



BLOOD AND BODY FLUID EXPOSURE

PURPOSE

This policy outlines procedures to follow when an MHR panel member is exposed to blood or body fluids. It helps reduce the risk of acquiring diseases from blood-borne viruses in the workplace.

SCOPE

This policy applies to:

- MHR Personnel
- MHR Clients
- MHR Panel Members
- Occupational Health Service Provider

POLICY STATEMENT

- This policy ensures that:
 - All occupational exposures to blood and body fluids are treated as emergencies.
 - A structured procedure is followed for handling exposures to blood or body fluids.
 - Health and safety in the work environment are regularly monitored.
 - First aid and post-exposure prophylaxis (PEP) treatment are provided promptly.
 - All fields on the W.CL.2 form are completed before submission to the Compensation Fund.
 - All documents are submitted to the Compensation Fund in accordance with this policy and procedure.
 - All injuries sustained on duty are promptly reported to MHR and the Occupational Health Service Provider (INCON).
 - Exposed panel members are tested for HIV infection at 6 weeks, 3 months, and 6 months after exposure.
 - The following baseline tests are conducted: U&E, Creatinine, FBC, ALT, AST and Gamma GT.
 - Follow-up blood tests, ALT, AST, and Gamma GT are carried out after 6 weeks.
- If the status of the source of exposure is unknown or cannot be determined, commence post-exposure prophylaxis (PEP) treatment immediately.
- The panel member must report and receive treatment within 24 to 48 hours after the exposure.
- If the panel member is pregnant, they should inform the attending doctor or occupational health practitioner for potential risks associated with PEP medication.
- The attending doctor or occupational health practitioner is responsible for ensuring that both pre-test and post-test counselling occur.
- MHR should send the panel member's confirmation of employment to the attending doctor upon request.
- MHR to provide mental health support to the exposed panel member if needed, in accordance with the '*MHR Psychological Service*' policy.
- The incident of exposure to blood or body fluids must be recorded in the client's risk register (event management system).

RESPONSIBILITIES

Person	Responsibilities
Client	<ul style="list-style-type: none"> • Send the exposed panel member to the Occupational Health Clinic (if available) or to the Emergency Centre. • Ensure that all panel members have access to the appropriate post-exposure prophylaxis (PEP) treatment as per the Department of Health National Clinical Guidelines of post-exposure prophylaxis (PEP) – refer to the '<i>Associated Documents and Policies</i>' section for a link to this guideline. • Ensure personal protective equipment (PPE) is always available. • Monitor adherence to standard precautions.
Occupational Health Clinic	<ul style="list-style-type: none"> • Ensure that the exposed panel member receives the required treatment as per the Service Level Agreement or the client's policy. • Ensure that injuries are reported promptly to the commissioner.
MHR	<ul style="list-style-type: none"> • Ensure that any exposure to blood or body fluid incidents is handled appropriately at the client location, and that exposed panel members receive the necessary treatment. • Ensure all required documentation is completed and submitted to the MHR Occupational Health Service Provider.
Panel Member	<ul style="list-style-type: none"> • Always apply standard precautions when managing patients. • Ensure vaccination for Hepatitis B. • Report any incidents immediately. • Inform the attending doctor or occupational health practitioner if you are pregnant.
Emergency Centre	<ul style="list-style-type: none"> • Ensure that the exposed panel member receives the required treatment according to the client's '<i>Blood and Body Fluid Exposure</i>' policy.

PROCEDURE

1. Actions to be taken by the panel member after exposure:

Step	Action
1.1	<p>Needle stick injury:</p> <ul style="list-style-type: none"> • Encourage free bleeding and clean the injury site with water. • DO NOT apply caustic agents or antiseptic agents to the wound. <p>Nose, mouth and/or eye exposure (mucous membrane):</p> <ul style="list-style-type: none"> • Flush with clean water.
1.2	Immediately report exposure to the department manager or the on-duty manager at the client if the exposure occurs after hours.

2. Actions to be taken by the line manager on duty and the SHE representative:

Step	Action
2.1	<p>The panel member or client must notify MHR telephonically of the exposure.</p> <p>Note: Inform the MHR Regional Management during working hours, <u>OR</u> the MHR Service Centre after hours.</p> <p>If the panel member has been referred to an Emergency Centre after hours, MHR must inform the Occupational Health Service Provider (<i>See Annexure 1 for the contact details</i>).</p>
2.2	The manager at the client requests the panel member to complete the 'MHR Event Report' and sign the completed report (<i>See Event Reporting policy</i>).
2.3	The manager at the client completes numbers 13 - 15, 29 - 35 and 37 - 41 of Part A of the 'W.CL.2' form (Part B will automatically be completed as Part A is completed).
2.4	<p>The manager at the client sends the exposed panel member to one of the following facilities:</p> <p><u>Client without an Occupational Health Clinic:</u></p> <ul style="list-style-type: none"> • To the nearest Emergency Centre with the completed 'Employer's report of an Accident (W.CL.2) Part B'. The manager emails the completed 'Event Report' to MHR and to the MHR Occupational Health Service Provider (<i>see Annexure 1 for contact details</i>) <p><u>Client with an Occupational Health Clinic:</u></p> <ul style="list-style-type: none"> • During clinic hours, to the clinic with a completed 'Event Report' and 'Employer's report of an Accident (W.CL.2) (Part A and B)'. • After hours, to the nearest Emergency Centre with a completed 'Employer's report of an Accident (W.CL.2) Part B'. The manager submits the completed 'Event Report' and 'W.CL.2 Part A' to the Occupational Health Clinic. • See section 3 below for further steps.
2.5	The SHE Representative and line manager at the client completes Annexure 1 of the 'Recording and Investigation of Incidents' and sends it to the Occupational Health Clinic and MHR (<i>See Annexure 1 for MHR's Occupational Health Service Provider's contact details if there is no Occupational Health Clinic at the facility</i>).

3. Actions to be taken by Occupational Health Clinic (If the client has a clinic and incident occurred during clinic hours):

Step	Action
3.1	Occupational health practitioner attends to the panel member as per the client's ' <u>Blood and Body Fluid Exposure</u> ' policy and procedure for agency staff.
3.2	<p>If the panel member is required to consult a doctor, the occupational health practitioner should ensure that the doctor receives 'W.CL.2 Part B' and completes and submits the following documents to the occupational health practitioner.</p> <ul style="list-style-type: none"> • <i>First Medical Report (W.CL.4)</i> and <i>Final Medical Report of an Accident (W.CL.5)</i> if the panel member is not required to schedule a follow-up consultation. • <i>'Progress/Final Medical Report of an Accident (W.CL.5)'</i> if the panel member visits the doctor for a re-examination.
3.3	The occupational health practitioner sends the documents listed in 3.2 to MHR and the MHR Occupational Health Service Provider (<i>See Annexure 1 for contact details</i>).

4. Actions to be taken by the Emergency Centre (EC) (If the client doesn't have a clinic or if the incident occurs after hours):

Step	Action
4.1	The Emergency Centre must follow the client's <i>'Blood and Body Fluid Exposure'</i> policy and procedure.
4.2	Attending doctor to: <ul style="list-style-type: none"> • Complete the <i>'First Medical Report (W.CL.4)'</i>. • If the panel member refuses blood withdrawal or treatment, complete a <i>'Refusal of HIV blood testing and/or anti-retroviral prophylactic treatment'</i> form (Annexure 2) • Contact MHR's Occupational Health Service Provider or MHR if any other tests are required to confirm permission for payment. Refer to Annexure 1 for MHR's Occupational Health Service Provider contact details.
4.3	The client submits the following completed documents to the Occupational Health Clinic (See Annexure 1 for MHR's Occupational Health Service Provider's contact details if there is no Occupational Health Clinic at the facility) <ul style="list-style-type: none"> • Completed <i>'Event Report'</i>. • <i>'First Medical Report (W.CL.4)'</i>. • Medical account (made out to MHR), if not submitted directly to the Compensation Fund. • Completed <i>'Refusal of HIV testing and/or anti-retroviral prophylactic treatment'</i> form (if applicable). • Emergency centre account (made out to MHR). • Laboratory and pharmacy account (made out to MHR).
4.4	The exposed panel member returns to the doctor for a re-examination and the completion of the <i>'Progress/Final Medical Report of an Accident (W.CL.5)'</i> .
4.5	The doctor sends the completed <i>'Progress/Final Medical Report of an Accident (W.CL.5)'</i> to the Occupational Health Clinic (See Annexure 1 for MHR's Occupational Health Service Provider's contact details if there is no Occupational Health Clinic at the facility).
4.6	If the documents listed in 4.3 and 4.5 were submitted to the client's Occupational Health Clinic, the clinic would then forward the documents to MHR and MHR's Occupational Health Service Provider (see Annexure 1 for contact details).

5. Occupational Health Clinic/Occupational Health Service Provider Head Office (INCON)

Step	Action
5.1	Email the <i>'Employer's report of an Accident (W.CL.2) Part A'</i> to MHR for a signature and to complete numbers 1 – 12, 16 – 27, 36, 42 - 62 on the form or contact MHR to complete the above numbers telephonically.
5.2	Process all necessary documentation and send documents and account to the MHR Regional Manager/Nominated Senior MHR Representative for payment authorisation.
5.3	Send the necessary documentation to the MHR Payroll Officer in case of Sick or WCA leave to be paid (See the MHR Payment of WCA Leave Policy and Sick Leave Policy)

6. MHR Regional Manager or nominated MHR Senior representative

Step	Action
6.1	<p>Follow up with MHR Occupational Health Service Provider to ensure that:</p> <ul style="list-style-type: none"> The clinical follow-up of the exposed panel member occurs at 6 weeks, 3 months, and 6 months post-exposure. The exposed panel member is tested for HIV infection at each interval: 6 weeks, 3 months, and 6 months post-exposure. Follow-up blood tests (ALT, AST, and Gamma GT) are conducted after 6 weeks.

ASSOCIATED DOCUMENTS AND POLICIES

Title	Location/Number
Employer's Report of an Accident (W.CL.2)	Client/MHR
First Medical Report (W.CL.4)	Client/MHR
MHR Event Reporting Policy	MHR Intranet/website
MHR Payment of WCA Leave Policy	MHR Intranet/website
MHR Sick Leave Policy	MHR Intranet/website
Event Report	Client/MHR Intranet/website
Recording and Investigation of Incidents (Annexure 1)	Client
Blood and Body Fluid Exposure Policy/Contamination Injury Policy	Client
MHR Psychological Service Policy	MHR
Department of Health - National Clinical Guidelines of post-exposure prophylaxis (PEP) in Occupational and Non-occupational Exposures. 2021.	https://knowledgehub.health.gov.za/system/files/elibdownloads/2021-03/Post-Exposure%20Prophylaxis%20Guidelines_Final_2021.pdf
Annexures	
Annexure 1: MHR Occupational Health Service Provider contact details	
Annexure 2: Refusal of HIV blood testing and/or anti-retroviral prophylactic treatment	

**ANNEXURE 1: MHR OCCUPATIONAL HEALTH SERVICE PROVIDER (INCON)
HEAD OFFICE CONTACT DETAILS****Contact person:** Christine Swanepoel**E-mail address:** christine@incon.co.za**Phone number:** 021 975 2694 (Ext. 2016)

REFUSAL OF HIV BLOOD TESTING AND ANTI-RETROVIRAL PROPHYLACTIC TREATMENT

Tick the relevant block

1. I hereby refuse consent to having blood drawn and tested for HIV

☐

2. I hereby refuse to receive Anti-Retroviral Prophylaxis treatment

☐

*I accept full responsibility for my decision and indemnify MHR 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

MHR number

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