# ANNEXURE E - SERVICE LEVELS

# MEDICAL SURVEILLANCE SERVICES

# High Risk Areas

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| **FREQUENCY** | **TURN-AROUND TIMES** |
| As per SARS’s Medical Surveillance Schedule | As specified in SARS’s Medical Surveillance Schedule |

# Documentation

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| **TYPE OF DOCUMENT** | **DUE** |
| Medical Evaluation Certificates. | Within a month of the examination / screening having been performed. |
| Calibration Certificates for Equipment  (Kudu Wave, Audiometers, Spirometers). | Calibration certificate to be submitted before the commencement of any of the services. |

# Equipment

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| **MAINTENANCE** | **FREQUENCY** |
| All equipment used for purposes of medical surveillance must be properly maintained and made available to SARS for inspection at any time. | Continuous maintenance of equipment. |
| **SPECIAL EQUIPMENT REQUIREMENTS** | **AFFECTED SARS SITES** |
| Hearing Equipment:   * Lung Function Test Equipment; and * Audiometric Booth required, not Kudu Wave. | All Provinces. |

# Risk Management

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| **TYPE OF INTERVENTION** | **FREQUENCY** | **TURN-AROUND TIMES** |
| Advice on physical fitness, lifestyle modification, management of acute or chronic diseases, family planning and ante-natal care. | As and when required. | Within a month of the examination / screening having been performed. |
| Medical health assessments (including biological monitoring whilst on site). | Periodically, as and when required. | As per SARS’s Medical Surveillance Schedule. |

# Referrals

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| **TYPE** | **TURN-AROUND TIMES** |
| For treatment of communicable diseases. | Within 12 (twelve) hours, as and when required. |
| To multi-disciplinary team for further assessment and/or monitoring. | Within 12 (twelve) hours, as and when required. |
| To ear nose and throat specialist, audiologist or pulmonologist for further hearing and/or lung function evaluations. | As required by applicable legislation and as and when required. |

# IMMUNISATION SERVICES

# High Risk Areas

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| **FREQUENCY** | **TURN-AROUND TIMES** |
| As per SARS’s Immunisations Schedule. | As per SARS’s Immunisations Schedule. |

# Education and Training

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| **FREQUENCY** | **FORM AND CONTENT** |
| As and when required. | * Communicable diseases; and * Non-communicable diseases. |

# Documentation

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| **TYPE OF DOCUMENT** | **DUE** |
| Register of vaccines administered. | To be handed over to SARS upon termination of this Agreement. |

# Emergencies

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| **REQUIRED** | **DUE** |
| Anaphylaxis protocol, equipment and antidote (drugs and consumables). | Must be made available to SARS for inspection on the commencement date of every scheduled immunisation rollout. |

# CUSTOMER SERVICES

# Meetings

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| **TYPE OF MEETING** | **FREQUENCY** | **REQUIRED** |
| Management meetings | Ad hoc | Contract Manager |
| Service delivery meetings | Ad hoc | OMPs and OHPs |
| **ADMINISTRATION** | **DUE** | **RESPONSIBILITY** |
| Agenda for meeting. | 48 hours before the start of the meeting. | Whichever Party requested the meeting. |
| Minutes of meeting. | Within 72 hours after every meeting. | Whichever Party requested the meeting. |

# Reports

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| **TYPE OF REPORT** | **DUE** | **FORM AND CONTENT** |
| Close-out reports | Within 2 months after completion of medical surveillance at every SARS site | * Required per SARS office, per division and subdivision at each SARS site. * Must reflect Return on Investment (ROI) for SARS. |
| Intervention reports | Within 48 hours after any emergency. | Must be compiled by the professional appointed as the responsible person for purposes of interventions and include -   * information relating to employees affected, the type of intervention that occurred, as well as the date and time of the intervention; * the name of the SARS representative to whom the emergency was reported, as well as the name of the Service Provider’s employee who reported it; and * the name of the doctor or health institution in cases where employees have been referred. |
| Health Risks and Common Trends report | As and when appropriate.  (Should be incorporated in Intervention and Close-out reports, where necessary.) | * Identify risks and common trends; and * Provide recommendations for purposes of intervention by SARS. |

# Complaints

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| **NATURE OF COMPLAINT** | **RESPONSE TIME** | **FEEDBACK** |
| Serious | 3 (three) hours | Feedback regarding resolution of complaint to be communicated to SARS within 5 (five) hours. |
| Ordinary | 2 (two) Business Days | Feedback regarding resolution of complaint to be communicated to SARS within 3 (three) Business Days. |
| Minor | 5 (five) Business Days | Feedback regarding resolution of complaint to be communicated to SARS within 7 (seven) Business Days. |

# SARS Queries and/or Instructions

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| **ACKNOWLEDGEMENT** | **RESPONSE TIME** |
| Within 1 (one) Business Day. | * For queries, within 2 (two) Business Days. * For instructions, within the period prescribed in SARS’ instruction. |