

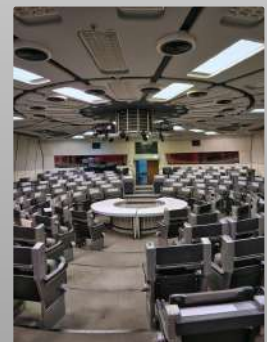
SASOHN Newsletter

December 2025

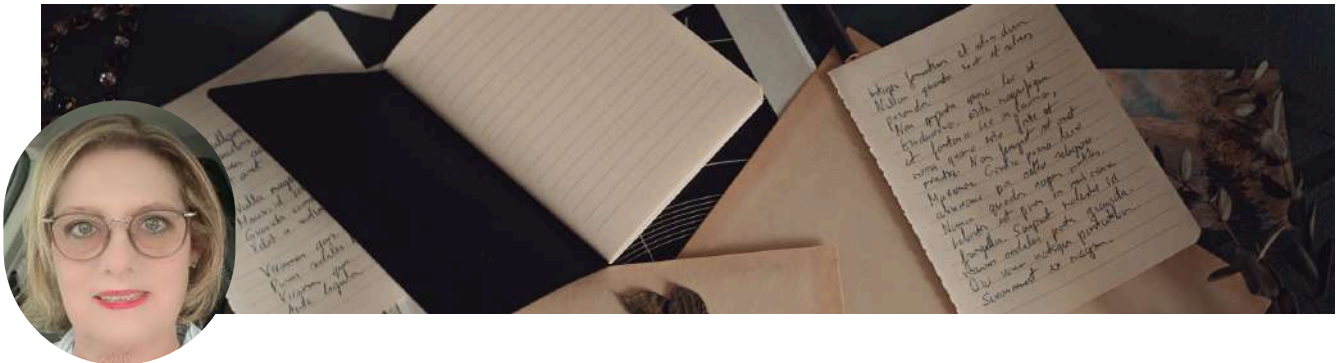


SASOHN
SOUTH AFRICAN SOCIETY
OF OCCUPATIONAL HEALTH
NURSING PRACTITIONERS

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FROM THE DESK OF THE PRESIDENT



Hello SASOHN friends,

I'm delighted to invite you to our annual conference this November, where we'll be "Surfing the Waves of Change" together! Our theme celebrates the resilience and adaptability of Occupational Health Nurses in South Africa as we navigate new challenges and exciting opportunities.

This year, we're proud to strengthen our partnerships, especially our ongoing collaboration with the Department of Employment and Labour. We're also working closely with SASOM to improve our relationship and jointly address illegal practices in occupational health. Our outreach has extended to the DMRE and women in mining, aiming to improve the relationship between the inspectors and the OHP.

Additionally, we're looking to establish contact with the Department of Pharmacology to address important issues around dispensing licenses and permits.

As we look forward to the 16 Days of Activism campaign from November 25 to December 10, let's unite around the theme: "UNITE to End Digital Violence against All Women and Girls." This campaign reminds us of our shared responsibility to create safe, inclusive workplaces and to stand against gender-based violence, especially in the digital space.

Occupational Health Nursing is evolving rapidly, with new legislation and digital health solutions shaping our daily work. These changes can be challenging, but they also open doors for innovation and growth.

Remember, your mental health matters—let's continue to support each other, prioritise self-care, and build a culture of well-being.

On a personal note, I am truly grateful to be part of such a passionate and dedicated community. Your commitment inspires me every day. Let's keep riding these waves together and making a real difference.

Warm regards

Joan Visser



Gender-Based Violence in South Africa: A Mental Health Emergency for Women

Report by: Joan Visser

Overview

Gender-Based Violence (GBV) in South Africa has reached crisis levels, described by President Ramaphosa as the country's "second pandemic." Despite relentless campaigns, femicide and other forms of violence against women remain alarmingly prevalent. Between 2000 and 2021, over 2,700 women were murdered due to GBV—roughly one woman every three hours. GBV affects not only women but also children and gender-diverse individuals. It manifests in physical, psychological, sexual, social, and economic abuse, and is rooted in unequal power dynamics, harmful gender norms, and systemic failures.

Mental Health Impacts

The psychological toll of GBV is profound and long-lasting:

- Nearly 50% of women who experience violence are diagnosed with a mental health condition.
- Survivors are 3–5 times more likely to suffer from:
 - Major depression
 - Post-traumatic stress disorder (PTSD)
 - Substance use disorders
 - Suicidal ideation
- Additional effects include anxiety, sleep disorders, self-harm, and social withdrawal.

GBV invades both physical and psychological integrity, leaving survivors with complex trauma that affects their overall well-being.

Barriers to Support

Social stigma and systemic failures prevent many women from seeking help:

- Fear of not being believed by law enforcement, family, or friends
- Risk of losing custody of children
- Mental health struggles used to discredit survivors
- Intersectional challenges such as poverty, age discrimination, and sexual orientation

These barriers reinforce silence and isolation, making recovery even more difficult.

What Needs to Be Done

Institutional Support

Free or affordable long-term counselling
Safe shelters and childcare support
Legal aid and employment opportunities

Community Action

Education on empathy, active listening, and non-judgmental support
Breaking stigma through awareness and training

Supporting organisations that fight GBV and promote mental health

Healthcare Response: “Do No Harm” Principles

Safety: Ensure the survivor and their family are protected

Confidentiality: Respect privacy and informed consent

Respect: Uphold dignity and autonomy

Non-discrimination: Provide equal treatment regardless of identity

Honesty: Share complete and transparent information about services and risks

Final Call

South Africa is facing a war against its women and children. To end GBV and its mental health consequences, we must challenge sexist norms, confront harmful stereotypes, and build systems that protect and empower survivors. The time for action is now.

EMERGENCY AND CRISIS HELPLINES

GBV Command Centre:

0800 428 428 (24/7)

OR

SMS “HELP” to 31531: For the GBV Command Centre

Stop Gender Violence Helpline:

0800 150 150

TEARS Foundation:

1347355#

SAPS Emergency:

10111

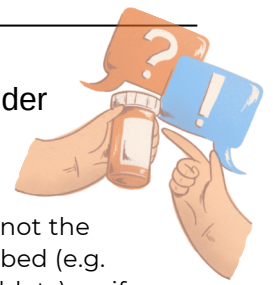
National Shelter Movement:

0800 001 005



Practical Tips for Choosing a Urine Drug Test: Key Steps and What to Consider

By: J. Uys



Urine drug testing (UDT) is widely used in clinical, workplace, and forensic settings. Proper procedure is essential to ensure accurate, reliable, and legally defensible results.

Policy on Drug Testing

It is essential to have a Substance Abuse Policy in place to provide guidance and what to test for, how often to test, who to test and how to identify those who must be tested. It also should mention the company's stance re substance abuse (REMEMBER: Zero Tolerance does NOT mean the result must be zero - it means that, if a person has a non-negative result, the company will have no mercy - (s)he will be disciplined according to the company's policy).

Zero does not mean "0"!

Test Kits

BEFORE drug testing is done, the OHNP, OMP, Human Resources representative, the Safety representative and a member of the company's senior management must decide WHICH substances they want to test for.

Note that it should be determined according to which drugs are considered to be abused in the employer's geographical area(s). Information on this is scarce and usually only focused on larger metropolitan areas, however, AI can assist with summarising specific data when using the correct prompts, e.g. "Which drugs are most commonly abused in Cape Town, South Africa?". By using AI, specific scientific data can be identified - make sure that the information is gleaned from peer-reviewed sources to ensure authenticity.

Most common drugs of abuse in Cape Town are (when using the prompt above), most frequently abused drugs first:

- alcohol
- methamphetamine (MET) - "tik"
- cannabis (THC) - "dagga"
- heroin (OPI)
- methaqualone or "qualudes" (MQL) - Mandrax
- Cocaine (COC)

Other commonly abused drugs are amphetamines (AMP).

NOTE that benzodiazepines (BZO) are not generally abused by the majority of local users and is usually restricted to people who have legal prescriptions for these medications.

It becomes illegal when the user is not the person to whom the drug is prescribed (e.g. husband uses his wife's sleeping tablets), or if the drug was obtained illegally.

Also consider that testing for benzodiazepines in jobs where the consequences of not being fully awake are severe, e.g. bus drivers or pilots who convey people, long distance trucks carrying hazardous chemicals etc. If these workers can prove legal use (e.g. prescription) a risk assessment must be obtained and the employee must be evaluated by an OHP for fitness to work.

Therefore, benzodiazepines should only be included in the drug test panel if the risk to safety is high.

Cut-off levels

Apart from evaluating which drugs to test for, the test kit panel must also include the minimum cut-off values for a specific drug. This means that the test kit can detect a substance if the concentration of the metabolite in the urine is higher than the cut-off value. These cut-off values can be obtained from most pathology labs, but the limitations of screening tests vs. laboratory tests must be taken into account. It is always best to consult with professionals, e.g. an OMP to obtain the latest acceptable cut-off values for each substance on the test panel.

Adulteration screens

Any substance abuse test CUP should have at least adulteration screens for temperature, SG, pH and substances such as oxidants, nitrates and glutaraldehyde. Colour and odour are also signs of adulteration and can be determined by just looking at the sample.

When using test kit panels (without the cup), adulteration screens are not usually included and more vigilance is needed to evaluate the sample for temperature, odour, colour and sediments.

Quality: You get what you pay for

You usually get what you pay for with drug tests. Price isn't everything, though—choose reputable brands that test for the right substances, with correct cut-off levels. Do your homework!

**Stay tuned for the next part in this series:
Why Do We Do Substance Abuse
Testing?**



“THE ELEPHANT IN THE BOARDROOM IS THAT MENTAL HEALTH DOESN’T DISCRIMINATE: WHY THE C-SUITE IS BURNING OUT”

Report by: Joan Visser

Mental Health Doesn’t Stop at the Boardroom

July was Mental Illness Awareness Month in South Africa, and while employee mental health has gained attention, C-Suite executives remain overlooked. The article argues that mental health challenges affect everyone—from interns to CEOs.

The Pressure at the Top

- Executive isolation is a growing concern, with leaders facing chronic loneliness and pressure to appear invulnerable.
- Despite access to premium care, many executives avoid seeking help due to stigma.
- Jaco Oosthuizen (MD of YuLife SA) warns that this emotional burden is unsustainable.

Mental Health Stats in SA Workplaces

- Over 50% of employees have been diagnosed with a mental health condition:
 - 32% with depression
 - 25% with clinical stress
 - 18% with anxiety
- **A SADAG study found:**
 - 60% of employees wish they could quit
 - Half dread Mondays
 -

Wellness Needs to Be Top-to-Bottom

- Post-COVID, companies are investing in wellness to combat burnout and turnover.
- Deloitte reports a 4:1 ROI for mental health initiatives.
- Yet, executives often neglect their own wellbeing, wrongly believing their compensation should offset stress.

Culture of Care Starts at the Top

- Leaders must model self-care to foster a compassionate workplace.
- Solutions include:
 - Confidential coaching
 - Peer support networks
 - Safe spaces for reflection

For employees: anonymous tools, regular check-ins, and empathy over judgment.

Final Thought

Mental health is a business-critical issue. Healing must flow both ways—up and down the corporate ladder—to ensure sustainable performance and wellbeing for all. You can read the full article on [Business Media MAGS](#).

Examples of Effective Calls to Action

CTA Phrase: Why It Works

“Start the conversation—share your story today.”

Encourages openness and vulnerability, especially in mental health contexts.

“Take five minutes for your wellbeing—try our anonymous check-in tool.”

Low commitment, high impact; removes barriers to participation.

“Lead by example—book your confidential coaching session now.”

Targets executives and reinforces leadership through action.

“Join the movement—make mental health a priority in your workplace.”

Creates a sense of collective purpose and urgency.

“Download our Mental Health Toolkit and take the first step.”

Offers a tangible resource and a clear next step.

“Let’s build a culture of care—nominate a wellness champion today.”

Invites participation and ownership across the organisation.

These CTAs work well because they:

- Use action-oriented language (“start,” “join,” “take”)
- Offer value or support
- Are clear and specific
- Tap into emotion or purpose



Book review: Fitness to Work, 6th Edition

Report by: Joan Visser



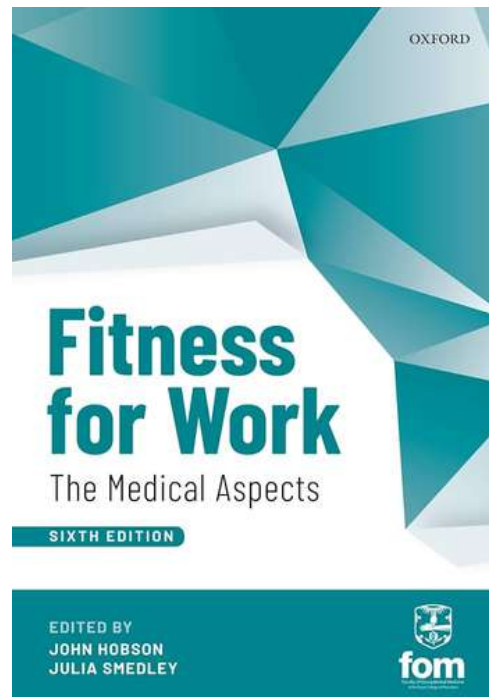
The 6th edition of "Fitness to Work" is an essential resource for occupational health professionals, providing comprehensive guidance assessing an individual's fitness for work across various industries and job roles. Edited by Keith T Palmer, Robin A F Cox, and Ian Brown, this edition continues to build on the solid foundation laid by its predecessors, offering updated and expanded content that reflects the latest developments in occupational health.

One of the standout features of this edition is its multidisciplinary approach. The book brings together contributions from experts in occupational medicine, law, and human resources, ensuring that readers gain a well-rounded understanding of the complex factors influencing fitness for assessments. This collaborative effort enriches the content, making it relevant and practical for a wide range of professionals.

The 6th edition also places a strong emphasis on the legal and ethical considerations surrounding fitness for work assessments. It provides clear guidance on navigating the often-complex legal landscape, helping practitioners make informed decisions that are both legally compliant and ethically sound. This is particularly valuable in today's rapidly changing work environment, where new challenges and regulations continually emerge.

In addition to its legal and ethical focus, the book offers practical tools and case studies that illustrate real-world applications of fitness for work assessments. These case studies are particularly useful for practitioners seeking to apply theoretical knowledge to practical situations, providing valuable insights into the nuances of different scenarios.

Overall, "Fitness to Work, 6th Edition" is a must-have reference for anyone involved in occupational health. Its comprehensive coverage, multidisciplinary approach, and practical focus make it an invaluable resource for ensuring that individuals are fit to work safely and effectively. Whether you are a seasoned occupational health professional or new to the field, this book will undoubtedly enhance your practice and support your efforts to promote workplace health and safety.



Available online; reviewed by Google Books: [Fitness for Work: The Medical Aspects](#) (link - click/tap to access)

Book cost:

[R1,618.84 \(Bookdelivery.com\)](#)

[R2,598.00 \(Takealot.com\)](#)

[R2,531.00 \(Amazon.co.za\)](#)



45th SASOHN National Conference: 2025 Hosted by SASOHN Kwazulu-Natal Coastal



Exhibitors





Awards & Recognition



Cocktail & Gala events



Management Attitude Towards Occupational Health Nurses in an Occupational Health Setting

Nontobeko Ndlovu

Occupational Health Nurses (OHNs) are essential healthcare professionals who contribute to the health, safety, and productivity of the workforce. In occupational health settings, the attitude of management towards these nurses plays a critical role in shaping the effectiveness and sustainability of workplace health programs. Management's perception, level of support, and willingness to collaborate directly impact the scope and quality of services OHNs can provide.

A positive management attitude is characterized by recognition of the OHN's expertise, inclusion in strategic planning, and adequate resourcing of health initiatives. When occupational health is prioritized at the leadership level, OHNs are empowered to engage in proactive health promotion, risk assessment, emergency preparedness, and policy development. This supportive approach not only enhances employee well-being but also contributes to a safer and more productive work environment.

However, in some settings, management may exhibit a limited understanding of the OHN's role, viewing it as purely administrative or reactive. This can lead to underinvestment in occupational health programs, minimal involvement in decision-making, and reduced effectiveness of workplace interventions. Such attitudes can contribute to nurse burnout, role ambiguity, and missed opportunities for preventive care.

Effective collaboration between management and OHNs depends on mutual respect, open communication, and a shared commitment to employee welfare. When management values the input of OHNs, it fosters a culture of health and safety, leading to improved organizational outcomes such as lower absenteeism, higher morale, and compliance with health regulations.

In summary, the management's attitude towards Occupational Health Nurses is a key determinant of the success of occupational health services. Supportive leadership not only validates the vital role of OHNs but also drives the overall health and performance of the workforce.



Collaboration
Makes for great results!



SABINET Updates



Medicines and Related Substances Act, 1965 (Act 101 of 1965)

The notice lists newly registered medicines under Section 17 of the Act. These include a wide range of pharmaceutical products such as antihypertensives, antidiabetics, antivirals, oncology drugs, and veterinary medicines.

Compensation for Occupational Injuries and Diseases Act, 1993 (Act 130 of 1993)

The Compensation Fund has changed its banking details effective 01 August 2025. All payments (including Return of Earnings, pension overpayments, medical and compensation benefits, and procurement-related payments) must now be made to specific Nedbank accounts with designated reference numbers.

National Environmental Management Act, 1998 (Act 107 of 1998) and Related Legislation

Notification of an Environmental Authorisation application for a major energy project in the Free State Province. The project involves:

- Conversion of an Exploration Right to a Production Right for helium and methane gas
- Development of up to 43 production wells, pipelines, and a gas processing plant
- The process includes:
- Compliance with EIA Regulations (2014, as amended)
- Applications for Water Use Licence, Waste Management Licence, and Atmospheric Emissions Licence
- Mandatory public participation under Chapter 6 of the EIA Regulations
- This marks a significant step in regulatory oversight for large-scale energy projects.



Fertilizers, Farm Feeds, Agricultural Remedies and Stock Remedies Act, 1947 (Act No. 36 of 1947)

The Minister of Agriculture intends to prohibit the acquisition, sale, or use of agricultural remedies containing Terbufos effective 31 December 2025. Stakeholders have 14 days from publication to submit comments on this proposed prohibition.

Purpose: To enhance safety and compliance with agricultural standards..

Health Professions Act, 1974 (Act No. 56 of 1974)

Key Amendments to Ethical Rules:

- Definition of “Appropriate healthcare” updated to mean care that delivers clinical benefits outweighing negative effects, ensuring treatment is justified.
- Rule 18 revised: Practitioners may only accept employment from council-approved employers under a written contract that serves public and professional interests.
- These changes aim to strengthen ethical standards and protect public health.

Medicines and Related Substances Act, 1965 (Act No. 101 of 1965)

Key Concern and Directive:

The Department of Health raised concerns about public sector tender prices exceeding Single Exit Prices (SEP), contrary to Section 22G(3)(a).

Directive:

- All tender prices must comply with SEP immediately.
- Non-compliance may lead to disqualification and enforcement under PFMA and Medicines Act.
- Goal: Ensure fairness, transparency, and affordability in medicine procurement for the public sector.



SABINET Updates

National Environmental Management Act, 1998 (Act No. 107 of 1998)

The Department of Forestry, Fisheries and the Environment has published a National Guideline for considering climate change implications in applications for:

- Environmental Authorisations (EA)
- Atmospheric Emission Licenses (AEL)
- Waste Management Licenses (WML)

Purpose:

- Integrate climate change considerations into Environmental Impact Assessment (EIA) processes.
- Provide guidance on assessing greenhouse gas emissions, climate risks, and adaptation measures.
- Ensure compliance with national and international obligations (e.g., Paris Agreement).

Public Participation:

Stakeholders are invited to submit comments within 30 days of publication.

Compensation for Occupational Injuries and Diseases Act, 1993 (COID Act)

The Compensation Fund has introduced an Account Verification System (AVS) to strengthen internal controls and ensure accurate payments for claims.

Requirements for Updating Banking Details:

- Original WAC.33 form
- Stamped bank statement (not older than 3 months)
- Certified ID copy
- Proof of address
- Additional documents apply for medical claims (e.g., tax clearance certificate, practice letterhead).



Occupational Diseases in Mines and Works Act, 1973 (Act No. 78 of 1973)

The notice declares certain mines and works as controlled mines and risk work under the Act. This classification is significant because:

- It identifies workplaces where employees are exposed to conditions that may cause occupational diseases.
- Employers in these mines must comply with specific health monitoring and reporting obligations to protect workers.

Occupational Health and Safety Act, 1993 (Act No. 85 of 1993)

Two sets of regulations were updated:

Environmental Regulations for Workplaces

- Housekeeping: Employers must maintain clear, unobstructed spaces around machinery, keep workplaces clean, and ensure safety measures for openings and elevated work areas.
- Flooding Precautions: Employers must implement measures to detect and prevent flooding risks.
- Fire Safety: Emergency exits must open outward, staircases should be non-combustible and unobstructed, and workplaces must have adequate fire-fighting equipment.

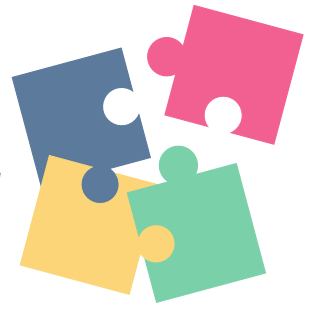
General Safety Regulations

- Personal Safety Equipment: Employers must assess risks and take steps to ensure safe conditions.
- First Aid Requirements: For workplaces with more than 10 employees, at least one certified first-aid practitioner is required per 50 employees (or per 100 in offices/shops).
- Penalties: Non-compliance can result in fines or imprisonment (up to six months), with additional penalties for continuous offences.

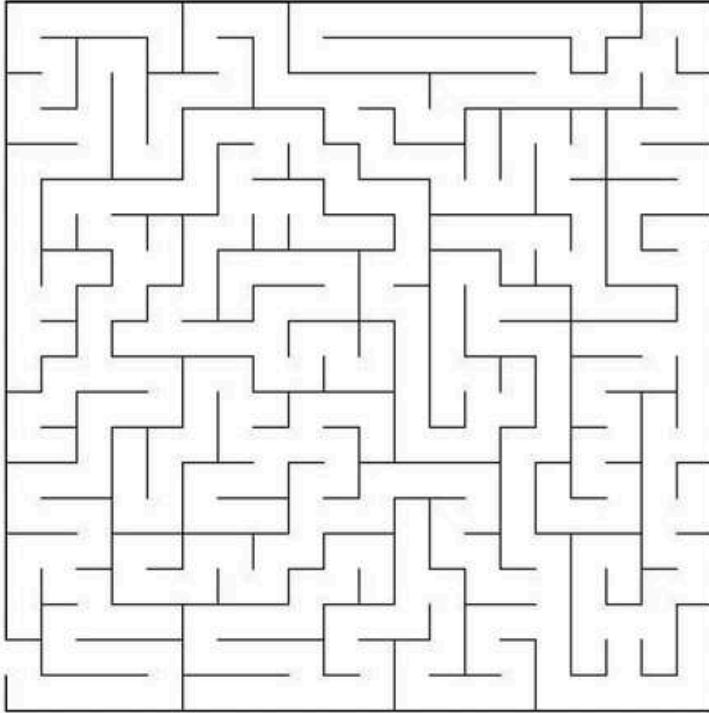


Fun Page

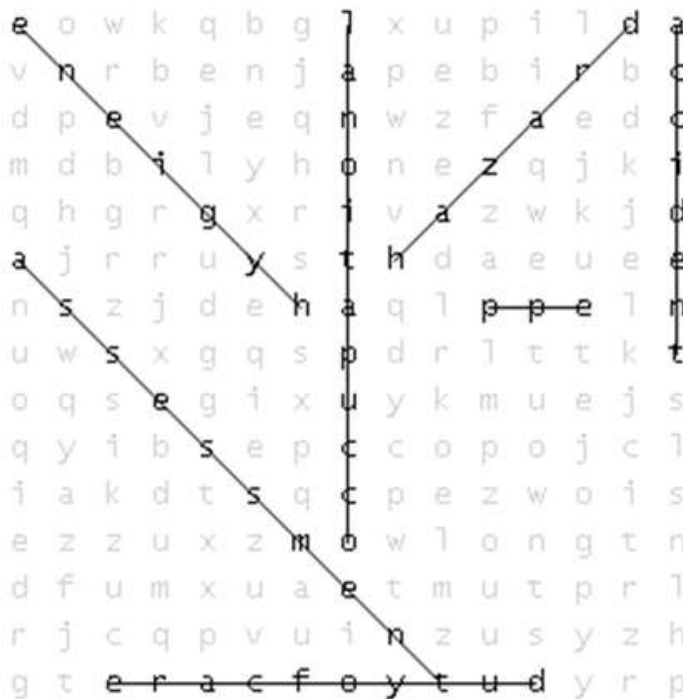
FOR THOSE WHO LIKE A CHALLENGE



Find your way out



Answers on word puzzle: Newsletter #2/2025



Clue: Occupational _____ The science of anticipating, recognizing, evaluating, and controlling workplace hazards. Answer: **Hygiene**

Clue: _____ disease caused or made worse by work conditions or exposure. Answer: **Occupational**

Clue: A harmful substance workers might inhale, touch, or be exposed to. Answer: **Hazard**

Clue: Protective gear worn to reduce exposure to hazards (abbreviation). Answer: **PPE**

Clue: Regular medical check-ups to detect early signs of work-related illness (2 words 6/10). Answer: **Health Assessment**

Clue: A sudden and unexpected event that causes injury at work. Answer: **Accident**

Clue: Legal duty of employers to ensure a safe and healthy workplace (3 words 4/2/4)

Answer: **Duty of Care**

