



MEDICAL HUMAN RESOURCES (PTY) LTD
 TRADING AS
 MEDI-NURSE MEDI-Staff

Contamination Injury

Purpose

The purpose of this policy is to describe the steps regarding the handling and reporting of contamination injuries

Scope

This policy applies to all staff placed by Medical Human Resources (Medi-Nurse, Medi-Staff) as well as the client

Policy Statement

- Ensure an organised system to handle contamination injuries
- Monitor health and safety in the working environment
- Ensure timeous first aid and post-exposure prophylaxis
- Ensure that injuries are reported timeously to the commissioner

Procedure

Action to be taken by the injured panel member

Step	Action
1	Needle stick injury: <ul style="list-style-type: none"> • Encourage free bleeding and clean injury site with water • DO NOT apply caustic agents or antiseptic agents into the wound Mucous membrane and/or eye exposure: <ul style="list-style-type: none"> • Rinse with water
2	Report injury immediately to the manager of the particular department (within 20 minutes) or manager on duty for the client, if after hours

Action to be taken by the manager on duty of the department

Step	Action
1.	Complete the following documentation: <ul style="list-style-type: none"> • Near Miss / Adverse Event report (client's Near Miss / Adverse Event form or see Addendum 1) • Employer's report of an Accident (W.CL. 2(E)) form (Available at hospital)
2.	Manager of department/ manager on duty must send Medi-Nurse/Medi-Staff panel member to trauma unit for consultation by a doctor (or according to hospital policy)
3.	Attending doctor to: <ul style="list-style-type: none"> • complete the first medical report • obtain consent for withdrawal of blood for HIV testing from injured panel member • give pre counselling <p>Important: Complete 'Refusal of HIV blood testing and/or anti-retroviral prophylactic treatment' form if healthcare worker refuses withdrawal of blood (See addendum 2)</p>
4.	Take blood for an ELISA test from the health care worker and implement the following steps according to outcome of test: <ul style="list-style-type: none"> • If healthcare worker is positive, counselling to be given by attending doctor • If healthcare worker is negative: <ul style="list-style-type: none"> • investigate the health status of the source patient, • assess the risk factors (see Risk Assessment table, Addendum 3) • start with post exposure prophylaxis (within 1-2 hours) • obtain baseline blood tests (U&E, Creatinine, FBC, liver function) • complete 'Refusal of HIV blood testing and/or anti-retroviral prophylactic treatment' form if healthcare worker refuses treatment (See Addendum 2) <p>NB: Contact Medical Human Resources Regional Office if any other tests are required to confirm permission for payment</p>
5.	Take blood only after obtaining informed consent and pre counselling, from the source patient for testing HIV, Hepatitis B and C <p>Note: Patient's doctor must be informed about the incident Account will be paid by Medical Human Resources</p>

Step	Action
6.	<p>If patient refuses consent for obtaining of blood specimen, implement the following steps:</p> <ul style="list-style-type: none"> • Assess the risk factors for contamination (see Risk Assessment Table, Addendum 3) • Start healthcare worker on a 3 drug prophylactic treatment within 1-2 hour of exposure • Give health education regarding side effects of medication • Obtain baseline blood tests from healthcare worker (U&E, Creatinine, FBC, liver function) • If healthcare worker refuse treatment complete 'Refusal of HIV blood testing and anti-retroviral prophylactic treatment' form (see addendum 2)
7.	<p>If source patient is HIV negative, implement the following steps:</p> <ul style="list-style-type: none"> • Inform healthcare worker • Consult patient's doctor to determine possibility of source patient being in a window period • Give healthcare worker the option to decide if she/he wants to continue with Prophylactic treatment
8.	<p>If source patient is HIV positive, implement the following steps:</p> <ul style="list-style-type: none"> • Consulting doctor to inform healthcare worker and give counselling • Healthcare worker to continue with prophylactic treatment and give health education regarding side effects etc. • Doctor to inform source patient regarding outcome of blood results
9.	<p>Client to notify Medical Human Resources of incident and send the following documentation through:</p> <ul style="list-style-type: none"> • Near Miss / Adverse Event report • Employer's report of an Accident (W.CL.2 (E)) form • Refusal of HIV testing and/or anti-retroviral prophylactic treatment form • Trauma account (made out to Medical Human Resources) • Laboratory and pharmacy account (made out to Medical Human Resources) • Certified copy of Identity document <p>Note: Documentation to be forwarded to the Regional Medi-Nurse/Staff manager.</p>
10.	<p>All necessary documentation will be processed by Medical Human Resources and forwarded to COID LINK</p>

Associated Documents

Title	Location/Number
Near Miss/Adverse Event Record	Hospital / Addendum 1
C.O.I.D.A (W.CL. 2 (E))	Hospital
Refusal of HIV blood testing and/or anti-retroviral prophylactic treatment	Addendum 2

Details of Event

F. Interventions

Did the Injured Person receive Medical Attention			Yes	No	NA	
If Yes, circle appropriate action	Seen by Medical Practitioner	Referred to Emergency Unit	Admitted to Hospital	Referred to OCC Health	Other:	

G. Witnesses

H. People Notified

Head of Department	No	Yes	Date:	Time: ____:____	NA
Medical Human Resources	No	Yes	Date:	Time: ____:____	NA

I. Initial Grading (Make judgment about the actual / potential impact and likelihood of reoccurrence of event)

Impact	1. Insignificant	2. Low	3. Moderate	4. Severe	5. Extreme
Likelihood	1. Rare	2. Unlikely	3. Possible	4. Likely	5. Almost Certain

J. Report Completed by:

Full Name		Job Title	
Department		Phone Number	
Signature		Date	Time : _____



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Refusal of HIV Blood Testing and Anti Retroviral Prophylactic Treatment

Tick relevant block

1. I hereby refuse consent to have bloods drawn and tested for HIV
2. I hereby refuse to receive Anti Retroviral Prophylactic treatment

I accept full responsibility for my decision and indemnify Medical Human Resources against any claim of whatever nature, which may be made against them.

Signature of Person at Risk

Signature of Witness

Name of Person at Risk

Name of Witness

Personnel number

Date

Risk Assessment Table

Addendum 3

Exposure	Source	Risk	Prophylaxis
Percutaneous <i>(needles, scalpels, glass)</i>	Blood hollow bore needles	High risk	Recommend
	Deep percutaneous injury	High risk	Recommend
	Solid bore needles	Increased risk	Recommend
	Fluid containing visible blood tissue or other possibly infectious fluid	Some risk	Offer
	Other body fluid, e.g. urine	No risk	Do not offer
Mucous Membranes	Blood	Some risk	Offer
	Fluid containing visible blood or other possibly infectious fluid	Some risk	Offer
	Other body fluid, e.g. urine	No risk	Do not offer
Skin	Blood	Some risk	Offer
	Fluid containing visible blood or other possibly infectious fluid	Some risk	Offer
	Other body fluid, e.g. urine	No risk	Do not offer