



ENVIROSERV

WASTE MANAGEMENT

OCCUPATIONAL HEALTH MANAGEMENT SYSTEM

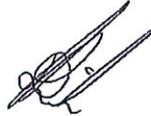
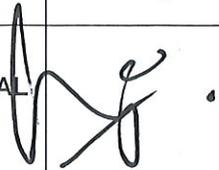
MEDICAL SURVEILLANCE INCLUDING ASBESTOS WORKERS

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	NAME	TITLE	SIGNATURE	DATE
AUTHOR	JENNY ORR	NATIONAL OCCUPATIONAL HEALTH MANAGER		01/08/2023
REVIEWED BY	NEIL BRINK	NATIONAL COMPLIANCE MANAGER		01/08/2023
APPROVED BY	DR CARLOS DE NOBREGA	OCCUPATIONAL MEDICAL PRACTITIONER		01/08/2023

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1. PURPOSE

It is the goal of EnviroServ to provide a safe and healthy workplace for all employees at every location. Medical testing regimens shall be established to evaluate all employees exposed to occupational health hazards. However, if an employee does suffer an injury or illness at the workplace, our policy is to return this employee as soon as possible to a healthy, productive capacity role in the workplace. The aim of the company is to ensure that all employees who are potentially or otherwise exposed to a hazardous chemical substance (HCS) or other occupational injury or illness-causing agent, are protected against over exposure. One of the methods for determining exposure levels is medical surveillance and biological monitoring. These tools will be used to evaluate the health and safety of all employees involved in hazardous operations.

2. LEGAL FRAMEWORK

- Occupational Health and Safety Act 85 of 1993
- Regulations for Hazardous Chemical Substances. No. R. 1179 of 25 August 1995
- Road Traffic Act (act 93 of 1996)
- Lead Regulations No. R. 586 of 22 March 1991
- Asbestos Regulations 2002
- Compensation for Occupational Injuries and Diseases Act 130 of 1993
- Hazardous Chemical Substances Act 15 of 1983
- Labour Relations Act
- Employment Equity Act
- Regulations for Hazardous Biological Agents. 2001
- The Atomic Energy Act 90 of 1967
- Notification of diseases, section 22 of Act 36 of 1919, as amended by Act 15 of 1928
- Basic Conditions of Employment Act
- Code of Practice on pregnancy in the workplace
- Mines Health and Safety code of practice –Minimum Standards of Fitness to perform work
- SASOM (South African Society of Occupational Medicine)
- POPI Act 4 2013
- COVID-19 Regulations
 - * Department of Employment and Labour (DEL) – Workplace Readiness
 - * NICD- Infection and Prevention and Control Guidelines
 - * Disaster Management Act (57/2002) COVID-19 Occupational Health and Safety Measures in Workplaces COVID-19 (CS OHS), 2020
 - * Disaster management Act 2002, Regulations issued in terms of Section 27(2) of the Act by the Co-operative Governance and Traditional Affairs Department on 29.04.2020
 - * Directions by the Minister of Employment and Labour in terms of Regulation 4(10) of the Regulations R 480 of 29 April 2020 issued by the Minister of Co-operative Governance and Traditional Affairs in terms of Section 27(2) of the Act on 03.06.2020

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3. THE IMPORTANCE OF MEDICAL SURVEILLANCE AND BIOLOGICAL MONITORING

Enviroserv's staff is potentially exposed to physical and chemical stressors in the workplace. Enviroserv therefore recognises the importance of, and insists on, medical surveillance and biological monitoring for their employees. Medical Surveillance is a primarily preventative practice.

4. ENVIROSERV'S OCCUPATIONAL MEDICINE PROGRAMME

The programme is based on Health Risk assessments of workplaces, which give rise to the categorisation of workers for the purpose of establishing applicable medical surveillance. These assessments are conducted by an approved inspection authority as defined in the Occupational Health and Safety Act 85 of 1993 and the Regulations for Hazardous Chemical Substances No. R 1179 of 25 August 1995. Workers engaged in different activities are potentially exposed to different stressors and it is Enviroserv's policy that the medical programme reflects these differences in categorised medical regimens.

5. ENVIROSERV'S MANDATORY'S

It is Enviroserv's policy to insist that their mandatories comply with the legislated requirements for occupational medicine. Enviroserv either insists on Fit to work medical certificates for a particular job according to Enviroserv's medical criteria from their mandatories or Enviroserv themselves arranges for contract workers to be absorbed into their own occupational medicine programme.

6 .DESIGN AND IMPLEMENTATION OF THE PROGRAMME

6.1 PROCEDURE

- The company must appoint in writing an occupational health co-ordinator, whose roles and responsibilities are clearly defined.
- Only suitably qualified occupational medicine and health practitioners are to be utilised within the company.
- The qualifications of all occupational medicine and health practitioners are to be kept on file in the clinic for audit purposes.
- The employer must ensure that the occupational medicine program is reviewed on a two yearly basis, with the medical staff, to ensure that it remains valid and is budgeted for.
- The occupational health co-coordinator is to ensure that the program runs according to the prescribed standards, and that deviations from the standard procedures are reported to management
- The supervisor or departmental manager must ensure that their staff has their respective medical examinations in accordance with this policy. Request for a medical evaluation to be completed and handed to the OHP (Annexure 1)
- At least a monthly meeting must be held between the occupational health co-ordinator and management to review the past months results, and keeps management updated on the progress of the program.
- The occupational medicine program and each clinic are to be subjected to audits by an independent body. The audit results are to be discussed with all medical staff and management.

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- A clinic control sheet must be completed by the sister at the end of each clinic. *This form must be sent* to the respective Occupational Health co-coordinators for evaluation. Health trends will be determined from these forms.
- The occupational health co-coordinator must issue a monthly report to management on the programs progress and possible health trends within the company.

6.2 OCCUPATIONAL MEDICAL SURVEILLANCE AT ENVIROSERV INCLUDES:

- Pre-placement, periodic, post-illness and exit medical examinations and tests to ensure optimal person-job specifications and to detect any adverse health effects at work.
- An employee is exposed or is likely to be exposed to asbestos dust exceeding the OEL for asbestos; or
- An occupational medicine practitioner certifies that the relevant employee should be under medical surveillance.
- design and provision of disaster management, first aid services and emergency care
- Arrangements for diagnosis and management of work related disease, including the sequelae of occupational injury. Such management includes compensation aspects
- provision of, or appropriate referral for, rehabilitation including vocational rehabilitation
- design and running of medical surveillance and biological monitoring, including appropriate information systems, to ensure workplace hazard control
- promotion of healthy and safe working conditions, working practice and employee lifestyles
- specialised audit by a consulting OMP (Occupational Medicine Practitioner) of existing programmes at two year intervals
- on-site clinics staffed by medical personnel, these medical personnel to be those defined by the Occupational Health and Safety Act 85 of 1993.

6.3 OCCUPATIONAL MEDICAL BIOLOGICAL MONITORING AT ENVIROSERV

Medical Biological monitoring at EnviroServ covers the spectrum of potential effects of physical/chemical stressors on an employee and in the case of Hazardous Chemical Substances, from the absorption of the substance through to clinical disease.

In choosing a test, the analytical methods should be of sufficient sensitivity and specificity to detect concentrations of the substance in urine, blood or exhaled air in the range likely to be encountered in industry.

Medical biological monitoring is grouped into:

- (A) **Biological Monitoring - to measure the extent of HCS absorption by an employee.**
 - (i) Biological Monitoring - to measure the biochemical concentrations of HCSs and/or their metabolites in biological samples of exposed individuals.
 - (ii) Biological Effect Monitoring - to determine the intensity of biochemical or physiological change due to exposure.

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Results of biological monitoring are compared to BEI's contained in the Regulations for Hazardous Chemical Substances. These BEI's represent in theory the level of an HCS or metabolite most likely to be observed in a specimen collected from a healthy worker who has been exposed to an HCS. Owing to biological variability it is possible that an individual's measurements can exceed the BEI without incurring an increased risk. Conversely, there may be susceptible individuals who may be harmed at levels below the BEI.

If measurements in specimens obtained from a worker on different occasions persistently exceed the BEI, or if the majority of measurements in specimens obtained from a group of workers at the same workplace, exceed the BEI, the cause of the expressive values must be investigated and proper action taken to reduce the exposure. The BEI'S are not intended for use as a measure of adverse effects for diagnosis of occupational illness.

(B) Medical Screening - to detect any adverse effects of an HCS or other stressor including asbestos on the employee

The principle of general medical screening is to detect a disease at an early subclinical or presymptomatic stage in order to take action to reverse these effects or to slow progression of the disease. The abnormalities sought, include pathophysiological or histopathological changes.

7. MEDICAL PERSONNEL

Enviroserv medical personnel reflect the company's commitment to afford their employees the opportunity of medical examinations, which are based on sound occupational medicine practice. Medical personnel at EnviroServ are people who are:

Occupational Medicine Practitioners - medical practitioners who hold a qualification in occupational health, which is recognised by the Health Professionals Council of South Africa

OR

Occupational Health Practitioners - a person who holds a qualification in occupational health recognised by the Health Professionals Council of South Africa or the South African Nursing Council as referred to in the Nursing Act, 1978 (Act No.50 of 1978).

Responsibilities of the OHNP and OMP

The appointed OHNP and the OMP are accountable for the medical surveillance program with regard to:

- Compliance to medical surveillance protocols, standards and requirements.
- Compliance to statutory requirements.
- The execution of medical examinations.
- Confidentiality of employee medical and personal information.
- Reporting of occupational diseases, injuries, needle stick injuries, contact with the blood of HIV/AIDS employees, Hepatitis B patients or with other infectious diseases and accidents, to the Commissioner.
- Reporting of hazardous conditions to the relevant parties.
- Recording the findings of medical examinations according to the applicable standard.
- Analysis of the findings of medical information according to the applicable standard.

8. ORGANISATION AND MANAGEMENT OF THE PROGRAMME

8.1 SELECTION OF APPROPRIATE TESTS

Tests should have the desirable operating characteristics of high sensitivity, reliability and predictive value. The frequency of testing is laid down in regulation 7 (2) of the Regulations for Hazardous Chemical Substances, and regulation 9 2(ii) of the Asbestos Regulations 2002, but should in any case be based on an understanding of the nature of the hazard and the natural history of any adverse effects together with the Occupational Medicine Practitioners recommendations. Review will be done on an annual basis. The onus is on the Occupational

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Health Practitioner to carry out medical surveillance and to be familiar with the latest scientific information regarding the hazardous chemical substance and tests that might be useful.

8.2 STANDARDISATION OF TEST PROCEDURES

Quality control is exercised both in on-site testing and in the laboratory contracted to carry out the analysis. Consistency over time should be sought so as to make longitudinal measurement comparable.

8.3 EMPLOYEE EDUCATION AND TRAINING

This includes the rationale for doing medical surveillance and the consequences of abnormal findings, as well as workplace specific training such as hazardous chemical substances, noise etc.

8.4 EMPLOYEE RESULTS

If requested by the employee medical results will be sent to the employee on a medical results form in a sealed envelope. A medical fitness certificate will be issue for each medical conducted. An employee will be notified of abnormal results and interpretation of his/her tests together with recommendations made. It is however not EnviroServ’s policy to divulge individual results of biological monitoring to any person other than the employer and inspector, or the employee concerned.

Where the standards for fitness are not met at periodical examination, the results of the medical examination should be discussed with the employee to ensure full understanding of the risks and consequences.

8.5 CONFIDENTIALITY

Confidentiality of the employee’s medical and personal information will be respected and comply with the POPI act.

Information may be used:

- For statistical purposes
- To protect the health of other workers
- In case of a claim against the employer with regard to an occupational health condition

The information collected through the medical program is aimed at:

- ~The promotion of the employees' health;
- ~The early detection of hazardous conditions at the workplace in order to protect employees by removal of such condition at the work place

8.6 VULNERABLE / HIGH RISK EMPLOYEES UNDER COVID-19 PANDEMIC.

- Refer to Method statement CV-MS-15
- Annexure 5 – Vulnerable / High Risk employee Clinic requirements as per Covid-19 Regulations.

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9 .CATEGORISATION OF EMPLOYEES

The following are guidelines for medical personnel who are involved in occupational medicine activities at EnviroServ. It is the responsibility of individual occupational health practitioners to adjust these categories and the medical regimens to suit the particular work environment and potential exposures of the employees under their care. Categorisation of medical surveillance is determined by the health risk assessments conducted for specific areas or job categories; these are carried out by an approved inspection authority.

9.1 Employee Group	Category
General Landfill Site workers	A
All employees potentially exposed to Hazardous Chemical Substance <i>Maintenance, Binyards & Workshops, Dangerous Goods Drivers, & Assistants, Sales Consultants, Laboratory staff. Leachate Treatment Plants Plant equipment operator, EPE plant and equipment, Drivers of Domestic Waste Vehicles Couriers</i>	B1
Dangerous Goods Drivers 50 years and older	B2
Administration, Tea ladies, Offices Cleaners,	C
Medical personnel, Health Care Waste workers, (Incinerator)	D
Employees potentially exposed to radioactive substances	E
Executive Medicals	F
HazTech and Industrial cleaning Chemical Clean- Ups employee	G
On Site Management and Recycling Employees	H
Contractors, Casuals and Visitors	I
Food Handlers / Canteen Staff This category is for Food Handlers / Canteen Staff	J
Asbestos workers & Handlers Employee working with and handling asbestos in any form and class. The above mentioned occupational health medical will be conducted as per OHSA, 1993 (ACT NO.85 OF 1993) Asbestos regulation (9) 2001	K

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Category A –General Landfill site workers

All Non-Hazardous General Landfill site workers, fall into this category.

The following medical examinations are done:

FREQUENCY; ~General Waste Landfill site workers - every Two years

PHYSICAL EXAMINATION : ~ Occupational and medical history
 (including adverse pregnancy outcomes)
 ~ Complete general examination including:
 ~ Height, weight
 ~ Peripheral pulses
 ~ Blood pressure
 ~ Respiratory system
 ~ Cardiovascular system
 ~ Muscular-skeletal system
 ~ Neurological
 ~ Urine dipstix assessment (Combur 4)
 ~ Blood Glucose Glucometer
 ~Mini Mental State Exam for drivers only or if otherwise indicated

LABORATORY TESTS ~ HB
 ~ Random Drug Testing

VISION ~ Visual acuity

LUNG FUNCTION TEST : ~ Every 2 years

CHEST X-RAY ~ Every 5 years or as requested by the OMP

AUDIOMETRY ~ Every 2 years

Employees to undergo audiometric testing in accordance with Code of practice SABS 083 - every 2 years.

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Category B1 - Hazardous Chemical Substance Employees which includes: Drivers, Assistants, Maintenance, Laboratory staff, Sales Consultants, Leachate Treatment Plants, , Plant Equipment operators, Drivers Domestic waste vehicles & Couriers.

Employees who are potentially exposed to substances listed in Table 1 and Table 2 of the Regulations for Hazardous Chemical Substances fall into this category. These employees would include those who may be exposed to hazardous chemical substances as well as workshop employees who are involved in activities such as grinding, welding, spray painting etc. which has the potential of HCS exposure as well as managers who access all landfill sites on a regular basis. All Non-Hazardous waste drivers, Couriers also fall into this category. Refer to point 14 for criteria for determining fitness for drivers.

- FREQUENCY; ~ Annually
- PHYSICAL EXAMINATION: ~ Occupational and medical history and exposure History with specific reference to pregnancy for females (Including adverse pregnancy outcomes)
 - ~ Complete general examination including:
 - ~ Height, weight
 - ~ Peripheral pulses
 - ~ Blood pressure
 - ~ Respiratory system
 - ~ Cardiovascular system
 - ~ Musculo-skeletal system
 - ~ Neurological
 - ~ Mini Mental State Exam
 - ~ Urine dipstix assessment (Combur 4)
 - ~ Blood Glucose Glucometer
 - ~ **Working at heights questionnaire & assessment**
- LUNG FUNCTION TESTS : ~ Annually
- CHEST X-RAY ~ every 5 years or as requested by the OMP
- LABORATORY TESTS
 - ~ HB (Haemoglobin)
 - ~ WCC (White Cell count)
 - ~ AST, GGT
 - (if GGT greater than 100,exclude medical conditions and medication causing elevation---proceed with CDT (Carbohydrate deficient Transferrin)*
 - ~ Random Drug Testing
- BIOLOGICAL MONITORING : ~ As per exposure requirements and notifiable substances list- Not applicable to courier drivers.
- VISION : ~ Visual acuity
 - ~ Night & colour blindness
- IMMUNIZATION : Hepatitis B screening & if necessary immunisation (Hazardous Landfill : plant Operators, Team Leaders, General workers, tea ladies & Cleaners Only)
 - Check Immunity every 5 years
- AUDIOMETRY ~ Annual
 - Employees to undergo audiometric testing in accordance with Code of practice SABS 083 - every 2 years

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Category B2 - 50 years and older Hazardous Chemical Substance Drivers.

- FREQUENCY; ~ Six Monthly
- PHYSICAL EXAMINATION:
 - ~ Occupational and medical changes (including adverse pregnancy outcomes)
 - ~ Complete general examination including:
 - ~ Height, weight
 - ~ Peripheral pulses
 - ~ Blood pressure
 - ~ Respiratory system
 - ~ Cardiovascular system
 - ~ Urine dipstix assessment (Combur 4)
 - ~ Blood Glucose Glucometer
- LABORATORY TESTS (Urine dipstix) ~ Blood Glucose (Only if indicated on Glucometer & Urine dipstix)
- VISION :
 - ~ Visual acuity
 - ~ Night & colour blindness

Category C – Administration Staff, Tea Ladies, Canteen staff and Office Cleaners (Excluding Admin staff based at Hazardous landfill sites)

This category includes office staff and those employees who are not exposed to chemical substances:

- FREQUENCY: ~ Baseline medical on entry as well as an exit medical on leaving the Company.
- PHYSICAL EXAMINATION :
 - ~ Occupational and medical history (including adverse pregnancy outcomes)
 - ~ Complete general examination including:
 - ~ Height, weight
 - ~ Blood pressure & peripheral pulses
 - ~ Respiratory system
 - ~ Cardiovascular system
 - ~ Musculo-skeletal system
 - ~ Neurological
 - ~ Urine dipstix assessment (Combur 4)
 - ~ Blood Glucose Glucometer
- LABORATORY TESTS (Urine dipstix) ~ Blood glucose (Only if indicated on Glucometer & Urine dipstix)
- IMMUNIZATION : ~ Immunisation for Hepatitis B
- CHEST X-RAY condition. ~ only if requested by the OMP for a work related condition.
- VISION : ~ Visual acuity--Snellens

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Category D - Medical personnel, Health Care Waste Workers (Incinerator employees), sewerage, or any form of contaminated liquid effluent

This category is applicable to any employee who are exposed or potentially exposed to Healthcare Risk Waste, sewerage, or any form of contaminated liquid effluent.

FREQUENCY; ~ Annually

PHYSICAL EXAMINATION ~ Occupational and medical history with specific reference to pregnancy for females. (including adverse pregnancy outcomes)
 ~ Complete general examination including:
 ~ Height, weight
 ~ Blood pressure & peripheral pulses
 ~ Respiratory system
 ~ Cardiovascular system
 ~ Musculo-skeletal system
 ~ Neurological
 ~ Urine dipstix assessment (Combur 4)
 ~ Blood Glucose Glucometer
 ~ Mini Mental State Exam for drivers only or if otherwise indicated

LABORATORY TESTS Drivers & Assistants as per Category B
 ~ HB
 ~ AST

IMMUNIZATION ~ Immunisation Hepatitis B every 5 years

LUNG FUNCTION TEST : ~ Annually

CHEST X-RAY : ~ Every 5 years or as requested by the OMP

VISION : ~ Visual acuity—Snellen’s

AUDIOMETRY : ~ Annual
 Employees to undergo audiometric testing in accordance with Code of practice SABS 083 - every 2 years

Only in case of needle stick injury

BASELINE HIV : and repeat following injury at 3 months and at 6 months if original result was negative

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Category E - Employees handling/transporting radioactive waste

Workers who are potentially exposed to radioactive substances are required to undergo a medical examination according to the Department of National Health and Population Development form gw 6/9 - this includes the following tests which are done on a 6 monthly basis :

- FREQUENCY : ~ Six Monthly
- PHYSICAL EXAMINATION : ~ Occupational and medical history (including adverse pregnancy outcomes)
 ~ Complete general examination including:
 ~ Height, weight
 ~ Blood Glucose Glucometer
 ~ Blood pressure & peripheral pulses
 ~ Respiratory system
 ~ Cardiovascular system
 ~ Musculo-skeletal system
 ~ Neurological
 ~ Hands: telangiectasia, hyperkeratosis ~ or atrophy and sweat glands, hair and nails
 ~ Mini Mental State Exam for drivers only or if otherwise indicated.
- LABORATORY TESTS : ~ Red cell count, white cell count, ~ Platelets, haemoglobin and differential white cell count
- URINE : ~ Albumin, sugar and microscopic ~ Examination and radioactivity if indicated
- LUNG FUNCTION : ~ Annual
- CHEST X-RAY : ~ Every 5 years
- VISION : ~ Visual acuity
- AUDIOMETRY : ~ Annual

Employees potentially exposed to noise, to undergo audiometric testing in accordance with Code of practice SABS 083 - every 2 years

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Category F – Executive Medicals on Top and Senior management—Grade 4 and above

It is important that individuals who undergo executive medical examinations understand

- The relevance and importance of undergoing the medical
- The confidential nature of the results of the medical examination
- In the case of senior management it is an operational requirement that individuals in key positions are examined at least every two years. Should annual medicals be required for site entry, then medical is done as per job category criteria can be done (when an executive medical is not done that year)
- Screening for any underlying sub-clinical disease, or any predisposition to disease, to ensure early diagnosis and adequate treatment to prevent or minimize the risk of sudden disability, for example stroke and myocardial infarct, resulting in unexpected, prolonged or permanent absence from work is to be done
- Many diseases are lifestyle related and the majority of those suffering from them are totally unaware that minor adjustments to their lifestyle could play a significant role in contributing to their wellbeing and indeed longevity.
- The value of screening programmes to detect early signs of curable malignancies not to mention diseases such as hypertension and diabetes is well documented.
- One should also take into account the cost of replacing an executive who suddenly becomes disabled due to illness or injury
- Confidentiality is one of the cornerstones of medical practice and all participants should be assured of this but understand that medical records need to be kept on site in the care of medical professionals.
- Should employees agree to undergo these medicals on an annual basis, it is imperative that they understand the significance of working together with the healthcare professional to improve their health status, for example weight reduction; control smoking habits improve exercise etc.

The medical examination should include the following:

- FREQUENCY: ~ Every two years:
- HISTORY ~ comprehensive medical, surgical, occupational and social history
- LABORATORY TESTS : ~ Full Blood Count
 ~ Urea and Creatinine
 ~ Full Liver Function
 ~ Fasting Lipogram
 ~ Blood Sugar
 ~ Thyroid Function
 ~ CEA – cancer screening
 ~ CRP
- PHYSICAL EXAMINATION : ~Thorough medical examination of all systems including routine cancer screening tests.
- ECG : ~Resting and Effort
- LUNG FUNCTION : ~Where indicated
- X-RAYS : ~Chest and mammography where indicated

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Category G – HazTech, Industrial Cleaning and Chemical Clean- Ups

This category is for employees who are involved in clean-up operations and have potential exposure to specific substances or for employees who during the course of their work are potentially exposed to substances for which a BEI exists. Particular attention should be paid to specific exposures and biological monitoring should be carefully implemented prior to a particular job and afterwards, at the discretion of the OMP.

- FREQUENCY; ~ Annual
- PHYSICAL EXAMINATION : ~ Occupational and medical and exposure history (including adverse pregnancy outcomes)
 - ~ Complete general examination including:
 - ~ Height, weight
 - ~ Peripheral pulses
 - ~ Blood pressure
 - ~ Respiratory system
 - ~ Cardiovascular system
 - ~ Musculo-skeletal system
 - ~ Neurological
 - ~ Urine chemistry urine dipstix assessment (Combur 9)
 - ~ Blood Glucose Glucometer
 - ~ Mini Mental State Exam for drivers only or if otherwise indicated
- LUNG FUNCTION TESTS : ~ Annually
- CHEST X-RAY : ~ Annually
- LABORATORY TESTS : ~ FBC - annually
 - ~ LFT – annually
 - ~ Creatinine
 - ~ Random Drug Testing
- BIOLOGICAL MONITORING : ~ Exposure Substance specific
- VISION : ~ visual acuity
- AUDIOMETRY : ~ Annual
- IMMUNITY ~ Tetanus Vaccination

Employees to undergo audiometric testing in accordance with Code of practice SABS 083 - every 2 years

The onus is on the Occupational Health Practitioner to carry out medical surveillance and to be familiar with the latest scientific information regarding the hazardous chemical substance and tests that might be useful.

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Category H – On-Site Waste Management and Recycling workers

All Non-Hazardous On-Site Waste Management and Recycling employees fall into this category. **Drivers will fall into Category B**

On-Site workers who are working on a mines premises, will undergo the mine medical as per their requirements.

The following medical examinations are done:

- FREQUENCY ~ Every two years – For general sites
~ Annual – For Hazardous waste / exposed workers

- PHYSICAL EXAMINATION : ~ Occupational and medical history
(including adverse pregnancy outcomes)
~ Complete general examination including:
~ Height, weight
~ Peripheral pulses
~ Blood pressure
~ Respiratory system
~ Cardiovascular system
~ Musculo-skeletal system
~ Neurological

- LABORATORY TESTS : ~ urine dipstix assessment (Combur 4)
~ Blood Glucose Glucometer
~ Blood glucose (Only if indicated on Glucometer & Urine dipstix)
~ Hepatitis A & B immunity for those employed in a clinical environment

- BIOLOGICAL MONITORING : ~ Exposure Substance site specific

- IMMUNIZATION: ~Immunisation for those employed in a clinical environment

- VISION ~ visual acuity
~ Snellen for the rest of this category

- AUDIOMETRY ~Baseline within 30 days of employment
2 yearly unless work environment changes

(If there is a change in work environment or noise levels, audiometry needs to be done annually for the first 3 years after changes, then every 2 years

- CHEST X-RAY : ~ At the OMP discretion

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Category I – Contractors, Casuals and Visitors

This category is for Contractors, Casuals and Visitors contracted to do a limited yet specific task .To be used in conjunction with SHEQ SS04 – Contractors and Visitors

DEFINITION

Any person working for an organization who is not an employee of EnviroServ, and is expected to perform work on the company's premises at an agreed fee if a contractor.

Category I. 1:

Day Visitors entering the office block area.

No medical requirements

Category I. 2:

Service provider/ Contractors / Visitors entering the hazardous Landfill site area for one day only.

All Persons entering beyond the admin block for One Day or part of a day. Engineering personnel doing inspections, auditors, Delivery/courier services, Garden services, Customers, Authorities, Visitors, Tours; service providers and consultants. Those service providers that work at multiple sites can elect to provide a medical certificate valid for 1 year instead of one day declaration at EACH visit.

Duration on site –One day only or part of a day, Adhoc,once a month or less

Medical Category – One Day only Declaration –Annexure 5

Frequency – New Declaration with each visit

Category I.3:

Service Provider (Consultant)/ Contractors. Non Hazardous landfill, closed sites & Depots - No exposure

Duration on site – For Longer than one day – on site daily.

Medical Category – A

Frequency – 2 yearly

Category I.4:

Service Provider Consultant / Contractors exposed on Hazardous sites - incinerators and landfill

Contractors working for longer than one day but less than seven days with exposure (eg working on contaminated vehicles, HCS waste storage areas, incinerators, Hazardous Landfill sites)

Duration on site – Between one - seven days on site daily.

Medical Category – Basic medical with Spirometry

Frequency – Annual

Category I.5:

Service Provider Consultant / Contractors exposed on Hazardous sites - incinerators and landfill

Contractors working for longer than one day with exposure (eg working on contaminated vehicles, HCS waste storage areas, incinerators, Hazardous Landfill sites)

Duration on site – For Longer than one day – on site daily.

Medical Category – B

Frequency – Annual

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Category I.6:

URGENT WORK - Contractors (Plant operators; emergency maintenance only)
 URGENT site entry to work with risk of exposure on a Hazardous Landfill Site for longer than 1 day

Duration on site – One Day Only otherwise medical to be day within 3 days should they need to remain on site longer.

Medical Category – One Day only Declaration –Annexure 5

Frequency – New Declaration with each entry

Category J – Food Handlers and Canteen staff

This category includes Food Handlers and Canteen staff who are involved with food preparation.

- FREQUENCY: ~ 3 yearly
- PHYSICAL EXAMINATION : ~ Occupational and medical history (including adverse pregnancy outcomes)
 ~ Complete general examination including:
 ~ Height, weight
 ~ Blood pressure & peripheral pulses
 ~ Respiratory system
 ~ Cardiovascular system
 ~ Musculo-skeletal system
 ~ Neurological
 ~ Urine dipstix assessment (Combur 4)
 ~ Blood Glucose Glucometer
- LABORATORY TESTS dipstix) ~ Blood glucose (Only if indicated on Glucometer & Urine dipstix)
- LUNG FUNCTION TESTS : ~ Annually
- IMMUNIZATION : ~ Food handlers and canteen staff -Hepatitis A & B
- CHEST X-RAY : Every 5 years
- VISION : ~ Visual acuity--Snellens

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Category K - Employees working with and handling Asbestos

Employees who are potentially exposed and who are working with and handling Asbestos fall into this category. The above mentioned occupational health medical will be conducted as per OHSWA, 1993 (ACT NO.85 OF 1993) Asbestos regulation (9) 2001

FREQUENCY; ~ Annually

PHYSICAL EXAMINATION: ~ Occupational and medical history with specific reference to pregnancy for females including adverse pregnancy outcomes

- ~ Complete general examination including:
- ~ Height, weight
- ~ Peripheral pulses
- ~ Blood pressure
- ~ Urine dipstix assessment (Combur 4)
- ~ Blood Glucose Glucometer
- ~ Respiratory system
- ~ Cardiovascular system
- ~ Musculo-skeletal system
- ~ Neurological
- ~ Mini Mental State Exam

LUNG FUNCTION TESTS : ~ Annually
According to the lung function protocol -
Cross shift Lung Functions Bi-Annually
For the duration of a asbestos project
Lung Functions to be done at the end of a work week
and then again at the beginning of the new work week)

CHEST X-RAY ~ Annually while exposed
Thereafter every two years for 20 years

LABORATORY TESTS ~ HB (Haemoglobin)
~ Random Drug Testing

BIOLOGICAL MONITORING : ~ As per exposure requirements and weekly Notifiable substances list

VISION : ~ Visual acuity
~ Night & colour blindness

IMMUNIZATION : Hepatitis A & B
Check Immunity every 5 years

AUDIOMETRY ~ Annual
Employees to undergo audiometric testing in accordance with Code of practice SABS 083 - every 2 years

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9.2 Pre-placement /Pre-employment Medical examinations

This covers pre-placement / pre-employment medicals and the regimen undertaken, and will vary depending on the operational requirements and job description. All employees, including administrative personnel undergo a pre-employment /pre-placement medical examination and medical surveillance appropriate to the operational requirements and potential exposure. These medicals must be done prior to the employee commencing work according to the Medical Regimes. Due to operational risks within the EnviroServ business potential employees are not to resume work until declared fit to do so by the company OMP.

9.3 Transfers from one department to another

This comprises of employees who may be transferred from one department to another e.g. a non-hazardous substance employee who is transferred to transport and must then comply with legislation covering hazardous chemical substance drivers. Medical examinations on transfer must account for medical tests not undertaken with the employee’s previous job description.

9.4 Return to Work

Employees who have been off work due to ill health for a period longer than 14 days are required to undergo medical examination prior to resuming normal duties.

9.5 Termination of employment

This establishes the health status of the employee on termination of their service with the company. A questionnaire is completed and in addition they undergo a full medical (determined by category and exposures) if they have not had a medical within the last three months of employment. The employee signs a health declaration at the exit medical in which he/she makes a statement as to their health status at the time of leaving EnviroServ's employ as well as acknowledgment of the frequencies required for follow up medical examinations if indicated.

10. NEEDLE STICK INJURY TEST PROCEDURES.

- The affected employee is to report to the nearest Hospital or external medical facility immediately for a PCR / HIV blood test, as well as Hepatitis B surface antigen screening, which will include counselling. This will give an indication of the employee’s current HIV status, and Hepatitis B immunity. (Declaration & consent -Annexure 3) be taken to hospital
- A three-day Prophylaxis starter pack is to be issued to the employee, by the appointed hospital staff.
- The affected employee is to report back to the treating Hospital or external medical facility within two days after the original blood test was taken for result feedback, if indicated, a 25-day Prophylaxis course will be issued.
- The employee is to revisit the treating Hospital or external medical facility after six weeks of the incident for a further PCR / HIV blood test.
- If the employee leaves the service of the company, before the six weekly blood tests have been done, it is his/her responsibility to visit the treating Hospital or external medical facility for the above tests, or sign a Health Declaration when terminating his/her service. Should the affected employee Sero covert, please refer to the

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HIV/AIDS and Life Threatening Diseases Policy.

INFORMATION ABOUT HIV TESTING

Acquired Immune Deficiency Syndrome (AIDS) is caused by infection with the Human Immunodeficiency Virus (HIV). The most common way that the virus is passed from one person to the next is through unprotected sex. After infection with the virus a blood test that detects the body's reaction to the virus becomes positive within 6 weeks to 3 months. Such a person will at this stage appear completely healthy as the virus takes many years to slowly break down the normal defence mechanisms of the body. Such a person is infectious and could infect others only through sexual intercourse and by donation of blood. However, once infected most HIV positive people will eventually (even up to ten years after infection) go on to develop AIDS which is fatal in most cases. This has caused the life insurance industry to introduce testing as a measure designed to protect the funds held for both existing and future policy holders.

Due to inadequate knowledge about this new infection people tend to discriminate against and reject those who are infected. The testing and test results will therefore be protected by a strict code of confidentiality and only be disclosed to the Company Medical Officer and to the employee's doctor if this is their wish, and we have the employees written consent to do so. The employee may also decide that they do not wish to have the test performed and this needs to be indicated on the consent form.

In the event of the test being positive the employee will not be discriminated against regarding employment. The blood specimen will be subjected to further tests, the CD4 count. This gives an indication of the extent to which the body defences have been compromised. Should the employee be healthy at present, the CD4 count will be normal and the employee could be fit for employment in the job applied for. Should this test be abnormally low according to International Standards, the employee is at high risk of developing serious infections in which case they will most probably be found unfit for employment to protect their health.

11. ALCOHOL & SUBSTANCE ABUSE TESTING PROCEDURES.

Please refer to the Company Alcohol and substance abuse policy as well as Occupational Health clinic testing procedure OHP-NAT-040 A,B,C,D

12. NOTIFIABLE/ INFECTIOUS/ COMMUNICABLE DISEASES.

"Section 20 of the Public Health Act, 1919, as amended by Act 15 of 1928, requires every medical practitioner, who becomes aware that any person visited, or professionally attended by him is suffering from, or who by post-mortem examination or otherwise becomes aware that any person has died of a notifiable disease, immediately to furnish a written certificate of notification thereof to the local authority of the district in which such person is discovered or has died and also to inform the head of the household or the occupier of the premises and any person nursing or in immediate attendance on the patient of the infectious nature of the disease and the precautions to be taken to prevent its conveyance to others." A list of notifiable diseases is to be found in the Ges 180 form booklet. Certain conditions must be reported and these are listed in the procedures for the reporting of notifiable/infectious and communicable diseases. In the case of a suspected or alleged Occupational disease occurring, the company's Occupational Medical practitioner will examine the employee and confirm diagnosis by pathological testing and / or call for a second opinion. The company's Occupational Medical practitioner, for investigation and conclusion of the case will forward the results to the relevant authorities.

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13. EMPLOYEES WITH DISABILITIES.

Employees with disabilities will be managed in accordance with the procedure as set out in the Labour Relations Act, and EnviroServ's insurance scheme which is co-ordinated by Human Resources department.

14. DETERMINATION OF EMPLOYEE FITNESS

EnviroServ will not permit an employee who has been certified unfit for work by an occupational medicine practitioner to work in a workplace or part of a workplace in which he or she would be exposed, or is likely to be exposed including that of asbestos dust. EnviroServ Clinics will also declare an employee unfit to work should their medical Fitness certificate have expired prior to a new periodical medical been conducted.

The OMP before making a decision on fitness to work, must consider all relevant legal obligations including those prescribed in the Labour Relations Act (LRA), Employment Equity Act (EEA), Basic Conditions of Employment Act (BCEA) and all relevant Codes of Practice's linked to these Acts with special reference to management of employees with medical incapacity and disability.

On Initial / Pre-placement / periodical examinations the OMP must act on health disorders that are detected during initial or any other examination, either immediately or by appropriate referral. Fitness to work decisions may at the discretion of the OMP be reasonably practicably delayed until the state of maximum medical improvement has been reached. Employees will be afforded a reasonable period of time (Maximum 6 weeks) to correct the health disorder. Employees should be informed of their obligation to comply fully to prescribed medical treatment regimens during this process and during the period of employment.

The OMP may consider declaring a person fit to continue working subject to certain conditions such as closer supervision and monitoring, which might include reduction in exposure or more frequent medical surveillance.

Where the standards for fitness are not met at periodical examination, the results of the medical examination should be discussed with the employee to ensure full understanding of the risks and consequences.

ALL EMPLOYEES TO HAVE A VALID MEDICAL FITNESS CERTIFICATE at all times.

EnviroServ adopts the health management guidelines for vehicle drivers published by SASOM (South African Society of Occupational Medicine) and the Minimum Standards of fitness to perform work on a mine to determine employee and driver fitness. Drivers are classified into four categories:

- I Transport of people and hazardous substances. This group carries the highest responsibility towards the public and co-workers, as an incident involving the vehicle they operate could lead to disastrous consequences.
- II Drivers of heavy duty vehicles which require special control abilities and a high degree of responsibility.
- III Special vehicle drivers in control of specialised vehicles which are used for specific purposes where skill, method of operation and place of operation require attention, for example, forklift operators, crane drivers.
- IV Standard vehicle drivers operating light vehicles in standard transport circumstances where no special requirements exist over and above the required licence and personal skills to operate the vehicle.

To assist the OMP in deciding on acceptance or rejection of a driver on health grounds, a list of criteria has been developed. Some of these can only be judged on the results of special investigations. The examiner must be guided by his/her clinical experience in determining whether or not these investigations are necessary as confirmation before a final decision is made.

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CRITERIA FOR REJECTION OF DRIVERS AND HIGH RISK EMPLOYEES

		<u>CONDITION</u>	<u>DRIVER CATEGORY</u>
<u>Cardiovascular conditions</u>	a	Uncontrolled blood pressure as per SASOM and MH&S guidelines of 180/110 mm/Hg or higher – declared temporarily unfit –Given One month to control condition if not controlled in one month –Refer to HR Department. Uncontrolled on Treatment >140/100 or hypertension requiring more than one class of drugs for control or poor compliance. Given One month to control condition if not controlled in one month Refer to HR	I II
	b	Arrhythmias, paroxysmal or ECG-manifested	I II
	c	Angina pain, whether brought on by exercise, emotion, meals or which awakes from sleep. If in doubt a stress-ECG should be carried out on which a more than 1 mm depression of the ST segment should be unacceptable.	I II
	d	Complete heart block or implanted pace maker	I II
	e	Vasovagal episodes or unexplained syncope.	I II
	f	A documented myocardial infarction	I II
	g	Peripheral vascular disease sufficiently serious to have caused absence from work for ulceration of the skin.	I II III
	h	If within one year of coronary artery bypass graft or angioplasty is unable to meet the criteria listed in c, f and l.	I II
	i	Complicated congenital heart disease affecting cardiac function	I II
	j	Heart valve repair or replacement, after which: symptoms prevail, riven is not a sinus, paroxysmal arrhythmias, heart is enlarged, ECG is abnormal, blood pressure is abnormal, anticoagulants are needed	I II
	k	An abnormal ECG per se, if it shows: particularly, Left Bundle Branch Block, right Bundle Branch Block, after previously normal ECG, or initially after age 40, or associated with chest pain, diabetes or hypertension.	I II
l	An x-ray examination indicating an enlarged heart (cardiothoracic ratio of 0,55 or greater).	I II	

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	m	Any feature suggesting aortic aneurysm.	I II
<u>Endocrine Conditions</u>	a	Diabetics needing insulin treatments because of the potential danger of hypoglycaemia .Blood Sugar in excess of normal range 4.1 - 7.7mmol/l (Random or fasting) and HBA1C In excess of 25% or more of the upper limit of the Laboratory norm. HBA1C 4 – 6 % (DCCT/NGSP) or 20 – 42 mmol/mol See additional notes below table on Diabetes Mellitus	I II III
	b	Hyperinsulin states : recurring spontaneous attack - hyperglycaemia arising from pancreatic islet cells adenoma, or other organic or functional causes.	I II III
	c	Hyperthyroidism with tachycardia, exophthalmos tremor, emotional disturbances, anxiety or psychotic symptoms	I II III
	d	Hyperparathyroidism with muscular weakness and hypotonia, or hypoparathyroidism reflecting neuromuscular excitability, cramps, spasms and generalised tetany.	I II III IV
	e	Posterior pituitary insufficiency: diabetes insipidus, or anterior pituitary insufficiency :(Simmond's disease) carbohydrate insufficiency, hypoglycaemic episodes, cachexia, or acromegaly : muscular weakness, pain, fatty debility, cardiac enlargement.	I II III IV
	f	Adreno-cortical hyperfunction : (Cushing's Disease) muscular weakness, osteoporosis, or adreno-cortical hypofunction : (Addison's Disease) Asthenia, low blood pressure.	I II III IV
	g	Hyperfunction of the adrenalmedulla : (Pheochromocytoma) headache, dizziness, weakness, blurred vision, rapid pulse, elevated blood pressure.	I II III IV
<u>Psychiatric Disorders</u>	a	Mental retardation of a degree to less than a low-normal level of intelligence	I II III IV
	b	Any serious psychiatric disorder as tabulated under Mental Disorders: Organic Psychotic Conditions (290-294) and other Psychoses (295-299) of the International Classification of Disease, 9th Revision, unless certified by a psychiatrist that the condition will not interfere with driving.	I II III

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	c	Alcoholism and drug addiction which has not responded successfully to treatment or which is likely to relapse.	I II
	d	Any psychiatric or psychological condition requiring Medication, unless certified by a psychiatrist that such medication will not interfere with driving.	I II III
<u>Neurological Conditions</u>	a	<u>Head injuries and locomotor disability.</u> Disorders which immobilise or severely limit movement in neck, arms and lower limbs. A susceptibility to locking of knee or elbow should be referred for surgical opinion concerning diagnosis or such conditions and correction, if possible.	I II III IV
	b	<u>Convulsions</u> a person who has suffered a definite epileptic attack since the age of five (exclusion for Category I and II drivers is permanent, but some relaxation is possible for Category 3 and 4 drivers who can drive:	I II III IV
		<ul style="list-style-type: none"> if free of epileptic fits for more than 2 years, with or without therapy. 	I II III IV
		<ul style="list-style-type: none"> if free of fits when awake, for at least 3 years, (in those with established pattern of sleep epilepsy). 	I II III IV
	c	A person who, despite having no previous history of an epileptic attack, is known to have a condition with a Definite Threat of developing Epilepsy :	I II
		<ul style="list-style-type: none"> following a complicated Head injury (defined as a compound depressed fracture in which there has been dural penetration, or an inter-cranial haematoma, or unconsciousness/post traumatic amnesia of > 24 hours). 	
		<ul style="list-style-type: none"> following Craniotomy for a supratentorial lesion. Prophylactic treatment shows limited results in this type of patient - Lancet (1980) 1,401-402 and North et al 1, 348-386). 	
	d	<u>Miscellaneous Disorders of the Nervous System:</u> persistent functional deficit due to Head injury, Parkinsonism or Multiple Sclerosis	I II III IV

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	e	History of Cerebro-Vascular Event	I II
	f	Disturbances of higher mental function e.g. dementia, arising from Organic Brain Disease	I II III IV
	g	Persistent or recurrent Cerebral, Cerebellar or Vestibular disturbance, more than minor Muscular Weakness, Sensory or Visual Field Defects.	I II III IV
	h	Deafness of such severity as to prevent the proper discharge of duties. (Would the applicant be capable of telephoning for emergency services?)	I II III
	i	Any condition requiring medication which acts on or has an effect on the CNS and which may impair skills, responses and co-ordination: (eg. antihypertensives, antidiabetic drugs and anti-histamines) until such time as the doctor in charge certified that the employee is safe to drive.	I II III
Vision	a	Visual Acuity	
		corrected static visual acuity worse than 6/9 in one eye and 6/12 in the other. 50° nasal and 70° temporal vision.	I II
		the need for high power lenses in the range of, or greater than, plus or minus 10 dioptries.	I II III
	b	Visual Fields: any visual field defect, eg. bitemporal or homonymous hemianopia or a total field of vision of less than 120 degrees	I II
	c	Diplopia	
		Un-correctable diplopia from whatever cause	I II III
	d	Totally blind in One new licence applicant, not acceptable	I II III
		existing licence holders who are or become monocular, to surrender licences	I II
	e	Cataract Surgery :	I II III
		removal of cataract with intra-ocular implant within two months of surgery (subject to satisfactory visual acuity test employee may return to driving after two months).	

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<u>Pulmonary Functions:</u>	a	For screening purposes a lung function test is normal if FEV1 is greater than 80% of predicted or the (FEV1/FVC) ratio is equal to or greater than 70%.	I II III IV
	b	Active, Infectious pulmonary tuberculosis or any other lung disease	I II III IV
		See additional notes below table on Pulmonary Function	
<u>Audiometric Standards</u>		Pure tone audiometric screening at 0.5kHz , 1 kHz, 2kHz, and 3 kHz must meet the following criteria: Age 16 – 39 pure tone average of 15dB or less. Age 40 and ABOVE; Pure tone average of 25dB or less. Irrespective of age: A threshold of 45db or less at 3kHz	I II III IV
<u>Reproductive Systems</u>		Refer to reproductive health policy	
<u>Skin</u>	a	A History of or presence of skin conditions liable to be aggravated by working conditions may preclude employment in a particular category of work.	
<u>Pathology and diseases of the blood</u>	a	<u>Gamma GT</u> in excess of 100 unless there is a legitimate medical cause or Gamma GT in excess of 100 unless confirmed with a CDT test or at OMP's discretion	I II III
	b	<u>Haemoglobin</u> (HB) of less than 10	I II III IV
	c	Any significant disease of the hematopoietic system	
		May preclude employment in certain categories	
<u>Obesity</u>	a	A degree of obesity adversely affecting heat tolerance or the ability to exercise, mobility, general health or possible medical evacuation may render a person unfit for a particular category of work. Obesity may also be associated with sleep apnoea.	
		<u>Classification of Obesity</u> 18.5–24.9 normal weight 25.0–29.9 overweight 30.0–34.9 class I obesity (Low Risk) 35.0–39.9 class II severe obesity (moderate-risk) ≥ 40.0 class III morbid obesity (high-risk)	

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<u>Musculo Skeletal System</u>	There should be sufficient musculo-skeletal integrity to undertake the required physical exertion for a particular category of work. It will be important for the OMP to differentiate between degenerative processes which are normal for a specific age and "pathological" degeneration before a decision is made on fitness to work.	
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Hypertension

Uncontrolled Hypertension employees must be given the opportunity of one (1) month to get their condition under controlled and remain controlled.

Pulmonary Function

The OMP will refer an employee suffering from active tuberculosis for appropriate treatment. The employee is not fit to work in a condition where there is continuous infectivity or serious permanent impairment. Employees, where either one or both lungs have been seriously affected by previous tuberculosis, should not be exposed to dust environments. Three (3) negative sputum's results need to be produced before fitness to work can be granted.

Diabetes mellitus in Drivers

As per the minimum standard of fitness to Perform Work at a mine –Government gazette No 39656 "Well controlled, mild, non-insulin dependent diabetics may be certified fit to work by the OMP as drivers for non-passenger or ordinary good conveyance.

- Non-Insulin dependent drivers who's DM is controlled with a random blood sugar of 4.1 - 7.7mmol/l and an HBA1C 4 – 6 % (DCCT/NGSP) or 20 – 42 mmol/mol (IFCC) must conform to treatment protocol and remained controlled , may convey dangerous goods with passengers outside of a mine premises.
- Non-Insulin dependent drivers – may only work on the mine premises for non-passenger or ordinary goods conveyance.
- Insulin Dependent DM Drivers – may not drive with passengers nor convey dangerous goods, but may convey ordinary goods with no passengers if condition remains controlled.

Insulin dependent Diabetes mellitus other than Drivers

- Fitness is determined by Job description , Risk profile, and at the OMP discretion
- Insulin dependent Diabetes sufferers are excluded from working as
 - Plant Operators
 - Tank Cleaners
 - Hazardous waste landfill workers
 - Confined space
 - or at the OMP's discretion

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15. EVALUATION OF CONTROL

An abnormal finding in an employee, or a pattern of findings in a group of employees, may point to inadequate primary control of exposure. In such cases the employer needs to be notified of such details of the medical findings as are necessary to evaluate the workplace problem and take remedial action.

In the case of biological monitoring, results may be compared against the action criteria (BEI if relevant) and preferably also the employees previous results to determine whether individual action needs to be taken. Action may include repeating the test, further medical examination, removal of the employee from further exposure and notification of the employer.

Co-operation of employees can be best secured by a policy of protection of conditions of service in cases of medical removal from a particular job.

16. RECORD KEEPING

Record keeping includes both medical records and exposure information for every employee. Exposure information includes exposure to HCS's as described in the HCS Regulations. These records must be kept for 40 years - if the employer ceases operations these must be sent by registered post to the relevant Regional Director - Department of Labour. The annexure - Notification by Health Practitioners form must be completed by the health practitioner for each employee seen at the clinic.

17. MONITORING, INSPECTIONS AND AUDITS

Monitoring of Medical Surveillance is as per Medical Surveillance Program for the Occupational Health Service.

Internal Audits are conducted regularly

External Audit conducted by independent auditor

18. REFERENCES

- 1) SASOM Guidelines
- 2) SASOHN Guidelines
- 3) Legal Framework
- 4) Internet research – various sites
- 5) Occupational Health – management & practice for health practitioners, 3rd edition – Susan Hattingh & Jenny Acutt
- 6) COVID-19 Regulations
- 7) Mines Occupational Health & Safety Act

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18. ANNEXES
Annexure 1



Health Evaluation Request

Candidate Details & Position (to be completed by Line Manager)

Name:		Surname:	
Identity Number:		Department:	
Contact Number:		Start Date:	
Job Title:			
Special Skills Required : (Brief description of job profile, eg. Drive a company vehicle, operate moving machhineray)			
Known or possible exposure:			
Presence of any known risk factors:			
Other remarks:			

Line Manager Name:		Signature:		Date:	
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Candidate Health Status (to be completed by Medical Centre)

Date Medical Done:				
Candidate Fitness Status:	Fit	<input type="checkbox"/>	Unfit	<input type="checkbox"/>
Other Remarks (If unfit offer to be withdrawn by HR)				

Medical Centre Approver:		Signature:		Date:	
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Annexure 3

EMPLOYEE NEEDLE STICK INJURY DECLARATION

CONSENT TO PROPHYLAXIS TREATMENT/HIV TESTING

I _____ (Full Names), hereby declare that I suffered a needle stick injury on _____ (Date). The dangers and side effects of Prophylactic treatment have been explained to me and I understand that counselling, HIV testing and prophylactic treatment for HIV is in my best interests. It has further been explained to me that I need to be re-tested for HIV in six weeks, three (3) months and six (6) months' time.

I hereby give the Hospital / Clinic permission to forward my results to The EnviroServ Medical Centre.

The dates for re-testing will be _____, _____ and _____. I understand that it is my responsibility to present myself to the Company's medical personnel, at one of the company's clinics for the above-mentioned re-testing.

REFUSAL OF PROPHYLAXIS TREATMENT/HIV TESTING

It is company policy to request employees who suffer a needle stick injury, to have an HIV blood test in order to determine whether Prophylaxis treatment should be administered. The results of the testing and the Prophylaxis treatment are confidential and only the company's medical personnel are aware of the outcome of the testing. Taking Prophylaxis is in your best interest as research has shown that it reduces the risk of contracting HIV through needle stick injuries. The testing and subsequent Prophylaxis treatment is not compulsory and you have the right to refuse it. If you do not wish to have the test/treatment, you must sign the following statement.

I, _____, suffered a needle stick injury on _____, but refuse to have a HIV blood test or accept Prophylaxis treatment. It has been explained to me that it is to my benefit to undergo testing and receive Prophylaxis treatment.

EMPLOYEE SIGNED

DATE

MEDICAL STAFF (Name and signature)

DATE

*Copy for Employee **Copy for Employee medical file

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Annexure 2

ENTRY HEALTH DECLARATION

This declaration certifies that I _____ ID Number _____ understand what is required of me as a _____ and hereby certify that I am not suffering from any Health/Medical condition which would prevent me from doing the work as described.

I declare I am / am not suffering from: (Circle the applicable answer)

Asthma / Lung Disease	Yes / No	Allergies	Yes / No
Heart Condition	Yes / No	Diabetes	Yes / No
Epilepsy	Yes / No	Hypertension	Yes / No
Not Pregnant	Yes / No		

Any Other Medical Condition Yes / No

I acknowledge that I have been informed should I decide to leave this employment; I need to advise my Supervisor of my decision to terminate my employment.

I also acknowledge that I have being advised of the possible hazardous exposures of this employment.

Disclaimer:

By entering an EnviroServ Site, I acknowledge and agree to indemnify EnviroServ against any claim for injury or death or loss or damage to property that may arise as a result of any condition, occurrence, act or omission on our premises or by EnviroServ, its employees or any other person on our premises. I hereby confirm the above to be true and correct.

Date: _____

Name of Employee: _____ Signature: _____

Name of Supervisor: _____ Signature: _____

Name of Witness: _____ Signature: _____

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Annexure 4

EXIT HEALTH DECLARATION

I _____ with Identity Number _____ hereby certify that I have been employed at EnviroServ at the _____ site/depot from the _____ (date) to the _____ (date) as a _____ (job description).

I declare I have not become injured, ill, exposed to hazardous substances or hazardous conditions in any way during my employment and am not suffering from any work related ailment.

Disclaimer:

I acknowledge and agree to indemnify EnviroServ against any claim for injury or death or loss or damage to property that may arise as a result of any condition, occurrence, act or omission on our premises or by EnviroServ, its employees or any other person on our premises. I will also not hold my employer or the client liable for any future claims resulting from any illness or injury I may sustain. I hereby confirm the above to be true and correct.

Date: _____

Name of Employee: _____

Signature: _____

Name of Supervisor: _____

Signature: _____

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Annexure 5

Vulnerable/High Risk employee's Clinic requirements as per COVID-19 regulations

(Disaster Management Act, DEL, OHS, High risk and vulnerable employee's guidelines as set out by the DOH)

Every effort is made to keep people at work, and booking them off is the last resort. However, due to the various regulations pertaining to the above and in relation to high risk and vulnerable employees, special precautionary measures need to be taken.

Guidelines:

High-risk employees have been identified, screened and categorised. Conditions are categorised into 4 categories as per legislation, Category 1 (Very High Vulnerability), Category 2 (High Vulnerability), Category 3 (Medium Vulnerability) and Category 4 (Low Vulnerability)

The medical centre monitors employees with these conditions as per category requirements.

COVID High Risk Process to be followed once an employee has been identified by the OMP:-

If an employee is found to be suffering from a listed uncontrolled condition and/or any other valid reason, they will be referred to their own doctor as per the COVID regulations.

If the employee cannot be reasonably accommodated within the workplace the following will be applied:

- Employee is declared unfit following a medical intervention.
- A referral letter will be issued.
- It is the employee's responsibility to seek medical intervention and to ensure every effort is made to bring the medical condition under control.
- A letter from the treating doctor is to be provided to the clinic and if not received, a 2nd referral will be issued.
- The employee will be monitored by the company medical centre for an applicable period dependant on the condition and up to a maximum of four weeks to ensure the medical condition remains controlled.
- The Company OMP will then review the employee and medical condition for compliance.
- Only then will the managers, supervisors and employee be notified of the employee fitness to resume work.
- The employee is NOT to resume work until they have been notified.
- An EXTERNAL doctor CANNOT declare the employee fit to work. This remains the duty of the OMP as per the Occupational Health and Safety Act.
- Should the employee remain unfit, the case will then be handed over to HR to follow the incapacity ill health process.
- Sick or annual leave will apply whichever is applicable and available.
- Only in exceptional circumstances and after the above leave is exhausted, will special leave be considered for approval if it can be proven that the employee was compliant with the requirements of the condition.
- Once the employee has been declared fit to return to work, the medical centre may monitor the employee either daily, weekly or monthly depending on the severity of the condition.

It is essential that staff take responsibility and accountability for their health.

Keeping you in good health remains our priority.

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20. RECORDS

QUALITY/ TECHNICAL RECORD NAME (Identification)	WHERE FILED (Storage)	RESPONSIBILITY (For collection, indexing, filing, maintenance of records)	RETENTION TIME (Storage period)	DISPOSAL
Occupational Health Policy and Procédures	Gauteng Regional Office	OH Admin Supervisor	50 Years	

21. REVISION HISTORY

REVISION NUMBER	DATE	REASON FOR REVIEW
00	18/05/2016	Revised Procedure – Previous revisions available from OH department
01	01/04/2018	Asbestos requirements have been included. All Categories of medicals have been reviewed. New Contractor requirements included to align with SHEQ SSO4
02	12/12/2018	Additional information added as per SASOM and Minimum standards of fitness to perform work on the mines guidelines on pages 22 - 28
03	01/11/2020	Update to include Covid-19 regulations on Vulnerable and High Risk employees
04	08/06/2021	Include OHSA fall protection to include all categories at risk of falling
05	01/08/2022	Annual Review
06	01/08/2023	Updated Fitness criteria values & include adverse pregnancy outcomes to categories