

SASOHN Newsletter

March 2026



SASOHN
SOUTH AFRICAN SOCIETY
OF OCCUPATIONAL HEALTH
NURSING PRACTITIONERS

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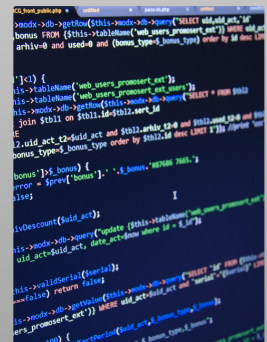
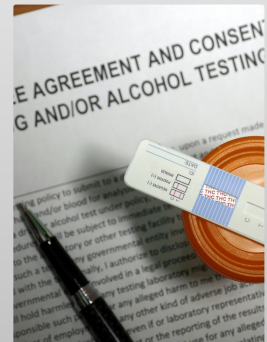
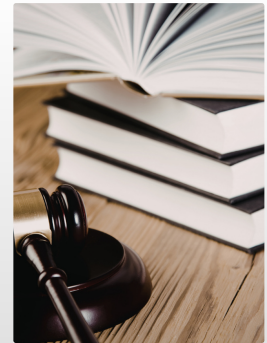
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FROM THE DESK OF THE PRESIDENT



SASOHN
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Our focus for 2026

Working together to strengthen professional standards, support our members, and promote healthy, safe workplaces across South Africa.

Hello SASOHN members and friends,

Collaboration: Turning Purpose into Progress

As we reflect on the journey of 2025 and look ahead to 2026, one theme has consistently guided SASOHN's work: **collaboration**. In an evolving occupational health landscape, progress is no longer achieved in isolation. It is built through partnerships, shared learning, and collective responsibility—and this is where SASOHN continues to lead with purpose.

Over the past year, SASOHN has actively strengthened relationships with key stakeholders across government, professional bodies, academic institutions, and regulatory partners. These collaborative efforts have enabled meaningful progress in areas central to occupational health nursing, including audiometry, spirometry, vision screening, professional governance, and medical surveillance.

By working together, we are helping to ensure that practice standards remain ethical, credible, and aligned with national expectations. Education and professional development have remained a priority. The introduction of academic webinars and closer engagement with training institutions offering postgraduate occupational health nursing qualifications reflect our commitment to lifelong learning. These initiatives have created accessible platforms for knowledge sharing, skills development, and professional connection—bringing members together across regions and practice settings.

A key highlight moving into 2026 is the strengthening of audit capacity through the training of new auditors. This is a powerful example of collaboration in action: experienced professionals supporting peers, building consistency, and promoting quality assurance throughout the country. Our regional structures continue to play a vital role in this work, reinforcing the importance of

local leadership and shared accountability. Advocacy remains at the heart of SASOHN's mandate. Through constructive engagement with national departments and institutions, we continue to address regulatory challenges that affect daily practice, including licensing, permits, and compliance processes. These engagements are driven by one clear objective—to support our members while protecting the health and rights of workers across South Africa. At a time when occupational health is shifting toward prevention, integrated health systems, and responsible use of data, collaboration is no longer optional—it is essential. Occupational health nurses are central to this shift, and SASOHN is proud to stand alongside its members as both a professional home and a collective voice.

*Unity is not just our value
—it is our strength.*

COLLABORATION IN PRACTICE (2025–2026)

What collaboration looks like at SASOHN:

- Strong partnerships with professional bodies, regulators, and training institutions
- Shared development of skills in audiometry, spirometry, and vision screening
- Academic webinars that connect members nationwide
- Building audit capacity through peer support and mentorship
- Ongoing advocacy to address regulatory and practice challenges
- Regional leadership driving local engagement and action

Warm regards

Joan Visser



COIDA Act Amendment 2026

Report by: Johanet Uys

COIDA Amendments 2026: What Occupational Health Professionals Need to Know:

On 23 January 2026, President Cyril Ramaphosa enacted key provisions of the Compensation for Occupational Injuries and Diseases Amendment Act 10 of 2022. These changes significantly strengthen employee protection, expand the scope of occupational disease, and introduce stricter compliance requirements for employers.

Key changes impacting occupational health practice

1. *Expanded recognition of occupational disease:* The updated definitions now explicitly include post-traumatic stress disorder (PTSD), reinforcing the growing importance of mental health in occupational health practice. This places greater responsibility on practitioners to identify, assess, and support psychological injuries linked to work.
2. *Extended claims period:* The period for submitting claims has increased from 12 months to three years, which may result in:
 - More delayed presentations
 - Increased need for accurate historical medical records
 - Greater emphasis on thorough documentation
3. *Broader “in the course of employment” scope:* Coverage now includes:
 - Work-related training activities
 - Employer-provided transport

Importantly, compensation may still be payable even in cases of serious and wilful misconduct, requiring careful clinical and administrative handling of such cases.

4. *Rehabilitation and return-to-work now formalised:* **For the first time, COIDA introduces a structured rehabilitation and reintegration framework.** This strengthens the role of occupational health professionals in:

- Early intervention
- Functional assessment
- Return-to-work planning
- Ongoing case management

5. *Strengthened compliance and reporting systems:* The Compensation Commissioner now oversees claims and reporting, with increased authority to prescribe processes and conduct investigations. Inspectors also have expanded powers to enforce compliance.

Administrative penalties from 1 April 2026:

A new administrative penalty system replaces certain criminal offences. Employers may face penalties for:

- Late or incorrect reporting
- Failure to pay temporary disability benefits
- Poor record keeping
- Unlawful deductions

This shift highlights the need for accurate, timely clinical reporting and strong collaboration between occupational health services and employers.



HOW TO do a Screening Drug Test (Quick Reference)

By: J. Uys



Urine Drug Test:

Before Testing

- Confirm approved test kits are available and not expired
- Prepare private, controlled testing area (prevent tampering)
- Gather supplies: gloves, forms, sealed water, waste container
- Explain procedure clearly to the donor
- Obtain informed consent
- Record medication/substance use (past 7 days)

Sample Collection (Urine)

- Remove bulky clothing, empty pockets
- Provide urine container and explain requirements
- Ensure sample is handed in before handwashing
- Monitor for tampering risks

If unable to provide sample:

- Offer 250–500 ml water
- Retry after 20 minutes (up to 1 hour)
- Refer if still unsuccessful

Performing the Test

- Check expiry date of test kit
- Open kit in front of donor
- Dip strip into urine (~10 seconds)
- Read result within required time (± 4 minutes)

Interpret Results

- **NEGATIVE** → LINE AT C + T (**EVEN IF FAINT**)
- Non-negative → No line at T
- Invalid → No line at C (repeat test)

After Testing

- Record results on consent form
- Inform donor of result

If NEGATIVE:

- Finalise documentation

If NON-NEGATIVE (“Positive”):

- Notify HR
- Take photo of test result
- If cannabis → perform oral fluid test
- Send for confirmatory testing as per company protocol.

Special Situations

Tampering suspected

- Request second sample
- Document and report (include photos)

Medication declared

- OHNP to assess for fitness-for-duty assessment

Refusal to test

Record refusal, witness to co-sign, report to HR

Oral Fluid Test:

NB: This is just a guide - please ensure that the manufacturer's guidelines are followed.

Before Testing

- Confirm test kit is approved, within expiry date, and at room temperature (15–30°C)
- Ensure donor has had nothing in the mouth (food, drink, gum, tobacco) for at least:
 - 5–10 minutes prior to testing
- Explain procedure and obtain consent
- Wear appropriate PPE

Sample Collection

- Open test kit in front of the donor
- Remove swab and place under the tongue
- Keep swab in place for:
 - ± 7 minutes OR until control line appears
- If mouth is dry:
 - Offer water
 - Wait 10 minutes and repeat test

Testing Process

- Replace cap after collection
- Place device on a clean, flat surface
- Read results within 10–20 minutes
- Do not read results after 20 minutes

Interpret Results

- Negative → Line at Control (C) + Test (T)
- Non-negative → No line at T
- Invalid → No line at C (repeat test)

After Testing

- Record results on consent form
- Inform donor of result

If NON-NEGATIVE (“Positive”):

- Take photo of result
- Report to OHNP/OMP and HR for further management
- Send for confirmatory testing as per company protocol.

Results Interpretation



Positive

A colored line appears in the Control region (C) and NO line appears in the Test region (T).



Negative

Two lines appear. A colored line appears in the Control region (C) and a colored line appears in the Test region (T).



Invalid

No line appears in the Control region (C).

**NEGATIVE → LINE AT C + T
(EVEN IF THE LINE IS FAINT)**



THE ROLE OF SOFTWARE SYSTEMS IN ADVANCING OCCUPATIONAL HEALTH SERVICES

Report by: Esmiralda Oosthuizen

In today's rapidly evolving workplace, technology plays a pivotal role in enhancing health and safety outcomes. Software systems, as defined by Miller et al. (1997), integrate algorithmic programs, knowledge bases, and embedded interfaces to streamline service delivery. Their capabilities extend beyond basic data handling to include risk assessment and decision-support tools (Dibenedetto et al., 2004).

Occupational health services encompass a broad spectrum of activities—ranging from health promotion and illness prevention to monitoring mental, physical, and emotional well-being, as well as managing workplace injuries (Acutt & Hattingh, 2023). These functions often involve complex processes such as risk assessments, medical screenings, and compliance management.

How Software Systems Transform Occupational Health

Recent literature highlights the potential of software systems to optimize these processes. Advanced algorithms can analyse images, identify patterns, and detect anomalies with a level of precision that often surpasses human capabilities (Saraswati & Kumar, 2024). This technological edge supports faster, more accurate decision-making in occupational health.

Key Benefits Identified:

A scoping review using Arksey and O'Malley's framework revealed two primary areas where software systems add value:



Data Management:

Enhanced input efficiency, secure storage, cloud-based accessibility, real-time reporting, and robust analysis tools.

Quality Assurance:

Built-in compliance checks aligned with legal, industry, and organizational standards. By leveraging these capabilities, organizations can improve workplace health outcomes, reduce risks, and ensure compliance—all while streamlining operational workflows.

The Future of Occupational Health

The integration of software systems into occupational health services is not just a trend—it's a necessity. As technology continues to advance, its role in safeguarding employee well-being will only grow stronger.



SABINET Updates



Major Reforms: OHS Amendment Bill (Expected Promulgation March–April 2026)

South Africa is entering one of its largest workplace safety reform periods since 1993, driven by the OHS Amendment Bill.

Key changes:

- Mandatory Health & Safety Management Systems replacing simple policies.
- Expanded definition of “danger” to include not only acute injury but long-term health effects (noise, hazardous substances, physical agents).
- Administrative fines introduced for non-compliance, enabling faster enforcement.
- Organisations will have approximately 12 months for full compliance after promulgation. [katopesa.co.za]

COIDA Amendments (Commenced 23 Jan, 1 Feb, and 1 Apr 2026)

The Compensation for Occupational Injuries and Diseases Act (COIDA) underwent critical amendments with staggered implementation.

Key changes include:

- New definition of earnings—changing how compensation is calculated.
- New inspectorate framework allowing inspectors to:
 - enter workplaces
 - request documents
 - investigate complaints
 - issue compliance orders
- Administrative penalties and extended prescription periods for claims.
- Changes to assessment payment deadlines and penalty mechanisms effective 1 April 2026. [mondaq.com]

New and Upcoming OHS Regulations Affecting Physical Agents (Heat, Noise, Vibration, Radiation)

- Physical Agents Regulations, 2024 (implemented leading up to 2026):
- Replace the 1987 Environmental Regulations by 6 September 2026.
- Mandatory risk assessments every two years by a competent person.

- New category: “vulnerable employees” requiring special protections.
- Exposure monitoring program required if exposure reaches specific thresholds. [occhealth.co.za]

Draft General Machinery Regulations (2025–2026 Pipeline)

Key areas:

- Machinery guarding & safety
- Stricter supervision
- Alcohol & substance use in the workplace
- These are expected to heavily affect manufacturing, construction, and industrial sectors once finalised. [katopesa.co.za]

Increased Inspections & Enforcement (Preparatory Guidance)

Although discussed in 2024, this guidance remains directly relevant as the new enforcement regime rolls out in 2026.

Expected changes:

- More frequent unannounced inspections
 - Stricter penalties, including administrative fines
 - Inspections will now include:
 - psychological health,
 - contractor safety, and
 - the robustness of HSMS (Health & Safety Management Systems).
- [safepractice.co.za]

Relevant Health-related Legislative Activity via Sabinet (Jan–Mar 2026)

Sabinet’s National Legislation index shows continued updates in:

- Health legislation,
- Labour legislation,
- Diseases and injuries categories.
- These encompass COIDA, OHS Act amendments, and related regulations. [discover.sabinet.co.za]

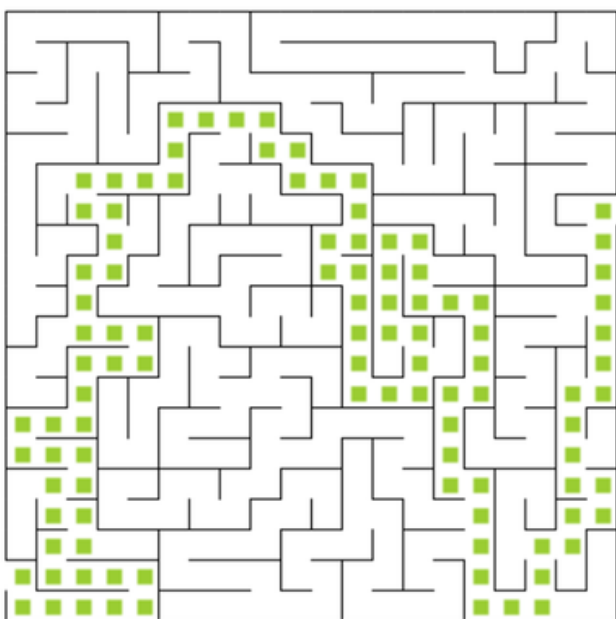
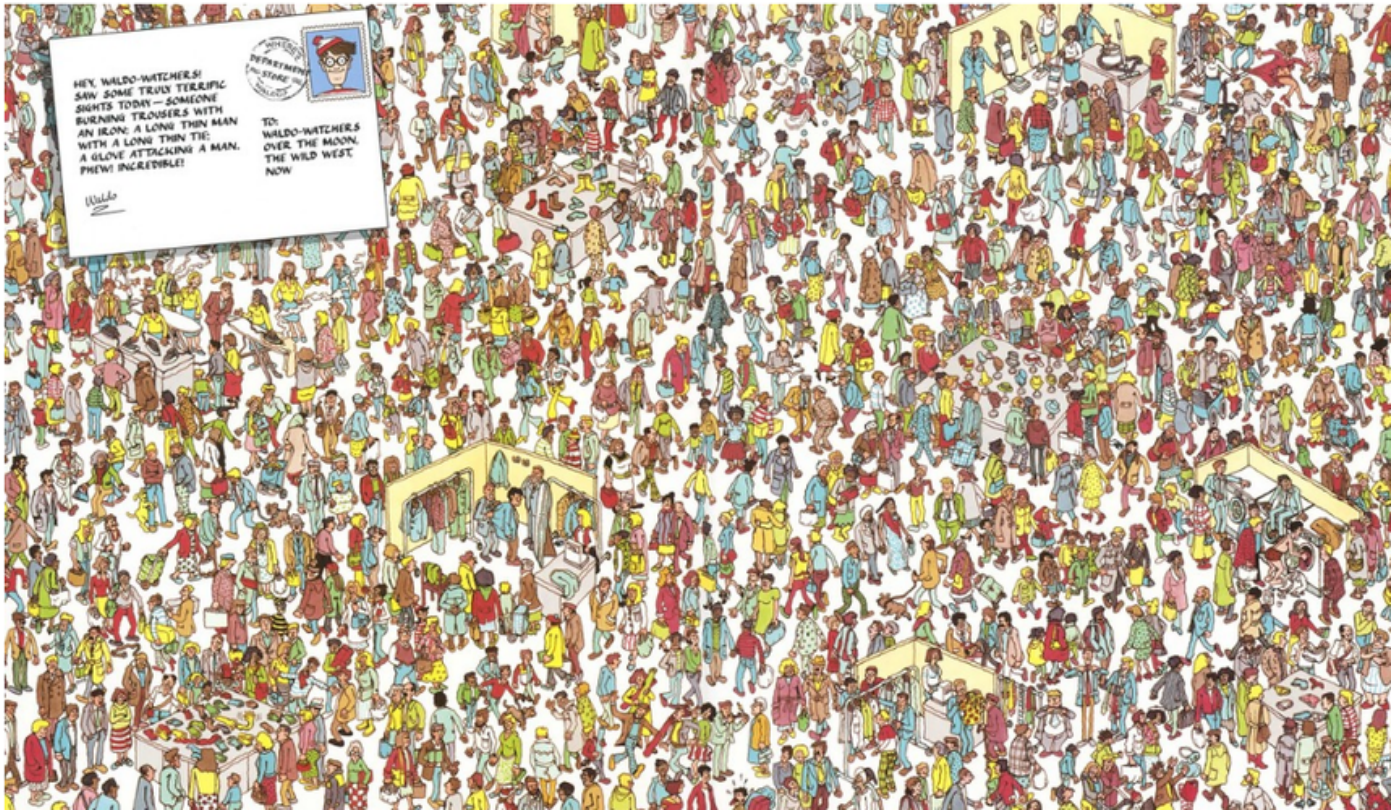


Fun Page

FOR THOSE WHO LIKE A CHALLENGE



Try to find Waldo!



Here is the solution to the game
in the December 2025
newsletter.

