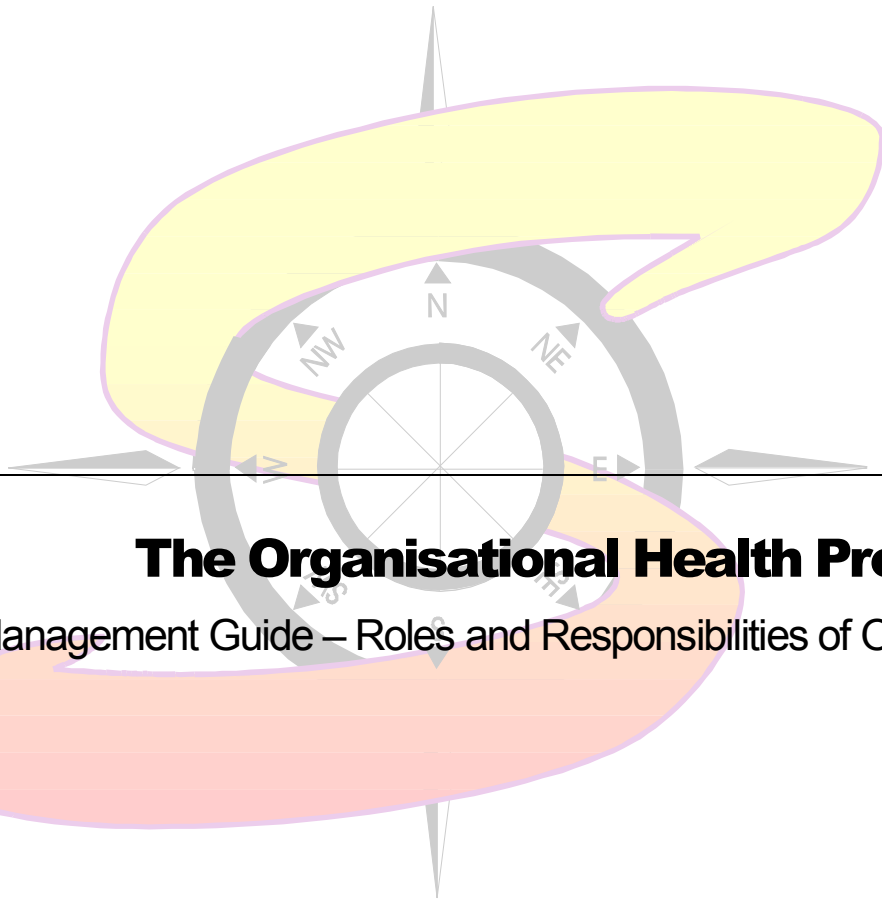
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The Organisational Health Programme

Management Guide – Roles and Responsibilities of OHNP & OMP



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1 INTRODUCTION


The Occupational Health Team has a large variety of tasks for which it is accountable. These cover a wide range of disciplines, including management, clinical and psychosocial elements. In order to ensure role clarity, and for the development of effective performance measurement, the Key Performance Areas (KPA's) and Indicators (KPI's) should be clearly available to all stakeholders. This document covers all the potential KPA's that might be included for an OH Nurse, a PHC Nurse or the OH Medical Practitioner. Depending upon the setting these could apply, or not. This document does not spell out the specific outputs/measurables ("Indicators") associated with each KPA.

2 RESPONSIBILITIES

Taking into account the above, and the context of the Primary Health Care Programme, the roles of the various service providers would include:

Administration / Management Functions (OH Nurse or PHC Nurse)

- Financial management
 - Prepare annual budget
 - Manage costs to budget
 - Insurance
 - Short-term cover in place, if applicable
 - Professional indemnity (SASOHN)
- Equipment
 - Purchasing & ordering
 - Scheduled inspections and maintenance
 - Calibration and certification of equipment (audiometry, spirometry, sphygmomanometer, glucometer, etc.)
- Record Maintenance
 - Keeping statutory records, e.g. medical surveillance data, COIDA, drug registers.
 - Keeping patient clinical records, ensuring confidentiality
 - Manage workmen's compensation claims
- Legal compliance (facilities & services)

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- Dispensing
- Employment (UIF, COID, etc.)
- Legal requirements of equipment that has statutory certification requirements, including ambulances, x-ray equipment.

- Inventory Control
 - Equipment
 - Consumable stocks (surgical, medicines, first aid)
 - Furniture & fittings


- Waste Management
 - General waste
 - Biomedical waste
 - Pharmaceutical waste
 - Process waste (eg. Xray developer chemicals) – if applicable

- Communication
 - Individual written feedback to patients, where relevant
 - Correspond with line management re: fitness for work, light duty, etc.
 - Reporting occupational disease to statutory bodies
 - Internal notification of injuries and illnesses identified

- Statistics & Reporting
 - Injuries & work-related illness
 - Sickness absence data
 - Monthly and annual reports on the program
 - Trend Analysis

- Ensure minimum standards compliance
 - Internal checklists / audits
 - Comply with site certification requirements (NOSA/ISO/OHSAS/IRCA/etc.)


- Manage first aid facilities
 - Inspection & replenishment of First Aid boxes in the plant
 - (Coordinate First Aid training)

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- (Ensure First Aid facilities are operational)
- Supervisory Functions (for those with staff reporting to them)
 - Staff training and development
 - Staff registration with appropriate bodies
 - Conducting performance management
 - Time & attendance management
- Emergency Preparedness / planning
 - Participate in the formulation of the emergency preparedness plans of the unit
 - Ensure that there is provision for various means of transportation of patients, in accordance with level of emergency
 - Ensure that the clinic is sufficiently equipped to manage medical emergencies that may occur on site
 - Ensure that the staff is adequately qualified to manage medical emergencies that may occur on site

Occupational Health Nurse Practitioner:

- Risk Assessments
 - Member of the Occupational Risk Exposure Profiling (OREP) Team
 - Conduct plant walkabouts, be familiar with the hazards, & report risks observed.
 - Ensure relevance of contents of First Aid boxes (potential additional requirements)
 - Investigation of plant conditions and hazards, as a follow up of alleged work-related problems
- Medical surveillance
 - Approve scheduled protocols and set up year plan (dates)
 - Conduct occupational medical assessments that are not the responsibility of the doctor and to refer problems to the OMP
 - Record the outcomes and manage the deviations
 - Examinations that require a certificate of fitness by an Occupational Health Nurse:
 - Workers at height ((8)(2)(b) (Fall Protection)). (Note. Not specifically stated that an OHP is required, but this is the widely accepted standard.)

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- Workers potentially exposed to Hazardous Chemical Substances (NOTE: Initial medical by OMP, thereafter by OHP)
 - Lifting Equipment Operators (Forklift operators Clamp/hyster drivers, Bell operators) (Note. Not specifically stated that an OHP is required, but this is the widely accepted standard. Initial medical by OMP, thereafter by OHP)
- Consultation / Advisory Role
 - Provide advice of work-related issues such as ergonomics, shift work, PPE, reproductive health issues.
 - Participate in relevant committee structures. eg. Health and Safety, EWP.
 - Member of the chemical approval committee (new products or process review)
 - Contribute to induction and other training programmes
 - Responding to and implementing legislation changes
 - Disability Management
 - Case management, coordination, document gathering, specialist liaison.
 - Participate in disability management meetings.
 - Treatment for work-related injuries and illnesses.
 - Provide primary emergency care to IODs.
 - Treat minor illnesses and refer as necessary to the OMP
 - Co-operate with external doctors in the treatment of workers
 - Case manage the treatment process, until maximum medical improvement.
 - Review returning employees, regarding their fitness for returning to work after illness or injury
 - Be informed regarding outcomes of incidents and root causes, etc.
 - Health Education
 - Individual workers e.g. personal hygiene, safe working practices
 - Run campaigns, programmes etc. as needed

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Primary Health Care Nurse Practitioner:


- Treatment for general (non work-related) injuries and illnesses.
 - Provide primary emergency care
 - Treat minor illnesses and refer as necessary
 - Co-operate with external service providers in the treatment of workers
 - Appraise self of possible implications of illnesses on the workplace.
 - Review returning employees, regarding the possible implications of illnesses on the workplace, and referral to the OHNP or OMP if necessary.
 - Management of chronic medical conditions.
 - Preventative treatment such as flu vaccines.

- HIV/AIDS Management
 - Counselling & testing
 - Case management of patients
 - Liaison with Employee Wellbeing Program
 - Member of the Employee Wellbeing Program committee


- Counselling Functions
 - Individual counselling of workers on health related issues e.g. personal hygiene, healthy lifestyles
 - Establish a referral network to service providers for EAP.

Occupational Medical Practitioner

- Health Risk Management
 - Participate in Health Risk Assessments and provide inputs accordingly.
 - Evaluate chemical toxicology and exposure risk.
 - Participate in the chemical approval process

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- Perform periodic pro-active (routine) and reactive (issue-based) workplace assessments, and report on findings, with recommendations
 - Shall be familiar with the work processes and work environment, and the health risks.
 - Inputs to Occupational Hygiene programme, and comment on hygiene reports, with recommendations.
 - Inputs to changes in plant processes, regarding potential health risk implications
 - Liaise with Risk Manager (or equivalent) on all health issues relating to safety and the workplace & external environment (including follow up of risk reduction plans).
- Medical Examinations
 - Continually review current medical surveillance programmes
 - Perform the medical examinations as required, such as pre-employment, periodical, exit and fitness to work medicals.
 - Review outcomes of all occupational health tests, for adverse exposure effects, and impacts on medical fitness to work and manage the deviations.
 - Approve medical surveillance protocols in the Information Management System
 - Examinations that legally require a certificate of fitness by a doctor:
 - Any Doctor:
 - Drivers on public roads, requiring a PrDP.
 - Forklift operators (Initial Medical only)
 - Radiation medicals
 - Doctors with special registration:
 - Occupational Medicine Practitioner
 - Construction: workers required to work on suspended platforms (15)(12)(a)
 - Construction: Crane operators (20)(g)
 - Construction: Operators of all construction vehicles and mobile plants (21)(1)(d)(i)
 - Lead medicals
 - Hazardous Chemical Substance medicals (Note: not specifically stated, but implied. Initial Medical only)
 - Asbestos medicals
 - Other special registrations:
 - Divers
 - Pilots
 - Seafarers

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- Medical Adjudication
 - Perform return to work medicals for employees in occupations for whom scheduled medical surveillance has been prescribed.
 - Provide medical adjudication skills regarding disability retirement, compensation and fitness to work (incapacity) issues.

- Consultation / Advisory Role
 - Responding to and implementing legislation changes (and advise local management if relevant)

- Emergency Care
 - Render immediate primary emergency care (especially injuries and illnesses on duty) to employees that are referred by the OHNP, where applicable.
 - Complete the documentation prescribed by the relevant legislation.
 - Co-operate with external doctors in the treatment of workers
 - Case manage the treatment and rehabilitation process, until maximum medical improvement.
 - Participate in the formulation of the emergency preparedness plans of the unit
 - Ensure that there is provision for various means of transportation of patients, in accordance with level of emergency
 - Ensure that the clinic is sufficiently equipped to manage medical emergencies that may occur on site

- Primary Healthcare
 - Attend to patients with minor illnesses referred by the OHNP.
 - Refer patients who cannot be managed adequately at the clinic to an appropriate medical service.
 - Case manage the treatment process, until maximum medical improvement.
 - Appraise self of possible implications of illnesses on the workplace.
 - Management of chronic medical conditions, including HIV related illness.


- Clinic Administration and Service Management
 - Inputs to ensuring minimum standards compliance

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- Internal checklists / audits
- Record maintenance (clinical & pharmaceutical)
- Is responsible for the legal compliance of the clinic with regard to the Medicines & Related Substances Act, and Good Pharmacy Practice. Is required to ascertain the OHNP's ability to diagnose & prescribe, and authorise her to do so in his/her absence, as required by the Nursing Act.
- establishment of a referral network and links with any outside resources necessary to deliver medical services that cannot be made available at the clinic, such as hospitals, Day Hospitals, specialists, social workers, pharmaceutical companies, etc.
- Communication and Reports
 - Inputs to reports as follows:
 - Monthly:
 - Make any additional comments as relevant in the sister's monthly report, about any matters deemed to be noteworthy in that month.
 - Annual:
 - Trend analyses

Nursing Assistant/Staff Nurse:

- First Aid and ambulance
 - Check First Aid boxes and replenish missing stock.
 - Compile and up-keep of First Aid register.
- Medical surveillance
 - Assist with the scheduling of medical examinations.
 - Taking patient history prior to medical examination
 - Basic observations including blood pressure, pulse weight, urine and height.
 - Conduct Audiometry, vision and lung function testing (after certification and training)
 - Calibration of spirometer and audiometer (after certification and training)
- Advisory Role
 - Participate in relevant committee structures. eg. Health and Safety, EWB, peer educators

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- Visit departments/sections to discuss health-related issues.
 - Conduct plant visits and walkabouts to ensure cleanliness and to identify certain basic health risks
 - Conduct certain hygiene inspections
 - Assist with peer education meetings and training
 - Monitor and assist substance abusers
-
- Treatment for work-related and non-work relate injuries and illnesses.
 - Ensure accurate record keeping and reporting.
 - Setting of sterile trays for procedures
 - Autoclave dressing packs and sterile trays
-
- Health Education
 - Individual workers e.g. personal hygiene, safe working practices, disability
 - Participate in campaigns, programmes of work-related issues such as ergonomics, shift work, PPE, reproductive health issues.
 - Assist and educate the HIV+ and TB employees regarding the correct intake of their medication, diet, partner discloser, ect. (DOT)
 - Be familiar with the referral network to service providers for EWB.
-
- PHC
 - Maintenance of a clean and healthy environment for the patients
 - Record daily temperatures of refrigerator
 - Assist with appointments and referrals
 - Assist with initial screening of patients
-
- Employee Wellbeing Program
 - Counselling & testing
 - Assist with case management of HIV patients
 - Liaison with EWP
-
- Record Maintenance

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- Keeping of statutory records, e.g. COIDA, patient records, vehicle and equipment checks.
- Keeping patient clinical records, ensuring confidentiality
- Assist with telephone and computer tasks
- Assist with clinic filing


- Inventory Control
 - Equipment
 - Consumable stocks (surgical, medicines, first aid)
 - Furniture & fittings

- Waste Management
 - Assist with general, medical, pharmaceutical and process waste

Nursing Assistant/Ambulance Driver (BAA)/Staff Nurse:

- First Aid and ambulance
 - Check First Aid boxes and replenish missing stock.
 - Daily Ambulance vehicle and equipment checks, replenish missing stock and report any faults with the ambulance or equipment
 - Keep the ambulance clean inside and outside.
 - Driving the ambulance and keeping accurate patient and vehicle (mileage, timing, etc) logs for all the trips made.
 - Daily checks of emergency room equipment and stock and oxygen supply.
 - Compile and up-keep of First Aid register.
 - Hospital and home visits for certain patients
 - Conduct level 1 First Aid training

- Medical surveillance
 - Assist with the scheduling of medical examinations.
 - Taking patient history prior to medical examination
 - Basic observations including blood pressure, pulse weight, urine and height.
 - Conduct Audiometry, vision and lung function testing (after certification and training)
 - Calibration of spirometer and audiometer


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- **Advisory Role**
 - Participate in relevant committee structures. eg. Health and Safety, EWB, peer educators
 - Visit departments/sections to discuss health-related issues.
 - Conduct plant visits and walkabouts to ensure cleanliness and to identify certain basic health risks
 - Conduct certain hygiene inspections
 - Assist with peer education meetings and training
 - Monitor and assist substance abusers

- **Treatment for work-related and non-work relate injuries and illnesses.**
 - Provide primary emergency care and refer to the appropriate service
 - Ensure accurate record keeping and reporting.
 - Assist with the follow up, treatment and rehabilitation of cases
 - Setting of sterile trays for procedures
 - Autoclave dressing packs and sterile trays

- **Health Education**
 - Individual workers e.g. personal hygiene, safe working practices, disability
 - Run campaigns, programmes of work-related issues such as ergonomics, shift work, PPE, reproductive health issues.
 - Assist and educate the HIV+ and TB employees regarding the correct intake of their medication, diet, partner discloser, ect. (DOT)
 - Be familiar with the referral network to service providers for EWB.

- **PHC**
 - Counselling & testing
 - Assist with case management of HIV patients
 - Liaison with EWP
 - Maintenance of a clean and healthy environment for the patients
 - Record daily temperatures of refrigerator
 - Assist with appointments and referrals
 - Assist with initial screening of patients

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- Record Maintenance
 - Keeping of statutory records, e.g. COIDA, patient records, vehicle and equipment checks.
 - Keeping patient clinical records, ensuring confidentiality
 - Assist with telephone and computer tasks
 - Assist with clinic filing


- Assist with:
 - Inventory Control
 - Waste Management

3 Registration:

- Medical Practitioners:
 - Annual registration with Health Professional Council of South Africa.
 - Three yearly registration with the Dept of Health for licence to dispense.
 - Proof of malpractice indemnity of at least R5 million per incident.


- Registered Nursing Practitioners:
 - Annual registration with South African Nursing Council of South Africa.
 - Two yearly registration with SASOHN as a registered Audiometrist.
 - Three yearly registration with Dept of Health for licence to dispense.
 - Proof of malpractice indemnity of at least R5 million per incident.

- Nursing Assistant/Ambulance Driver(BAA)/Staff Nurse:
 - Annual registration with South African Nursing Council of South Africa or the Health Professional Council of South Africa.
 - Two yearly registration with SASOHN as a registered Audiometrist.

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4 Document History

Version Number	Change	Date
03	Appendix 1 added - Guidelines for the issue of a section 38A authorisation to a nurse (as prescribed by the Department of Health).	01/06/2009
04	Appendix 2 added - What qualifications are required to adjudicate on fitness to work (was in the fitness to work guideline)	09/06/2009
05	Another Appendix 3 added - What qualifications are required to adjudicate on fitness to work (was in the fitness to work guideline)	09/09/2009
06	A new appendix added – the concept of “supervision”	15/09/2009
07	Update to the section on “supervision”, & the paragraph on issues to consider when assigning tasks to staff members	12 Oct 2009
08	Update to the section on “supervision”, & an additional appendix added – section 56(6) of the “new” Nursing Act (33 of 2005).	15 Oct 2009

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5 Appendix 1: Doctors issuing Permits under Section 38A* of the Nursing Act (50 of 1978)

(* This is now in section 56(6) of the new Nursing Act (33 of 2005). This document was issued by the Directorate of Pharmaceutical Affairs whilst the Nursing Act 50 of 1978 was in force.)

Introduction

The permit to purchase, keep and dispense medication under section 22a of Act 101 does not make provision for the nurse to assess, diagnose, treat and prescribe for ailments encountered in a primary care context. Section 38A of the Nursing Act (50 of 1978) makes provision for nurses working in designated health care facilities to be authorised to assess, diagnose, prescribe and treat certain health conditions if a medical practitioner or pharmacist is not available. However, until recently, clinics in the private sector were not designated, and occupational health nurses were practising illegally. As an interim measure, recognising the crucial role that occupational health clinics play in the provision of primary and emergency care to employees who cannot afford medical aid, the Director-General: Department of Health has designated occupational health clinics under section 38a of the Nursing Act (50 of 1978). This interim concession allows the doctor in charge of the clinic to authorise the nurse to diagnose, prescribe medication and treat patients presenting to the clinic when the doctor is unavailable. This guideline sets out criteria to assist the medical practitioner in giving this authority.

- The doctor must be familiar with the terms and conditions of the permit issued to the clinic under section 22A of The Medicines and Related Substances Control Act (101 of 1965).
- The doctor should assure himself/ herself that the nurse is competent to perform the tasks being authorised by the permit. This should be through appropriate training, qualification, by evaluation of past experience and by work under direct supervision for a period. A qualification does not necessarily guarantee competence.
- The nurse should not be asked to perform any task that is beyond his/her scope of practice or that he/she is not competent to perform.
- There should be a comprehensive set of treatment protocols relating to the management of all medical conditions likely to be encountered in the clinic. Suitable algorithms should be built into the protocols. There should be clear instructions on when to refer, what treatment the nurse can initiate, what treatment can be changed and the circumstances under which changes can occur. All such changes should be recorded in the patient's file and countersigned at the earliest opportunity (not greater than one week as the case may be). The management of emergencies should be specifically addressed by these protocols and it is advisable that all nurses working in these clinics should have completed appropriate training (including regular refresher courses) in the management of common emergency situations.
- The treatment protocols should be supported by standing orders pertaining to the running of the clinic. These standing orders should list the conditions that the nurse is allowed to treat and should be reviewed and updated annually.


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- There should be open channels of communication between the doctor and nurse at all times and the doctor should be available for consultation during the hours that the occupational health clinic is open.
- The doctor should be present in the clinic for the recommended number of hours according to the table below.
- A formal drug control system should be implemented. Each prescription for schedule 3 or 4 drugs should be checked against the case notes and the drugs register and signed off in the drug register by the doctor.
- Stock checks should be taken monthly and balanced against the drug register, signed by the nurse and countersigned by the doctor.
- No charge may be levied for medicines dispensed to employees under this permit.

It should always be remembered that the doctor remains the person ultimately responsible and accountable for the treatment of patients attending the clinic. As with doctors, nurses should be careful not to practise beyond their scope of practice and are responsible for their own act and omissions. They should not be coerced to practise beyond their competence. Doctors should ensure that only medicines on the prescribed list (as issued by the Department of Health) are ordered and stocked by the clinic, unless written permission has been obtained to order additional medicines not on the list.

<u>Number of Employees at site</u>	<u>Hours Dr should be present in the clinic per week</u>
1 – 500	1
501 – 1000	2
1001 - 1500	3
1501 – 2000	4
2000 - 3000	5
3000+	Full time doctor

These are minimum guidelines and additional time may be necessary depending upon the risk profile of the industry.

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6 Appendix 2: Section 56 of the Nursing Act (33 of 2005)

56. *Special provisions relating to certain nurses*

(1) *Despite the provisions of this Act or any other law, the Council may register a person who is registered in terms of section 31(1)(a), (b) or (c) to assess, diagnose, prescribe treatment, keep and supply medication for prescribed illnesses and health related conditions, if such person -*

- (a) *provides proof of completion of prescribed qualification and training;*
- (b) *pays the prescribed registration fee; and*
- (c) *complies with subsection 6.*

(2) *The Council must issue a registration certificate to a person who complies with the requirements referred to in subsection (1).*

(3) *The registration certificate referred to in subsection (2) is valid for a period of three years.*


(4) *The Council may renew a registration certificate referred to in subsection (2) subject to such conditions as the Council may determine.*

(5) *A person registered in terms of subsection (1) may -*


- (a) *acquire, use, possess or supply medicine subject to the provisions of the Medicines and Related Substances Act, 1965 (Act No. 101 of 1965); and*
- (b) *dispense medicines subject to the provisions of the Medicines and Related Substances Act, 1965.*

(6) *Despite the provisions of this Act, the said Medicines and Related Substances Act, 1965, the Pharmacy Act, 1974 (Act No. 53 of 1974), and the Health Professions Act, 1974 (Act No. 56 of 1974), a nurse who is in the service of -*

- (a) *the national department;*
- (b) *a provincial department of health;*
- (c) *a municipality; or*
- (d) *an organisation performing any health service designated by the Director-General after consultation with the South African Pharmacy Council referred to in section 2 of the Pharmacy Act, 1974, and who has been authorised by the Director-General, the head of such provincial department of health, the medical officer of health of such municipality or the medical practitioner in charge of such organisation, as the case may be, may in the course of such service perform with reference to -*

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- (i) *the physical examination of any person;*
 - (ii) *the diagnosing of any physical defect, illness or deficiency in any person; or*
 - (iii) *the keeping of prescribed medicines and their supply, administering or prescribing on the prescribed conditions;*
- any act which the said Director-General, head of provincial department of health, medical officer of health or medical practitioner, as the case may be, may, after consultation with the Council, determine in general or in a particular case or in cases of a particular nature, if the services of a medical practitioner or pharmacist, as the circumstances may require, are not available.*

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7 Appendix 3: What qualifications are required to adjudicate on fitness to work?

This is also covered in the Medical Surveillance Guideline. The key issues are as follows:

The required qualifications for certifying fitness to work:

Using South African Law as the primary guide, the following four categories of qualification are to be considered:


1. Certificate of Fitness signed by any Medical Practitioner, without special registration:

- Drivers on public roads, requiring a PrDP (professional driver permit) (National Road Traffic Act (93 of 1996), 25(2)(b), 28B(1)(c)(Instructors), Schedule, section 25(2)(b), Chapter IV, 15(1)(f)-(h)), and the National Road Traffic Regulations (2000), Regulation 102(1)-(2)(vision std), 115 & 116(who requires PrDP), 117(b)(who certifies), 122(certificate valid for)).
- Radiation medicals (Hazardous Substances Act (15 of 1973); Regulations relating to Group IV Hazardous Substances, 1993, Regulation 14(2)(b))
- Cold Workers (Environmental Regulations 2(2)(c)). (Note: also allows a registered nurse to certify fitness, but the protocol to be devised by the medical practitioner)
- Heat workers (Environmental Regulations 2(4)(b)(i)). (Note: also allows a registered nurse to certify fitness, but the protocol to be devised by the medical practitioner)

Note: the Synergiee standard is that these should, where possible, be conducted by an Occupational Medicine Practitioner, as this ensures that the adjudication is made with the appropriate knowledge and training.

2. Certificate of Fitness signed by an Occupational Medical Practitioner, (ie a medical doctor with the required post-graduate qualifications in Occupational Health):

- Construction: workers required to work on suspended platforms (Construction Regulations (15)(12)(a))
- Construction: Crane operators (Construction Regulations (20)(g))
- Construction: Operators of all construction vehicles and mobile plants (Construction Regulations (21)(1)(d)(i))
- Lead medicals (Lead Regulations 8 (1)-(5))
- Asbestos medicals (Asbestos Regulations 9(1)-(4))
- Seafarers (Merchant Shipping (Eyesight and Medical Examination) Regulations, 2004; regulation 18(1))
- Employees on Mines & Quarries (Mines Health & Safety Act, section 13 (10)-(8)).
- Compensation for Occupational Injuries & Diseases Act (130 of 1993), Internal Instruction 171, section 1.8.2. All cases with an impairment, but which is not complicated and the degree of disablement is less than 15% (ie. the PLH (percentage loss of hearing) is less than 30%), should be referred for the opinion of an OMP.

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3. Certificate of Fitness signed by a Medical Practitioner, with other special post-graduate qualifications:

- Divers (Diving Regulations 4(1)-(8))
- Pilots of aeroplanes (Civil Aviation Regulations Part 61.01.6. The licence to conduct these examinations is issued under the SA Civil Aviation Authority)

4. Certificate of Fitness signed by an Occupational Health Practitioner; (ie. a registered nursing sister or a medical doctor with the required post-graduate qualifications in Occupational Health):

- Cold Workers (Environmental Regulations 2(2)(c)). (Note: a registered nurse may certify fitness, but the protocol to be devised by the medical practitioner)
- Heat workers (Environmental Regulations 2(4)(b)(i)). (Note: a registered nurse may certify fitness, but the protocol to be devised by the medical practitioner)
- Hazardous Chemical Substance medicals (Hazardous Chemical Substances Regulations, Regulation 7).
- Hazardous Biological Agents (Hazardous Biological Agents Regulations, Regulation 8)

Note: the Synergee standard is the Initial Medicals for these positions should, where possible, be conducted by an Occupational Medicine Practitioner; the Periodic Medicals thereafter may then be conducted by an Occupational Health Nurse Practitioner.

5. Certificates of Fitness that are required by law, but for which the qualifications are not specified.

- Construction: employees required to work at height, with fall protection (Construction Regulations (8)(2)(b)).
Note: the Synergee standard is these should be conducted by an Occupational Health Nurse Practitioner.
- On-site Driven Machinery (ie. Forklift operators). (National code of practice for the evaluation of training providers for lifting machine operators, under the Driven Machinery Regulations). The code requires the employer to ensure that the employees are physically & psychologically fit to be trained. (Page 13, point 2(a)). The suggested standard is that an OMP should do the initial medical, and the OHNP should do the periodic medicals (ie. at re-training when the initial certificate expires).
- NOTE that the code also requires that these employees are certified by an optometrist to have adequate day & night vision, and depth perception. (Page 13, point 2(b)).
- Alternatively, should an employee be in possession of a professional driver's permit (PrDP), this would be deemed to be sufficient to meet the standard for vision (optometry) and physical fitness (Page 14, point 2(b)).

Note: the Synergee standard is the Initial Medicals for these positions should, where possible, be conducted by an Occupational Medicine Practitioner; the Periodic Medicals thereafter may then be conducted by an Occupational Health Nurse Practitioner.




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5. Certificates of Fitness that are not specified by law, but that are part of good risk management.

- Work in which there is an obligatory use of respirators
- Confined space workers
- Food Handlers

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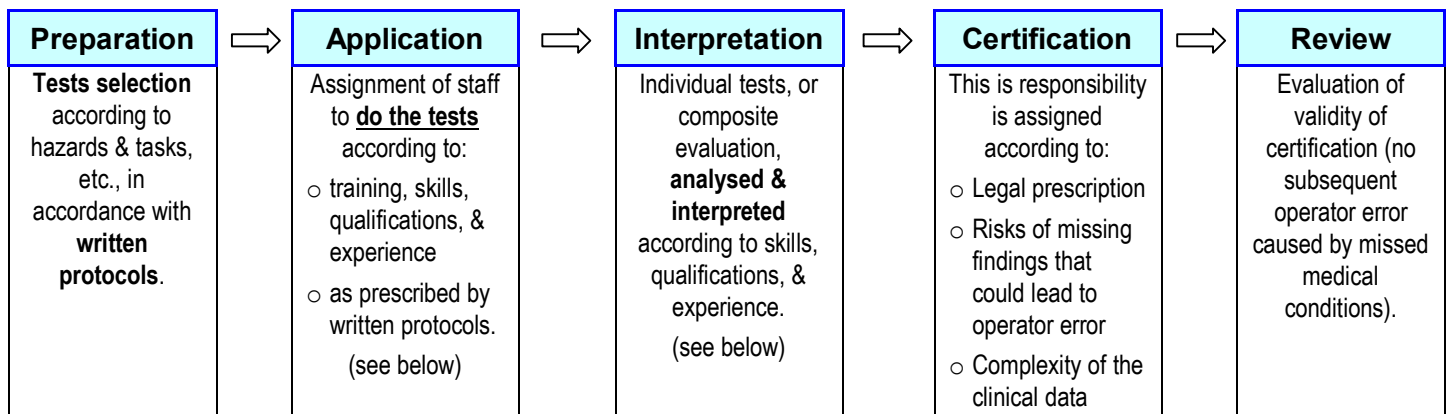
8 Appendix 4: Guideline for determining who does what


There are potentially a number of categories of medical staff available to conduct various components of the medical examination. It is extremely important that the roles of each of these contributors are understood, and that staff members are appropriately utilised. The responsible manager or medical practitioner should be mindful of the **legal requirements** that apply to the programme being undertaken. See the Synergee spreadsheet called "Guideline - Certifications & Surveys required in OH.xls", and [Appendix 3](#).

The following should be considered when assigning tasks to staff members:

- Legal prescriptions (ie. a statute prescribes that a task be performed by a professional with a particular qualification)
- Qualifications/Certificates of competency applicable (ie. audiometry, spirometry)
- Scope of practice of the professionals involved.
- Complexity of the medical test (especially physical clinical examination)
- Potential risks (consequences & probability) of missing an abnormal finding, leading to operator failure.


Also, the following traditional steps are to be considered in any medical evaluation. They apply to individual tests, or the composite evaluation of the employee (all tests combined).



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The following table provides examples of typical task assignments in an OH setting

Medical Test	Done by	Interpreted by
Interview (general questions)	OHN (Consider a person that is specifically trained, even without a professional medical/nursing qualification)	OHN/OMP , depending on who is required to provide overall sign-off.
Interview (special questionnaires) Such as for audiometry, spirometry, allergy, etc.)	OHN – interview component Consider OMP for clinical examination component	OMP
Medical “Screen” (height, weight, blood pressure, urine)	OHN (Consider a person that is specifically trained, even with a lesser professional medical/nursing qualification, such as an enrolled nurse)	OHN/OMP , depending on who is required to provide overall sign-off.
Systematic exam	Depends on the level of competence required to determine the medical conditions of concern. If complex clinical signs may need to be detected, then the clinical examination should be conducted by the OMP. Under certain circumstances (heat, cold), can be done by an OHN, according to a protocol devised by the OMP.	OHN/OMP , depending on who is required to provide overall sign-off. Note: an OMP may legally interpret the clinical findings of another person, BUT there is contention regarding whether or not an OMP may legally sign off a certificate of fitness without personally examining the person.
Vision Tests	OHN (Visual acuity, depth perception & colour vision testing can be done by a person that is specifically trained, even without a professional medical/nursing qualification) Optometrist are legally required for vision tests for lifting equipment operators.	OHP/OMP (optometrist for lifting equipment operators)
Spirometry	Person competent in doing spirometry (as per SABS standard). (Can be done by a person that is specifically trained, even without a professional medical/nursing qualification). Usually it's the OHN .	OMP
Audiometry	Person competent in doing audiometry (“competent person” as per NIHL Regs). Can be done by a person that is specifically trained, even without a professional medical/nursing qualification). Usually it's the OHN .	OHP/OMP
Chest Radiographs	Radiographer	OMP, radiologist
Lab Tests	Lab Technician	OMP, pathologist

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9 Appendix 5: The concept of “Supervision”

This is an important aspect of occupational health. By means of the “section 56 authorisation”, the OMP enables the OHN to act on his/her behalf when he/she is not there. This means that the OHN is acting under the indirect supervision of the OMP. In order for this to be lawful (and therefore, for no risk of negligence), certain elements should be in place to demonstrate the presence of “supervision”. Many of these elements are recorded in the guideline published by the Department of Health ([see appendix 1](#)).


If something goes wrong, the “supervisory” doctor will need to demonstrate that he/she acted with the standard of care expected of a reasonable occupational health doctor in those circumstances.

The question is – what would be a “reasonable standard of care”? The answer lies in the quality of the supervision that was provided.

It should be noted that “supervision” may be direct or indirect.


- Direct supervision means control over the actions of another person, in such a manner as to be in close proximity to the activities of the person, and usually entails direct observation.
- Indirect supervision means control over the actions of another person through various mechanisms that do not include direct observation or close physical presence. This would require more than mere presence (that is merely one factor); it would require include the following:
 - Knowledge and confirmation that the OHN has the necessary qualifications and experience
 - Written assignment of duties and responsibilities, via procedures, guidelines & protocols, etc. These should show a clear definition of responsibilities. Procedures should*:
 - Provide guidance as to when the procedure should be performed.
 - Give step-wise instructions, with clear guidance as to what to do at decision points.
 - Not include functions that are restricted by law to other health care professionals
 - Describe specific training or experience needed for the nurse in order to perform specific functions;
 - Identify the procedures that require direct physician orders or direct supervision;
 - Specify the circumstances that require immediate notification of or referral to a physician to hospital emergency department.

(* adapted from guidelines provided by Joseph LaDou in the textbook, “Current Occupational & Environmental Medicine”)

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- The OHN should know the contents of the written procedures, protocols, etc. (this means there must be training and a mechanism by which to check that the OHN is indeed conversant with these procedures & protocols.)

Often the test of “reasonable” is considered against what the profession or peers regard as reasonable, it would be best if SASOM were to publish a position paper on this, as a benchmark.

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10 Appendix 6: Qualifications Framework

Position:	Training/ Qualification	Level of Requirement		Comments:	
		Compulsory	Optional		
		Pre-requisite	With Training		
Occupational Health Nurse Practitioner	Professional nurse	X			
	Occupational Health	X			
	Audiometry		X	Compulsory with training. SASOHN accredited registration to be obtained within a 6-month period after appointment.	
	Spirometry		X	Compulsory with training. Recognised training at approved training facility to be obtained within a 6-month period after appointment.	
	Primary Health Care			X	Compulsory with training if the practitioner is responsible for provision of PHC. Enrol within 1 year after appointment.
	Dispensing			X	Compulsory with training if the person is responsible for provision of Dispensing services. Qualification to be obtained within a 1-year period.
	Emergency Training			X	This equates to a First Aid level 3 qualification. Qualification to be obtained within a 6-month period for remote geographical areas and within a 1-year period in urban areas.
Professional	Professional nurse	X			


Guideline - Functions of OH Team.doc

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Position:	Training/ Qualification	Level of Requirement		Comments:	
		Compulsory Pre-requisite	Optional With Training		
Nurse (non-OH work)	Audiometry		X	Optional in terms of multi-skilling approach.	
	Spirometry		X	Optional in terms of multi-skilling approach.	
	Primary Health Care		X	Compulsory with training. Enrol within a 1-year period after appointment.	
	Dispensing		X	Compulsory with training. Qualification to be obtained within a 6-month period after appointment	
	Emergency Training		X	This equates to a First Aid level 3 qualification. Qualification to be obtained within a 6-month period for remote geographical areas and within a 1-year period in urban areas.	
	HIV Treatment Management			X	Compulsory with training when OHNP is contractually involved with medical management of HIV+ Company employees on HIV/AIDS managed care programme. Enrolment within a 1 year period after appointment.
	HIV Counsellor			X	Compulsory with training. Qualification to be obtained within a 1-year period after appointment.
	TB Treatment			X	
	STI Treatment			X	
	Family Planning			X	

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Position:	Training/ Qualification	Level of Requirement		Comments:
		Compulsory	Optional	
		Pre-requisite	With Training	
Enrolled nurse	Enrolled nursing	X		
	Audiometry			X Optional in terms of multi-skilling approach.
	Spirometry			X Optional in terms of multi-skilling approach.
	1st aid level 1		X	Compulsory with training. Qualification to be obtained within a 6-month period after appointment
	HIV Counsellor		X	Compulsory with training. Qualification to be obtained within a 6-month period after appointment.
Occupational Medical Practitioner	MB Ch B	X		
	DOH	X		
	Dispensing			X Compulsory with training when dispensing services are contractually required. Qualification to be obtained within a 6-month period after appointment.
	ATLS			X Compulsory with training when required to treat serious Company injuries-on-duty cases - especially in remote geographical areas. Qualification to be obtained within a 6-month period after appointment.
	ACLS			X Optional when required to treat general medical emergency cases of Company employees -especially in remote geographical areas.

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Position:	Training/ Qualification	Level of Requirement		Comments:
		Compulsory	Optional	
		Pre-requisite	With Training	
	HIV Treatment Management			X Compulsory with training when OMP is contractually involved with medical management of HIV+ Company employees on HIV/AIDS managed care programme. Enrolment within a 1 year period after appointment.
Ambulance personnel	Basic Ambulance Assistant	X		Minimum qualification requirement.
	Ambulance Emergency Assistant		X	
	Audiometry		X	Optional in terms of multi-skilling approach.
	Spirometry		X	Optional in terms of multi-skilling approach.