



INJURY ON DUTY

PURPOSE

This policy ensures that panel members or relevant representatives at MHR clients promptly report panel member injuries incurred during duty and follow the correct reporting procedure.

SCOPE

This policy applies to:

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

| Abbreviation | Definition |
|--------------|----------------------------|
| WCA | Workmen's Compensation Act |

POLICY STATEMENT

- This policy ensures that:
 - A standard reporting procedure is implemented and followed.
 - 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 on-duty injuries are reported promptly to MHR and the Occupational Health Service Provider.
 - MHR to send a panel member's confirmation of employment to the attending doctor upon request.
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PROCEDURE

1. MHR PANEL MEMBER AND CLIENT

| Step | Action |
|------|--|
| 1.1 | All injuries sustained during the work process of an MHR panel member must be reported immediately to the department manager at the client or to the manager on duty if the injury occurs after hours. |
| 1.2 | <p>The panel member or client must notify MHR telephonically of the injury on duty.</p> <p>Note: Inform the MHR Regional Management during working hours OR the MHR Service Centre Coordinator after hours (Tel: 0860 647 647)</p> <p>If the panel member is referred to an Emergency Centre after hours, MHR must inform the MHR Occupational Health Service Provider accordingly (See Annexure 1 for contact details).</p> |
| 1.3 | The manager at the client requests the panel member to complete a 'Near Miss/ Adverse Event Report' and signs the completed report (See Event Reporting Policy). |
| 1.4 | The manager at the client completes numbers 13 - 15, 29 - 35 and 37 - 41 of Part A of the 'W.CL2' form (Part B will automatically be completed as Part A is completed) |
| 1.5 | <p>The manager at the client sends the injured 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 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 (see Annexure 1 for contact details) <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 2 below for further steps. |
| 1.6 | 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 (See Annexure 1 for MHR's Occupational Health Service Provider's contact details if there is no Occupational Health Clinic at the facility). |

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2. OCCUPATIONAL HEALTH CLINIC (IF CLIENT HAS A CLINIC AND DURING CLINIC HOURS)

| Step | Action |
|------|--|
| 2.1 | The occupational health practitioner attends to the panel member in accordance with the procedure for agency staff. |
| 2.2 | <p>If the panel member is required to consult a doctor, the occupational health practitioner should ensure that the doctor receives '<i>W.CL.2 Part B</i>' 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. |
| 2.3 | The occupational health practitioner sends the documents listed in 2.2 to MHR and the MHR Occupational Health Service Provider (<i>See Annexure 1 for contact details</i>). |

3. EMERGENCY CENTRE (AFTER HOURS OR NO CLINIC AT THE FACILITY)

| Step | Action |
|------|---|
| 3.1 | Doctor examines the panel member and completes the ' <i>First Medical Report (W.CL.4)</i> '. |
| 3.2 | <p>Doctor 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)</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. • Medical account (made out to MHR), if not submitted directly to the Compensation Fund. |
| 3.3 | 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> '. |
| 3.4 | Doctor sends the completed ' <i>Progress/Final Medical Report of an Accident (W.CL.5)</i> ' to the Occupational Health Clinic (<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>). |
| 3.5 | If the documents listed in 3.2 and 3.4 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 (<i>see Annexure 1 for contact details</i>). |

**4. OCCUPATIONAL HEALTH CLINIC (INCON) /
OCCUPATIONAL HEALTH SERVICE PROVIDER HEAD OFFICE (INCON)**

| Step | Action |
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| 4.1 | 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. |
| 4.2 | Process all necessary documentation and send the documents and account to the MHR Regional Manager/Nominated Senior MHR Representative for payment authorisation. |
| 4.3 | Send the necessary documentation to the MHR Payroll Officer in case of Sick or WCA leave to be paid (<i>See the MHR Payment of WCA Leave Policy and Sick Leave Policy</i>) |

5. MHR REGIONAL MANAGER / NOMINATED SENIOR MHR REPRESENTATIVE

| Step | Action |
|------|--|
| 5.1 | <p>MHR Senior Representative signs the '<i>Employer's report of an Accident (W.CL.2)</i>', completes numbers 1 – 12, 16 – 27, 36, 42 - 62 and emails it back to the Occupational Health Service Provider (INCON), including the following:</p> <ul style="list-style-type: none"> • Certified copy of the panel member's identity document or passport and work permit if the panel member is a foreign worker • Copy of panel member's latest salary note • Certified copy of PrDP license (<i>all ambulance personnel involved in a motor vehicle accident</i>) |

6. MHR PAYROLL OFFICER

| Step | Action |
|------|--|
| 6.1 | <p>MHR Payroll Officer calculates the WCA leave for the panel member upon receiving the instruction from the Occupational Health Service Provider (INCON) (<i>Refer to the Payment of WCA Leave policy</i>).</p> |

ASSOCIATED DOCUMENTS

| Documents | Location/Number |
|--|--------------------------|
| Near Miss/Adverse Event Report | Client/MHR |
| Employer's Report of an Accident (W.CL.2) | Client/MHR |
| First Medical Report of an Accident (W.CL.4) | Client/MHR |
| Progress/Final Medical Report of an Accident (W.CL.5) | Client/MHR |
| Recording and investigation of incidents (Annexure 1) | Client/MHR |
| Policies | Location/Number |
| MHR Event Reporting | MHR website/Secured docs |
| MHR Payment of WCA Leave | MHR website/Secured docs |
| MHR Sick Leave Policy | MHR website/Secured docs |
| Act | |
| Occupational Health and Safety Act No 85 of 1993 (labour.gov.za/Pages/Default.aspx) | |
| The South African Labour Guide - Procedure for claiming injuries on duty (Claiming Procedure for Injuries on Duty - Labour Guide South Africa) | |

**ANNEXURE 1: MHR OCCUPATIONAL HEALTH SERVICE PROVIDER (INCON)
HEAD OFFICE CONTACT DETAILS**

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