	Title: MANAGEMENT GUIDE - OH PROGRAMME (DOH Version)				
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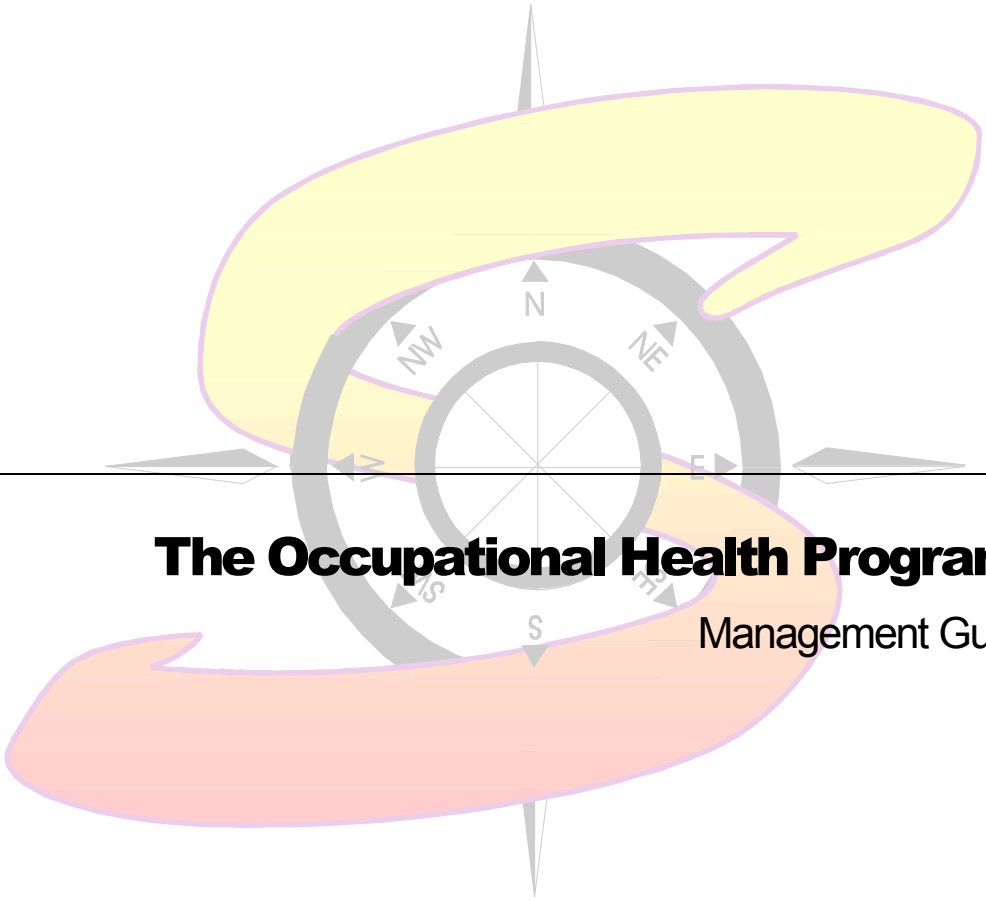

The Occupational Health Programme

Management Guideline

Table of Contents

1 INTRODUCTION

The company acknowledges that management has a responsibility to minimise the risks to the health and safety of all employees, contractors and visitors. This is a legal obligation, but is also a moral imperative. Furthermore, it makes good business sense.

Employees have a legal and personal obligation to give the Health & Safety Programme their full support and to comply with recommended work practices at all times.

2 APPROACH TO IMPLEMENTATION: OVERVIEW

The implementation of the occupational health programme comprises two phases:

- Set-up Phase
- Operational Phase

The set-up phase is described in the Guideline for setting up the OH Service.

3 APPROACH TO OPERATIONALISING THE OH PROGRAM

The steps involved in operationalising the programme are as follows:

Health Risk Assessment

1 Conduct a Health Risk Assessment, as per the guideline document. In summary, cover the following aspects:

1.1 Health Risk Assessments (Workplace Risk Exposure Profiles “WREPs”).

This component comprises walk-throughs and a systematic examination of the working environment.

The process is identical to that described for OREPs, except that the targets of analysis are workplaces and processes, rather than people and occupations.

Use the check-lists provided, and the instructions in the “WREPs” Procedure.

1.2 Occupational Risk Exposure Profiles (“OREPs”).

Establish a process of data gathering that populates the required fields in the OREPs. One way is to use the OREP documents as input sheets to gather information by Job Category, as long as the Job Category comprises people with identical risk profiles. This process can be by interviews, completion of the sheets by the employees themselves (or by their supervisors). Input from Safety Reps is useful. For each hazard, the question should be asked – “what is the hazard score?”; and “what is the exposure score?”.

Following these steps facilitates this process: (Summary of the SOP).

Step 1: An appropriate OH professional should present the program to senior management, in order to explain its purpose & objectives, and the manner in which it should be implemented. The reason is to get senior management understanding & buy-in, as they MUST be ultimately responsible for successful implementation (*if they do not enable and encourage the process, it will never happen*).

Step 2: The company stakeholders responsible for completing the OREPs should then be taken through a training session. This should cover the concepts of Health Risk Assessment, the manner in which the forms should be completed, and the meanings of the terms used (the hazards and requirements).

Step 3: At the end of the first training session, the participants of the session are tasked to complete one OREP each, and to return to a follow-up meeting in a week to provide feedback regarding any problems. (See Guideline document).

Step 4: After the second session, the participants are given no more than a month to complete all the OREPs for the Job Categories for which they are responsible. These are handed in to the Risk Officer or the Occupational Health Nurse Practitioner.

Step 5: The Occupational health team (OHN, OMP and Risk Officer) reviews the OREPs to verify their reliability and consistency.

Step 6: The finalized OREPs are captured, and individual OREPs are printed out, to be signed off by the respective responsible departmental managers. Human Resources, Operations staff and the Clinic staff keep these hard copies on record. The original computerized database documents should be available to relevant managers on a shared drive on the company's server.

Communicate these conclusions to appropriate stakeholders by means of discussion forums, group meetings, presentations and standard letters. Some sort of agreement regarding the standards set in the OREPs should be resolved with employee representation, to obviate future industrial relation conflict.

1.3 Hazardous Chemical Substance (HCS) Risk Assessment.

This comprises establishing an inventory for all the chemical substances on site, and determining the health risks they pose to exposed employees. Health Risk is the product of chemical toxicity and the degree of exposure.

The methodology of HCS Risk Assessment is described in the Guideline on Health Risk Assessment.

The chemicals should then be linked to the job categories that are exposed to them, in the above spreadsheet, as described in the Toxicology SOP.

Finally, the chemicals are risk-ranked for each job category, and the selected chemicals (highest risk or toxicity profiles) are recorded on the OREPs.

1.4 Hazardous Biological Agent (HBA) Risk Assessment.

This comprises establishing an inventory for all the Hazardous Biological Agents on site, and determining the health risks they pose to exposed employees. Health Risk is the product of agent pathogenicity and the likelihood of infection.

The methodology of HBA Risk Assessment is described in the Guideline on Health Risk Assessment.

The chemicals should then be linked to the job categories that are exposed to them, by means of a "likelihood of infection" score.

Finally, the HBA's are risk-ranked for each job category, and the selected HBA's (highest risk or pathogenicity (containment) profiles) are recorded on the OREPs.

Occupational Hygiene

Using the *areas of highest risk,* or those of *highest estimated exposure*, as a guide, set a structured programme of measurement of the relevant hazards, such as noise, temperature, ventilation, dust and chemicals.

Legal requirements will also dictate what requires measurement (such as the Environmental Regulations, Hazardous Chemical Substances Regulations, Noise Induced Hearing Loss Regulations, Lead Regulations and Asbestos Regulations). For chemicals, use as a guide the hazardous chemicals listed in tables 1 and 2 of the Hazardous Chemical Substances Regulations.

Ensure that an approved inspection authority conducts the measurements; otherwise the results carry no legal standing. The report should include practical solutions for mitigation of the risks of exposure.

The results of exposure are considered against the legal exposure limits (OELs). This information is fed back to the risk assessment, to verify or change the relevant exposure scores. It is important to bear in mind the limitations of hazard measurement – it is very difficult to establish with certainty, that a measured value is representative of the each exposed employee's long-term exposure profile.

The results of the measurements should be computerised, using the spreadsheet provided.

Occupational Safety

Occupational Safety comprises a wide variety of disciplines. These have to be integrated into a working living process, with constant re-evaluation and feedback loops. Elements include:

- safe work practices and lock-out procedures,
- equipment safeguarding

- preventative maintenance and housekeeping,
- fire prevention,
- incident investigation and reporting,

These form the key components of a wide variety of Safety Management Systems.

Medical Screening

Whilst Occupational Medicine includes a wide variety of responsibilities, a primary function is the design and implementation of a Medical Surveillance Programme. This is a complex field, incorporating knowledge of the physiological effects of various hazards, an understanding of available clinical tools and their appropriate application, and skills in data analysis from which to make reliable inferences. Not only all this, but the programmes need to be appropriate to the context of the programme – the designer requires a good knowledge of the workplace for which the programme is intended.

The design of the Medical Surveillance Programme requires information gleaned from the Risk Assessment, including:

- Target Organ toxicity & Test Selection
- Inherent Requirements & Test Selection (Standard Setting - standards of fitness)
- Test Frequency

This process, with supportive documentation, is detailed in the Guidelines for the design of Medical Surveillance Programmes. Once the tests are selected, the standards set (within reason), and the frequencies determined, this constitutes the final Medical Surveillance Strategy for the company.

As the programme proceeds, the results of the medical tests and examinations are recorded. This comprises outcome data (“results”), as well as progress data (referral information, compensation submission information) and other information of relevance. Ensure that there is an IT system in place to enable immediate and continuous statistical analysis of the progress (percentage complete) and the results.

The individual activities (audiograms, chest x-rays, examinations, etc.) are entered as they occur, and need not be all at once. The date of the medical should be recorded as the date when the last element of the WASP is completed for that individual, and the Summary Code is entered. (The “Summary Code” should only be entered when all the elements of the WASP are complete.)

Data analysis and Management Reporting

The data that is subjected to scrutiny includes the Risk Assessment data as well as the outcomes of the various programmes. Medical Surveillance outcomes of interest are those that are work-related, especially those that are worsening. These can be analysed by departmental units, so that the responsibility for appropriate action is targeted directly at the managers for whom the information is relevant. Hierarchical management controls are thereby simplified, and accountability targeted with precision.

The Medical team should seek trends and signs of clustering. This is reliant on the accuracy of the demographic information in the spreadsheets.

The ultimate form of this level of data management, is the availability of this information on the company's intranet (with access control on confidential elements of the information). In this form, all stakeholders will be able to track progress and analyse trends of interest at any time, with the reassurance that the information is current. Reliance on outdated and static management reports from the staff involved (such as the medical team), will reduce to interpretation and recommendations only.

Quality Control

The Occupational Health Care program must be subject to a process of ongoing evaluation and audit. This involves a systematic approach to legal compliance & peer review, in order to identify gaps and provide mechanisms for improvement.

OH staff members should make extensive use of checklists in the course of their daily activities, to that all potential gaps are covered.

Those responsible for quality control should regularly inspect these checklists, to unsure they are being used (correctly).

Calibration of equipment is essential for good quality control. The most important of these in the Occupational Health setting are the audiometry testing and spirometry testing equipment. The calibration steps & frequencies are prescribed in the relevant procedures, or are provided with the equipment.

4 RESPONSIBILITIES

These are described in the Guideline on the Roles and responsibilities of the OHNP and OMP. Roles of the Risk Officer and Occupational Hygienist are described in the Occupational Health Program Guideline.

5 APPENDICES

Appendix : Summary of main legislation affecting OH in SA

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In South Africa, the four key legal frameworks that influence the Health and Safety related statutory obligations of employers are as follows:

- Those which require the employer to ensure the **safety & health** of employees, visitors and surrounding communities. In the context of this setting, primarily the following statutes and their regulations (also, relevant SABS Codes of Practice).
  - Occupational Health and Safety Act 85 of 1993
  - Hazardous Substances Act 15 of 1973
  - National Railway Regulator Safety Act 16 of 2002
  - National Road Traffic Act 93 of 1996
  - Health Act 63 of 1977
- Those which require early identification and management of **adverse health effects** of exposures to workplace hazard. In the context of this setting, primarily the following statutes and their regulations.
  - Occupational Health and Safety Act 85 of 1993
  - Compensation for Occupational Injuries and Diseases Act 130 of 1993
- Those which protect the **rights of employees** (and potential employees) from unfair discrimination. In the context of this setting, primarily the following statutes and their regulations, as well as relevant Codes of Practice.
  - Labour Relations Act 66 of 1995
  - Employment Equity Act 55 of 1998
  - Basic Conditions of Employment Act 75 of 1997
- Those which prescribe the framework by which **professional medical practices** are to be conducted in the workplace setting. In the context of this setting, primarily the following statutes and their regulations, as well as relevant Codes of Practice.
  - Health Professions Act 56 of 1974
  - Nursing Act 50 of 1978 (and parts of Nursing Act 33 of 2005)
  - Meds & Related Substances Control Act 101 of 1965