Faculty of Health Sciences
Health and Safety Handbook
for students working and learning at sites off-campus
2013
Take responsibility for what is yours:

Your health and your safety are first & foremost your responsibility!
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The contents of this handbook plus some additional detail are available on
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Foreword

As Health Sciences students you learn and work in hospitals, community health centres, clinics, schools, NGOs and the areas where communities of people reside.

You will inevitably be exposed to situations that could affect your safety and your health.

The Faculty of Health Sciences is committed to partnering with you to safeguard your health and safety. Obviously your co-operation is essential.

Please follow the guidelines contained in this Handbook, refer as necessary to the Don't Panic Handbook (available in the Faculty Office if you’ve lost your copy), and always use your discretion and common sense.

In the event that something does go wrong, the Faculty and the University will do as much as they are able within their means to provide you with such help and support as you might need.

“Trust your instincts. Intuition doesn’t lie.”

Oprah Winfrey

For comments on this Handbook and suggestions as to how it could be improved and made more useful, please contact Frank Molteno, Health Teaching Platform Coordinator, Primary Health Care Directorate, E47-70 Old Main Building, GSH 021 406 6439 082 790 8948 frank.molteno@uct.ac.za
8. Professional standards

If you witness unprofessional behaviour and abuses of patient rights in health care facilities and communities, your options include the following:

- Discuss the incident with the person who, in your opinion, has behaved unprofessionally or abused a patient’s rights.
- Discuss the incident and an appropriate response with the course convener, a trusted staff member or a student colleague.
- Report the incident to the Chair of the Professional Standards Committee (Mr James Irlam) using the Incident Report Form on the PSC Vula site.

Contact details: psc@uct.ac.za ; tel. no. 021 406 6377

Please note that incident reports must be made in good faith and may not be anonymous. Frivolous complaints are themselves violations of professional behaviour.

The PSC will maintain the confidentiality of the complaints. The identity of the complainant/s will be revealed to the alleged perpetrator only with the complainant’s prior consent.

1. The basics of keeping safe

A Understand that keeping yourself safe is necessarily, first and foremost, your own responsibility.

B Recognise that while there are ongoing efforts to minimise the risks to which you are exposed during your training, risks there inevitably will be. Critically important is how you relate to those risks. Don’t be passive and let things just happen to you. Be proactive and prepare yourself. Recognise that it is within your power to manage most of the risks out there.

C Keep yourself informed and rehearse your responses to risks that you think you might face.

D Keep your laminated quick reference card (Call if you need to . . . / Needlestick Injuries and Splash Incidents) with you at all times.

E Put the telephone numbers that you might need in an emergency on your cellphone.

F Be conscious of your surroundings constantly. Most importantly, follow your gut instinct. If something doesn't ‘feel’ right, it probably isn't. If you feel worried within a particular institutional or community environment, ask someone who works or lives there for their perspective and any advice they might have for you.

G When undertaking research, health promotion projects or clinical work within residential areas, including home visits, preferably go in pairs or groups or be accompanied by a staff member, community health worker or other community member assigned to you by your supervisor. Avoid deserted areas.
H Ensure that **someone always knows where you are**, where you are planning to go and how long you expect to be.

I **Work after dark** or at night should be confined to work in health facilities and, if really necessary, attendance of formally organized meetings – and then only if you know the area and feel comfortable.

J If going back to campus on a UCT-provided bus, **be at the pick-up point on time**. If you are unable to get there on time, contact the driver and make a plan with him. If you don’t have the driver’s cell number, contact Mr Leon Ziervogel (072 387 4843) or, if unable to get through to him, Mr Reece Brooks (021 406 6638 or 083 643 2328).

K If using your own car, always **keep it locked** – including when you’re in it.

L **Valuables:**
- Leave unnecessary valuables (expensive watch, jewellery, etc) at home.
- Take a padlock with you so that wherever there are lockers available, you can make use of them.
- Take a laptop with you only if essential.
- Keep your cellphone out of sight. Money, ID documents, bank cards, keys, etc are also safest in a ‘waist wallet’ or ‘money belt’.
- Valuables in a car or bus should not be visible from outside of the vehicle.

Be aware of your surroundings. Keep personal belongings secure and out of sight.

Red Cross Children’s Hospital 021 658 5111
New Somerset Hospital 021 402 6911
UTH Site Coordinator: Fatima Le Roux (fatima.leroux@uct.ac.za)
021 421 6320
072 490 6844
Valkenberg Hospital 021 440 3111
Victoria Hospital 021 799 1111
UTH Site Co-ordinator: Nichola Daniels (nichola.daniels@uct.ac.za)
021 799 1251
084 674 6745
Vredenburg Hospital 022 709 7200
Vredenburg House (student residence) 022 715 1945
Saldanha Bay Sub-District Site Coordinator: Sandra Adams (sj.adams@uct.ac.za) 083 729 5008

**COMMUNITY HEALTH CENTRES (CHC)**
Guguletu CHC 021 637 1280
Hanover Park CHC 021 692 1240
Khayelitsha (Site B) Community Health Centre 021 361 3470
Mitchell’s Plain Community Health Centre 021 392 5161
Retreat Community Health Centre 021 712 5105
Vanguard Community Health Centre 021 694 5540

**Student Learning Centre Vanguard**
Facility Manager: Sr Sharm Naidoo (sharm.naidoo@uct.ac.za) 021 695 3849
072 603 0887

**SITE FACILITATORS**
Khayelitsha: Tsuki Xapa 082 713 0297
Mitchell’s Plain: Christolene Beauzac 072 668 3974
Vanguard: Mercia Arendse 084 688 8330
CANSA / Vredenburg: Shakira Maharaj 083 399 3381
HPCA: Mandy Botsis 072 359 1446
St Luke’s Hospice, Kenilworth 021 797 5335
St Luke’s Hospice, Lentegeur 021 363 0179
2. Staying healthy

Healthcare professionals and students have an above-average exposure to infectious diseases. Risk can be reduced by:

- **Frequent hand washing.**

  ![Hand washing image]

- **Practising standard precautions**

  Needlesticks and other occupational exposures can lead to infection with HIV, Hepatitis B and Hepatitis C. Avoid being infected by blood-borne and other pathogens by practising standard precautions and avoiding as much as possible direct exposure to human body fluids.

  Thus:

  - Take care in handling, cleaning or disposing of sharp needles, scalpels etc.
  - Always dispose of ‘sharps’ safely. Discard all sharps in designated sharps containers immediately after use.
  - Use protective barriers (gloves / goggles / waterproof aprons / waterproof footwear) when appropriate and possible.
  - Immediately and thoroughly wash hands and other skin surfaces that are contaminated by blood or other body fluids.
  - Routinely wash hands before and after examining a patient or client.
● Being immunised

Immunisation can drastically reduce your chances of contracting many diseases. Keep your recommended immunisations up-to-date. Hepatitis B immunisation must be administered to all healthcare workers. It is compulsory for all undergraduate Health Sciences students to have received a full course of Hepatitis B immunisations by the end of October in your first year of study. If you are in First Year, you will not be permitted to register for your Second Year until you have submitted written proof that you have received a full course of such immunisations. Immunisations can be obtained from the Student Wellness Service (by appointment – telephone 021 650 1020), your own GP and certain pharmacies. Other immunisations that are strongly recommended include an annual influenza immunisation, Hepatitis A (if non-immune) and Chickenpox (if non-immune).

● Exposure to tuberculosis is inevitable in your training. The lifetime risk of tuberculosis following exposure is about 10%, with about 3% occurring in the first few years. If you have HIV infection this risk increases to 10% per annum. Drug resistant tuberculosis is particularly difficult to treat – this is more likely in patients who have previously been treated for tuberculosis. Various measures can be taken to reduce exposure:

- When in contact with patients with an unexplained cough, formally identified pulmonary TB patients presenting for the 1st time, or confirmed drug-sensitive tuberculosis patients who have not been on anti-tuberculous treatment for ≥ 2 weeks, you must wear an N95 particulate filter respirator mask of the correct type and size for your face as identified when fit-tested.

HEALTH

GSH Occupational Health Clinic 021 404 5490
Post-exposure prophylaxis (PEP) information & advice
24-hour Clinical Pharmacology helpline:
  Weekdays 08h30 and 17h00 0800 212 506 / 021 406 6782
  or SMS a ‘please call me’
  After-hours (17h00 and 08h30) & weekends
  Clinical pharmacologist-on-call 071 216 0207

UCT Student Wellness Services
- Medical 021 650 1020
- Psychological/counselling 021 650 1017

GSH Psychiatric Crisis & Emergency Support 021 404 2175

Suicide Helpline (8am-8pm) 0800 567 567

HIV & AIDS Co-ordination – UCT (Haicu) 021 650 1006

AIDS Helpline 0800 012 322

UCT Sports Injuries Clinic 021 650 3560

TRANSPORT

Faculty Operations Manager, Mr Reece Brooks (reece.brooks@uct.ac.za) 021 406 6638
  083 643 2328

Transport Supervisor & Driver: Mr Leon Ziervogel 072 387 4843
  Drivers: Faizel Jardine 073 998 9619
  Owen Lengisi 078 760 4370
  Andre Smith 078 180 3037
  Mark Vollenhoven 078 402 9083
  Nonthulelo Ngqaba 073 128 6726

Night & Weekend transport: 078 965 8408
7. Telephone numbers

SAFETY

Emergency call centre (all emergencies – all services)
- from a landline (including Public Phone): 107
- from a cell phone: 021 480 7700

Lifeline (24-hour counselling) 021 461 1111

South African Police Services (SAPS) & all emergency services
- from a landline: 10111
  (toll-free call if made from a landline including a Public Phone)
- Mowbray Police: 021 680 9580
- Rondebosch Police: 021 685 7345

Metro Ambulance Service / fire / other
- from a landline: 10177
  (toll-free call if made from a landline including a Public Phone – this line also gives you access to other emergency services including police and fire)

UCT Campus Protection Services
- 24-hour hotline 021 650 2222/3
- Security Desk, Barnard Fuller Building 021 406 6100

UCT Safety, Health & Environment Manager
Mr Michael Langley
(Michael.Langley@uct.ac.za) 021 650 3552
082 499 1022

UCT Occupational Health Nurses
Sue Key (Suzanne.Key@uct.ac.za) 021 650 3873
Charl Esau (charl.esau@uct.ac.za) 021 650 2021

Stop Women Abuse / Stop Gender Violence Helpline 0800 150 150

(Note that an ordinary surgical mask is completely ineffective.) And remember that an N95 mask is only effective if worn in the correct way.

Under normal working conditions, an N95 mask will remain effective for at least 8 hours of continuous use. Mask efficacy is reduced if it becomes torn or moist. If the N95 mask is used intermittently, then it will be effective for 1-4 weeks, depending on the frequency of use. It is best to store these masks in a paper packet between use. Finally regarding masks, please be aware that facial hair can impair N95 mask efficiency. If you choose nonetheless to wear a beard, you need to be particularly careful when in contact with tuberculosis patients.

- Avoid all patients with smear-positive pulmonary tuberculosis (the most infectious form), unless you are directly involved in their care. These patients should be rapidly placed on effective therapy. If they are hospitalised they should be nursed in a side ward with good ventilation — difficult to achieve in most hospitals. Only if you are directly involved in such a patient’s care should you enter and then only if you are wearing an N95 mask.

- Avoid contact with patients who are known to have, or are suspected to have multi-drug resistant (MDR) or extensively-drug resistant (XDR) pulmonary tuberculosis. You must NOT enter an isolation cubicle accommodating a patient with MDR or XDR pulmonary tuberculosis or a patient with extrapulmonary drug resistant tuberculosis where pulmonary involvement has not been ruled out.

Please note that in general you should not receive bedside teaching from clinical staff involving patients with MDR or XDR pulmonary tuberculosis. If this happens nonetheless, please inform
your tutor or supervisor who will be able to confirm whether or not there was good reason for departing from this general guideline.

- Preventive anti-tuberculous therapy is indicated for healthcare workers who are immune-suppressed from medication or illness (notably HIV infection). It is therefore critical to know your HIV status. The precise regimen is unclear - isoniazid 300 mg daily for 6 months is appropriate following exposure, but if exposure is ongoing (as it will be until at least after your community service) ongoing isoniazid is probably indicated and should be discussed with an infectious disease specialist.

- Remember what the common symptoms associated with tuberculosis are: cough, night sweats, loss of appetite and loss of weight. If these symptoms occur, please seek medical advice from UCT’s Student Wellness Service without delay.

If you are found to be positive for TB, you are asked to advise (confidentially) the Faculty’s Student Development and Support team so that you can be given the support and essential follow-up that you will require. In these circumstances you are also required to stay out of class and out of the work environment until you are sputum-negative for drug sensitive TB and for a longer period to be determined by the doctor attending to you after sputum-negativity for MDR TB.

- Make sure that you are familiar with the other infectious diseases to which you might be exposed – in addition, that is, to tuberculosis [see above]. Know what symptoms to watch out for and, if you detect any of them or simply feel ill, consult your GP or the Student Wellness Service without delay.

5. Student Wellness Service
28 Rhodes Avenue, Mowbray.
Telephone: 021 650 1020 (medical)
021 650 1017 (psychological/counselling)
Mondays - Fridays 08h30 to 16h30 [Thursdays open 09h30]
http://www.uct.ac.za/students/health/wellness/clinical/

Discho

6. Discrimination & Harassment Office
If you are sexually assaulted or experience sexual, racial or any other form of harassment and need information, advice, counselling or any form of support, you are encouraged to approach the UCT Discrimination and Harassment Office (Discho). Discho offers a completely confidential service.

Discho is located in ‘The Cottage’ (just below Bremner Building on the Middle Campus in Rondebosch, telephone 021 650 3530.)

For more information about Discho visit their website at http://www.uct.ac.za/services/discho/ or contact the Undergraduate Office – Ms Nonkosi Malala (021 406 6749).
Again, please be reminded that the University provides **no insurance cover for personal possessions** and accepts no liability for any personal items that may be lost or stolen whether you are involved in compulsory academic activity or at any other time.

- **Support following an incident**
  If you are involved in an accident or any sort of traumatic incident, the Faculty of Health Sciences offers the following forms of support, if you need and want it:
  - Transport from the scene of the incident to either an appropriate medical facility, campus or local place of residence – contact Mr Reece Brooks (on 021 406 6638 or 083 643 2328) or Ms Nonkosi Malala on 021 406 6749
  - Trauma debriefing by a qualified trauma counsellor
  - Practical advice and relevant information

  Contact Ms Nonkosi Malala (021 406 6749) or any member of the Faculty Student Development & Support team.

- Consult the Student Wellness Service [see further details on Vula or UCT website] or a general practitioner if unwell. Stay at home if you have signs and symptoms of an infection. Avoid infecting your colleagues and clients by staying away if you are vomiting, have diarrhoea or are running a fever.

  **Please familiarise yourself with the Faculty’s policy on Reducing the risk of tuberculosis in undergraduate Health Sciences students.**

### 3. Insurance

The insurance cover which UCT provides you with is quite limited and, depending on the seriousness of your injuries, may be inadequate. If you are not supporting yourself financially, this is something that you might want to discuss with your parents or whoever is responsible for your financial support.

UCT’s Group and Funeral Cover Insurance Scheme aims only to supplement students’ own private medical aid or insurance schemes in the event of UCT-related accidental injury. It thus offers only limited cover.

For medical expenses arising out of activities that are part of your academic programme, there is maximum coverage of R25,000.

If you are a Medical student in Years 3 to 6 or a Physiotherapy student or an Occupational Therapy student, you also have cover under the University’s “HIV/Needlestick” insurance. This will provide you with a cash payout of R250,000 should you become HIV+ as a result of accidental exposure and infection in the course of your UCT academic-related activities.

**UCT provides no insurance cover for personal possessions** including private motor vehicles.
4. If things go wrong

- **Faced with a potentially dangerous situation**

If you come upon a dangerous situation (e.g., gang warfare or taxi violence), make an immediate assessment of the dangers involved and of your safety and decide whether you need to leave.

If you decide to leave, report this immediately to your supervisor at the placement and explain why you decided as you did. If your sense is that your safety is under threat and that you need to get out of the situation, this will always be accepted. We want you to look after yourself and keep yourself as safe as possible — please do!

You have a right at any time to raise queries concerning reasonable safety and due precautions at any placement.

If you need to take any such queries further, contact Frank Molteno who is the overall Health and Safety Representative for off-campus teaching and learning sites:

frank.molteno@uct.ac.za 021 406 6439 082 790 8948

- **Faced with a potentially violent person**

Going through various options in your mind before something happens, makes it easier to choose a suitable course of action when you find yourself in a pressurised situation. There are a number of potentially useful strategies when faced with a person who is threatening violence or is becoming violent.

Usually people threaten or become violent when they are feeling fear, frustrated, wish to manipulate or intimidate, are in pain, under the influence of substances, hungry, tired

- **If you lose your possessions or have them stolen**

Depending on where you think that you might have lost the items, you can approach one or more of the following people or offices:

- The driver of the bus on which you travelled &/or the Student Transport Supervisor (Mr Leon Ziervogel 072 387 4843)
- The security office and, if they have one, the Lost Property office of the hospital or other institution where you have been working
- The security desk at the front entrance (that is, on the Anzio Road side) of the Barnard Fuller Building
- The Undergraduate Unit – phone Ms Nonkosi Malala on 021 406 6749
- Mr Mark Williams, Venue Supervisor, New Learning Centre (attached to the Anatomy Building) – phone: 021 406 6811 or 072 976 5059;
- Ms Natasha Dourie, Venue Supervisor, Groote Schuur Hospital campus – phone: 071 387 5815;
- GSH Security Office, E3 Hospital Street (E Floor just past the ATMs) – phone 021 404 3337 / 8 (internally: 72 x3337 or 3338)

If you have insured your own possessions with an ‘All Risks’ provision report your loss to the police before claiming from the insurers. Make sure that you keep a note of the serial numbers of your cellphone and laptop (if you have one.) In the unfortunate event of these items being stolen or lost, you will need the serial numbers when you report the matter to the police as well as for insurance purposes.

When reporting any matter to the police, make sure that you are given a case number. Again you will need this for insurance purposes and for any follow-up that might be required. Also make a note of the name and telephone number of the police officer who took your report.
Some Immediate Care Areas

- Community Health Centres: Doctor or Sister in charge
- GF Jooste Hospital: Infectious Diseases Clinic or Casualty 021 690 1134/1140
- GSH: Staff Health Clinic, J Floor OPD (07H00-16H00): 021-4045490/5081
- GSH: Trauma Unit C14, New GSH Hospital (Weekends and After hours) 021 404 4112 / 021 404 4473
- Mowbray Maternity Hospital: Occupational Health Nurse Practitioner or GSH: 021 659 5586
- MOU’s: Doctor or Sister in charge
- RXH: Occupational Health Nurse Practitioner or GSH: 021 658 5410 / 5605
- Shawco Clinics: Doctor in charge
- Somerset Hospital: Casualty: 021 402 6485 / 6410
- Victoria Hospital: Occupational Health Nurse Practitioner or Casualty: 021 799 1141

- If involved in an accident, are threatened, mugged or assaulted
  - Phone for help (see key numbers on pages 24-27 below).
  - If you or a fellow student are injured, you may go to the Student Wellness Service but it is recommended that you go to a properly equipped trauma unit at either a state hospital or, if you choose to and are on medical aid, a private hospital.
  - Report any incident involving a criminal act and/or a motor vehicle accident to the police as soon as possible.
  - Report all incidents involving theft, assault or any other criminal act or accident to your course supervisor.
  - It is recommended that you make yourself available for debriefing and counselling – Ms Nonkosi Malala (021 406 6749) or any member of the Faculty Student Development and Support team (see p.26 below.)

or have experienced some kind of loss. Thinking carefully about what the person is trying to communicate or achieve through their threats can be useful in guiding your response and protecting yourself. Always consider whether the person is under the influence of substances.

Remember first of all that you have the right either to refuse to see a patient who is violent, threatening or abusive or who is being accompanied by an abusive person, or to request the presence of another person if you feel unsafe or uncomfortable. Trust your intuition! If faced with a threatening person . . .

- Try and stay calm: at least give the impression of being calm, self-controlled and quietly confident without suggesting that you are unconcerned about their situation, dismissive, overbearing or arrogant in any way. Sometimes expressing frustration about an agitated patient’s situation may communicate that you understand his or her feelings and displace the emotion into a more manageable process.

- Usually an event has triggered the anger. The context and people responding may escalate or calm the situation depending on their response. Try to establish as quickly as possible what the problem is and how you can help. Let the person know that their position is understood.

- Identify areas where the person may be correct in their views, rather than pointing out where they are wrong.

- Maintain appropriate eye contact, remembering that the more eye contact, the more the feeling between you will be reinforced e.g. if someone is very frustrated, eye-contact may make them more frustrated. Depending on the culture and situation, looking at them, but without eye contact may be helpful.
• If the situation has turned violent or appears to be on the verge of turning violent, if possible leave and get help. Once you have started moving away, keep going until you have reached safety. Then call for help.

• Avoid provoking the person who is behaving violently or threatening to be violent – rather seek to pacify and reassure the person. Patients should never be patronised or spoken to in an authoritarian manner.

• Keep talking, using as normal a tone of voice as possible. Use simple, clear and direct language. Speak in short sentences and use the volume of your voice to get the person’s attention. Sometimes speaking softly can be more useful in getting the person’s attention.

• As far as possible, use non-verbal communication to calm the situation. Be aware of your body language and use it to convey concern and a sense of calm. Do not abuse, threaten or insult the patient.

• Respect the patient’s personal space. A person who is angry or frustrated may feel the need for a larger space. It is wise to ask permission of the person before approaching too close or touching him or her.

• If the attack on you is meant to establish the other person’s dominance then pretend (fake) submission and try diversionary tactics – anything that might redirect the assailant’s attention.

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**STANDARD OPERATING PROCEDURE FLOW CHART:**

*Management and treatment of students accidentally exposed to blood or body fluids*

**Accidental Exposure**
- Needle-stick injuries.
- Injury with other sharp object, e.g. scalpel blade, lancet, suture needle, broken glass.
- Splash of blood or body fluids onto mucous membrane of eyes, mouth or nose.
- Exposure of non-intact skin to blood or body fluids.

**Action 1**
- Encourage Bleeding, if the skin was damaged by the injury.
- Wash the site with soap & water.
- Irrigate the mucus membrane with clean running water for 5 minutes e.g. rinse your eye.

**Action 2**
- Inform the most senior person present and your supervisor. (Person-in-charge obtains 1 tube clotted blood sample from the source person.)

**Action 3**
- Report to the Immediate Care Area with the blood sample, for blood tests & prophylactic treatment (see p.20 below).

**During standard Working Hours 07h00 – 16h00**

**Action 4a**
- Proceed directly to GSH Staff Health Clinic (OPD Building 021 404 5490 or 021 404 5081)

**Action 4b**
- If you need more information and guidance about PEP between 17h00 and 08h30 call 0800 212 506 or phone the clinical pharmacologist-on-call on 071 216 0207

**Action 5a**
- If you need more information and guidance about PEP between 08h30 and 17h00 call 021 406 6782 or SMS a ‘please call me’ to 071 840 1572

**Action 5b**
- Proceed on the next working day to GSH Staff Health Clinic (OPD Building 021 404 5490 / 5081)

**After Hours**

**At this stage or earlier in the process**
- Contact the Faculty Student Development & Support desk (Ms Nonkosi Malala: 021 406 6749) to ensure that you get the treatment & support you will need
If prophylactic treatment is not available wherever your exposure occurs, then go straight through to the GSH Staff Health Clinic (Outpatients Building, J Floor – telephone 021 404 5490) or, if after hours, to the GSH Emergency Unit (ie C15).

If you feel confused by the information that you have been given about PEP or you have been provided with no direction in this regard, call the 24-hour Clinical Pharmacology helpline and you will be assisted by an expert. During the day between 08h30 and 17h00 call 0800 212 506 or 021 406 6782. Alternatively, between 08h30 and 17h00, SMS a ‘please call me’ to 071 840 1572. If after hours — ie between 17h00 and 08h30 — phone the clinical pharmacologist-on-call on 071 216 0207.

Whatever happens, always follow up with the GSH Staff Health Clinic (OPD Building as above) – on the same day if possible but otherwise on the next working day (open Monday to Friday, 07h00-16h00).

Finally, please be in touch with the Faculty’s Student Development and Support dest: Ms Nonkosi Malala (021 406 6749). She will ensure that you have access to whatever treatment and support you might need. You can take this step at any point in the process but make sure that you do not skip it altogether!

- As soon as a risk of attack becomes apparent, check on escape routes or exits and, if possible, work your way towards them. Avoid getting into a corner. Keep as far away from a potential assailant as possible and try to put something (e.g. a desk) between yourself and him. Get potential weapons out of the way if you can. If you cannot get away, it can be safer to be very close to the patient, even touching him or her, rather than standing a few meters away.

- If the assailant is armed, ask him pointedly to put his weapon down. Try to take the initiative where this is possible, by saying to the assailant quietly but firmly what you would like him to do. If necessary, repeat your instructions slowly, in a quiet, respectful yet firm way. Whether this approach is advisable and likely to be effective or not will depend on the particular assailant, what he or she is trying to communicate and circumstances involved. Use your discretion which under these sorts of circumstances probably means following your gut feeling. Trust your intuition!

- You cannot count on bystanders to help. You can, however, sometimes break ‘bystander apathy’ by directing a highly specific request for assistance at a particular person who is amongst the bystanders. The trick is to identify someone and give them precise instructions about what they should do.

- Where two people are managing a violent patient, it is important that one person takes the lead and the second person supports. This reduces the confusion and makes the situation feel safer.

Thanks to Sarah Crawford-Browne for developing this section of the handbook. She drew inter alia on: Cherry, D., Upston, B. (1997) Managing violent and potentially violent situations. A guide for workers and organisations. Centre for Social Health: Centre for Primary Health Care Research and Development. LaTrobe University. Australia.
What to do if you are accidentally exposed to blood or other body fluids

Note the Faculty has put in place processes for your safety should these situations arise. Please familiarise yourself with the details and call the numbers below if there is ANY doubt. It is essential to understand the process for these exposures at all hospitals and other clinical settings where you are attached/placed.

You could be accidentally exposed to blood or body fluids most commonly in one or more of the following ways:

- Needlestick injury;
- Injury with another sharp object – e.g. scalpel blade, lancet, suture needle, broken glass;
- Splash of blood or body fluids on to mucous membrane of eyes, mouth or nose;
- Exposure of non-intact skin to blood or body fluids.

Body Fluids include blood, CSF (cerebrospinal fluid), semen, vaginal secretions, synovial / pleural / pericardial / peritoneal / amniotic fluids, but not vomitus, faeces, urine, saliva, sweat, tears unless blood stained.

Stay calm! Follow the necessary steps outlined below.

Encourage bleeding if the skin was damaged by the injury;
Wash with soap and water;
If a mucus membrane splash, eg eye, then irrigate with tap water for 5 minutes.

Inform the most senior person in the area who will arrange for a blood sample to be taken from the source patient (1 tube of clotted blood). The ‘source person/patient’ is the person whose blood or body fluid you have come into contact with.

Note that the source person’s blood should if at all possible be obtained immediately for testing [1 x yellow-top tube, labelled]. Wherever possible, this should NOT be done by you but by your supervisor or another person-in-charge who will explain to the patient what has occurred and sensitively and respectfully seek to persuade him/her to make him/herself available for pre-test and post-test counselling and testing for HIV, Hepatitis B and Hepatitis C. If the exposure occurred within a formal health facility, the source person must have such pre- and post-test counselling at the same facility where the incident occurred. His/her name, file number and contact details are important.

Report to the Immediate Care Area with the blood sample. (The Immediate Care Area is the area where the emergency management of injured staff and students can be carried out. What constitutes the Immediate Care Area will vary depending on where the accident occurred.) Here the blood will be sent for testing and the initial dose of post-exposure prophylaxis (PEP) will be given.

Remember that it is extremely important to start anti-retroviral PEP treatment as soon as possible — preferably within 4 hours of exposure though there might be benefit up to 72 hours after exposure.