International Occupational Hygiene Association (IOHA), the American Industrial Hygiene Association (AIHA), and South African legislation. In South Africa, the definition is captured in the Occupational Health and Safety Act no 85 of 1993 and now in the OHS Bill of 2021. This act directly reflects the same essential stages for the application of occupational hygiene as IOHA and AIHA. These stages being anticipation, recognition, evaluation, and control.

Numerous courses in occupational/industrial hygiene are to be found worldwide. These courses could be short modules or formal academic courses running from pre- to post graduate levels. In South Africa, the academic courses containing occupational hygiene are approved by the Department of Higher Education and registered with the South African Qualifications Authority (SAQA).

RELEVANCE

Hygiene as a concept was forged through the ages and carries with it the wealth of tradition, culture and understanding. The name occupational hygiene thus represents the development of the name through the ages, cultures, and languages. It is entrenched in legislation and curriculums that are nationally and internationally recognised.

Returning to the epic question of: “What is in a



name”? A person may ponder the question as to whether, after all these years, a name change should be considered? One way of approaching such a question would be to evaluate the feasibility and consequences of such a name change. Answers to questions as stated below would have to be found such as:

- How, or why does one change an international concept that was forged through the ages?
- How does one obtain international consensus on a new name and the definition thereof?
- If feasible, how long would it take to change the name in Acts, Standards, and curriculums across the world?
- Are we throwing the proverbial baby (of tradition) out with the bathwater?

The question has been raised as to whether we are: Occupational Hygienists, Exposure Scientists or Exposure Specialists. Being proud of being part of a long and rich tradition and the fact that the word hygienist encompasses all the aspects of our profession my vote would go with, Occupational Hygienist.

One cannot but wonder whether a focused thrust at developing the profession would not be more productive, than putting efforts into name changes?

CONCLUSION

The word hygiene, therefore, has an age-old and culture rich origin, worldwide understanding in different languages, and is entrenched into international literature, legislation, curriculums, and documents. The international community instantly recognises this word thereby obviating clarification by way of definitions.

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National council feedback

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Strategic plan

The current SAIOH strategy (5-year plan) is steered by Jaco Pieterse. The strategy is discussed, and progress thereof is evaluated at each monthly SAIOH Management Board Meeting, and at the

quarterly Council meetings. Several objectives/ targets have already been met. The next five-year strategy plan will be finalised at the Management Board meeting in June 2022.

Ethics

As previously mentioned, SAIOH entered into an agreement with a well-known legal advisor, a Non-governmental organisation (NGO - Law), to represent SAIOH when required in legal issues. Their first task was to develop a MoU to replace our current Constitution. SAIOH has received the first draft of this important document. Our legal advisor's next task will be to review the SAIOH Ethics Policy and Procedure(s), thus enabling the Ethics Committee, under Oscar Rikhotso, to start its work in earnest.

Reminder: From January 2023 all SAIOH certified members will have to provide proof that they have completed an acceptable Occupational Hygiene Ethics training course. There will be a one-year phase-in period during 2022. During session

seven of our 2021 conference, there was a one-hour presentation facilitated by Terry McDonald from the British Occupational Hygiene Society (BOHS), UK (a world-renowned expert in this field).

SAIOH will shortly post the on-line test on the SAIOH website in a protected field, and e-mail the necessary passcodes to the members who attended the webinar or purchased the recording.

On passing the multiple-choice test with the minimum of 70%, members will receive a certificate that is valid for three years (with effect from 1 January 2023).

During 2022, there will be further ethics training sessions organised in conjunction with the SAIOH branches, and again at the 2022 Annual Conference.



SAIOH Branch activities

The Zululand branch, Jakes Jacobs (Sedulitas) and the SAIOH Administration team undertook a successful roadshow at major centres in southern Africa. Dr Joost van Rooij (Chemrade, Netherlands) presented 2-day face-to-face training courses on Hazardous Chemical Agents (HCA) Risk Assessments over the period 7 to 15 March 2022. These paid-for training sessions by an international specialist were a tremendous success. They not only improved the 55 occupational hygiene practitioners' (OHPs') competencies, but also benefitted SAIOH.

These Masterclass training sessions took place in:

- Cape Town – unfortunately, only 4 OHPs attended
- Durban – 24 attendees
- Gauteng, Midrand - 12 attendees
- Namibia, Swakopmund - 15 attendees.

The Western Cape branch hosted an in-person meeting on Friday 11 March 2022, with a presentation on Electro Magnetic Field (EMF) radiation by Sam Tshabalala from ESKOM); 42 OHPs attended.

The Gauteng branches held a successful Teams meeting on Friday 25 March 2022. Jaco Pieterse gave an excellent presentation on the new SANS 10083-2021 Standard, 128 OHPs attended.

The KwaZulu Natal branch held their meeting via Zoom, on 30 March 2022. Dr Dennis Amoah of Durban University of Technology gave an excellent presentation on Legionella; 35 OHPs attended.

Moses Mokone organised two virtual events - a SAIOH Branch development workshop (28 March 2022) and a Branch Chair meeting (21 April 2022).

Virtual meetings and workshops present numerous opportunities to SAIOH members. All SAIOH members are automatically invited and may attend any SAIOH branch meeting (or event), regardless of their branch affiliations.

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

SAIOH would like to revive stagnant branches, starting with the Mpumalanga and Namibian branches. Members who would like to assist with, or contribute ideas towards, this initiative are requested to contact Moses Mokone (SAIOH Branch co-ordinator) at Mokonemoses2@gmail.com

IOHA and OHTA feedback

The Occupational Hygiene Training Association (OHTA) recently published its May 2022 Global Link Newsletter. SAIOH emailed the link to all its members and posted it on the SAIOH website: www.saioh.co.za The focus of the latest OHTA newsletter is on Singapore.

Peter-John Jacobs, the SAIOH representative on the OHTA Board, evaluated a new OHTA approved training provider (ATP) in-line with the MoU that SAIOH has with OHTA. We welcome our newest SAIOH OHTA ATP, NEXAM (in Durban).

OHTA has a new website: www.ohtatraining.org

Closer to home, our SAIOH representative on the International Occupational Hygiene Association (IOHA) Board and its National Accreditation Recognition Committee (NARC), Garth Hunter, continues to give the PCC valuable feedback from the IOHA and IOHA NARC meetings. The issue of ISO 17024 accreditation as a pre-requisite to be an IOHA Association, was also discussed in detail at the IOHA and NARC meetings. The overwhelming majority of the IOHA and NARC national associations voted to only align their management and QMS systems to the ISO 17024 system.



SAIOH technical committee feedback

The SAIOH Technical Committee is still busy with research on welding fumes, i.e. the measurement, and the analyses thereof.

We anticipate completing this procedure and finalising a SAIOH Technical and Position paper in the near future. The next Position Paper will be on heat stress equations.

Annual SAIOH scientific conference

The 2022 SAIOH Annual Scientific conference is scheduled for 24 - 28 October 2022, in Gauteng. The Conference will be a hybrid event, i.e. face-to-face and via live streaming, and will be hosted by the Gauteng branch(es).

The conference organising committee had several discussions with their members at the Gauteng branch meetings. The volunteers, under the able leadership of Lene Hugo (Gauteng Branch Chair)

held their first official meeting on 17 March 2022 to get the ball rolling, with a follow-up meeting held on 10 May 2022.

The theme will be centred around control, and the Gauteng branches have already designed a conference banner.

CONTINUE TO WATCH THIS SPACE

Administrative matters

The SAIOH administrative team had its first official staff meeting on 24 March 2022; the next one was held on 9 May 2022. The aim of these meetings is to meet Strategic objective 6, and to ensure cross-pollination and open communication lines between the two administrative teams and SAIOH management.

SAIOH engaged website developers to completely overhaul the current website - especially to allow integration with our current Member Management System (MySAIOH).

The guidance document was developed by our administrative teams, circulated for final feedback

to the Council members, and sent to the website developers for development. The administrative teams are progressing well with the implementation and population of the new SAIOH website, using the draft website.

Kate Smart, our Chief Administrative Officer (CAO) has started the process to implement an on-line credit card payment system on a well-known international platform, like PayU, to make electronic payments easier for members. As soon as this is finalised, SAIOH will notify all members with a guideline on how to use it. Special thanks go to Kate.

Communications

SAIOH publishes its newsletter and Presidents' page in two electronic mediums, namely Occupational Health Southern Africa (OHSA, a peer-reviewed Journal) and the African OS&H magazine (A-OS&H). These publications are issued every 2 months and the links are sent to all members via Mailchimp and posted on our website.

SAIOH communicates daily with its stakeholders (i.e. the Department of Employment and Labour, MHSC, MVS SA, ESSA, SASOM, SASOHN, WHWB, OH AIA Association, Saiosh, SANAS, NIOH, NIOSH, IOHA and the IOHA NARC, OHTA, AIOH, BOHS, AIHA, etc.), via webinars, important news, technical information, legislation changes, new Standards, etc.

Several on-line events and webinars were hosted by our stakeholders in the recent past:

- Workplace Health Without Borders (WHWB) webinar on Respiratory Protection for COVID-19 (31 January 2022)
- ICOH Virtual Conference (6 – 10 Feb 2022)
- SANAS 2022 Assessor Conclave (17 February 2022)

- Occupational Health Southern Africa editorial board meeting (18 February 2022)
- SAIOH, Department of Employment and Labour and Occupational Hygiene Approved Inspection Authorities (AIA) liaison meeting (16 March 2022)
- National Institute for Occupational Health (NIOH) Centenary webinar on COVID-19 (21 April 2022), where Prof Cas Badenhorst represented SAIOH and gave a presentation on SAIOH and its work during the COVID-19 pandemic
- NIOH webinar on Ergonomics and COVID-19 – lessons learnt (24 March 2022)
- WHWB Webinar on Global workplace Silica exposures and health risks (27 April 2022).

A special virtual induction session was presented to the new Council members on 29 March 2022. The history of SAIOH and its structures, and the QMS, were addressed. The aim was to enable new Council members to get up to speed and receive an introduction to SAIOH's corporate memory.



From the Professional Certification Committee (PCC)

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Certification assessments

The special PCC technical team is hard at work revising the PCC oral assessment format, in line with the occupational hygiene self-assessment tool, ensuring not only that the growing field of occupational hygiene is covered, but also that all the current difficulties and issues experienced are addressed.

A summary of results from the first written assessments for 2022 (on 25 April 2022), is provided in the table below. The first quarters' oral assessments started on 22 April and are currently in progress.

Results for written assessments, 25 March 2022:

CERTIFICATION CATEGORY	RESULT			
	Total Assessed	Passed	Failed	Pass Rate %
OH assistant	49	43	6	88
OH technologist	22	14	8	64
Occupational hygienist	17	6	11	35
TOTAL	88	63	25	72

PCC communications

Special virtual induction sessions were presented to the new PCC chair and vice chair on 7 March 2022, and an additional induction session for new PCC members on 29 March 2022. Addressing specifically:

- The history of SAIOH, their responsibilities:
- for the PCC management, in their new capacities in the SAIOH Council, Management Board, and PCC Exco;

• and for the PCC members, how to conduct Oral assessments, the SAIOH and specifically the PCC structures and procedures/QMS), and PCC tasks, were addressed in these sessions.

The aim was to enable all new PCC members to get up to speed and receive an introduction to SAIOH's corporate memory and the PCC quality culture.

Occupational hygiene skills forum (OHSF)

The SAIOH Occupational Hygiene Skills Forum (OHSF) was initiated to co-ordinate all aspects related to the recognition of occupational hygiene training materials (e.g. the AIHA Basic IH Course at Registered Occupational Hygiene Assistant (ROHA) level), training providers and institutions, and the development and management of assessment and examination systems, where required.

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

The OHSF had its first official meeting for 2022 on MS Teams on 4 March 2022.

Congratulations to Northwest University and the Tshwane University of Technology, whose four-year bachelor's degrees were recognised by the OHSF as meeting the qualification criteria at the ROH level. The OHSF is currently hard at work, evaluating the university of the Witwatersrand's and CPUT's programmes.

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

Details of recognised training providers and recognised qualifications will soon be available on the SAIOH website (www.saioh.co.za). This will make it easier for students and certification candidates to select suitable occupational hygiene training programmes that meet SAIOH and international requirements.



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