MEDICAL SURVEILLANCE

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National Institute for Occupational Health

• Unique institution in South Africa and Africa with a proud history of:
  – occupational health and safety innovation,
  – pioneering research history
  – service delivery
  – Reference centre providing specialised services

• Multidisciplinary composition team & intellectual independence
Context

• Basics of medical surveillance programme (MSP)

• MSP and the law

• MSP for health-care workers (HCWs)
Health Worker

Health workers: are people whose job it is to protect and improve the health of their communities.

What is Medical Surveillance

• A planned programme or periodic examination, which may include clinical examinations, biological monitoring or medical tests of employees by an occupational health practitioner (OHP) or in prescribed cases, by an occupational medicine practitioner (OMP)

OHS Act 85 of 1993
• Medical Surveillance Programme:
  – Based on Hazard Identification and Risk Assessment (HIRA)

  – Systematic examinations
    • Initial
    • Periodic
    • Special
    • Exit
AIMS OF MSP

• **Systematically** establish workers’ health status where **exposed** to hazards.

• Establish need for **removal from or return to** a particular work environment.

• Ensure **appropriate** medical treatment.

• **Monitor effectiveness** prevention & control measures.

• **Not a tool** for discovering hazards i.e. **NOT** HIRA
Biological Monitoring

• Biological monitoring (BM) is the measurement of a substance or its metabolite in biological material in order to provide a quantitative estimate of its uptake into the body by all routes of exposures.

• BM is part of the MSP
Objective of BM as part of MSP

• to ensure that current or past exposure of worker is not harmful to his/her health by detecting potential excessive exposure before overt adverse health effects occur.
MSP and the law

• The Occupational Health and Safety Act (85 Of 1993)

• And its Regulations
  – Hazardous Biological Agents Regulation
  – Hazardous Chemical Substances Regulation
  – Noise Induced Hearing Loss Regulation
Routine clinical tests based on these regulations

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Exposure</th>
<th>System affected</th>
<th>Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBA</td>
<td>Tuberculosis</td>
<td>Respiratory</td>
<td>Chest X-RAY GeneXPERT</td>
</tr>
<tr>
<td>HCS</td>
<td>Latex</td>
<td>Skin/ Respiratory</td>
<td>SPT / Lung Function Tests / Blood tests</td>
</tr>
<tr>
<td>NIHL</td>
<td>Noise</td>
<td>Ears</td>
<td>Audiometry</td>
</tr>
</tbody>
</table>
Hazardous Biological Agents Regulation

• Requires an employer after consultation with the health & safety committee (HSC) to ensure that employees are adequately informed & trained on:
  – Content & scope of the HBA regulation
  – The NECESSITY FOR MSP

• Employees exposed to HBA MUST be under MSP

• OHPs to submit to HSC written protocols for abnormal results
Responsibilities

• Employers must ensure that:
  – HIRA
  – MSP
  – Immunizations
  – PPE
  – Education and training

• HCWs must ensure that they:
  – Present at MSP
  – Adhere to policies & protocols of MSP

• OHPs & OMPs – draw appropriate MSP based on occupational risks profiles
MSP & workers’ rights

• Medical practitioners & dual loyalties
• Law does not give employees right to refuse MSP but regulations say employer must fully inform workers
• Employee has right to results of MSP
• Reporting of occupational diseases to DoL
• Record keeping
• Right to exit medicals
Ethical guidelines for Practitioners

• South African Society of Occupational Health Nurses (SASOHN)

• South African Society of Occupational Medicine (SOSOM)

• International Code of Ethics for Occupational Health (ICOH)

• Importance of confidentiality & written consent in disclosing medical test results
A good MSP includes

• MSP undertaken by **mutual agreement** (unions, workers & employers)

• Before MSP:
  – HIRA
  – Prevention & control measures
  – MSP policy
  – Agreement on protocols with HSC
  – List of all test and testing intervals
  – Mutual agreement on criteria for disability
  – Definitions on abnormal results

• Employer commitment on confidentiality
Cont...

• No victimisation and or discrimination
• Free choice of health service provider
• Job security and anti-discrimination associated with rehabilitation programme
• Employer to fund occupational diseases
• Equitable access to health and social security benefits
• NB link between occupational diseases & living conditions e.g. TB
• Access to educational programmes
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