UNIFORM POLICY ON THE PREVENTION AND MANAGEMENT OF OCCUPATION-RELATED HIV AND HEPATITIS B EXPOSURE

"1. Purpose

The purpose of this report is to establish a uniform policy on the prevention and management of occupation-related HIV and Hepatitis B exposure for the City of Tshwane Metropolitan Municipality.

2. Introduction

After the establishment of the City of Tshwane Metropolitan Municipality in December 2000, the need arose for a uniform policy on the prevention and management of occupation-related HIV and Hepatitis B exposure.

The policies and practices applicable in the disestablished Councils were compared.

Discussions took place between representatives of all the disestablished Councils and a uniform policy was compiled.

The Uniform Policy on the Prevention and Management of HIV and Hepatitis B exposure is attached as Annexure A, and is ready for consideration and approval by the Council.

3. Background

HIV and Hepatitis B can be contracted through exposure to blood and other bodily fluids through broken skin or mucous membranes. Some categories of employees are more at risk of contracting these diseases while performing normal duties.

Categories of employees who are particularly at risk are health care workers, Emergency Services personnel, City Police personnel, First Aiders, cleaners in health care facilities, workers performing waste disposal and other employees who might during normal duties become victims of assault and hijackings.
HIV infection among the general public is increasing and therefore the risk of these employees being exposed to the virus is increasing. HIV and Hepatitis B are incurable diseases with severe implications for the infected person.

Measures to prevent seroconversion after exposure to HIV positive or Hepatitis B positive blood or bodily fluids are available and should be made available to employees.

The Occupational Health and Safety Act, 1993 (Act 85 of 1993) places a duty on employers to inform employees of the risks in the workplace, and to maintain a safe, healthy workplace. The employer must therefore prevent occupational injuries and diseases as far as reasonably practical.

Should an employee contract HIV or Hepatitis B during the execution of normal duties, the incident must be reported according to the Compensation for Occupational Injuries and Diseases Act, 1993 (Act 130 of 1993). Once the disease is acknowledged by the Compensation Commissioner as an occupational disease the City of Tshwane Metropolitan Municipality will be responsible for payment of all treatment costs as well as other compensation. This may run into thousands of rands per case.

It is therefore of the utmost importance to have a uniform policy to prevent and manage such occupational exposure so as to save lives and prevent future expenses for the City of Tshwane Metropolitan Municipality.

4. Cost implications

The cost pertaining to each case can differ according to the HIV and Hepatitis B status of both the employee and the source of exposure. For purposes of this report the costing of the worst-case scenario, from a financial point of view will be given.

<table>
<thead>
<tr>
<th></th>
<th>Employee</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood tests</td>
<td>674,80</td>
<td>82,1</td>
</tr>
<tr>
<td>Medication</td>
<td>915,60</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1 590,4</strong></td>
<td><strong>82,1</strong></td>
</tr>
</tbody>
</table>

The total cost per worst-case scenario is R 1 672,50. Estimated costs have been budgeted for on the 2001/2002 budget.
5. **Comments of the Head: Legal Services**

The primary objective of the Code of Good Practice: Key aspects of HIV/AIDS and Employment, as promulgated in G.N. R1298 of 1 December 2000, is to set out guidelines for employers to ensure that individuals with HIV are not unfairly discriminated against in the workplace. Its secondary objective is to provide guidelines for employers on how to manage HIV/AIDS within the workplace. The attached policy is regarded as a step in attaining the objectives of the Code and is therefore supported.

6. **Comments of the Chief Financial Officer**

Should the recommendations of the report be approved, an amount of R197 000,00 against Vote 050 61 6481 4 (Personnel Services: Management and Administration: Medicines and Supplies) and R19 377,00 against Vote 050 67 5452 2 (Personnel Services: Occupational Health Clinic: Sammy Marks: Laboratory Services) are available (as on 27 November 2001) and could be used for this purpose in the 2001/2002 financial year.

7. **Conclusion**

The risk of occupation-related HIV and Hepatitis B with its negative effects on the employee and employer are noted. It is also noted that contracting the diseases can be prevented by timeous provision of prophylactic medication and immunisation and therefore it is important to approve and implement the attached policy."

Annexure:

A. **Policy on the Prevention and Management of Occupation-related HIV and Hepatitis B exposure.**

**RECOMMENDATION:**

That the proposed Policy on the Prevention and Management of Occupation-related HIV and Hepatitis B exposure be approved.
POLICY ON THE PREVENTION AND MANAGEMENT OF
OCCUPATION RELATED HIV AND HEPATITIS B
EXPOSURE

INTRODUCTION

The Occupational Health and Safety Act (Act 85 of 1993) places a duty on
the employer to inform the employee of risks in the workplace and to maintain
a healthy and safe workplace. The employer must therefore prevent occupa-
tional injuries and diseases as far as reasonably practical.

A person can contract HIV and/or Hepatitis B when he/she comes into contact
with blood and other body fluids. Contact is mainly through broken skin, e.g.
scratches, lacerations and puncture wounds, or mucous membranes, e.g. the
inside of the mouth and eyelids. Needle stick injuries are by far the
commonest form of occupation related HIV exposure.

HIV and Hepatitis B are not listed as compensationable diseases in Schedule
3 of the Compensation of Occupational Injuries and Diseases Act (Act 130 of
93) and are not presumed to have arisen out of and in the course of
employment. Proof thereof lies with the employee.

CATEGORIES OF EMPLOYEES EXPOSED TO HIV AND HEPATITIS B

Certain categories of employees could be exposed to blood and other body
fluids in the course of performing their normal duties. These categories include:

- Health Care Workers
- Emergency Services Personnel (Fire/Ambulance personnel)
- City Police (Traffic and Security Personnel)
- First Aiders
- Cleaners in Health Care Facilities
- Workers performing waste disposal

Occasionally other employees could become victims of assault, hijackings, etc
whilst performing normal duties and could then be exposed to blood and other
body fluids.
PREVENTION OF OCCUPATION RELATED HIV AND HEPATITIS B

1. The Employer will establish the risk of employees of contracting HIV and Hepatitis B in their workplaces.
2. Employees will be informed of the risks of contracting HIV and Hepatitis B in their workplaces.
3. Safe working procedures will be compiled and updated by the relevant departments and employees will be accordingly informed.
4. The Employer will ensure strict adherence to safe working procedures.
5. Universal precautions should always be practiced.
6. Employers will provide the necessary Personal Protective Equipment in accordance with the identified risk. Personal Protective Equipment must always be worn as indicated and employee must not perform identified tasks without it.
7. Employee with a risk of exposure to Hepatitis B will be vaccinated against Hepatitis B and will receive a booster every five years.
8. The relevant Department should report all incidents of possible occupational exposure to HIV and Hepatitis B in the prescribed manner, as an injury on duty.
9. Occupational Health and Safety and the relevant Department will investigate all incidents and the relevant Department must implement corrective actions as necessary.

MANAGEMENT OF EMPLOYEES EXPOSED TO BLOOD OR OTHER BODY FLUIDS

1. Employees exposed to blood and other body fluids through broken skin or mucous membranes should immediately, or preferably within one hour, report to the designated Occupational Health Clinic. They should not continue normal work or complete their shift, except in case of emergencies. After clinic hours an after hour contact person will be available.
2. Pre-test counselling will be done and informed consent will be obtained before HIV and Hepatitis B antigen and antibody testing.
3. Every effort should be made to establish the HIV and Hepatitis B status of the source. Should the source refuse or not be available, the employee should submit a signed statement to that effect to his/her supervisor.
4. Post-test counselling will be done after receiving the laboratory results.
5. Depending on blood results and risk of infection the appropriate prophylactic treatment will be determined. Prophylactic treatment will be in line with the latest nationally accepted prophylactic guidelines and regularly updated.
6. Exposed employees will be fully informed on further case management, including risk of infection, side effects and toxicity of prophylactic treatment and follow up blood tests.
7. Employees will have a choice of accepting the offered prophylactic treatment or not and must indicate their choice in writing.

8. The employer (Occupational Health) is responsible for all costs concerning blood tests and prophylactic treatment.

9. Strict confidentiality shall be maintained regarding information of employee and source test results.

10. Should an employee contract occupation related HIV or Hepatitis B the case will be reported to the Compensation Commissioner for consideration and decision. Until the Compensation Commissioner has approved the claim the employee is legally responsible for all treatment costs. (Excluding cost mentioned in 8) Re-imbursement of costs will be done once claim has been approved.

11. To ensure effective case management employees must strictly adhere to the instructions of Occupational Health e.g. follow-up evaluations.