



F. MATTERS FOR CONSIDERATION

**PART I: FROM THE MAYORAL COMMITTEE MEETING:
28 NOVEMBER 2007**

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COUNCIL: 24 January 2008

1. CORPORATE AND SHARED SERVICES DEPARTMENT
(STRATEGIC HUMAN RESOURCE MANAGEMENT)
MEDICAL SURVEILLANCE POLICY FOR THE CITY OF TSHWANE
(From the Mayoral Committee Cluster: Economic Development:
11 September 2007 and the Portfolio Committee: Corporate and Shared
Services: 25 October 2007)

1. PURPOSE

The purpose of this report is to seek approval of the attached Medical Surveillance Policy and its inclusion in the City of Tshwane Occupational Health and Safety Policy.

2. STRATEGIC OBJECTIVE ADDRESSED BY THIS REPORT

Strategic Objective 5: To ensure good governance, financial viability and optimal institution transformation with capacity to execute the CoT's mandate.

3. BACKGROUND

The City of Tshwane has a responsibility to protect its employees and any other people at the workplace against health and safety hazards that might arise from its activities. This calls for a policy to provide a uniform corporate standard for the surveillance of the health of employees exposed to predefined workplace health hazards in line with the Occupational Health and Safety Act, 1993 (Act 85 of 1993), as amended, and the accompanying regulations, the Mine Health and Safety Act, 1996 (Act 29 of 1996) and the accompanying regulations, and other applicable legislation.

The above legislation prescribes the legal duties and rights of an employer in monitoring the health of employees exposed to predefined health hazards associated with the work they do. Monitoring is allowed by law and can be 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 have 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 sustaining financial losses (such as claims for occupational diseases and injuries on duty).

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

Medical surveillance forms an integral part of the Occupational Health and Safety Risk Management Strategy of the City of Tshwane. However, the medical surveillance programme that has been in operation in the City of Tshwane since its establishment is not underpinned by a formal policy.

4. OBJECTIVES OF MEDICAL SURVEILLANCE

The objectives of medical surveillance are to –

- 1) 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;
- 2) determine if employees are physically and psychologically fit to do their work;
- 3) determine if employees have underlying conditions that may in future affect or be affected by the work they do;
- 4) establish a baseline against which subsequent changes in employees' health status can be evaluated over a period of time;
- 5) prevent, detect, treat and report occupational disease at an early stage;
- 6) identify medical conditions that may render employees temporarily or permanently unfit to perform their duties;
- 7) ensure that employees are informed of the health risks and hazards associated with their work;
- 8) ensure that the health status of employees does not place an increased health and safety risk on themselves or others;
- 9) recommend actions to protect and maintain the health of employees;
- 10) ensure that employees meet the health standards prescribed by law for performing certain tasks;
- 11) evaluate the effectiveness of risk control measures established in the workplace; and
- 12) provide data that may be useful in future epidemiological studies.

5. HUMAN RESOURCES IMPLICATIONS

The approval of the Medical Surveillance Policy will have not require additional human resources since the medical surveillance program already exists.

6. FINANCIAL IMPLICATIONS

The approval of the Medical Surveillance Policy will have no additional cost implication, since the medical surveillance programme already exists and is annually funded from the operational budget of the Occupational Health and Safety Section (Cost Centre 5067).

7. CONSTITUTIONAL AND LEGAL FACTORS

As indicated in the "Background" section of the report medical surveillance is prescribed by the Occupational Health and Safety Act (Act 85 of 1993). Failure to comply with the legal requirements can lead to prosecution of the City Manager, as section 16(1) appointee under said act, and others by the Department of Labour.

8. COMMUNICATION

The Occupational Health Subsection will continue communicating and collaborating with departments to maintain an organisation-wide medical surveillance programme based on the proposed policy.

The Medical Surveillance Policy should be submitted to the Local Labour Forum for cognisance.

9. COMMENTS OF THE CHIEF FINANCIAL OFFICER

(Unaltered)

Cognisance has been taken of the recommendations of the report. It is indicated in the report that there are no additional financial cost implications for Council.

10. COMMENTS OF THE EXECUTIVE DIRECTOR: LEGAL SERVICES DIVISION

(Unaltered)

The contents of the attached policy have been scrutinized and discussed with the relevant Department. The policy is supported.

11. COMMENTS OF THE SED: HOUSING, CITY PLANNING AND ENVIRONMENTAL MANAGEMENT

(Unaltered)

The department supports the objectives and the recommendations of the report.

12. COMMENTS OF THE SED: ECONOMIC DEVELOPMENT

(Unaltered)

The Economic Development Department supports the policy, as the introduction of a uniform corporate standard for the surveillance of the health of employees exposed to predefined workplace health hazards must be seen as a necessity.

Note should be taken that bus personnel already undergo medical surveillance medical examinations once a year that could identify possible underlying illnesses. Furthermore, bus drivers have to be medically fit to qualify for a PrDP (Professional driving permit). The permit is renewed every two years which also addresses frequent surveillance of bus drivers.

With the number of light duty officials at the Municipal Transport Operations and Maintenance Section of the Transport Development Division, the frequent medical surveillance could result in a medical condition being identified before an official becomes that sick that he/she cannot continue performing his/her own duties.

The fact that this surveillance will take place on a frequent basis will definitely assist to provide the necessary assistance to an employee before his/her condition deteriorates to such an extent that medical assistance will probably not have any positive effect on his/her condition."

13. COMMENTS OF THE EXECUTIVE DIRECTOR: WATER AND SANITATION DIVISION

(Unaltered)

The contents of the report are supported.

14. CONCLUSION

The successful maintenance of a medical surveillance programme guided by the Medical Surveillance Policy will undoubtedly put the City of Tshwane at the forefront of ensuring, at local government level, occupational health and safety and thus a better workplace and life for employees.

ANNEXURE:

A. Medical Surveillance Policy

IT WAS RECOMMENDED (TO THE MAYORAL COMMITTEE: 28 NOVEMBER 2007):

That it be recommended to the Council:

1. That the attached Medical Surveillance Policy be approved for the City of Tshwane.
2. That the policy, after approval be submitted to the Local Labour Forum for cognisance.

During discussion of this item by the Mayoral Committee on 28 November 2007, it was agreed that recommendation 1 be amended to read as set out below:

- "1. That the attached Medical Surveillance Policy be approved in principle for public consultation purpose."**

RESOLVED:

1. That the attached Medical Surveillance Policy be approved in principle for public consultation purpose.
2. That the policy, after approval be submitted to the Local Labour Forum for cognisance.



ANNEXURE A**CITY OF TSHWANE****OCCUPATIONAL HEALTH****MEDICAL SURVEILLANCE POLICY****1. INTRODUCTION**

The City of Tshwane Metropolitan Municipality (CoT) in terms of applicable legislation has an obligation to protect its employees and any other member of the public at the workplace of the CoT against health and safety hazards that might arise from its activities.

The legislation, as listed below prescribes the legal obligations, 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 (such as 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 employees meet the requirement of performing their work safely and without risk to themselves or others.

Medical surveillance forms an integral part of the risk management strategy of the CoT.

2. LEGAL FRAMEWORK

The following Acts and standards are applicable:

- 2.1 Basic Conditions of Employment Act, 1997 (Act 75 of 1997)
- 2.2 Compensation for Occupational Injuries and Diseases Act, 1993 (Act 130 of 1993)
- 2.3 Employment Equity Act, 1998 (Act 55 of 1998)
- 2.4 Hazardous Substances Act, 1973 (Act 15 of 1973)
- 2.5 Labour Relations Act, 1995 (Act 66 of 1995)
- 2.6 Mine Health and Safety Act, 1996 (Act 29 of 1996)
- 2.7 NFPA 1582, Standard on Medical Requirements for Firefighters (2000 edition)
- 2.8 Occupational Health and Safety Act, 1993 (Act 85 of 1993) and regulations
- 2.9 National Road Traffic Act, 1996 (Act 93 of 1996)

3. DEFINITIONS

"Biological effect monitoring" means a planned programme of periodic collection and monitoring of body fluid etc 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 recognised as such by the South African Medical and Dental Council as referred to in the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), or the South African Nursing Council as referred to in the Nursing Act, 1978 (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 recognised as such by the South African Medical and Dental Council.

4. OBJECTIVES

The objectives of medical surveillance are to –

- 4.1 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;
- 4.2 determine if employees are physically and psychologically fit to do their work;
- 4.3 determine if employees have underlying conditions that may in future affect or be affected by the work they do;
- 4.4 establish a baseline against which subsequent changes in the employee's health status can be evaluated over a period of time;
- 4.5 prevent, detect, treat and report occupational disease at an early stage;
- 4.6 identify medical conditions that may render employees temporarily or permanently unfit to perform their duties;
- 4.7 ensure that employees are informed of the health risks and hazards associated with their work;
- 4.8 ensure that the health status of employees does not place an increased health and safety risk on themselves or others;
- 4.9 recommend necessary actions to protect and maintain the health of employees;

- 4.10 ensure that employees meet the health standards prescribed by law for performing certain tasks;
- 4.11 evaluate the effectiveness of risk control measures established in the workplace; and
- 4.12 provide data which may be useful in future epidemiological studies.

5. SCOPE

All departments of the CoT

6. TYPES OF MEDICAL SURVEILLANCE EVALUATIONS

Medical surveillance consists of the following:

6.1 Initial health evaluation

This examination is done prior to the appointment of a person in the CoT or the movement of a person into a new position.

(Not everyone who undergoes an initial health evaluation has to be under medical surveillance.)

6.2 Periodic examinations

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

6.3 Exit health evaluation

This examination is done on certain categories of employees on termination of their exposure to the hazard/risk that necessitated the medical surveillance (either while still in the employment of the CoT or on termination of service).

(Not everyone who is under medical surveillance has to undergo an exit health evaluation.)

7. MEDICAL SURVEILLANCE PROGRAMME

The Occupational Health Subsection determines the medical surveillance programmes based on the legal requirements, the hazards and risks employees are exposed to, inherent job requirements and corporate policies and guidelines. These programmes may include the following:

- 7.1 Detailed occupational history
- 7.2 Detailed medical history
- 7.3 Physical examination
- 7.4 Audiometry tests
- 7.5 Spirometry tests
- 7.6 Single or multi drug tests
- 7.7 Alcohol tests
- 7.8 Sputum tests

- 7.9 Vision tests
- 7.10 Blood tests
- 7.11 Urinalysis
- 7.12 Weighing
- 7.13 X-rays

Medical surveillance examinations and tests will only be conducted by Occupational Medicine Practitioners and Occupational Nurse Practitioners employed by CoT and duly authorized to do so. Blood and urine tests will be conducted by accredited laboratories. X-rays will be taken by a person qualified to do so.

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 based on hazard exposure and other job-related legal requirements, and are updated regularly.

(A list of the predefined job categories is available per department on the Tshwane website at Departments/Corporate Services/Occupational Health and Safety. This list is updated as new information becomes available)

9. DUTIES OF DEPARTMENTAL MANAGEMENT

The departmental management must –

- 9.1 ensure that all individuals who are appointed in job categories requiring initial health evaluations have been declared fit by Occupational Health prior to being appointed (This is applicable to new appointments in the CoT or movements to new positions.);
- 9.2 ensure that all individuals falling within the predefined job categories are identified;
- 9.3 make appropriate arrangements for identified individuals to be examined and tested by Occupational Health according to the requirements of the applicable programme;
- 9.4 not 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;
- 9.5 ensure that all medical surveillance reports submitted by Occupational Health are discussed by the appropriate occupational health and safety committees;
- 9.6 comply with the recommendations made by Occupational Health following the examinations;
- 9.7 ensure that individuals who require exit health evaluations undergo such evaluations at Occupational Health prior to the termination of their service or movement to a new position;
- 9.8 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
- 9.9 liaise with Occupational Health about any uncertainty or queries.

10. DUTIES OF EMPLOYEES

Employees must –

- 10.1 acquaint themselves with the requirement for medical surveillance applicable to the work that they perform;
- 10.2 subject themselves to medical surveillance if they fall within the predefined job categories;
- 10.3 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;
- 10.4 abide by the recommendations made by Occupational Health; and
- 10.5 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 work area.

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 Occupational Health, together with the necessary explanations of the results and counselling where appropriate.

Group results will be made available by Occupational Health to the supervisor and head of departmental 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 Occupational Hygiene Subsection 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 evaluation 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 alternative placement.

Employees who are found to be temporary or permanently unfit for work will be managed in accordance with the Collective Agreement on the Management of Medically Incapacitated Employees.

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

13. COST

The Occupational Health Subsection is liable for all costs incurred in medical surveillance.

14. RECORD-KEEPING

All medical surveillance records of individuals will be kept by Occupational Health for the period stipulated in the applicable legislation.

Departments must keep group result reports as part of their occupational health and safety management system.

15. ACCESS TO MEDICAL INFORMATION

All medical records of individuals are confidential by law and are only available to staff of Occupational Health 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 from the Department of Labour only on submission of a formal written request as prescribed by law.