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MEDICAL SURVEILLANCE POLICY

Policy Number:	Approved Date:
Effective Date:	<u>Review Date:</u>

1. INTRODUCTION

The Breede Valley Municipality in terms of applicable legislation has an obligation to protect its employees and any other member of the public at the workplace of the BVM against health and safety hazards that might arise from its activities.

The legislation prescribes the legal duties, and rights of an employer regarding the monitoring of the health of employees exposed to specific health risks associated with the work they are conducting. Whilst monitoring is mandated in applicable legislation, it should be substantiated and justified by medical evidence, the conditions of employment or the inherent requirements of specific jobs.

Failure to comply with the prescribed health monitoring requirements could give rise to serious consequences for both the employer and employees; employees are at risk of contracting occupational diseases or sustaining preventable injuries, and the employer is at risk of not complying with legislation and sustaining financial losses (claims for occupational diseases and injuries on duty)

Monitoring the health of employees also promotes the health and safety of other workers and the public, as it ensures that the employees met the requirement of performing their work safely and without risk to themselves or others.

Medical surveillance should form an integral part of the risk management strategy of the BVM.

2. LEGAL FRAMEWORK

The following acts and legislation are applicable:

- Basic Conditions of Employment Act, 75 of 1997
- COID Act 130 of 1993
- Employment Equity Act 55 of 1998
- Hazardous Substances Act 15 of 1973
- Labour Relations Act 66 of 1995
- Mine Health and Safety Act 29 of 1996
- NFPA 1582, Standard on Medical Requirements for Fire Fighters (2000 edition)
- OHS Act 85 of 1993 and Regulations
- National Road Traffic Act 93 of 1996

3. DEFINITION

"Biological effect monitoring" means a planned program of periodic collection and monitoring of body fluid ect to measure the physiological or biochemical effects of exposure to chemicals on the human body, eg liver or kidney function tests.

"Biological monitoring" means a planned programme of periodic collection and analysis of body fluid, tissues, excreta or exhaled air in order to detect and quantify the exposure to or absorption of any substance or organism by a person, eg blood lead levels.

"Hazard" means a source of or exposure to danger.

"Healthy" means free from illness or injury attributable to occupational causes.

"Medical surveillance" means a planned programme of periodic examination, which may include clinical examinations, biological monitoring or medical tests, of employees by an occupational health practitioner or, in prescribed cases, by an occupational medicine practitioner.

"Occupational health practitioner" means an occupational medicine practitioner or a person who holds a qualification in occupational health recognized as such by the South African Medical and Dental Council as referred to in the Medical, Dental and

Supplementary Health Service Professions Act, 56 of 1974 or the South African Nursing Council as referred to in the Nursing Act 50 of 1978.

"Occupational medicine practitioner" means a medical practitioner as defined in the Medical, Dental and Supplementary Health Service Professions Act, 1974, who holds a qualification in occupational medicine, or an equivalent qualification recognized as such by the South African Medical and Dental Council.

4. OBJECTIVES

The objectives of medical surveillance are to-

- Assess the health status of employees by collecting relevant health information on a regular basis so as to detect adverse health conditions at the earliest opportunity;
- Determine if employees are physically and psychologically fit to do their work;
- Determine if employees have underlying conditions that may in future effect or be affected by the work they do;
- establish a baseline against which subsequent changes in the employee's health status can be evaluated over a period of time;
- prevent, detect, treat and report occupational disease at an early stage;
- identify medical conditions that may render employees temporarily or permanently unfit to perform their duties;
- ensure that employees are informed of the health risks and hazards associated with their work;
- ensure that the health status of employees does not place an increased health and safety risk on themselves or others;
- recommend necessary actions to protect and maintain the health of employees;
- ensure that employees meet the health standards prescribed by law for performing of certain tasks;
- evaluate the effectiveness of risk control measures established in the workplace; and
- provide data which may be useful in future epidemiological studies.

5. <u>SCOPE</u>

All departments of BVM.

6. TYPES OF MEDICAL SURVEILLANCE EVALUATIONS

Medical surveillance consists of the following:

• Initial health evaluation

This examination is done prior to the appointment of a person in the BVM or the movement of a person into a new position. Departments must indicate which positions need to undergo initial health evaluation

• Periodic examinations

These examinations may be done regularly, six monthly, every year or every two years for the duration of an employee's employment in the BVM or for the duration of his/her exposure to specific risk factors or his/her performance of specific jobs

• Exit health evaluation

This examination is done on certain categories of employees on termination of their exposure to hazard/risk that necessitated the medical surveillance (either while still in the employment of the BVM or on termination of service) (Not everyone who is under medical surveillance has to undergo an exit health evaluation)5

7. MEDICAL SURVEILLANCE PROGRAMME

The Occupational Health and Safety Section together with Departmental Managers determines the medical surveillance programme based on the legal requirements, the hazards and risks employees are exposed to, inherent requirements and corporate policies and guidelines. These programmes may include the following:

- Detailed occupational history
- Detailed medical history
- Physical examination
- Audiometry tests
- Spirometry tests
- Single or multi drug tests
- Alcohol tests
- Sputum tests

- Vision tests
- Blood tests
- Urinalysis
- Weighing
- X-rays

Medical surveillance examinations and tests will only be conducted by Occupational Medicine Practitioners and Occupational Nurse Practitioners duly authorized to do so. Blood and urine tests will be conducted by accredited laboratories.

8. PARTICIPANTS IN MEDICAL SURVEILLANCE PROGRAMME

Employees in predefined job categories must be part of the medical surveillance programme. These job categories are determined by Occupational Health Section (Practitioner) based on hazard exposure and other job-related legal requirements, and are updated regularly.

9. DUTIES OF DEPARTMENTAL MANAGEMENT

The departmental management must-

- Ensure that all individuals who are appointed in job categories requiring initial health evaluations have been declared fit by Occupational Health Practitioner prior to be appointed .This is applicable to new appointments in the BVM or movements to new positions.
- Ensure that all individuals falling within the predefined job categories are identified;
- Make appropriate arrangements for identified individuals to be examined and tested by Occupational Health Practitioner according to the requirements of the applicable programme;
- Not to permit an employee who has been certified unfit for work or part thereof by an occupational medicine practitioner to perform work or be in a workplace or part of a workplace in which he or she would be exposed to a causative hazard, provided that the employee may be permitted to return to work if he or she was certified fit for that work beforehand by an occupational medicine practitioner;

- Comply with the recommendations made by Occupational Health Practitioner following the examinations;
- Ensure that individuals who require exit health evaluations undergo such evaluations at the Occupational Health Practitioner prior to the termination of their service or movement to a new position;
- Bring to the attention of an occupational medicine practitioner any changes in the work environment that may negatively change the risk exposure of any employee or group of employees; and
- Liaise with Occupational Health Practitioner about any uncertainty or queries.

10. DUTIES OF EMPLOYEES

Employees must –

- Acquaint themselves with the requirement for medical surveillance applicable to the work they perform;
- Subject themselves to medical surveillance if they fall within the predefined job categories;
- Not perform work for which they have been found unfit or be in a workplace or part of a workplace in which they would be exposed to a causative hazard, provided that they may be permitted to return to work if they were certified fit for that work beforehand by an occupational medicine practitioner;
- abide by the recommendations made by Occupational Health Practitioner; and
- Bring any condition that may negatively affect their health and safety to the attention of their supervisor and the occupational health and safety representative for their area of responsibility.

11. RESULTS

Results of examinations and evaluations will be provided on an individual and group basis.

Individual results will be given to the employee by OHS, together with the necessary explanations of the results and counselling where appropriate.

Group results will be made available by OHS to the supervisor and head of department in a clear manner, outlining the disease patterns in relation to exposure status and clearly indicating areas needing remedial action. No test results or medical records of an individual employee will be made available to a supervisor or head of department without the written consent of the employee. The OHS will be informed of any results that could indicate inadequate risk control measures.

With regard to exit health evaluations, employees will in certain cases be issued with exit health certificates.

12. DECLARATION OF FITNESS OR UNFITNESS FOR WORK

Following an evaluation, an employee is declared fit, temporarily unfit or permanently unfit to work.

In Cases where employees have been certified temporarily or permanently unfit for work, the supervisor will be informed and clear instructions will be given about the way forward. This may include the temporary or permanent removal of an employee from exposure, relocation or other alternative placement.

If appropriate a claim for compensation will be lodged in accordance with the Compensation for Occupational Injuries and Diseases Act.

13. FINANCIAL IMPLICATIONS

The Breede Valley Municipality is liable for all costs incurred in medical surveillance.

14. RECORD KEEPING

All medical surveillance records will be kept by OHS for the period stipulated in the applicable legislation.

Departments must keep group result reports as part of their OHS management system.

15. ACCESS TO MEDICAL INFORMATION

All medical records of individuals are confidential by law and are only available to staff of OHS and the individual to which the information pertains. Medical surveillance records of individuals will only be made available to a third party (such as labour unions and lawyers) on submission of written consent from the individual employee.

Medical surveillance records of individuals will be made available to inspectors of the Department of Labour only on submission of a formal written request as prescribed by law.

16. AUTHORITY

Formulated by:	Date:
Consulted by LLF:	Date
MM Approval:	Date:
Council Approval:	Date:

UNDERNEATH TESTS THAT EMPLOYEES OF DIFFERENT DEPARTMENTS SHOULD UNDERWENT WHEN PLACE UNDER MEDICAL SURVEILLANCE BY OHP. THIS IS NOT EXHAUSIVE AND HEALTH PRACTIONER CAN DECIDE UPON MORE TESTS ACCORDING TO THE JOB PROFILE

EMPLOYEE PROFILE:

Department	Number of Employees (Estimate)	Chemical, biological, physical and psychological hazards
1.Solid Waste		Allergic reactions, Blood borne pathogens, Hep B&C, Dust, lifting and pulling, heat
2.Water and Sanitation		Pathogens e.g. E.Coli, Hep B, HTH, Lime, Chlorine, lifting and pulling, confined spaces
3.Roads and Storm water		Tar, Oil, Paint, Thinners and dust, manual handling, heat, confined spaces
4.Parks and Cemeteries		Noise, dust, allergic reactions, glyphosate, fipronil, Picloram. Triclopyra and chlopyrifos
5.Traffic and Law Enforcement		Shift work, Post-traumatic stress and blood
6.Electrical		Heights, heat, dust, smoke and noise
7.Building Control		Noise, dust, cement and eye test
8.Health and Safety		Noise, heat, dust, cement, Hep B, height, fumes etc.
9.Firefighting personnel		Smoke inhalation, Blood, Confined spaces, heights and post-traumatic stress
10. Office personnel		Ergonomics, eye test
Total employees		