

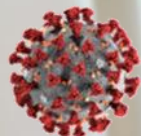
NURSING **UPdate**

THE MAGAZINE FOR THE CARING PROFESSION

AUG—OCT 2020

VOLUME 45

No 3

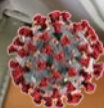
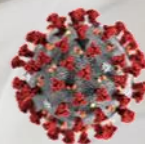


OVER 240 FRONTLINERS LOST
HOW ARE NURSES COPING WITH COVID?

IMPACT OF COVID ON PHC
WHAT STRATEGIES CAN WORK BEST?

BEATING COVID-19
NURSES TELL THEIR STORIES

PMDS
THE KEY ASPECTS NURSES MUST KNOW



2020: INTERNATIONAL YEAR OF THE NURSE AND MIDWIFE

DENOSA, THROUGH THE MEMBER SERVICE DEPARTMENT, WOULD LIKE TO HIGHLIGHT THE FOLLOWING ASPECTS:



INDEMNITY COVER FOR DENOSA MEMBERS

- A nurse will be covered for indemnity insurance if she/he is a paid-up member of DENOSA at the time of the occurrence of the Medico Legal incident.
- Members are advised to report the incident within 24 to 48 hours of occurrence, and submit the incident report and the supporting documents (contact details, ID number and statements) to the provincial and national offices for assessment by shop DENOSA stewards.
- It is advisable to report incidents that might be regarded as minor, because they might turn out to be complex at a later stage.
- Report incidents to the provincial/national shop steward to process to the INSURER via the National Office.
- Always keep a copy for your own reference.
- All correspondence to be directed to Provincial Offices. Refer to page 5 for contact details.

**THE INDEMNITY COVER INCLUDES NURSES
WORKING FOR AGENCIES**

JOIN DENOSA!

The Democratic Nursing Organisation of South Africa (DENOSA) is a voluntary organisation for South African nurses and midwifery professionals. DENOSA aims to safeguard and promote the dignity, rights, and socio-economic status of members in the nursing profession. Its professional and union solidarity impacts beyond the borders of South Africa and the rest of the world. DENOSA champions the rights of professionals and helps to ensure that members have an acceptable working life and a balance between

their career demands and social requirements. To uplift the health of the South African population, DENOSA operates through a network of quality nurses and midwives and ensures an effective health service system. DENOSA also participates in policy-making bodies affecting health at district, provincial, national and international levels.

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NURSING

UPdate

THE MAGAZINE FOR THE CARING PROFESSION

EDITOR-IN-CHIEF: Cassim Lekhoathi

Email: cassiml@denosa.org.za

EDITOR: Sibongiseni Delihlazo

Email: sibongisenid@denosa.org.za

REPORTER Kgauhelo Mpebe

Email: kgauhelom@denosa.org.za

PUBLISHER: DENOSA PUBLISHING

PRODUCTION AND DESIGN TEAM

Art Director: Sibongiseni Delihlazo

Photography: Kgauhelo Mpebe, Sibongiseni Delihlazo, Andrew Shongwe.

MARKETING & ADVERTISING: Heather Sam

Email: heathers@denosa.org.za

DENOSA

605 Stanza Bopape Street, Arcadia, Pretoria

PO BOX 1280 Pretoria 0083

Tel: 012 343 2315 Fax: 012 343 3622

Email: info@denosa.org.za

Website: www.denosa.org.za



DENOSA

PROVINCIAL OFFICES

EASTERN CAPE



Khaya Sodidi: Provincial Secretary
Tel: 041 484 7323/4 Fax: 041 484 2703 Cell: 072 573 3315
PO Box 469, Port Elizabeth 6000
5 Geard Street, North End, Port Elizabeth 6001
khayas@denosa.org.za

FREE STATE

Matshidiso Dipudi: Acting Provincial Secretary
Tel: 051 430 4142/1274 Fax: 051 430 6343 Cell: 072 561 8066
PO Box 4562, Bloemfontein 9300
25a Milner Road, Waverly, Bloemfontein, 9301
matshidisod@denosa.org.za



GAUTENG



Bongani Mazibuko: Acting Provincial Secretary
Tel: 011 440 0122/0125/0578 Fax: 011 440 2523 Cell: 072 620 8806
PO Box 1132, Bramley 2018
6 Berkswell Street, Greswold, Johannesburg 2090
bonganin@denosa.org.za

KWAZULU-NATAL

Mandla Shabangu: Provincial Secretary
Tel: 031 305 1417 Fax: 031 304 5897 Cell: 071 643 3369
PO Box 23, Durban 4000
1320 Durdod Centre, 460 Anton Lembede Street, Durban 4001
mandlas@denosa.org.za



LIMPOPO



Jacob Molepo: Provincial Secretary
Tel: 015 297 5033 Fax: 015 297 5018 Cell: 072 576 4979
PO Box 55831, Polokwane 0700
96 Biccadd Street, Polokwane 0700
jacobm@denosa.org.za

MPUMALANGA

Mzwandile Shongwe: Provincial Secretary
Tel: 013 752 4943 Fax: 013 752 2461 Cell: 072 564 0136
PO Box 7553, Mbombela 1200
23a Streak Street, Mbombela 1200
mzwandiles@denosa.org.za

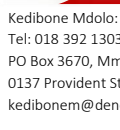


NORTHERN CAPE



Anthony Vassen: Provincial Secretary
Tel: 053 831 6372 Fax: 053 831 6369 Cell: 072 569 9838
PO Box 1209, Kimberley 8300
19 Roper Street, Kimberley 8301
anthonyv@denosa.org.za

NORTH WEST



Kedibone Mdolo: Acting Provincial Secretary
Tel: 018 392 1303 Fax: 018 3926188 Cell: 072 585 6847
PO Box 3670, Mmabatho 2735
0137 Provident Street, AN Lekgetha Building, Mmabatho 2735
kedibonem@denosa.org.za



WESTERN CAPE



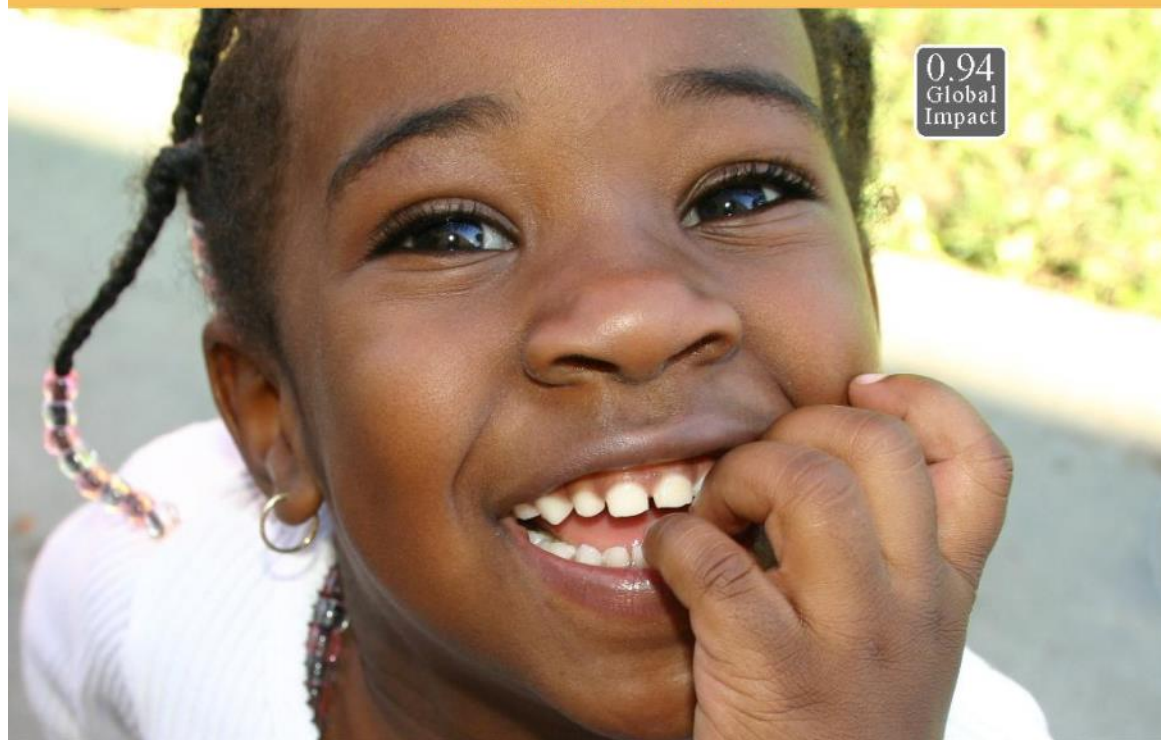
Danver Roman Provincial Secretary
Tel: 021 949 1180 Fax: 021 949 1905 Cell: 072 555 9565
PO Box 2260, Bellville 7530
2 First Avenue, Boston, Bellville 7530
danverr@denosa.org.za



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Curationis is a scholarly research journal that aims to provide a forum for the exploration of issues and experiences relating to, and supporting, nursing and midwifery best-practice development through research learning and problem-based knowledge sharing across the African continent.

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Editor-in-Chief: Prof. Mashudu Davhana-Maselesele (South Africa)

Access the journal and submit articles at: www.curationis.org.za



Research journal *Curationis* inducted to 2020 INANE Hall of Fame!



DENOSA's research journal, *Curationis*, has been selected for Hall of Fame by the International Academy of Nursing Editors (INANE) this year because of its great impact in generating a body of knowledge in the nursing profession.

The journal is the oldest nursing research platform in Africa. This year, the journal is 50 years old.

The journal's Editor-In-Chief, Professor Mavis Mulaudzi, will

travel to Nashville, in the state Tennessee next year, when COVID-19 travel restrictions have been relaxed, to receive the award in person.

As an acknowledgment of this distinct accolade, the journal will now have the Hall of Fame logo in its cover, journal website to bear testimony for this great milestone.

Over the years, the journal has gone through various stages of evolution and growth. These include going online, which has resulted in the momentous growth of its visitor-ship; and

in the research work all over the world, the *Curationis* is cited in many research papers on nursing issues.

It is a platform that has given nurses in South Africa a great opportunity to expose their academic work to the world.

DENOSA thanks all nurses at different levels for their contribution to making the journal the quality journal that it is and encourages them to continue taking up evidence-based research work as means to improve the nursing practice, education and research.

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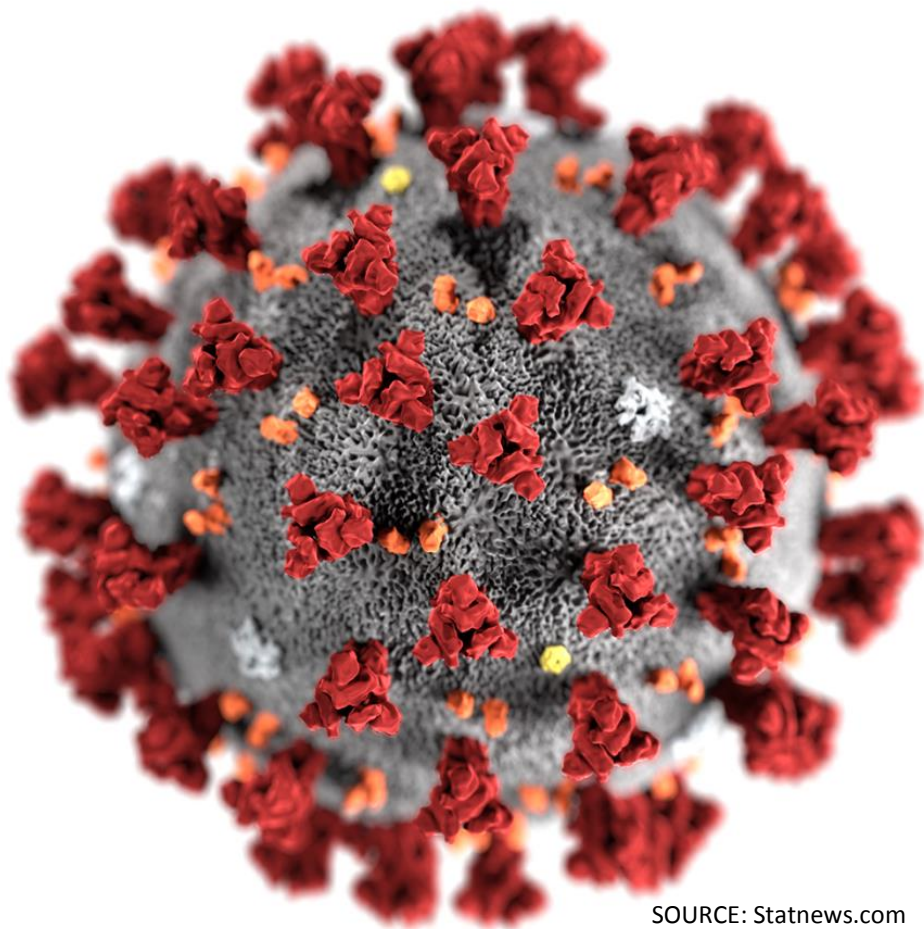
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DENOSA BOOKSHOP



COVID-19 FIGHTERS

A special tribute to health workers for shielding all people from the invisible enemy...

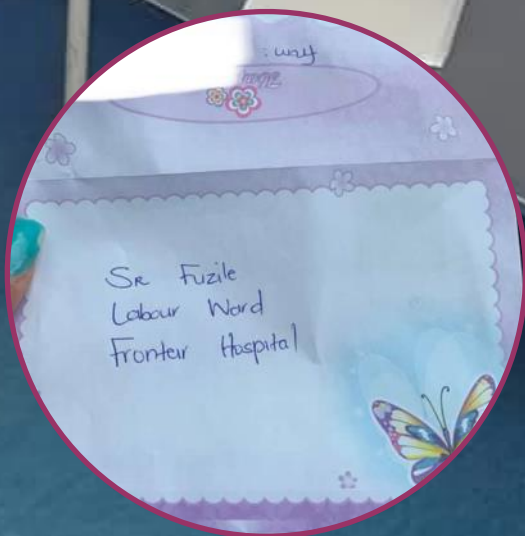


SOURCE: Statnews.com

Nurses: your role in fighting COVID-19 remains unmatched



A 'Thank You' that goes a long way



New mom thanks midwife for her care at Frontier Hospital

Sr Fuzile is Advanced Midwife at Frontier Hospital



In a world filled with negative perceptions towards nurses, a compliment to them from patients is bound to come as a surprise these days.

So, it was a pleasant surprise for sister Fuzile, Advanced Midwife at Frontier Hospital in Queenstown, Eastern Cape, when she was informed by her colleagues at the facility's Labour Ward on 1 October that she had been left a message. The message was from a former patient at the facility, who had delivered under Sr Fuzile's care on 27 August 2020. The message in the letter, addressed to "My

Midwife" opens with: "You probably might not remember me, but I delivered a baby girl on the 27th of August 2020 while you were on duty."

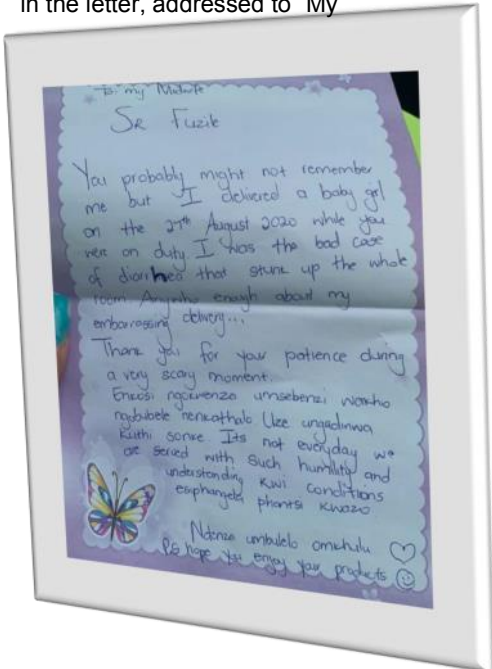
The message goes on to remind Sr Fuzile of how bad a case she was due to a condition she suffered from. "Thank you for your patience during a very scary moment. Thank you for performing your work with generosity and care. Do not tire, and do the same to all of us. It's not everyday we are served with such humility."

That's not all. Accompanying the letter was a handy box of

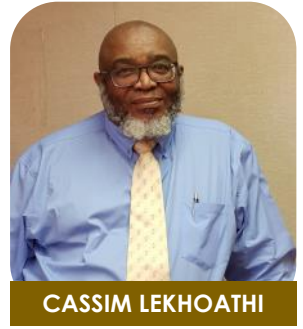
essential skincare and make-up products.

Sr Fuzile admits that she cannot remember the patient because she works with many of them daily. "But she appreciated my service," she says with a smile.

The year 2020 was declared by the World Health Organization (WHO) as the International Year of the Nurse and Midwife. Sr Fuzile, as shown by the letter, has proven to be a great ambassador for both nursing and midwifery, as many others like her are.



The marathon dispute over public servants' salaries continues



CASSIM LEKHOATHI

It is now more than six months that public servants like nurses have not had their salaries adjusted in line with resolution 1 of 2018 at the Public Sector Coordinating Bargaining Council (PSCBC).

After numerous attempts as various labour organisations representing public servants to have this matter resolved within the confines of PSCBC, it became clear that government has no interest to resolve the matter in any good way as they frustrated the processes with endless delaying tactics. Any agreement that is signed in the public service does provide a dispute resolution mechanism.

It must be clarified in the agreement on what steps must be followed if both parties who have signed the agreement do not agree with the interpretation or implementation of the agreement. In the agreement that was signed by labour unions, including DENOSA, and government, the dispute mechanisms to be followed by any of the aggrieved parties are spelt out, namely 1. Conciliation and 2. Arbitration. In a scenario that parties don't find each other at Conciliation, the next available platform to resolve the dispute is through Arbitration. The unions went through all these steps. Throughout these steps, it must

be noted that unions endured frustrating attempts at every opportunity by government to prolong each process for as much as they can.

The next available steps of recourse if both the two above stated mechanisms have not been able to resolve the dispute is the Labour Court. At arbitration it became clear that government was not going to accept the order of the commissioner as it had made it clear that it will challenge it further. Both parties agreed to focus on the Labour Court and they got the certificate as an award that they have agreed to take it to Labour Court.

While one group of unions was challenging the non-implementation of Resolution 1 of 2018 through the PSCBC dispute resolution process, the other group of unions went straight to the Labour Court to challenge this non-implementation.

As the matter stands, we await from our legal representatives on either the date for the matter to be set for court.

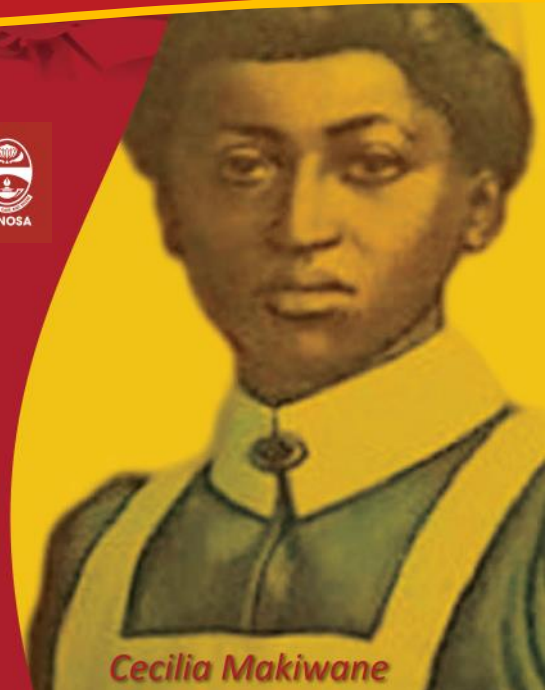
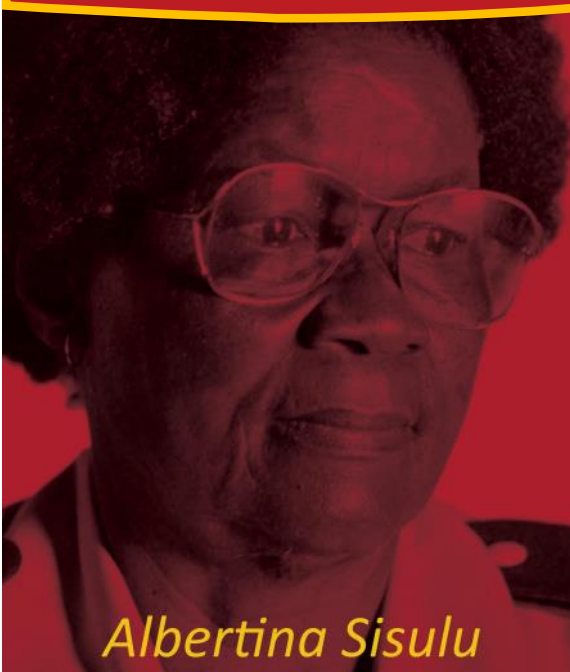
We must state that this protracted process has been the most frustrating in the history of PSCBC. Unions have been at sixes and sevens trying to explain this process to their members and, rightly so, members have been extremely angry with each single union.

As a fight-back, labour organisations that organize public servants and which are admitted at the PSCBC under the two federations COSATU and FEDUSA agreed to on programme of action of defiance. They announced this passive resistance on 2 October for it to commence on 5 October where public servants will show their unhappiness in various ways in the workplace through actions such as lunch-hour pickets, sit-ins at strategic government offices and applying the 'work-to-rule' principle whereby they will work according to the exact hours of their employment and will not work beyond that and will not do any work for which they were not hired.

This defiance campaign will continue for as long as government is shunning away from implementing the agreement. They have implemented the first two years of the contract and now they are renegeing on the last leg.

As part of this campaign, public servants also joined the COSATU National Day of Action on 7 October where they marched to various government centres to demand government's action on corruption, public transport crisis, attacks on collective bargaining agreements and gender-based violence among others. This day of action was a resounding success. Congratulations to the workers for coming out in numbers across the country.

The Albertina Sisulu & Cecilia Makiwane Leadership Excellence Award



DENOSA has launched the annual Albertina Sisulu & Cecilia Makiwane Leadership Excellence Award, to honour award nurses who, just like the two South African nursing stalwarts, Albertina Sisulu and Cecilia Makiwane, have shown excellent leadership quality while performing their duties of caring for patients.

To be administered by DENOSA in collaboration with partners, the award's nomination will commence at the end of 2019 and nomination forms will be made available to all nurses via DENOSA shop stewards and provincial offices nationwide. The award celebrates outstanding legacy left by these two giant nurses from South Africa.

All nurses are encouraged to nominate fellow nurses who have shown excellent leadership skills while caring for patients and the well-being of nurses in the workplace. Once finalised, nomination forms can be collected from DENOSA shop stewards or DENOSA Provincial offices nationwide.



Echoes

from Social Media platforms...

DENOSA members continue to air their views via social media on a number of issues that concern the nursing profession. Nursing Update extracts few of the comments from the members. Views are edited for grammar, conciseness and length. DENOSA encourages members to embrace social media, but stresses that they should exercise extreme caution and check with their HR policy on what is acceptable conduct on social media.

Words of encouragement to all nurses who face COVID-19 head-on everyday in SA facilities



Keep safe

You are in our prayers

Speak out if unsafe



2020
INTERNATIONAL YEAR
OF THE NURSE AND
THE MIDWIFE



NOW LAUNCHED

DENOSA is providing you with access to a Free CPD system.



- **Mobile App (Download & Study offline) & Online platform**
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<https://aja.health>
- **You will soon receive an email or SMS with the link and Username and Temp Passwords to activate your Accounts.**
- **REGISTER NOW via the Registration link below & pass on the link to other Denosa members:**
www.wcea.education/den
- **For any assistance please contact Help on our homepage:**
www.wcea.education

Let's brace ourselves for more fights with government for salaries



SIMON HLUNGWANI

This year has been the most draining year of the many years that some of us have been with the profession. Things just do not seem to favour public servants, and especially nurses.

The COVID-19 pandemic did not make things easier for the profession and the employer in the public sector just worsens the situation with the attitude of disrespect and lack of care for all public servants.

Reasonableness has just came out of the window from the political heads of the two key departments in government responsible for negotiating remuneration packages for public servants.

The 1st of April 2020 is the date that public servants should have had their salaries adjusted according to the agreement we signed in 2018. This would have been the last leg of implementing Resolution 1 of 2018, which was a three-year multi-year agreement.

The first two years saw the implementation of the agreement without any problem. It is in the

last year of the agreement that somehow government saw it fit to think of mischief which has never been heard of. This dispute is currently in the Labour Court and the court has set the 2nd of December as the date of hearing. The anger of every single member with the delays in implementing this agreement is something that is truly understandable.

As individual unions, we have been at loggerheads with general members who are rightfully frustrated with the uncertainty that their future holds due to belt-tightening caused by the increase of goods and services generally. Costs of living have increased drastically, and interests on policies and medical schemes have increased substantially, thus eating away the value of our disposable income.

We await the 2nd of December, after years of being taken from pillar to post due to endless tactics.

On behalf of the organisation, I would like to send a special message of apology for this frustration. It is something that we acknowledge and it affects every

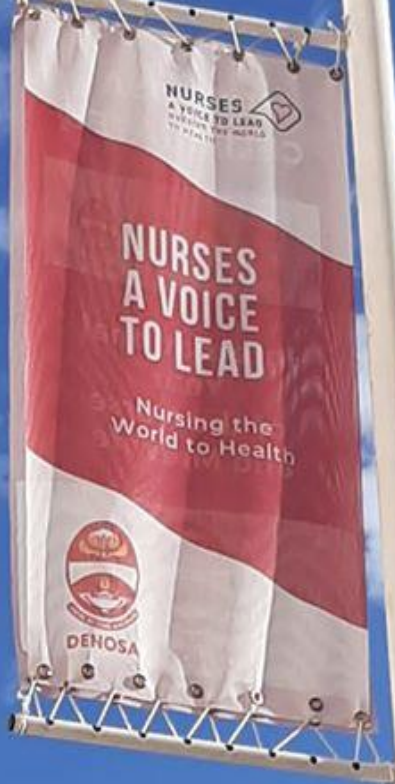
union. As unions in the public sector under COSATU and FEDUSA, we have embarked on a collective programme where workers will show their unhappiness in the most basic way they know how: to restrict their labour contribution to the minimum and in line with their contractual obligation. Lunch-time pickets will also be part of the programme, as well as sit-ins.

What is more heart aching is that nurses have shielded the nation excellently during the most disastrous pandemic.

It therefore should be disappointing, but not surprising anymore, that Treasury is beginning another war now. Finance Minister announced in his Mid-Term Budget Policy Statement that there will be no more increase in salaries of public servants in the next three years. This is not his place to dictate that.

So, shop stewards and members alike must brace themselves for even more fights with this government this year and next year.

DENOSA PRESIDENT



I AM A WOMAN!



I am a woman. Whether I have a ring in my finger not...

DR RASEEKELE CHARLOTTE LANGA



The beloved daughter of the Most High God.

I am fearfully and wonderfully made by God the Almighty.

I have all what it takes to be what I am.

I don't need any compliments to make me a woman.

I am a woman, whether tall or short.

I am a woman whether slim or chubby.

I am a woman whether I bear fruits or not.

All these are in God's hands.

I am a woman whether with a ring on my finger or not.

I am a woman whether I am the first lady in Parliament or working in the farm.

I am a woman whether staying in the quadrat storey house or in a shack.

I may be single, married, divorced or a widow; I am a woman.

I may be a millionaire or without a penny in my pocket, but I am a woman.

I may be well known worldwide or ignored locally, I am a woman.

I am a woman whether my talents are revealed or concealed.

I am a woman. My double breasts make me to serve many purposes.

Well pigmented or less pigmented, I am a woman.

Whether I am wearing the most expensive wig or bald head, I am a woman.

Whether I am dressed with the most expensive clothes or wearing ordinary clothes, I am a woman.

Whether I am with a makeup or natural, I am a woman.

I may be having Degrees or never attended school, I am a woman.

I might have experienced the turbulence of life, I am a woman.

I am resilient, I bounce back even after the difficult labour pains, I had another baby, I am a woman.

I am standing as a woman through thick and thin.

I walk tall, chest out, stretch my legs with good strides, with confidence because I am a woman.

I focus as a woman, ignore what the world is saying but keeping hold of what God is telling me.

My future is bright no matter the obstacles I met because I am a woman.

I am an overcomer as a woman, SO YOU ARE.

DON'T GIVE UP.

The plight of

DENOSA's open letter to South Africa



© OgeneAfrican

nurses in SA

can State President, Cyril Ramaphosa



Letter to the President of South Africa

On 11 September 2020, and following months of endless delays in resolving a dispute of salary adjustment for public servants for the 2020/2021 financial year that commenced on 1 April, DENOSA President, Simon Hlungwani, penned an open letter to the state President, Mr Cyril Ramaphosa, wherein he expresses, on behalf of nurses in the country, the frustration the elongated dispute is having on nurses, as well as lack of finality to the other critical area of COVID-19 risk allowance for nurses. The letter reads is thus:



Dear Mr President.

SUBJECT: CALLING FOR YOUR INTERVENTION ON THE DEVASTATING PLIGHT OF NURSES

As the president of the Democratic

Nursing Organisation of South Africa (DENOSA), in writing this letter I share the feelings and views of the majority health professionals in the country's health sector: nurses.

As a country we can breathe a sigh of relief, albeit for some time, that the numbers of

COVID-19 infections are going down. But the devastating effects of the pandemic are just too glaring to underplay, especially for the frontline caregivers. Mr President, majority of these devastating effects on nurses are brought about because they are working for government. More than 27 300 healthcare workers have >>>

contracted the virus and, of this, no less than 240 have died. This is out of the total of over 640 000 infections recorded in South Africa.

Despite this high death rate among healthcare workers and many challenges that confront them in the workplace daily, they have continued to throw themselves in their work selflessly. The results of their hard work can be seen in the form of high recovery rate that we have experienced amongst those who got infected.

Many countries have acknowledged this tremendous work of healthcare workers who have saved many lives.

- Ghana gave healthcare workers tax break for three months starting from in April.
- Zimbabwean government started to pay healthcare workers a Covid-19 risk; allowance;
- The State of Louisiana in the US has passed legislation giving healthcare workers who were on the frontline in fighting Covid-19 a rebate of \$250.

In South Africa, Mr President, the environment is completely different. It has been six months since government has defied paying public servants their salary adjustment for the 2020/2021 financial year in line with Resolution 1 of 2018 that was signed at the PSCBC between labour unions and government. The costs of living and of goods and services rose by far more than CPI already in the country.

The salary increase for public servants for this financial year should have been paid on 1 April 2020 in line with the

collective agreement that was signed by both government and labour representatives in May 2018.

Despite this failure by the employer to honour its side of this agreement, government workers have continued to do their work diligently.

In hospitals and clinics, nurses continue to do their work to the best of their abilities despite severe shortages of staff and equipment. Many have paid with their lives as they contracted COVID-19 in the line of duty due to poor protection in the workplace, and many nurses have succumbed to COVID-19.

Nurses have carried their work diligently and in line with the nurses' pledge of service. They were there at the time when the nation needed them the most at the peak of COVID-19 despite the heartless and inconsiderate attitude of government.

Even with greatest feelings and willingness to remain optimal in service, there comes a time when nurses will not be able to do the work they are so passionate about because of lack of means, power and ability to do so.

They can no longer borrow money for their transport fare to and from work.

They can no longer borrow money for their lunch and to augment their budgets for milk, medical aid and shelter.

They are not volunteers, and they do their work that they must be paid for.

As a matter of context to the non-adjustment of workers' salaries, the Labour Court is the third avenue that labour unions like DENOSA are going through

to force government to be honourable and pay salaries of public servants.

The first two avenues, the dispute resolution processes within PSCBC, namely 1. Conciliation and 2. Arbitration, have not yielded anything after months and months of endless delaying tactics by government.

Mr President, we would like to bring to your attention the following as some of the most difficulties faced by healthcare workers at this hour, and appeal to your office to intervene as all the platforms set to resolve these have merely taken technical and frustrating routes.

The following is the dichotomous environment that confront healthcare workers in the country at the moment despite the great outcomes of their work:

The collective bargaining platform is the only way that nurses can get their bread and butter issues addressed. But the technical route this platform has taken recently, often because of government representatives, no longer inspires confidence that it will resolve this urgent matter.

2. Nurses have sacrificed with their lives acquiring HIV, XDR, TB, Ebola (one case) and now COVID-19 in the line of duty. Meanwhile health workers not belonging to other government departments other than health get both danger allowance and full uniform for executing their duties

3. Nurses work with insufficient and poor quality PPE.

4. Long hours of work without over-time payment.

5. Shortage of human resource, leaving staff working on skeleton levels at the time when we >>>



have longer queues in facilities. The nurse to patient ratio, according to reports from our members in facilities, is at an alarming rate of 1:45 (one nurse per 45 patients). In public hospitals the ratios range from as high as 1 nurse per 20 patients to as low as 1 in 45 patients. Anecdotal evidence from a province like the Eastern Cape suggests that it has reached 1 in 50 patients in some general wards, 1 in 10 patients in some postnatal ward and 1 in 80 patients in clinics.

The direct translation of this, Mr President, is a severely compromised quality healthcare service for patients.

7. Persistent shortage of equipment and medication. There is often no medication for chronic conditions like ARVs, TB, hypertension and others. Often, there are no oxygen gouges and BP machines in clinics.

8. Currently, there is no Nursing Strategy in place within which the nursing profession in the country operates. We are operating willy-nilly.

9. In the absence of a strategy,

there is no way that recommendations by evidence-based research could be accommodated in the country's healthcare system.

For example, on World Health Day on 7 April 2020, the World Health Organization (WHO) released a Report on the State of World of Nursing, which it had worked on it with the International Council of Nurses (ICN) which looked at the astute shortage of 8 million nurses in the world, which has hit the Southern African region the most. The Report recommended that, for every country to avoid a crisis level in terms of shortage of nurses by year 2030, it must increase its production of nurses by at least 8% a year.

As a country, Mr President, we are going through a different direction to the recommendation of this study. In fact, our situation is likely to worsen far quicker than 2030. Instead of increasing the numbers of student nurses every year, Mr President, we are decreasing the numbers, due to lack of funding for nursing education.

10. Furthermore, the findings of a joint study by the Human

Sciences Research Council (HSRC) and University of KwaZulu-Natal on psychological and emotional impact of COVID-19 on healthcare workers were released on 6 August 2020. The study interviewed 7 600 healthcare workers, 40% of whom were nurses.

On the health and wellbeing of healthcare workers in the face of COVID-19, the study found that:

- Nearly half of nurse practitioners interviewed were extremely concerned about family members and personal health;
- 2 in 5 health professionals have extreme concern for their family wellbeing, whilst 1 in 5 health professionals have extreme concern for their own personal wellbeing;
- 3 in 5 nurse practitioners were concerned about passing infection to family members;
- A quarter of nurse practitioners experienced severe psychological distress with health professionals working in the public sector experiencing higher psychological distress than those working in the private sector;

>>>



- Health professionals who reported high psychological distress reported low levels of general health and well-being whilst health professionals who reported high general well-being reported low levels of psychological distress.

With the above grey areas, we appeal to your ear and conscience to make right of this deteriorating situation. The persistence of these without any solution risks the country in various ways:

- Loss of interest to nursing by those in the practice already and by those who dream of becoming nurses in future;

- Mass exodus of skills from nursing practice to other fields; and

- Crushing of the healthcare system with no power to fight even easy diseases, which could potentially crush the country's economic recovery hopes as well.

- Loss of experienced health professionals through brain drain to developed countries

We hope you receive this letter in the same spirit in which it was written.

Yours Sincerely

Simon Hlungwani

President of the Democratic Nursing Organisation of South Africa (DENOSA)

ERRATUM

Please note that the article '2020 Annual fee payment' published in the March/April 2019 issue of the *Nursing Update* incorrectly suggested that the South African Nursing Council (SANC) will, with effect from October 2019, deduct the annual practicing fees from the salaries of nurses who work for government and that nurses will see deductions by SANC on their payslips.

The SANC is not involved in the deductions of annual licensing fees from salaries of its members and as such the statement is incorrect. DENOSA apologises for any confusion caused as a result of the statement.

PMDs

PERFORMANCE MANAGEMENT DEVELOPMENT SYSTEM

What to do when you are not happy?



PMDS: Beware of the '90 Days' rule

BY SIMPHIWE GADA



As a form of scorecard for performance appraisal for employees, the word 'Performance Management System' (PMDS) always brings with it a lot of unhappiness, especially in the nursing community. There are few areas that nurses must be aware of before it is too late to take their issue up with management in case they are aggrieved by the final scorecard.

The issue of PMDS for 2019 to 2020 financial year is on top of the agenda of the Public Health Social Development Sectoral Bargaining Chamber (PHSDSBC). This issue in the province of Gauteng is receiving the attention. The challenge, however, is that it is always a case that some colleagues have not concluded their last quarter assessments so that issue of paying PMDS could be concluded.

What happens is that, even if the budget is there, we need the total number of people within the provincial Department of Health that qualify to get paid so that we can sign the agreement. And hospitals have to submit something that say they've concluded their agreements.

Once facilities do that and submit that they have completed quarter and they know who is deserving and who is more deserving, then we can be able to complete this issue at the chamber level.

So the reason why it has always been paid late over the last couple of years is also because of the delays which are made.

As the provincial bargaining chamber, we had asked for a meeting in the last week of August 2020 to follow up that issue with the Gauteng provincial government Department of Health. And we will give the update on this process.

As soon as the matter is finalised, we will be updating our members. I think nurses are also aware that there are some of their colleagues who you have not finalized their Quarter 4 agreements.

Normally this process is always accompanied by grievances in cases where managers just want to allocate a '3' to a person or they want you to sign a blank PMDS document and they want to end up being the ones that complete it in your absence. So, nurses need to be extremely vigilant in this regard so that you don't get a tree when you've

been working hard. You need to get what you have worked for and what you are deserving.

I must say that when the process of reviewing your performance has been concluded and you are not happy, you are at liberty to contact the closest shop steward or even contact us so that you are assisted in lodging a grievance. With grievances, the one mistake that nurses have made over the years is to sit with a grievance and not lodge it until the time allowed for a grievance lapses.

In terms of the law, grievances that are not filed within a period of 90 days do not get entertained.

If you file a grievance after 90 days, that grievance will not be taken forward. So you need to file within 90 days so that is PMDS is paid and you have not been paid and you know that you are deserving, you need to file a grievance so that your matter can be attended to.

So we will issue an update to say when PMDS will be paid, which will be as soon as everything is concluded in terms of submission of concluded agreements and scores and so on.

Simphiwe Gada is DENOSA Gauteng Chairperson.

Compensation for Catching Covid-19 at work

New COIDA directive outlines the claiming process for the affected nurses...

BY: KATE COLLIER, SHANE JOHNSON, MBALI NKOSI, AND TSHOLOFELO MOFOKENG



The Department of Employment and Labour (DEL) has issued revised guidelines on how to submit claims to the Compensation Fund for Covid-19 contracted in the workplace.

The Department of Employment and Labour (DEL) recently issued a revised Directive on Compensation for Workplace-acquired Novel Corona Virus Disease (Directive). This Directive replaces the previous directive issued by the DEL on 23 March 2020, but it is similar. We highlight the key provisions

of the revised Directive below.

Under section 45 of the Compensation for Occupational Injuries and Diseases Act, the Compensation Fund is under an obligation to consider all claims submitted for compensation and adjudicate them to determine liability.

The fund will consider all information submitted, including exposure, clinical history and the inherent risk posed by various categories of work and occupations.

WORKPLACE-ACQUIRED

COVID-19

The Directive provides details on the requirements and process for submitting compensation claims to the Compensation Fund in the event that an employee contracts Covid-19 in the workplace. The directive recognises that an employee may contract Covid-19 through direct exposure in the workplace, while performing employment duties aligned to the employer's business, or through business travel to high-risk areas or countries. In other words, the Directive regulates workplace-acquired Covid-19 arising out of work-related exposures. >>>

To prove workplace-acquired Covid-19, the Compensation Fund will take the following factors into account:

- assessment of the inherent risk posed by various categories of work and occupations; or
- exposure to a known cause of Covid-19 at the workplace; or
- an approved official trip or travel history to countries and/or areas of high risk for Covid-19 for work purposes;

- a reliable Covid-19 diagnosis as per the World Health Organisation's guidelines; and
- a chronological sequence between exposure at the workplace and the development of symptoms.

According to the Directive, Covid-19 can only be reliably diagnosed by the following:

- Sputum, nasopharyngeal or oropharyngeal swab specimen collected from all patients at admission tested

by real-time polymerase chain reaction (PCR) for SARS-Cov-2 RNA; or

- Any other diagnostic test approved by Department of Health.

The Compensation Fund, through its medical officers, will determine whether the diagnosis was made according to acceptable medical standards.

The Directive classifies occupations at risk into 4 different categories in the graph below:

Very high-risk exposure occupations	High-risk exposure occupations	Medium-risk exposure occupations	Low-risk exposure occupations
High potential for exposure to known or suspected sources of Covid-19 during medical, post-mortem or laboratory procedures e.g. healthcare employees or morgue employees	High potential for exposure to known or suspected sources of Covid-19 e.g. healthcare delivery and support employees and medical transport employees	Persons that require frequent and/or close contact with people who may be infected with the virus (SARS-CoV-2) but who are not known or suspected Covid-19 patients In areas where there is ongoing community transmission, employees in this category may have contact with the general public (e.g. schools and	Lower exposure occupations are those that do not require contact with people known to be, or suspected of being, infected with Covid-19, or have infrequent contact with the general public. Workers in this category have minimal occupational contact with the public and other co-workers

The above classification serves as a guide only. All employees, regardless of occupation, are entitled to make a claim for compensation in the event of workplace-acquired Covid-19.

WHO CAN APPLY?

The Compensation Fund will only provide compensation for confirmed workplace-acquired

cases where the fund has accepted liability. It will not provide compensation for unconfirmed cases which are still being investigated. For self-isolation or self-quarantine periods, the employer must apply under the UIF's TERS scheme or follow the leave procedures under the DEL's Covid-19 Directive on Health and Safety in the Workplace.

MAXIMUM COMPENSATION PAYABLE

Temporary total disablement due to infection with Covid-19 will be paid from date of diagnosis up to a maximum of 30 days. Where there are medical complications, the Compensation Commissioner has the right to review each case on merit.

>>>



If there has been any permanent disablement, this will be assessed 3 months after the date of diagnosis and when maximum medical improvement has been reached.

If a qualifying employee dies as a result of Covid-19 complications, the fund will cover reasonable burial expenses and, where applicable, the widow or widower's and dependant's pensions will be payable.

REPORTING

To lodge a claim with the Compensation Fund, the following documents will be required:

1. Employer's Report of an Occupational Disease (W.CL.1)
2. Notice of an Occupational

Disease and Claim for Compensation (W.CL.14);

3. Exposure and Medical Questionnaire;
4. First Medical Report in respect of an Occupational Disease (W.CL.22) indicating U07.1 as the ICD -10 code for Covid-19;
5. Exposure history and/or other appropriate employment history which may include information helpful to the Compensation Commissioner;
6. A medical report on the affected employee's symptoms that details the history, establishes a diagnosis of Covid-19 and includes laboratory results and chest radiographs,

where appropriate;

7. A Progress Medical Report (for each consultation) (W.CL.26);
8. Final Medical Report in respect of an Occupational Disease (W.CL.26) when the employee's condition has reached Maximum Medical Improvement
9. An affidavit by the employee if an employer cannot be traced or will not supply a W.CL.1 where applicable

ABOUT THE AUTHORS

Kate Collier, is a Partner, Shane Johnson, a Professional Support Lawyer, Mbali Nkosi, an Associate and Tsholofelo Mofokeng, a Candidate Attorney at Webber Wentzel.

PAGE 1 OF COVID-19 EXPOSURE AND MEDICAL QUESTIONNAIRE LOOKS LIKE THIS



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

Compensation Fund, Delta Heights Building 167 Thabo Sehume Street, Pretoria 0001
Tel: 0860 105 350 | Email address: covid19claims@labour.gov.za www.labour.gov.za

COVID-19 EXPOSURE AND MEDICAL QUESTIONNAIRE (To be completed by employer)

EMPLOYEE DETAILS														
Name								Surname						
ID Number										Nationality				
Contact Number								Email						
Occupation														
Next of Kin								Contact Number						
EMPLOYER DETAILS														
Name of Employer														
Industry/Sector								Province	GP	NW	LP	MP		
									FS	KZN	NC	EC		
Contact person								Responsibility						
Contact Number								Email						
EXPOSURE HISTORY														
Has the Employee travelled to any high risk countries/areas? /											Yes	No		
If Yes, Area Travelled To											Date Travelled			
Length of Stay											Reason for Travel			
If No, has the employee been exposed to a confirmed occupationally-exposed case in the workplace											Yes	No		
If Yes, Date of Contact											Contact Reported?		Yes	No
Period of Exposure											Total Confirmed Cases in Workplace			
Cases on quarantine in area of work														
State the periods the employee was off-duty or performing light duty								From (dd/mm/yyyy)	To (dd/mm/yyyy)	Advances/Salary paid during these periods				
Periods Off-duty														
Periods Performing Light Duty														

1



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Should Occupational Health Nurses be made to fill in Dr's medical report forms for occupational injuries and diseases?



According to Nurses' Rights Charter, a nurse has a right to refuse to perform a task that is considered an 'illegal risk' and no one needs to mince their words about that...

BY TEBOGO MOTSEKI

The scope of Occupational Health Nurse is clear

Colleagues in nursing, it has surfaced elsewhere that Occupational Health Nurses are being coerced by some of their managers to perform tasks and make decisions which are beyond their current scope of practice. Whoever is asking nurses to do such, imposing their will and authority on them, is without doubt out of order in terms of applicable legislation just because nurses are vulnerable.

1. First of all as an OH Nurse his / her scope of practice is clear in terms of Nursing Act and Regulations according to one's specific functions at a staff health facility.

2. The Compensation forms - First Medical Reports for Injuries and Diseases, Progress Reports, Final Medical and Resumption Reports, are stating very clear as who is supposed to complete those - it's either an Occupational Health Doctor or another designated Medical Officer after having examined and assessed a particular patient.

3. Do these managers realize the legal implications of asking nurses to do such things that their actions are tantamount to violation of law and subsequently gambling with an employee's practice license?

4. From where one stands, we are faced with a situation whereby we

still have some managers in our workplaces who are so legally incompetent in terms of understanding and being able to interpret effectively legislative prescripts at their disposal.

5. There are various OHS and COIDA related documents that an Occupational Health Nurse can use or complete according to his / her specific functions i.e. WCL 110 (Exposure History) that is used to collect client's information during medical surveillance etc.

6. An advice in that regard would be, as a nurse stand your ground and show whoever is imposing their authority on you that your scope of practice has no room for such miscalculated risks. Unless they are really so naive, no manager should insist after they have been told that what they are repeatedly asking of nurses to do, is illegal.

7. According to Nurses' Rights Charter, a nurse has a right to refuse to perform a task that is considered an 'illegal risk' and no one needs to mince his / her words about that.

8. It is just not proper that such an unacceptable situation be allowed to be like business as usual and not challenged whereby Doctors seem to continue having an easy and protected life at the expense of the already 'overworked and stressed nurses' who are daily

expected to cover for the shortcomings of the ailing health system in our country. If employer is sensitive to the health and welfare of Nurses and health care workers, the Dept should be appointing Occupational Health trained doctors to minimize such problems.

Furthermore as a safety valve, nurses must not hesitate to inform their representative unions of such discrepancies to be followed up and properly investigated so that they can be represented if and when need arises. If there is any workplace that may still be allowing such abuses to continue, they are hereby required to refrain from that habit immediately or face being charged under 'vicarious liability'.

A special appeal is made to all District OHS Co-ordinators to show and provide the much needed support these colleagues so need.

References:

The Constitution of RSA - Chapter 2 in the Bill of Rights

The OHS Act and Regulations No. 85 of 1993

The Nurses Rights Charter

T.C. Motseki - former Health & Safety Officer

Mobile: 076 949 4784

E-mail:

tebogomotseki58@gmail.com

Covid-19 and Primary healthcare

Strategies proving too difficult for congested clinics...



BY SIBONGISENI DELIHLAZO

The scourge of the novice Coronavirus have caused havoc not only to secondary and tertiary healthcare establishments throughout the world. Primary healthcare services have proven to be the hardest hit in many cases, especially during the national lockdown.

While the level of impact may differ depending on where a clinic is situated, but clinics in

the centres of the country's biggest towns have experienced peculiar problems coming with restrictions on the movement of people under Covid-19. Although movement of people to healthcare services were allowed, this area of regulation was never clear to everybody in facilities. Some clinics, especially those in the rural areas, may have experienced some lower turn out levels of patients due to COVID-19, but it was a different story in clinics in and around the cities and

towns as patients continued to flock into facilities for their primary healthcare services.

For some patients, the lockdown regulations were misinterpreted to a point where they could not come to facilities to collect their chronic medication. Furthermore, some women in who were due for their antenatal care could not come to the facilities, which caused a scare to healthcare workers as some may develop some complications.

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SOURCE: CANSA

One such facility in the centre of Mthatha, in the OR Tambo District in the Eastern Cape is Stanford Terrace Clinic, which has experienced the same levels of attendances. This has caused a scare to the facility, especially as most patients have to come in extremely early if they are to be served on the day.

The facility opens at 08h00 in the morning weekdays, but nurses find long queues of patients who would have come as early as 03h00 in order to be attended on time. “This is concerning to us as healthcare staff at the facility – to see that patients have been here for as early as that time,” says one of the professional nurses at the clinic, Bomikazi Zidlele.

“It is extremely cold, especially during winter season here. That there is nothing we can do is making it extremely difficult for us, because this is the closest clinics for most communities in and around Mthatha town, with the exception of patients residing in the Ngangelizwe area which has got its own clinic.

STRATEGIES APPLIED IN THE FACE OF COVID-19

The main challenge in clinics in

times of COVID-19 is space and accommodation. This meant that some clinics had to draw up various schedules for certain patients suffering with specific conditions to be accommodated at certain days. But this strategy has proven difficult initially, taking into account the scarce resources.

“When it comes to immunization against measles, the injection serves ten patients at a given point. And if you have only three patients for immunization in a day, it means there is a level of wastage, and this is critical for us as healthcare workers to preserve the medicals so that they can serve a greater population. So, in our facility we planned days for those who are in for immunization for measles, and we will structure them in such a way that they are served on time and optimally,” explains Zidlele.

During the COVID-19 restrictions, the facility experienced a lower turn out of patients who are due for initiations as a result giving them three months’ supply of their medication as a way to minimize physical visits by patients. “This has proven to work a great deal, because it is painful to keep patients outside of the gates and ensuring they observed social

distancing. We had to disperse the patients to ensure that the spread of COVID-19 is eliminated.”

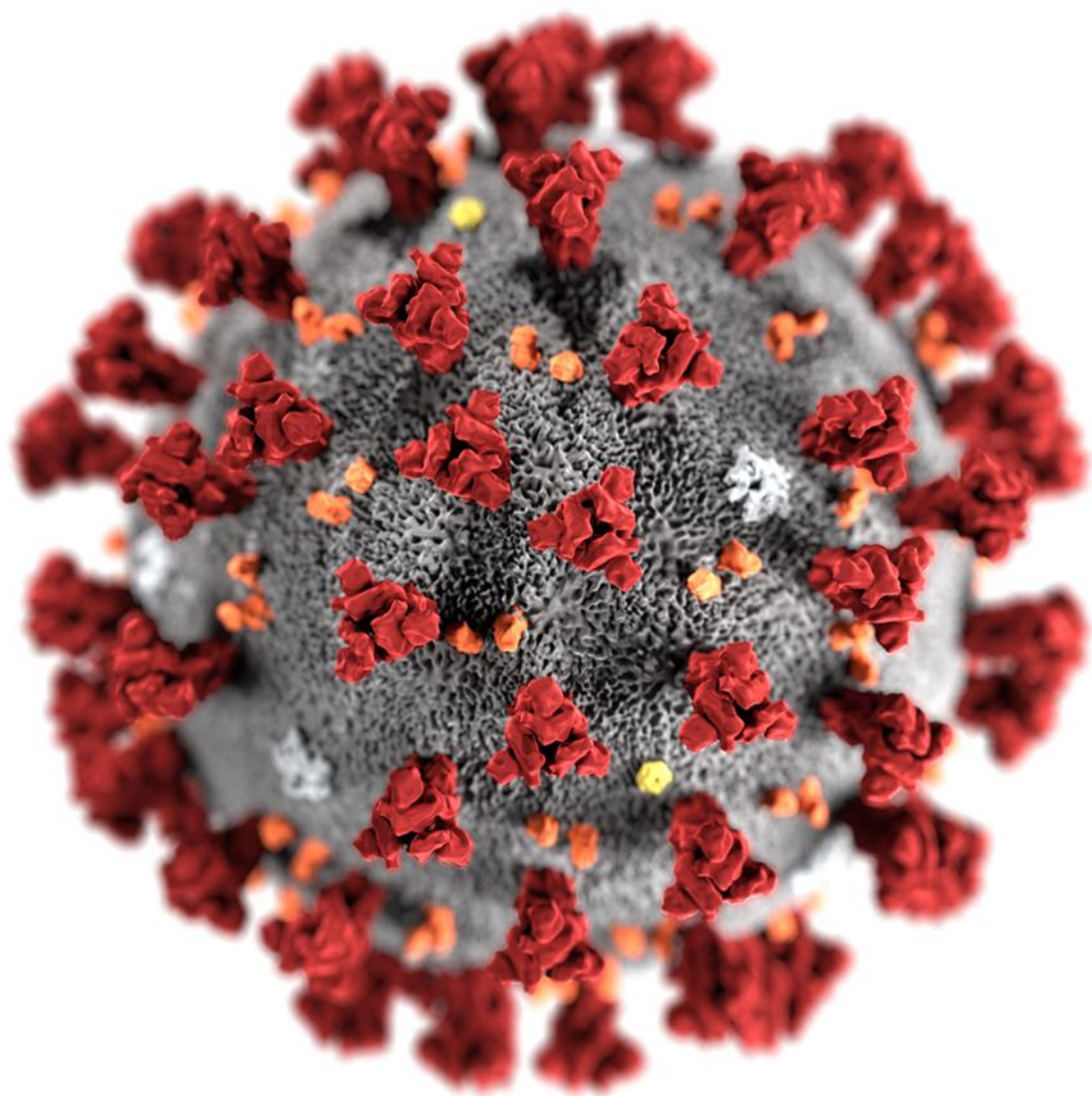
Keeping patients outside the facility has proven to be the most challenge especially to facilities that do not have shelters. And the weather conditions are often unfavourable during winter season.

What is the greatest lesson this COVID-19 period has served to healthcare services?

“The greatest lesson is that we need more healthcare facilities in communities which are densely populated like Mthatha,” explains Zidlele.

“At least the human suffering would be greatly minimised if communities had nearer facilities to their homes. Also, this period has indicated to us that we need more strategies for pandemics like this in future and prepare better with additional resources. Some patients missed their dates and some came way after their regimen had finished, and this makes us fearful because some of the patients may default on their medication, which will pose even a bigger challenge for their health.”

Is the peak period over?



Will Covid-19 change people's perceptions of nurses?

BY SIBONGISENI DELIHLAZO

Whenver COVID-19 finally packs its bags and leave planet Earth for good, it will leave behind a world different to what it was before its visit. Over 1.7 million people have died. More than 37 million people have since been infected. Millions of jobs have been lost and thousands of business establishments have closed down for good. Many governments have had to swallow their pride and take their begging bowls and borrow money to survive from financial institutions such as the World Bank.

And South Africa was no different. More than 3 million South Africans lost their jobs in the first quarter of the year. Furthermore, 2.2 million people lost their jobs in the second quarter. Long queues of unfairly dismissed people at CCMA offices around the country are endless.

The latest figures of COVID-19 in South Africa, at least by beginning of October, showed a drastic decrease in the number of infections. In fact, the high recovery rate of 90% has been on the scoreboard for weeks despite the ease on the national lockdown rules to Level 1 as announced by state President, Cyril Ramaphosa, as of the 20th September 2020.

Whilst the initial peak period for South Africa pushed the country to the top five most affected nations globally, the country has since moved downward steadily. The rush to healthcare facilities has eased up, which has given

healthcare workers a breathing space. Most field hospitals, which were prepared for the peak period, are being folded down and done away with.

Economic activities have increased and the previous tight restrictions on both international and domestic travels have been eased for most destinations with the exception of high-risk countries like the United States and India.

The least-talked about heroines and heroes for the country's success, however, are the healthcare workers whose gallant fight has delivered excellent healthcare results to citizens. Nurses, majority healthcare professionals, have outdone themselves and their commitment and sacrifice saw the country getting back to its normal self although the effects of COVID-19 will be felt for a long period of time.

This success by healthcare workers has come at a heavy prize – no less than 27 000 of them got infected. Unfortunately, of this number, around 270 lost the battle to COVID-19, and those hardest hit were those with comorbidities. With over 680 000 infections in South Africa, more than 17500 have succumbed to the virus in total.

The storm in other parts of the world, however, has not eased. In fact, most countries who have thought they were over the worst have experienced a resurgence of

infection which has often caught many countries off guard. This is what health experts in South Africa have warned, as the resurgence have proven more severe than the first wave. Countries which have eased restrictions to almost zero are reintroducing the previously hard lockdown rules.

As the country descends to normal, the *Nursing Update* looks back at the experiences of nurses as majority healthcare professionals who were at the forefront of the fight against this scourge. Prior and during the peak of COVID-19 in South Africa, there were a lot of uncertainties and the pace at which safety measures were taken for healthcare workers was one of the greatest areas of concern amongst healthcare workers and their labour representatives. Adherence to health and safety standards was a serious bone of contention for most facilities, and failure to adhere to safety precautions had greatest effects on healthcare workers.

We take stories from nurses who were at the coalface of this pandemic. Their messages are worth listening to so that preparation for future pandemic could be far tighter than that of the COVID-19 pandemic.

The question, however, is: will COVID-19 change the perception of nurses by the people? One remains hopeful, because without nurses far more people would have succumbed to the pandemic than the current numbers.

Yes, we conquered!

But it was not easy



Caring for Covid-19 patients was scary

From the early stages of COVID-19 on the Eastern Cape shores, Port Elizabeth kept a leading position and was the hotspot in the province. The situation at some point had become so dire that the national government had to intervene and deploy one of its national senior managers from Pretoria to oversee the intervention programmes in managing what was about to spiral out of control.

Healthcare facilities were kept busy and many came close to reaching capacity. With the help of stakeholders, a field hospital had to be built, and the Nelson Mandela Bay Stadium was converted into a quarantine site for those who tested positive for COVID-19.

Nurses were at the forefront of fighting the pandemic in the area. One of the many unsung heroes who dealt with this scourge in the area is Ntomboxolo Malisa, who works as a theatre nurse at Uitenage Provincial Hospital. She shares her experience in working with the pandemic.

What was your overall experience as a nurse in working at theatre, where you had to care for both COVID-19 and Covid-negative patients? Did you enjoy or were you scared?

It was scary. Remember, we were all not sure and the virus was all new to all of us. And the shortage of PPE was just another challenge. At times we would get an emergency caesarean section (C/S) with no symptoms of Covid-19 whatsoever. After operation, then the patient would start having a fever, and by that time the patient is in the ward already. Only then would testing be done and, mind you, we didn't wear any PPE during the Operation.

Now, after that, everyone must go for testing and you also think about your family. "What if I'm also positive now?" But luckily for us, all those emergency C/S related tests all came back negative. With the known positive patients, we were on PPE during those cases and special staff would be allocated to do those Positive Patients for the day. Personally, I was very scared for my children. What if I test positive and then whole family test positive? Really, it was not a nice experience to work with covid-19 Patients. In my own case it was the worst experience ever, because I once had TB in 2012. So my most worry was that I can be infected rather quickly with covid-19.

What do you think could have been done better to assist you as nurses?

I think it would have eliminated all the fears that we experienced all the time if we were told even in theatre to wear PPE all the time, even if patients didn't show any symptoms. At least we would not worry when after the operation the patients test positive. But the challenge was PPE at that time. But now at least PPE is no longer so scarce anymore. And that is a relief.

With our slate during covid-19, most of the time we were doing emergencies and caesareans. Most of the operations were cancelled because of that. Now there is a big backlog, meaning that from October or January next year, it is really going to be hectic.

As Nurses we really worked very hard during the Covid-19 pandemic and we have conquered! I think government need to recognize us because it was not easy at all. We were scared of the unknown. And yes, with the infection rate that has dropped, it's a good thing but we must continue with the wearing of PPE and keep safe because Covid-19 is still here.

Government must really give us the increment after all of this effort shown by nurses.

We really deserve it. We have scars to prove that we are from a fierce battle. Fortunately, we won.

DENOSA EC MOURNS THE UNTIMELY PASSING OF CDE NOLUNDI GQIBA

A Gallant Fighter & Gender Activist



DENOSA in Eastern Cape

has learnt with shock and sadness the untimely death of one of its leaders, Cde Nolundi Gqiba. Death has robbed the province one of the strongest women in the organisation and a tireless activist through thick and thin.

Cde Nolundi Gqiba has been a member of DENOSA since its inception. She served in various structures of the organisation from the workplace level up to the provincial level. She was a gender activist and was never to be kept silent on matters of injustice and unfairness against

women and the vulnerable in our society.

She served as Regional Chairperson of Region B, now called Thembeka Gwagwa Region (Chris Hani and Joe Gqabi districts), from 2010 to 2014. She represented the province at National Gender Committee during the same period of 2010-2014 where she contributed to the organisation's generation of body of knowledge and position on gender issues.

DENOSA and women in the Eastern Cape are poorer without Cde Gqiba.

Heartfelt Condolences of

DENOSA go to the Gqiba Family, her colleagues and the Loved Ones.

May Her Revolutionary Soul Rest In Peace!

From DENOSA Eastern Cape.

‘She was a gender activist and was never to be kept silent on matters of injustice and unfairness against women and the vulnerable in our society.’

Special tribute to longest serving shop steward in Limpopo

BY JACOB MOLEPO AND LESIBA MONYAKI



DENOSA in Limpopo is saddened to announce to its family on the passing of Zebediela Hospital Branch Chairperson and one the founding members of the organisation and the longest serving shop steward in the province of Limpopo, comrade Bulie Kekana, who left this world on the 19th of October 2020.

DENOSA would like to take this opportunity to express its sincere heartfelt condolences to the Kekana family, his colleagues and the entire

nursing fraternity in the province.

He has served the organisation with flying colours and had always projected discipline of the highest order as a leader and shop steward of the organisation and the alliance.

His hard work, gentle nature and commitment to DENOSA will always be remembered and missed by entire members and leadership in the Province.

His memorial service was held on Thursday, 22 October 2020 in the morning at Zebediela Hospital, where he served the

nursing profession with great zeal and passion.

He was laid to rest on 24 October at his home in Zone A in Lebowa kgomo.

DENOSA salutes this selfless cadre and we are thankful to his family for borrowing us a person of his excellent and exemplary leadership qualities.

As a province, we have lost a soldier, and indeed [#Asphelelanga](#)

May his Soul Rest in Peace!

Student Movement activities back to their physical swing



DENOSA National Student Movement Chairperson, Nathaniel Mabelebele, Deputy Secretary, Boitumelo Maila, and National Organiser, Nomvula Mathibe hard at work during the National Office Bearers' meeting at DENOSA Head Offices in Pretoria from 10 to 11 October.

DENOSA Student Movement NOBs hold first physical meeting in Pretoria



National Office Bearers (NOBs) of DENOSA Student Movement held their first physical meeting at the DENOSA head offices in Pretoria from 10 to 11 October.

Barely a month after they were elected at the Student Movement's National Congress in the Free State on 23 February this year, State President, Cyril Ramaphosa declared a national lockdown in the country due to high rising COVID-19 cases in the country back then.

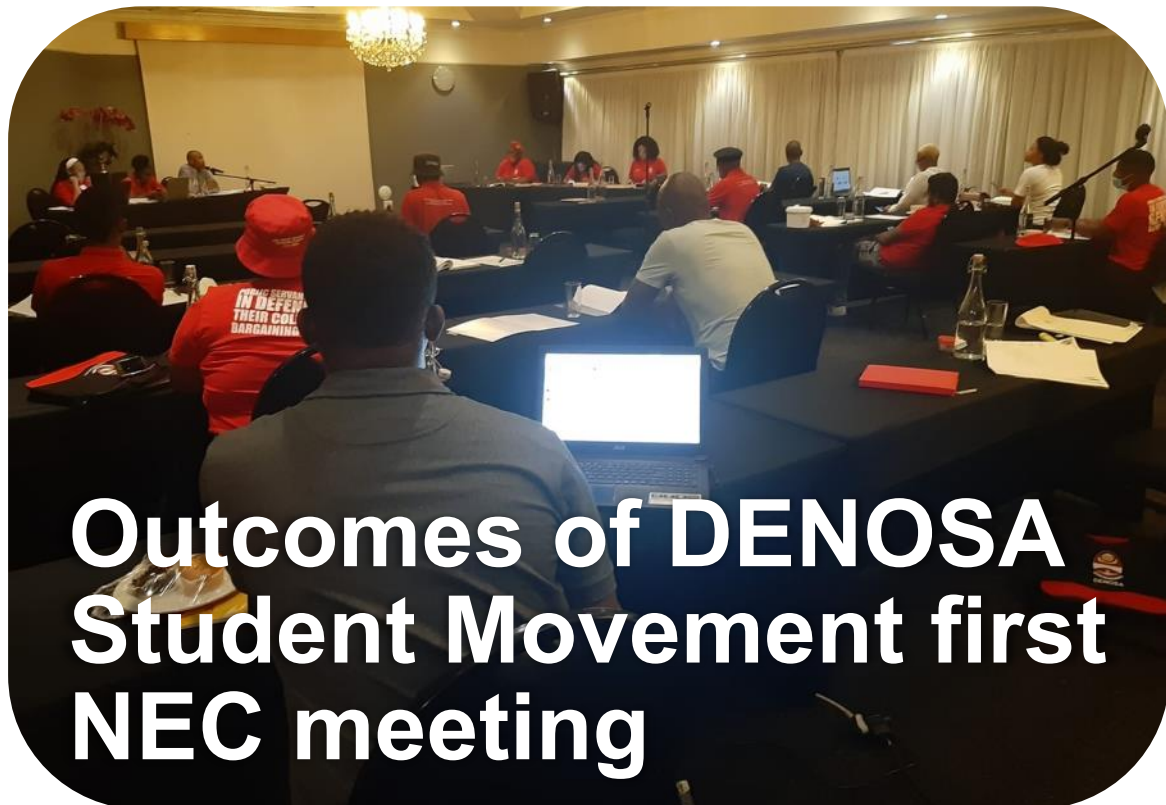
It was for the first time after the congress that the National

Chairperson, Nathaniel Mabelebele, 1st Deputy Chairperson, Shyleen Vimbai Mogabasedi, 2nd Deputy Chairperson, Bonolo Botsime, National Secretary, Sphumelele Zime Blose, Deputy Secretary, Boitumelo Pheladi Maila and National Organiser, Nomvula Mathibe, sat around the table to talk of a programme to address the plight of student nurses and nursing education.

The student leaders met at the time when provinces were reporting high rise of infection amongst student nurses, as well as continuing negative effects of the bursary system into the

country's nursing education system on the students. Mabelebele said students in provinces have reported unhappiness over unfulfilled promises of proving students with transport under the new bursary system, and that those promises have not materialised.

This, as well as the confusion between healthcare institutions and nursing education institutions on which party should be responsible for the provision of PPE to student nurses in the clinical area, have led to victimization which has laid bare their vulnerability to many risks in the age of COVID-19 pandemic.



Outcomes of DENOSA Student Movement first NEC meeting

The Democratic Nursing Organisation of South Africa (DENOSA) National Student Movement held its first National Executive Committee (NEC) meeting from 24 and to 25 October at Manhattan Hotel in Pretoria where it discussed and resolved on a number of issues in nursing education and practice which affect student nurses and their well-being.

On the effects of COVID-19 on students and communities and campaigns adopted to address these

The Student Movement reflected on the effects on COVID-19 on the personal lives of student nurses in both the facilities and their residences. During the discussions, it came out clearly

that many students are still affected mentally by the COVID-19 scourge in various forms.

Acknowledging that even community members have been affected dearly by the pandemic and its negative effects on their lives and livelihood, the Student Movement has announced that it will be embarking on Mental Health Awareness programme in various nursing education institutions (NEIs) in the country as a support programme for students.

The other programmes, which will also support community members, include programmes on gender-based violence as well a programme to support girl children with their reproductive health needs. The announcement

on the launch of the programmes will be made shortly.

On the poor state of infrastructure at colleges and universities to integrate learning programmes under COVID-19

The Student Movement reflected on the less-than-desired state of decay and poor infrastructure at colleges and universities around the country, which was laid bare the unpreparedness of nursing education to adapt to a new learning environment as imposed by the COVID-19 pandemic.

As an example, Mmabatho College of Nursing in the North West has been caught napping in times of COVID-19 as it only has 20 that cater for 700 students at the institution, which is >>>

not even a drop in the ocean.

On the risks in practicals under COVID-19 due to non-supply of PPE to students

We noted with great concern the continuing risk of exposure of student nurses to contracting COVID-19 while doing their clinical practicals due to lack of responsibility between clinical facilities and both colleges and universities on who should provide students with PPE when doing their clinical practice.

More student nurses are contracting COVID-19 when doing their practicals. Health institutions provide PPE to full-time working staff only and this is not extended to students, yet they are faced with the same risks.

We resolved that the Department of Health, which is responsible for nursing students doing their practicals and clinical facilities, must provide student nurses with full PPE.

On the dismal failure of the bursary system and the need to revert back to PERSAL system

We noted with serious concern the increasing absenteeism amongst student nurses in the clinical areas as a result of many challenges with the bursary system. Under the bursary system, students are supposed to be transported to and from clinical areas. Often, this is not happening and it often leads to students missing on practicals and their hours, which compromises the academic progress of student nurses for something that is not of their doing.

Since the bursary system replaced the PERSAL as a funding model for nursing education, the state of nursing education has been leaping from one crisis to the other. Under the PERSAL system, there was protection for student nurses in the clinical settings in cases where

they contract disease as they had medical cover and could seek medical attention as soon as they contract the disease. Under the bursary system, however, this was done away with despite the students facing the same risks when doing their practicals.

Moreover, since the introduction of a bursary system, there is now unequal payment of bursary amounts between provinces, universities and colleges. There is also dishonesty in terms of the breakdown of the full amounts of the bursary. Colleges deduct from the lump sum and give to students the remaining amount and still further charge them accommodation and fees from the remaining amount that is due to them. With this glaring discrepancy, we suspect foul play in the form of corruption and diversion of funds due to this action.

Under the PERSAL system, students could also claim from the Compensation Fund under COIDA when they contracted a virus or disease from their clinical practicals. Under the bursary system, this is no longer the case. Despite hundreds of student nurses having contracted COVID-19 in the country, it is only those employed healthcare workers who are filling in forms for compensation under COIDA. This is ridiculous, exploitative on the part of students and it defies every logic.

We demand that student nurses be covered under COIDA and those who have contracted COVID-19 should be filling the Compensation Fund forms just like other employees. DENOSA Student Movement leadership has been tasked with the responsibility to engage the relevant government departments to ensure that justice prevails for student nurses.

We wish speedy recovery to all student nurses who have

contracted COVID-19.

On acts of criminality under the bursary system and resolve to sue the Gauteng Department of Health over syphoned money meant for student nurses

The Student Movement noted the bursary system not to be just a dismal failure, but has been made a conduit by some unscrupulous managers in government to syphon money off this system. In Gauteng, as far back as 2017, student nurses under the Gauteng Department of Health were promised tablets which were to be fully loaded with the prescribed books for their academic year. An amount of R6000 from each student was deducted for these gadgets. Until today, this was never fulfilled despite monies having exchanged hands between the department and service providers.

We resolved to lodge a case with the law enforcement agencies for this injustice, because student nurses were disadvantaged greatly as a result of this.

On the career-pathing for nurses in lower categories

We urge the Council for Higher Education (CHE) to break the silence on the processes of accreditation of programmes so that nurses can be certain of what is to happen in 2021 in order to advance or develop themselves academically and professionally. Since COVID-19 has delayed certain processes, the phasing out of R425 programme must be extended. To bridge the gap and to not leave the old programmes behind, both the Recognition of Prior Learning (RPL) criteria and bridging programmes must be used for selection in order to allow all categories of nurses to be able to go to school and grow professionally, which will assist in orderly transition according to NQF levels.

DENOSA Student Movement Toiletry Drive



Nov 2020 — Feb 2021

Together Making A Difference

Roll Out the Love by donating toiletry items to any of our 10 drop boxes at DENOSA provincial offices & at Head Office in Pretoria



WE ACCEPT DONATIONS OF:

Pads/tampons
soaps, menstrual cups
toothpastes
toothbrushes
toilet papers
reusable pads
towels

Nearly 7 million girls miss school each month due to no access to hygiene products.

And more than 6 million miss school because they can't afford pads/tampons and other toiletries.

HELP us to help them. These will be donated to schools countrywide.



WANNA DONATE?

Contact Us Below



Denosa Student Movement



sphumelelezime.blose@gmail.com
mailabtml@gmail.com



074 042 5402 or 079 300 4409



Update on Labour Court date RE: dispute on salary increment for public servants

Dear DENOSA member.

As we reported previously, the above-mentioned matter has been with the Labour Court, awaiting the judge to apply his mind and give the verdict by way of communication on whether he deems the matter as urgent or not.

This communique serves to inform DENOSA members that our legal representatives received correspondence from the Labour Court on Thursday 15 October 2020, confirming the date for which this matter has been set.

The Judge President Waglay has considered the request made by a number of parties and the Labour Court has notified all applicants that, "The earliest that this matter

can be accommodated will be on 2 December 2020." The matter will start at 10h00 on 2 December 2020 via a video conferencing technique unless the parties elect to have the matter dealt with on the basis of written submissions.

The Court has urged that all parties file the required set of heads (paperwork) by no later than 20 November, failing which this matter will not be heard in December.

Once again, DENOSA takes this opportunity to truly acknowledge the frustration of members on how prolonged and protracted this matter has become, and that the frustration on the side of members is truly understandable.

FROM DENOSA BARGAINING UNIT

DENOSA partake in COSATU National Day of Action on 7 October





DENOSA structures and members in all nine provinces took part in the COSATU National Day of Action on 7 October against corruption, poor public transport, gender-based violence and the attack on collective bargaining, which was a resounding success. The day of action saw thousands of workers talking to the streets in the protected strike which was held under *Section 77 of the Labour Relations Act.

The marches in provinces and locals delivered memoranda of demands to various government departments, and gave them 14 days to reply.

The main march was led by COSATU President, Zingiswa Losi, in Pretoria which marched to three government ministries, namely the Department of Employment and Labour, Treasury and Department of Transport.

Two ministers accepted the demands in person, namely Minister of Transport, Fikile

Mbalula, and Minister of Employment and Labour, Thulas Nxesi. The Minister of Finance, however, Tito Mboweni, was not available to accept the memorandum for his department and he delegated the Deputy Director-General in the department.

Explaining Minister Mboweni's absence, Minister of Employment and Labour Thulas Nxesi said all ministers were attending a Cabinet lekgotla and that the two ministers present were excused, but the Finance Minister was delivering a presentation on the budget.

Cosatu President Losi lashed out at the Treasury for a number of wayward actions by it which had mainly contradicted the government positions. She said the government was setting a bad precedent in the country and to the private sector employers by not implementing the last leg of Resolution 1 of 2018. She said government would not have any moral high ground to call private sector employers to order when they frustrate workers because government itself is doing the

same. And, Losi added, the private sector employers have started behaving in the same way towards collective agreements.

Nurses, who were in the forefront of the fight against COVID-19 in South Africa, have been greatly affected by the effects of corruption in the supply chain for the Personal Protective Equipment (PPE) in the health facilities. Of the more than 27 000 healthcare workers who contracted Coronavirus, not less than 270 health care workers died, mostly in the line of duty owing to poor supply and poor quality.

Thousands of nurses joined millions of workers who stayed away on the day, which was a legal strike aimed at furthering the socio-economic interests of workers.

In provinces, the provincial marches delivered memoranda to premiers.

*** Section 77 of the Labour Relations Act** gives workers the right to take **part** in protest action to promote or defend their socio-economic interest and be protected against dismissal and other disciplinary action.

SHOULD WORKERS WHO DON'T
PARTAKE IN DEMONSTRATIONS
REAP THE REWARDS?





The biggest enemy of workers is not the employer...

BY MZWANDILE MTHEMBU

The author (far right) at the workers' demonstrations in Germiston on 7 October during a COSATU National Day of Action.

Having witnessed yet another disappointment in participating in worker-related struggles by workers themselves, I can safely conclude that the biggest enemy of the workers is not the employer but the workers themselves.

I observed with disappointment the absence of young workers in the demonstrations that we carried out throughout the country on 7 October, as called for by COSATU.

Members would be guns blazing or at loggerheads with unions representatives, and even blaming them for sleeping with the employer, crying foul of nothing is done, and always calling for demonstrations. But

when the invite to come to demonstrate on the streets is extended, then the angry-ranting members are seemingly content and nowhere to be seen on the streets.

Speaking specifically to my profession, I thought we have a new breed of workers who would not miss a slightest opportunity to show their anger in demonstrations. But I was wrong.

The new generation is distancing itself from issues that will see them psychologically affected and forever complaining but does nothing. Whilst it always plays a role in dividing the workers because of its weak political will and principle, you see one person paying three different unions and does not participate in any of their

activities. Not at all.

I only witnessed the geriatrics demonstrations and the usual young cadres who are always present when it comes to nursing politics.

This thing of challenging the employer whilst we are few but everybody benefits must come to an end. We need a system that will reward those who fight for what is due to them and those that don't participate must not reap the rewards of slavers. Isn't it that they are content hence no participation by them?

#Asiwafuni Amagwala! (We don't want cowards).

Mzwandile Mthembu is DENOSA Gauteng Student Movement member.

Have colleagues given up in fighting for their plight?



Will a day's 'No Work, No Pay' kill anyone?

BY TEBOGO MOTSEKI



Read through the social media and hearing some people's comments recently about the COSATU 'National Stay Away' on 7 October this year, one could not help but sense that, seemingly, our colleagues have given up any hope of fighting for their plight to be addressed.

Ill-informed criticism on the organization, negative attacks, and labelling of leadership only brought one question to mind, "Who is Denosa or any other union for that matter?"

Comrades have been filled with

fear about the so-called 'essential service provision' which in fact expired 22 years ago on the 31st of March 1998.

Funny enough, people like to benefit, but opt to sit idle and doing nothing expecting others getting burnt fighting for their battles.

All these years, the employer has been ducking and diving on finding amicable solutions towards finalizing the 'minimum service level agreement' (MSLA) which should set the minimum level of service in essential work like nursing.

As things stand our institutions

have been and still continue to function on 'skeleton staffing'. For how much longer must this abuse be tolerated?

Mobilization has been done for almost the last two weeks prior to the national day of action.

What more do people want? THIS WAS A NATIONAL STAY AWAY! A "Do or Die" situation for justice and for the future of public service. Will a day's "No Work, No Pay" kill anyone?

Tebogo Motseki is a veteran DENOSA leader, a writer and a retired (but not tired) shop steward of DENOSA based in KZN.

Referring unfair dismissal or unfair labour practice disputes to the Council for arbitration

The implications of SAMWU obo Manentza vs Ngwathe Local Municipality and others (2015) 9 BLLR 894 (LAC)

BY ADVOCATE JAMES NGOAKO MATSHEKGA

Part-time Resident Panelist at Public Health and Social Development Sectoral Bargaining Chamber (PHSDSCB)

UNFAIR
DISMISSAL



SOURCE: Mylegalweb.net

In giving effect to the constitutionally entrenched right of everyone to fair labour practices, the Labour Relations Act 66 of 1995 (“the LRA”), in section 185 thereof, gives every employee the right not to be unfairly dismissed and not to be subjected to an unfair labour practice. Where an employee feels an employer has violated his/her right as provided in section 185 of the LRA, s/he may challenge the fairness of the employer’s conduct by referring a dispute to the Public Health and Social Development Sectoral Bargaining Council

(“the Council”).

Section 191 of the LRA governs the referral of alleged unfair dismissal and unfair labour practice disputes to the Council. Section 191(5)(a) requires the Council to arbitrate a dispute if the Council or a Commissioner has certified that the dispute remains unresolved, or if 30 days or any further period as agreed between the parties have expired since the Council received the referral and the dispute remains unresolved.

The vexed question that arise from a reading of section 191(5)

(a) of the LRA is when does an employee obtain the right to refer an alleged unfair dismissal or unfair labour practice dispute to the Council for arbitration? Put differently, does an employee have to wait for the Council to issue a certificate of non-resolution before requesting the Council to arbitrate an alleged unfair dismissal or unfair labour practice dispute? Does the time period begin to run when either the certificate of non-resolution is issued or when 30 days have lapsed since the dispute was referred to the Council, whichever event occurs first? >>>

Does the section give an employee the option of deciding when his *dies* begins; either the employee can choose to refer his/her dispute to arbitration after 30 days from when s/he referred his/her dispute has expired (in which case the *dies* begins at the expiry of the 30 day period) or the employee can wait for the certificate to be issued, irrespective of whether this happens after the expiry of the 30 day period, (in which case the *dies* begins from date of certificate)? These are the questions that the Labour Appeal Court answered in its judgement delivered on 24 June 2015 in *SAMWU obo Manentza v Ngwathe Local Municipality and Others* [2015] 9 BLLR 894 (LAC).

THE CONCISE FACTS

Mr KI Manentza ("the appellant") referred a dispute to the South African Local Government Bargaining Council ("SALGBC") alleging that he was unfairly dismissed by Ngwathe Local Municipality ("the respondent"). At a conciliation that took place on 3 April 2003, the parties agreed to extend the life of the conciliation by a further seven (7) days. After the lapse of seven days, the appellant requested the SALGBC to issue a certificate of outcome. However, instead of issuing a certificate of outcome, the SALGBC erroneously enrolled the matter for arbitration on 1 December 2003. A certificate of outcome was issued on 15 April 2004. On 24 June 2004, the appellant referred the dispute to arbitration. The arbitration was set down for

hearing on 29 July 2004. During the arbitration hearing, the respondent raised a preliminary issue contending that the SALGBC lacked jurisdiction to arbitrate the dispute because the referral to arbitration was late (as a result of the late issue of the certificate of outcome). The arbitrator found that there was no need to apply for condonation as the certificate of outcome was issued on 15 April 2004, and the referral was made within 90 days of the date of issue of the certificate of outcome. The arbitrator accordingly found that the Bargaining Council had jurisdiction to determine the fairness of the dismissal.

In the review application before the Labour Court, the respondent attacked the arbitrator's finding that condonation was unnecessary. The Labour Court found that the referral to arbitration was out of time and reasoned as follows:

'Section 191(5) of the LRA provides that if the council has certified that the dispute remains unresolved or if 30 days have expired since the council received a referral, and the dispute remains unresolved, the council must arbitrate the dispute at the request of the employee, if certain identified conditions are met. Section 191(11) (a) of the LRA prescribes a maximum period of 90 days within which a dispute must be referred to arbitration after conciliation failed to resolve it. If good cause is shown to exist where a referral is made after the expiry of the 90 days, in my view, the council may

grant condonation just as this Court is specifically empowered by section 191(11)(b) to grant condonation. To hold otherwise would result in an absurdity on the face of a clearly prescribed maximum period within which a referral ought to be made to the council. Holding otherwise would render the prescribed period of 90 days nugatory. After 30 days since the council received a referral but before the lapse of 90 days, Mr Manentza was at liberty to refer the dispute for arbitration, see Cappawu and Others v R & B Timbers CC t/a Harding Treated Timbers. He did not. Nor did he apply for condonation for such lateness. His unexplained inactivity must have fatal consequences for his case.

I am consequently persuaded by the submission of the [Municipality] in holding that the [Bargaining Council] and therefore the [arbitrator] had no jurisdiction to arbitrate a dispute in this matter in the absence of a condonation application, where the period of the delay in referring the dispute was in the region of 9 months.' [Footnote omitted]

When does an employee obtain the right to refer an alleged unfair dismissal or unfair labour practice dispute to the Council for arbitration?

3. THE ISSUES IN THE LAC

In his appeal against the judgment of the Labour Court, the appellant contended that read disjunctively, section 191(5) of the LRA gives an employee an election or choice to speed up the process by referring the dispute to arbitration after the expiry of the 30 day period, contemplated in the subsection, or wait for conciliation to take place and for a certificate to be issued. In other words the appellant contended that the *dies* to refer an alleged unfair dismissal dispute to arbitration commenced in accordance with an employee's choice.

THE LAC'S FINDINGS

The LAC, in rejecting the appellant's contention and dismissing the appeal, made the following important findings:

- (a) Although the presence of the conjunctive "or" in section 191(5) of the LRA calls for a disjunctive reading of the provision, the Court disagreed that it gives an employee an election to speed up the process by referring the dispute to arbitration on the expiry of the 30 day period contemplated in the subsection, or wait for conciliation to take place and for a certificate to be issued.
- (b) On a proper interpretation, section 191(5) of the LRA entitles an employee to refer an unresolved unfair

dismissal or unfair labour practice dispute for arbitration to the Council, in terms of subsection (a) thereof, or for adjudication to the Labour Court, in terms of subsection (b) thereof, upon the occurrence of either of two events: the issue of a certificate of non-resolution of the dispute or the expiry of the 30 day period from either the Council's receipt of the referral.

- © The effect of this interpretation is that the occurrence of either of these two events entitles an employee to request the Council to arbitrate the dispute in terms of section 191(5)(a) of the LRA or to refer the dispute to the Labour Court for adjudication in terms of section 191(5)(b) thereof.
- (d) Section 191(5) of the LRA provides for the occurrence of either of the events: the issue of a certificate or expiry of 30 days from receipt of the referral as an objective fact which founds the employee's right to proceed to arbitration or adjudication.
- (e) The employee's entitlement to refer the matter to arbitration or adjudication as contemplated in section 191(5)(a) and (b) of the LRA respectively, does not arise from any election on the employee's part as contended for by the appellant, but rather from whichever of the two jurisdictional events occurs

first in sequence of time.

- (f) Thus, where conciliation takes place under the auspices of the Council within the 30 day period contemplated in section 191(5) of the LRA, and a certificate of non-resolution is issued within that period, the employee's right to refer the dispute to arbitration or adjudication will be triggered by the issue of the certificate as the jurisdictional event conferring this right. In this case, the subsequent expiry of the 30 day period will play no role in founding the employee's right to refer the dispute to arbitration or adjudication.
- (g) Similarly, where the 30 day period contemplated in the subsection lapses without the holding of a conciliation proceeding and the Council certifying that the dispute remains unresolved, the lapse of the 30 day period will form the jurisdictional trigger entitling the employee to refer the dispute to arbitration. This right, having accrued to the employee upon the lapse of the 30 day period contemplated in section 191(5) of the LRA will not be affected by the convening of any subsequent conciliation proceedings or the issue of a certificate of outcome consequent thereupon.

CONTINUES IN THE NEXT PAGE

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- (h) The issue of the certificate, in the latter scenario, would have no effect in law as it would be superfluous to the employee's right to refer the unfair dismissal or unfair labour practice dispute to arbitration since this right would have already accrued to the employee on the lapse of 30 days from the date that the Council had received the referral.
- (i) In section 191 there is no obligation as in section 135(5) of the LRA, on a commissioner of the Council to issue a certificate of outcome stating whether the dispute has been resolved when the conciliation has failed, or at the end of the 30 day or any further period agreed between the parties.
- (j) There is no requirement in section 191 of the LRA that the Council must only appoint a commissioner to arbitrate a dispute where the commissioner has issued a certificate stating that the dispute remains unresolved, and within 90 days after the date on which that certificate was issued, any party to the dispute has requested that the dispute be resolved through arbitration.
- (k) Section 191(5) of the LRA contemplates that the Council will have jurisdiction to arbitrate an unfair dismissal and unfair labour practice dispute on the lapse of 30 days from the date on which the Council received the referral, regardless of whether a certificate of non-resolution has been issued by the Council.
- (L) The issue of a certificate of non-resolution does not found

the right of referral to arbitration or adjudication under section 191(5) of the LRA, as the subsection confers this right upon the lapsing of the 30 day period contemplated in the subsection regardless of whether conciliation actually takes place or a certificate of non-resolution is issued by the Council.

- (M) Neither the holding of an actual conciliation nor the issue of a certificate of non-resolution by the Council, is a prerequisite for purposes of referring an unfair dismissal or unfair labour practice dispute to arbitration or adjudication in terms of section 191(5)(a) and (b) of the LRA, where there has been a lapse of 30 days from the date on which the Council received the referral and the dispute remains unresolved.
- (N) Since the issue of a certificate of non-resolution by the Council is not a pre-requisite for a referral to arbitration in terms of section 191(5)(a) of the LRA, it cannot cure the lack of jurisdiction of the Council to arbitrate an unresolved unfair dismissal or unfair labour practice dispute, where such certificate is issued after the elapse of 30 days from the date on which the Council received the referral, and the employee has not sought condonation for its non-observance of that timeframe.
- (O) Since section 191 of the LRA does not prescribe the specific time period within which an unfair dismissal or unfair labour practice is to be referred to arbitration in terms of subsection (5)(a) of the LRA, the dismissed employee

or the employee alleging an unfair labour practice must refer such dispute to arbitration within a reasonable period of time. A reasonable time within which a referral to arbitration in terms of section 191(5)(a) of the LRA should be made would be 90 days from the date of whichever of these two events occurs first: (a) the issue of the certificate of non-resolution by the Council; or (b) the lapse of the 30 day period contemplated in the subsection.

5. CONCLUDING REMARKS

The findings made by the LAC are not only far-reaching but provide us with very important lessons. Chief amongst those is that alleged unfair dismissal or unfair labour practice disputes must be referred to the Council for arbitration within 90 days of (a) the issue of the certificate of non-resolution by the Council; or (b) the lapse of the 30 day period contemplated in the subsection **whichever occurs first** (my emphasis).

If a referral is made outside the prescribed period, an application for condonation is necessary as in the absence thereof the Council lacks jurisdiction to deal with the dispute. More importantly, there is no need for and no practical legal purpose will be served by the Council issuing a certificate of non-resolution after the lapse of the 30 day period from the date on which an employee referred the dispute to the Council. Accordingly the Council and its commissioners will, as a matter of practice and legal compliance, not be issuing certificates of non-resolution where the 30 day period has lapsed from the date on which an employee referred an alleged unfair dismissal or unfair labour practice dispute to the Council.

EASTERN CAPE

Nurses join COSATU Day of Action in three points in the province



BY SIVUYILE SIKWE

Port Elizabeth, Bhisho, and Mthatha in the Eastern Cape were the key assembly points for workers in the province for the COSATU National Day of Action on 7 October where memoranda of demands were handed over to provincial and district

government offices over the need to improve public transport system, fight corruption, gender-based violence and an attack on collective bargaining agreements. Workers came out in numbers to make a bold statement that they have had it enough about government's lack of action on many issues that destabilize our society and workers alike.

Provincial Student Movement holds first physical meeting in Bhisho



BY SIVUYILE SIKWE

The DENOSA Provincial Student Movement held its very first physical Provincial Executive Committee (PEC) meeting since COVID-19 lockdown regulations were introduced.

The meeting was held at the DENOSA Bhisho Service Office in the Cecilia Makiwane Region from 17 October. On top of the discussion at the meeting were issues affecting student nurses in the province, especially as the effects of the COVID-19

pandemic were taking their toll on them. Many students have been infected with the virus in the province. Others included the state of accommodation and residences and poor infrastructure in academic facilities.

DENOSA Free State paints the COSATU provincial march red in the province



BY MATSHIDISO DIPUDI

DENOSA in the Free State painted the streets of Bloemfontein, Qwaqwa and Welkom red as nurses took part in the COSATU provincial

programme on 7 October where marches and motorcades formed part of the COSATU national day of action on the day to highlight the plight of workers like nurses in the province who have endured the most unbearable treatment from the employer.

The marches and motorcades handed memoranda to various government entities. Some of the issues included rampant corruption, which has deprived many public servants their tools of trade, the poor transport system and the endless attacks on collective bargaining.

DENOSA Gauteng nurses join three COSATU marches



As part of the COSATU National Day of Action on 7 October, Gauteng was the centre of focus as the province hosted the main march which was held in Pretoria where a memorandum of demands from workers was to be handed by COSATU President

Losi, to three Cabinet ministers on the day. DENOSA Gauteng also allocated nurses to attend the three marches that the province held namely in Johannesburg, Ekurhuleni and in Tshwane. Nurses came out in numbers with DENOSA colours and placards showing the grievances of

workers about the failure of government to honour the implementation of salary adjustments and the failure to stop corruption. DENOSA regions and provincial leaders divided themselves into attending the three marches.

KWAZULU-NATAL

DENOSA KZN members join other workers on the streets in October



The streets of Durban and other towns in the province were painted red on 7 October when COSATU National Day of Action brought workers of all sectors of the

economy to the provincial programme of action which entailed handing over memoranda of demands to government over its failure to assist workers with many issues they encountered

daily. The issues include the attack on the collective bargaining agreements, corruption, gender-based violence and poor infrastructure for the country's public transport.



DENOSA KZN Student Movement hold special elective provincial congress in Durban



DENOSA KZN Student Movement held its special elective provincial congress at Riverside Hotel in Durban from 17 to 18 October where new provincial

leadership was elected to lead the province for the next two years. Present at the provincial congress were DENOSA National Student Movement Chairperson, Nathaniel Mabelebele, and National

Secretary, Spumelele Blose. Among the resolutions at the congress were the call for all unemployed community service nurses to be hired.

GAUTENG

DENOSA President and provincial leaders visit nurses at various hospitals to check on their safety



As part of the organization's programme to pay visit to nurses who worked with COVID-19 cases in the facilities across the province and to highlight the challenges of nurses to facilities' management during the month of August,

DENOSA President joined the DENOSA Gauteng Provincial leaders in paying visits to various institutions where they interacted with nurses at various units. Some of the issues raised by nurses was the acute shortage of PPE and lack of psychological and

emotional support from management. These issues were raised with management of institutions during the same visit, as a meeting between DENOSA and managers formed part of the programme.

Nurses commence with lunch-hour pickets in facilities



Nurses from across various facilities in the Gauteng province began their lunch-hour pickets as a show of unhappiness with government over non-implementation of

Resolution 1 of 2018. On 5 October, unions under COSATU and FEDUSA at the PSCBC launched a joint programme where workers were to embark on a passive resistance cam-

paign where, among others, they were to hold lunch-hour pickets, and sit-ins at strategic government offices until government pays workers the agreed salary adjustments.

DENOSA members join the COSATU march in numbers in the province



Members of DENOSA in Limpopo joined the provincial COSATU marches in the province's three areas where the programme of the national day of action was to advance the interest of workers. Workers converged in Polokwane, Giyani and in Thohoyandou, amongst others, where they delivered memorandums of demands to various government departments, calling for their intervention in the plight of workers.

DENOSA visits top 5 hospitals in the province to check on compliance with COVID-19 rules



BY THULANI MASOMBUKA

In the month of September, DENOSA Mpumalanga Provincial Leadership visited the Top five hospitals in the province as a first round to be visited for the consultation meetings with nurses and to check their state of safety and exposure to COVID-19 as well as to check compliance of

facilities with the regulations. In the visits, DENOSA leaders were accompanied by COSATU provincial leadership. The hospitals visited are: Rob Ferreira, Themba, Tintswalo, Ermelo, and Witbank.

All Hospitals visited gave the leadership a mandate of

preparing for the day(s) of Action for them to get what is due to them from the Employer. They need their Salary Increase and Risk Allowance as of yesterday. The meeting were blessed by both the Provincial Secretary of COSATU, David Mokoena, and the Provincial Chairperson of COSATU, Life Monini.

DENOSA MP paints Mbombela red



BY THULANI MASOMBUKA

Mbombela was the center stage for the COSATU National Day of Action in Mpumalanga as workers from difference sectors of the economy and from all corners of the province descended to the capital town of the province's government where a memorandum of demands was to

be handed to various political heads in government, led by COSATU 1st Deputy President, Mike Shingange, at the government complex. DENOSA members joined the march, which was a fulfilment of their demands as they have expressed taking to the streets if government continued to undermine collective

bargaining agreements buy not paying the 2020/21 financial year's salary adjustment, which should have been paid by 1 April. The National Day of Action. Nurses were amongst the workers who braved fears and rolled up their sleeves to confront the Covid -19 pandemic and came out victorious.

NORTHERN CAPE

DENOSA joins COSATU march on the streets of Kimberley



BY VINCENT PHUOE

The town of Kimberley was brought to a standstill on 7 October when COSATU and all its affiliated unions took to the streets to mark the COSATU National Day of Action against corruption,

gender-based violence, attack of collective bargaining agreement by government and poor public transport. Workers came in their numbers in support of the day. DENOSA members also came in their numbers in Support of COSATU. Workers gave us a

clear Mandate that we must triple our numbers in the next 14 fourteen days if the Government does not respond positively to our Memorandum. Workers want their increase. The memorandum was handed to Premier Zamani Saul.

DENOSA North West take to the streets in the COSATU march



DENOSA in North West led nurses in joining other workers from different sectors in the COSATU National Day of Action

for the province, which was a march on the streets of Mafikeng where a memorandum of demands was handed over to government in the province. Nurses, under the banner of

DENOSA, came out in numbers to make their voice heard about the endless challenges that they work under due to corruption and undermining of collective bargaining agreements by government.

WESTERN CAPE

DENOSA embarks on a member service drive in the province



DENOSA in the Western Cape is currently embarking on a province-wide member service drive where the provincial, regional and local leaders are visiting nurses at their institutions and to interact with

them on the issues they are encountering. The meeting also gives an opportunity to leaders to update members on latest developments regarding dispute over their remunerations and

benefits. The drive is divided into regions of the province, where the union checks the state of safety for nurses in the workplace and to check compliance with COVID-19 regulations by institutions.

Western Cape nurses join COSATU march in large numbers



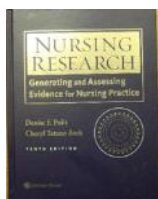
All workers, including nurses under the banner of DENOSA, descended down under the Table Mountain in the Mother City as part of the COSATU National Day of Action on 7 October to make their bold statement known to provincial government that

workers have had enough of the continuing exploitation and abuse of workers and the continuing undermining of the collective bargaining agreement by national government. The march also highlighted the poor public transport system in the country which makes the life of workers'

commuting to and from the workplace extremely difficult. The march in the Western Cape handed the memorandum to the Premier at the Provincial Legislature. Leading the COSATU march in the province was COSATU National Treasurer, Freda Oosthuysen.

PLEASE TAKE NOTE: Upgraded monitoring system at DENOSA Bookshop purchase.

The DENOSA bookshop has upgraded its system. The new system allows members to purchase any book at 10% discount. However, the member will not be able to purchase more than one title of the same book and get the discount. For example, if you want to buy two books of the same title, the first book will be eligible for a discount. But the second book will be sold at normal price. If, for instance, you are buying five different books, they will all be sold at discounted price.

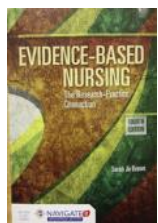


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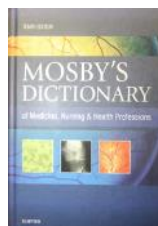


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2020
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