

PAPER 6

STATUTORY OCCUPATIONAL MEDICAL EXAMINATIONS OF CONSTRUCTION WORKERS

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ABSTRACT

The construction industry is an important contributor to employment and the economy of South Africa. The industry has a high rate of work injuries and occupational diseases. The Construction Regulations of the Occupational Health and Safety Act outline concise standards for occupational health and safety in construction work.

Medical surveillance of employees exposed to health hazards applies to employees in construction. This would mostly deal with physical-, ergonomic-, chemical-, biological- and psycho-social work hazards. Preventative occupational health in the form of fitness for work certification for all workers in the industry was legislated in 2014. Fitness relates to mechanical-, ergonomic- and some chemical hazards on construction sites.

Construction employers will do well to define a health and safety policy and objectives encompassing the occupational medical examinations and the resulting directives. A program for fitness for work and occupational medical surveillance should be developed based on the construction employer's risk assessment. Clearly defined aims and objectives are to delineate the employer's occupational health service.

Essential components in a testing program include the health fitness standards, monitoring of impaired employees, methods for health risk surveillance, the selection of competent and duly registered occupational health service providers and the maintenance of records. The South African Society of Occupational Medicine has compiled a guideline which may serve as a standard for the policy and program.

This paper is an original state-of-the-art presentation for occupational medical examinations in SA, taking cognisance of international benchmarking and the unique SA working environment. It is the result of personal experience and application of best standards by the author. The guideline version of the document will be presented to SASOM for approval as a national occupational medical guideline.

INTRODUCTION

Until 2003, statutory health and safety requirements specific to construction work have been limited to General Safety Regulations made under the Machinery and Occupational Safety Act of 1983. Medical surveillance requirements for health-risk exposed employees (e.g. noise-exposed), as defined in the applicable occupational health Regulations of the OHSA apply to exposed construction workers.

The Construction Regulation ('CR') under the Occupational Health and Safety Act of 1993 ('OHSA'), first promulgated in 2003, set out the requirements for fitness for work medical testing for selected workers, including workers performing fall risk work, tower crane-, suspended scaffold-, mobile plant- and construction vehicle operators. The 2014 update of the CR set out the requirements for comprehensive risk-based medical fitness testing for all construction workers.

This document gives an overview of the statutory occupational medical examinations of the construction worker. It should dispel the notion that a

cursory medical test ('as cheap as possible') suffices; the employer's duty in respect of occupational medical testing is only properly executed when risk- and evidence based medical examinations are performed by competent and registered medical professionals and the recommendations thereof are appropriately applied.

CONSTRUCTION WORK

The OHSA defines the meaning of construction work as this applies to occupational health and safety. The definition includes:

- All work in connection with the construction, erection, alteration, renovation, repair, demolition or dismantling of or addition to a building or any similar structure.
- All work in connection with the construction, erection, maintenance, demolition or dismantling of civil engineering structures (including a bridge, dam, canal, road, railway, runway, sewer or water reticulation system, moving of earth, clearing of land, the making of excavation, piling, or similar).
- The installation, commissioning, decommissioning or dismantling of fixed plant, where the work involves a risk of a person falling.

THE CONSTRUCTION EMPLOYEE, EMPLOYER AND THE STATUTORY ROLEPLAYERS

Construction employers

The construction industry is an important player in the economy and in job creation: total construction works spend in 2016 amounted to about R420 billion and, in 2017, around 1 395 000 employees were in full time construction employment (CIDB Construction Monitor – Employment report issued in October 2017). Despite its size, the construction industry is mostly made up of small businesses.

Subcontracting is prevalent, particularly for specialised work, but also because of the compulsory appointment of small and medium enterprises. Construction sites constitute of different employers working on one site simultaneously, whilst the combination of contractors changes as the project progresses.

Construction employees

Human resource management, of which occupational medicine is an important component, is faced with unique challenges in the construction industry; these impact markedly on the planning and execution of effective occupational health and safety management. Except for small core teams of artisan- and supervisory staff, the cohort of construction workers is typically employed from project-to-project. This impedes the formation of safe working relationships and effective teamwork.

Construction workers may have several employers and even other jobs at the same time. The worker's personal- and occupational health, including past occupational health exposures are often not known to the employer.

Very few employees working in the construction industry are privy to social benefits, other than the statutory Unemployment- and Compensation welfares. In the field of occupational health, this results in little to no preventative health interventions, screening- or vaccination services being available to the cohort. Chronic medical conditions (such as high blood pressure, diabetes, chronic lung disease) are often undiagnosed for years and there is poor continuity in the management thereof.

Other social impacts on the construction employee cohort include working away from home and the establishment of a second household, cultural and language differences within the working team and job insecurity due to casualization.

Department of Labour Inspectorate

The Department of Labour Inspectorate is perceived to be more ineffective than effective in its enforcement duty of construction health and safety standards; amongst other, there is a perception that the Inspectorate lacks professional competencies, is ineffective in enforcing the legislation and does not contribute to improvement in occupational health and safety on construction sites (Geminiani, F.L. and Smallwood, J.J. 2006). The construction industries contributes a disproportionate number of injuries and fatalities relative to other industrial sectors and construction workers have one of the highest rates of work related illness of all occupational groups.

CONSTRUCTION SAFETY HAZARDS

Mechanical construction hazards are related to, amongst other, the overall work environment and conditions, the use of machinery and power tools, working with moving plant or close to traffic, fall-, collapse and drop incidents and sharp- and flying objects.



Figure 1 (a): Scaffolding painted netting (Brussels)



Figure 1 (b): Residual fall risks (Belgium)

Ergonomic construction hazards emanate from the physical manual labour. Heavy duty work (e.g. manual concrete levelling), awkward positions (e.g. rope access work), repeated bending and lifting (e.g. manual kerb laying) may all lead to acute musculo-skeletal injuries. It is an uncomfortable twist of fate that the policy of making construction work labour intensive, as part of the country's employment drive, increases the probability of

ergonomic hazards. At times there is a deliberate choice for employment numbers at the cost of augmented health and safety risk (e.g. most excavation work can be done mechanically, whereas it offers the opportunity for individual employment).

Physical construction safety hazards include electromagnetic radiation (e.g. electricity- and X-ray radiation injuries), gas pressure effects (e.g. working with compressed air) and exposure to hot parts. Poor illumination work (e.g. inside incomplete buildings) increases the risk of injuries.

Psycho-social work hazards are ubiquitous in the South African workforce, with work-impacting financial constraints and unmanageable personal debt at the forefront. Overtime work is one way of dealing with debt and, consequently, fatigue due to rostering practices is a risk. It is not unusual for construction teams working away from their home base to work 6 ½ days a week and up to 12 hours a day. Work stress is high in construction as timing and the risk of penalty creates a relentless pressure-environment. Personal factors leading to fatigue include living conditions (e.g. road contractors are not shy to lodge their employees in tent-camps), compensatory use of alcohol and drugs, poor quality diet and defaulting on chronic medical treatment. Fatigue is often an underlying cause for construction accidents.

CONSTRUCTION HEALTH HAZARDS

Physical construction health hazards include noise, leading to the development of noise-induced hearing loss, hand-arm vibration (e.g. jackhammering, grinding) causing vascular and soft tissue disease, whole body vibration (e.g. mobile plant operators) leading to spinal degenerative disease, electromagnetic radiation (including UV effects on the eyes and skin), exposure to cold (e.g. night traffic control, wind chill in open cabbed plant operators) causing hypothermia or frost bite and exposure to heat with dehydration, heat exhaustion or heat stroke.

Airborne chemical hazards may cause work-related respiratory disease including chronic obstructive airways disease, asthma and silicosis; omnipresent chemical substances used in construction, such as cement, wood, dust from imported aggregates, bitumen and tar products used in road building, thinners and solvents used in glues or paints, epoxy coating chemicals and welding vapours and fumes are toxic to airway tissues and, at times, may cause general health effects.

Hazardous chemical contact (mostly with the skin and causing chemical or allergic dermatitis) may emanate from cement (alkali and chromates), shuttering oil ingredients or corrosive substances used in specialist applications (e.g. rust treatment).

As with injuries caused by ergonomic construction hazards, physical manual labour, especially heavy-duty work and activities requiring repetitive movement may cause syndromes associated with characteristic symptoms and physical signs, commonly referred to as work-related upper limb disorders (e.g. rotator cuff syndrome, epicondylitis at the elbow, tenosynovitis and nerve entrapments such as carpal tunnel syndrome).

Macro-biological construction hazards include exposure to snakes, scorpions, ticks, spiders and bees. Microbiological hazards are encountered when dealing with waste water construction and maintenance. Silico-tuberculosis is a biological risk in construction workers exposed to crystalline silica (e.g. work with freshly fractured aggregates, skimming of floors, sandblasting).

Work pressure is part and parcel of construction and when in excess or badly-managed may lead to stress. Stressors in the construction industry include: too much construction work to do in the time available, where working hours are long or the work is dangerous, travelling or commuting and being responsible for the safety of others at work.

FITNESS FOR WORK

Statutory duty

It is the employer's duty to ensure that employees at work are physically and mentally fit to perform work safely and without risk to health.

Fitness for work medical assessments are occupational health risk control measures, consisting of occupational medical examinations and tests, aimed at the safe and healthy job placement of an employee.

The OHSA defines statutory fitness testing in:

- The Environmental Regulations for Workplaces, in respect of thermal hazards.
- The Asbestos Regulations, in respect of workers exposed to airborne asbestos fibres and dust.
- The Construction Regulations in respect of all workers performing construction work.
- The Hazardous Biological Agents Regulations in respect of workers exposed to hazardous biological agents.
- The Diving Regulations in respect of professional divers.
- The Hazardous Chemical Substances Regulations in respect of workers exposed to hazardous chemical substances.
- The Driven Machinery Regulations in respect of operators of lifting machinery.

The National Road Traffic Act requires fitness for driving medical testing in employees 65 years of age or older and in drivers requiring a professional driving permit.

The Basic Conditions of Employment Act defines the employee's right to a fitness medical examination when required to perform night shift work.

Aim of fitness for work medical testing

Fitness for work medical testing will:

- Determine whether the employee is physically and mentally fit to do the work.
- Identify medical conditions that may render employees temporarily or permanently unable to perform their duties.
- Determine if the employee's present health status may affect the safety at work and does not place the employee's safety or health or that of others at increased risk in a particular working environment.
- Issue recommendations to the employer on the necessary actions to protect and maintain the health of employees.

Risk based medical examinations and fitness certification

The Construction Regulations require the employer to document the health and safety risk- and physical-demand information and provide this as a person-job specification on the prescribed form of the medical certificate of fitness. The format and contents of the fitness for work medical examinations is determined by this risk

information, which the employer must extract from the construction health and safety risk assessment.

Fitness for work occupational examinations include clinical testing (by means of a health- and occupational health questionnaire and a physical and psychological clinical examination), an assessment of general health risks (also via questionnaire and clinical examination), special medical examinations (e.g. blood sugar measurement to exclude diabetes, electro cardiogram in high-risk employees with a heart condition or cardio vascular risks, lung function testing for employees required to perform heavy duty work).

The medical certificate of fitness ('COF') unequivocally defines the outcome of the medical fitness testing and may define that the employee is:

- Unconditionally fit.
- Fit, but required to return by a given date; the relevant impairment + reason for return + documents required to accompany the employee, if any, are defined in the COF.
- Fit with conditions: the conditions are detailed in the COF.
- Fit with restrictions: the restrictions are detailed in the COF.
- Temporarily unfit: the duration of the period of unfitness + the conditions which are required in order for the employee to be fit, if any + a proposed return date, if any and the responsible person for the return are documented in the COF.
- Permanently unfit: the certificate will indicate the relevant impairment and the reason for the lost work capacity.

The medical certificate of fitness issued by the Occupational Medical Practitioner ('OMP'), having established medical facts in person, is a truthful and legal document, confirming fitness to work (or conditions, restrictions or the lack of fitness), is based on the practitioners' own examination and personal assessment of the employee and is certified by a signature and identification of the OMP.

In abeyance of the above, the Construction Regulations require the OMP to complete a COF in the form of Figure 2, which includes a declaration by the medical examiner: "I certify that I have, by examining and testing,

Figure 2: Statutory Medical Certificate of Fitness

OCCUPATIONAL HEALTH AND SAFETY ACT, 85 OF 1993 CONSTRUCTION REGULATION 2014												
Medical Certificate of Fitness												
Name Of Employee _____				ID Number: _____				Co. No: _____				
*Occupation *eg. General Worker; Welder; Bricklayer; Steel Fixer; Mobile Crane Operator; etc.	*Possible Exposure *e.g. Noise; Heat; Fall Risk; Confined Space etc.				*Job Specific Requirements e.g. Operating Mobile Crane; Digging Trenches; Erecting Formwork and Support work; etc.				*Protective Equipment e.g. Dust respirator (Light Duty); Welding Gloves etc.			
<p>*The employer to complete the information in the spaces marked with *before sending the employee for a medical examination.</p> <p>Declaration by the Medical Examiner:</p> <p>I certify that I have, by examination and testing, using the above criteria specified by the employer, satisfied myself that the abovementioned employee is fit to perform duties as described by the employer in the matrix above.</p> <p>Occupational Medicine Practitioner / Occupational Health Nursing Practitioner: (Please print name :) _____</p> <p>Signature: _____ Practice Number: _____ Date: _____</p> <p>Address: _____</p>												

using the above criteria specified by the employer, satisfied myself that the abovementioned employee is fit to perform the duties as described by the employer in the matrix above".

Professional nurses, general medical practitioners or specialist medical practitioners other than occupational medicine specialists may not issue COF.

Employers should be reminded that any medical practitioner issuing a COF, where the practitioner did not personally perform the medical examination and assessment, is committing an offence and that such COF is not valid.

Fitness for work standards

Criteria for the fitness for work processes form part of the professional training of Occupational Medical Practitioners, and are defined and maintained in national and international standards.

International reference standards include the Health and Safety Executive in the United Kingdom, the Occupational Safety and Health Administration in the USA, the Australian Safety and Compensation Council and Site Safe in New Zealand. In the United Kingdom, Construction Better Health, has issued a comprehensive, system-based guideline.

The South African Society of Occupational Medicine has guidelines relating to safety critical work and to construction work.

In all cases, the OMP must ensure that each employee is subject to a full clinical assessment, to all the required medical tests and, that the work conditions and residual work risks are clearly identified, understood and their impact applied in the testing methodology. In combining this information, the OMP can make a professional assessment and recommendation in the best interest of the employee and the employer.

OCCUPATIONAL MEDICAL SURVEILLANCE

Medical surveillance

Medical surveillance is a risk-based set of planned medical examinations, including an initial examination (prior to risk exposure), periodical examinations during times of risk exposure and an exit examination upon leaving a risk area.

Medical surveillance occupational examinations include clinical testing, special medical examinations (e.g. audiogram for noise, lung function testing and chest X-ray for employees exposed to airborne pollutants) and, in certain cases of exposure to hazardous chemical substances, biological monitoring.

Biological monitoring identifies potential chemical intoxication (e.g. by testing the Lead levels in blood) or may identify potential health effects on exposed employees (e.g. by testing the red blood pigment in Lead-exposed employees, who are at risk of developing blood cell abnormalities due to Lead intoxication).

Aims

Medical surveillance aims to:

- Ensure legal compliance to statutory requirements.
- Ensure safe and healthy placement of a person in the job.
- Establish pre-existing medical conditions and the subsequent recommendations to the employee and to the employer.
- Detect occupational disease or disease affecting occupational placement at an early stage.
- Assist management and employees in taking action to reverse early effects or to slow the progression of an occupational disease.
- Assess the effectiveness of workplace control measures.

- Establish any effects the employment may have had on the health of an employee.
- Establish and implement preventative measures for which the employer is responsible (e.g. vaccination).

Statutory requirement

The OHSA defines statutory medical surveillance in:

- The Asbestos Regulations in respect of workers exposed to airborne asbestos fibres and dust.
- The Hazardous Biological Agents Regulations in respect of workers exposed to hazardous biological agents.
- The Hazardous Chemical Substances Regulations and the Lead Regulations, in respect of workers exposed to hazardous chemical substances and Lead, respectively.
- The Noise-induced Hearing Loss Regulations in respect of workers exposed to excessive noise levels.
- The frequency of risk-based medical surveillance is defined in the OHSA and may vary from 3-monthly to 2-yearly.

FREQUENCY OF TESTING AND DURATION OF VALIDITY OF COF

There is no statutory frequency of testing or prescribed period of validity for construction COF.

The South African Society of Occupational Medicine bases the determination of the frequency of testing and duration of the validity of medical COF on the impact of legal-, medical-, job requirements, employee health, H&S risks and employee personal attributes.

The following is recommended:

- Fitness for work construction medical examinations should, as a minimum, conform to the frequency of any simultaneous medical surveillance examination performed. Such surveillance should be derived from the occupational risk profile table which the employer has to complete on the statutory fitness for work form (Annexure 3 of the Construction Regulations, 2014).
- Fitness for work construction medical examinations for employees working in the construction industry in general (Construction Regulations 7(1)(g) and 7(8)) and who are not involved in safety critical work may be spaced at intervals not exceeding 3 years (36 months) and certificates may be valid for a maximum of 3 years (36 months).
- Fitness for work construction medical examinations for safety critical employees (including employees working on heights (Construction Regulation 10(2)(b)), employees working on suspended platforms (Construction Regulation 17(12)(a)), employees operating tower cranes (Construction Regulation 22(f)), employees operating mobile construction plant or construction vehicles (Construction Regulation 23(1)(d)(ii)) and employees operating lifting machines (Driven Machinery Regulation 18) may be spaced at intervals not exceeding 2 years (24 months), equivalent to the PDP requirements in the National Road Traffic Act. These employees' certificates may be valid for 2 years (24 months).
- Any the above frequencies of examination shall be increased by the Occupational Medical Practitioner upon consideration of age (it is proposed that age > 50 requires annual examination and certification regardless), physical condition and body fitness, chronic illness or impairment, use of chronic medication or any other condition which, in the opinion of the Occupational Medical Practitioner warrants closer surveillance, monitoring or verification. The period of validity of the certificates of fitness for these employees may be for fewer than 3 years as determined by the

OMP and clearly noted on the COF.

- When the safe performance of an employee's duties depends on compliance with any special condition or limitation, the Occupational Medical Practitioner may endorse the COF with such requirement or limitation. This endorsement may include the requirement that the employee is subject to monitoring of a chronic condition during the interval between certification examinations; should the prescribed interval monitoring fail to occur, this invalidates the COF.

HEALTH AND WELLNESS PROMOTION

Health-promotion principle

The South African Mine Health and Safety Act legislates an employer's duty to provide health promotion to employees; the OHS Act, applicable to construction work, does not include such an express duty.

Both the International Labour Organisation and the World Health Organisation advocate the health-promotion principle at work: workplace health assistance should enhance the physical, mental and social well-being of employees as well as their ability to conduct a socially and economically productive life.

Health promotion initiatives

Health promotion may relate to:

- General preventative health hygiene awareness training; e.g. lifestyle habits, smoking, diet, alcohol.
- Disease identification and monitoring through testing initiatives (e.g. cholesterol, diabetes, prostate cancer, breast cancer) and through chronic disease monitoring (e.g. hypertension, diabetes mellitus...).
- Assisting employees with matters relating to occupational health hazards, occupational health and occupational diseases.

Primary health care

The primary health services to employees may include:

- Regular consultations for acute or chronic illnesses, by a medical practitioner at the employer's premises.
- On-site disease monitoring.
- Vulnerable group medical monitoring: e.g. pregnant- or elderly- employees.
- Assistance for employees with alcohol or drug dependence.
- Employee psycho-social assistance.
- Collective wellness programs.
- Peer educator programs.

Health monitoring

Occupational medical examinations in South African construction workers identify employees with serious active medical conditions, including unmanaged Human Immuno-Virus infection. The author's personal experience in the Eastern Cape is, for instance, that 3% of all applicants have chest X-ray abnormalities which may indicate pulmonary tuberculosis infection. Non-infective chronic conditions are prevalent; for instance, 12% of applicants suffer from hypertension, diabetes or both.

Manageable constraints, such as visual refractory impairment (requiring the constant use of corrective glasses), chronic skin infections, lack of family planning and defaulting on the management of chronic illnesses are often encountered.

This results in conditional fitness (e.g. fit if using corrective glasses, fit if the blood glucose level is within controlled limits) requiring the employee

to engage in an active intervention and to be reassessed when disease control is achieved.

Moreover, such conditional fitness may carry with it the condition that the employee needs to be monitored or, at least, re-checked to confirm full fitness for work.

Professional duty of the Occupational Medical Practitioner

It is important to take cognisance of the fact that the employer's duty relating to an employee's medical examination, testing and the issuing of a COF, is imputed to the appointed Occupational Medical Practitioner.

This OMP has a consequential accountability to ensure that the COF must enjoy the full and indisputable notion of truth; additionally the OMP must ensure fulfilment of all natural-, moral- and institutional duties associated with the medical profession. In this respect, the OMP's duty to promote access to health care should ensure that appropriate recommendations and, where required, assistance is provided to the employee in whom a health impairment is diagnosed during occupational medical examinations.

It may, for instance, not be good enough for the OMP to make an annotation that a diabetic operator requires 'regular monitoring' without taking an active role in ensuring that, for the duration of the validity of the COF, this actually also happens.

In all cases of conditional fitness for employment, the employer must ensure that such conditions are met. This may require the inclusion of a wellness program in the employer health risk management program.

FITNESS FOR DUTY

Fitness for duty relates to the day-to-day suitability of an employee to work safely and without risk to health; checks and tests are a (legislated) risk control measure aimed at ensuring that the health and safety of employees is not affected by ongoing health impairment or the use of medication, drugs or alcohol.

Controls, which the employer should put in place, may include security checks and tests, or return-to-work assessments by line managers (e.g. return to work after sick leave).

Fitness for duty assistance is required of the occupational health team for:

- Return to work health examinations, to determine fitness for duty upon return to work after an illness, injury or operation or after a period of holiday; this medical examination determines the employees' suitability for the job, recommends appropriate actions to protect against future exposures, and identifies if there is a need for a reassignment or rehabilitation.
- Fitness for duty occupational medical examinations may be related to the suspicion that an employee is under influence of medication, drugs or alcohol.

THE EMPLOYER'S OCCUPATIONAL HEALTH SERVICE AND POLICY

Health and safety risk control

Occupational medical examinations are a risk control defined in the employer's occupational health and safety risk assessment. The examinations offer a reduction in raw risk probability and severity and are therefore, besides a statutory requirement, also a good governance necessity.

Whilst most construction employers limit their involvement in occupational health by 'toeing the line' and providing 'cost-effective' (read "the lowest quotation obtained") occupational medical examinations aimed at obtaining the revered Certificate of Fitness, great opportunities are missed to protect employees from hazards at work, to adapt work and the work environment to the capabilities of employees, to enhance the physical,

mental and social well-being of employees, to minimise the consequences of occupational hazards, accidents and injuries, and occupational and work-related diseases and to provide general health-care services for employees.

Health and safety policy

Construction employers should define a health and safety policy and objectives that encompasses the occupational medical examinations and the resulting directives.

The policy should include a program for fitness for work, fitness for duty and occupational medical surveillance based on the construction employer's risk assessment, aims and objectives, measurable outcomes and a code of practice for the testing program.

Code of practice for medical testing

Essential contents for a code of practice for construction medical testing:

- The reference to the occupational health and safety risk assessment of the employer, including designation-specific Person-Job specifications.
- Fitness for work process.
- Standards of fitness for work.
- Fitness for duty process.
- Medical surveillance process.
- Testing standards.
- Timing of medical testing.
- Outcomes of and actions after medical testing.
- Health monitoring.
- Health promotion.
- Responsibilities of all role players.
- Document- and record controls.
- Constraint management (including what to do if the employee refuses to be examined, if the employee refuses to release info to the employer or if the employee does not agree with the medical findings and recommendations).
- Risk - specific standards of medical surveillance (may including hearing-, chemical-, safety critical operator-, heights workers-, drivers-, machinery operators-, night shift- standards).
- Selection criteria for occupational medical provider services.

HEALTH RECORDS

The control of occupational medical records of employees is a duty of the employer, of the OMP, and of the person in charge of the occupational health service.

Maintaining adequate medical records is a general requisite in medicine. Besides being a legal and ethical requirement, the keeping of accurate and up-to-date patient records is fundamental to good professional practice.

Ownership, control, format, storage, access and retention of occupational medical records necessitates planning and ongoing management; the standards for such management are well defined in general medicine, but there are specifics applicable to occupational medical records. The Guide-line on occupational medical records of the South African Society of Occupational Medicine is a comprehensive tool in this regard.

Statutory retention periods for occupational medical records vary: 10 years for fitness for work records and for Injury of Duty records; 30 years for medical records relating to hazardous chemical substance exposure; 40 years for medical records relating to occupational disease, to occupational diving and to lead-, radiation-, noise-, hazardous biological agent-exposure; 50 years for records relating to asbestos exposure at work.

OCCUPATIONAL HEALTH PROVIDERS

Delegation of duty

It is the duty of the employer to provide occupational medical services for construction employees and to ensure that the appointed professionals are competent to do so. Besides statutory Council registration in the specialist field of occupational medicine, competence requires knowledge, training and experience in construction health and safety.

If employers want the return on their health and safety investment in occupational medical examinations, they should screen and evaluate the health care providers and verify that the objectives and goals in their policy can be achieved by the selected provider.

The Occupational Medical Practitioner

The Occupational Medical Practitioner is a primary and essential role player in the occupational medical team: no occupational medical examination and no medical surveillance programme is compliant unless it is guided, controlled, directed and physically executed by a registered and competent Occupational Medical Practitioner, appointed in writing by the employer.

The Health Professions Council of South Africa (HPCSA) holds a register for two post graduate paths:

- The 2 year Diploma in Occupational Health/Medicine obtained from an accredited University entitles a registered medical doctor to register an additional qualification in occupational medicine and permits occupational medicine practice, as defined in the different social statutes.
- The Occupational Medicine Specialist has a formal registrar-based post graduate training program; the Colleges of Medicine of South Africa define training-, Registrar- and certification examinations. Successful completion of this training allows the medical practitioner to register as Occupational Medicine Specialist.

A medical practitioner cannot hold the position of an Occupational Health Practitioner or Occupational Medical Practitioner as defined in the Occupational Health and Safety Act and the Mine Health and Safety Act, unless holding a HPCSA-registered occupational medicine qualification. Such registration can be verified on the HPCSA iRegister website (<http://isystems.hpcsa.co.za/iregister/>).

Professional Nurses

The South African Nursing Council does not register occupational health specialities for Professional Nurses. The Council lists a 6-month and a 2-year additional qualification.

The legally defined detailed scope of the nursing profession does not include the independent performance of occupational medical examinations or the certification of fitness of workers by Professional Nurses.

However, Professional Nurses with an additional qualification and appropriate knowledge and experience in construction health are important role players in an employer's construction health program and can be responsible for ensuring that:

- The person-job specification portion of the Annexure 3 is properly completed prior to the testing.
- The medical examination and testing schedule are relevant for these exposures and physical demands.
- The employees comprehend and comprehensively complete questionnaires.
- Individual communication and pre- and post-test counselling are in place, including subjects of confidentiality, the rationale for construction medical examinations, the consequence of abnormal findings, results of

tests, interpretation of tests and any recommendations are communicated to the roleplayers (employee, supervisor, employer).

These competent Professional Nurses will also assist with the physical measurements and documentation in the medical folder (e.g. height, length, body mass index, blood pressure) and may perform the special tests (e.g. blood glucose haemoglucotest, vision screening, lung function test, and electrocardiography).

Where employees require further medical assistance (especially when using the Government clinics and hospitals), the Professional Nurse is the suitably qualified professional to coordinate visits, review and monitor disease controls and ensure that fitness conditions or restrictions are complied with.

Audiometry technicians

The department of labour current acknowledges the training and registration of the Occupational Health Technician for Audiometry; a register of trained and certified competent audiometrists (performing hearing tests in accordance with the OHSA) is held by the South African Society of Occupational Health Nursing Practitioners.

Selecting a medical service provider

It is recommended that the South African construction industry should require evidence of the above registrations, together with proof of adequate medical indemnity insurance and that no OMP should be appointed unless the doctor has proven competence in the construction industry and has been inducted in the employer's relevant health and safety policies and procedures.

Occupational health providers must have working knowledge of the construction business, knowledge, experience and familiarity with the health and safety hazards and risks specific to the sector of the construction industry they are working with.

Employers should require evidence of the medical practice quality management and clinical audit program.

By appointing the correct professional team, employers will avoid the unacceptable practice of caravans or minibus medicine where patient respect, autonomy and, often, privacy rights may not be cherished.

Mobile occupational health clinics can offer health monitoring services, but full-on occupational medical services require such facilities to conform to statutory-, regulatory- and governance standards which make compliance costs prohibitive: amongst these are professional driver's-, itinerant practice-, clinic hygiene-, calibration- and, as alluded, ethical standards.

CONCLUSION AND RECOMMENDATIONS

1. Construction occupational medical testing, including medical surveillance, fitness for work and fitness for duty certification, is the statutory duty of the Employer.
2. In order to ensure compliance and a return on this health investment, the occupational medical examinations should form part of the risk-based policy for occupational health and safety management.
3. A professional team with appropriate registration and competence should be selected to provide a holistic services encompassing the employer's and employee's occupational health needs, including medical surveillance of employees exposed to health risks, fitness for work and fitness for duty interventions.
4. Medical certificates of fitness may only be issued by a registered OMP, after personally examining, testing and assessing the employee, and should specifically address the risks and demands of the work.

5. Where the COF is subject to conditions or restrictions, the medical team should assist the employer in ensuring ongoing compliance.
6. Employers should consider the benefits of implementing a health promotion program.

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