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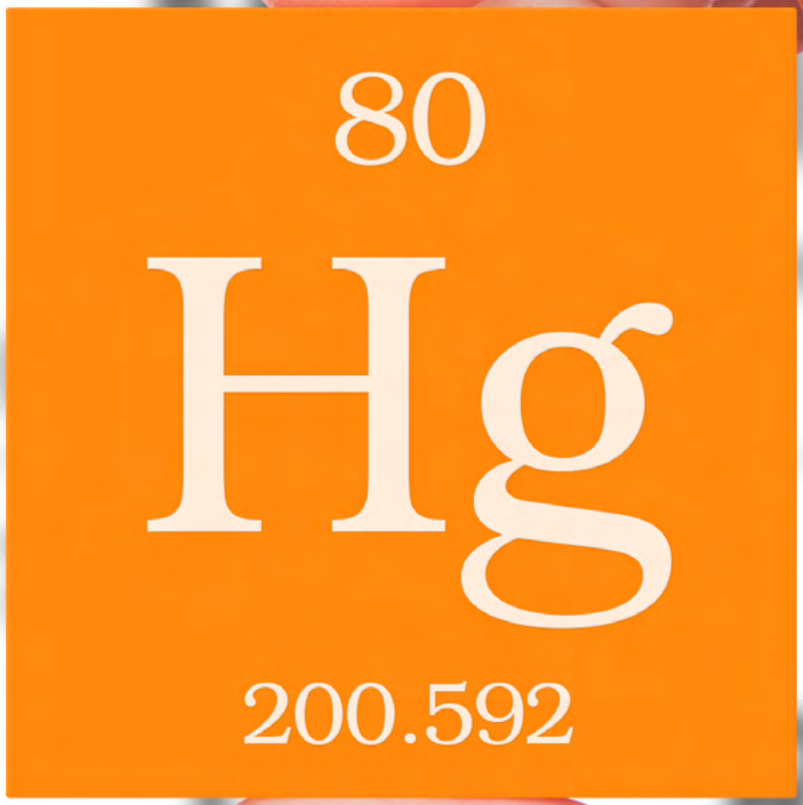
COMPASS™ CRUX

November 2016 Edition
Steering healthcare risk waste in the right direction



COMPASS WINS PMR DIAMOND ARROW AWARD

ZIKA UPDATE: THE MODERN PLAGUE?

MERCURY

HOW IT AFFECTS YOU AND WHERE IT LURKS

We have created a supportive workplace worth working for.

POSITIONS AVAILABLE

KZN HEAD OFFICE, WESTVILLE

Procurement manager
responsible for the day to day management of the procurement department with a focus on continuous improvement in purchasing, sourcing and negotiating with suppliers. A national diploma in purchasing management and a minimum of five years purchasing management experience, preferably within a service industry, is required. Competencies required include accuracy, excellent negotiating, networking and relationship building skills and being able to participate in the development of specifications for equipment and products. Strong financial acumen, with the ability to gather and analyse data and to work with figures is needed. If you meet the above requirements and are a team player who can work under pressure, please email your CV to **recruitment@compass.za.net.**

KZN HEAD OFFICE, WESTVILLE

Business development manager
reporting to the new business development executive. A bachelor's degree with a minimum of five years' experience in Business Development Management (BDM) and project management in the sales or marketing environment is essential. A proven ability to plan, develop and execute business development strategies is required. Knowledge of government and private sector supply chain management / procurement systems and policies is advantageous. If you have excellent communication and presentation skills with a strong background in estimating, negotiating and tendering, please email your CV to **recruitment@compass.za.net.**

GAUTENG, CLAYVILLE

Stores controller
reporting to the regional manager. The applicant must have a diploma in warehouse management and be computer literate in MS Office and SAP. A minimum of five years' experience in warehouse management with excellent written and verbal communication skills is required. Balancing of stock, good housekeeping and maintenance is needed. If you possess good knowledge and experience of stock control systems, including monthly stock count and ordering of stock, please email your CV to **recruitment@compass.za.net.**

GAUTENG, CLAYVILLE

Daniels senior sales executive
reporting to the sales manager, focussing on Daniels Sharpsmart - an international, first generation reusable sharps containment system. Ten years proven experience in sales and all aspects of general management is essential. A business management degree / diploma would be advantageous. Excellent verbal, numeric and communication expertise together with strong negotiating skills are required. The applicant must be customer-centric, dynamic, resourceful and able to travel within SA. If you are an innovative manager capable of setting and achieving targets, please email your CV to **recruitment@compass.za.net.**

Join our team and be part of the solution

www.linkedin.com/company/compass-waste-services

COMPASS™
Medical Waste Services

COMPASS™ CRUX

Safety. Quality. 100% Committed.

FROM THE EDITOR

I am sure you are asking yourself...where has 2016 gone? The year has flown by! On page 10 of the Compass CRUX, you will meet the six ambassadors who have endorsed the 2017 'Reflections of Africa' calendar in support of CROW. The calendar makes the perfect end of year gift for friends, family, colleagues and customers.

This publication kicks off by highlighting the health effects of Mercury exposure, followed by the announcement of Compass winning the pmr.africa award for excellence.

The chairman of the South African Medical Association, Dr Mzukisi Grootboom, then covers the topic of patient records - the ethical and legal considerations.

On page eight and nine, Janice Tooley, consultant to Shepstone & Wylie Attorneys, explains the validity of waste manifests and tax invoices which are generated electronically.

On page 14 Professor Arnold Christianson gives us a hard hitting update on the Zika virus. He believes that the associated public health crisis of Zika is not in our backyard, it is on our doorstep.

With 30 years nursing experience, Dianne Pillay of RK Khan Hospital was an obvious choice for our customer feature. Read about KZN's one-of-a-kind TB Focal Point facility which Dianne designed and motivated for - an achievement she is very proud of.

Happy reading and warm regards

Tenley Cummings
Editor

CONTENTS

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HEALTH EFFECTS OF MERCURY EXPOSURE

United States Environmental Protection Agency and Agency for Toxic Substances and Disease Registry

MERCURY QUICK FACTS

WHAT IS ELEMENTAL MERCURY?

Elemental (metallic) Mercury is the shiny, silver-grey metal found in thermometers, barometers, thermostats and other electrical switches.

Mercury:

- can break into droplets when spilt. The droplets spread easily and can build up in tiny cracks and spaces in your house.
- can vaporise (evaporate) into the air in your house. The vapour cannot be seen or smelt.
- can be toxic to people's nervous system, lungs and kidneys.

HOW CAN I BE EXPOSED TO ELEMENTAL MERCURY IN MY HOME?

People can be exposed to elemental Mercury when household items that contain Mercury are broken. Elemental Mercury can also be brought into your house from abandoned industrial sites and other places. Breathing Mercury vapours in the air is the most common way to be exposed to elemental Mercury, and is the most harmful to your health. If Mercury is swallowed most of it passes through your body and very little is absorbed. If you touch Mercury for a short period of time a small amount may pass through your skin, but not enough to harm you.

If Mercury spills in your house:

- it can absorb, or be drawn into carpet, furniture, floors, walls and other items.
- it can permeate the house if it is not cleaned up right away.
- it will vaporise into the air over time. Mercury vapour is heavier than air and tends to remain near the floor or area where the spill happened. It can build up in poorly ventilated or low-lying areas in your house.
- vapours can get into the ventilation system and be spread throughout your house.

If Mercury is spilt onto a hot surface, such as a burner on a stove, Mercury will vapourise quickly and can be more dangerous.

HOW MUCH MERCURY SPILT IN A ROOM WILL MAKE AIR IN THE ROOM UNSAFE?

Any amount of Mercury spilt indoors can be hazardous. The more Mercury is spilt, the more its vapour will build up in air and the more hazardous it will be. Even a small spill, such as from a broken thermometer, can produce hazardous amounts of vapour, if a room is small enough, warm enough and people spend a good deal of time there.

WHAT ARE THE HEALTH EFFECTS OF MERCURY EXPOSURE?

The health effects that can be caused by breathing Mercury depend on how much Mercury vapour you breathe and how long you breathe the vapours. Health problems can result from short-term or long-term Mercury exposure.

WHO IS MOST LIKELY TO HAVE HEALTH PROBLEMS AFTER BREATHING MERCURY VAPOURS?

The following groups of people are particularly sensitive to the harmful effects of Mercury:

- pregnant women – Mercury can pass from a mother's body to her developing foetus.
- infants – Mercury can also be passed to nursing infants through breast milk.
- young children – they tend to play on floors where mercury may have been spilt, and are more likely to breathe more vapours than an adult because they breathe faster and have smaller lungs.

Health effects caused by short-term exposure to high levels of Mercury vapours:

- cough, sore throat
- shortness of breath
- chest pain
- nausea, vomiting, diarrhoea
- increase in blood pressure or heart rate
- a metallic taste in the mouth
- eye irritation, vision problems
- headache

Health effects caused by long-term exposure to Mercury vapours:

- anxiety
- excessive shyness
- anorexia
- sleeping problems
- loss of appetite
- irritability
- fatigue
- forgetfulness
- tremors
- changes in vision
- changes in hearing

WHAT TESTS ARE AVAILABLE FOR ELEMENTAL MERCURY EXPOSURE?

Urine or blood samples can be tested to see if you have been exposed to too much Mercury. A urine test is preferred for measuring elemental Mercury. Urine samples may be collected over a 24-hour period, or taken once (preferably in the morning after awakening). A blood test can be used to measure exposure to high levels of Mercury if you can be tested within three days of exposure.

If a test shows you have Mercury poisoning (too much Mercury in your body), your doctor can give you medicine that will remove the Mercury from your body. Call the **Poison Control Centre on 0861 555 777**, if you or your doctor need help understanding your test results.

COMPASS WINS THE PMR.AFRICA EXCELLENCE AWARD

Safety. Quality. 100% Committed.

PMR.AFRICA COMPLETED A NATIONAL SURVEY ON WASTE MANAGEMENT COMPANIES IN SOUTH AFRICA, USING THE BELOW RESEARCH PROCESS:

Universe
Waste industry.

Timing
Interviews were conducted during May and June 2016.

Sample
Random national sample of 100 respondents comprising of the most senior person responsible for waste management / removal representing municipalities, businesses, manufacturers, landlords, body corporates, hospitals and clinics.

Methodology
Interviews were carried out telephonically utilising semi-structured questionnaires. Back-checks were conducted at all stages of the fieldwork, data capture and analysis.

The respondents rated the waste management companies across a range of 22 attributes, namely:

- Attention to detail
- Attitude of staff (friendly, helpful)
- BEE compliance
- Competent and reliable staff
- Compliance with regulatory requirements
- Condition of equipment
- Co-operation of staff
- Delivery on promises
- Efficient communication (timeous communication and feedback)
- Efficiency of services (efficiency and productivity of cleaners)
- Environmentally friendly practices
- Offering customised cleaning solutions
- Quality of administration (e.g. correct invoicing)
- Quality of products used
- Quality of work / services
- Regular introduction of new services / innovative ideas / workable solutions
- Reputation of company (i.e. perception of the company's brand, integrity, CSI)
- Safety awareness (e.g. compliance to regulations)
- Supervision of staff
- Timeous completion of services
- Value for money
- Variety of services and products offered

- **Each attribute rated on a scale of 1.00 - 5.00**
- **1.00 = poor and 5.00 = outstanding**

Jan van den Berg, Gauteng regional manager, receiving the pmr.africa award on behalf of Compass

The respondents gave verbatim comments on the strengths and weaknesses of the companies they evaluated / rated. The ratings are based on the perceptions of the respondents. The results are published according to areas of specialisation.

In the area of specialisation, medical or healthcare risk waste, **Compass Medical Waste Services was the highest rated on a mean score of 4.19 out of a possible 5.00** and received the Diamond Arrow Award – the highest rated in the category.

ABOUT PMR.AFRICA

pmr.africa, a black owned company, operates in all SADC countries and offers the following services:

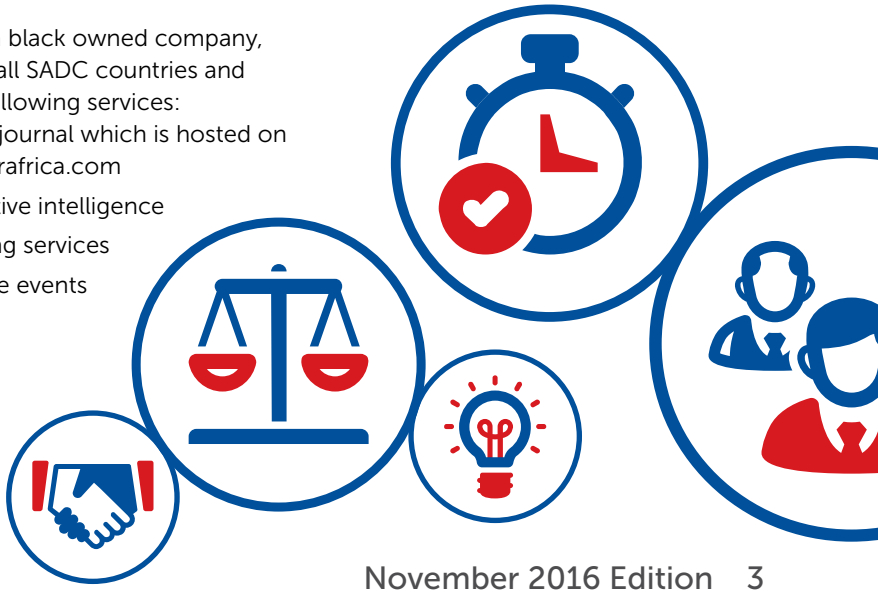
- Business journal which is hosted on www.pmrafrica.com
- Competitive intelligence
- Consulting services
- Corporate events
- Research
- Seminars
- Training

pmr.africa editorial philosophy:
"IT IS ONLY BY STANDING ON THE SHOULDERS OF GIANTS THAT I HAVE SEEN FURTHER " - SIR ISAAC NEWTON

Vision:
To enhance global competitiveness for companies and institutions.

Mission:

- To create global and unique marketing tools for companies, departments and institutions
- To enhance excellence in industries
- To set benchmarks in industries
- To acknowledge personnel and staff



PATIENT RECORDS
ETHICAL AND LEGAL CONSIDERATIONS

BY DR MZUKISI GROOTBOOM, CHAIRPERSON OF THE SOUTH AFRICAN MEDICAL ASSOCIATION


Dr Mzukisi Grootboom

Good quality medical records are an essential component of safe and effective healthcare. Their main function is to facilitate continuity of care, but there are also many secondary uses they are put to.

DEFINITION

According to the Health Professionals Council of South Africa (HPCSA) 'Guidelines on the Keeping of Patient Records' (second edition 2008), a health record may be defined as any relevant record made by a healthcare practitioner at the time of or subsequent to a consultation and / or examination or the application of health management. A health record contains the information about the health of an identifiable individual recorded by a healthcare professional, either personally or at his or her direction.

Adequate medical records enable you or somebody else to reconstruct the essential parts of each patient contact without reference to memory. They should therefore be comprehensive enough to allow a colleague to carry on where you left off. Good medical records are comprehensive, contemporaneous, comprehensible and accurate, and attributable.

OWNERSHIP OF MEDICAL RECORDS

- The practitioner is the owner of the medical record, not the patient.
- The patient must be provided with access to and copies of the medical record when requested.
- Exception – X-rays and CT scans paid for by the patient are owned by the patient. Agreement can be reached where the doctor retains these records for monitoring purposes.
- Medical Records are not owned by a doctor who is employed in a medical practice (as a professional assistant / locum) but rather by the practice itself. Copies should, however be made available to that doctor should they be required to mount a defence against litigation or a professional conduct inquiry.

RETENTION OF MEDICAL RECORDS

- All practitioners have an obligation to retain the medical records of their patients.
- Medical records contain confidential information of a patient's health status, and fall under section 14 of the National Health Act:
  - **Confidentiality**
    (1) All information concerning a user, including information relating to his or her health status, treatment or stay in a health establishment, is confidential.
    (2) Subject to section 15, no person may disclose any information contemplated in
  - **Sub-section (1) unless:**
    - the user consents to that disclosure in writing;
    - a court order or any law requires that disclosure; or
    - non-disclosure of the information represents a serious threat to public health.
- Records must be kept in a safe place, accessible only to authorised persons.

PERIOD OF RETENTION: HPCSA GUIDELINES

- Health records should be stored for a period of not less than six years as from the date they became dormant.
- In the case of minors and those patients who are mentally incompetent, healthcare practitioners should keep the records for a longer period:
  - For minors under the age of 18 years health records should be kept until the minor's 21st birthday because legally minors have up to three years after they reach the age of 18 years to bring a claim. This would apply equally for obstetric records.
  - For mentally incompetent patients the records should be kept for the duration of the patient's lifetime.
- In terms of the Occupational Health and Safety Act (Act No. 85 of 1993) health records must be kept for a period of 20 years after treatment.
- Notwithstanding the provisions in paragraphs above, the health records kept in provincial hospitals or clinics shall only be destroyed if such destruction is authorised by the Deputy Director General concerned.
- In addition to the time periods mentioned above there are a number of other factors that may require health records to be kept for longer periods, but no clear-cut rules exist in this regard. For instance, certain health conditions take a long period to manifest themselves, (e.g. asbestosis), and records of patients who may have been exposed to such conditions, should be kept for a sufficient period of time. The HPCSA recommends that this should not be less than 25 years.
- A balance must be reached between the costs of (indefinite) retention of records (in terms of space, equipment, etc.) and the occasional case where the practitioner's defence of a case of negligence is handicapped by the absence of records. The value of the record for academic or research purposes, and the risks resulting from the handling or complications of the case, are additional considerations.
- Where there are statutory obligations that prescribe the period for which patient records should be kept, a practitioner must comply with these obligations.

UNDERLYING PRINCIPLES

Guidelines and legislation often lag behind technological advancement. The following principles should guide decisions in choosing a records management system:

1. The system should be secure and not accessible to any other person.
2. It should also ensure that no subsequent modifications can be made to the stored data.
3. There should be a separate back-up storage of the medical records.

ACCESS TO RECORDS

- A healthcare practitioner shall provide any person of age 12 years and older with a copy or abstract or direct access to his or her own records regarding medical treatment on request (Children's Act - Act No. 38 of 2005).
- Where the patient is under the age of 16 years, the parent or legal guardian may make the application for access to the records, but such access should only be given on receipt of written authorisation by the patient (Access to Information Act - Act No. 2 of 2000).
- Information about termination of a pregnancy may not be divulged to any party, except the patient herself, regardless of the age of the patient (Choice on Termination of Pregnancy Act - Act No. 92 of 1996).
- No healthcare practitioner shall make information available to any third party without the written authorisation of the patient or a court order or where non-disclosure of the information would represent a serious threat to public health (National Health Act - Act 61 of 2003).

EXCEPTIONS

- Where a court orders the records to be handed to the third party.
- Where the third party is a healthcare practitioner who is being sued by a patient and needs access to the records to mount a defence.
- Where the third party is a healthcare practitioner who has had disciplinary proceedings instituted against him or her by the HPCSA and requires access to the records to defend himself or herself.
- Where the healthcare practitioner is under a statutory obligation to disclose certain medical facts, (e.g. reporting a case of suspected child abuse in terms of the Children's Act, (Act No. 38 of 2005).
- Where the non-disclosure of the medical information about the patient would represent a serious threat to public health.

IMPACT OF POPI ACT

- Adherence to the current ethical and legal obligations is insufficient for POPI (Protection of Personal Information) compliance.
- POPI extends further than merely maintaining confidential information. It places the obligation that the data (medical records) is protected against loss or theft and further that the data contained in medical records is used only for the purpose for which consent was given by the patient (data subject).
- Medical Information is defined as 'special personal information' and proper consent must be obtained to process it.
- The consent required by Section 27 of POPI goes further than the 'informed consent' requirements of sec 5 of the National Health Act.
- The patient must be informed of the following:
  - what information is being collected,
  - what the information is going to be used for,
  - how long the information will be kept,
  - who will have access to the information,
  - processing of information, e.g. to medical schemes.
- Consent must be obtained in writing from the patient.

ABOUT DR MZUKISI GROOTBOOM

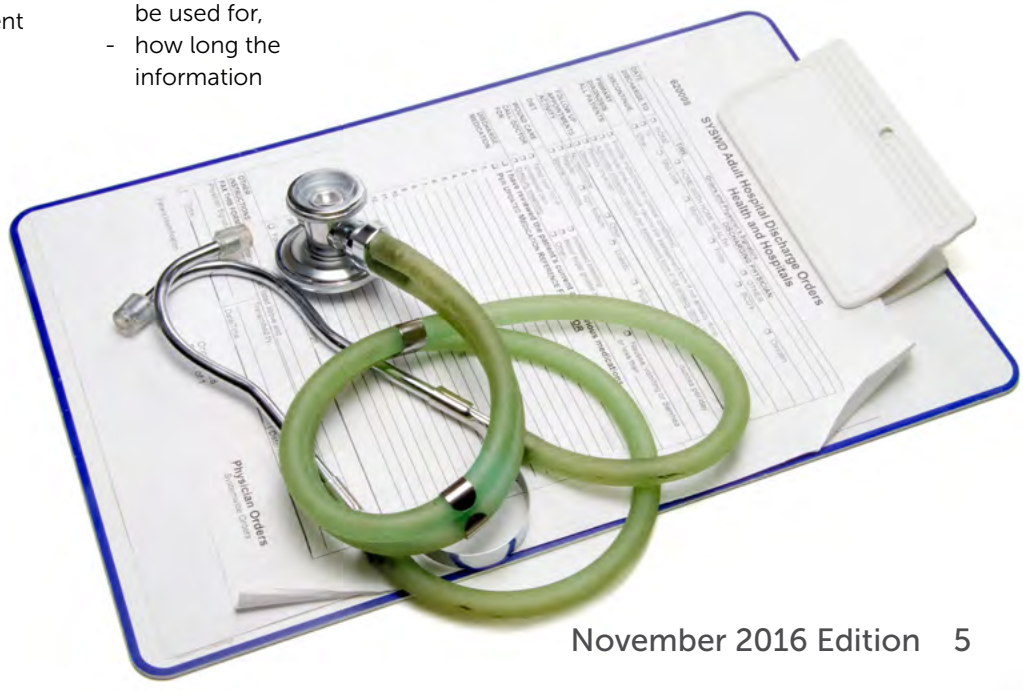
Dr Mzukisi Grootboom qualified as an Orthopaedic Surgeon in 1987 and spent three years at King Edward V111 Hospital. He then completed his super-speciality in spinal surgery at Hallowwood Orthopaedic Hospital and Queen's Medical Centre in Nottingham, UK. Dr Grootboom left the public service in 1992 and has been practising as a private Specialist Orthopaedic Surgeon in Durban ever since.

He joined the South African Medical Association in 1998. After a number of the associations were amalgamated, he held various senior positions until he was elected as chairman in 2013.

Elected a councillor of the World Medical Association in 2013 , Dr Grootboom sits on the medical ethics and socio-medical ethics committees.

His special interests are hip and knee replacements, spinal surgery and disability medicine.

He is the author of five peer reviewed academic articles.



DRIVERS' MEDICALS AND HEALTH

BY VISHIKA SINGH

Vishika Singh

A PRIORTY FOR COMPASS

At Compass, our distribution staff play a major role in our organisation, and as responsible employers we ensure that all our drivers and load assistants are healthy so as to carry out their functions efficiently. A high percentage of our staff welfare budget is allocated to medicals. In this article we will take a closer look at the medicals that our drivers undergo.

In order to ensure that there is not a conflict of interest we have appointed four independent companies in each of the regions, KwaZulu-Natal, Gauteng, Eastern Cape and Free State, to assist with the medicals. We perform medicals on all our drivers to determine whether they are able to perform their duties safely and effectively, and that they have the ability to make the requisite decisions for safe driving.

Our base line medical examination for drivers includes:

- A physical examination
- An eye test
- A basic hearing test
- Gamma GT* testing
- MCV* testing
- Substance abuse testing

This medical examination is conducted at the start of employment at Compass and annually thereafter for the period of employment and then repeated when the driver leaves our employment. If there are any irregularities in the results, the driver is referred for additional testing.

The medical examination is also vital in order to ensure compliance with relevant legislation, including:

- Road Traffic Act (No. 93 of 1996 – Sections 15 and 16)
- Occupational Health and Safety Act (No. 85 of 1993)
- Hazardous Substances Act (No. 15 of 1973)

The minimum standards for driver fitness are detailed in chapter four on the Fitness of Drivers, Section 15 and Section 16 of the National Road Traffic Act 93 of 1996.

SECTION 15 OF THE NATIONAL ROAD TRAFFIC ACT 93 OF 1996:

15(1) A person shall be disqualified from obtaining or holding a learner's or driving license if he or she:

(e) is suffering from one of the following diseases or disabilities:

- uncontrolled epilepsy;
- sudden attacks of disabling giddiness or fainting due to hypertension or any other cause;
- any form of mental illness to such an extent that it is necessary that he or she be detained, supervised, controlled and treated as a patient in terms of the Mental Health Act, 1973 (Act No. 18 of 1973);
- any condition causing muscular inco-ordination;
- uncontrolled diabetes mellitus;
- defective vision ascertained in accordance with a prescribed standard;
- any other disease or physical defect which is likely to render him or her incapable or effectively driving and controlling a motor vehicle of the class to which such license is related without endangering the safety of the public - provided that deafness shall not in itself be deemed to be such a defect.

(f) is addicted to the use of any drug having narcotic effect or the excessive use of intoxicating liquor.

Section 16 of Chapter 4:

- b) in the case of an application for a learner's or driver's license relating to a code C, C1, EC and EC1 (Code 10 and above), such person has:
  - according to the Snellen's rating a minimal visual acuity with or without refractive correction of 6 / 9 (20 / 30) for each eye; and
  - a minimal visual field of 70 degrees in respect of each eye, with or without refractive correction.

FOOTNOTE:

Gamma GT* is an abbreviation for gamma-glutamyl transferase or gamma-glutamyl transpeptidase (GGT). GGT is present in the cell membranes of many tissues, including the kidneys, bile duct, pancreas, gallbladder, spleen, heart, brain, and seminal vesicles. GGT is predominantly used as a diagnostic marker for liver disease. Latent elevations in GGT are typically seen in patients with chronic viral hepatitis infections often taking 12 months or more to present.

MCV* is mean corpuscular volume (MCV), and is a measure of the average volume of a red blood corpuscle. In patients with anemia, it is the MCV measurement that allows classification as either a microcytic anemia (MCV below normal range), normocytic anemia (MCV within normal range) or macrocytic anemia (MCV above normal range).

ABOUT VISHIKA SINGH

Vishika is the clinical support manager for Compass Medical Waste Services and has a Masters degree in Nursing Research from the University of KwaZulu-Natal. Vishika also holds a certificate in infection control, majoring in infection control and microbiology.

DISTRIBUTION INITIATIVE AT COMPASS MEDICAL WASTE SERVICES

At Compass Medical Waste Services we take the distribution of our products and collection of your healthcare risk waste very seriously. It is for this reason that we have embarked on a national programme to re-evaluate how best we maintain and operate our fleet.

Compass has employed the services of well-known fleet journalist and consultant Dave Scott. Our operations and procurement managers have teamed up with Dave to analyse every aspect of our distribution division.

We have delved into the detail of lubricant selection, condition monitoring of our vehicle lubricants, as well as how and when to service and maintain our vehicles. For invaluable insight on lubricants, we have partnered with Wear Check, an internationally known condition monitoring laboratory service provider. With a fleet of 91 trucks we take maintaining our vehicles very seriously.

Coupled with optimising the maintenance and lubrication cycles, we have also focused on driver behaviours and are working with Dave to identify areas that need improvement in order to create an effective driver wellness programme.

Our objective is to reduce and, in time, eradicate poor behaviours such as excessive idling and rapid acceleration. These two factors alone would result in a huge cost saving to Compass and, indirectly, to you our valued customer. Reducing idling also impacts the environment positively as it results in less fuel burnt and, in turn, less carbon dioxide released into the atmosphere.

Compass is excited about improving our distribution framework in order to offer you a better, more efficient and environmentally sustainable service offering.

ELECTRONIC WASTE MANIFEST DOCUMENTS AND TAX INVOICES

BY JANICE TOOLEY
THE VALIDITY OF ELECTRONIC DOCUMENTS

Some of Compass Medical Waste Services' customers have queried the validity of the waste manifest documents and tax invoices that are issued electronically. To give you peace of mind that this efficient and cost-effective service is legally acceptable, Shepstone & Wylie Attorneys have given us a legal opinion which we would like to share with you.

WASTE MANIFEST DOCUMENTS AND SAFE DISPOSAL CERTIFICATES

What does the law say?
A waste manifest document is a legal requirement prescribed by the Waste Classification and Management Regulations, 2013 under the National Environmental Management: Waste Act 59 of 2008 (NEMWA).

Regulation 11 of the Waste Classification and Management Regulations, 2013 requires that:

1. Every **holder**[1] of hazardous waste must be in possession of a waste manifest document containing the relevant information specified in **Annexure 2**[2] of the Regulations.
2. **Generators**[3] of hazardous waste must complete a waste manifest document containing the information specified in Annexure 2 for each consignment of waste transported to a waste manager.
3. **Waste transporters**[4] must not accept hazardous waste for transport, unless the waste manifest document accompanies the waste.
4. **All transporters** of hazardous waste must:
   - complete a waste manifest document containing the information specified in **Annexure 2**[2] of the Regulations for each consignment of waste transported;
   - provide the information to the generator before the waste is transported from the premises of the generator; and
   - provide the information to the waste manager at the time of delivery of the waste to the facility for a waste management activity.
5. **Waste managers**[5] must not accept hazardous waste unless the waste manifest document accompanies the waste.
6. **All managers** of hazardous waste must complete the waste manifest document with the information specified in Annexure 2 confirming that the waste load has been accepted and that the waste has been managed.
7. **All waste generators, transporters and managers** must:
   - retain copies, or be able to access copies / records, of the waste manifest documentation for a period of at least five years; and
   - make the waste manifest documentation available to the Department of Health upon request.

In all of these obligations pertaining to the waste manifest system and documentation, there is **no requirement for the original waste manifest document to be provided to or be in the possession of the generator of the hazardous waste.**

It is also permissible for waste generators, transporters and managers to retain copies (not originals), or alternatively be able to access copies or records of the waste manifest documentation via Compass' document management system (DMS) and again not necessarily the original documents.

We also need to look at the way waste manifest documentation may be issued. In terms of Section 47D of the **National Environmental Management Act 107 of 1998 (NEMA)**, a document under NEMWA (including a waste manifest document) may be issued to a company to its registered address or principal place of business by:

- delivering it by hand
- sending it by registered mail,
- faxing a copy of the document,
- e-mailing a copy of the document, or
- posting a copy of the document

and must be regarded as having come to the notice of the person, unless the contrary is proved.

ELECTRONIC TAX INVOICES ('E-INVOICE')

Tax invoices, including those issued electronically, are regulated under the **Value-Added Tax Act 89 of 1991 (VATA)**. The **Electronic Communications and Transactions Act 25 of 2002 (ECTA)** regulates electronic communications and transactions.

Provided an e-invoice meets the requirements of VATA and the ECTA, it is a valid tax invoice and should be processed as such on receipt.

The following is an extract from Section 13.7 on page 92 of the latest SARS VAT Vendor Guide, 2015:
13.7 ELECTRONIC TAX INVOICES AND RECORDS
The VAT Act includes specific requirements on the issuing of tax invoices, debit and credit notes, and the storage of these documents. Chapter 4 of the TA Act sets out the form, including electronic form, and

Janice Tooley

ABOUT JANICE TOOLEY
Janice is a consultant to Shepstone & Wylie Attorneys and a member of the Environmental Law Department. She specialises in environmental legal compliance, assisting clients with audits and legal registers, licence applications, directives, compliance notices, and appeals. She also provides legal advice and training on a range of environmental issues, and assists with High Court litigation. Janice holds a Masters in Environmental Science and has 13 years experience as an environmental consultant.

period in which documents should be retained. The requirements to issue and retain documents are equally applicable to vendors that do e-invoicing. Vendors do not need prior approval from the Commissioner to implement e-invoicing. However, it should be noted that generally the electronic transmission and retention of documents is regulated by the Electronic Communications and Transactions Act No. 25 of 2002 (the ECT Act). SARS is not in a position to issue rulings or provide advice on whether any Electronic Data Interchange (EDI) systems or any other electronic communications meet the technical specifications of the ECT Act.

The record keeping of documents has specific requirements. Upon the commencement of the TA Act, the Commissioner issued Public Notice No. 787: Electronic form of record keeping in terms of section 30(1)(b) of the TA Act, 2011119 which now regulates how records for tax purposes are to be retained in electronic form. SARS may, however, issue notices on whether a vendor complies with section 30 of the TA Act and a senior SARS official may authorise the retention of records in an alternative manner.

Vendors wishing to implement an electronic system must ensure that they do not replace their existing paper-based documentary systems before ensuring that they meet all the requirements.

Summary:

1. The **Waste Classification and Management Regulations, 2013** which require and regulate waste manifest systems, do not specify that the generator, transporter or manager of hazardous waste need to be in the possession of original documentation and expressly allow for **copies** to be retained and produced on demand.
2. Section 47D of NEMA allows for the **electronic transmission** of the completed waste manifest documentation from Compass to its customers.
3. The same then applies to **safe disposal certificates**, which are not referred to by name in the legislation but which in practice form part of the waste manifest documentation typically used to prove disposal at an authorised landfill site.
4. An e-invoice that meets the requirements of VATA and the ECTA is a valid tax invoice and should be processed as such on receipt.
5. Thus, the electronic copies of the waste manifest documents that Compass provides its customers are legally acceptable, as are the e-invoices that Compass issues.

FOOTNOTES:

1. **Holder of waste** means any person who imports, generates, stores, accumulates, transports, processes, treats, or exports waste or disposes of waste (NEMWA S1).
2. **Annexure 2:** Waste Manifest System Information Requirements (stipulates the information to be supplied by the Waste Generator (Consignor); Waste Transporter; and Waste Manager (Consignee)).
3. **Waste generator** means any person whose actions, production processes or activities, including waste management activities, results in the generation of waste (WCMR Reg 1).
4. **Waste transporter** means any person who conveys or transfers waste
   - between the waste generator and a waste management facility; or
   - between waste management facilities (WCMR Reg 1).
5. **Waste manager** means any person who re-uses, recycles, recovers, treats or disposes of waste (WCMR Reg 1).

UNDER AN AFRICAN SKY AMBASSADORS

The 2017 ‘Reflections of Africa’ calendar campaign is endorsed

Under an African Sky (UAAS) is a voluntary organisation started by Compass Medical Waste Services eight years ago. Over the years the committee comprising Compass staff volunteers have raised R1.3 million for animal welfare through their calendar campaign. The stunning 2017 calendar is entitled ‘Reflections of Africa’, featuring South Africa’s majestic wildlife and their reflections in water, and is endorsed by six incredible ambassadors.

The A2, UAAS wall calendar sells for R180, excluding postage, while the CD size desk calendar, comprising the same stunning photographs, sells for R60. To order your calendar please phone Dianne Reddy on 031 267 9700 or email orders@underanafricansky.co.za or visit www.underanafricansky.co.za. All proceeds from the calendar will be donated to CROW (Centre for the Rehabilitation of Wildlife) for the rescue, release and rehabilitation of orphaned and injured wild animals.

ABI RAY

Radio presenter come swim instructor, Abi Ray, turned off the mic after 12 years of being on air. Known for her well researched and executed radio interviews, Abi decided to remove herself from the mad world of corporate media and entertainment, and now its children between the ages of six months and six years who demand her attention.

Abi was delighted to be nominated as an ambassador for Under an African Sky.

“I support this campaign because I believe that the wildlife on earth is not ours to meddle with!” exclaims Abi. “Humans can’t just lay claim to everything here; resources and animals,’’ she continues.

“We are here to share ‘Mother Earth’ and respect all beings we share it with. If humanity just focused on kindness and respect for others, we’d be able to leave the wildlife for future generations to admire,” concludes Abi.

KELLY-ANN KIDGELL

Kelly-Ann Kidgell, wife, mom of three, writer and PJ-pants extraordinaire, is well known on social media platforms and has appeared in various publications for her charity work in the KZN community.

“Being an ambassador for Under an African Sky ties in beautifully with my life motto: ‘Be many to many’,’’ says Kelly who believes that life is so much more enriched if we spend a significant part of it helping others, be it humans or animals.

“Conservation of our beautiful wildlife starts with humans, and playing my small role in empowering such an incredible cause is a huge honour,” continues Kelly.

LLOYD PAUL

Lloyd Paul from Lotus FM is a recipient of the ‘Pfizer Mental Health’ Journalism Fellowship Award, winner of reality television show ‘You’re Hired’ on SABC 2, was named Sunday Tribune Lead SA Hero, and is now an Under an African Sky (UAAS) ambassador.

“It is vital for us to conserve and take care of the awesome wildlife that we share our planet with so that generations to come will also be able to see and appreciate these amazing creatures,’’ explains Lloyd. “This is the reason I grabbed the opportunity to represent UAAS and their benefitting charity, CROW, with both hands’’ continues Lloyd.

MELISSA SCHREIBER

Melissa Schreiber describes herself as an eco-warrior, animal activist and daughter of God. Born, raised and is still living in the small hamlet of Drummond, KwaZulu-Natal, Melissa constantly strives to make a difference in our world that can often be perceived as broken.

"I want to teach people that if you just have courage and be kind it can make an incredible difference," says Melissa.

In 2016, Melissa became a Miss Earth SA regional finalist and an Under an African Sky (UAAS) ambassador for the 2017 'Reflections of Africa' calendar. Her passion for animals, domestic and wild, makes her the perfect spokesperson for the work of UAAS and their benefitting charity CROW.

Melissa's favourite quote and one she attempts to live by is "One tree can start a forest, one life can make a difference, be that one today," BJ Gallangher.

PIERRE VENTER-MAHER

Pierre Venter-Maher has been in the entertainment industry for almost twenty years. His love for music and radio, from an early age, led him into the entertainment world where he now entertains and 'infotains' thousands of people through Durban Youth Radio (DYR).

Pierre has always been one to stand up for what's right and represent those who cannot help themselves and this includes animals. "Animals don't have a voice and need people like us to help them," exclaims Pierre.

"My wife and I want to leave a legacy and make a difference for the generations to follow us and this includes playing our role in the conservation of the earth and all of its living assets," comments Pierre. "Animals and wildlife are a massive part of these assets," he continues.

"We teach our two young children not to destroy the world, and to respect all living things that inhabit it," concludes Pierre.

VICTORIA VERBAAN

Illustrator, painter, designer and business woman, Victoria Verbaan, has been chosen as an ambassador for the Under an African Sky 2017 calendar campaign.

Victoria and her brand 'Victoria Verbaan and the Smoking Daxi' is well known locally and internationally and its range of products includes various fabric collections, limited edition fine art prints, wool rugs, wallpaper, ceramics and other functional products.

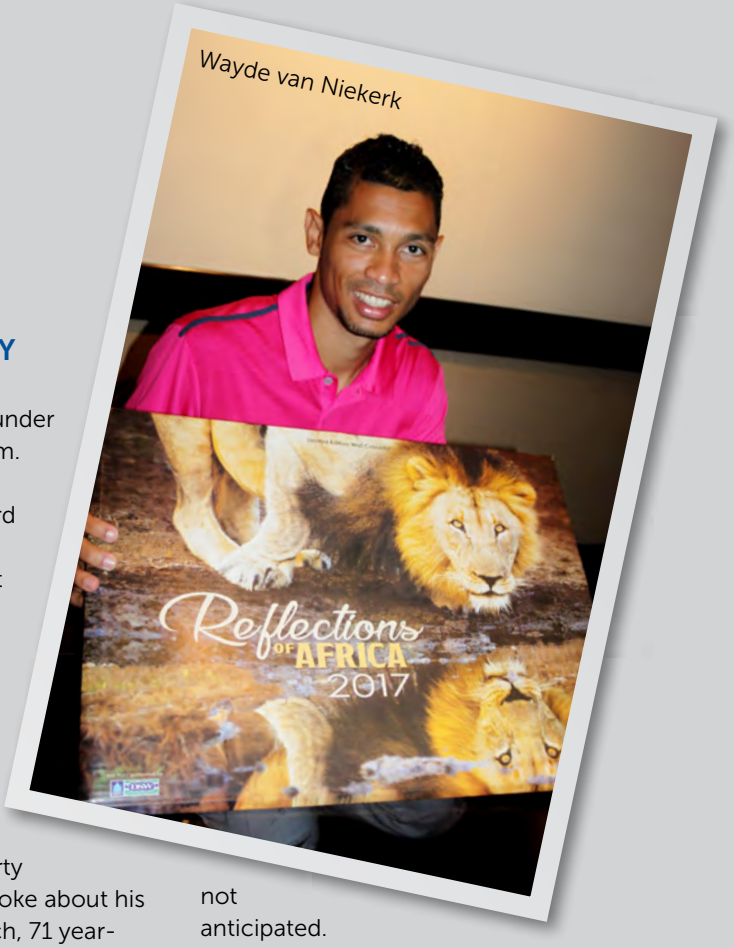
Victoria's love for animals, wild and domestic, is showcased in her art. In June this year she hosted an exhibition at the Elizabeth Gordon Gallery entitled 'Safari Sweet Suite' which featured exquisite paintings of elephants, giraffe, cheetah, a flamboyant warthog, meerkat, the endangered wild dog, lion and a cheeky monkey who also took centre stage at Victoria's 'Slyboots' exhibition at the Oyster Box in July.

The 'Safari Sweet Suite' was opened by the director of CROW, Paul Hoyte.

Victoria is thrilled to be part of the campaign and believes it is our obligation to ensure that we keep our wildlife protected so that our children can witness these masterpieces of the world.

WAYDE SHARES HIS STORY

WORLD RECORD HOLDER AND OLYMPIC GOLD MEDALLIST WAYDE VAN NIEKERK SHARES HIS STORY



On Tuesday, 27 October the team from Compass KwaZulu-Natal hosted customers at the Corporate Sport Breakfast featuring world record breaker and Olympic gold medallist, Wayde van Niekerk. The fully subscribed event was held at the Elangeni Hotel in Durban.

The following day, Gauteng regional manager, Jan van den Berg and sales co-ordinator, Michelle Nisot, entertained customers at the Injabalu Room of the Inanda Hotel in Johannesburg where Wayde was once again the keynote speaker.

According to Michelle Nisot it was an honour to be in Wayde's presence. "His humble personality and sharp wit made it a morning which I will never forget," exclaims Michelle. "Attendees were mesmerised by what an incredible individual Wayde is and this was confirmed when he stood up to take a photo with the interviewer and, everyone present simultaneously stood up and applauded him for more than five minutes," concludes Michelle.

Wayde van Niekerk is a very special athlete, the first ever to have run under 10 seconds for the 100m, under 20 seconds for 200m and under 44 seconds for the 400m. At only 24, Wayde can comfortably look forward to another Olympics, so the journey has only just begun!

The humble youngster, who still calls his manager Sir, chatted to the guests at both events about his rise from a Grey Bloem schoolboy to being the hottest property in world athletics. He spoke about his now world famous coach, 71 year-old Tannie 'Ans' Botha who has been coaching athletes since 1968. He also made special mention of his mother, Odessa, who was a champion sprinter in her time, but was denied the chance to shine on the world stage due to South Africa's isolation from world athletics.

It is a truly remarkable story and one which has taken Wayde's coach and manager by surprise as targets set two years ago aimed for a podium finish in Rio only. A world record was definitely not anticipated.

Wayde was meant to peak at the next World Champs and then in the 2020 Olympics in Tokyo. Will he deliver a sub 43 second 400m? Don't bet against it!

The Compass guests and staff concurred that it was truly an honour to listen to this South African hero, who sees himself as "a normal guy who will always stay the same person, it is only the world around him which has changed".


Indra Sivalingam, Diana Shunmugam, Wayde van Niekerk, Petro Doubell, Lucy Hiralal, Esstel Vorster


Lucy Hiralal, Esstel Vorster, Samantha Immelman and Augusta Dorning

Jan van den Berg, Thora Sorum, Janette Joubert.

Jan van den Berg, Paul Britz, Ilhaam Solomons, Kathie Jansen

CUSTOMERS' PEACE OF MIND

UPDATE ON COMPASS' CUSTOM-MADE TRACKING AND TRACEABILITY SOLUTION

BY SAMANTHA IMMELMAN

Compass' upgraded, fully electronic tracking and traceability system has been rolled out in all regions that we service – KwaZulu-Natal, Gauteng, Limpopo, Mpumalanga, North West, Eastern Cape, Northern Cape and Free State – and has been well received by our customers.

Being a tailor-made system, as opposed to an off-the-shelf solution, some adjustments needed to be made to suit the Healthcare Risk Waste (HCRW) industry and requirements of the generator. Thanks to the invaluable input from our customers, certain relevant changes have been implemented and the system is now running at its optimum and, in turn, saving customers time as well as ensuring accuracy. Our customers do not have to spend unneccessary time manually writing down barcodes / tracking numbers at the time of service.

According to the Department of Environmental Affairs, National Environmental Management, Waste Act, 2008 (Act No. 59 of 2008) Waste Classification and Management Regulations:

Waste generators must keep accurate and up to date records of the management of the waste that they generate.

The waste manifest is the document required to be completed for the treatment and disposal of HCRW. A copy must be retained by the generator and a copy must accompany the waste during transportation to the treatment facility.

There is no requirement in terms of NEMA for an electronic tracking / scanning solution but we recognise the need, value and imporance.

The electronic tracking and traceability system has been introduced by Compass to meet the needs and concerns of generators and is not a legal requirement.

HOW IT WORKS:

Before leaving Compass, our driver will logon to the scanner using his barcoded name badge. The scanner is now assigned to that staff member, the vehicle and the pre-planned route.

All scales are calibrated prior to leaving Compass in order to accurately weigh the waste.

Each vehicle is fitted with a scanner cradle and charger. This on-route solution ensures that the scanner is fully charged and, in turn, able to perform the scanning function at all times.

If a delivery is required by the customer, containers will be scanned out according to the delivery note. If a collection is required, the HCRW is placed on the scale and the unique barcode which appears on the waste manifest is scanned along with the unique barcode of the container and weighed.

The scale and the scanner 'speak' to each other via Bluetooth so the weight will automatically appear on both the scale and scanner before being written on the waste manifest.

It is vital that the customer's appointed staff member witness this process and checks that the weight which appears on the scale and scanner is the same as that written on the waste manifest.

Once the collection is complete, the Compass driver and the customer's appointed representative will sign off the waste manifest. The customer will also sign on the scanner device screen.

A breakdown of the waste collected will automatically be emailed through to the customer's pre-appointed representative. A copy of this email can then be attached to the waste manifest and later to the safe disposal certificate. This email is not, however, a pre-requisite of NEMWA. It is one of Compass' valued added services.

In order for our customers to experience the full benefits of this specialised tracking and traceability system, they need to ensure that their duly appointed staff member:

- is present throughout the duration of the service (delivery and / or collection)
- accompanies the driver / load assistant to the various collection points within the hospital e.g. maternity, theatre, pharmacy etc.
- witnesses the weighing and scanning of each container
- stands with our driver to witness the Bluetooth transfer of data from the scale to the scanner
- checks that the summary of the collection is correct before signing on the scanner device and before signing the waste manifest.

Compass prides itself on partnering with our customers to create meaningful waste management solutions for their facilities. As market leaders we constantly go beyond what is required to provide our customers with complete reassurance that their HCRW is being effectively tracked from collection to disposal.

- **Peace of mind**
- **Less administration**
- **Reduced time at service means savings on labour cost**
- **Live updates**
- **Unique and purpose-made solution**

ZIKA VIRUS EMBRYOPATHY

BY PROFESSOR ARNOLD CHRISTIANSON: WITS CENTRE FOR ETHICS (WICE) - UNIVERSITY OF THE WITWATERSRAND SA

THE WORLD'S 2ND MODERN PLAGUE AFTER HIV/AIDS?

BACKGROUND

In February 2016 I was asked by Dr Dafne Horovitz, on behalf of the Brazilian Medical Genetic Society's Zika Virus Embryopathy Task Team, to join their outreach visit to Forteleza in May 2016.

The visit to Brazil took place between 5 and 12 May 2016, including the days spent in Fortaleza and four days in Rio. On my return this was the Front Cover of TIME, 16 May 2016.

A MYSTERIOUS ILLNESS? WHAT DO WE KNOW?

Uganda 1947

- Isolated in a Rhesus Macaque monkey from the Zika Forest when doing yellow fever research.
- No human disease recorded but a 6.1% Seropositive in studies

Nigeria 1954

- Zika virus infection confirmed in three ill patients.
- Mild febrile illness.
- Only 13 cases reported in over the next 53 years.

The Yap Islands 2007

- 2007: 5 000 of the 6 700 population developed Zika Virus infection.

French Polynesia 2013

- 2013-14: 32 000 cases in French Polynesia and 42 cases of Guillain-Barré.

The Americas: Brazil 2015

- March 2015: Zika Virus in Bahia State and then spread.
- 1.3 million suspected cases by end of 2015.
- March 2016: 33 America's nations and territories had cases.
- August 2015: association of maternal infection and congenital microcephaly recognised.
- Mid–February 2016. > 4 300 suspected microcephaly reported. Doctors Vanessa and Ana van der Linden were the first to recognise the association between the Zika Virus and microcephaly.*

THE VIRUS

- Zika virus is an arbovirus (arthropod borne virus). It is a member of the Flaviviridae family, genus Flavivirus, which includes dengue, yellow fever, and West Nile viruses.
- Phylogenetically there are two strains - an African and an Asian strain.
- The current epidemic involves the Asian strain.

THE VECTORS

Aedes Aegypti
Aedes Albopictus

ZIKA VIRUS INFECTION

According to Pan American Health Organisation and the World Health Organisation, Zika is a virus transmitted by the Aedes mosquito, which also transmits dengue and chikungunya. Zika can cause a mild fever, conjunctivitis, headache, joint pain and skin rash. The onset of symptoms is usually between two to seven days after the mosquito bite. One in four people with the Zika infection develops symptoms. A very small number of people can develop complications after becoming ill with the virus.

SO, IS IT A MYSTERIOUS ILLNESS?

NO, but it raises an interesting question. What changed that made this previously, seemingly innocuous virus with limited infectivity, now highly infectious and with serious complications?

THE VIRUS?

Did the virus change or mutate? Nothing appears in the literature to date and the experts shrug their shoulders.

THE VECTOR?

It's been around for a millennia or more and there is no evidence of change.

THE VICTIM?

Did we become more susceptible, and if so why and how?

OR IS THIS SOMETHING DIFFERENT?

According to the New England Journal of Medicine (NEJM), 'Zika virus in the Americas', February 2016 - "The explosive pandemic of the Zika virus infection occurring throughout South America, Central America, and the Caribbean is the most recent of four unexpected arrivals of important arthropod-borne viral diseases in the Western Hemisphere over the past 20 years. It follows dengue, slowly to 1990 then aggressively in the 1990s. West Nile virus (1999), and Chikungunya, which emerged in 2013. Are the successive migrations of these viruses unrelated, or do they reflect important new patterns of disease emergence?"

"Zika is still a pandemic in progress. Yet it has already reinforced one important lesson - in our human-dominated world, urban crowding, constant international travel, and other human behaviours combined with human-caused micro-perturbations in ecologic balance can cause innumerable slumbering infectious agents to emerge unexpectedly. We need to understand that the complex ecosystems in which agents of future pandemics are aggressively evolving."

DOES THE ZIKA VIRUS HAVE DEVASTATING EFFECTS?

Its complications are devastating:

- 0.24 per 1 000 patients with the Zika Virus infection in the French Polynesian outbreak contracted Guillian-Barre Syndrome. Most cases of Guillain-Barre Syndrome are preceded by an infection such

as Campylobacter Jejuni Enteritis which causes symmetrical muscle weakness which usually begins in the legs and ascends, paresthesias in the hands and feet, severe respiratory muscle weakness necessitating ventilator support may develop, absent or depressed deep tendon reflexes. The treatment for this disease is plasma exchange and intravenous immune globulin.

- This year reported a 26 times increase in congenital microcephaly (usually 1.98 / 10 000) compared to the expected in some states in Brazil. Congenital Microcephaly is the result of abnormal brain development, which occurs in the womb.

Babies born to mothers who have contracted the Zika virus can have the following devastating defects:

Zika virus embryopathy clinical phenotype

- Dysmorphology

Neurology

- Microcephaly
- Incipient cerebral palsy- spastic quadriplegia and dyskinetic.
- Severe global developmental delay.
- Epilepsy

Retinopathy

Zika Virus Embryopathy Radiological phenotype

- Cranial collapse. Microcephaly, small anterior fontanelle, and occipital protrusion.
- Cerebral atrophy, pachygyria, calcification lissencephaly, ex-vacuum ventricular dilatation.

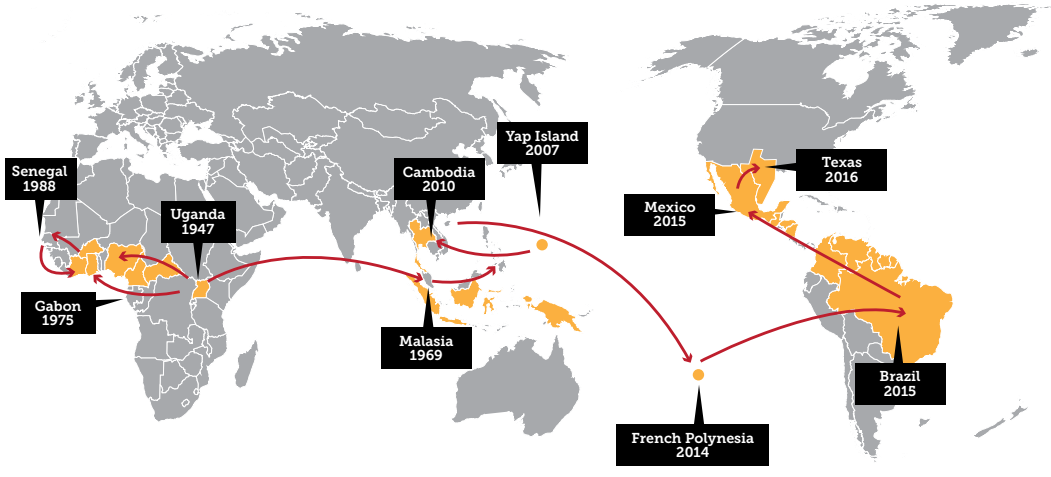
IS THERE A PUBLIC HEALTH CRISIS IN OUR BACKYARD? NO, IT'S ON OUR DOORSTEP

- 1 February 2016: WHO Declares Zika an International Public Health Emergency
- August 2016: Countries with a first reported outbreak from 2015 onwards
  - Cabo Verde, Guinea-Bissau
  - Anguilla, Antigua and Barbuda, Argentina, Aruba, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Bonaire, Sint Eustatius and Saba – Netherlands, Brazil, Cayman Islands, Colombia, Costa Rica, Cuba, Curaçao, Dominica, Dominican Republic, Ecuador, El Salvador, French Guiana, Grenada, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Saint Barthélemy, Saint Lucia, Saint Martin, Saint Vincent and the Grenadines, Sint Maarten, Suriname, Trinidad and Tobago, Turks and Caicos, United States of America, United States Virgin Islands, Venezuela (Bolivarian Republic of)
  - American Samoa, Fiji, Marshall Islands, Micronesia (Federated States of), Samoa, Tonga

***Footnote:**

"RECIFE, Brazil—When they first started seeing newborns with shrunken skulls last August, Dr. Vanessa van der Linden Mota and her mother, Dr. Ana van der Linden, didn't realise they were looking at a looming public-health disaster. It didn't take long for the two neuro-pediatricians to start connecting the dots. The tiny heads were classic signs of microcephaly, an incurable condition associated with incomplete brain development. Unusually, though, some of the infants' heads were draped with excess skin. Others' skulls bore calcified patches that squeezed their brains in a vise grip. Some of their limbs were crumpled and bent at odd angles. In 70% of the cases the two doctors were seeing, mothers reported itching or rashes during their pregnancies." - The Brazilian Doctors Who Sounded the Alarm on Zika and Microcephaly by Reed Johnson.

Global 'presence' of Zika virus



Prof. Arnold Christianson

ABOUT PROFESSOR ARNOLD CHRISTIANSON

Professor Christianson is a WHO expert in Human Genomics in Global Health serving on ten international policy committees on medical genetic and medical genetic services. He is also the chairperson of two committees and the rapporteur for three meetings

He was the Professor of Human Genetics at WITS from 2001 to 2015 and is the author and co-author of 53 peer reviewed academic articles, 10 book chapters, nine international reports and three national policy reports.

Professor Christianson is a keen cyclist having completed the 2009 and 2010 Sani2Sea races plus the Gulan Triathlon in Scotland which he stresses was his first and only triathlon.

JAZZ ARTIST TO NIGHT SHIFT OPERATOR

MICHAEL CAVANAGH

Late nights are not a problem for Compass' night shift supervisor, Michael Cavanagh, who works weekdays from 2pm to 10pm. After playing in a jazz band for over four years, the gigs were usually only getting started at the time Michael is now leaving the Compass KwaZulu-Natal Westmead office to go home to his wife, Shervon, and two little girls, Che' and Micah.

Michael grew up in Austerville, previously known as Wentworth, and then studied performing arts, majoring in music, at UKZN. During university, Michael and three other "musos" started a band called, 'Big Idea', and played a mix of Jazz, Hip hop, Fusion and R&B. They performed at all the well known music festivals in South Africa - CT International Jazz, Oppie Koppie, Splashy Fen, Rocking the Daisies, and produced a CD entitled 'Hot Box'. The band continued for four years after Michael qualified, during which time he also worked in a recording studio.

"Family responsibilities and financial commitments took over and the band unfortunately dissolved," explains Michael. "However, with a small studio set up at home, I always find an excuse to have friends over for a jam session!"

Michael started his corporate career at Cipla Medpro Pharmaceuticals as a trainee, where they discovered his strength in logistics. He was then head hunted by R&R Trucking where he worked for two years before joining Trans Freight, a company which managed a fleet of twenty vehicles.

"I enjoy a challenge which is why when I saw the job at Compass being advertised, I applied immediately," says Michael.

After a series of interviews, Michael joined the Compass family on 17 May 2015 and a year later he has made, and seen, substantial growth.

"With Compass being a national company comprising 502 staff, it has been an adjustment for me to communicate with a number of departments but it is what makes the job dynamic and exciting."

Michael has introduced a driver performer assessment programme which evaluates Compass drivers on the following criteria - consistently and efficiently completing allocated routes in accordance with the transport arrangements, completing waste manifest documents accurately, ensuring safety and compliance at all times and for practising good customer service.

Points are allocated for each assessment criteria and according to Michael, the monthly assessment programme has had a very positive impact on the drivers. "They often pop into my office to see how many points they have accumulated and in which areas they can improve."

"In addition, it helps us to determine which drivers need additional training and in which areas. It is a very targeted approach to up-skilling our staff. It has also improved our service to the customers as it has encouraged our drivers and general workers to communicate more regularly with the distribution team based at the office," explains Michael. "If they are running late for a collection due to unforeseen circumstances, they let the office know immediately so we can notify the customer and access whether another vehicle can get to them more quickly."

For Michael working at Compass has been exhilarating. "No day is ever the same and no-one is ever satisfied with the status quo. When something is achieved, we don't sit back, we strive to improve on our improvements."

"The 2016 internal theme for Compass is teamwork and the distribution department is taking this motto seriously. We collaborate, sing off the same hymn sheet and work in harmony – the perfect qualities for a great band," concludes Michael.

DIANNE PILLAY

INFECTION CONTROL SISTER AT RK KHAN HOSPITAL

I was greeted by the aroma of spices coming from Dianne's office as I arrived early on a Tuesday morning for the interview. She and her ICP assistant were creating a delicious curry to sell at lunch time to raise money for their much anticipated Nurses Day event.

"If you want to do something, you need to make a plan and find a solution," comments Dianne who has been a professional nurse for 30 years and an infection control and prevention sister for 15 years, with her entire career being dedicated to RK Khan Hospital in Chatsworth, KwaZulu-Natal.

This is the same attitude she applied when designing and motivating for the TB Focal Point, a self-contained building on the RK Khan Hospital grounds, which opened its doors in 2013 and is the highlight of Dianne's career.

The facility is the only one of its kind in KwaZulu-Natal where doctors can confidently send patients, they suspect of having TB, for sputum collection and testing. The diagnosed patients receive specialised treatment while being isolated from the other 543 patients which RK Khan can accommodate.

"It took a year of planning, designing and finalising the specifications but every minute spent on the TB Focal Point development was worth it," exclaims Dianne. "It can accommodate between 50 and 60 patients who receive their results within 24 hours and, if diagnosed, are treated immediately."

Dianne commenced her nursing career in 1987 and qualified as a professional nurse. She accomplished her advanced university degree in community nursing science, nursing administration, midwifery, and nursing education.

Dianne's growth did not stop there. She completed an IPC course with the Netcare group and went on to do an honours degree specialising in infection prevention and control, medical microbiology and TB management at Nelson Mandela Medical School.

Like all professional nurses Dianne has spent long hours in emergency, obstetrics, medicine, surgery, paediatrics and out patients. She was appointed as RK Khan's infection control and prevention sister in 2000 and has fulfilled this roll efficiently ever since.

When asked whether nursing and medicine was in the family, Dianne laughs. Her family were tobacco farmers on the South Coast and this was thought to be the automatic career path for her.

"I have always had a passion for people who are sick and knew from an early age that I needed to be in patient care," explains Dianne. "Other healthcare workers will understand this calling and passion that never dissipates."

Being a paramedic, Dianne's husband, Norman, shares her empathy for sick and injured people. He is now a patient transport coordinator for Ethekwini and is based at Clairwood Hospital.

Dianne and Norman have two sons, 25 year old Ashlin and 12 year old Daelyn. With Norman being an avid fisherman, the majority of family time is spent on the beach while Dianne is tasked with converting the 'catch of the day' into a delicious meal.

COMPASS™
Medical Waste Services