Greetings SASOHN Members

SASOHN’s first Annual Newsletter and we are hoping that our members will enjoy reading more about the Society behind the scenes and all the news that took place in 2017. Thank you to Angie Butkovic, Yvonne van Zyl and Heather Mc William for assisting in making this possible. It’s a wonderful victory to SASOHN for making use of all the social media platforms.

Although a rather challenging start to the year, it has ended on a high note. Some of our members had problems with SANC earlier in the year. Members that were affected were those that had completed the certificate course aligned to R238. Once again their qualifications did not appear on their SANC Receipts. SASOHN thus referred the matter to their attorneys, as some member’s employment was affected due to this. Those affected waited patiently and finally a much awaited letter from SANC arrived. However SASOHN is appealing to all its members to pay their SANC and SASOHN fees on time.

Also take note should your qualification in Occupational Health not appear on your SANC receipt; kindly notify the Office Administrator Belinda Walters –Girout who will relay all communications to the Attorney.

CPD was discussed at great lengths in all our EXCO meetings. Dr Kaye Petersen was consulted and as a result was a speaker at our Annual Conference. My vision for SASOHN thus far is for us to be an accredited body for the CPD allocation. I do believe that we have all the necessary structures in place. I am hoping that with each region’s yearly programme and our own database this will be made possible. Members will then be able to log in with their own SASOHN unique number and view their individual point allocation. Western Cape is currently busy with this pilot study. Feedback should be available in 2018.

Another highlight, would be the quarterly articles on Labour Law – have you read them on our website? Michael Botha, a Labour Law specialist has been assisting our paid up SASOHN members with labour law legal advice, in addition going the extra mile by addressing our members at their Regional meetings and the National Conference.

Our newsletter will also provide you with a glimpse into the Department of Labour (DoL) Occupational Health Forum. This coalition has supported the three Societies with the DoL being the gate keepers in Occupational Health. Our journey with SASOM and SAIOH has grown from strength to strength.

Our international footprint is strengthening as you will see in the snippets on SASOHN’s input at the ICOH Croatia, the Namibian Medical Society Congress, and South Africa being represented for the next triannual period at ICOH. As one can see in the newsletter it’s been a busy and successful year for SASOHN. As the President for 2017-2018, I would like to take this opportunity to encourage each and every member to get involved in all of SASOHN’s activities. Together, we can achieve so much more.

On a last note,

“This Christmas, my wishes for you are endless; I wish that you have the best health, have delightful days, a blissful new year, a bright future, energetic hours and everything that comes with good tidings. Safe travels.”

Denise Minnie (SASOHN President 2017-2018)
The SASOHN Newsletter

...KEEPING YOU IN THE KNOW...

Volume 1 No 1 – December 2017

### SASOHN Academic Days – Refining Practice

A full report is available from the Regional Chairpersons and the presentations available from the National Office to revisit information that really impacts our practice going forward. The one take home lesson for me was that we as OHNPs need to keep abreast of global trends because it is influencing how we apply the WHO Healthy Workplace Model in our country. Esteemed speakers Kim Davies (SCOHN Secretary, SASOHN Past President) and Prof Susan Randolph (SCOHN Chairperson from USA) addressed the audience in Johannesburg and Cape Town respectively.

How are we incorporating global cultural competency, social determinants of health and utilizing interdisciplinary partnerships while following a code of ethics? An example is how have we adjusted our health promotion programmes to incorporate the globally aging workforce beyond monitoring just for the physical aspects. For example, these workers need to be cared for with regards mentally preparing for retirement. Why is the retirement age restricted to 65 years in RSA when some very highly skilled quite physically and mentally healthy individuals are then lost to industry because our legislation hasn’t progressed beyond evidenced presented in the 1960’s to include such a clause. How is our occupational health programmes for instance incorporating the latest on nano-technology?

(ANGIE BUTKOVIC, SASOHN NAT. ED REP, 2017-2018)

### SASOHN Annual Conference - A Climatic Gathering

The National Conference was once again an outstanding conference. West Rand: hats off to the committee who organised and managed an informative conference and workshops. The workshops are proving to be a great success as attendance is almost full house at each workshop. The topics this year was so well chosen and the speakers are experts in their fields. We have to give thanks to each speaker who gave of their time to speak to us. Read the journal for more information.

Now, those who attended the Cocktail function, all glitzy in denim and bling; who will forget the “bongo” drums?!!! In all the years of having attended, this was one of the most memorable and such satisfying entertainment! Making your own hamburger was a smash hit!

The Mentors were awarded with their certificates - well done to each and everyone! Our future OHN’s appreciates the precious time given by each mentor.

The Gala Dinner – our one day to dress and shine! West Rand, the ball room looked so very smart in black and gold, and the buffet variety had something for everyone. Our President, Denise Minnie, honoured each winner of the evening with a beautiful trophy and/or certificate.

The Honorary Life Members (HLM) who were present, had a group photo taken, so that we could remember them for prosperity. Unfortunately 2 HLM had passed away in this past year and special tribute was made to them. A more detailed article is available in the Journal. Add to the stalwarts, however is Kim Davies, past SASOHN President, who was awarded a HLM. Regions are reminded of the Member of Merit Awards. Please do nominate in order to acknowledge your members with this prestigious acclaim of recognition.

The conference ended the next day with a busy AGM. So much happens behind the scenes! A big thank you to all our Regional Chairladies, who work tirelessly in the background - your hard work is truly appreciated!

See you all again in 2018 at Spier Wine Estate. Don’t forget to plan with your managers to attend this worthwhile event.

(YVONNE VAN ZIJL, SASOHN GC TREASURER, 2017)
REPRESENTING SASOHN INTERNATIONALLY

As an early task in Denise Minnie’s new term as SASOHN President she was invited and attended the American Association of Occupational Health Nurses (AAOHN) Conference in New Orleans in May of this year. What an amazing cultural exposure of experts from around the world. The choice of presentations was overwhelming and she has summarised this report to Exco and is as available from National Office.

Dr Penny Orton represented SASOHN at the ICOH Education Symposium in Zagreb, Croatia 26-28th October 2017. Dr Orton was requested to do a presentation on Education of the Occupational Health Nurse professional in Africa with specific emphasis on the implementation of this in RSA.

Whereas, Lindie Jansen van Rensburg attended the Namibian Medical Society Congress on the 6-7th October 2017 on behalf of SASOHN. Please do read the details of what was learnt in both articles as found in the Occupational Health Southern Africa Journal.

Watch this space as many more achievements are on the horizon. Louwna Pretorius is one of the nominees to represent South Africa on the ICOH Board, while Kim Davies has been nominated as a SCOHN Chairperson in ICOH. Karen Michell and Dr Penny Orton have been purposively selected as expert speakers by the ICOH Organising Committee for the ICOH Congress in Dublin 2018. We are proud to announce that there are more fellow South Africans from our Society on their way to ICOH Congress 2018 as their abstracts in the format of oral and/or poster presentations have been accepted. They are Sue Martinuzzi, Angie Butkovic, Michelle Bester, Louwna Pretorius, Kim Davies, Penny Orton and Denise Minnie. Photos of the event will be put on the website.

(Denise Minnie, SASOHN President, 2017)
According to Mayo Clinic, Gout is a type of arthritis that causes inflammation of the joints. Gout, says Mayo Clinic, is caused by too much uric acid in the blood. When you eat foods rich in purines such, as red meats, the body breaks down the purines and produces uric acid. Under normal circumstances, uric acid is flushed out of the body through the kidneys, and by passing urine. However, if the body is producing too much uric acid for the kidneys to process, then crystals of uric acid will build-up inside the joints, tendons, and skin, and cause severe inflammation, pain and swelling. In severe cases, increased uric acid can cause kidney stones as well as permanent damage to the kidney or even kidney failure. Gout is most often felt in the feet, specifically the big toe, but it can also be felt in other joints like the fingers, knee, wrist and elbows.

**NINE SURPRISING TRIGGERS OF GOUT PAIN:**
Carina Storrs, Science Journalist, wrote the following about 9 Triggers of Gout:

**DIETARY FACTORS:** Foods such as red meat and alcohol can trigger gout pain. However, medications and medical conditions can be a problem too, says Dr Kenneth G. Saag, MD, a Rheumatologist at the University of Alabama at Birmingham.

Aspirin: Aspirin drives up the amount of uric acid in your blood. At high enough levels, uric acid deposits in joints.

**DIURETICS:** These help reduce blood pressure by flushing water and salt from the body. At the same time, they block the excretion of uric acid from the kidneys, which can allow uric acid to accumulate to gout-causing levels. Although switching to a different blood-pressure drug may help, some people get the best results with a diuretic, Dr. Saag says. In those cases, combining diuretics with medications that slow the body’s production of uric acid such as allopurinol, (Lopurin) or febuxostat (Uloric) can help. “Quite a few people take both,” Dr. Saag says.

**DEHYDRATION:** Dehydration can have many ill health effects, and gout is one of them. “Dehydration can increase the blood uric acid concentration, and in susceptible individuals such an increase can contribute to a gout attack,” says Dr Theodore VanItallie, MD, professor emeritus of medicine at Columbia University College of Physicians and Surgeons in New York. Aim to drink around eight cups of water a day, Dr VanItallie says, especially if you have already had a gout attack or have other risk factors.

**EXTRA WEIGHT:** It’s not enough just to limit those food items that are particularly bad for gout, such as meat, alcohol, and sugary drinks. Research suggests that obesity itself ups gout risk by both stimulating the body to make more uric acid and blocking uric acid excretion. Maintaining a healthy weight, says Dr VanItallie, is an important step toward keeping uric acid levels under control.

**FASTING:** If you want to get both your weight and uric acid levels down to within a healthy range, forget about crash dieting. “Trying to lose weight by fasting can put you at risk of gout attack,” Dr VanItallie says. The main reason is because when you fast the level of ketones in your body increases, and ketones compete with uric acid for excretion, Dr VanItallie explains.
MENOPAUSE: An increased risk of gout can be an unwelcome consequence of menopause, Dr VanItallie says. This is because estrogen, a hormone that helps the kidneys excrete uric acid, dips during and after menopause. (This protective effect of estrogen is probably also the reason premenopausal women are less likely to get gout than men.) After menopause you should be careful to avoid other gout risk factors. Some studies suggest that you can help keep gout at bay by consuming coffee, cherries, and vitamin C.

INJURY: A minor injury like bumping your big toe can do more than just smart for a few minutes. Injured joints seem to make better spots for uric acid to collect, and can lead to a gout attack that can last for weeks. "A traumatic event can start a small inflammatory response, which may then precipitate a gout attack in that joint," Dr VanItallie says. Osteoarthritis, which is the wearing down of joint-cushioning cartilage as we age, is also associated with gout. Take this as another reason to try to avoid jamming a toe or finger, twisting an ankle, or putting repetitive stress on a joint.

UNCOMFORTABLE SHOES: Although there haven’t been studies looking at the effect of shoes on gout risk, wearing uncomfortable shoes is rarely a smart health move. "That combination of having high uric acid, being predisposed to gout, and wearing shoes that are hurting your feet, that could do it," Dr. VanItallie says.

HOME REMEDIES TO NATURALLY REDUCE GOUT PAIN. According to Tracy Woolrich from EmaxHealth, Bananas and Apples can be used as home remedies to naturally reduce gout pain. Bananas, says Tracy Woolrich, are high in potassium, and potassium is required to treat Gout by transforming crystals of uric acid into liquid form, thereby making them easier to be flushed out of the body. However, she advises that you first check with your doctor if you have kidney disease because excessive potassium is dangerous for people with renal insufficiency. Eating apples, says Tracy Woolrich, helps to neutralise the levels of uric acid in the body. The malic acid found in apples (as well as apple juice and apple cider vinegar) helps to reduce gouty pain. She recommends that you eat an apple after every meal for this to be effective.

COMPLICATIONS OF GOUT: According to Mayo clinic, people with gout can develop more-severe conditions such as recurrent gout, advanced gout and kidney stones.

RECURRENT GOUT: If left untreated, says Mayo clinic, gout can cause erosion and destruction of a joint.

ADVANCED GOUT: Untreated gout may cause deposits of urate crystals to form under the skin in nodules called “Tophi”, Tophi, says Mayo Clinic, are caused by crystals of uric acid building up under the skin to form small white or yellow lumps. Tophi can develop in several areas such as your fingers, hands, feet, elbows or Achilles tendons along the backs of your ankles. They are usually not painful, but can become swollen and tender during gout attacks. They can also become inflamed and produce a toothpaste-like discharge.

KIDNEY STONES. Urate crystals may collect in the urinary tract of people with gout, causing kidney stones. Medications can help reduce the risk of kidney stones.
TESTS TO HELP DIAGNOSE GOUT, ACCORDING TO MAYO CLINIC, MAY INCLUDE:

JOINT FLUID TEST. Your doctor may use a needle to draw fluid from your affected joint. When examined under the microscope, your joint fluid may reveal urate crystals.

BLOOD TEST. This is to measure the levels of uric acid in your blood stream.

DRUGS USED TO TREAT ACUTE ATTACKS OF GOUT, ACCORDING TO MAYO CLINIC, INCLUDE:

(1). Nonsteroidal anti-inflammatory drugs (NSAIDs). NSAIDs include are very effective in the treatment of Gout. Examples are ibuprofen (Advil, Motrin IB, others) and indomethacin (Indocin) Side-effects that may occur include: Ulceration and bleeding of the mucosa of any part of the gastrointestinal tract; Nausea and epigastric pain.

Colchicine. This is a type of pain reliever that effectively reduces gout pain. Side effects include nausea, vomiting and diarrhea.

Corticosteroids. Corticosteroid medications, such as the drug prednisone, may control gout inflammation and pain. Corticosteroids may be administered in pill form, or they can be injected into your joint. Corticosteroids are generally reserved for people who can't take either NSAIDs or colchicine. Side effects may include mood changes, increased blood sugar levels and elevated blood pressure.

(Rebone Thibedi, SASOHN WR, 2017)

REFERENCES:
2. Dr Jennifer Robinson, MD; International Cardiology and Internal Medicine, Iowa City, USA. Gout Pictures: Gout Big Toe and Gout Fingers: Source, WebMD.com. Revised 03 February 2016.
6. Tracy Woolrich, (EmaxHealth) and Critical Care Case Manager – Northside Hospital, USA. Home remedies to naturally reduce gout pain. 29.12.2013.
How many of you would have thought that Fatigue can be the leading contributing factor to industrial accidents? SASOHN Gauteng Central addressed this at their recent workshop.

When an accident occurs in the Workplace, one is quick to look into the mechanical defects of the machinery/equipment that was used or conduct tests on the employee to see if they were under the influence of alcohol/drugs. What we fail to look at is fatigue. The workshop was an eye opener to most if not all OHNPs. Most companies do not have a Fatigue Management policy, neither a questionnaire in place. Only one Transport Company amongst the audience responded to having a fatigue management structure in place.

The Agnes Ramodipa (a past SASOHN OHNP of the Year winner and Senior OHNP at Impala Platinum Refinery) took the audience through the definition of fatigue and why it poses a problem to our industrial society. The DMR’s Mandatory Code of Practice for Risk-Based Fatigue Management was highlighted. Although this was initially for the mines, but a recommendation was made that every company should follow these guidelines, regardless of whether mining is involved or not. The audience was taken through the steps of developing a Fatigue Management Plan.

Fit for work landscape: Comprehensive approach to managing fatigue was discussed; self-management of fatigue, recruitment process that should identify the candidate’s potential to fatigue (as can be included in pre-employment questionnaire) was the focus by Alex Raymond of BSS Africa. Employees should also be educated on how to intervene when their fellow employee show signs of fatigue. Impact of fatigue in terms of organizational cost, effects on employees’ health and family/social life were also highlighted.

Safety and Fatigue Management: Mariaan Smit from First Choice zoned in on fatigue is the major safety risk, whether at home or at work. Most of the road accidents in South Africa occur due to fatigue and it accounts for more than 20% of motorway accidents, especially truck drivers. Medical conditions such as HIV, Tuberculosis, sleep apnoea, and poor nutrition contribute to fatigue; therefore it is important for employers to address such issues, where possible.

Fatigue Procedure: Julize Van Niekerk a Occupational Hygiene Superintendent from Anglo American reminded the audience that for fatigue management to be successful, Senior Management needs to be committed. The stages of successful Fatigue Management Roadmap that Anglo-American developed and currently implements involves (i) establishment of fatigue management committee; (ii) documentation (policy) development; (iii) launching of the Fatigue Management; (iv) sharing the programme with the mining industry; (v) annual fatigue management planning and (vi) manage fatigue incident procedure.

SmartCap Life: Thanks to SmartCap life, a technology which assists employers to monitor their employees’ fatigue can help reduce accidents at the work place. The system has an early warning detector before the person experiences micro sleep. SmartCap is the missing link allowing business to ensure their operators alertness levels are monitored and known to them during operation.

( Agnes Ramodipa, SASOHN GC Ed Rep, 2017)

CPD – ARTICLE REVIEW:

Email to : THE NEWS TEAM on hmcwilliam@aspenpharma.com
You are at risk of developing Diabetic Ketoacidosis (DKA) if you have Type 1 Diabetes and frequently miss insulin doses. Although Type 1 Diabetes can appear at any age, it appears at two noticeable peaks. The first peak occurs in children between 4 and 7 years old, and the second is in children between 10 and 14 years old.

**TYPE 1 DIABETES AND INSULIN:** When you have type 1 diabetes, this means that your pancreas produces little or no insulin. The pancreas is a small organ of about 6 cm long that sits across the back of the abdomen, behind the stomach. The cells on the pancreas which produce insulin are called beta cells. The exact cause of type 1 diabetes is unknown. But according to Mayo clinic and the American Diabetes Association, it may be that the body’s own immune system mistakenly destroys the insulin-producing cells in the pancreas. As more beta cells get killed off, the pancreas struggles to produce enough insulin to keep blood sugar levels down.

Insulin regulates blood sugar in your body. It serves as a “key” to open your cells, to allow the sugar to enter, and to use the sugar for energy. When there is not enough insulin in your body, the sugar in the blood just keeps circulating and building. Your body tries to get rid of the excess sugar by pulling water out of body.

This causes excessive thirst and urination. Because the cells cannot receive sugar for energy, your body begins to break down fat to make energy. The breaking down of fat produces a buildup of acids in the bloodstream, called ketones. Acid ketones cause your blood to become exceedingly acidic. This is a chemical imbalance referred to as Diabetic Ketoacidosis (DKA). If left untreated, DKA is a life-threatening condition that can cause a person to go into a diabetic coma, or even die! Lifelong insulin injections are required to control blood sugar for type 1 diabetics.

**PREVENTING DKA:**
Watch out for the signs and symptoms
Check your blood sugar regularly so you can spot and treat an increase quickly.
Stick to your treatment plan – do not stop taking insulin unless told by a healthcare professional.
Take extra care when you are ill, and be careful taking new medicines – check with your doctor or pharmacist first, as some medicines can increase the risk of DKA.

**GET EMERGENCY MEDICAL HELP IF YOU DEVELOP THE SYMPTOMS OF DKA, WHICH ARE:**
Deep rapid breathing (shortness of breath)
Fruity smelling breath;
Flushed face
Thirst that lasts for a day or more; Dry mouth and skin
Passing urine frequently
Nausea and vomiting
Abdominal pain
Headache and Confusion

**WHEN YOU HAVE TYPE 2 DIABETES:** this means that the body either resists the effects of insulin—or the pancreas does not produce enough insulin to maintain a normal glucose level. Certain factors increase the risk of developing type 2 diabetes, and these are:

**WEIGHT:** Being overweight is a primary risk factor for type 2 diabetes. The more fatty tissue you have, the more resistant your cells become to insulin. However, you don’t have to be overweight to develop type 2 diabetes.

**FAT DISTRIBUTION.** If your body stores fat primarily in your abdomen, your risk of type 2 diabetes is greater than if your body stores fat elsewhere, such as your hips and thighs.
INACTIVITY. The less active you are, the greater your risk of type 2 diabetes. Physical activity helps you control your weight, uses up glucose as energy and makes your cells more sensitive to insulin.

FAMILY HISTORY. The risk of type 2 diabetes increases if your parent or sibling has type 2 diabetes.

RACE. It’s unclear why, people of certain races are more likely to develop type 2 diabetes than whites are.

AGE. The risk of type 2 diabetes increases as you get older, especially after age 45. This is probably because people tend to exercise less, lose muscle mass and gain weight as they age. But type 2 diabetes is also increasing dramatically among children, adolescents and younger adults.

GESTATIONAL DIABETES: If you developed gestational diabetes when you were pregnant, your risk of developing type 2 diabetes increases. If you gave birth to a baby weighing more than 9 pounds (4 kilograms), you’re also at risk of type 2 diabetes.

Always put prevention before cure …

(Rebone Thibedi, SASOHN WR, 2017)

REFERENCES:
What amazing input our Regions have put into their community outreach programmes this year!:

**SASOHN Eastern Cape** - Monetary donations to Hannah’s Arms in Port Elizabeth. A home for abandoned, neglected and abused babies.

**SASOHN KZN coastal** - Monetary donations and toiletries to Hillcrest Elderly Hospital.

**SASOHN Natal Inland** - Groceries for Thandi House in Pietermaritzburg. A house run by a couple caring for broken and forgotten children.

**SASOHN Western Cape** – Sivuyile Home for the mentally challenged, Miles Boucher House for the Aged, both at Stikland Hospital, and Clareich House, a retirement home for professional nurses in Pinelands have been visited / supported this year.

**SASOHN Mpumalanga** – Monetary donations have gone to “Good Morning Angels”.

**SASOHN West Rand** – supporting Rahima Moosa, Mother and Child Hospital (old Coronation Hospital Johannesburg).

**SASOHN Vaal** - The Blanket Project for the Bara burns unit (Chris Hani Baragwanath Hospital) was their focus this year.

**SASOHN Gauteng Central** - “Badanisille-Place of Safety” supports homeless children and/or children who find themselves as the head of the household, experienced a huge blow when their home burnt to the ground earlier this year. Our members have been providing monthly grocery packs. An opportunity to exhibit at the A-OSH 2017 held at Gallagher Estates was also generously manned by volunteers from predominantly SASOHN GC and one from SASOHN Pretoria

**SASOHN Pretoria** - Groceries and Toiletries Project for the Trans Oranje School for the deaf. Boxes of sanitary towels were donated to the young girls to improve school attendance.

(by Heather McWilliam, National PRO, 2017)
**BEHIND THE SCENE’s CONTINUED**

**SASOHN Internal CPD.** As you by know SANC has been trying to implement CPD for Nurses. Their national workshops indicate to expect the implementation thereof in 2018. In the meantime SASOHN is being pro-active. We are following the current SANC draft in a trial to become a SANC approved CPD provider. The Regional programmes for 2018 have been aligned to the SANC CPD categories required, and the Occupational Health Journal of Southern Africa (OHJSA) will also have a CEU quiz per issue. We are also working towards an on-line programme that will be linked to one’s membership number to keep a record for the member in a cloud base for easy access and print when SANC does their audit in hopefully 2019.

(A Butkovic, National Ed Rep, 2017)

---

**COMING UP NEXT IN YOUR REGION?**

The SASOHN REGIONS have some amazing annual programmes lined up for members to attend and earn CEU’s for free! Guests, students are welcome to attend up to one monthly meeting for free. Please click on the link below to see the regional programme.

**Kindly RSVP at least two weeks before** each date to let the committee know you will be attending the next occurrence for logistic preparation (e.g. parking arrangements etc).

**KINDLY GO TO OUR WEBSITE** [WWW.SASOHN.CO.ZA](http://www.sasohn.co.za)

To see the programs from the relevant region.
Was your region / achievement in this edition???

We want to showcase all your awesome activities and amazing achievements. Please send:

- Inputs of +/- 200-300 words maximum
- A picture or two with captions & permission to distribute.
- By the 15th of every month (We hope to make this a quarterly production

To: hmcwilliam@aspenpharma.com

Special Message/s from the Office

Banking Note:

Please ensure the banking details and references are correct. It is happening too often that OHNP’s companies are paying fees into the National account for regional workshops.

Please make sure your company pays into the correct account:

Audiometry registration = Nedbank Cresta Branch, Account No: 1913336840, Branch Code: 191305, Fee for 2018: R200
Academic Day & Conferences = Nedbank Durbanville Branch Account No: 1037034198, Branch Code: 103710, Fee for 2018: R770
Regional workshops = Regional bank account. Enquire from the specific region. Check on the invoice or with your Regional Treasurer before allowing your company to pay on your behalf.

As from 2018 penalties will apply and bank charges will be transferred to the balance of your membership fee invoice.

(SASOHN National Office)

Special Announcements:

Wishing all our Members and Associates, A Blessed Festive Season and rejuvenated energy for an amazing year planned ahead!
Regards Belinda and the Office Bearers!

Have You Booked ???

Have you sent in your (1) abstract or (2) booked for the following National / International events:

SASOHN POSTER COMPETITION 2018
CATEGORY 1 (Formal Research)
CATEGORY 2 (Case Studies, Informal research, investigations)
As easy as 1-2-3! -

Let’s show you how: Angiebconsulting@gmail.com

Abstracts to be submitted by: 30 March
Display at The Academic Days AND the National Conference

SASOHN ACADEMIC DAYS 2018
“Refining OHN for the New Millennium”
10 May hosted by SASOHN Vaal
24 May hosted by SASOHN KZN Coastal

Booking through: www.sasohn.co.za / office@sasohn.co.za

The Aviator Hotel
Protea Hotel Karridene

SASOHN ANNUAL CONFERENCE 2018
Cocktail Night – Evening Flea Market and for the Conference Day ‘Hallowine’
31 Oct – 2 Nov 2018 at The Spier Wine Estate

Booking through: www.sasohn.co.za / office@sasohn.co.za