



## CONTAMINATION INJURY

### PURPOSE

This policy aims to ensure the correct procedure is followed when a panel member is exposed to blood and body fluids. This procedure assists in mitigating the risk of acquiring diseases from blood-borne viruses in the work environment.

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### SCOPE

This policy applies to:

- MHR Office and Hospital Personnel
  - MHR Clients
  - MHR Panel Members
  - Occupational Health Service Provider (INCON)
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### POLICY STATEMENT

- This policy ensures that:
    - Occupational exposure to blood and body fluids is immediately reported, medically managed and investigated.
    - An organised procedure is followed when treating contamination injuries.
    - Health and safety are monitored in the work environment.
    - Timeous first aid and post-exposure prophylaxis treatment are given.
    - All fields on the W.CL2 form are completed before submission to the Compensation Fund.
    - All documents are submitted to the Compensation Fund as per this policy and procedure.
    - All injuries on duty are reported timeously to MHR and the Occupational Health Service Provider (INCON).
    - Test the injured panel member for HIV infection at 6 weeks, 3 months, and 6 months after exposure.
    - Conduct baseline U&E, Creatinine, FBC, ALT, AST and Gamma GT.
    - Conduct follow-up ALT, AST and Gamma GT after 6 weeks.
  - MHR to send a panel member's confirmation of employment to the attending doctor upon request.
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## RESPONSIBILITIES

Person	Responsibilities
<b>Client</b>	<ul style="list-style-type: none"> <li>• Send the injured panel member to the Occupational Health Clinic (if available) or to the Emergency Centre.</li> <li>• 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.</li> <li>• Ensure personal protective equipment (PPE) is always available.</li> <li>• Monitor adherence to standard precautions.</li> </ul>
<b>Occupational Health Clinic</b>	<ul style="list-style-type: none"> <li>• Ensure that the correct procedure is followed and that panel members' contamination injuries are treated according to the Service Level Agreement.</li> <li>• Ensure that injuries are reported timeously to the commissioner.</li> </ul>
<b>MHR</b>	<ul style="list-style-type: none"> <li>• Ensure that panel members' contamination injuries are handled/treated correctly by the client.</li> <li>• Ensure all applicable documentation is completed and submitted to the Occupational Health Service Provider (INCON).</li> </ul>
<b>Panel member</b>	<ul style="list-style-type: none"> <li>• Always apply standard precautions during the management of patients.</li> <li>• Ensure vaccination against Hepatitis B.</li> <li>• Report the event immediately.</li> </ul>

## PROCEDURE

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

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

## 2. Actions to be taken by the manager on duty of the department and Risk Officer:

Step	Action
1	<p>The panel member or client must notify MHR telephonically of the injury on duty.</p> <p><b>Note: Inform the MHR Regional Management during working hours <u>OR</u> the MHR Call Centre Coordinator after hours.</b></p> <p>If the panel member has been referred to an Emergency Centre after hours, MHR must inform the Occupational Health Service Provider (INCON) – See Annexure 2 for contact details).</p>
2	The manager at the client requests the panel member to complete an ‘ <i>Event Report</i> ’ and sign the completed report ( <i>See Event Reporting policy</i> ).
3	The manager at the client completes numbers 13 - 15, 29 - 35 and 37 - 41 of Part A of the ‘ <i>W.CL2</i> ’ form (Part B will automatically be completed as Part A is completed).
4	<p><b>The manager at the client sends the injured panel member to one of the following facilities:</b></p> <p><b><u>Client without an Occupational Health Clinic:</u></b></p> <p><b>To the nearest Emergency Centre</b> with the completed ‘<i>Employer’s report of an Accident (W.CL2) Part B</i>’. The manager emails the completed ‘<i>Event Report</i>’ to MHR or Occupational Health Service Provider at the client’s facility.</p> <p><b><u>Client with an Occupation Health Clinic:</u></b></p> <ul style="list-style-type: none"> <li>• <b><i>During clinic hours</i></b> with a completed ‘<i>Event Report</i>’ and ‘<i>Employer’s report of an Accident (W.CL2)(Part A and B)</i>’.</li> <li>• <b><i>After hours to the nearest Emergency centre</i></b> with completed ‘<i>Employer’s report of an Accident (W.CL2) Part B</i>’. The manager submits the completed ‘<i>Event Report</i>’ and ‘<i>W.CL2 Part A</i>’ to the Occupational Health Clinic at the facility when the clinic opens.</li> </ul>
5	The Risk Officer at the client completes Annexure 1 of the ‘ <i>Recording and Investigation of Incidents</i> ’ and sends it to Occupational Health Service Provider (INCON) and MHR.

## 3. Actions to be taken by the Occupational Health Clinic (clients with a clinic)

Step	Action
1	Professional Nurse attends to the panel member as per the client’s ‘ <i>Blood and body fluid exposure</i> ’ policy for agency staff.
2	<p>If the panel member is required to consult a doctor, the Professional Nurse should ensure that the doctor receives ‘<i>W.CL2 Part B</i>’ and completes and submits the following documents to the Occupational Health Clinic:</p> <ul style="list-style-type: none"> <li>• <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.</li> <li>• ‘<i>Progress/Final Medical Report of an Accident (W.CL.5)</i>’ if the panel member visits the doctor for a re-examination.</li> </ul>

#### 4. Actions to be taken by the **Emergency Centre (EC)** - clients with a clinic (after-hours incident) or clients without a clinic:

Step	Action
1	The Emergency Centre follows the client's ' <i>Blood and body fluid exposure</i> ' policy and procedure.
2	When treating the panel member, the doctor to: <ul style="list-style-type: none"> <li>• Complete the '<i>First Medical Report (W.CL.4)</i>'.</li> <li>• 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 1)</li> <li>• <b>NB: Contact the Occupational Health Service Provider (INCON) or MHR if any other tests are required to confirm permission for payment. Refer to Annexure 2 for INCON's contact details.</b></li> </ul>
3	<b>Client submits the following completed documents to the Occupational Health Service Provider (INCON) (see Annexure 2 for contact details) or to MHR if the client has no Occupational Health Clinic:</b> <ul style="list-style-type: none"> <li>• Completed '<i>Event Report</i>'.</li> <li>• '<i>First Medical Report (W.CL.4)</i>'.</li> <li>• Medical account (made out to MHR), if not submitted directly to the Compensation Fund.</li> <li>• Completed '<i>Refusal of HIV testing and/or anti-retroviral prophylactic treatment</i>' form (if applicable).</li> <li>• Trauma account (made out to MHR).</li> <li>• Laboratory and pharmacy account (made out to MHR).</li> </ul>
4	The injured 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> '.
5	The doctor sends the completed ' <i>Progress/Final Medical Report of an Accident (W.CL.5)</i> ' to the Occupational Health Service Provider (INCON) (see Annexure 2 for contact details) or to MHR if the client has no Occupational Health Clinic.

#### 5. Occupational Health Clinic/Occupational Health Service Provider Head Office

Step	Action
1	Emails 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.
2	Processes all the necessary documentation and sends accounts to the MHR Regional Manager/Nominated Senior MHR Representative for the authorisation of the payment.
3	Sends the necessary documentation to the MHR Payroll Officer in case of WCA sick leave to be paid ( <i>See the MHR Payment of WCA Leave Policy</i> )
4	Processes all the necessary documentation and sends the accounts to MHR Regional Manager/Nominated Senior MHR Representative for authorisation of the payment.

## 6. MHR Regional Manager or nominated MHR Senior representative

Step	Action
1	<p>Follow up with the Occupational Health Service Provider (INCON):</p> <ul style="list-style-type: none"> <li>Clinical follow-up of the injured panel member for HIV infection at <b>6 weeks, 3 months and 6 months</b>.</li> <li>Test the injured panel member for HIV infection at 6 weeks, 3 months, and 6 months after exposure.</li> <li>Follow-up blood tests (ALT, AST and Gamma GT) after <b>6 weeks</b>.</li> </ul>

## 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
Event Report	Client/MHR Intranet/website
Recording and Investigation of Incidents (Annexure 1)	Client
Department of Health - National Clinical Guidelines of post-exposure prophylaxis (PEP) in Occupational and Non-occupational Exposures. 2021.	<a href="https://knowledgehub.health.gov.za/system/files/elibdownloads/2021-03/Post-Exposure%20Prophylaxis%20Guidelines_Final_2021.pdf">https://knowledgehub.health.gov.za/system/files/elibdownloads/2021-03/Post-Exposure%20Prophylaxis%20Guidelines_Final_2021.pdf</a>
<b>Annexures</b>	
<b>Annexure 1:</b> Refusal of HIV blood testing and/or anti-retroviral prophylactic treatment	
<b>Annexure 2:</b> INCON Health contact details	

## REFUSAL OF HIV BLOOD TESTING AND ANTI-RETROVIRAL PROPHYLACTIC TREATMENT

Tick relevant block

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

2. I hereby refuse to receive Anti-Retroviral Prophylactic 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*

\_\_\_\_\_  
*Date*

## **INCON HEALTH CONTACT DETAILS (ANNEXURE 2)**

**Contact person:** Christine Swanepoel  
**E-mail address:** [christine@incon.co.za](mailto:christine@incon.co.za)  
**Phone number:** 021 975 2694 (Ext 2016)