

Understanding the difference between CHSM and Pr.CHSA

Is health and safety training without accreditation or approval allowed

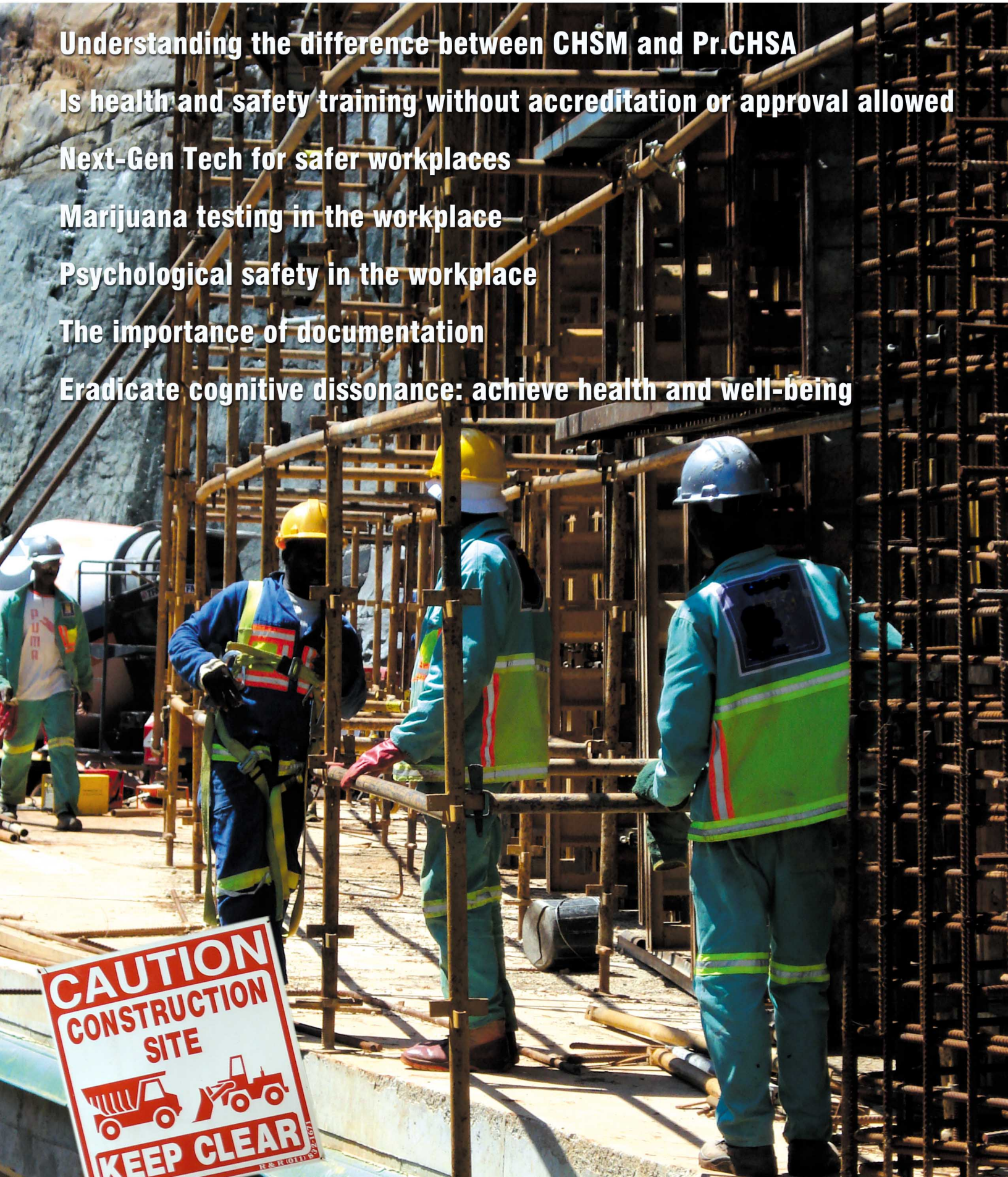
Next-Gen Tech for safer workplaces

Marijuana testing in the workplace

Psychological safety in the workplace

The importance of documentation

Eradicate cognitive dissonance: achieve health and well-being





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Editor's Comment

UNDERSTANDING CHSM AND PR.CHSA

The Safety First Association gets many queries about the difference between a SACPCMP registered Construction Health and Safety Manager (CHSM) and a professionally registered Construction Health and Safety Agent (Pr.CHSA). In his article, Leighton Bennett explains the difference. This is an important read.

IMPACT OF THE NEW PPE FOOTWEAR CERTIFICATION

New EN standards of PPE footwear certification have recently been implemented. These impact on several aspects such as slip resistance; width of toecap flange, behaviour of toecaps and many others. In the article provided by Hi-Tec, the changes are explained and should be of interest to all manufacturers, importers and suppliers of PPE Footwear as well as the end-user.

NEGATIVE IMPACTS OF HABITS AND BAD ATTITUDE

In his article, Tibor Szana discusses bad behaviours practiced in the workplace which if unchecked become bad habits that can impact negatively on health and safety. He compares this to unsafe driving practices with no thought for the consequences. He uses as an example the unsafe behaviour of not stopping at traffic lights which do not work during loadshedding. This is something I can relate to. Crossing a main intersection when the traffic lights do not work due to loadshedding is unnerving and I always breathe a sigh of relief when safely reaching the other side.

IS TRAINING WITHOUT ACCREDITATION ALLOWED?

In his article, Ken Annandale discusses whether health and safety training from trainers who are not accredited, verified, registered, certified or not formalised / recognised training providers is allowed. This is a question frequently thrown at him and in almost all cases. He explains the answer is **YES**. However in a few instances the answer is simply, **NO**. He goes on to explain.

This issue has many other articles also worth reading:

- Fabian Buckle stresses how important **psychological safety** is for a team's performance.
- We hear from Harry Fourie about **safety roller barriers** which are designed to prevent drivers from colliding with dangerous objects on the side of the road. But are they really effective?
- Han Wenqi from Singapore explains that by **eradicating cognitive dissonance** in the workplace, health and well-being can be achieved.
- In his article **Maintain health and safety: The Minutes of the Minute**, Ehi Iden from Nigeria highlights the importance of keeping accurate documentation and cites the fictional story of a farmer who through caring about his workers, saved the lives of many.
- Read **Putting the pieces together** to understand how Dr Bill Pomfret from Canada creates a safe workplace by taking one piece at a time.
- Rhys Evans encourages **testing of marijuana** in the workplace as part of an employer's responsibility to eradicate accidents, injuries, and fatalities.
- SAIOH's President Naadiya Mundy gives us a fascinating read on emerging occupational hygiene innovations revolutionising workplace health and safety in **Next-Gen Tech for safer workplaces**.
- We meet **Milly Ruiters** - Chief Inspector OHS and SAPEMA's new Chairman **Gary de Vogel**. We say goodbye to Deleane Luzzatto SAPEMA's immediate past Chairman.

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Impact of the new PPE footwear certification standard

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This article highlights the impact of the new EN ISO 20344-20345-20347 – 2021 version of the PPE footwear certification standard.

- **EN ISO 20344** : Personal protective equipment – Test methods for footwear
- **EN ISO 20345 + EN ISO 20347** : Applicable to safety footwear, and occupational footwear and define the requirements, marking and information to user.

From a standardisation point of view and for the CEN, the old revisions issued in 2011 were deleted in March 2023.

KEY CHANGES

New definitions

- **seat region**: becomes heel area.
- **scuff cap**: abrasion resistant material or component to protect against scuff of the upper external toe region during kneeling activities.
- **conductive footwear**: becomes partially conductive footwear.
- **customised safety footwear**: individual customised footwear and other specific conditions of a foot, including 3 types:
 - **type 1** = equipped with customised insoles
 - **type 2** = modified safety footwear
 - **type 3** = bespoke safety footwear.

Slip resistance

Old test reports are no longer acceptable. In the new test method:

- The steel plate has been replaced by the ceramic plate for more consistent results.
 - The test in flat position has been superseded by a forepart position and backward movement.
 - The old SRA requirement becomes a basic requirement without specific marking symbol.
 - The old SRB requirement becomes an additional requirement.
- Testing conditions also changed: the steel plate is replaced by the ceramic plate. This additional requirement shall be marked on the footwear with the specific marking symbol "SR".

The slip resistance basic requirements do not apply to shoes designed for particular purposes, equipped with spikes, metal studs or similar elements, and intended for very specific workplaces (soft floors, for example: sand, mud, undergrowth, etc.). In addition, this type of shoe must be marked with the symbol "ø". (Figure 1).

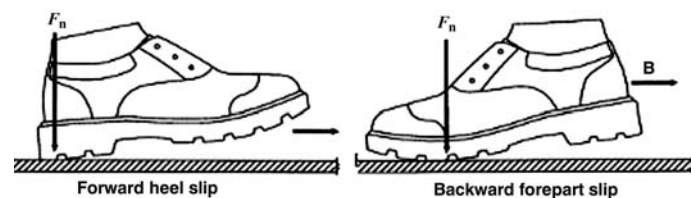


Figure 1. Slip resistance

Width of toecap flange

The new 2 requirements have been added:

- for metallic toecap: the width of the flange shall be not greater than 12 mm.
- for non-metallic toecap: the width of the flange shall be not greater than 15mm, old test reports are acceptable.

Behaviour of the toecaps (thermal and chemical):

In order to verify the behaviour, the reference standards become:

- EN ISO 22568-1 (Requirements and test methods for the evaluation of footwear components - Part 1 metal toe caps),
- EN ISO 22568-2 (Requirements and methods for tests for the evaluation of footwear components - Part 2 non-metallic toe caps).

For non-metallic toecaps, the conditioning (thermal and chemical) that must be carried out before the impact tests to check their behaviour has changed:

- The conditionings with acid and base have been removed.
- The conditioning at high temperature is more severe. Indeed, the toecaps must be conditioned for 168 hours at 70°C then for 18 hours at 45°C before carrying out the impact instead of 4 hours at 60°C then 18 hours at 45°C.

For non-metallic toecaps, the old test reports are not acceptable.

Behaviour of anti-perforation inserts

The new version of the standard now refers to:

- EN ISO 22568-3 (Requirements and test methods for the evaluation of footwear components - Part 3 Metal anti-perforation inserts)
- EN ISO 22568-4 (Requirements and test methods for the evaluation of footwear components - Part 4 Non-metallic anti-perforation inserts)

For non-metallic inserts, the verification of their thermal and chemical behaviour has changed:

- Tests after cold conditioning have been deleted.
- Chemical tests are now carried out after conditioning with synthetic sweats (acid sweat at pH 5.5 instead of sulfuric acid at 1 mol/l and basic sweat at pH 8.0 instead of sodium hydroxide at 1 mol/l).

For non-metallic inserts, the old test reports are not acceptable.

Upper water vapour permeability (upper)

The new version introduces a limitation of the presence of non-permeable materials in the upper. This limitation is set at a maximum of 25% of the total surface of the upper.

For footwear without or incorporating up to 10% of non-permeable upper material, the requirements

do not change: WVC . 0.8 mg/(cm².h) and WVP≥15 mg/cm².

In addition, for footwear incorporating between 10 % to 25% max, the water vapour permeability (WVP) of permeable materials shall be greater than or equal to 2.0 mg/(cm².h).

NOTE: the areas of toecap, heel counter, fastening system and collar do not count as upper.

Water vapour permeability of the heel grip lining

- In the presence of a heel counter: not applicable.
- In the presence of a perforated heel counter or if absent: to be performed.

Abrasion resistance of insole

When non-leather insoles are tested in accordance with ISO 20344:2021, 7.3, the minimum final thickness in the tested area after 400 cycles shall not be less than 66% of the original thickness.

In the previous version of the Standard, the variation of thickness was compared to a reference test piece.

Old test reports are not acceptable.

Ankle protection

Dimensions of the protections are defined, they must correspond at least to the circular sizes given in the table below:

Size	Minimum diameter in mm
≥ 40	55
41 to 43	60
≥ 44	65

Also, the positioning of the protection is checked during the dimension verification. The other point to note about this feature is that the protection on the inner face is now optional.

The old test reports are acceptable but the dimensions shall be re-assessed.

Thickness of outsoles with cavities

A new value has been defined; this is the value d4. It designates the thickness of the material of the sole with cavities. It must in no case be less than 2.0 mm. (Figure 2).

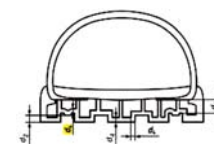


Figure 2. Thickness of outsoles with cavities

Water resistance for the whole footwear (WR)

The requirement calls for no water penetration observed.

In the previous version, there was a tolerance on the water penetration (max 3cm³).

Old test reports are acceptable only if they show that no penetration occurred.

Perforation resistance (P/PL/PS) with new reference Standard EN 22568:2021

- **Metallic inserts**: unchanged (nail: Ø4.5mm, plate hole: 25mm).
- **Non-metallic inserts**: unchanged (nail: Ø4.5mm, plate hole: 25mm) and identified with «PL».

Introduction of a new nail of Ø3mm (plate hole of 40mm when testing the whole footwear; plate hole

of 25mm when testing loose materials) and identified with «PS».

Compliance will be checked if the average value of the recorded values is not less than 1100N and if none of the individual values is less than 950N.

Old test reports are acceptable for P and PL perforation resistance.

There are also new construction requirements applicable to non-metallic inserts:

- Non-metallic inserts incorporated as a layer into the outsole shall not be skived at all.
- Non-metallic inserts that also function as an insole:
 - may lie above the flange of the safety toecap;
 - shall not be skived apart from the following exception: they may be skived where they are covering the toecap flange, maintaining a minimum thickness of 2mm in the skived area.

Abrasion resistance of the external toecap reinforcements - scuff cap (SC)

In the previous version of the standard, it was indicated that if an external reinforcement, intended to improve resistance to scuffing in the toe area, was present, then its thickness should be greater than 1.0 mm. In 2022, this requirement was replaced by a real abrasion resistance test.

This test, identical to that carried out for protective gloves in accordance with standard EN 388 (§ 6.1) consists of checking that no through hole occurs on the reinforcement material after 8000 cycles carried out on a Martindale-type device with a 180 grit sandpaper and 9 kPa pressure.

The symbol "SC" must be affixed to the safety shoe in addition to the other markings.

Ladder grip (LG)

This feature follows the requirements given in the standard EN 15090 – Footwear for firefighters. The sole must be cleated, even in the waist area there must be transverse cleats with a minimum height of 1,5mm and resist to the abrasion.

The symbol "LG" must be affixed to the safety shoe in addition to the other markings. (Figure 3).

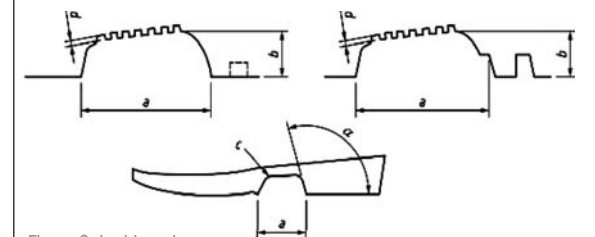


Figure 3. Ladder grip

Metatarsal protection (M)

The metatarsal protective device shall overlap the toecap by a minimum of 5 mm and lean on it after the impact. "The metatarsal protective device shall be such that, under impact, the resulting forces are distributed over the outsole, the toecap and as large a surface of the foot as possible."

Gary de Vogel - Chairman SAPEMA

Not someone to do things in half measures, Gary de Vogel, SAPEMA's Chairman is passionate about everything he commits to with clear visions where he wants to take SAPEMA.

After completing his Bachelor and Master of Science in Finance and Accounting at Nyenrode Business University in Breukelen, Netherlands, Gary started to work at Deloitte largely involved in consulting, audits and M&A. However, after some years he became frustrated at not being able to bring more added value to the companies he was working on and started looking elsewhere. In his words, "I wanted to work somewhere I could make a difference".

When he was called in for an interview at Hi-Tec, he saw a hive of positive activity. He saw people living and loving shoes. He saw employees enjoying their work. He saw a warm harmony among the workers and immediately knew this was a place he wanted to work. With passion in his eyes and enthusiastic smile, he described how it was his dream environment and accepted the position.

After a few months he was offered an opportunity to work for the company in the USA, and flew out to look around, but disappointed with the culture and employees who were not focussed on the business, turned down the opportunity. He was then offered a position in South Africa. This time, he liked what he saw, the culture, the enthusiasm and harmony and during 2017 accepted the position as Director and shortly after that CEO of Africa for all four of the Hi-Tec owned brands.

To help promote the safety branch of the business and improve his understanding of the OSH industry, he became involved with SAPEMA.

At the time Deleane Luzzatto was Chairman. But 2020 was approaching, and so was Covid-19. When the pandemic exploded, many SAPEMA members became actively involved in the supply of PPE to fight the spread of the disease. But all networking and social activities of SAPEMA such as golf days and breakfast meetings came to a grinding halt and all meetings went online.

After Covid-19 passed, and businesses started crawling back to life, Deleane resigned as Chairman having successfully steered SAPEMA through the challenging years of the pandemic. And Gary having shown enthusiasm and dedication was voted in as Chairman by the overwhelming majority.

Gary has clear visions for the future of SAPEMA and for building on a solid foundation that past Chairmen had created and Deleane cemented.

He wants to see:

- SAPEMA as a networking hub for people who really care about PPE;
- the introduction of a logo which stands out and says 'WE ARE CERTIFIED';
- members getting more added value such as, increased marketing opportunities and training;
- discounts for his members - including but not limited to flight and hotel discounts for those who travel regularly for work purposes;
- a higher social media presence;

- quick decision-making among the EXCO;
- each EXCO member efficiently taking accountability for their portfolio;
- more regular networking sessions such as the annual golf day and breakfast meetings;
- extended presence at expos and conferences;
- upskilling and testing of member employees;
- webinars on specific hot topics or useful content in the business such as "sales management";
- marketing master classes;
- digital transformation workshops;
- WhatsApp availability to open communication among members.

Although Gary acknowledges SAPEMA's ongoing activities and efforts with DTI, NRCS and SABS, he believes SAPEMA needs to be "more vocal when working with these institutions". As an example, he cites the unacceptable and even dangerous lack of control when ineffective and cheap respiratory equipment flooded into South Africa during Covid-19. "I want SAPEMA to play a part in making sure such imports with unsafe consequences stop" he stressed.

Another example he cites is with SABS and its inadequate testing facilities forcing SAPEMA manufacturers to send their equipment overseas for testing. "This needs to change" he said "it is expensive and often takes too long".

"Unfortunately" he continues "the responses with the above departments are often slow, and the delay long. It is therefore important for SAPEMA to have powerful fists, to fight them effectively".

Gary is in awe of the harmony among members of SAPEMA and impressed that even though many are in competition they all get along, recognising that there is a piece of the pie for everyone. He acknowledges that working together and supporting each other is one of the reasons behind the success of SAPEMA.

Gary believes that by playing a more prominent role in industry, and being more visible through innovations such as a logo which says **our members are certified**, SAPEMA will see a growth in membership.

PPE is a vital component of every organisation, industry and business, and Gary's vision is to see SAPEMA's logo bold and visible on all PPE used in these environments. In this way he maintains the association will become widely recognised as a governing body looking after the health and safety of all employees.

Once entrenched in South Africa, Gary married Ninia in Langebaan. She already had two daughters, and together they have another daughter. Out of his working hours and when he is not involved with SAPEMA, Gary enjoys running, hiking and travelling, and sometimes participates in adrenaline activities such as paragliding and skydiving. He is now preparing to climb mount Kilimanjaro.

We congratulate Gary on his position as Chairman of SAPEMA and wish him well. Although everything he wants to achieve would seem daunting to most people, to Gary it isn't.



Left: Roxanne Cocci, SAPEMA Secretary, Deleane Luzzatto, Gary de Vogel

Right: Deleane Luzzatto, Gary de Vogel



Deleane Luzzatto - Immediate Past Chairman SAPEMA

Way back when in 2010, when I joined REBEL Safety Gear, is when my journey started with SAPEMA.

The late Peter Edmeades hauled me off to my first SAPEMA inland meeting which was held at the Hungarian club in Midrand. It was an eye opener to say the least. It was great to see all the main players of the PPE industry coming together to discuss common issues experienced in the trade, as well as hearing about all the issues surrounding standards and specifications and the SABS.

Having the passion for technical specs and safety I attended all the meetings as I was eager to keep learning and to keep my finger on the pulse of what was happening in the world of SABS, and the PPE industry in general.

As with most things in life, when you have a passion for something you invest your energy and efforts to see things grow and improve.

I was voted on to the Exco committee towards the end of 2011, later as the Inland Chairman, and then to National Chairman in 2013.

Being a woman in a predominately male dominated industry, you have to know your products and the standards better than anyone. So being voted in as the Chairman of SAPEMA was a challenge like no other that I had experienced before. There was no handbook either on where or how to guide and steer this Association.

So I started with the basic building blocks to give SAPEMA a breath of new energy. Keeping up with technological change, I decided to start with upgrading the custom-built SAPEMA webpage from 2009 to a more versatile and modern WordPress webpage. By doing this, the visual branding of SAPEMA was also upgraded. Since then, further upgrades have been underway to pave the way for our members to have a full database of technical information and specifications, news forums and a whole lot more that can be added which members have full access to under the SAPEMA Wild Apricot platform.

The previously known branch structure (Inland and KZN Branches) which was originally formed back in 1975, was dissolved in March of 2018. The reasoning behind this, was that we are one Association and should be working together to be

more focused, so why would we have branches doing different things? With this change, we were able to hold a number of successful regional meetings, two in KZN and one in Cape Town which were all well-attended and had previously not been achieved successfully.

We also upgraded the SAPEMA Handbook on PPE with a new look and approach. This Handbook, through hard work and dedication was first printed in 1984. As PPE evolves, keeping the Handbooks up to date is a moving target especially when legislation and standards get updated and change. These are the basic building blocks to our standards and specifications of the different PPE categories.

During my time on Exco, I also took on the role of Golf Day Co-ordinator to make sure the most enjoyable day of the year for our members continues. The SAPEMA Golf Day was historically always held at the ERPM Golf Course in Boksburg. To give our members a new golf challenge or two, we decided to hold our annual days at a number of different courses ranging from Modderfontein, Reading, Glen Dower and the last one at the Jack Nicolson Serengeti Golf Course.

During the Covid pandemic, SAPEMA became quite involved with providing, clarifying and correcting information that was being circulated regarding respiratory protection. It was during this time that our industry faced some of the most difficult circumstances with inexperienced individuals and companies diversifying into supplying PPE but having no knowledge of the necessary standards and specifications, nor of ensuring the correct PPE is issued for the correct application. Although this was a major problem faced by SAPEMA and SAPEMA members during the pandemic, it has in fact always been an issue and will continue to be one. I have always stated that if you sell PPE in southern Africa, it should be mandatory that you are a participating member of SAPEMA. So as I pass the baton onto the next Chairman, and to the next Exco Members, I hope that one day this will be achieved. You can do anything as long as you have the passion the drive, the focus and support.

Thank you to all the SAPEMA members who supported me during my time as Chairman and as an Exco Member.



Putting the pieces together

Sometimes, how you approach one problem is like how you approach an entirely different one.

One of the better parts of the COVID-19 pandemic was discovering that I liked to do jigsaw puzzles - at least those with 1,000 pieces or fewer; I do not have the talent or patience for anything larger or even 3D.

But since life has picked up the pace again, I don't attempt puzzles as often. Even when I have the time, I always find other ways to fill it, usually boring things like cleaning and paying bills. So, it was a rare treat to do a puzzle over the holidays.

If you'll indulge me in listening to my puzzle process, I think you'll find it may be like how you approach the challenge of improving workplace safety. I suspect we may also experience a similar emotional journey. If so, that presents opportunities to learn from one another.

I'll share my experiences. Feel free to write to me and share your own.

To be clear, I'm no expert. Still, I've developed some strategies for how I like to approach a fresh puzzle.

First, I take every single piece out of the box and sort each into one of my five puzzle trays. One is dedicated to the border. Three are arranged according to the prominent or primary colour on a given piece. The last tray is a miscellaneous catchall.

Next, I assemble the border. The border is a sensible place to start because there the edge pieces are clearly marked. There may be some uncertainty about placement, but those edges themselves are unambiguous.

Once the border is established, I look for the next easiest pieces to assemble. In business, we call that focusing on the low-hanging fruit. This helps me build momentum and confidence. It also helps to eliminate some pieces before I attempt the more complex parts of a puzzle.

I have experimented with several puzzle techniques - some I learned from others and some I invented myself. Whether tried and true or something new, my objective remains the same: to keep going until I place the final piece.



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

He also spent nearly a decade in the North Sea exploration and production as a safety manager.

Dr. Bill is a passionate advocate for safety training.

Sometimes, I am lucky enough to pick up a piece and immediately find where it fits. Often, I must try 30-plus pieces until I get it. When I start to get frustrated, I purposefully change tactics to give myself a fresh perspective. It's a balancing act, but I try to avoid getting stuck.

As more and more pieces snap together, the overall picture becomes easier to see. That's key because when I'm toiling in the weeds, I can't see anything bigger than the individual piece in front of me. It is all too easy to get hyper fixated and frustrated, especially when I feel like I'm not making any progress.

I often work puzzles while watching TV or listening to an audiobook. I start off by splitting my attention. At some point, my brain tunes out all other stimuli, and I enter a state of deep focus, pausing only to get a drink, use the rest room or stretch my hands before they spasm and break the trance. I often find that taking breaks — or at least saying I will — often leads to discoveries and renews my efforts.

One aspect of the process that, well, puzzles me, is that some pieces don't look like they work. Yet, when you try them, you feel them click. I may be occasionally surprised, but I don't question it; there are plenty of things in life that I can appreciate yet don't fully understand. My job is to be patient, persistent and trust that if I keep putting in the work, eventually the pieces will come together.

When I'm done, I stand back and admire my work. It's just a puzzle, not the cure for cancer or anything, but I still feel proud that I accomplished something that seemed daunting at times.

After a few days, I disassemble the puzzle and put the box back on the shelf. Still, the feeling stays with me and helps propel me toward the next challenge, puzzle or otherwise.

I hope you can relate and maybe, just maybe, learn something from my experiences that helps you to carry on with your important, yet challenging, task of creating a safer workplace. Just remember to take it one piece at a time.

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Safety roller barriers: Are they effective for road safety?

The safety of drivers on the road is always a top priority, which is why new safety features are frequently being installed on highways.

One of the latest additions to many highways is the Safety Roller Barrier. These barriers are designed to prevent drivers from colliding with dangerous objects on the side of the road.

However, many people are still sceptical about how effective these barriers really are.

In this article, we will explore the different types of Safety Roller Barriers, the benefits of using them, the installation process, maintenance and repair, safety standards, case studies, frequently asked questions, and suppliers and costs.

By the end of this article, you will have a better understanding of the effectiveness of Safety Roller Barriers and whether they truly can make our highways safer.

TYPES OF SAFETY BARRIERS

Safety Barriers:

- **Concrete Safety Barriers:** Made from precast concrete segments that are designed to interlock and form a continuous barrier. Commonly used on high-speed highways to prevent vehicles from crossing over to the other side of the road. Highly durable and can withstand extreme weather conditions.
- **Steel Safety Barriers:** Made from steel sheets bolted together to form a barrier, and are commonly used on low-speed roads and in urban areas where aesthetics are also a consideration. Highly flexible and can absorb the impact of a vehicle without causing damage to the barrier or the vehicle.
- **Wire Rope Safety Barriers:** Made from steel wire ropes tensioned between posts to form a barrier, and are commonly used on roads with low to medium traffic volumes. Highly effective in preventing vehicles from leaving the road and have the added advantage of being highly visible.



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.



Safety Roller Barriers:

- **Single-Sided Roller Barrier:** A flexible barrier designed to absorb impact from one direction. Typically used on highways with a median.
- **Double-Sided Roller Barrier:** A double-sided roller barrier designed to absorb impact from both directions. Typically used on highways without a median.
- **Permanent Roller Barrier:** Installed for long-term use. Typically made of concrete or steel.
- **Temporary Roller Barrier:** Used for short-term projects or events. Typically made of plastic or metal.

BENEFITS OF SAFETY ROLLER BARRIERS

The main benefit of Safety Roller Barriers is to save lives. They are designed to absorb impact and prevent vehicles from colliding with dangerous objects on the side of the road.

Other benefits include:

- **Cost-Effective:** A cost-effective solution compared to other types of barriers, such as concrete barriers.
- **Easy Installation:** Easy and quick to install.
- **Low Maintenance:** Require very little maintenance, making them cost-effective.
- **Environmentally Friendly:** Many are made of recycled materials.
- **Reduced Damage:** By preventing vehicles from leaving the road, they reduce the likelihood of vehicles crashing into buildings, trees, or other objects.

INSTALLATION PROCESS

The installation process for Safety Roller Barriers varies depending on the type of barrier being installed.

The process typically involves the following steps:

- **Site Assessment:** Before installation, a site assessment is carried out to determine the most suitable type of Safety Roller Barrier for the road conditions.
- **Design and Planning:** Once a suitable type of Safety Roller Barrier has been chosen, a design and planning stage is carried out. This involves determining the length of the barrier required, the number of support posts needed, and the location of the barrier.
- **Site Preparation:** Before the installation process can begin, the site must be prepared. This involves removing any existing barriers or
- **Installation:** This involves digging holes for the support posts, installing the posts, and attaching the barrier to the posts. The alignment is checked to ensure they are straight and level. Anchors are installed and barriers are tensioned to ensure they are secure.
- **Testing:** The final step is to test the barriers to ensure they meet safety standards.

MAINTENANCE AND REPAIR

Safety Roller Barriers require very little maintenance, but regular inspections are necessary to ensure they are functioning properly.

- **Cleaning:** Clean periodically to remove dirt and debris.
- **Inspection:** Inspect regularly to check for any damage or wear.
- **Repairs:** If any damage or wear is detected during inspections, repairs should be made immediately.
- **Replacement:** If a barrier is damaged beyond repair, it should be replaced as soon as possible.

SAFETY STANDARDS

Safety Roller Barriers must meet certain safety standards to be considered effective.

- **Impact Resistance:** Must be able to withstand a certain amount of impact without breaking or deforming.
- **Height:** Must be tall enough to prevent vehicles from going over them.
- **Width:** Must be wide enough to prevent vehicles from going around them.
- **Debris Resistance:** Must be able to withstand debris from a collision without causing additional damage.
- **Durability:** Must be durable enough to withstand weather conditions and regular use.

CASE STUDIES OF IMPLEMENTATION

Safety Roller Barriers have been implemented on

many South African highways. In one case study, they were installed on the N1 highway to prevent head-on collisions and vehicles from leaving the road. Since the installation there has been a significant reduction in the number of accidents.

Several case studies have also been conducted worldwide. One such study conducted by the Australian Road Research Board found that Safety Roller Barriers significantly reduced the number of fatalities and serious injuries on highways. Another study conducted in the United States found that they were effective in reducing the severity of crashes.

FREQUENTLY ASKED QUESTIONS

- **Are Safety Roller Barriers effective in preventing accidents?**
Yes. Safety Roller Barriers are highly effective in reducing not only accidents but fatalities and serious injuries as well.
- **What are the costs of installing Safety Roller Barriers?**
The cost depends on the length of the barrier, the number of support posts needed, and the type of barrier used.
- **Do Safety Roller Barriers require a lot of maintenance?**
No. Safety Roller Barriers require very little maintenance. However, regular inspections are necessary to ensure they are functioning properly.
- **Are Safety Roller Barriers environmentally friendly?**
Yes. Many Safety Roller Barriers are made of recycled materials, making them environmentally friendly.

SUPPLIERS AND COST

Safety Roller Barriers can be purchased from various suppliers in South Africa. The cost depends on the type of barrier used, the length and the number of support posts needed.

On average, the cost of Safety Roller Barriers ranges from R500 to R1500 per meter.

CONCLUSION

Safety Roller Barriers are a cost-effective solution for preventing accidents on highways.

They are easy to install, require very little maintenance, and are environmentally friendly.

Studies have shown that Safety Roller Barriers are effective in reducing the severity of crashes, and they meet safety standards to ensure their effectiveness.

While they cannot prevent all accidents, Safety Roller Barriers can significantly reduce the number of fatalities and serious injuries on highways.

Rules of the road do not influence my attitude or behaviour towards health and safety

First there was COVID and then there was load shedding ... Okay ... for the smart one, load shedding, COVID and then load shedding again. How does this relate to the rules of the road that influence behaviour in health and safety? Let me put it to you in the following way, I live on the East Rand and I live literally close to everything except the sea and a harbour which means there are quite a number of motor vehicles around. For the last year or so I think I developed PTSD, became bipolar and have used the type of expletives no human should be exposed to. I have been one step away from getting professional help to assist me with the challenges faced on the road.

Am I the only one in this lone universe? It seems like it, if I am the only one trying to obey the rules of the road. By now you would have figured out that I am referring to the load shedding that impacts on the traffic lights being out which in turn seems to have a mind blowing effect on quite a number of our fellow South African citizens.

Whether load shedding is in place or not we are now exposed directly to the unsafe behaviour of fellow citizens just driving 'through STOP streets', or driving over intersections where there is a red light on the one side and a green light for the other with almost no thought for the consequences of going through a red light.

Now there was a time when we all were unhappy with the poor way taxi drivers behaved on our roads, however, there are now a 'new group' behaving no differently to that of the poorest behaving taxi driver. Are you one of them? Just a couple of days back I found myself stopping at a stop street when I noticed a motor vehicle continuing forward without stopping to allow me the right of way. Fortunately I got away as I was behaving myself. This might not have been the case for many of our fellow citizens who travel long distances to work. I have been exposed to several near misses over the past 12 months and I am glad that I am not on the road every day.

I gave this some thought and the conclusion I reached is that there has to be an impact on how we conduct ourselves when we are at work or even at home. In this article we will focus primarily on work. If you do something long enough it is said, you form habits, a habit is when something that is performed often enough will become second nature.

I believe we are at a precipice as the behaviours we are entertaining or being exposed to will inevitably bite us in a big way at some stage. These behaviours we observe on the roads go by and large unchecked or, if you like, there is little or no



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

enforcement to discourage us from the negative behaviours we are observing. We need to change this behaviour and in so doing reduce its impact wherever and whenever it may surface/resurface. Be bold enough to raise these in your safety talks/toolbox talks and try to influence your colleagues one person at a time.

Let's stop this foolish behaviour before it starts to impact on health and safety in the workplace.

ChatGPT (and other AIs) of course is the latest craze so I put the question to AI (ChatGPT 3.5) and below is what it spewed out. What do you think the outcome in one or two years will be if we continue as we are?

CHatGPT (3.5) (I have combined two questions only to a small degree but the essence is there.)

There are several reasons why some motor vehicle drivers ignore red traffic light signals despite the risks involved. Here are a few possibilities:

1. **Lack of awareness:** Some drivers may be unaware of the dangers of running red lights or may not realise the severity of the potential consequences.
2. **Impatience:** Many drivers may feel that stopping at a red light wastes their time and may run the light in order to save a few seconds.
3. **Recklessness:** Some drivers may believe that the rules of the road do not apply to them. They may see running red lights as a way to show off or to demonstrate their driving skills.
4. **Late for something:** Drivers in a hurry may not have the patience to wait for traffic signals or to follow speed limits. This can lead to dangerous driving behaviours, such as running red lights or speeding. Drivers in a hurry or running late for an appointment may feel that running a red light is worth the risk in order to arrive on time.
5. **Distractions:** Many drivers today face numerous distractions including smartphones, GPS devices, and entertainment systems. These can divert a driver's attention from the road, leading to accidents and violations.
6. **Lack of enforcement:** In some cases, drivers may ignore traffic rules because they feel there is a low risk of being caught and punished. A lack of enforcement of traffic laws can create a culture of non-compliance.

It's important to note that running red lights is illegal and puts both the driver and other road users at risk. The consequences can be severe, including fines, points on the driver's license, and even accidents that can cause serious injury or death.

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Milly Ruiters – Chief Inspector OHS

by Mr Tibor Szana, Retired Chief Inspector: Occupational Health and Safety

Ms Milly Ruiters joined the Inspections and Enforcement Services Branch of The Department of Employment and Labour from the beginning of April 2023 as the new Chief Inspector OHS. This followed my retirement at the end of February 2022. At the time, I had been the longest serving Chief Inspector OHS over the previous two to three decades. What is great in many respects is that in 2009 I was responsible for employing Ms Ruiters.

Born in Promosa Potchefstroom and matriculated in 1997, Ms Ruiters holds a BSc Biological Science, BSc Honors in Industrial Physiology, MSc Occupational Hygiene and MBA from NWU. Ms Ruiters also has two postgraduate qualifications viz. Project Management and Ergonomics, and is registered as an Occupational Hygienist.

Until the end of March 2023, Ms Ruiters was employed by the Compensation Fund as Chief Director: Medical Benefits.

Her former experience in the Department of Employment and Labour was as a Senior Specialist (Director) Occupational Health and Hygiene from 2009 until 2017. Prior to that she was Manager for Medical services at Necsas from 2004 until 2009. From 2001 until 2004, she was employed at Denel as Occupational Health and Hygiene officer.



Ms Ruiters has more than 21 years of experience in the medical field specialising in occupational health, hygiene and medical aid for injured workers.

During her 21 years of employment in the field she managed occupational hygienists, occupational health nurses, radiographers, occupational medical practitioners, medical doctors and labour inspectors.

Ms Ruiters was employed at the time as part of the vision I had which was to redirect all resources towards ensuring that there was a greater focus on occupational health and hygiene, an area largely ignored and lacking focus for many years, and Ms Ruiters was employed to make the required changes.

Through the employment of an additional 500 OHS inspector about three to four years ago, the majority were required to have qualifications that allowed them to focus on occupational health and hygiene.

The Decent Country Work Programme that South Africa signed with the ILO encapsulates what Ms Ruiters and her team will need to focus on and implement over the 5 years indicated.

To accomplish what she needs to do, she will need to fully rely on her tripartite structures which includes the Advisory Council for OHS. Most importantly, you, every single one of you who seeks to make a difference needs to rise and be counted.

Marijuana testing in the workplace



By Rhys Evans, Managing Director of ALCO-Safe

Despite the decriminalisation of marijuana for personal use in 2018, it is still important for companies to test employees before they enter the workplace.

Marijuana can affect judgment, motor skills, reaction times, as well as decision-making and problem-solving processes, which could result in workplace accidents, injuries, and fatalities. This is particularly important in high-risk industries, where the law stipulates a zero-tolerance approach when dealing with intoxicating substances.

As such, marijuana remains a substance that must be prohibited in a workplace as part of the employer's occupational duty to provide a safe working environment.

However, this may not as difficult as one might assume and through clearly-communicated policies and substance testing in line with the policy, this risk can be reduced significantly.

KEEPING INTOXICATING SUBSTANCES OUT

The Mining Health and Safety Act and section 2A of the General Safety Regulations of the Occupational Health and Safety Act both prohibit alcohol and drugs in the workplace.

Decriminalisation of the personal use of marijuana in an individual's private home does not override the policy requirements for employees to arrive and remain sober at work.

To prevent employees from arriving at the workplace having consumed intoxicating substances, it is important for companies to have a clearly-worded substance abuse policy that specifies exactly what kind of behaviour is permissible and what is not.

Depending on the risk involved in the particular industry and working environment, companies might choose to do regular compulsory substance testing, random testing, or testing on suspicion. These options must be clearly communicated in the workplace policy, and all employees must be aware of the procedures involved, and the implications of policy contravention.

POLICIES MUST BE PREVENTATIVE, NOT PUNITIVE

To create a safe working environment, companies must implement and enforcing their anti-substance policy, in a way that is construed as preventative, and not punitive.

The point of a workplace substance policy is not to catch people in the act, but rather to prevent that act from taking place.

This means that a clearly-communicated policy on substances must go hand-in-hand with providing continuous education and training to employees about the dangers of drug use, including marijuana, and its potential impact on job

performance and safety. This approach will help employees understand the importance of maintaining a drug-free workplace.

Furthermore, disciplinary measures must offer the opportunity for self-correction and rehabilitation as a first resort, where possible, with dismissal as a last resort.

Employers can show their commitment to workplace safety and employee wellness by offering employee assistance programmes that provide confidential counselling and support for employees struggling with drug addiction, including marijuana.

This approach could encourage employees to seek the help they need without compromising their job and workplace safety.

PUTTING THE FOCUS ON SAFETY, NOT PERFORMANCE

It is well-known that the consumption of a prohibited substance renders a person incapable of performing their job, so companies need to focus on asserting that an individual enters their workplace in compliance with the workplace safety policy, which prohibits intoxicating substances entirely.

While immediate dismissal is required in certain industries for any infractions of the workplace policy on intoxicating substances, companies that have adopted an approach of dismissing after the first or second final written notice have had much greater success in the CCMA upholding their dismissals, where they can show that the dismissal was not punitive.

They can also show that the dismissal did not occur because the individual was caught out, but rather was in the pursuit of achieving a safer working environment, and that person failed to comply with the workplace policy against substances, despite having received written warnings, and being offered rehabilitative solutions in respect of the conduct for which they were ultimately dismissed.

SAFETY THROUGH SOBRIETY

Testing for marijuana is a vital part of risk management in high-risk industries. Employers must manage the risks associated with intoxicated employees to reduce the likelihood of accidents and potential liability issues.

Preventing the presence of intoxicating substances in the workplace is the most effective approach to ensure a safe working environment free from the influence of such substances. This can only be done by implementing policies, enforcing them and focusing the value of fostering a culture that prioritises safety through sobriety.

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

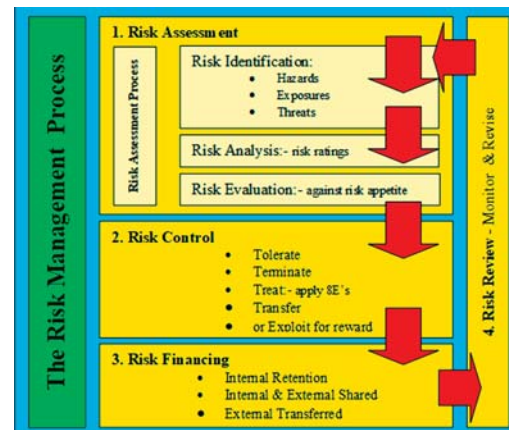
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Many people think a HIRA (Hazard Identification & Risk Assessment) process is a Baseline Risk Assessment, but this thinking is totally wrong. A Baseline Risk Assessment is a comprehensive high-level or strategic level risk assessment that should cover all the potential and actual risks that could impact or be associated with the corporation, business or project.

The 2018 SANS/ISO 31000 Risk Management Standard presents the Risk Management Process which incorporates a 3-stage Risk Assessment method, of Risk Identification, Risk Analysis and Risk Evaluation, which should be performed within the Plan-Do stages of the Plan-Do-Check-Act Management Systems programmes for managing quality, environmental, OHS, risk, etc.

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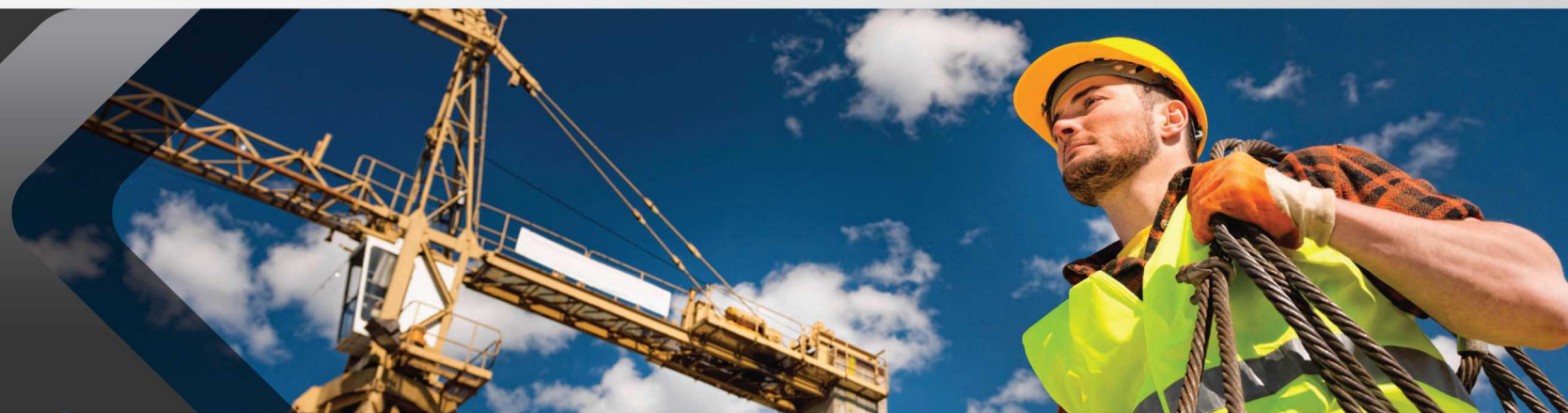


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Eradicate cognitive dissonance : achieve health and well-being

Cognitive dissonance causes the strain we feel when we have two or more inconsistent and conflicting ideas, values or beliefs.

The Cognitive Dissonance Theory developed by Leon Festinger, a pioneering social psychologist, in the mid-1950s gives us an overview, the necessary understanding and the knowledge to manage our personal psychology by taking mitigating measures to handle mental stress, unease and discomfort.

When we find ourselves in this situation, we have to do the “cognitive moderating” required to reduce our mental strain. During stage, we could be exposed to self-deception to maintain some sense of inner consistency, in the face of two or more inconsistent views and actions.

COGNITIVE DISSONANCE IN DIFFERENT STAGE OF LIFE

Every person looks forward to and expects to achieve psychological stability, certainty and consistency hoping this will assist us to operate effectively in this world. But when our internal world or subconscious mind feels uncertain and inconsistent, dissonance arises and manifests in mental strain, stress, anger, distortion of values and beliefs and discomfort.

Therefore, arising dissonance causes us to have a feeling of not being able to handle situations in an effective manner. Moreover, if we experience higher levels of dissonance, we could be exposed to higher risk levels resulting in illness from anxiety and depression disorders.

COGNITIVE DISSONANCE IN OCCUPATIONS

Safety and health professions

Safety and health professionals are a segment in the workforce that could be at higher risk of cognitive dissonance than others, due to their job nature.

Their levels of dissonance will be on a low side if the organisation has a good safety and health culture and management commitment support which enables his / her job to run smoothly.

Higher levels of dissonance will be experienced among those working in organisations with poor safety and health performances and low support.

In fact, stipulated legal requirements should be a norm as they are easily accessible to all stakeholders through channels such as websites and training. Unfortunately a production driven mindset is deeply embedded in most organisation’s culture and project managers’ psyche.

The perceptions of a production driven mindset and the misuse of authority in their capacity to expedite work is the core problem being discussed in this article.



Han Wenqi is an experienced workplace safety and health professional from Singapore, and an advocator 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.

PERCEPTION OF STAKEHOLDERS WHICH CAUSE DISSONANCE IN OTHERS’ JOB TASK

Dissonance arises when people encounter information that is against what they believe or know, and a mechanism triggers them to want to explore a way to maintain and stick by their current belief.

A generic example that would demonstrate the dissonance theory in practice is for example when an experienced safety professional comes to a new company with very poor organisation health and safety culture and management support.

Typical responses to his proposals would be:

“This will take too long”

“We’ve never had any trouble”

“Why do we need this now”

“This will add too much work”

“We will never have time to make the product”

“Another example of safety slowing things down and causing problems”

“We’ve never had much trouble with these machines”

“You are paid by the company to help us do up safety documentations, and make sure we are not penalised by authorities”

“We have the same paymaster, but my portfolio brings income for the organisation, your task doesn’t, in fact too much is spent on safety”

“You are not supposed to stop any work without our permission”

“Is this a legal requirement, and which law says so, and how come we didn’t know it?”

VICIOUS CHAIN CYCLE FROM PROCUREMENT TO OPERATIONS AND MANAGEMENT

In these work functions, people are sometimes exposed to, or coerced towards tolerating, supporting and executing tasks which are in deep conflict with their sense of right and wrong, training, ethics, or personal values.

The fundamental importance of those internal sets of belief need to be emphasised - in majority of cases, those are the primary factors responsible for people choosing those occupations as a career path.

For many of them, being health, safety and environmental advisors or trainers is far more than a profession, it is a calling.

When faced with conflicting beliefs and practices and the pressure to tolerate them, these professionals often experience deep personal dissatisfaction, distress and a state of permanent tension.

This can result in a range of negative health

effects as well as chronic impairments to individual work performance.

The latency impact that was silently compromised during procurement stages ends up being a problem statement or even a huge barrier to many OSH professionals. This is unfair as they are at the end of the chain cycle.

COGNITIVE DISSONANCE LEADING TO DEPRESSION DISORDER

Depressed individuals generally show more guilt, more indecisiveness, and less ability to trivialise negative events, which predicts greater susceptibility to cognitive dissonance manipulations. Thus, depressed individuals may be more prone to dissonance effects.

Depression is a debilitating mental health problem in which inner conflict plays a major role. How a person experiences and resolves inner conflict has been well developed in cognitive dissonance theory.

COGNITIVE DISSONANCE LEADING TO WORKPLACE BULLYING

Anxiety arising from workplace bullying is a key concern for job performance. Individuals may seek to deal with their anxiety by applying specific behaviours.

Individuals may respond to bullying and anxiety through “passive resistance” or by “swallowing the insult.” However, under what circumstances do individuals choose between these options?

COGNITIVE DISSONANCE ARISING FROM PSYCHOSOCIAL RISK; LOW JOB CONTROL

Psychosocial risks are hazards that can lead to mental or physical hurt.

Cases of psychosocial dangers include, but are not limited to poor supervisor support and high job demands.

A few hazards might continuously be present at work, whereas others once in a while.

There’s a more prominent hazard of work-related push when psychosocial hazards combine and act together. Employers should not consider dangers in isolation. Causes are likely to be particular to the worker, work or working environment.

Senior management should recognise which psychosocial hazards adversely influence employees’ mental health and safety and well-being and take appropriate mitigating measures to control those risks.

Psychosocial risks which resulted in low job control are situational-based and could be found in scenarios where:

- employees have little influence in how they meet work demands and how they perform their work in general. This might be described as a lack of autonomy;

- there are unnecessary levels of supervision and surveillance;
- there is excessive responsibility with little authority or decision-making capability;
- there is little or no say in how work is done;
- work is not meaningful and lacks variety;
- workload or pace exceeds capacity or staffing resources;
- there is low control over workflow.

How can employers ensure appropriate levels of control

Employers need to determine what kind of risk control measures they will implement in the workplace.

Practical solutions to address low levels of job control should focus on job design, the work environment and working conditions.

Risk control measures should mitigate levels through encouraging more innovation and self-ownership by allowing workers self-direction, gaining feedback for considerations in decision-making, providing an avenue for consultation and communication with the workers, and ensuring appropriate supervision.

By designing and implementing communication and consultation strategies for the supervisors and teams to use appropriately, can increase employees’ input into and control over their work.

Choice and self-direction

An employee’s tasks should be meaningful, varied and allow for an appropriate degree of self-direction. The employer could:

- allow employees to have a say in how their work is organised;
- allow employees to have input into -
 - how job tasks should be completed where the order and timing of tasks is not critical to the outcome;
 - how problems should be tackled;
 - the pace of their work
- ensure employees have the skills required to achieve their goals and, where skills are lacking, discuss opportunities for development;
- use performance reviews as an opportunity for employees to have input into the way they do their work, rather than focusing only on performance;
- provide opportunities for job rotation to enable skill development and job variation.

Consider feedback into decision-making

Everyone in an organisation should feel they have some responsibilities and voices of input into their work and not only those in senior positions.

There are multiple methods where an organisation can promote a collaborative approach and everyone can contribute to the decision-making process:

- regular team meetings where employees can have an input on decisions that concern their work;
- involving employees in the allocation of responsibility for tasks and in deciding work objectives and anticipated outputs, roles, timeframes and resourcing;
- providing training to supportive leaders who delegate and encourage participation and welcome new ideas.

Consultation and communication with workers, stakeholders and interested parties

Employees may experience stress if they have no say or little control over their work and their work environment, or they feel the lack of support in their workplace.

Communicating with employees and seeking their participation in the decision-making process, including the allocation of tasks, deployment of manpower and providing adequate resources can make a difference to their perception.

Methods to improve employee participation and input into their work and work environment include:

- knowing when it is appropriate to consult with employees and ensuring consultation outcomes are communicated;
- communicating with employees about how and why decisions are made and, whenever possible, seeking team involvement in making these decisions;
- developing and maintaining a working environment where employees are consulted and can provide feedback on changes affecting their work;
- developing a system that enables employees to have input into broader organisational issues.

We need to be mindful that a critical protocol in our safety and health planning is to identify and appoint Worker Health & Safety Representatives (HSRs), and in every consultation process on

workplace health and safety matters, we shall invite and involve at least two of such HSRs.

Proving adequate supervision

The management and supervision of employees can have an impact on whether an employee experiences work-related stress.

Employers should:

- ensure managers are competent supervisors, including providing support and training;
- consult with employees when developing performance-monitoring systems and procedures for reviewing and monitoring employees;
- develop team-based targets which help build effective teams and allow the measurement of team performance against organisational goals;
- when assigning work, negotiate objectives and reasonable standards to increase employees' ownership and control over their work and ensure work is allocated evenly;
- allocate or arrange workload in a way that is appropriate for staffing levels;
- avoid asking employees to regularly stay after hours without prior discussion and agreement;
- develop a clear policy on appropriate monitoring that is not excessive or punitive.

Employers should also constantly and regularly conduct review risk control measures and revise them to ensure they adequately implement measures to control the risk, so far as is reasonably practicable, including occasions when red flags are raised by the HSRs.

The response time to review and rectify an unsafe condition or inadequate safety planning should be decisive and timely, to encourage a more proactive reporting culture on nurturing a positive psychological safety climate and culture in the workplace.

Part 2: Cognitive Dissonance arising from Psychosocial risk; Poor Support will be published in May/June issue

Psychological safety at the workplace



Fabian Buckley
Idip Nebosh
Worley HSE Manager

Psychological Safety is a crucial concept that has gained a lot of attention in recent years, particularly in the context of workplaces and team environments.

In essence, psychological safety refers to the belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns or mistakes.

This is something that many people can relate to, as I am sure many reading this article would have experienced this within their career, sports team and other social clubs.

Research has shown that creating a culture of psychological safety can have a significant impact on a team's performance and innovation.

When employees feel psychologically safe, they are more likely to share information, ask questions, and offer ideas, which can lead to better decision-making and problem-solving.

On the other hand, when employees feel that their ideas are not valued or that they will be punished for speaking up, they may hesitate to contribute, leading to missed opportunities and poor performance.

Creating a culture of psychological safety is not always easy, but there are several key factors that can help.

Open communication:

Encouraging open and honest communication is essential for creating a culture of psychological safety.

Leaders and team members should be willing to listen to each other's opinions and ideas without judgment or criticism.

Shared responsibility:

Psychological safety is not just the responsibility of leaders or managers. It is the responsibility of every team member to contribute to an

environment where everyone feels comfortable sharing their thoughts and concerns.

Trust:

Building trust among team members is crucial for creating psychological safety. When team members trust each other, they are more likely to feel comfortable sharing their ideas and concerns.

Embrace diversity:

Teams that embrace diversity are more likely to be psychologically safe.

When people from different backgrounds and with different perspectives work together, they can challenge each other's assumptions and come up with better solutions.

Recognise and address concerns:

Leaders should be aware of any concerns team members may have and be willing to address them.

If team members feel that their concerns are not being heard or addressed, they may be less likely to speak up in the future.

CONCLUSION

Creating a culture of psychological safety takes time and effort, but the benefits are well worth it.

By encouraging open communication, building trust, and embracing diversity, teams can create an environment where everyone feels comfortable sharing their thoughts, concerns and ideas, leading to better performance and outcomes.

So consider this the next time you want to put an employee or colleague down or shut them down, as it may cause unnecessary stress and cause them to put up defence mechanisms like keeping silent or attacking you to try and get you back.

Create a safe environment for everyone which includes their psychological safety and be the change.



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SAIOH President's Message

Naadiya Mundy: SAIOH President, e-mail: president@saioh.co.za



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.

Next-Gen Tech for safer workplaces: A look into emerging occupational hygiene innovations

INTRODUCTION

In recent years, various industries have undergone a transformative shift due to the advent of emerging technologies.

Occupational hygiene is no exception. From wearable devices to advanced air filtration systems, next-gen tech is revolutionising workplace health and safety by mitigating occupational hazards and improving overall employee well-being.

DISCUSSION

Currently, protecting the health of the working population is a challenge faced by policymakers worldwide, especially in disadvantaged and vulnerable areas.

In developed countries, governments have implemented a range of policies and regulations to ensure the protection of worker health. These policies include mandatory health and safety training, regular health check-ups, and the provision of protective equipment.

However, in developing countries, worker health protection is often inadequate due to a lack of resources and weak regulatory frameworks.

Annually, approximately 54,000 fatal accidents and 42 million occupational accidents occur in Sub-Saharan African countries (Jilcha, K. and Kitaw, D., 2016). These accidents result in at least 3 days of absence from work for every worker. These figures are significant and highlight the urgent need for improved workplace safety measures in the region.

Several factors contribute to these high rates of occupational accidents and fatalities in Sub-Saharan African countries. These include inadequate safety regulations and enforcement, costs associated with risks assessments, inadequate training of workers, poor working conditions, and lack of access to personal protective equipment.

Fortunately, the emergence of new technologies has led to the development of innovative solutions that can help overcome these challenges in a cost-effective way.

Wearable devices, e.g., smart glasses which are used to alert workers of potential eye hazards and smart gloves equipped with integrated sensors (e.g., touch, pressure, flex) for sensing the pressure, bending, and orientation of the hand, can monitor

an employee's vital signs and detect hazardous conditions.

Internet of Things (IoT) - based air quality monitoring/real time monitors are currently being used to monitor air quality in workplaces, especially in industries where airborne pollutants are prevalent.

IoT sensors can detect harmful particles and gases in the air and alert employees and management in real-time. Advanced air filtration systems can also be integrated with IoT sensors to provide efficient filtration of harmful airborne particles. These innovative solutions help reduce the costly demands of a hygiene professional needing to constantly remain on site.

Virtual (VR) and augmented reality (AR) technologies are being used to simulate hazardous working conditions and provide employees with realistic training experiences. By simulating hazardous scenarios and allowing trainees to experience and respond to them in a safe and controlled environment, AR and VR have enabled workers to develop and practice their skills, without exposing themselves to real-world risks. For instance, construction workers can practice using heavy equipment or handling hazardous materials in a virtual environment, improving their skills, and reducing the likelihood of accidents on the job.

Robotics and automation are increasingly being used in workplaces to perform hazardous tasks that are risky for human workers. For example, robotics and automation have significantly reduced occupational risks in the manufacturing industry.

In the past, workers in manufacturing plants were exposed to various hazards such as sharp objects, toxic chemicals, and repetitive motions that could cause injuries or long-term health problems. For instance, robots can handle heavy loads, perform repetitive tasks, and work in environments that are too dangerous for human workers.

Additionally, automation has been increasingly used in welding processes to eliminate the risks associated with human involvement.

By using robots, the need for human welders is reduced or eliminated altogether, reducing the risks of electric shock, exposure to toxic fumes and gases, and Welder's flash' or 'Arc eyes'.

This means that human workers can now focus on more complex tasks that require decision-making and critical thinking, reducing their exposure to hazardous conditions.

CONCLUSION

Emerging technologies are providing innovative solutions to occupational hygiene challenges and revolutionising workplace safety.

From wearable devices to IoT-based air quality monitoring, virtual and augmented reality, robotics and automation, the future of occupational hygiene is rapidly evolving.

By adopting these technologies, occupational hygiene professional can help employers create safer and healthier work environments, by reducing the incidence of occupational hazards, and improving employee well-being.

SAIOH is currently committed to working on developing position and technical papers that will introduce this discussion further.

We have also committed to the above-mentioned discussion, by addressing it in our strategic objectives for 2023 – 2027 (i.e. our 5-year plan) by finalising our activities in achieving these goals.

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National council feedback

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Deon Jansen van Vuuren: SAIOH general manager, e-mail: deon.jvuuren@gmail.com

Nico Potgieter: Co-opted member, email: njpotgieter101@gmail.com

Strategic Plan and Objectives

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 been met.

The strategy will formally be launched at a special Annual General Meeting (AGM) during June/July 2023.

The SAIOH 2023 to 2027 strategic objectives are:

- #1: To maintain and ensure SAIOH's relevance in creating workplaces free of health risks in the South African, African and Mid-Eastern context.
- #2: To embrace the application and use of 4IR and digital technologies in Occupational Hygiene Practice, i.e. Real-time Monitoring.
- #3: To preserve professionalism and ethical

professional practice amongst Occupational Hygiene practitioners, i.e. approved Ethics Courses, Certificates and legal review of Ethics procedures.

- #4: To develop and build the SAIOH brand in the South African, African and Mid-East context, locally and abroad, i.e. OH awareness videos, talks, Newsletter, etc.
- #5: To contribute to improving training and continuous development of the Occupational Hygiene Profession in the South African, African and Middle-East context, i.e. OHSF, OH technical workshops, papers, etc.
- #6: To provide and maintain good governance and administrative practices within SAIOH, i.e.. staff meetings, conditions of service updated, MoI, financials, and QMS.

Ethics

SAIOH entered into an agreement with well-known legal advisors, NGO Law, to advise the Institute when needed. The first task was to develop a Memorandum of Incorporation (MoI) to replace

our current Constitution. The MoI will be presented at a special Annual General Meeting (AGM) to be held during June/July 2023.

Our legal advisor's next task will be to review the



SAIOH Ethics Policy and Procedure(s), thus enabling the Ethics Committee to start its work in earnest. The ethics plan forms an important part of the SAIOH strategy.

Please note: From January 2023, all SAIOH certified members will be required to provide proof that they have completed an acceptable occupational hygiene ethics training course. A one-year phase-in period was allowed during 2022.

The recording of the Ethics webinar presented by Terry McDonald of BOHS during the 2021 Annual Virtual Conference was sent to all attendees and those who purchased the recording. During the 2022 conference, Terry McDonald presented a hybrid Professional Development Course (PDC) on Ethics in the occupational hygiene environment.

SAIOH Branch activities

Our branches are active, with a number of successful branch meetings hosted in 2023 thus far.

Exciting news includes the revival of the Mpumalanga branch, as well as a bid from the Botswana branch (BAOH) to host the 2024 Annual SAIOH Conference.

SAIOH technical committee feedback

The SAIOH Technical Committee's research on welding fumes, i.e., the measurement and the analyses thereof is ongoing.

Our second technical committee started developing technical procedures and a SAIOH position paper on heat stress management.

A hybrid workshop / conference will be hosted by the Gauteng Branch during June 2023 in this regard.

International feedback

SAIOH will be partnering with the AIHA HCA CARE programme in 2023.

New SAIOH website

SAIOH engaged website developers to overhaul the current website - specifically to allow integration with the Member Management System (MySAIOH). We aim to launch the "new" website at the special Annual General Meeting (AGM) to be held during June/July 2023.

Communications

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

These publications are issued every two months and the links are sent to all members via our Mailchimp system and posted on the SAIOH website.

A multiple-choice assessment/test (MCQ) was developed, based on the 2021 webinar. This is in a Survey Monkey format that SAIOH uses. There is a time limit of 30 minutes, and only members who qualified (attended the course) will receive a passcode and access to the test. Everyone will have three opportunities to complete the test at weekly intervals, with the system automatically marking the paper and notifying the candidate of their result. The required pass rate is 60%.

We will develop a similar MCQ for the 2022 Ethics PDC; delivery date is early 2023, and the same rules will apply.

During 2023, further ethics sessions will be offered at the branch workshops, and at the 2023 annual conference.

SAIOH financial statements

Audited financial statements for 2021 and 2022 will be presented at the special AGM to be held during June/July 2023.

SAIOH gave comment on the newly released draft Noise Induced Hearing Loss (NIHL) and Physical Agent Regulations (PAR) during January 2023.

The Council Technical co-ordinator is, furthermore, busy writing a position paper on real-time monitoring.

Annual SAIOH scientific conference

The 2023 conference will be held in Cape Town from 22 to 26 October and will coincide with the IOHA Board meetings.

It will again be a hybrid event, with PDCs to be live streamed.

SAIOH communicates daily with its stakeholders via e-mails, phone calls, and virtual meetings, about important news, technical information, legislation changes, new Standards, occupational hygiene job opportunities, occupational hygiene products and services, courses, and webinars on occupational hygiene, health, occupational and environmental safety, etc.



From the Professional Certification Committee (PCC)

Lee Doolan: SAIOH PCC administrator, e-mail: lee@saioh.co.za

Deon Jansen van Vuuren: SAIOH General Manager, e-mail: deon.jvuuuren@gmail.com

Corlia Peens: PCC chairperson, e-mail: corlia.peens@sasol.com

Nico Potgieter: Co-opted member, email: nipotgieter101@gmail.com

SAQA feedback

Re-application was submitted to SAQA for accreditation of the PCC's certification system, i.e. to stay the Professional Registration Body for

Occupational Hygiene for another 5 years.

All documentation was sent, and the evaluation scheduled before October 2023.

Certification assessments

A summary of results from March 2023 written assessments is provided in Table 1.

Table 1. Table 1. SAIOH PCC certification assessment results (Jan to Mar 2023)

	Assessed	Passed	Failed	Pass rate
Certification category	n	n	n	%
OH assistant	36	31	5	86
OH technologist	17	9	8	53
Occupational hygienist	22	15	7	68
Total	75	55	20	73

Oral assessment improvements

The PCC technical teams continue to revise the PCC oral assessment format and questions in line with the occupational hygiene self-assessment tool.

Two PCC technical teams are working in parallel. The first is updating the SAIOH self-assessment tool and revising the PCC oral assessment format and

the second is developing questions and the required answers.

Improvements in the assessment format are to ensure that the growing field of occupational hygiene is covered and that the assessment format and tools still are relevant and current.

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 asbestos training courses, and occupational hygiene training providers and institutions) and the development and management of assessment and examination systems, where needed.

The OHSF was instrumental in co-ordinating the development of a bulk asbestos sampling and analyses training course. Julie Hills, Celia Keet and Karen du Preez spent a lot of time and energy in developing the necessary course training materials. The team developed Asbestos courses, the most recent one (AP103) related to Asbestos risk assessments.

The OHSF also takes part in the W201 MCQ Consortium, comprising WHWB, the AIHA, SAIOH and the AIOH. This working committee is developing and verifying MCQs, which will be on a data base that will be accessible to all assessment paper developers to use in the OHTA W201 papers and, in SAIOH's case, also for the ROHA papers.

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. It has developed a matrix to evaluate the occupational hygiene content in line with the 50% occupational hygiene subject requirement.

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

Details of recognised training providers and recognised qualifications will be available on the SAIOH website (<https://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.



Understanding the difference between CHSM and Pr.CHSA

Many OHS Practitioners have not considered the size of the leap step needed to migrate from a SACPCMP registered Construction Health and Safety Manager (CHSM) to a professionally registered Construction Health and Safety Agent (Pr.CHSA). This step involves one's knowledge, experience, capability skills and understanding of the Stages 1 to 3 of the SACPCMP's six Project Management Stages.

Currently, no OHS qualification course, including the NADSAM and planned QCTO OHS course, provides any formal training to deal with the requirements of the 1 to 3 project management stages, namely:

- Stage 1: Project Initiation and Briefing
- Stage 2: Concept and Feasibility
- Stage 3: Design Development

Consequently, any CHSM wanting to register as a CHSA has both a knowledge and skill problem.

Note: Emails from some such training course service providers are circulated via the SACPCMP.

Let's look at these Stage requirements and the possible insight ways to overcome this stages gap:

STAGE 1 – PROJECT INITIATION AND BRIEFING

Definition: *Agreeing client requirements and preferences, assessing user needs and options, appointment of necessary consultants in establishing project brief, objections, priorities, constraints, assumptions and strategies in consultation with the client.*

For the CHSA this involves agreeing with the client, the CHSA services offered and competency to develop a clear construction project health and safety brief on the HandS provisions and requirements that need to be considered and included within the project, and the provision of advice on the necessary surveys, analyses, tests and site or other investigations required going forward with the project, advise on the required adequacy of health and safety competency and resources of the project role-players (designers, engineers, contractors, etc). Participate in project meetings and highlight and identify the construction health and safety issues and requirements and the anticipated project risk profile risks.

To do this it is assumed the CHSA knows the roles of the other role-players within the project, so can offer OHS and construction work advice and guidance to all the parties. This also requires an understanding of project management and construction work project contracts, like the wording of the Fidic, Colto, etc. project contract documentation. This is a large knowledge and skill step above where the average CHSM operates in the Stage 4 Execution stage of a project.



Leighton Bennett
Chairperson, Safety First
Association
Pr.CHSA, SHE & Risk
Management Consultant,
Benrisk Consulting,



Consequently, the registered CHSA is SACPCMP permitted to use the Pr.CHSA title, where a registered CHSM or CHSO is not permitted to use the Pr. prefix in their registration title.

STAGE 2 – CONCEPT AND FEASIBILITY

Definition: *Finalisation of the project concept and feasibility arrangements.*

For the CHSA this involves agreeing on the required project documentation, the project design's concept reviews and responsibilities, preparing the draft project baseline risk assessment and risk profile, establishing a construction health and safety policy and a preliminary health and safety provisions budget, draft the project site-specific HandS specification, assist the client with assessing project related HandS competency and resources requirements, assess and approve the contractor presented construction works HandS plans and the construction OHS works and design procedures and controls implemented, and formally monitored through regular inspections and audits during the construction work phases

Firstly, what is an OHSAct's 2014 Construction Regulation 5(1)(a) Baseline Risk Assessment (BRA), which is not defined within the OHS legislation? It is not a "HIRA" or the top few "HIRAs" which is/are focused at identifying risks at job-task/activity level.

To help, here is my BRA definition when wearing my Pr.CHSA hat:

To perform a Baseline Risk Assessment, I use a universally applicable and user-friendly acronym "PEPMELF" to perform my site-specific baseline risk assessment which is specifically customised to be relevant for the project activities and the site conditions, never a generic BRA copy.

"PEPMELF" represents: People, equipment, procedures / practices / processes / policies, materials, environment (macro and micro), legal and liability, and financial, namely the 7 critical resources required and "at risk" to operate a business or project.

This assessment process conforms to the Risk Management Process (RMP) cited in the ISO/SANS 31000: 2018 Risk Management System Standard and this RMP can be applied as part of the Plan-Do-Check-Act processes to identify risks within the ISO/SANS 9000 Quality, 14000 Environmental, 45001 OHS and within the other ISO/SANS Management System Standards.

This "PEPMELF" risk assessment method was published and titled "Risk Assessments - Guide to Understanding the Basics" by the Safety First Association (<https://www.safety1st.co.za>), originally in 2006 with the 2nd edition published in 2022.

STAGE 3 – DESIGN DEVELOPMENT

Definition: *Manage, coordinate and integrate the detail design development process within the project scope, time, cost and quality parameters.*

For the CHSA this involves meetings and interfacing with the designers (i.e. the Construction Regulations (CR) section 6, designers) and monitoring and reviewing the project designs in relation to assessing the design and safety and healthy legal compliance, safe and healthy constructability, safe and health ongoing maintenance, and the safety and health of the building's environment and occupancy use going forward, so that the design risk management process is suitably managed between all the participating parties (e.g. client, client's agents, designers, consultants, contractors, etc).

As an example, the design documents for a building construction project, usually requiring a Pr.CHSA review, can include:

- Architectural and structural drawings and documents
- Civil works drawings and documents
- Mechanical drawings and documents
- Electrical drawings and documents
- Fire protection drawings and documents
- Plumbing drawings and documents
- Building management systems (BMS) drawings and documents
- IT and internet communications drawings and documents

(This assumes the CHSA is capable and skilled to read and understand such design documents).

The construction and constructability issues, the health and safety compliance aspects and design compliances (SANS 10400 and others) from all these design drawings should be incorporated into the Project Baseline Risk Assessment.

Such a Pr.CHSA review of a project's designs and construction issues can result in some 300 or more baseline (hazard and exposure) risks being identified and with the suggested precautionary and mitigation measures documented using the "PEPMELF" BRA method.

To get some OHS insights as to what to look for when reviewing design drawings and documentation, see the 4 NIOSH downloadable discipline "Prevention through Design" manuals at <https://www.cdc.gov/niosh/topics/ptd/pubs.html>

At this stage, obviously the project documentation programme needs to be reviewed and agreed with the client or the client's principal agent/project manager, including the distribution of project documentation and information updates, the update and agreement on the Project Health and Safety Specification, the BRA risk profile, the desired Health and Safety File format and the procurement and other project contract requirements for inclusion in the project tender documentation (at Stage 4).

The project construction work compliance monitoring and audit aspects are also agreed within this project documentation programme (for and during Stage 5).

Furthermore, the Pr.CHSA is anticipated to or should be involved in assessing the principal contractor/s submitted health and safety plan/s and file/s, and the OHS budget provisions, etc. on behalf on the client and then fully involved

to submit the reviewed and approved construction project documents required for inclusion in the Dept. of Employment and Labour (DEL) Construction Work Permit (CWP) application, as prescribed for CR 3 CWP applications.

Where early works involving site geotechnical and similar investigations are being performed, the CHSA should also be involved to monitor and inspect the OHS aspects of such early works activity and operations.

STAGE 4 - Tender documentation and procurement stage which is defined as "The process of establishing and implementing procurement strategies and procedures, including the preparation of necessary documentation for effective and timeous execution of the project".

At this stage both a Pr.CHSA and a SACPCMP registered CHSM can compile the project tender documentation, but for OHS, only a Pr.CHSA's signature is valid on a DEL Construction Work Permit Application form and to provide all the required prescribed documentation (i.e. CR 5(1)(a and b) and CR5(1)(c to s)) for the CR 3 level construction work projects.

A CHSM therefore may not sign a DEL CWP Application but can provide CR4 level project Construction Work Notifications to the DEL, which does not require any prescribed supportive constructive project documentation.

As a comparison the SACPCMP outlines the following CHSM activities and process services, from stages 4 to 6, as the:

- Designing and developing organisational health and safety management systems.
- Leading and managing the implementation and maintenance of Health and Safety systems.
- Leading and managing the optimisation of compliance with the organisational Health and Safety management system.
- Providing assurance of the effective management of Health and Safety within the organisation.
- Measure, audit and evaluate the effectiveness of hazard controls and hazard control programmes.
- Analyse incidents to identify deficiencies in the health and safety management systems and produce management reports".

Considering the above cited stage 1 to 3 points, this list of CHSM Services indicates there is a large difference in the CHS services to be provided in terms of the level of experience, qualifications and capability to achieve the necessary competencies of the CHSM vs the Pr.CHSA

REFERENCES

SACPCMP published Registration Rules for Construction Health and Safety Agents and for Construction Health and Safety Managers, www.sacpcmp.org.za

OHSAct's 2014 Construction Regulations, <https://www.labour.gov.za>

Maintain health and safety: *The Minutes of the Minute*

In this article I will discuss the importance of documenting and learning from patient safety incidences. Using a fictional story to draw parallels, I will highlight how accountability, leadership and reporting incidences will help us keep staff and patients safe.

Let's start with a story I was once told ...

There once was a very successful farmer who hired many people to work on his farm; at a glance, you could see countless heads of men and women tilling the ground. He grew very rich. The wealthier he became the more people he hired. His farmland kept increasing every year until it got to the boundary of a river.

Although there were many workers, the farmer knew everyone by name and was able to account for them on a daily basis. However, over time he noticed some workers who came to work could not be accounted for – they went missing.

The farmer became worried. He realised those workers who went missing were last seen tilling the ground close to the boundary of the riverbank.

He closely observed the riverbank and on one fateful day he saw a wild sea creature come out of the water towards a worker who had his back to the river.

Being a good hunter, the farmer positioned himself and watched closely. When the sea creature got close to the worker the farmer fired his gun and killed the creature before it could harm the worker. The workers saw this and realised this creature has been responsible for the sudden disappearance of their colleagues over the past couple of weeks.

The farmer realised that many dangerous creatures lived inside the river behind his farm and that this had left his workers unknowingly exposed to a very high risk.

The farmer got rid of the sea creature, moved his workers away from the riverbank and reassured every worker of his continuous responsibility towards their safety.

Afterwards, the farmer wrote down what he saw. He titled it 'The Minutes of the Minute'.

WORKPLACE HEALTH AND SAFETY

When I reflect on this story, I realise we all have 'The Minutes of the Minute' in workplace health and safety, in patient safety and in quality improvement, but they are usually not documented for us to review and learn from.

Accident and harm happen on a daily basis but we hardly ever have clear records of what led to the harm.

We have become so used to such harm that it is often overlooked and seen as a part of the system.



Ehi Iden is the President of OSHAfrica and Occupational Health & Safety Management Consultant in Africa.



Every near-miss is a potential lost life if not reviewed, checked and controlled, but most of the time we see them and overlook them.

No one ever takes the minutes of the minute; we never know the details of what led to the near miss. When it happens next, it's no longer a near-miss but a clear harm to patients and workers.

PATIENT SAFETY AS AN EXAMPLE

Until such a time where everything that happens every minute within healthcare systems becomes our collective concern, patient safety will only be an illusion that we will all continue to struggle to fully understand.

We need the right kind of leadership. We need hospital boards that are not made up of armchair rocking and profit-minded investors, but that are patient-centric, compassionate and empathic modern-day thinking people.

We can only profit when we get safety right: when we see the lives we save, the families we keep together, the smiles we put back on the faces of patients and patients' relatives.

These are unquantifiable streams of profit that come with a sense of fulfillment.

KNOW YOUR WORKERS

Going back to the story, the farmer knew everyone who worked for him despite the huge population of workers.

What does this tell us? It tells us that whatever is important to you, you create time for.

It tells us that you cannot manage what you do not understand.

It tells us that every worker differs and may need to be managed in a different way.

The farmer was observant enough to notice some of his workers were missing, even noticing where last they worked before they went missing. **This is taking accountability.**

We may not notice some sudden obvious changes in our colleagues or employees behaviour – for example, they may become toxic within the patient care team, and it will only take time before such toxicity in behaviour leads to a patient being harmed.

Every near-miss, adverse event and incident should be followed by a post-mortem: investigating what happened, why it happened and adjusting the systems towards mitigation. **This is learning from incidence.**

PATIENT SAFETY AS A GOAL

If patient safety is our goal, then every member of the healthcare team needs to look out for each other and offer mutual support.

Over-working healthcare professionals is the new risk in patient safety but looking out for each other and mutual support is an effective antidote.

We need to encourage reporting with an honest and clear motive – not because you want someone victimised or blamed but because you want to create a learning curve out of the situation for system improvement.

This culture of honest reporting without blame creates a healthy and safe system for both the patients and caregivers alike.

GOOD LEADERSHIP

If healthcare leadership is all about sitting in boardrooms, then you are cut off from reality and are ignorant of what happens at the bedsides.

The farmer in the story did not find out what was responsible for his workers' disappearance by sitting in a big rocking chair dishing out orders, he went to the centre of the risk.



Good leaders lead from the front.

You can only see so much when you stand back; the hidden things become visible only when you move closer.

Seeking outside help may not fix your healthcare systems; if you look inward and closer at the risks, you will find solutions.

This was what the farmer did and today we have "The Minutes of the Minute" as coined from his story.

IMPORTANCE OF GOOD DOCUMENTATION

We must remember, what is not documented is easy to forget.

When you take down the 'Minutes of the Minute', you are documenting the highlights of the key issues that happened within the minute of the act that led to patients' harm or the accident.

We will always need this to learn from, to create an invaluable learning experience towards building safe systems.

End of the road for paper CoCs



SAQCC Gas announced the complete digital shift to the issuing of certification by gas practitioners in South Africa. As of the 1st of April 2023, any Certificate of Conformity (CoC) issued by paper will no longer be considered valid. The move comes in the wake of an increase in certification-related incidents of fraud. This is a proactive initiative put in place by the SAQCC Gas, to ensure accountability and safety within the gas industry. Only a registered gas practitioner can issue a CoC.

The digital CoC was launched in 2021 and is in line with South African standards, ensuring the gas industry remains one of the safest in the world.

SAQCC Gas encourages the end-user to not accept paper CoCs after the 1st of April 2023 and confirm the validity of a gas practitioner's



registration by visiting <https://www.saqccgas.co.za>.

Practitioner's registration cards can also be viewed onsite via the SAQCC Gas App.

SAQCC calls on the gas industry and consumers to report any illegal installations by emailing info@saqccgas.co.za.

SAQCC Gas encourages all gas practitioners to download the SAQCC Gas App and register. The process is quick, simple, and convenient whether the practitioner is on or offline. The application has specifically been designed to suit the requirements of the industry and technical support is on hand to assist with any enquiries.

We would like to thank the gas practitioners who have made the transition to issuing digital CoCs effortlessly and look forward to assisting others to do the same.

Is health and safety training without SETA/QCTO accreditation or DoEL approval allowed?

I'll start this article with a simple disclaimer that I'm neither an attorney nor an accountant. Nor am I highly experienced in the legislation I refer to. I do however have a background in law enforcement, occupational health and safety and my understanding is largely based on the opinions of those I have studied under.

I am frequently questioned from those wondering whether they are permitted to conduct health and safety training without being approved, accredited, verified, registered, certified or a formalised / recognised training provider. In short, the answer is **YES** in almost all cases. However in a few instances the answer is simply, **NO**.

The following thoughts should encourage further research and debate:

TRAINING, A LEGAL COMPLIANCE / MANDATORY REQUIREMENT

Section 8 General duties of employers to their employees: (extract)

- 8 (2) (d) establishing, as far as is reasonably practicable, what hazards to the health or safety of persons are attached to any work which is performed, any article or substance which is produced, processed, used, handled, stored or transported and any plant or machinery which is used in his (her) business;
- 8 (2) (e) providing such information, instructions, training and supervision as may be necessary to ensure, as far as is reasonably practicable, the health and safety at work of his (her) employees;
- 8 (2) (i) ensuring that work is performed and that plant or machinery is used under the general supervision of a person trained to understand the hazards associated with it and who have the authority to ensure that precautionary measures taken by the employer are implemented; and
- 8 (2) (j) causing all employees to be informed regarding the scope of their authority as contemplated in section 37 (1) (b).

Section 13 Duty to inform (extract)

Without derogating from any specific duty imposed on an employer by this Act, every employer shall:

as far as is reasonably practicable, cause every employee to be **made conversant** with the hazards to his (her) Health and Safety attached to any work which he (she) has to perform, any article or substance which he (she) has to produce, process,



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use, handle, store or transport and any plant or machinery which he (she) is required or permitted to use, as well as with the precautionary measures which should be taken and observed, with respect to those hazards.

For "conversation" purposes, consider the following:

- Definition of *converse*
"Familiar with or knowledgeable about something" or "To engage in conversation".
- Synonyms for *conversant*
Abreast | Acquainted | Knowledgeable | Practiced | Proficient | Skilled | Versed.
- Definition of *conversation*
A talk between two or more people in which thoughts, feelings, and ideas are expressed, questions are asked and answered, or news and information is exchanged.
<https://dictionary.cambridge.org/>

CAVEAT EMPTOR - WHO MAY DO THE TRAINING?

It is important to note the OHSA (Occupational Health & Safety Act) does not generally dictate WHO MAY present training, but merely THAT IT MUST be conducted. This legislation rarely stipulates the qualifications of the trainer or facilitator.

Should the employer or health and safety committee nominate an internal employee, an external training provider or agent, to comply with their duties, the employer is obliged to exercise extreme caution and apply the principle of "Caveat Emptor - Let the Buyer Beware", to ensure the trainer meets their employer's specific needs.

Be aware that an experienced unaccredited trainer may provide considerably better training than an accredited provider who has limited knowledge of the subject matter and the hazards and risks the learner faces in the workplace.

It can therefore confidently be presumed that either the employer, a delegated employee, agent, or service provider may legitimately present training on behalf of the employer, in fulfilment of their legal duties.

YOU HAVE A CONSTITUTIONAL RIGHT TO CONDUCT TRAINING.

Those familiar with the Constitution of South Africa will recognise that the Bill of Rights addresses:

22. Freedom of trade, occupation and profession

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

YOU MAY PERFORM THE SERVICES OF A HEALTH AND SAFETY TRAINING PROVIDER

Contrary to misinformation, you, an employer or service provider, may in almost all instances present health and safety training whether for profit, promotion or legal compliance, without prior accreditation or approval.

If provided commercially, these services must obviously also meet the requirements of the Consumer Protection Act (Act No. 68 of 2008).

One can rationally assume, that unless specifically prohibited or regulated by law, a conscientious person may voluntarily and legitimately perform the services of a responsible health and safety training provider, for and on behalf of an employer / learner in the fulfilment of their duties, in order to contribute to the avoidance of workplace injuries, diseases, damage, destruction and death.

A belief to the contrary, is often propagated as part of an erroneous marketing strategy by self-interested service providers.

A spurious term frequently used to describe non-regulated training providers, is that of a "Bogus or "Fly-by-Night" operator, casting aspersions on the quality / legitimacy of the information, instructions and training provided.

An employer or employer's appointee, when complying with the law, can surely not be regarded as bogus or fly-by-night, when personally providing relevant training to their employees. After all, who better to provide the Section 8 and 13 Risk Specific training, than the employer or their selected employee, who fully understands the dangers, hazards and risks present in their workplace?

You may therefore lawfully provide information, instructions, training, and supervisory training.

BROAD CATEGORIES OF "TRAINING"

It should be noted that the legislation does not provide a clear distinction between the words *information*, *instructions* and *training*. This is left upto the reader to interpret.

Therefore "Employee Education" or "Training" may fall in one or more of these categories:

1. **Life Skills** - Education provided to individuals who belong to a community, sporting, youth group, etc. and who voluntarily receive training. Examples could include and could be non-work related, non-regulated, non-NQF credit bearing

first aid, firefighting and leadership training. A Certificate of Attendance, Compliance or Participation can be issued by the training provider.

2. **Legal Compliance** - This could include non unit standard aligned or non NQF credit bearing, health and safety committee, employer, employee, supervisory, health and safety representative, HIRA, and investigation skills training. There are literally hundreds of topics that may address an employee's health and safety risk profile.

3. **Credit Bearing** - Please NOTE there is currently much discussion surrounding the transition of accreditation from SETA (Sector Education and Training Authority) to QCTO (Quality Council for Trades and Occupations).

Training presented by a formally accredited SETA/QCTO training provider, using a team comprising of a registered facilitator, assessor and moderator.

Credit bearing training is only complete on the receipt of a SOR (Statement of Results) once the relevant SETA/QCTO has conducted the formal verification process. Following that, a Certificate of Competency may be issued, but not before then.

TAKE NOTE - LEGAL COMPLIANCE TRAINING BEFORE NQF CREDITS

In South Africa, health and safety training is governed predominantly by the aging pre-constitution OHSA, Occupational Health and Safety Act (Act No. 85 of 1993) or the MHSA, Mines Health and Safety Act (Act No. 29 of 1996) and their various Regulations and Codes of Conduct.

Contravention of these Acts may result in criminal prosecution, whereas it appears as if contravention of the South African Qualifications Authority Act (Act 58 of 1995), the Skills Development Act (Act No 9 of 1999) and the National Qualifications Framework Act (Act 67 of 2008) may not result in a criminal record, fine or imprisonment.

It is incumbent on employers to invest in Legal Compliance training, before NQF credits and B-BBEE scorecard points.

TAKE NOTE - LEGAL COMPLIANCE TRAINING BEFORE B-BBEE SCORECARD.

A further myth is that many believe legal compliance/mandatory training qualifies for points on an organisation's B-BBEE scorecard.

This is sadly not so. No provision is made for accumulation of B-BBEE points for mandatory training.

What Is Mandatory Training? “Any training necessary for an organisation to operate, is considered Mandatory Training”. Organisations may not include it in their Skills Development claims.

Section 5.7 of the Broad-Based Black Economic Empowerment Amendment Act 2003, (Act No. 53 of 2003) as amended by the B-BBEE Act 46 of 2013, clearly states that mandatory sectoral training does not qualify as skills development contribution i.e. health and safety in construction sector (non-exhaustive list). See Government Gazette No. 41546, 29 March 2018.

WHEN DOES THE LEGISLATION REQUIRE ACCREDITED AND OR APPROVED TRAINING?

As one scans through the OHS Act and its regulations, you will discover reference to the broadly defined word “competency”.

When the Act or a Regulation requires that an individual be deemed “competent”, it generally makes reference to SAQA or the NQF Act.

Examples of this can be found in the (1) Asbestos Abatement Regulations, (2) General Safety Regulations, (3) Diving Regulations, (4) Hazardous Biological Agents Regulations, (5) Construction Regulations, (6) Ergonomics Regulations, (7) Driven Machinery Regulations, (8) First Aid etc., where accreditation and or approval is required.

Some situations may also require that the training provider also be “approved” by the DoEL (Department of Employment and Labour). An example of this is first aid and driven machinery, training.

INCONSISTENCY RELATING TO USE OF SAQA UNIT STANDARDS

It would stand to reason that the above mandatory courses be linked to a SAQA Unit Standard, of which there are apparently over 11,000, however this is not always the case.

In a number of instances, regulations were promulgated without a corresponding unit standard (or the hope of a unit standard ever being published).

Apparently SAQA has ceased writing unit standards for SETA skills programmes, with some SETAs even having ceased accrediting new training providers.

An example of this is employee ergonomics training. While a unit standard exists for “Competent Ergonomics Risk Assessor” training, a unit standard does not appear to be available for general employee’s ergonomics information, instruction, and training.

This challenge apparently also appears to extend to other training. COVID 19, Construction Regulation, Legal Compliance and Asbestos Abatement are probable examples.

LEGISLATIVE VERSUS EMPLOYER’S BEST PRACTICE REQUIREMENT

When negotiating with a client, it is important to clarify whether a suitable unit standard exists; whether the client requires a Certificate of Competency or will accept a Certificate of Attendance; whether the client is satisfied to wait for a few months before receiving the Certificate of Competency following the SAQA verification cycle; whether the client requires the course content to be customised to address the learner’s specific risk profile as required by the law.

A substantive training needs analysis should be done hand in hand with the employer’s workplace HIRA (Hazard identification & Risk Assessment), prior to the commencement of the training.

WHAT IF THE CLIENT INSISTS ON ACCREDITATION?

They say, “the client is always right”, but not if that is contradictory to your constitutional rights. Play safe and always educate, negotiate, and communicate, in order to satisfy your client’s needs.

Remind the client that first and foremost, the purpose of training is to ensure employees return home to their loved ones, in the same state of well-being, as when they arrived at work. Without which, countless employees may be oblivious to the extreme dangers, hazards and risks at work, especially those that will negatively impact their health in retirement.

It is advisable to ensure this understanding is included in your quotation and invoice.

In a country where so many are desperately in need of information, instructions and training, we strongly advocate for more skilled, experienced, dedicated instructors to take up the challenge and not deny the public their experience and insights.

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