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## **FACULTY OF MEDICINE AND HEALTH SCIENCES**

### **SAFETY GUIDELINES**

#### **FOR CLINICAL EDUCATION IN THE COMMUNITY**

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## 1. GENERAL INFORMATION

The safety of students and staff of Stellenbosch University (US) always enjoys the highest priority. It is the responsibility of every student and staff member to ensure that the safety measures and guidelines are strictly adhered to. Attached are guidelines that have been compiled by the Undergraduate Education Committee in consultation with the University's Legal Services, the Insurance Department as well as Alexander Forbes Risk Services. To ensure that the guidelines are acceptable and relevant in the community, research was conducted in all the areas where our students/staff are involved in community service. The recommendations made by the communities themselves have been incorporated into these guidelines.

Each staff member and student is responsible for organising their **own personal insurance** cover, which includes, amongst others: personal accident and medical cover, personal possessions/property, including any motor vehicle.

The Faculty and/or the US will assist the individual as far as possible in the event that other assistance/support (e.g. medical, dental, psychiatric services) is required in the execution of his/her duties during training or rendering community service.

In the event that negligence can be proved against a specific person whilst carrying out his/her duties in the service of the US, or execution of duties during training or service provision, that specific staff member, and thus the University, will be held liable.

This regulation applies to students and employees of the US (including temporary/part-time employees). Voluntary workers, who are not registered students or employees of the US while carrying out their duty, have no protection.

## 2. SAFETY GUIDELINES



### 2.1 TRANSPORT

- Magnetic identification signs are supplied by the Faculty and are available from the relevant Department/Division or from the Logistic Coordinator: UKWANDA. Students who drive their cars in the community **must** display these signs, clearly visible, on their cars. Signs should be removed from the vehicle when it is parked.
- Students are encouraged to direct enquiries to the relevant departmental coordinator re available Faculty self-drive student transport, as well as the Faculty shuttle service to specific clinical sites.

- Standardised road map(s) to relevant clinic(s) or other institutions as well as relevant telephone numbers are available from the Department/Division. - Students are strongly encouraged to follow these routes wherever possible.
- In the event of a student being placed in a remote community where the lecturer does not know the safest route, before starting the placement the student must be informed that he/she, personally, must contact the relevant clinic or other institution to find out the recommended route.
- At the end of the block, each group of students is responsible for ensuring that the magnetic identification signs and maps are handed over to the following group of students or returned to the Department/Division.
- Should any problem arise while the student is working in the community, he/she must immediately contact the nearest police station and enquire about the safest/recommended route to leave the area.
- Students must never go alone on a home visit, nor drive alone to the clinical placement in the community, if at all possible. The student may drive alone with the consent of the responsible lecturer.
- Car doors must be kept locked at all times, and items of value, e.g. handbags, purses and cellular phones, must always be kept out of sight. Wherever possible, lock up facilities should be provided by the clinic or other institution. If these are not provided, ensure that all valuables/important items are out of sight, preferably locked in the boot of the car.
- Cars must be parked in the grounds of the clinic or other institution, or as near as possible to the particular place of work.



## 2.2 COMMUNICATION

Each - student must be in possession of a cellular telephone for personal use. The following telephone numbers must, *where applicable*, be available to the students and if possible be stored in the cellular telephone:

- Flying squad - **10111**
- Closest police station
- Other police contact person(s)
- Community contact person(s)
- The relevant Department/Division at Tygerberg Campus
- The relevant health clinic or other institution
- Clinical assistants/supervisors or relevant lecturer
- Tygerberg campus: Protection services - emergency number/after hours: **021 938 9500 or 021 938 9507**

These telephone numbers must also be available at the departmental/-division secretary or administrative officer.

- Cellular telephones must be on and close at hand at all times, **but not visible**, to enable the lecturer or other contact person to make urgent contact with the student(s) if necessary.
- The responsible lecturer, as well as the departmental/division secretary, must have all telephone numbers and cellular telephone numbers of the students and the places they work at in the community.
- If at any time there is ever any question regarding safety in the area, the local police station or other contact person(s) should be contacted. If necessary the students should leave the area as soon as possible, using the safest/route of choice and inform the responsible lecturer.
- If there is temporary danger for the students in certain areas (e.g. political), alternative arrangements must be made for the completion of the relevant part of the clinical training.
- If students use private cellular telephones, it is their own responsibility to store the above-mentioned telephone numbers in it.



### 2.3 HOME VISITS

Students may *never* do home visits alone. Wherever possible, a responsible person should accompany the student(s).



### 2.4 IDENTIFICATION

- Personal identification must be visible at all times and should be in the form of name badges (name and surname, profession) and the University logo and an ID photo (student cards).
- Posters indicating the specific uniforms worn by the different disciplines will be provided by the Faculty and displayed at all clinics and other institutions where students and personnel provide a service.
- Students and personnel should introduce themselves courteously to each patient and staff member at the clinic or other institution (Addendum A – Code of conduct).

## 3. REPORTING OF AN INCIDENT (ADDENDUM B)

- Forms to be used by students to report an incident (Addendum B) can be found in the study guide as well as on the relevant websites. These forms must be handed in to the responsible lecturer on the first working day after the incident occurred.

- The completed form must be sent, together with a covering letter by the head of executive department/division/module chair, to the Faculty Secretary: For attention: the chairman Undergraduate Education Committee (UEC).
- The programme committee should also bring the incident to the attention of the UEC by including it in its official report to the UEC.
- The head of executive department/division/module chair, must where applicable, also inform the following:
  - Protection services at the Tygerberg campus
  - Student Affairs, US
  - Police
- In the event of a personnel member being injured on duty, the following form is available at either the Head of Executive Department/Division or Human Resources:
  - Employee-report of an accident W.CL.2(E)

#### 4. **PROTOCOL WITH REGARD TO SHARP OBJECT INJURIES/ CUTANEOUS AND MUCOSAL EXPOSURE TO BLOOD OR OTHER INFECTIOUS BODY FLUIDS**

This protocol includes both procedures applicable to students at **Tygerberg Hospital (TBH)** as well as or **other health services** where training is taking place.

**Initial prophylactic medication is available at all training facilities.**

- Clean lesions immediately and thoroughly with soap and water.
- Inform your supervisor immediately (either sister-in-charge, registrar, consultant or other) who should then evaluate the incident and perform a thorough risk assessment of the injury.
- Obtain (after informed consent) a blood sample (5 ml of clotted blood in adults and 0.5 ml for neonates) from the source (patient).
- Complete the “sharp object injury form” as supplied by TBH Occupational Health (C8A West), F1 after hours as well as other health centres.
- Report, together with the patients’ blood sample as well as the fully completed forms, to Occupational Health, C8A West between 07h00 – 16h00 week days, or Ward F1 after hours. In cases where exposure occurred on platforms away from TBH, the local protocol of the involved facility should be followed after which the student has to report, as soon as possible, to either C8A West or Ward F1.
- A blood sample from yourself will be drawn [in C8A West/F1] for HIV and Hepatitis B/C (if appropriate) after you have received full pretest counseling. Depending on the risk of the injury, the decision to initiate (provide

starter pack) post exposure prophylaxis (PEP) will be taken. HIV prophylaxis should preferably be started within 1 hour (maximum 4 hours) after the injury has taken place (the earlier, the better!) as the effectiveness thereof decreases the longer one waits before initiating treatment. In cases where more than 36 hours has passed since the incident, an expert (Infectious Disease Specialist or Virologist) should be consulted.

- Report to the Campus Health Clinic (Room 3035 at the Tygerberg Student Centre), tel 021 938 9590, on the first workday after the incident if PEP has been initiated.
- After the results of both source and student become known, a final decision on whether to continue PEP will be taken by the Campus Health Clinic doctor in consultation with the student.
- In complicated cases (i.e. where the patient [source] is already on antiretroviral therapy), PEP should be prescribed in consultation with an Infectious Diseases Specialist (Adult or Pediatric) or Virologist.
- Should you experience any problems, please contact the TBH Occupational Health Clinic at 021 938 6173, the Infectious Disease Specialist (Adult or Pediatric) on call at 021 938 4911 or Virology at 021 938 9353 (bleeper 589).

#### **Regarding Hepatitis B immunization**

- It is the responsibility of every student to ensure that he/she is fully immunised against Hepatitis B. This service is available at the Campus Health Clinic. All students are required to provide the Campus Health Clinic with proof of immunity by the end of their first year of study.
- It is recommended that students receive 5 yearly “booster” dosages.

***Should you require more information, please do not hesitate to contact the Campus Health Clinic (tel 021 938 9590).***

## PROTOCOL FOR HIV, HEPATITIS B & C POST EXPOSURE - ACTION

		HIV	Hepatitis B	Hepatitis C	Syphilis
<b>Initial testing</b>	<i>Source</i>	√ anti-bodies*		√ antibodies	√ RPR
	<i>HCW</i>		√immunity: anti-HBs		
Secondary testing (<24 hours) and action		Source: HIV negative – no further action Source: HIV positive: Injured's blob should be tested for HIV – if negative, continue with PEP, otherwise do post-test counselling	If the injured party is immune: no further action is necessary. If the injured party is non-immune: The source's blood needs to be tested for HBsAg – if it is positive, PEP should be given immediately: HBV hyper immunoglobulin IMI and HBV immunization in the other deltoid muscle. A rapid immunization schedule will be followed afterwards (at 4 and 12 weeks). Non-immune, non-exposed HW receive the usual booster dosages.	If the source is positive, the injured should be followed up as describe below. If not, no further treatment or follow up is indicated.	If source is positive: treat injured with Penicillin.
Follow up testing(in cases of proven exposure or post hepatitis B vaccination)		HIV-antibodies: 6 weeks; 3/12 en 12/12	Anti-HBs ( <b>and</b> HBs-Ag if exposed) for all non-immune HW at 3/12 and 6/12 post contact.	Liver function tests and HCV-AB's 3/12 and 6/12 post contact.	None
HW: Healthworker PEP: Post exposure prophylaxis Source: Patient					

- \* A PCR is recommended in cases when dealing with a high risk patient, high incidence of HIV or symptoms and signs of HIV seroconversion. Even with the 4<sup>th</sup> generation ELISA tests that are currently in usage, a 1 week infective “window period” exists.