Record keeping, primary healthcare aspects and the different service delivery models which are unique to South Africa. It was evident that the South African occupational health nursing practice compared well with many First World countries, and it is something we can build on for the future.

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Report on ‘Occupational Health Nursing across borders, practice, protection and productivity’ conference in Dallas, Texas

Kim Davies and Louwna Pretorius were invited to attend the Global Summit and Conference of the American Association of Occupational Health Nurses in Dallas, Texas held from 4 to 8 May 2014. The Summit kicked off with a lecture on “Respirator Selection, Fitting and Care”. It was fascinating that even a First World country such as America has the same challenges that we face in South Africa. An ergonomist explained her research on the correct selection of the respirator and included a ‘man job specification’ which assists in making the right choice. Budget constraints and employees’ preferences play huge roles in this process. Fitting is vitally important as is care and storage. It was interesting to hear that the companies who involve the occupational health nurse (OHN) report better employee compliance with the wearing and care of PPE.

Dr Siriruttanaprul from Thailand University discussed the Integration of Health Services into a Public Health System. The following aspects were covered:

a. Orientation survey on occupational health in a primary care unit: the focus was on what Primary Health Practitioners (PHPs) know about occupational health and how it can be incorporated into the daily service.

b. Training on occupational health services for all primary healthcare personnel: this incorporated the specialised training an OHN would receive.

c. Integration of occupational health activities into a primary healthcare service: pilot studies were conducted at various identified points to evaluate service and training, and case studies were used to illustrate the impact on the communities they serviced.

d. Lessons learnt, constraints and improvements: following the pilot studies, changes were implemented from the lessons learnt. This system was refined and implemented into the agriculture sector, with great success. The project was extremely interesting as it could be developed within the South African National Health Insurance system.

Some highlights from the conference included:

- The integration of ergonomics and wellness focused on the unique needs of today’s workforce. Some interesting facts were highlighted, such as the changing demographics and characteristics of today’s workforce, e.g. the ageing workforce and the youth who are not as physically fit as in previous years.

- Comparing the physical and cognitive abilities of members to handle psychosocial stresses, and paying attention to the foundation principles that are associated with ergonomic wellness.

- Looking for methods to engage and enlist cooperation from stakeholders as well as groups within organisations, such as the union. The positive outcome is the embedded similarities between ergonomics, wellness and the ‘standard of work’ procedures.

Donna Ferreira gave an excellent talk on the ‘Handy approach to managing hand injuries’, working closely with a physiotherapist. This was an eye opener to all the possible injuries. As our hands are so important and we take little care of them, she suggested a policy to emphasise good hand and feet care.

Mei Ching Lee presented a paper on the ‘Evidence-based practice of OHN practices’. This was brought home through leadership qualities which OHNs have and the leading roles they play in industry. OHNs look at innovative and best practices within the work environment, which are becoming more important as we move into the digital age. The OHN has to keep up to date with new technology and scientific advances.

There were fascinating presentations about returning veterans, from the School of Nursing, University of Alabama. The topics were very relevant to the South African situation. The
Presentations started with the identification of the veterans and their families and how they integrated into the civilian workforce. As most of these members are from reserve forces, they are only called up when they are needed for active duty. Another aspect of the study was the application of military cultural competence to the care of veterans and their families in occupational health and safety programmes. A number of company wellness care centres were called upon to assist in integrating returning members back into the workforce, some of whom had been deployed for up two years – a mammoth task. The new framework looks at the results of a medical examination to determine the psychological state of the returning member, as well as a fitness-to-work report from the occupational therapist. This is then entered into a database to assist the occupational health practitioner who then supports the veterans if they encounter problems adjusting. Recognising the scope of the problems encountered by veterans within this framework, as well as the unique health needs of the military veterans and their families, enables the occupational health practitioner to identify opportunities to address health needs within the work environment which could assist in the integration of these workers into the mainstream workforce. These decisions are achieved through the reports from the occupational therapist in which they recommend suitable placements for returning veterans. The presenters suggested ways for all stakeholders to collaborate at local, state and national levels to meet the healthcare needs of veterans and their families. I can assure you that South Africa is, in some aspects, light years ahead of the USA.

Kim Davies was part of a panel discussion in the Dallas Conference Room on occupational health nursing around the world. The four participants were from England, Ireland, Germany and South Africa. It was very interesting to hear how occupational health nursing is practiced in other parts of the world and the discussion reinforced the idea that South Africa is streaks ahead with regard to occupational health nursing, and that South African legislation helps drive our success. In most of the other countries, occupational health nursing is practiced in academic hospitals where there is an occupational health and safety clinic – unlike in South Africa where we are privileged to have occupational health nursing in industry.

The conference organisers arranged an outing to Fort Worth. This was exciting and enabled us to experience US efficiency. The train ride was fast, efficient and oh-so-smooth; the station was amazing and a mosaic along a wall showcased the country’s history over the last 30 years. The Chisolm Trail is a cattle run through the centre of the town that takes place daily at 09h00 and 14h00. This trail first took place in 1875 and is commemorated with the daily runs through the town. The cattle are so tame that they just walk, but have the biggest horns that I have ever seen.

We also had the privilege of visiting the Klyde Warren Park. This is an amazing park right in the middle of town which covers an entire block – a little piece of paradise where moms can walk their babies, dogs can be exercised, and members of the public can get a quick tan! The gardens are beautiful and water is plentiful despite the area being semi-desert.

This trip would not have been possible without the support of SASOHN, for which I want to express my sincere gratitude.

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