# CONTAMINATION INJURY

## PURPOSE

The purpose of this policy is to ensure that panel members exposed to blood and body fluids are managed in the appropriate manner to mitigate the risk of acquiring diseases from blood borne viruses in the workplace.

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## SCOPE

This policy applies to

- MHR panel member
- MHR clients
- MHR Office personnel
- INCON personnel

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## 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

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## RESPONSIBILITIES

| Person | Responsibilities |
|---|---|
| Panel member | • Apply standard precautions during the management of patients at all times<br>• Ensure that they are vaccinated against Hepatitis B<br>• Report the event immediately |
| Head of department | • Send injured panel member to INCON (if available) or emergency unit |

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## PROCEDURE

### Action to be taken by panel member after exposure

| Step | Action |
|---|---|
| 1 | • Needle stick injury:<br>  • Encourage free bleeding and clean injury site with water<br>  • DO NOT apply caustic agents or antiseptic agents to the wound<br>• Mucous membrane and/or eye exposure:<br>  • Flush with clean 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 | Panel member to complete Near Miss / Adverse Event report (client's Near Miss / Adverse Event form) |
| 2 | Client to complete Employer's report of an Accident (W.CL. 2(E)) form (Available at hospital) |
| 3 | Manager of department/ manager on duty must send MHR panel member to<br>• INCON (if available at hospital and during office hours) or emergency centre (after hours)<br>• Emergency centre (No INCON clinic available at client) for consultation by a doctor |

### Emergency Centre

| Step | Action |
|---|---|
| 1 | **Panel member**<br>Attending doctor to:<br>• complete the first medical report<br>• pre-council the panel member for HIV testing<br>• obtain consent for withdrawal of blood for a HIV test from injured panel member<br>• Obtain blood for HIV testing (Elisa)<br>**Important:** Complete 'Refusal of HIV blood testing and/or anti-retroviral prophylactic treatment' form if panel member refuses withdrawal of blood (See addendum 1) |

| Step | Action |
|---|---|
| 2 | **Panel member**<br>Implement the following steps according to outcome of test:<br>• If panel member is positive:<br>  • counselling to be given by attending doctor<br>• If panel member is negative:<br>  • investigate the health status of the source patient,<br>  • assess the risk factors (see Risk Assessment table, Addendum 2)<br>  • start with post exposure prophylaxis (PEP) treatment **within 1-2 hours after exposure**<br>  • The panel member needs to be informed regarding:<br>  • The side-effect of the ARV's (antiretroviral drugs)<br>  • Importance of completing the full 28 day course of prophylactic treatment<br>  • obtain baseline blood tests (U&E, Creatinine, FBC, ALT, AST and Gamma GT)<br>  • complete 'Refusal of HIV blood testing and/or anti-retroviral prophylactic treatment' form if panel member refuses treatment (See Addendum 1)<br>**NB: Contact INCON Health if any other tests are required to confirm permission for payment (See Addendum 4)** |
| 3 | **Source patient:**<br>• Inform the patient's doctor of the incident<br>• Pre council the source patient (performed by the treating doctor or according to client policy)<br>• obtain blood for HIV, Hepatitis B and C testing after consent is obtained<br>**Note: Account will be paid by MHR** |

| Step | Action |
|---|---|
| 4 | If patient refuses consent for obtaining of blood specimen, implement the following steps:<br>• investigate the health status of the source patient,<br>• assess the risk factors (see Risk Assessment table, Addendum 2)<br>• start with post exposure prophylaxis (PEP) treatment **within 1-2 hours after exposure**<br>• The panel member needs to be informed regarding:<br>• The side-effect of the ARV's (antiretroviral drugs)<br>• Importance of completing the full 28 day course of prophylactic treatment<br>• obtain baseline blood tests from panel member (U&E, Creatinine, FBC, ALT, AST and Gamma GT)<br>• complete 'Refusal of HIV blood testing and/or anti-retroviral prophylactic treatment' form if panel member refuses treatment (See Addendum 1) |
| 5 | If source patient is HIV negative, implement the following steps:<br>• Inform panel member<br>• Consult patient's doctor to determine possibility of source patient being in a window period<br>• Give panel member the option to decide if she/he wants to continue with Prophylactic treatment |
| 6 | If source patient is HIV positive, implement the following steps:<br>• Consulting doctor to inform panel member and give counselling<br>• Panel member to continue with prophylactic treatment<br>• The panel member needs to be informed regarding:<br>• The side-effect of the ARV's (antiretroviral drugs)<br>• Importance of completing the full 28 day course of prophylactic treatment<br>• Doctor to inform source patient regarding outcome of blood results |
| 7 | If the source patient is positive for Hepatitis B or C, blood should be drawn from the panel member for Hepatitis B and C |

| Step | Action |
|---|---|
| 8 | Client to notify INCON Health of incident and send the following documentation through:<br>• Near Miss / Adverse Event report<br>• Employer's report of an Accident (W.CL.2 (E)) form<br>• Refusal of HIV testing and/or anti-retroviral prophylactic treatment form, if applicable<br>• Trauma account (made out to MHR)<br>• Laboratory and pharmacy account (made out to MHR)<br>• Certified copy of Identity document of panel member<br>**Note: See Annexure 3: INCON Health Contact details** |
| 9 | All necessary documentation will be processed by INCON Health. |

**Clinical follow up and lab monitoring of panel member receiving treatment (INCON)**

| Step | Action |
|---|---|
| 1 | Test injured panel member for HIV infection at 6 weeks, 3 month and 6 month after exposure. |
| 2 | Conduct follow up FBC and U&E after two weeks if the baseline U&E was abnormal or in the event of pre-existing kidney disease.<br>Note: The follow up testing is to establish if there is no bone marrow suppression due to the AZT. |
| 3 | Conduct follow up ALT, AST and Gamma GT after 6 weeks. |

## ASSOCIATED DOCUMENTS

| Title | Location/Number |
|---|---|
| Near Miss/Adverse Event Record | Hospital / MHR office |
| C.O.I.D.A (W.CL. 2 (E)) | Hospital |
| Refusal of HIV blood testing and/or anti-retroviral prophylactic treatment | Addendum 1 |
| Risk Assessment table | Addendum 2 |
| PRP drug regimen | Addendum 3 |
| INCON Health Contact detail | Addendum 4 |

MHR
TRUSTED SOURCE FOR TALENT

# 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 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* |

# RISK ASSESSMENT TABLE

**Addendum 2**

| Exposure | Source | Risk | Prophylaxis |
|---|---|---|---|
| **Percutaneous** *(needles, scalpels, glass)* | Blood-filled 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 |

# PEP DRUG REGIMEN

**Addendum 3**

| Exposure | PEP regimen |
|---|---|
| All high risk occupational exposures | 3 drug PEP regimen:<br>• Zidovudine (AZT) 300 mg 12 hourly<br>• Lamivudine (3CT)150 mg 12 hourly (taken as Combivur®/Cipla Duovir®/Aspen Lamzid® 12 hourly<br>• Aluvia (Lopinavir 200 mg / Ritonavir 50 mg) 2 tables 12 hourly or Stocrin 600 mg once a day at night (Efarenz® / Cipla or Aspen Evavirenz®)<br>**Note:** Since nausea is a common problem, the prescription of prophylactic anti-emetics must be considered. |

# INCON HEALTH CONTACT DETAIL

**ADDENDUM 4**


| | |
|---|---|
| **Contact person:** | **Simone Bushby** |
| **E-mail address:** | **coid@incon.co.za** |
| **Phone number:** | **021 975 2694 Ext 2010** |
| **Fax number:** | **021 979 1797** |