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SPECIAL ISSUE

**Noise and hearing health:
innovations and interventions**

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Volume 31, Issue 2, 2025



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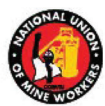


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Volume 31, Issue 2, 2025

SPECIAL ISSUE | Noise and hearing health: innovations and interventions

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From the Guest Editor



Dr Goitsewang Keretsetse,
Guest Editor

There is a renewed urgency in the way occupational noise is being addressed, reflecting both emerging evidence of its broader health impacts and an increasing commitment to regulatory reform and worker protection. As Guest Editor of this special issue on 'Noise and hearing health: innovations and interventions', I invite you to explore a timely collection of research and commentary that speaks to both the scientific advancements and regulatory momentum reshaping the field.

The publication of this issue coincides with a significant policy development through the launch of South Africa's new Noise Exposure Regulations, introduced by the Department of Employment and Labour on 11 April 2025. These updated Regulations, which will come into effect on 5 September 2026, represent a positive step in the revision of the 2003 Noise-Induced Hearing Loss Regulations. The Regulations introduce clearer and more enforceable thresholds, including a lower action level of 82 dBA, and a revised noise rating limit of 85 dBA for continuous noise and 137 dBC for impulsive noise.¹ They embed a structured approach to risk assessment, designate demarcation of noise zones, mandate regular medical surveillance, and impose meaningful consequences for non-compliance. In doing so, they signal a shift from passive management of occupational noise towards a more proactive, systems-based approach to worker protection.

Against this backdrop, the articles in this issue of *Occupational Health Southern Africa* reflect the current state and future direction of occupational noise. One compelling contribution is a study by Phakathi and colleagues, which focuses on noise exposure during aircraft maintenance operations, bringing attention to a critical, yet often under-recognised, worker group in the aviation industry. Aircraft maintenance personnel face unique noise hazards, arising from both routine and unscheduled tasks that require them to work in close proximity to equipment that generates excessive noise.² Unlike flight crew or terminal workers, maintenance personnel often operate in enclosed hangars or confined spaces where noise can reverberate and amplify, increasing both exposure intensity and duration.³ Although noise exposure levels exceeded the noise rating limit of 85 dBA in Phakathi's study, differences in how aircraft maintenance technicians perceived the risk contributed to the inconsistent use of hearing protection devices (HPDs).

Other papers in this issue focus on hearing conservation practices; one such paper, by Ngobeni et al., describes a study of members in an army unit. The findings are of great concern, as they revealed that 50% of the study participants did not perceive noise to be a risk factor for noise-induced hearing loss (NIHL), and a similar proportion reported that they were not provided with HPDs. Khoza-Shangase and Sebothoma present a review on the relationship between occupational NIHL and middle-ear infections, which demonstrates a gap in hearing conservation programme (HCP) implementation in Africa.

In addition to studies on occupational noise exposure and gaps in HCP implementation, this issue includes timely insights into the use of technology for occupational NIHL management and HCPs. Real-time dosimetry, smart alert systems, AI-based solutions, and digital dashboards are no longer futuristic concepts; they are becoming accessible tools that can shift occupational noise management from reactive compliance to proactive intervention.⁴ These technologies offer the potential to integrate exposure data into broader environmental, health, and safety

frameworks, improving both accuracy and responsiveness. However, in Africa, issues of high costs, limited digital infrastructure, and data security persist as challenges to the adoption of such technologies.⁵

While clinical diagnoses and exposure assessments provide direct evidence, compensation claims data can reveal how frequently occupational NIHL leads to functional impairment that is significant enough to warrant legal or financial redress.⁵ Moreover, rising or stagnant compensation claim rates, despite regulatory efforts, may signal the ineffectiveness of current HCPs, low use of hearing protection, and/or systemic exposure to hazardous noise levels. This is reflected in a paper by Njanjeni and colleagues.

What emerges clearly from this body of work is the need for occupational health professionals to lead a renewed response to noise – one that reflects current evidence, technological innovation, and a deeper understanding of the lived realities of workers. As the South African example shows, Regulations can provide a powerful foundation, but it is through our everyday practices, such as how we assess risk, implement controls, educate workers, and influence policy, that lasting change is achieved.

I wish to thank all the contributors, reviewers, and editorial team members who made this special issue possible. Your scholarship not only advances our field, but also provides the practical tools and critical reflections needed to protect workers better from the cumulative harms of occupational noise. My hope is that this issue will serve as both a resource and a catalyst for dialogue, innovation and, most of all, change.

REFERENCES

1. South Africa. Occupational Health and Safety Act, 1993 (Act No. 85 of 1993). Regulations: Noise Exposure Regulations, 2024. Government No. 52226 6 March 2025 (Published under Notice Notice 5953). Available from: https://www.gov.za/sites/default/files/gcis_document/202503/52226gon5953.pdf (accessed 15 April 2025).
2. Smedje G, Lunden M, Gärtner L, Lundgren H, Lindgren T. Hearing status among aircraft maintenance personnel in a commercial airline company. *Noise Health*. 2011; 13(54):364-370. doi: 10.4103/1463-1741.85509.
3. Noweir MH, Zytoon MA. Occupational exposure to noise and hearing thresholds among civilian aircraft maintenance workers. *Int J Ind Ergon*. 2013; 43(6):495-502. doi: 10.1016/j.ergon.2013.04.001.
4. Madahana MCI, Ekoru JED, Sebothoma B, Khoza-Shangase K. Development of an artificial intelligence based occupational noise-induced hearing loss early warning system for mine workers. *Front Neurosci*. 2024; 18:1321357. doi: 10.3389/fnins.2024.1321357.
5. Khoza-Shangase KM, Moroe NF. Hearing conservation programmes in the context of tele-audiology in African mines. In: Khoza-Shangase K, Moroe NF, editors. *Occupational Noise-induced Hearing Loss: An African Perspective*. Cape Town: AOSIS Books; 2022. p. 165-185.
6. Makaruse N, Maslin MRD, Campbell SZ. Occupational noise-induced hearing loss in high-income countries: a multi-country analysis of compensation records. *Heliyon*. 2025; 11(10):e43164. doi: 10.1016/j.heliyon.2025.e43164. 

Thank you

We thank the Guest Editors of this special issue of *Occupational Health Southern Africa*, 'Noise and hearing health: innovations and interventions', for their contributions to the research papers, and their support to the editorial team. The profiles of Dr Goitsewang Keretsetse, Dr Liepollo Ntlhakana, and Prof. Martha Chadyiwa – all research specialists in the field of occupational noise-induced hearing loss – can be found on pages 55–57 of this issue.

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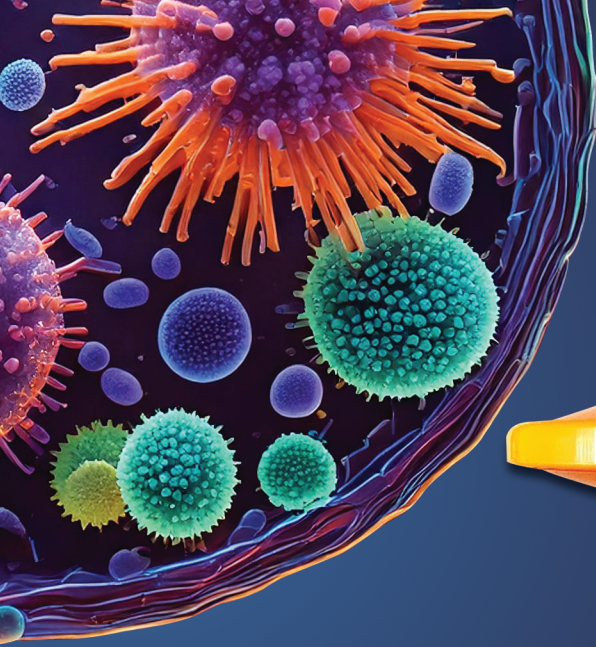
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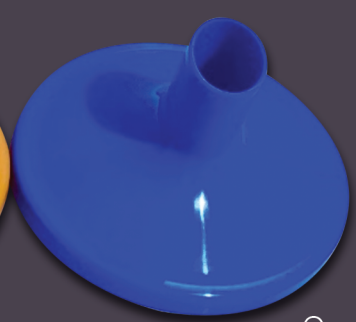
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In a Rain of Dust: Death, Deceit, and the Lawyer Who Busted Big Asbestos

12 June 2025 | Hosted by the National Institute for Occupational Health (NIOH)

Spo Kgalamono: Executive Director, NIOH
e-mail: spok@nioh.ac.za

The National Institute for Occupational Health (NIOH) hosted the launch of Prof. David Kinley's long-awaited book, *In a Rain of Dust: Death, Deceit, and the Lawyer Who Busted Big Asbestos*, on 12 June 2025. This hybrid event drew a national audience, with approximately 200 occupational health professionals attending either in person or online.

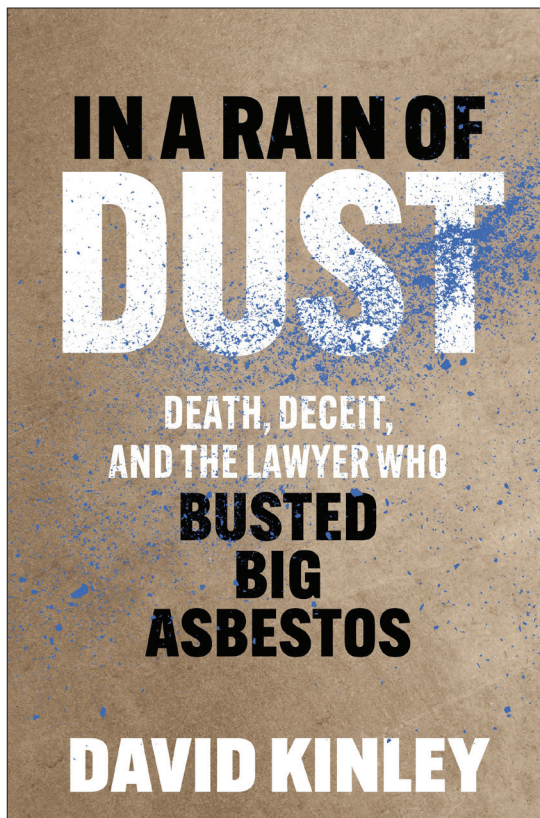
The Executive Director of the NIOH, Prof. Spo Kgalamono, delivered the opening remarks, setting a reflective and poignant tone. She described the book as, "confronting a painful chapter in South Africa's history, one written not in ink, but in dust – the dust of asbestos". She paid tribute to the generations of South African workers who laboured in asbestos mines under dangerous conditions, often without protection or knowledge of the health risks.

Prof. Kgalamono also acknowledged the significant contributions of Prof. Richard Meeran, one of the founding partners of Leigh Day's International Practice in London. A renowned human rights lawyer, Prof. Meeran has spent his career holding multinational corporations accountable for abuses across the globe. His work has had a profound impact in South Africa, most notably through:

- Representing South African asbestos victims in the landmark case against Cape PLC
- Playing a central role in litigation involving Thor Chemicals
- Leading silicosis class actions against Anglo American on behalf of former gold mineworkers

During the event, Profs. Kinley and Meeran shared insights into their involvement in the Cape PLC case, highlighting the devastating legacy of asbestos exposure and its impact on workers and the communities. The launch – a resounding success – served not only as a tribute to the resilience of those affected by occupational diseases, but also as a reminder of the ongoing importance of safeguarding worker health, advancing occupational justice, and promoting corporate accountability.

The book is on sale at [Love Books](#) in Johannesburg and at [The Book Lounge](#) in Cape Town. 📖



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Goitsewang Keretsetse

Dr Goitsewang Keretsetse is a lecturer and course coordinator at the University of the Witwatersrand School of Public Health (Occupational Health Division), where she teaches occupational hygiene and exposure science courses and supervises master's students. Dr Keretsetse joined the University of the Witwatersrand in 2015 as a lecturer and course coordinator for the Master of Public Health (MPH) programme in the field of Occupational Hygiene, as well as co-coordinator of the Postgraduate Diploma in Occupational Health. She was instrumental in the development of the new Master of Science programme (MSc in Medicine, in the field of Exposure Science), and a new field of study within the MPH programme (MPH in Exposure and Health). The two programmes – the first of their kind in Africa – were established in response to the evolving landscape of occupational hygiene and the shift towards exposome and exposure science. Advancements in exposure science underscore the importance of considering all exposures, whether consumer, residential, environmental, or occupational, across the entire human lifespan, encompassing contact with chemical, physical, or biological agents in diverse environments.

Dr Keretsetse also worked as a resident occupational hygienist for one of South Africa's parastatal organisations. Prior to this, she worked for an occupational hygiene consulting company, servicing clients across various industries in Gauteng and other provinces of South Africa. She has more than 15 years of practical experience in occupational hygiene, covering both mining and non-mining industries. Her skills include developing occupational hygiene risk assessment and monitoring programmes for both chemical and physical hazards. She is registered with the Southern African Institute for Occupational Hygiene (SAIOH) as an occupational hygienist, and is the current SAIOH Chief Examiner. She is also a member of the SAIOH National Council and serves on the SAIOH Professional Certification Committee (PCC-ExCo).

As part of her contribution to developing occupational hygiene in the Southern African region, she co-facilitated Occupational Hygiene Training Association (OHTA) courses in Zambia, Mozambique, and South Africa, through the African Union Development Agency's (AUDA-NEPAD's) Southern African Tuberculosis and Health Systems Support (SATBHSS) project, which aimed to build professional capacity in the field of occupational hygiene.

Dr Keretsetse was awarded a PhD in public health from the University of the Witwatersrand in 2023. Prior to this, she obtained her MSc degree from North-West University. Her research interests include exposure assessment, exposure pathway analysis, human health risk assessment, and the development of interventions to control exposure. For her Masters degree, she evaluated exposure of petrol attendants to volatile organic compounds (VOCs), and assessed DNA damage in the lymphocytes of African petrol attendants. Her PhD research focused on exposure of nail technicians to VOCs, emitted from nail products, in the formal and informal sectors of the beauty industry in Johannesburg.

Dr Keretsetse has supervised a range of Master's research projects focused on occupational and environmental exposures, including air pollutants, hazardous chemical substances, and ergonomic



Dr Goitsewang Keretsetse

Photograph: courtesy of Dr Goitsewang Keretsetse

risks across diverse sectors such as waste management, energy production, healthcare, and mining. She is currently the Project Leader for a project funded by the South African Water Research Commission, focusing on characterising bioaerosols, VOCs, and odour emissions in wastewater treatment plants. She has made significant contributions to the field of occupational hygiene and exposure science through her publications in local and international scientific journals, as well as her presentations at local and international conferences.

Dr Keretsetse has secured competitive funding for research and teaching equipment from the Wits Faculty of Health Sciences and the American Industrial Hygiene Association (AIHA) Developing World Outreach Initiative (DWOI). She has also received research grants from the National Research Foundation (NRF), the Wits Early Career Academic Development (ECAD) Programme, and the Wits Chancellor's Female Academic Leaders Fellowship (FALF) fund. She has received multiple awards for her research and scientific communication, including the SAIOH awards for Best Poster and Oral Presentation (2017, 2023), the International Occupational Hygiene Association (IOHA) Best Poster Presentation Award (2021), and the Wits Faculty of Health Sciences Research Awards (2016, 2019). She also received accolades at the 2018 Wits Science Slam, where she presented her work during the National Science Week hosted by Wits for high school learners from around Gauteng. In 2008, she was awarded the SAIOH Occupational Hygiene Student and Research Paper of the Year.

Beyond her professional activities, she finds fulfilment in her roles as a devoted wife and mother of two precious children – a 14-year-old daughter and an eight-year-old son. Balancing her academic pursuits with family life, Dr Keretsetse actively participates in her

children's extramural and sporting activities. During her leisure time, she enjoys participating in Parkruns, playing netball, and indulging in creative pursuits such as crocheting and crafting hand-made necklaces.

Her commitment to nurturing the next generation of scientists extends beyond the classroom, as she engages with young

individuals to support their academic endeavours and future aspirations. Additionally, she is a dedicated Sunday school teacher, contributing to the spiritual growth of her community. Dr Keretse embodies the essence of leadership, balancing professional excellence with personal fulfilment and community engagement. [👉](#)

Liepollo Ntlhakana

Dr Liepollo Ntlhakana (PhD) is a senior lecturer and the Head of Department (Audiology) in the School of Human and Community Development (SHCD), Faculty of Humanities, at the University of the Witwatersrand. She teaches theory and clinical courses across all years of undergraduate study and supervises postgraduate and undergraduate research. Her professional career in audiology spans more than 20 years and covers the health, education, and private practice sectors. Dr Ntlhakana's contribution to occupational health started in 2002 when she worked as a locum audiologist for Transnet, where she conducted audiometry medical surveillance for workers. Her passion for primary prevention of occupational hearing loss strategies for workers stemmed from her firm belief that, although this type of hearing loss is prevalent in various industries, it is preventable. Over time, her interest evolved into research during her postgraduate studies. She subsequently obtained a master's degree in Audiology, followed by a PhD in Public Health in 2021. She focused on hearing conservation programmes (HCPs) and risk assessment for the prevention of occupational noise-induced hearing loss (ONIHL) in mineworkers.

In 2010, Dr Ntlhakana joined the Medical University of South Africa, now Sefako Makgatho University, where her strong teaching and learning foundation was formed and firmly framed. There, she lectured in a theory course in occupational audiology and was also a clinical supervisor for the course. In 2014, she joined the University of the Witwatersrand's Department of Speech Pathology and Audiology.

Dr Ntlhakana is a guest lecturer in the Wits School of Public Health, where she teaches MPH and MSc exposure science postgraduate students about audiometry and medical surveillance. Her extensive teaching experience, which focuses on the prevention of ONIHL, risk assessment strategies for ONIHL, and the application of frameworks for hearing conservation – in both her undergraduate and postgraduate studies – solidified her research niche, which is the epidemiology of ONIHL. In her research publications, she has integrated outcomes aligned with the World Health Organization's Sustainable Development Goal 3: Good Health and Well-being. Dr Ntlhakana's publications, teaching, and clinical practice in audiometry and medical surveillance recently contributed to evidence-based knowledge and guidance for the South African mines' implementation of the revised NIHL Standards, specifically regarding how to integrate standard threshold shift (STS) calculations for the early identification of ONIHL. Since 2015, she has published more than 15 peer-reviewed journal papers and book chapters. Four of her publications were co-authored with students: three with undergraduate students and one with a postgraduate student.

Dr Ntlhakana's significant contribution to the audiology profession started when she signed up as a member of the South African Association of Audiologists (SAAA). She was nominated to serve



Dr Liepollo Ntlhakana

Photograph: courtesy of Dr Liepollo Ntlhakana

in various positions, including Chairperson of the occupational audiology portfolio, and member of the local organising committee for local and international conferences hosted by the Association (of significance being the 2018 World Congress of Audiology held in Cape Town). Later, she served as President Elect, President, and Past-President of the SAAA, between 2019 and 2023. She is currently a non-executive member of the SAAA, representing the Association at strategic stakeholder engagements, including the South African Bureau of Standards and Inter-Professional Rehabilitation Indaba.

Dr Ntlhakana has held leadership positions at various levels in the University of the Witwatersrand. In 2022, she was the Deputy Head and Acting Head of Department (Audiology). From 2022 to 2024, she was Chair of teaching and learning for the SHCD. Outside of the University, she serves in decision-making positions that foster growth and collaboration as an active member of the SAAA.

Dr Ntlhakana has received awards in teaching and learning, research, and academic citizenship, including:

- 2024: National Medical Awards: Healthcare Leadership Award for the profession of audiology in South Africa
- 2023: Grant by the Wits Writing Intensive (WWI) Board to redesign an undergraduate course and to collaborate with a writing fellow
- 2021: Best oral presentation and the 'VCCA Special Award' for

a paper delivered at the international Virtual Conference in Computation Audiology (VCCA) in the Netherlands: 'Examining the association of standard threshold shifts for occupational hearing loss among miners exposed to noise and platinum mine dust at a large-scale platinum mine in South Africa'

- 2014: Best oral presentation at a local conference in Cape Town, South Africa, for her master's degree thesis

Martha Chadyiwa

Martha Chadyiwa is an Associate Professor of Public Health at Sefako Makgatho Health Sciences University. Her multifaceted career spans academia, research, and international collaborations in the fields of environmental and occupational health.

Prof. Chadyiwa blends academic excellence with strategic leadership in her role as an environmental and occupational health expert. Her academic qualifications include an MBA from Twente University (the Netherlands), a PhD in Public Health from the University of the Witwatersrand, and a BEd Honours in Education Leadership and Management from the University of Johannesburg. Her leadership portfolio includes serving as Head of the Department of Environmental Health at the University of Johannesburg (2012–2017), where she spearheaded the development of the Master of Public Health (MPH) curriculum and pioneered the innovative MPH chatbot (<https://uj-mph-chatbot.netlify.app/>).

Her international influence is evidenced by her impactful tenure as a member of the Universitas 21 (U21), which is a global network of research-intensive universities that collaborate to enhance international education and research. As Vice Chair of the U21 Sustainable Development Goals Committee (2019–2024), she led international initiatives to shape health policy and sustainable development. She is a member of several prestigious international organisations, including the Horizon Europe Framework Programme, the Athens Institute for Education and Research, and the USA National Environmental Health Association.

A researcher and author, Prof. Chadyiwa has published in high-impact journals and contributed book chapters to significant works in her field. She serves as an editorial board member and reviewer for several prestigious academic journals, including the *Journal of Economic and Social Development*, *Water Resources Management*, *Health SA Gesondheid*, *Archives of Community Medicine and Public Health*, the *Malaysian Journal of Medicine & Health Sciences*, the *International Journal of Environmental Research and Public Health*, the *Journal of Medical Internet Research*, the *South African Medical Journal*, and *Occupational Health Southern Africa*.

As a principal investigator, she has secured research funding from organisations such as the South African Medical Research Council and the University of Johannesburg's Global Excellence and Stature 4.0 for Societal Impact Initiative.

Her scholarly excellence has been recognised in the many accolades she has received. She was named among South Africa's Inspiring Fifty women in STEM (2021), received the Black Women

Dr Ntlhakana's scholarship of teaching, research, and academic service contributions highlight her experience in occupational audiology and medical surveillance. Her collaborative work continues to show the importance of preventing occupational hearing loss for workers in various industries in South Africa. [📍](#)



Prof. Martha Chadyiwa

Photograph: courtesy of Prof. Martha Chadyiwa

in Science Fellowship (2025), and was a recipient of the Olympus International Awards South Africa (OIASA2025), and of the University of Johannesburg's Special Recognition Award (2023).

As a dedicated mentor, Prof. Chadyiwa has supervised more than 30 master's students' research to completion. Her mentorship extends to creating pathways for the next generation of public health professionals. She is equally committed to community engagement, having developed and implemented numerous intervention programmes to address public health challenges in South African communities. Her work in community-based research has contributed significantly to environmental and occupational health issues in underserved populations.

With expertise spanning environmental impact assessment, occupational health and safety, and public health leadership, Prof. Chadyiwa continues to drive innovation in health education, through integrating technology solutions and developing frameworks for sustainable health outcomes in resource-challenged environments. Her career embodies a commitment to excellence in teaching, research, and community service, making her a transformative leader in public health education and practice across southern Africa. [📍](#)

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The Pulse of Technology

Compensation claims for occupational noise-induced hearing loss in South African mineworkers: trends and determinants

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Keywords

administrative data, mining industry, hearing impairment, occupational noise exposure, workers' compensation

How to cite this paper

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ABSTRACT

Background: Workers with prolonged exposure to noise above the occupational exposure limit (OEL) of 85 dBA are at risk of developing occupational noise-induced hearing loss (ONIHL). In South Africa, ONIHL compensation in mining, metals, and construction is administered by Rand Mutual Assurance (RMA).

Objectives: To describe trends of ONIHL claims, and determinants of successful claims in the South African mining industry, from 2010 to 2019.

Methods: This was a repeat cross-sectional study. Mineworkers were assigned to homogeneous exposure groups (HEGs) by occupation at claim submission. Trends in annual proportions of ONIHL claims were assessed using the chi-square test. Binary logistic regression was used to identify factors associated with successful ONIHL claims, i.e. those that met employment and medical compensation criteria.

Results: From 2010 to 2019, 12 761 ONIHL claims were submitted to RMA. Claims decreased by 7.3/10 000 mineworkers per year, and successful claims decreased from 72.6% to 43.3%. Three-quarters (n=9 585, 75.1%) of claimants were in HEG B (85–105 dBA). The HEG was not stated for 1 374 (10.8%) claimants. Compared to claimants with < 20 years of employment, those employed for 20–29 years had a 40% greater likelihood of success (adjusted odds ratios (AOR): 1.40, 95% CI 1.25–1.56). Compared to claimants in HEG B, those in HEG C (82–85 dBA) had a 33% lower likelihood of successful claims (AOR: 0.67, 95% CI 0.57–0.78 and AOR: 0.52, 95% CI 0.45–0.60, respectively).

Conclusion: Claim data provide useful information about ONIHL and compensation. Noise exposures above the OEL were common. Successful claims were associated with higher noise exposures and longer employment. The findings from this study highlight the need for noise prevention programmes to achieve the mining industry target of zero harm, and the usefulness of routine administrative data for research and monitoring of occupational diseases.

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Noise exposure levels among aircraft technicians at an aviation maintenance organisation in Gauteng, South Africa

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Keywords

aircraft maintenance technicians, aircraft maintenance, occupational noise exposure, noise-induced hearing loss, perceptions

How to cite this paper

Phakathi BAM, Utembe W, Manganyi J. Noise exposure levels among aircraft technicians at an aviation maintenance organisation in Gauteng, South Africa. *Occup Health Southern Afr*. 2025; 31(2):66-71. doi: 10.62380/ohsa.2025.31.2.2

ABSTRACT

Introduction: The aviation industry relies on the expertise of aircraft maintenance technicians (AMTs) to ensure aircraft airworthiness. However, the noise produced by airport maintenance activities and tools poses a potential risk of noise-induced hearing loss (NIHL) to AMTs.

Objective: The objectives of the study were to assess noise perceptions and the use of hearing protective devices (HPDs), and to measure personal occupational noise exposure levels among AMTs involved in aircraft maintenance operations in Gauteng province, South Africa.

Methods: Self-administered questionnaires were used to collect sociodemographic data and perceptions about noise exposure from 208 AMTs. The associations between participants' perceived noise levels and some socio-demographic factors were assessed using descriptive statistics. The associations between participants' socio-demographic characteristics and their perceptions of personal noise exposure and use of HPDs were analysed, using binary logistic regression. Personal noise exposures were measured in a subset of 30 AMTs across three maintenance areas (minor, line, and base maintenance), using a QUEST Technologies noise dosimeter. One-way analysis of variance (ANOVA) was performed on log-transformed mean personal noise exposure levels, to compare exposure across the three areas.

Results: Most of the study participants were male ($n = 135$, 64.9%). A large proportion ($n = 171$, 82.2%) perceived that they were exposed to high noise levels. The majority of participants ($n = 200$, 96.2%) reported being supplied with HPDs, while a smaller proportion ($n = 181$, 87.0%) indicated that they had received training. The logistic regression analysis showed that being an apprentice ($p = 0.032$) was the only significant predictor of perceiving exposure to loud noise. The AMTs employed to do line maintenance were exposed to the highest 8-hr time-weighted average (TWA) daily noise levels of 95.7 ± 7.5 dBA; both minor and base maintenance workers were also exposed to high noise levels (92.3 ± 6.0 dBA and 92.1 ± 3.8 dBA, respectively). However, there were no statistically significant differences in mean exposure levels.

Conclusion: Being an apprentice was the only socio-demographic variable associated with perception of noise exposure. Not all study participants were issued with HPDs and provided with training on their use. Aircraft maintenance workers are exposed to noise levels that exceed the 85 dBA noise rating limit and are, therefore, at risk of NIHL. A comprehensive hearing conservation programme with targeted interventions, based on tasks and work environments, is essential for AMTs.

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Audiometric screening results and knowledge of noise-induced hearing loss and hearing conservation practices among members of a South African army unit

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Keywords

military personnel, noise-induced hearing loss, percentage loss of hearing, hearing threshold levels, hearing protection devices, referral threshold shift

How to cite this paper

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Audiometric screening results and knowledge of noise-induced hearing loss and hearing conservation practices among members of a South African army unit.

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doi: 10.62380/ohsa.2025.31.2.3

ABSTRACT

Background: Military personnel are exposed to high noise levels during training and deployment missions. Interventions to reduce noise exposure levels and the prevalence of noise-induced hearing loss (NIHL) are necessary. When planning such interventions, workers' knowledge should be taken into consideration.

Objective: The objective of the study was to describe knowledge about NIHL and hearing conservation practices, and referral threshold shifts (RTSs) using audiometric screening results, among members of a South African army unit.

Methods: In this cross-sectional study, 38 army unit members were purposively sampled from a study population of 631. Demographic data, NIHL knowledge, and hearing conservation practices were collected using a questionnaire, and analysed using descriptive statistics. Audiometric screening data were analysed for army unit members who had been employed for two or more years and had two audiograms (baseline and periodic). The Wilcoxon signed-rank test (WSR) was used to compare participants' baseline and periodic hearing thresholds.

Results: Most participants were male ($n = 37, 97.4\%$), aged 26–35 years ($n = 31, 81.6\%$), and permanently employed ($n = 33; 86.8\%$). Around half lacked knowledge that exposure to noise is the main risk factor associated with NIHL ($n = 21, 55.3\%$); only two (5.3%) knew that NIHL cannot be treated with medicine. Almost half of the participants ($n = 18, 47.4\%$) reported that they were only sometimes provided with hearing protection devices (HPDs); 10 were never or almost never provided with HPDs (26.3%). There was a significant RTS at high frequencies from the baseline and periodic screening examinations ($p = 0.012$ and $p = 0.002$ for the right and left ear, respectively).

Conclusion: The participants' RTS from baseline serves as early indication of those at risk for NIHL. A limited understanding of the primary risk factor for NIHL highlighted knowledge gaps. Education and training about NIHL should be provided to army unit members. Provision and correct use of suitable HPDs, to prevent NIHL, should be mandatory for military personnel for the promotion of effective hearing conservation practices.

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Technology-driven approaches to occupational noise-induced hearing loss management and hearing conservation programmes in Africa

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Keywords

artificial intelligence, occupational noise-induced hearing loss, fourth industrial revolution, hearing conservation programmes, tele-audiology, mobile health, internet of things, digital health

How to cite this paper

Khoza-Shangase, K. Technology-driven approaches to occupational noise-induced hearing loss management and hearing conservation programmes in Africa. *Occup Health Southern Afr.* 2025; 31(2):77-86. doi: 10.62380/ohsa.2025.31.2.4

ABSTRACT

Background: Occupational noise-induced hearing loss (ONIHL) is a major public health concern in Africa, particularly in high-risk industries such as mining, manufacturing, and construction. While hearing conservation programmes (HCPs) exist, their effectiveness is often limited by poor enforcement, inadequate infrastructure, and low adoption of emerging technologies. Advancements in fourth industrial revolution (4IR) technologies – such as artificial intelligence (AI), tele-audiology, mobile health (mHealth), and the internet of things (IoT) – offer new opportunities for ONIHL prevention. However, their integration into occupational hearing healthcare in Africa remains limited.

Objective: To explore technology-driven approaches to ONIHL management and HCPs in Africa, highlighting advancements, barriers, and opportunities for integrating digital solutions into occupational health frameworks.

Methods: For this narrative review, PubMed, Scopus, Web of Science, ScienceDirect, Google Scholar, and African Journals Online (AJOL) were searched for relevant articles. The selected studies were categorised as highly or moderately relevant. Thematic analysis was conducted to synthesise key findings on AI-driven audiology, tele-audiology and mHealth, IoT-integrated hearing conservation, and regulatory challenges.

Results: A total of 1 147 publications were identified, of which 55 were evaluated for relevance; 22 were included in the review. Ten were considered to be highly relevant and 12 to be moderately relevant. AI-based solutions show promise for early detection and predictive analytics in ONIHL management, but face barriers such as high costs and limited digital infrastructure. Tele-audiology and mHealth interventions can improve access to hearing healthcare in underserved areas, yet connectivity and data security challenges persist. IoT-enabled hearing protection devices enhance real-time noise monitoring, but remain underutilised due to high costs and policy gaps. Moderately relevant studies further highlight implementation barriers, including reliance on paper-based systems, low digital literacy, and limited funding for technological innovation. Weak regulatory enforcement further limits technology adoption in HCPs.

Conclusion: While 4IR technologies present significant opportunities for ONIHL prevention, their implementation in Africa requires investment, regulatory reform, and multi-sectoral collaboration. Policy updates, financial incentives, and workforce training are crucial to integrating these innovations into occupational health strategies. The African experience offers lessons for other low- and middle-income countries, and future research should prioritise examining real-world industry adoption of these technologies.

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The interplay of occupational noise-induced hearing loss and middle ear disorders: towards comprehensive hearing conservation in Africa

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Keywords

noise exposure, conductive hearing loss, audiological assessment, occupational health policy, LMICs, mining, hearing loss prevention

How to cite this paper

Khoza-Shangase, K, Sebothoma, B. The interplay of occupational noise-induced hearing loss and middle ear disorders: towards comprehensive hearing conservation in Africa. *Occup Health Southern Afr*. 2025; 31(2):87-96. doi: 10.62380/ohsa.2025.31.2.5

ABSTRACT

Background: Occupational noise-induced hearing loss (ONIHL) is preventable, particularly in low- and middle-income countries (LMICs). Middle ear disorders frequently co-occur with ONIHL, but remain neglected in hearing conservation programmes (HCPs). These conditions can complicate diagnosis, impair workers' ability to use hearing protection devices (HPDs), and exacerbate functional hearing deficits.

Objectives: The objectives of this review were to: 1) describe the prevalence and impact of middle ear disorders among noise-exposed workers, 2) examine the interplay between ONIHL and middle ear pathology in occupational settings, 3) explore the influence of systemic health factors, such as human immunodeficiency virus (HIV), on conductive hearing loss, and 4) identify gaps in current HCPs in African LMICs.

Methods: This narrative review included peer-reviewed articles, policy documents, and occupational health reports published from 2000 to 2024. PubMed, Scopus, Web of Science, Google Scholar, and African Journals Online (AJOL) databases were searched for relevant literature. Articles were included if they discussed HCPs, workplace safety regulations, and audiological health in Africa, or provided comparative insights from LMICs outside Africa. Thematic analysis was conducted to identify patterns, gaps, and policy implications.

Results: Eighteen of the 1 417 articles identified were included in the final synthesis. Most studies originated from LMICs, particularly in southern Africa, while several provided global comparative insights. The studies predominantly focused on workers in mining, manufacturing, and construction sectors. Thematic analysis revealed four core themes: 1) underdiagnosis of middle ear pathologies in occupational settings, 2) lack of enforcement of noise exposure regulations, 3) low compliance with HPDs, and 4) inadequate integration of audiological assessments in HCPs. Limited research addressing the dual burden of sensorineural and conductive hearing loss was noted, complicating intervention design in African LMICs.

Conclusion: The review demonstrated a clear disconnect between HCP implementation and the dual burden of sensorineural and conductive hearing loss. Addressing this gap requires an integrated approach that incorporates middle ear assessments, context-sensitive policy reforms, and feasible interventions such as mobile screening and task-shifting. Strengthening both the clinical and policy frameworks for occupational hearing health is essential for effective, inclusive, and sustainable prevention strategies in resource-constrained environments.

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Noise-induced hearing loss: what does the implementation of the standard threshold shift look like?

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How to cite this paper

Ntlhakana L. Noise-induced hearing loss: what does the implementation of the standard threshold shift look like? Occup Health Southern Afr. 2025; 31(2):97-98. doi: 10.62380/ohsa.2025.31.2.6

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A rational approach to workplace drug and alcohol testing: scientific validity, legal defensibility, and ethical practice

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How to cite this paper

Laurens JB. A rational approach to workplace drug and alcohol testing: scientific validity, legal defensibility, and ethical practice. *Occup Health Southern Afr*. 2025; 31(2):99-102. doi: 10.62380/ohsa.2025.31.2.7

ABSTRACT

The accuracy, ethics, and legal defensibility of workplace drug and alcohol testing have become increasingly significant in contemporary occupational settings. As drug use legislation evolves and the principle of procedural fairness gains prominence, testing protocols must be scientifically justified and contextually appropriate. This paper explores the rationale behind testing, the relevance of pharmacokinetics and biological matrices, the importance of measurement uncertainty, and lessons from recent South African case law. It advocates for a rational, evidence-based framework that aligns scientific validity with legal and ethical workplace requirements.

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Smart technology preventing workplace hearing loss

Noise is one of the most common – and most underestimated – hazards in the workplace. In industries like manufacturing, construction, mining, and transport, workers are often exposed to sound levels that can cause permanent damage.

Noise-induced hearing loss (NIHL) is irreversible. But it is completely preventable with the right approach.

At Sedulitas, we've teamed up with global leaders in hearing protection to bring smarter, more proactive safety solutions to South African industries. Two standout technologies – Minuendo's Smart Alert earplugs and Larson Davis's Spartan Noise Dosimeter, now integrated with the RiskSight platform – are changing the way companies manage noise risks.

Together, these tools cover both sides of hearing safety: personal awareness and data-driven oversight.

Minuendo Smart Alert earplugs: making noise risk visible

The Smart Alert earplug is not just hearing protection – it is smart personal protective equipment (PPE). These earplugs actively monitor the noise workers are actually exposed to, not just the ambient noise in the room. Using haptic and sound-based alerts, they notify the wearer in real time when sound levels become dangerous, even after attenuation.

In simpler terms, Smart Alert tells you what your ears are really experiencing. It helps confirm if the earplugs are being worn correctly and consistently throughout the day – something traditional earplugs cannot track.

This kind of instant feedback encourages better habits on the floor and allows safety officers to step in before damage is done. It is a proactive, real-time tool that moves hearing protection from passive compliance to active prevention.

Larson Davis Spartan Noise Dosimeter: reliable, real-world exposure data

While live alerts are critical, long-term safety depends on solid data. The Spartan Model 730 dosimeter is a small, durable device worn by workers throughout their shift. It tracks and records detailed noise exposure data, such as:

- A-, C-, and Z-weighted sound pressure levels
- Time-weighted averages (TWAs)
- Peak and maximum levels
- Movement and bump events
- Optional octave band frequency and audio recordings

The device is wireless and Bluetooth-enabled, meaning safety teams can monitor exposure in real time without interrupting workers. The device is also available in intrinsically safe models (730IS), suitable for hazardous environments like mines or chemical plants.

Larson Davis is trusted worldwide and meets international standards (OSHA, ISO 9612, ACGIH, EU Directive 2003/10/EC). Whether you are doing a baseline survey, exposure profiling, or preparing compliance reports, the Spartan Dosimeter gives you reliable data to work from.



Smart hearing protection technology

Photograph: courtesy of Sedulitas

RiskSight: smarter noise data management

Collected exposure data needs to be managed effectively across teams and sites. To achieve this, the Spartan Dosimeter has been integrated with RiskSight, a modern platform developed by Larson Davis, Sedulitas, and Apeiros.

RiskSight simplifies noise management, using these features:

- Automated uploads: data sync wirelessly at the end of each shift – no more need for manual downloads
- Live monitoring: exposure levels can be seen in real time, across workers and locations
- AI-powered reporting: risk insights and reports are generated instantly
- Multi-site dashboards: exposure data across roles, teams, or sites can be compared in one view
- Custom access levels: everyone – from hygiene teams to site leads – gets the data needed, when needed

RiskSight does not only store data – it also helps safety teams understand it, act on it, and predict future risks with trend tracking and 'what-if' scenarios.

Smarter tools, safer ears

NIHL develops gradually and has no medical cure. Sedulitas integrates technology and equipment to help prevent NIHL, providing:

- **Smart Alert:** immediate feedback and behavioural nudges
- **Spartan Dosimeter:** accurate, certifiable exposure data
- **RiskSight:** insightful, scalable, and strategic noise management

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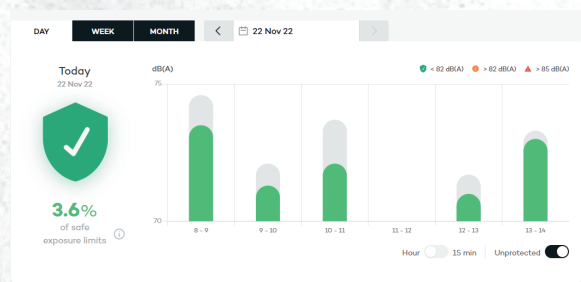
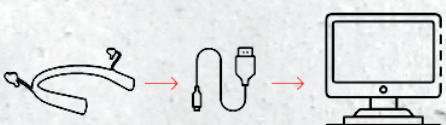
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- Real-time protection + behavioural insight

RISKSIGHT PLATFORM

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- Auto-reporting, "what-if" modelling
- Real-time data from multiple sites
- Custom setup and role-based access



Smart Alert

✓ Noise exposure on **Tuesday** was **70.5 dBA**

Congratulations your noise exposure today was below 50% of your safe daily limit.

It is not necessary to take any action, but you maybe interested in seeing your personal noise exposure dashboard by clicking the link below.



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At Sedulitas, we're committed to helping organisations achieve smarter, safer workplaces. By offering advanced solutions like **SMART Alert**, the **Spartan Noise Dosimeter**, and the **RiskSight platform**, we empower clients to protect employees, monitor real exposure, and prevent hearing loss - efficiently and confidently.

Noise Exposure Regulations, 2024 and Physical Agents Regulations, 2024 promulgated under the Occupational Health and Safety Act No. 85 of 1993, as amended

Warren Mallon: Department of Employment and Labour
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On 6 March 2025, the Minister of Employment and Labour promulgated two new regulations: the Physical Agents Regulations (PAR) and Noise Exposure Regulations (NER). The PAR were published in the Government Gazette No. 52226, under Government Notice R. 5952, and the NER were published in the same Government Gazette, but under Government Notice No. 5953.^{1,2} In the publishing of these new regulations, explanatory notes were included for both. These explanatory notes should not be read in isolation, but are meant to be read in conjunction with the regulations. Also accompanying the NER was the new Code of Practice (CoP) for Audiometry, which must also be read together with the NER. As these new regulations and the CoP were promulgated under Section 43 of the Occupational Health and Safety Act, No. 85 of 1993 (OHS Act), as amended, they are applicable to all workplaces that fall under the OHS Act.³

The NER replace the Noise-Induced Hearing Loss Regulations, 2003, and the PAR replace the Environmental Regulations for Workplaces. The Department of Employment and Labour (the Department) undertook to replace the old regulations as they were misaligned with developments in the field of occupational hygiene. Both new regulations seek to affirm the International Labour Organization's (ILO's) recognition of occupational health and safety (OHS) as a fundamental right.⁴ These new regulations also address gender sensitivity and vulnerable employees (defined in the regulations), and include requirements for employers to consider vulnerable employees when assessing risks and implementing control measures.

To extend coverage to exposed employees, the regulations needed to be specifically updated regarding the control of exposure to noise in the workplace; the 'old' regulations were reactive in nature, which often led to affected employees falling through the cracks. This relates to the impact of concomitant exposure to noise and other occupational stressors, such as ototoxic chemical agents and whole-body vibration, which may exacerbate hearing loss.^{5,6} A more proactive approach in addressing noise exposure was required to reduce the high incidence of hearing loss in workplaces, which negatively affects employees' quality of life.

The scope of application for the NER has been expanded to include employees exposed to the noise action level of 82 dBA for continuous noise or 135 dBC for impulse noise, together with concomitant exposures. The new regulations have also tightened existing criteria for exposure risk assessment, exposure monitoring, control measures, and hearing protection devices. The inclusion of peak noise exposure, an action level of 135 dBC, and an exposure limit of 137 dBC, is one of the highlights of the regulations. There is also a major change in the requirements for medical screening

and medical surveillance, and the process for undertaking such has been expanded and is outlined in the CoP for Audiometry. In relation to medical surveillance, the 'old' Noise-Induced Hearing Loss Regulations referred to the requirements in SANS 10083 to be followed when conducting audiometric tests on employees exposed to noise. The Department developed the CoP for Audiometry, which has been incorporated into the NER. This CoP must be followed for all audiometric tests conducted in terms of the OHS Act and NER.

The Department updated the Environmental Regulations for Workplaces, which were promulgated in 1987, as they did not take into account changes in weather conditions due to climate change. Due to these changes, employees are exposed to higher temperatures than in the past whilst working, which negatively impacts their health and safety.⁷ In 2024, the ILO published a report on the effect of climate change on the world of work; two workplace stressors that were highlighted were excessive heat and ultraviolet radiation.⁷ The Environmental Regulations for Workplaces did not provide employers and employees with sufficient guidance to assess exposures to heat, cold, illumination, ventilation, and vibration appropriately and correctly; these are comprehensively addressed in the new regulations. Considering the impact of high temperatures on both indoor and outdoor employees, and the working conditions of outdoor employees, it was important to address the requirements for indoor air quality and non-ionising radiation to strengthen the protection of such employees through the new regulations.

The Department allowed a phase-in period of 18 months from the date of promulgation for workplaces to implement the new regulations and the CoP. Employers have until 5 September 2026 to finalise the implementation of the new regulations in their existing occupational health and safety management systems.

REFERENCES


1. South Africa. 2025. Occupational Health and Safety Act, 1993 (Act No. 85 of 1993). Regulations: Physical Agents Regulations, 2024. Government Gazette No. 52226, 6 March (published under Government Notice R5952). Available from: <https://www.labour.gov.za/DocumentCenter/Regulations%20and%20Notices/Regulations/Occupational%20Health%20and%20Safety/Physical%20Agents%20Regulations%20and%20Explanatory%20Notes.pdf> (accessed 22 April 2025).
2. South Africa. 2025. Occupational Health and Safety Act, 1993 (Act No. 85 of 1993). Regulations: Noise Exposure Regulations, 2024. Government Gazette No. 52226, 6 March (published under Government Notice R5953). Available from: <https://www.labour.gov.za/DocumentCenter/Regulations%20and%20Notices/Regulations/Occupational%20Health%20and%20Safety/Noise%20Exposure%20Regulations%20Code%20of%20Practice%20for%20Audiometry%20and%20Explanatory%20notes.pdf> (accessed 22 April 2025).

3. South Africa. Occupational Health and Safety Act, 1993 (Act No. 85 of 1993). Available from: <https://www.labour.gov.za/DocumentCenter/Pages/Acts.aspx?RootFolder=%2FDocumentCenter%2FActs%2FOccupational%20Health%20and%20Safety&FolderCTID=0x0120000DDC8879A7E263428976D08ED0489147&View=%7B4BE6BA1C%2DC2AE%2D49BB%2D9B7A%2D2DB60BF41544%7D> (accessed 22 April 2025).

4. International Labour Organization. A safe and healthy working environment is a fundamental principle and right at work. Available from: <https://www.ilo.org/topics-and-sectors/safety-and-health-work/safe-and-healthy-working-environment-fundamental-principle-and-right-work> (accessed 7 May 2025).

5. Combined exposure to noise and ototoxic substances. European Agency for Safety and Health at Work; 2009. Available from: <https://osha.europa.eu/sites/default/files/Doss%20WRO-108%20-%20Combined%20exposure%20to%20noise%20and%20ototoxic.pdf> (accessed 25 April 2025).

6. Workplace exposure to vibration in Europe: an expert review. European Agency for Safety and Health at Work; 2008. Available from: https://osha.europa.eu/sites/default/files/vibration_exposure_en.pdf (accessed 25 April 2025).

7. Ensuring safety and health at work in a changing climate. International Labour Organization; 2004. Available from: https://www.ilo.org/sites/default/files/2024-07/ILO_SafeDay24_Report_r11.pdf (accessed 7 May 2025). 

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Recent amendments to the Occupational Health and Safety Act – new Regulations

Kate Collier: Partner, Webber Wentzel

Kalene Watson: Senior Associate, Webber Wentzel

On 6 March 2025, the Minister of Employment and Labour promulgated the Physical Agents Regulations, 2024, the Noise Exposure Regulations, 2024, and a notice regarding amendments to the General Safety Regulations. These amendments primarily consolidate obligations previously contained in the Environmental Regulations, which will be repealed by the new Physical Agents Regulations. These Regulations fall under the Occupational Health and Safety Act (OHSA) No. 85 of 1993, as amended, and are intended to protect the health and safety of persons who may be exposed to cold or heat stress, vibration, radiation, illumination hazards, and harmful noise in the workplace.

The full text of the amended Regulations can be accessed [here](#). We summarise some of the material changes that employers regulated by OHSA are required to consider and implement.

PHYSICAL AGENTS REGULATIONS, 2024

The Physical Agents Regulations, 2024 will repeal the Environmental Regulations for Workplaces, 1987, 18 months from their promulgation date, i.e. on 6 September 2026. It is not clear whether both sets of Regulations apply concurrently until that date, or whether the new Physical Agents Regulations only take effect in September 2026. In either case, employers are encouraged to begin implementation, so far as is reasonably practicable, to ensure full compliance by the effective date.

The Physical Agents Regulations apply to any employer or self-employed person who performs work at a workplace that may expose any person to a physical agent, and designers, manufacturers, importers, or suppliers of plant and machinery for workplace use.

The Physical Agents Regulations provide several measures to minimise and/or control health risks associated with exposure in the workplace. A 'physical agent' is defined as a "source of energy which may result in injury or disease after exposure and includes, but is not limited to, cold stress, heat stress, vibration, non-ionising radiation, and illumination". The Physical Agents Regulations introduce the concept of 'vulnerable employees', defined as "an employee who is at a higher risk of injury, disease or complications caused by exposure to a Physical Agent".

The Physical Agents Regulations require that a competent person conduct a documented risk assessment at least every two years. Thereafter, informed by the findings of the risk assessment, employers must implement a physical agent exposure monitoring programme, if the assessment indicates that employees may be exposed to a physical agent: i) at or above the occupational exposure limits set out in Tables 1 and 2; ii) at or above the guideline values in Table 3; or iii) outside the range for the guideline values in Table 3. This exposure monitoring programme must be conducted by a competent person.

Employees must be placed under a documented medical screening programme, where such a need is identified in the risk assessment or where the employee is a vulnerable employee. The appointed occupational medicine practitioner (OMP) must determine the need for medical screening and specify the screening requirements. Medical screening must be carried out by an OMP: *immediately before an employee commences employment*; and subsequently at intervals recommended by the OMP, but *not exceeding two years*. The OMP must inform the employer in writing of the outcome of an employee's health evaluation, where the outcome is normal. Exit medical screening must be carried out upon termination of an employee's employment, unless medical screening was conducted within six months prior to the termination date.

The employer must establish, implement, and maintain a documented system of medical surveillance, overseen by an OMP. Employees must provide written informed consent for their participation in the medical screening and medical surveillance programme.

The employer must ensure that exposure to a physical agent is eliminated, as far as is reasonably practicable. Where elimination is not reasonably practicable, the employer must reduce exposure to below the occupational exposure limits (OELs) set out in Tables 1 and 2, by implementing the hierarchy of control measures outlined in Regulation 15(2). These include engineering controls to eliminate or reduce exposure at the source; maintaining plant and machinery that generate a physical agent in good working order; administrative control measures to limit the number of persons exposed and the duration of exposure; and provision of suitable personal protective equipment (PPE) capable of reducing exposure. The employer must ensure that all control measures are properly and consistently used; maintained in an efficient state and in good working order, good repair, and clean condition; and reviewed for effectiveness through inspections and testing by a competent person at intervals not exceeding two years.

Employers must consult with health and safety representatives and/or the health and safety committee to inform them of the intention to conduct the required assessments, monitoring and surveillance, and must share the documented outcomes.

Instruction and training must be provided to employees, mandatories, and any other persons exposed to physical agents. Training must include both practical and theoretical knowledge of potential sources of exposure to physical agents; the associated risks to health and safety; existing control measures; precautionary measures employees must take to protect themselves from exposure; procedures for reporting and accessing risk assessments, monitoring results, and personal medical records. Refresher training must be conducted *annually*.

Records relating to training, risk assessments, action plans, monitoring, measurements, medical screening and surveillance, and the maintenance of control measures must be retained for 40 years. These records must be made available to the health and safety representative, health and safety committee, or an inspector.

Regarding specific physical agents

Cold stress/heat stress

Employers must eliminate cold or heat stress at the source, where reasonably practicable. If not reasonably practicable, and where exposure is at or below the OEL set out in Table 1, employers must implement minimum measures in Regulations 9(2), 10(2), and 10(3).

Illumination

Employers must ensure that workplace illumination accounts for illuminance values, glare, uniformity, flicker, and stroboscopic effects. Specialised illumination must be provided for hazardous or precision tasks. Requirements under Regulation 11 include:

- *maintaining illuminance* values in accordance with Tables 4 and 5 (interior workplaces) and Tables 6 and 7 (exterior workplaces)
- *eliminating or reducing* glare, flicker, and stroboscopic effects to preserve visual performance; and
- *providing* emergency illumination evacuation, in accordance with Regulations 11(5) and 11(6).

Employers must conduct an illumination measurement and monitoring programme at the workplace, where a risk assessment indicates that any employees may be exposed to substandard illumination, specifically: illumination below the minimum maintained average illuminance values set out in Tables 4, 5, 6, and 7; flicker; stroboscopic effect; or a need for specialised illumination for hazardous or precision tasks. The monitoring programme must be conducted by a competent person at a frequency determined by the physical agent exposure risk assessment, or at intervals not exceeding *two years*. Employers must consider the recommendations set out in the illumination measurement and monitoring report, and must develop a *documented action plan* for implementation.

Indoor air quality

Employers must ensure that the risk of exposure to hazardous biological, chemical, or physical agents affecting indoor air quality is eliminated at source, where reasonably practicable. If elimination is not reasonably practicable, employers must control indoor air quality to the guidance levels contemplated in Table 3. Artificial ventilation systems must be routinely tested by a competent person and maintained in accordance with OEM specifications. Monitoring must include air temperature, velocity, and relative humidity.

Vibration

Hand-arm or whole-body vibration must be eliminated at source. If this is not reasonably practicable, control measures must be reviewed to reduce exposure below the prescribed action levels. Employers must investigate alternative working methods, ensure that plant and machinery are designed to generate minimal vibration, and maintain them in proper working condition. The magnitude and duration of exposure must be limited. Detailed monitoring, and medical screening and surveillance, are required. Exposure monitoring must comply with SANS 2631 and be representative of actual employee exposure.

Occupational non-ionising radiation

Non-ionising radiation must be eliminated at source. Where this is not reasonably practicable, alternative working methods must be investigated, and plant or machinery that produces the least possible radiation must be used. The magnitude and duration of exposure must be limited. Suitable PPE must be issued and used. Required signage must be displayed, and monitoring must take into account the sources and type of occupational non-ionising radiation.

NOISE EXPOSURE REGULATIONS, 2024

The Noise Exposure Regulations, 2024 (new Noise Regulations) will repeal the Noise-Induced Hearing Loss Regulations, 2003, with effect from 6 September 2026. The new Noise Regulations apply to any employer at a workplace, where persons are exposed to continuous or impulse noise at, or above, either the noise-rating limit or the noise action level, where there is concurrent exposure to ototoxic chemical agents and/or whole-body vibration, and any designer, manufacturer, importer, or supplier of plant or machinery for use at a workplace.

Once in force, the new Noise Regulations will require employers to ensure that a competent person conducts a documented risk assessment every two years. If the risk assessment indicates that employees may be exposed to noise at, or above, the noise-rating limit or noise action level, the employer must implement a noise exposure monitoring programme. This programme must be carried out by an approved noise inspection authority at least every two years. Employers must ensure that exposure to noise is eliminated, as far as reasonably practicable. Where this is not reasonably practicable, exposure must be reduced to below the limits specified in Regulation 2, by implementing the hierarchy of control measures set out in Regulation 10(2). These include engineering control measures to eliminate or reduce exposure at source; keeping plant and machinery in good working order; and administrative controls to limit the number of persons exposed and the duration of exposure. The employer must also ensure that any control measure is fully and properly used; maintained in an efficient state and in good working order, good repair, and clean condition.


Where indicated by the risk assessment, or where an employee is a vulnerable employee, the employee must be placed under a documented medical screening programme. The appointed OMP must determine the necessity for, and requirements of, this screening. Medical screening must be carried out: immediately before the employee commences employment; at intervals determined by the OMP, not exceeding two years. The OMP must inform the employer in writing of the outcome of the employee's health evaluation, where the outcome is normal. Exit medical screening must be conducted at the termination of employment, unless the employee underwent screening within the previous six months. In addition, employers must implement audiometry for any employee who may be exposed to noise, or who is a vulnerable employee. Audiometric testing must be conducted by a competent person: audiometric testing, in accordance with the Code of Practice for Audiometry.

Noise zones must be identified and clearly demarcated. No person may enter or remain in these areas unless they are wearing effective hearing protective devices (HPDs) correctly. All employees must be issued with suitable HPDs.

Employers must consult with health and safety representatives and/or the health and safety committee to inform them of their intention to conduct the required assessments, training, monitoring, and surveillance, and to share documented outcomes.

Instruction and training must be provided to employees, mandatories, and any other persons exposed to noise. Training must include *practical and theoretical knowledge* on: potential sources of exposure to noise; associated health and safety risks; applicable control measures; personal precautions to reduce adverse effects of

exposure; and procedures for reporting and accessing risk assessments, monitoring results, and personal medical records. Training must be conducted by a competent person, with refresher training provided annually.

All records relating to training, risk assessments and action plans, monitoring, medical screening and surveillance, and maintenance of control measures must be kept for 40 years, and be readily available to the health and safety representative, health and safety committee, or an inspector. 


UPCOMING EVENTS

SOUTH AFRICA
SAIOH Annual Scientific Conference
Radisson Blu Hotel, Umhlanga, South Africa
20-23 October 2025
Website: <https://www.saioh.co.za/page/SAIOHConference2025>
e-mail: info@saioh.co.za

INTERNATIONAL
10th Occupational Environmental Exposure of Skin to Chemicals Conference (OEESC)
Park Inn by Radisson, Manchester, UK
14-16 September 2026
Website: <https://www.bohs.org/events-networking/>

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www.occhealth.co.za
'Upcoming Events'

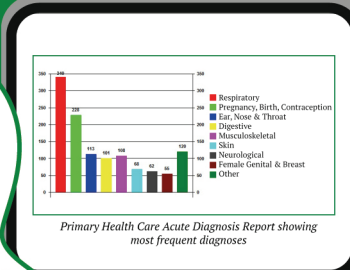
to see upcoming local and international OH events



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HANDBOOK

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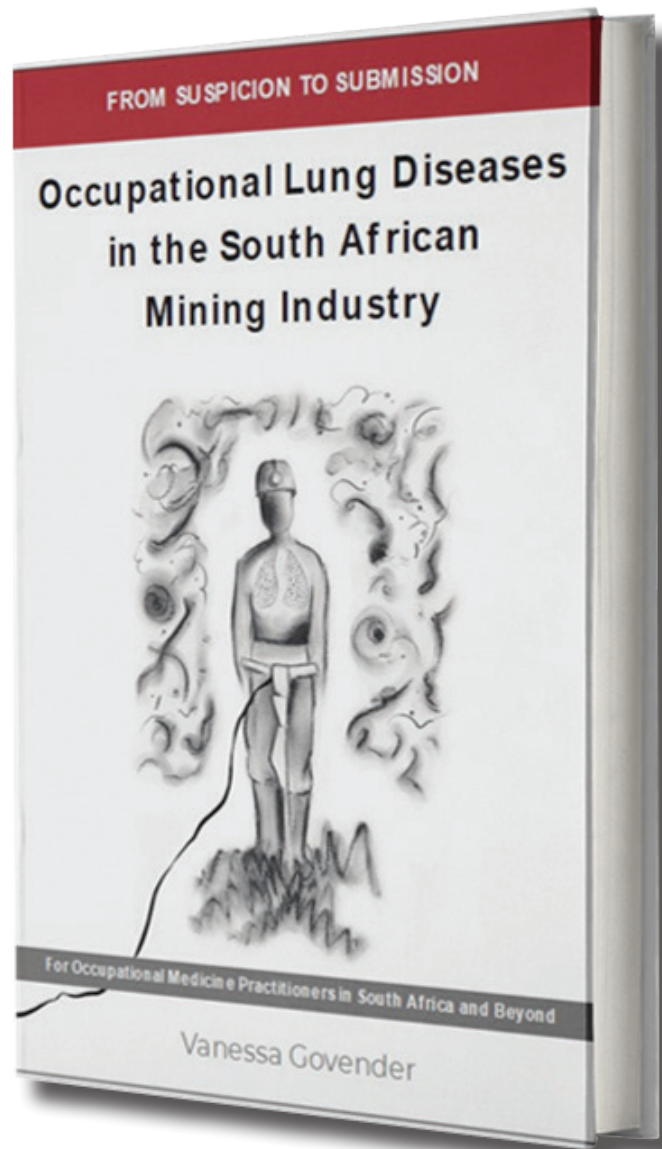
Simphiwe Mabhele – ILO Technical Advisor

This is an invaluable contribution to the understanding of occupational lung diseases, and to the care of workers who are at risk. The breadth of information contained within this easily carried handbook, and the user-friendly manner in which the information is set out, is a truly remarkable achievement. This is a goldmine of information that no occupational health practitioner, not only those directly involved in the care of workers at risk of occupational respiratory diseases (whether within mining or any other at-risk industry), can afford to be without.

Don Emby – Emeritus Chief Consultant Radiologist to the Minerals Council South Africa, Honorary Emeritus Member of the American Roentgen Ray Society, Honorary Life Member of the College of Radiologists of South Africa

With the rich history of internationally recognised scientific excellence in occupational lung disease that resides in South Africa, it is not surprising that an elegant handbook such as this one should have been written by a South African occupational medicine specialist. The benefit of this handbook will be realised not only in South Africa, but indeed beyond the country's borders. It is clearly a labour of love and the product of a desire to share knowledge, driven by the noble cause of prevention of occupational respiratory diseases.

Jack Parker, MD – Professor Emeritus of Medicine, Radiology, Public Health, Occupational & Environmental Health Sciences, West Virginia University, USA



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SASOM news

Claudina Nogueira: Occupational health consultant; SASOM ExCo member; ICOH National Secretary for South Africa (2024–2027); WHWB President (2024–2025)

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DoEL HOSTS A COIDA SCHEDULE 3 REVIEW WORKSHOP

The Department of Employment and Labour (DoEL), through the Compensation Fund (CF), hosted a Compensation for Occupational Injuries and Diseases Act (COIDA) Schedule 3 Review Workshop at the Birchwood Hotel and OR Tambo Conference Centre, on 7 and 8 February 2025. Medical practitioners, academics, employer groups, and representatives from organised labour, government agencies, and medical associations were invited to attend. Claudina Nogueira, ExCo member of the South African Society of Occupational Medicine (SASOM), attended the workshop, representing SASOM and the Southern African Institute for Occupational Hygiene (SAIOH).

Dr Nandipa Kahla was programme director, and Julian Soupen, Chief Director: COID, delivered the welcome note. The objectives of the workshop were presented by Dr Lebo Motsepe, Director: Medical Benefits. The workshop was held to finalise work that started in 2023, when a committee of medical officers and legal representatives was formed to review the Schedule 3 list of occupational diseases (and/or associated exposures), with the objective of aligning it with the International Labour Organization (ILO) listing. The amended list was approved and gazetted by the Minister of Employment and Labour. This workshop brought together sector representatives to discuss the updated list and to obtain insight from academia before implementation, which must be aligned with South African legislation, viz. the Constitution and the COIDA.

Dr Lucas Mosidi, Head of Medical Management at Rand Mutual Assurance (RMA) and member of the Schedule 3 Review Committee, provided the background and historical context of the ILO list, particularly the ILO Conventions. South Africa was an ILO member state from inception of the ILO (1919) to 1966, and has again been a member since 1994. The main ILO objective is to advance economic and social justice by establishing international labour standards. Since inception, it has concerned itself with workplace diseases, starting with lead poisoning and anthrax exposure in 1919. Over the years, the ILO has added more conditions and agents to the list, e.g. radium, silicosis, arsenic, benzene, and others. The tools developed by the ILO are the 'conventions' (which are binding and, once ratified, become law in the respective member states) and the 'recommendations' (which are guidelines and therefore not binding). As a direct result of industrial development and advances in medical and occupational health services, the ILO has continuously revised its list of occupational diseases to reflect current knowledge. The objective of the list is to prevent and compensate occupational disease; the most recent revision was undertaken in 2020. This

includes a process of revision, a tripartite consensus mechanism, and adoption and implementation through a 'convention' (requiring a parliamentary process) or 'recommendation' in the respective ILO member states. The list is maintained by continuous reviews by the ILO and its member states, which make proposals for inclusion of 'new' diseases or agents, based on their workforce demographics; not all proposed diseases/agents are added to the list. A two-thirds majority is required for any occupational disease to be included. Member states that ratify the list are obliged to implement it within one year of ratification. Member states have the right to expand their lists based on proven scientific criteria developed by the ILO Secretariat. When the list is developed through an autonomous recommendation and not a convention, member states can apply the list in a discretionary way.

Prof. Mohamed Jeebhay, Head of Occupational Medicine at the University of Cape Town (UCT) and member of the Schedule 3 Review Committee, spoke about the relationship between Schedule 3 and the ILO list of occupational diseases, as well as 'new' and 'other' conditions. He gave examples of exposures omitted from both the ILO and COIDA lists, and discussed whether non-listed diseases could be categorised as 'other'. Diseases caused by exposures to chemical agents should be aligned with the agents included in the Hazardous Chemical Agents (HCA) Regulations, e.g. formaldehyde and silica; diseases caused by exposures to biological agents, infections, or parasites should be aligned with the agents in the Hazardous Biological Agents (HBA) Regulations, e.g. malaria, and fungal infections of nails (in wet work). Occupational cancers form too large a category, so listing of all carcinogenic agents in workplaces is not possible. Instead, a proposal should be considered to adopt the International Agency for Research on Cancer (IARC) Class 1 Carcinogens, itself a dynamic list. Overall, there must be alignment between the ILO/COID Schedule 3 list of occupational diseases and the tenth and eleventh revisions of the International Classification of Disease (ICD) codes of the World Health Organization (WHO): ICD 10 and ICD 11, respectively. Linking disease and exposure codes will facilitate the collection of more comprehensive information for monitoring trends in occupational disease.

Prof. Rajen Naidoo, Head of Occupational and Environmental Health at the University of KwaZulu-Natal (UKZN), provided guidance on the new guidelines in respect of the amended ILO list of occupational diseases and challenges that can be anticipated. Current COIDA prescripts are clear, with good definitions of occupational disease and inclusion of a presumptive clause. The latter, specifically Section 66 of the COIDA, establishes a presumption that an

occupational disease arose out of, and in the course of, employment if an employee contracted a disease listed in Schedule 3, and was employed in work related to that disease. This presumption can shift the burden of proof to the employer to demonstrate that the disease did not arise from the employment. However, there is a fundamental change, viz. specific disease with a specific exposure. Hence, Section 66 becomes very 'open' with a presumptive clause that ensures one does not have to go through a legal process to prove that a disease is work-related and, therefore, compensable. However, there is a burden to stakeholders when it comes to deciding on disease causation, as it remains unclear who makes the call – the CF panel, the worker, or the employer? A structured approach is required to decide about causation; the definition of disease is clearly outlined in Annex A of COIDA. A stepwise approach should be used when diagnosing occupational disease. Factors that must be considered include identification and dose of workplace exposure, a proven link between exposure and disease, and any mitigating factors and/or differential diagnoses. The 'ILO Guidance Note (2022) – Diagnosis and exposure criteria for occupational disease' serves as a guideline for stakeholders by outlining the criteria for diagnosing and identifying occupational diseases, and includes: 1) characteristics of the causal agent, 2) associated occupational exposures, 3) toxicological profile of the agent, 4) short description of the disease, and 5) diagnostic criteria. Prof. Naidoo made some recommendations, including: 1) revising the definition of 'work' because, in South Africa, the non-traditional work environment is not considered when it comes to compensable disease lists; 2) anticipating new hazards, risks, and emerging occupational diseases must be considered along the full value chains of new industries, e.g. the solar energy sector; 3) including the entertainment and sports sectors in the work compensation realm, e.g. musculoskeletal disorders and vocal cord damage of musicians, and injuries of professional sportsmen.

Milly Ruiters, Chief Inspector of the DoEL, presented 'The Occupational Health and Safety (OHS) Act and occupational disease', highlighting the many challenges experienced in terms of compensation. The Department makes use of ILO statistics, which focus on the most hazardous work sectors, such as agriculture. Non-compliance of OHS regulations in South Africa leads to injuries, diseases, morbidity, and mortality. Per quarter, the Inspectorate conducts almost 30 000 inspections and risk-based assessments. A significant number of employers are not registered with COIDA and do not pay any financial levies. This leads to considerable under-reporting, as employers who are not compliant will not report injuries or diseases. For every rand spent on direct costs of workers' injury and illness, much more is spent to cover the indirect and hidden health costs.

The DoEL launched its OHS Strategy and Objectives (2024–2029) in October 2024, and public comments were considered before finalising the document. The Hazardous Physical Agents (HPA) Regulations were signed off by the Minister of Employment and Labour in February 2025, with a strong focus on the impacts of climate change on workers' health, e.g. cold and heat stresses. Non-ionising radiation and exposure to noise are also included in the regulations, guided by the principle of prevention and with a strong focus on hearing conservation programmes. There is a minor amendment to the general safety regulations, which speaks to risk assessment, and imparts more power to the Inspectorate. The OHS Strategy and Objectives can be summarised as follows:

- Coherent and effective legislation and policy, proactive measures, awareness, and enforcement of OHS standards,
- Promotion of a culture of safety in the workplace by fostering active participation of employers, employees, and other OHS stakeholders,
- Strengthened legal frameworks and compliance,
- Enhanced capacity and skills of OHS stakeholders, and
- Strategic information obtained from proactive research and data collection.

The most frequent occupational diseases notified to the DoEL, although very under-reported, are related to hearing loss, ergonomics, and lung disease.

The afternoon session was dedicated to breakaway discussions and reports from each group. Take-home messages were derived from the group discussions led by Prof. Mohamed Jeebhay, Dr Mpume Ndaba from the National Institute for Occupational Health, and Dr Manthoba Lekalakala from the DoEL. Several are listed below:

- Mental and behavioural disorders should be included under 'other diseases' in the Schedule.
- A new section needs to be added to include disorders of the reproductive system, specifically those associated with occupational exposures (which need to be specified). Examples are infertility, miscarriages, and congenital abnormalities. Treatment modalities for these conditions need to be specifically described, and treatment costs need to be capped by the CF.
- Tuberculosis (TB) is covered under two sections, viz. infections (pulmonary and extra-pulmonary TB), and in the circular instructions that cover exposures in healthcare workers and silica-exposed workers.
- Silica needs to be added as an exposure. Silicosis is a lung disease resulting from the inhalation of respirable crystalline silica dust. However, silica exposure can also affect other organ systems to cause renal diseases like nephrotic syndrome, and autoimmune disorders like systemic sclerosis (scleroderma), rheumatoid arthritis, and lupus.
- Malaria must be included under biological/infectious agent-borne diseases, but requires a specific guideline to establish occupational exposure. Hazardous biological agents, like *Plasmodium* parasites that cause malaria and the SARS-CoV-2 virus that causes COVID-19, need to be aligned with the HBA Regulations.
- Occupational cancers should be covered by a 'catch-all' phrase such as, "as described by the IARC as Group 1 Carcinogens". Forty-seven carcinogens from the IARC list should be included, but some may need to be added – on a case-by-case basis – following in-depth research, analysis, and toxicological information.
- The definition of chronic obstructive pulmonary disease (COPD) needs to be expanded, and chronic bronchitis should be included as a respiratory disorder.
- Some emerging and re-emerging conditions are linked to occupational exposures. There needs to be a high level of suspicion for a certain exposure believed to cause disease to be added to the list.
- Chemical agents such as silica and formaldehyde need to be aligned with the HCA Regulations.
- Physical agents like heat, cold, and non-ionising radiation need to be aligned with the HPA Regulations. Climate change brings its own complex set of health impacts.
- Diagnostic criteria need to be defined comprehensively, as do company data like duration of exposure. In addition, delayed symptoms (latent effects) can make it challenging to link the

illness to the specific occupational exposure, complicating diagnosis and compensation processes.

- It is important to consider the available human expertise and other resources within the country, which should be shared across different medical expert panels.
- Legally, timeframes are important. It has taken more than 20 years to update Schedule 3 to its current format; review processes will be required more frequently and at regular intervals.
- Both voluntary and statutory methods of reporting occupational disease are not optimal as evidenced by under-reporting – less than one percent of occupational disease is reported. There needs to be a way to triangulate the data collected by various facilities and entities, and analyse them as 'big data'.
- Voluntary reporting systems may work better where there is an existing culture of reporting, and the trust between employers and employees.
- Statutory reporting tends to be more effective in countries where there is a high risk of under-reporting, or where repercussions are feared if diseases are reported.
- There is a reporting culture in the automotive industry, which is worth investigating to develop a model for reporting occupational disease across all industries.
- There should be a dedicated e-mail address for communication with the Office of the Chief Inspector; submitting an occupational disease incident form (W.As.2 – registration of an employer with the CF) may not be an efficient reporting mechanism.
- Increasing the reporting of occupational disease requires a combination of awareness, incentives, and efficient systems (e.g. ease of reporting, streamlining of the compensation processes), to encourage both employers and medical doctors to report occupational disease incidents.
- Employers should be informed about their legal obligations and be responsible for inculcating a reporting culture in their health and safety programmes.
- Workers must be educated about the importance of reporting occupational disease and the benefits of timely reporting, such as access to healthcare and compensation.

- In terms of monitoring and enforcement, data transparency is crucial; occupational disease data should be made publicly available, to promote awareness and track trends.

Key messages for formulating guidelines for the COID are:

- The workshop participants made good progress in terms of the list of diseases, with some consensus on which diseases should be added.
- The list must be a dynamic and living document, and must remain current.
- There is good guidance from the ILO on how to diagnose disease and adjudicate cases for compensation. The ILO list must include both exposure and disease codes; there must be alignment between the ILO and the COID lists.

The outcomes from the first day of the workshop will assist the CF with the processes of adjudication and compensation. The Chief Director of COID is expecting to receive an increased number of claims, with the associated financial impacts. A major consideration is the impending National Health Insurance (NHI) Act, which will impact what funds will be made available to the CF.

The second day was dedicated to inputs from members of academia and medical associations, and discussions around draft guidelines for mental and behavioural health, and respiratory, skin, and musculoskeletal diseases.

NEWS FROM THE GLOBAL OCCUPATIONAL HEALTH ARENA

WHWB presence at the AIHA Connect 2025 in Kansas City, USA, 16–22 May 2025

Workplace Health Without Borders (WHWB)-International hosted a meeting at the American Industrial Hygiene Association (AIHA) Connect 2025 in Kansas City, Missouri, USA, on 19 May to raise awareness of its activities and those of its branches in Australia, the UK, and the USA. WHWB and its branches are non-profit organisations, dedicated to promoting occupational health around the world. Several WHWB members participated as session organisers, moderators, or speakers at the event.



Come one, come all – WHWB meeting at AIHA Connect 2025

L to R standing: Sa Liu (USA), Mark Wilson (USA), Nicole Greeson (USA, President of AIHA), and Bert Schiller (USA)

L to R seated: Rebecca Seevers (USA, Coordinator of WHWB-International Online Training), Sashikala Chandrasekar (India), Jennifer Galvin (USA, Past President of WHWB-International and Chair of the WHWB Training Committee), Jason Green (Australia, President of WHWB-Australia), and Sheila Bubka (USA, Sound Environmental Associates NY)

Absent: Steven Verpaele (Belgium, Past WHWB Board member)

Photograph: Cheryl Schiller (WHWB-US)

News from ICOH

The next international congress of the International Commission on Occupational Health (ICOH), the 35th International Congress on Occupational Health (ICOH2027), will be held in Mumbai, India, from 14 to 19 February 2027, with the theme, *Occupational Health, Safety, and Environment – Growth and Sustainability in Changing Times*. The first announcement of the ICOH2027 Congress has been published: https://www.icohweb.org/site/multimedia/events/pdf/ICOH%202027%20FIRST%20ANNOUNCEMENT_hyperlinked.pdf.

Update on the ICOH webinar series

Following the successful launch of this new initiative in October 2024, webinars have been offered free of charge to ICOH members, who can register on the ICOH website to participate. The recordings of the webinars become available within a couple of months in the restricted area (member zone) of the ICOH website, for access on demand. The webinars that have been offered through to the end of June 2025 are as follows:

- o Webinar 1 (21 October 2024) – Connection from occupational practice to research and global evidence: an ICOH webinar for practitioners
- o Webinar 2 (14 January 2025) – Emergencies in occupational medicine
- o Webinar 3 (17 April 2025) – Human biomonitoring: applications in occupational exposure assessment
- o Webinar 4 (14 May 2025) – Wildfires and occupational health of firefighters
- o Webinar 5 (26 June 2025) – *Le monde de la santé au travail francophone* (French) [The French-speaking world of occupational health]

Support for NIOSH, USA

ICOH, the International Ergonomics Association (IEA), and the Collegium Ramazzini, representing their individual and collective members from more than 100 countries, joined forces to express grave concern about the perturbing news of massive layoffs of staff from the National Institute of Occupational Safety and Health (NIOSH, USA) – employees, research scientists, and leadership – and the closure of NIOSH offices, infrastructure, and programmes. The joint statement on the crucial role of NIOSH for workers' health, globally, over many decades, is accessible at: <https://www.icohweb.org/site/multimedia/news/pdf/Joint%20ICOH%20IEA%20CR%20statement%20for%20NIOSH.pdf>

NEWS FROM THE SASOM NATIONAL OFFICE

ICOH survey on occupational biohazards post-COVID-19

The SASOM National Office and the ICOH National Secretary (NS) for South Africa, Claudina Nogueira, contributed to a survey on occupational biohazards post-COVID-19. The ICOH President, Dr Seong Kyu-Kang, endorsed the survey being undertaken by the ICOH Scientific Committee on Biohazards and Occupational Health (SC BOH), and the ICOH Vice President for NSs, Dr Shyam Pingle, supports the initiative. The aim of the SC BOH survey is to identify the current surveillance, reporting mechanisms, and management of occupational biohazards, and any additional information, on the priority occupational biohazards and groups of exposed workers in ICOH member countries. SC BOH has requested assistance from the ICOH NSs to obtain relevant information on both occupational infectious and non-infectious diseases caused by biological agents from ICOH member countries, which are estimated to represent a sizeable portion of the global workforce.

SASOM – monthly CPD meetings and proposed topics for Q3 and Q4 of 2025


Date	Topics	Responsibility
July	Mid-year holidays	-
12 August	Designing a medical surveillance programme (from HIRA to OREPs) (TBC)	Haidee Williams SASOM Western Cape Chapter
29 August 14:00–18:00	SASOM national Webinar 2 Theme: <i>Occupational health of informal and migrant workers</i> 1. Save the date – First International Conference of the Global Coalition on Informal Workers' Health and Wellbeing (GCIW) 2. Panel – Perspectives on informal and migrant work from founding member organisations of GCIW – ICOH, IEA, IOHA	SASOM National Office + GCIW + ICOH + IEA + IOHA
2 September	SASOM ExCo meeting	
9 September	Occupational health issues in diving/ionising radiation	Jack Meintjes SASOM Western Cape Chapter
14 October	1. Workplace respiratory protection programme – 'An occupational hygiene perspective' 2. Respirator fit testing (NIOH – TBC)	Paul Neal SASOM Western Cape Chapter
11 November	Integrating OHS and Employee Wellness activities (TBC)	Charlotte Kasiringua, Tapiwa Muhamba, Yumna Williams-Mohamed SASOM Western Cape Chapter
14 November	SASOM ExCo meeting	
14–15 November (full day) Venue: Pretoria (TBC)	SASOM AGM and Conference/Academic Day – hybrid Themes: 1. <i>Occupational health of informal and migrant workers – identifying and addressing gaps with the assistance of Artificial Intelligence</i> 2. <i>Countdown and update – First International Conference of the Global Coalition on Informal Workers' Health and Wellbeing (GCIW)</i>	SASOM National Office in collaboration with GCIW, IEA, ESSA, University of Pretoria, University of Stellenbosch
December	Year-end holidays	-

CPD: continuing professional development, ESSA: Ergonomics Society of South Africa, GCIW: Global Coalition on Informal Workers' Health and Wellbeing, HIRA: hazard identification and risk assessment, ICOH: International Commission on Occupational Health, IEA: International Ergonomics Association, IOHA: International Occupational Hygiene Association, NIOH: National Institute for Occupational Health (South Africa), OREP: occupational risk exposure profile, SASOM: South African Society of Occupational Medicine, TBC: to be confirmed

A previous survey by the (then) ICOH Working Group on Occupational Infectious Agents (WG OIA, the precursor to SC BOH), covering occupational infectious diseases in 2017, elicited responses from 74% of the ICOH NSs. The SC BOH hopes to get a high response rate to assess any changes after the COVID-19 pandemic, which raised the global profile of occupational biohazards and led to the formation of SC BOH.

Update on recent technical issues and service enhancements

SASOM extends its sincere appreciation to members for their continued patience and support as the Society resolves technical and operational challenges that affected service delivery and response times from December 2024 through the first half of 2025.

During this period, some members experienced difficulties accessing the digital platform to renew their annual memberships, and prospective members were unable to submit online applications. Several corrective actions have been implemented to improve communication channels and overall service efficiency. In recognition of the inconvenience caused and as a gesture of goodwill to rebuild trust, SASOM is offering a once-off 50% discount on the 2025 membership fee to new members applying for the first time. Members who join under this offer will be required to pay the full membership fee for 2026. SASOM remains committed to improving its systems and services and is grateful for the continued trust and understanding of its members. For more information, please visit www.sasom.org and note the updated contact e-mail address for the SASOM National Office: office@sasom.org 

SAIOH news

The Southern African Institute for Occupational Hygiene (SAIOH) remains steadfast in its dedication to its members and the ongoing advancement of the occupational hygiene profession. In pursuit of this commitment, we regularly provide updates and share key developments with our community. SAIOH flourishes through the active participation and ethical contributions of its members, whose engagement continues to shape the field. To further strengthen our collective efforts, we welcome and encourage feedback on the topics covered in this edition of the Journal.

SAIOH PRESIDENT'S ADDRESS

Karen du Preez: SAIOH President
e-mail: president@saioh.co.za



Karen du Preez
Photograph: courtesy of SAIOH

With winter fast approaching and temperatures dropping, the risk of cold stress will be assessed at many workplaces.

Consider all risks when assessing cold stress this winter

The Occupational Health and Safety Act and the Mine Health and Safety Act require that employers identify all hazards that can affect the health and safety of employees at the workplace, assess the risk(s) associated with each hazard, and implement suitable control measures to protect the health and safety of employees.^{1,2}

Workers who are required to work in cold environments for extended periods may be at risk of experiencing cold stress. Core body temperature is maintained at approximately 37 °C through thermoregulation, which is achieved through a combination of physiological responses, e.g. vasoconstriction and shivering, and change in behaviour.^{3,4} When workers are exposed to cold environments without sufficient clothing or measures to prevent or limit heat loss, the core body temperature can decrease. This can trigger physiological responses and behavioural change, which can include dressing warmer, seeking shelter, or making fires in cold ambient conditions. Where work is performed outdoors, the equivalent chill temperature (ECT), which takes both dry-bulb temperature and air velocity into account, should be assessed, as this will significantly influence the perceived temperature.⁵

Carbon monoxide (CO) is a by-product of incomplete combustion of any carbon-containing materials such as wood or fossil fuels, which are often used to make fires. Combustion in areas that are poorly

ventilated, such as indoor or enclosed environments, may cause accumulation of CO, which is an asphyxiant. It displaces oxygen in the blood and inhalation of high concentrations can lead to loss of consciousness and can be fatal.⁶⁻⁸ Symptoms of CO poisoning include weakness, headache, dizziness, and confusion. People who fall asleep in enclosed or semi-enclosed areas, where carbon-containing materials are burned to provide heat, can perish without experiencing symptoms.^{6,7}

When assessing the risk of cold stress, CO poisoning should also be considered. Where employees are required to work in cold environments, the requirements of the Environmental Regulations for Workplaces (ERW) should be followed, which include provision of shelter and clothing with adequate insulation.⁹ The ERW will soon be replaced by the recently promulgated Physical Agents Regulations (PAR), which will come into effect on 6 September 2026.¹⁰ Employees should be suitably trained and instructed to ensure they are well informed about the risks associated with exposure to cold environments and the control measures that should be implemented to prevent this. The risk of CO poisoning extends to the community, and employees should be encouraged to share information regarding this risk at home and in their communities to help prevent avoidable fatalities.

REFERENCES

1. South Africa. Occupational Health and Safety Act, 1993 (Act No. 85 of 1993), as amended by the Occupational Health and Safety Amendment Act, 1993 (Act No. 181 of 1993).
2. South Africa. Mine Health and Safety Act, 1996 (Act No. 29 of 1996).
3. OHTA502 – Thermal environment. Bathgate: Occupational Hygiene Training Association; 2023. Available from: <https://ohtatraining.org/students/fmanuals/manuals/ohta502/> (accessed 4 June 2025).
4. Larranaga MD. Applied physiology of thermoregulation and exposure control. In: Anna DH, editor. The Occupational Environment: Its Evaluation, Control, and Management Vol. 2. 3rd ed. Virginia: American Industrial Hygiene Association; 2011. p. 890-917.
5. Kielblock J. Thermal environment. In: Stanton DW, Kielblock J, Schoeman JJ, Johnston JR. MHSC Handbook on Mine Occupational Hygiene Measurements. Braamfontein: Mine Health and Safety Council; 2017. p. 213-236.
6. United States. Centers for Disease Control and Prevention. Carbon monoxide poisoning basics; 2024. Available from: <https://www.cdc.gov/carbon-monoxide/about/index.html> (accessed 4 June 2025).
7. United States. Centers for Disease Control and Prevention. National Institute for Occupational Safety and Health. Workplace carbon monoxide hazards; 2024. Available from: <https://www.cdc.gov/niosh/carbon-monoxide/about/index.html> (accessed 4 June 2025).
8. OHTA201 – Basic principles in occupational hygiene. Bathgate: Occupational Hygiene Training Association; 2023. Available from: <https://ohtatraining.org/students/fmanuals/manuals/ohta201/> (accessed 4 June 2025).
9. South Africa. 1987. Machinery and Occupational Safety Act, 1983 (Act No. 6 of 1983). Regulations: Environmental Regulations for Workplaces. Government Gazette No. 10988 16 October (Published under Government Notice R2281).
10. South Africa. 2025. Occupational Health and Safety Act, 1993 (Act No. 85 of 1993). Regulations: Physical Agents Regulations, 2024. Government Gazette No. 52226 6 March (Published under Government Notice 5952).

NATIONAL COUNCIL FEEDBACK

Karen du Preez: SAIOH President

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Karen du Preez, SAIOH's newly appointed President, and Prof. Cas Badenhorst, the new Vice-president, have seamlessly transitioned into their roles, with Cas also assuming the responsibilities of SAIOH Treasurer.

During the first five months of 2025, SAIOH management actively engaged in several key meetings. The SAIOH Strategic Session and the first Council meeting were held in a hybrid format on 26 and 27 February 2025 at the SAIOH Offices in Broadacres; 12 Council members participated. On 16 April 2025, the second Management Board meeting was conducted online.

Recent engagements and key updates

- SAIOH management has actively participated in various important meetings and discussions over the past months.
- Impromptu Zoom and MS Teams sessions were held with the conference organising and planning committee to ensure smooth coordination for the SAIOH 2025 Annual Scientific Conference.
- In March 2025, the Department of Employment and Labour promulgated the new Noise Exposure and Physical Agents Regulations, which were officially launched on 11 April 2025.
- On 19 March 2025, SAIOH, the Department of Employment and Labour, and the Occupational Hygiene Approved Inspection Authorities (OH AIA) Association convened a meeting at the SAIOH offices.
- Several members of the SAIOH management team participated in the OH AIA Association meeting on 21 February 2025, where SAIOH information about activities was shared. Another OH AIA Association meeting was held on 23 May 2025.
- On 16 May 2025, SAIOH management attended the South African National Accreditation System's Occupational Hygiene Specialist Technical Committee (OH STC) meeting. Plans for a special meeting to review the new Department of Employment and Labour OH AIA report formats were discussed. Currently, 57 OH AIAs are accredited, with six new applicants.
- The SAIOH administration team held a hybrid meeting on 19 March 2025 at the SAIOH offices. Staff meetings are held on a six-week cycle, with another meeting held on 28 May 2025.

SAIOH strategic plan

The SAIOH five-year strategic plan is led by Jaco Pieterse, who is guiding its implementation. Matters arising, key targets, and progress evaluations are reviewed regularly during the monthly SAIOH Management Board meetings and the quarterly Council sessions.

Ethics

The legal review of the SAIOH Ethics Policy and Procedures has been successfully completed by NGO Law. A draft of the document has been distributed to SAIOH management for review, with a meeting scheduled for June to finalise this critical framework. The

implementation of the ethics policy remains a priority initiative to facilitate the commencement of the Ethics Committee's work, as the ethics plan is an integral SAIOH strategic objective (#3).

The requirement for all SAIOH-certified members to complete an appropriate occupational hygiene ethics training course remains mandatory.

SAIOH has partnered with North-West University (NWU) to develop a dedicated ethics course, tailored to ethics in occupational hygiene. Several online meetings have been conducted to finalise a Memorandum of Understanding between SAIOH and NWU, and it is awaiting review and approval by the Management Board.

SAIOH branch activities and engagements

SAIOH continues to engage actively across its branches, with a series of successful meetings and workshops held in recent months.

- On 26 February 2025, following the Strategic Session, SAIOH Council Coordinator, Yvette Greeff, organised a productive hybrid branch workshop, attended by 12 participants.
- The Gauteng Branch convened its first meeting on 7 March 2025, drawing an exceptional attendance of more than 165 participants online, which exceeded the capacity of SAIOH's Zoom platform and caused technical difficulties. Presentations included Jeff Moredock's insightful discussion on ISO 23875 (Indoor air quality in enclosed environments), alongside a Professional Certification Committee (PCC) certification system and continuing professional development (CPD) overview, presented by Lee Doolan and Deon Jansen van Vuuren.
- The Gauteng Branch hosted its second meeting and workshop on 9 May 2025 – an in-person event at Dräger's offices in Midrand. Dräger contributed to the event's success by sponsoring gifts, raffle prizes, name tags, venue costs, and a well-curated lunch. The programme featured three impactful presentations, and three specialised 15-minute workshops focused on respiratory protection, effects of gas inhalation, filter efficiency assessments, breathing resistance evaluations, and workplace gas measurement systems. Despite the many registrations, attendance fell short, with only 31 of the 76 registered members participating.
- The KwaZulu-Natal (KZN) Branch conducted an engaging online meeting on 12 March 2025, attended by 128 participants. Presentations included:
 - o Strategies for occupational health practitioners (OHPs) in assessing workplace health hazards
 - o Implementation of hazardous chemical agent (HCA) programmes
 - o Medical surveillance protocols for HCAsThe event featured a diverse panel of speakers, including SAIOH members and international experts such as Harold Gaze, Paul Muchemi, Dr Ivan Niranjani, Olinda Iannido, and Dr Okullo R Obako.
- The Western Cape Branch hosted a successful in-person meeting on 14 March 2025 at the Tygerberg Nature Reserve. Lesiba Joy Kekana of the U-Mask training division gave a presentation on personal protective equipment. The third Western Cape Branch meeting took place on 23 May 2025.
- Unfortunately, Central (Free State), Northern Cape, and Mpumalanga Branches, and the Zululand Discussion Group remain inactive. SAIOH remains committed to professional development within the occupational hygiene community, through these branch-level initiatives.

SAIOH 2025 Annual Scientific Conference

The first planning meeting for the SAIOH Annual Conference took place in November 2024, during which the venue and theme were finalised, a dedicated webpage was created, and initial notifications, including the call for abstracts, were sent to all members and stakeholders. The Conference Organising and Technical Committee has held multiple meetings since November 2024.

As in previous years, the conference will be hosted in a hybrid format, allowing both in-person attendance and online participation via live streaming.

The development of the conference programme is underway, thanks to Prof. Cas Badenhorst, and the conference will commence on Monday, 20 October 2025, with two consecutive four-hour Professional Development Courses (PDCs). On Tuesday, 21 October, four additional PDCs will take place – bringing the total to six specialised PDCs. The SAIOH Council meeting is scheduled for the afternoon of 21 October. The conference will officially begin on 22 October 2025; keynote speakers have already been invited. The call for abstracts has been circulated multiple times to ensure broad participation.

On the afternoon of 22 October, the Annual General Meeting (AGM) will take place, followed by the highly anticipated Gala Dinner. The second official day of the conference will be 23 October 2025. As always, SAIOH remains committed to delivering an engaging and insightful 2025 conference experience.



New additions

- A full-day Advanced Cab Theory Workshop (ACTW) on indoor air quality (IAQ) in enclosed environments, using the simulator cab is in development for Friday, 24 October 2025, the day following the conference. This workshop will be organised by Jeff Moredock of Sy-Klone.
- Discussions are underway for the 2026 SAIOH Annual Conference.

International Occupational Hygiene Association Board, the National Accreditation Recognition Committee, and Occupational Hygiene Training Association feedback

The Occupational Hygiene Training Association (OHTA) and the International Occupational Hygiene Association (IOHA) continue to publish their newsletters, with links e-mailed to all SAIOH members and posted on the SAIOH website: www.saioh.co.za. Members can also access OHTA resources via www.ohtatraining.org.

SAIOH's newly appointed representative on the IOHA Board, Corlia Peens, has actively participated in IOHA Board and National Accreditation Recognition Committee (NARC) meetings this year, ensuring strong engagement and representation for SAIOH. The latest IOHA Board meeting took place on 24 May 2025 in New Zealand as a hybrid event.

An Occupational Hygiene Training Association (OHTA) feedback session was held on 18 February 2025 for approved training providers in southern Africa. SAIOH's OHTA representative, Peter-John Jacobs, provided valuable feedback.

Key updates

- The American Industrial Hygiene Association (AIHA) has introduced a mentorship programme at a cost of 25 USD per participant, with a special rate of 10 USD for students.
- Effective January 2025, OHTA exam fees will be 100 GBP or 125 USD per exam.
- A new pathway to the Board of Global Credentialing's (BGC's) Certified Industrial Hygienist (CIH) credential has been introduced for individuals holding the OHTA-Intermediate Certification (OHTA-ICert) qualification. Candidates must have a four-year bachelor's degree, have completed occupational hygiene courses (OHTA-ICert), and have a minimum of five years of full-time occupational hygiene experience to qualify for the CIH exam. For experience requirements, see <https://gobgc.org/updated-applicant-ci-h-handbook/>.

Excellent news

OHTA has awarded the OHTA-ICert qualification to several members, including Delvin Govender (South Africa), Sinah Seake (Botswana), and Palesa Makepe (Lesotho). This is a significant achievement for southern Africa and these SAIOH members!

SAIOH Technical Committee feedback

The SAIOH Technical Committee's research on welding fumes – specifically the measurement and analysis thereof – has been spearheaded by Dr Ivan Niranjani, SAIOH's Technical Portfolio Coordinator. A resolute sub-committee, comprising members from SAIOH and the OH AIA Association, has already convened to develop a comprehensive technical and position paper on this critical topic. The final position paper is expected to be completed later this year.

A second technical committee has been actively working on the development of technical procedures and a SAIOH position paper on heat stress management. Key partnerships are underway with the Council for Scientific and Industrial Research (CSIR) and Dr Johan Kielblock to ensure that the necessary research is conducted. The completion deadline is this year. This initiative has two objectives: to develop a technical paper, and to enable SAIOH to provide well-founded proposals to enhance the promulgated Physical Agents Regulations, which will replace the Environmental Regulations for Workplaces.

Wessel van Wyk, the former SAIOH Technical Coordinator, continues to contribute to a position paper on real-time monitoring. Once approved by the SAIOH PCC ExCo and the Technical Committee, this paper will be shared with all SAIOH members and stakeholders.

Under the leadership of Naadiya Mundy, SAIOH has launched a technical sub-committee focused on developing procedures and guidelines to assist occupational hygiene practitioners with ergonomic risk assessments. The first meeting of this sub-committee was held on 17 April 2025.

New SAIOH website

The SAIOH administration team, led by Naadiya Mundy and Kate Smart, is actively working on populating the new SAIOH website, ensuring that it is a comprehensive resource for members. We look forward to launching the new website soon and delivering an improved and streamlined platform for the SAIOH community. The Quality Management System (QMS), including the PCC Assessment procedures, is already accessible on the SAIOH website, providing essential guidance and documentation.

SAIOH publications and engagements

SAIOH continues to keep its members informed through its newsletter and President's Page, published in two electronic media:

- *Occupational Health Southern Africa* (OHSA) journal
- *African Occupational Safety and Health* (A-OS&H) magazine

The journal is published quarterly, while the magazine is released every two months. Links to both publications are shared with all members via Mailchimp and are also accessible on the SAIOH website (www.saioh.co.za).

In addition, the OHTA *Global Link* (March 2025) and IOHA *Global Exposure Manager* (GEM) (April 2025) newsletters have been posted on the SAIOH website and circulated to members via Mailchimp. Notably, Naadiya Mundy's OH Comix was featured in the January–March 2025 issue of GEM.

SAIOH representation and engagements

SAIOH actively participates in key industry meetings and discussions:

- The *Occupational Health Southern Africa* Editorial Board meeting took place on 13 March 2025; Deon Jansen van Vuuren and Prof. Johan du Plessis attended in-person and online, respectively.
- On 21 February 2025, Naadiya Mundy and Deon Jansen van Vuuren attended the first OH AIA Association meeting of 2025; 31 participants attended online.
- Jakes Jacobs represented SAIOH at the Department of Employment and Labour's Iron and Steel Workshop, held in Klerksdorp on 26–28 February 2025.

Communication and industry updates

SAIOH maintains ongoing communication with its stakeholders through various channels, including:

- e-mails and notifications via Mailchimp
- Phone calls and virtual meetings
- Dissemination of industry news, technical updates, legislative changes, new standards, job opportunities, and professional development courses

Webinars and conferences

Several occupational hygiene and health webinars have been promoted through SAIOH communications in 2025, including events hosted by:

- The International Occupational Hygiene Association (IOHA)
- The American Industrial Hygiene Association (AIHA)
- Workplace Health Without Borders (WHWB)
- The South African Society of Occupational Medicine (SASOM)
- The Ergonomics Society of South Africa (ESSA)
- The South African Society of Occupational Health Nursing Practitioners (SASOHN)
- Safety-First: PPE Conference (cancelled)

Recent online events and webinars hosted by stakeholders include:

- IOHA EXIMIOUS-EPHOR Occupational Hygiene Exposure joint symposium (20–26 March 2025)
- AIHA Connect Conference (17–21 May 2025)

Several of these events were attended by SAIOH management, members and staff, including the AIHA online seminar, 'Ensuring workplace health and safety with physiological monitoring to manage heat stress' on 20 February 2025, and the Workplace Health Without Borders' (WHWB's) Ergonomics webinar.

SAIOH remains committed to ensuring that members have access to the latest industry developments, training opportunities, and thought leadership in occupational hygiene.

PROFESSIONAL CERTIFICATION COMMITTEE

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The PCC ExCo held its first online meeting on 28 February 2025, followed by the PCC meeting on 28 March 2025.

Key updates from the PCC

- The sub-committee that is developing the Occupational Hygiene Skill Set for the self-assessment tool has made significant progress. The first draft was completed earlier this year and is being refined and reviewed before submission for PCC approval. The seven-member team continues to meet bi-weekly. Work is also underway to develop oral question scenarios and review the PCC oral assessment guideline.
- The sub-committee held online training sessions for PCC assessors: 14 February and 30 May 2025.
- A hybrid PCC PDC will be offered on the Skill Set and oral assessments at the 2025 SAIOH Annual Conference, accessible to all SAIOH members.
- Efforts continue to develop an electronic written assessment system on the MS Excel platform to replace the current LMS electronic assessment. Alternatives are being explored, including leveraging MySAIOH's functionality, to resolve technical challenges and improve administration of the assessments by the PCC administration team. Transitioning all certification assessments to a multiple-choice format has proven to be more complex than anticipated, and work on this initiative is ongoing.

Table 1. SAIOH PCC certification assessment results as of May 2025

Certification category	Written assessments				Oral assessments			
	Assessed	Passed	Failed	Pass rate	Assessed	Passed	Failed	Pass rate
	n	n	n	%	n	n	n	%
OH assistant	40	40	0	100	0	-	-	-
OH technologist	17	16	1	94.1	20	14	6	70.0
Occupational hygienist	18	11	7	61.1	14	9	5	64.3
Total	75	67	8	89.3	34	23	11	67.7

Table 2. SAIOH PCC written and oral assessment dates and deadlines, 2025

Assessment type	Deadline for applications	Deadline for assessment evaluations and payment	Assessment date
Written	12 January	14 February	14 March
Oral	-	-	Week of 11 April
Written	25 April	30 May	27 June
Oral	-	-	Week of 25 July
Written	1 August	5 September	3 October
Oral	-	-	Week of 14 November

- Due to system development challenges, written assessments in 2025 will continue in hard copy format until the new electronic system is implemented.
- The first quarter's written assessments were conducted on 28 February 2025, with oral assessments held between 28 March and 2 May 2025.

Certification assessments

A summary of results for the assessments that took place from February to May 2025 is provided in Table 1.

Additional PCC updates

- The updated Assessment Procedure/Guideline and Self-Assessment Tool will be launched at the SAIOH Annual Conference as part of a PDC.
- From 1 February 2025, no SAIOH certificates will be released to members who do not meet all registration criteria, e.g. meeting the required annual CPD claims, ethics certificate, and payment of annual membership and other outstanding fees.
- As of January 2025, the PCC ExCo is composed of:
 - o Dr Ivan Niranjana – PCC Chair
 - o Andre van Rooyen – PCC Vice Chair
 - o Dr Goitsema Keretse – PCC Chief Examiner
 - o Deon Jansen van Vuuren – SAIOH General Manager
 - o Lee Doolan – PCC Administrator

- o Corlia Peens – SAIOH representative at IOHA and the NAR Committees
- o Jaco van Rensburg and Andrew Dickson – PCC Examination Committee and Continuous Professional Development (CPD) Review Panel

The PCC assessment dates for 2025 are in Table 2.


Occupational Hygiene Skills Forum

The Occupational Hygiene Skills Forum (OHSF) continues to engage actively in the OHTA Approved Training Provider forum meetings. The first two OHSF meetings for 2025 took place on 6 March and 22 May 2025. A key function of the OHSF is the evaluation of occupational hygiene-related qualifications from tertiary institutions. The Cape Peninsula University of Technology (CPUT) occupational health qualification has received approval from the PCC ExCo. Discussions with institutions in Botswana and Uganda are scheduled for later in 2025, while engagements with the Durban University of Technology, University of Pretoria, University of Johannesburg, and the University of Limpopo are ongoing.

Tertiary institutions offering occupational hygiene qualifications are encouraged to contact the PCC Administrator (lee@saioh.co.za) for recognition application details. Information on approved training providers and qualifications is available on the SAIOH website (www.saioh.co.za), helping students and certification candidates to identify suitable programmes aligned with SAIOH and international certification standards.

The OHSF was established to coordinate the recognition of occupational hygiene training materials, including asbestos courses, training providers, and institutions, while also overseeing assessment and examination systems, where appropriate.

To strengthen industry knowledge, the OHSF is looking at developing an in-house occupational hygiene legislation course for non-AIA members.

Dr Hennie van der Westhuizen has contributed to an initiative incorporating CPD questions based on *Occupational Health Southern Africa* articles, enhancing member engagement with the publication. SAIOH is ready to launch this initiative – thank you, Hennie! 

Mine Medical Professionals Association Annual General Meeting 2025

Dr Mzwandile Dlamini: Senior Occupational Medical Practitioner, Platmed Amandelbult; MMPA President
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INTRODUCTION

The Mine Medical Professionals Association (MMPA) held its Annual General Meeting (AGM) on 12 April 2025 at AlchemyHealth in Bryanston. The event culminated in the election of new leadership, comprising the MMPA President and Vice President, and new Council members, who will be driving the growth of the Association. Occupational medical practitioners (OMPs) from various mining houses, compensation institutions such as Rand Mutual Assurance, the Medical Inspector, and Mines Professional Associations' Secretariat (MPAS) support staff were in attendance. Members were welcomed by Dr Tumi Legobye, outgoing MMPA President, who chaired the meeting, which commenced with two case presentations prior to the AGM.

FIRST SESSION

Dr Philani Ntombela, an orthopaedic surgeon practising at Lenmed Randfontein hospital, with an interest in tumour and sepsis, presented a case of osteosarcoma from a gold mine. Dr Mzwakhe Khumalo, an orthopaedic specialist with an interest in spine orthopaedics, was also involved in the management of the patient and co-presented the case with Dr Ntombela.

Osteosarcoma case

A 39-year-old miner presented with a three-year history of right knee pain and a popliteal mass. Further enquiry elicited no contributing medical or surgical history. Clinical examination revealed a 5 x 5 cm mass above the joint line. The limb was neurovascular intact and the systemic exam was normal. Following numerous primary healthcare

visits, the patient was referred to the orthopaedic surgeon, who conducted several investigations and diagnosed the patient with osteosarcoma.

Learning points

- A detailed history and examination are essential to make an accurate diagnosis and avert unnecessary investigations
- Consider referral if a patient repeatedly comes to the medical centre with the same symptoms despite receiving treatment
- X-rays offer a substantial amount of information
- Osteosarcoma is the most common bone cancer in adolescents and young adults
- Disease-free survival rate has improved over the years, but remains relatively low
- Surgery and chemotherapy are treatment options for osteosarcoma

SECOND SESSION

Dr Dipalesa Mokoboto, the Medical Inspector from the Department of Mineral and Petroleum Resources (DMPR) and Past President of the MMPA, provided an interactive session titled 'Sensory disputes'. The presentation comprised two interesting, complex cases referred to her via Section 20 of the Mine Health and Safety Act (MHSA) No. 29 of 1996. Dr Mokoboto kickstarted the session by reviewing important concepts in occupational medicine, which were imperative in the discussion of the two cases. She reminded the audience that the definition of an occupational disease is a disease/disorder that is primarily caused by exposure(s) directly



Dr Mzwandile Dlamini (L) presenting Dr Tumi Legobye (R) with a certificate of appreciation

Photograph: Courtesy of MMPA



Dr Dipalesa Mokoboto, Medical Inspector, presenting 'Sensory disputes'

Photograph: Courtesy of MMPA



Dr Mzwakhe Khumalo (L) receiving a token of appreciation from Dr Tumi Legobye (R)

Photograph: Courtesy of MMPA

arising from work activities. She also shared the requirements of Section 20 medical appeals under the MHSA, indicating that an appeal may be lodged for two reasons:

- When an employee disputes the unfitness status as determined by the OMP
- When an employee appeals any findings of the OMP as contained in the exit medical certificate prepared under Section 17 of the MHSA

Case 1

A 43-year-old miner had 20 years' work experience in noisy areas underground, where workplace noise levels were as high as 99 dBA. He had no comorbidities and no known ear pathology. A diagnostic audiogram confirmed a dead right ear. The percentage loss of hearing was 7.3% and he had an average bilateral hearing loss of 63.5%. The employee was declared unfit to work in noisy areas and his exit certificate stated non-occupational-related hearing loss. The employee disputed the fact that his hearing loss was non-occupational and that he was not eligible for compensation.

Learning points

- The Medical Inspector reminded OMPs of the two reasons for lodging a Section 20 medical appeal
- Noise-induced hearing loss can present as unilateral hearing loss
- Thorough Section 11.5 investigations of the MHSA are paramount in finding root causes and will assist the South African mining industry (SAMI) to reach its noise-related milestones
- This case highlighted the financial and social burdens associated with medical incapacity, where an employee expects to be compensated but does not meet the requirements for compensation. This necessitates comprehensive counselling and support of employees prior to medical boarding, to clarify the expectation and disappointment of not being compensated.

Case 2

A 53-year-old employee of a mining house had experience in various occupations at the mine since 2000. He had worked as an onsetter and a banksman, and had recently relieved a co-worker as a winding engine driver. The employee was known to have a congenital right eye pathology and, as a result, had diminished visual acuity in the right eye. Fourteen years later, the employee



Dr Philani Ntombela (L) receiving a token of appreciation from Dr Tumi Legobye (R)

Photograph: Courtesy of MMPA

was subjected to a medical incapacity process due to his reduced visual acuity, thus failing to meet the minimal standards of fitness to work at a mine.

Learning points

- Each medical incapacity case should be considered according to its own merits
- An employee born with monocular vision adjusts and adapts to his/her condition; the other eye compensates for the deficiency
- When employees change roles at work, a transfer medical is imperative to record the employee's medical status with regard to the job requirements, as stated on the occupational risk exposure profile
- It takes two-to-three years for the eye to accommodate and develop vision depth perception after an eye injury
- It is essential to seek the expertise of an ophthalmologist when deemed necessary

ANNUAL GENERAL MEETING

Members of the MMPA were welcomed by Dr Tumi Legobye, the immediate Past President. Dr Legobye provided an overview of the MMPA's operational and financial performances during the past financial year. She highlighted the importance of paying yearly membership fees timeously for the sustainability of the MMPA, and thanked those who have paid. She then nominated Dr Mwandile Dlamini, outgoing Vice President, for the position of incoming President. Dr Dlamini presented Dr Tumi Legobye with a certificate of appreciation for her strategic leadership. Dr Angel Ndhlovu was elected as the incoming Vice President.

The following individuals were nominated as members of the new MMPA Council:

Dr Vusumuzi Ndlovu – OMP, Kumba Iron Ore, Anglo American

Dr Sifiso Ngcobo – Medical Advisor, Rand Mutual Assurance

Dr Fezile Gabela – OMP, Seriti Resources

Khanani Ramoshaba – Noise Adoption Team Manager, Minerals Council South Africa

Dr Richard Schmidt – OMP, De Beers, Venetia

Dr Miranda Moloto – Head of Rehabilitation, Rand Mutual Assurance

The full MMPA Council, including co-opted members, will be listed in the next issue of *Occupational Health Southern Africa*. [📄](#)