(a) Only the Compensation Commissioner shall decide whether liability in respect of an accident should be accepted in terms of the provisions of the Act.

(b) If liability is not accepted by the Compensation Commissioner medical expenses cannot be paid from the Compensation Fund.

(c) Medical practitioners/chiropractors are referred to the introduction to the handbook issued by the Compensation Commissioner especially paragraphs 4 and 5 in regard to medical reports which are required.

(d) The FIRST MEDICAL REPORT (W.C.L. 4) must be completed in duplicate and care must be taken to ensure that the full names of the employee and employer as shown on this form, appear thereon. The original must be sent to the employer as soon as possible while the duplicate must be kept by the medical practitioner/chiropractor or hospital together with this form.

(e) The medical practitioner/chiropractor or hospital must send a specified account to the employer. If the account is still unpaid after 2 months this form together with the duplicate FIRST MEDICAL REPORT (W.C.L. 4) and specified account must be sent under cover of an Enquiry Regarding Unpaid Account (W.C.L. 20) to

THE COMPENSATION COMMISSIONER

P.O. BOX 955 PRETORIA

0001 TELEPHONE (012) 319-9111

FAX: (012) 325-8627

(012) 325-6686

(012) 325-7889
CHOICE OF DOCTOR: INJURY ON DUTY BY EMPLOYEES OF THE DEPARTMENT OF HEALTH IN THE FREE STATE

An employee is permitted to choose freely his own doctor, and no interference with this privilege is permitted as long as it is exercised reasonably and without prejudice to the employee himself or the Compensation Fund. As an employee of the Department of Health, are you aware that you are entitled to free medical treatment if treated by full-time/part-time medical staff of a District or Regional Hospital? (As set out in the Provincial Gazette Free State Province, No. 25 of Friday, 14 April 2000, Provincial Notice No. 50, regulation 8(1)(g)(ii).)

I the undersigned (full names) ____________________________
prefer to be treated by

(a) Full-time Medical Officer ____________________________
(That is employed by a District or Regional Hospital)
(b) Part-time Medical Officer ____________________________
(Medical Officer in the private sector who does sessions at the hospital and is therefore remunerated by the Department)
(c) My Private Doctor ____________________________

Signed at ____________________________ on this day of ____________________________ at ____________________________ (time) for

a consultation at the hospital/doctor’s consulting room ____________________________

NB. The employee must also append his signature against the choice he has made and this form must be submitted to the particular doctor by the employee together with page 1 (part B) of the W.C.L.2 (during the first consultation if possible).

DECLARATION BY EMPLOYER

1. In what capacity did the doctor treat this employee: As a Full-time/Part-time or Private Doctor, as a Specialist/General Practitioner.

2. The employee’s admission category, if he received treatment at a District/Regional Hospital is H4 Hospital Patient/Private Patient.

IMPORTANT

.................................
Signature of employer or his authorised representative

.................................
Signature of doctor who treated patient

Needle Pricks\cir\30.01.2001\cbv7
**FINAL/PROGRESS MEDICAL REPORT AND ACCOUNT i.r.o. AN ACCIDENT**

(Delete which is not applicable)

<table>
<thead>
<tr>
<th>Surname of employee</th>
<th>Christian names</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>(BLOCK LETTERS)</td>
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</table>

<table>
<thead>
<tr>
<th>Name of employer</th>
<th>Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of accident</th>
</tr>
</thead>
</table>

1. Describe any operation(s)/procedure(s)/test(s) carried out and date(s):

2. Prognosis and further treatment:

3. (a) From what date has the employee been fit for his normal work?

   or

(b) On what date is he likely to be fit for his normal work?

4. Has the employee's condition become stabilised?

   If so, describe in detail any present permanent anatomical defect and/or impairment of function as a result of the accident:

<table>
<thead>
<tr>
<th>Description of service</th>
<th>Place and dates of treatment or visits</th>
<th>Item of Tariff</th>
<th>R</th>
<th>c</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Account in respect of consultation(s) and/or procedure(s)**

Your Account No. .................................. Pr. No. ..................................

I certify that I have by examination, satisfied myself that the injury(ies)/condition of the employee is the result of the accident as described above.

Date (important) ..................................

Name (printed) ..................................

Registered address ..................................

Signature of medical practitioner/chiropractor

NB: Progress reports must be submitted on a monthly basis to the Compensation Commissioner or mutual association or employer individually liable as the case may be until the employee's condition has become stabilised when a final medical report should be submitted.
**COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993**  
(Previously the Workmen's Compensation Act, 1941)  
**WET OP VERGOEDING VIR BEROEPBESERINGS EN -SIEKTES, 1993**  
(Voorheen die Ongevalswet, 1941)

**RESUMPTION REPORT • HERVATTINGSVERSLAG**

This form must be completed and submitted by the employer immediately the employee resumes work or if discharged by himself immediately thereafter.

Hierdie vorm moet deur die werkgever ingevul en sonder versuiw ingediend word sodra die werknemer diens hervat het of indien afgedank, direk na sodanige afdanking.

<table>
<thead>
<tr>
<th>Employee: Werknemer:</th>
<th>ID No.:</th>
</tr>
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<tbody>
<tr>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer: Werkgewer:</th>
<th>Personnel No.:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Address: Adres:</th>
<th>Postal code: Poskode:</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of accident: Datum van ongeval:</th>
<th>From/Vanaf</th>
<th>To/Tot</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Time Tyd</th>
<th>Date</th>
<th>Time Tyd</th>
</tr>
</thead>
</table>

1. State the period(s) the employee was off duty as a result of the accident.  
[PERIOD(S) OF WORK]

<table>
<thead>
<tr>
<th>[PERIOD(S) BACK AT WORK]</th>
<th>From/Vanaf</th>
<th>To/Tot</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Time Tyd</th>
<th>Date</th>
<th>Time Tyd</th>
</tr>
</thead>
</table>

1. Noem tydperk(e) van afwesigheid van diens van werknemer as gevolg van die ongeval.  
[TYDPERK(E) AFWESIG VAN DIENS]

2. Het hy vir enige tydperk na die ongeval maar voor die hervattingsdatum in vraag gestel, werk hervat? Indien wel, melt die skaal van verdienste en verduidelik omstandighede indien op:  
(a) Ligte werk  
(b) Normale werk  
[TYDPERK(E) TERUG BY WERK]

3. When did the employee resume work with you permanently subsequent to the accident?  
Wanneer het die werknemer permanent diens by u hervat na die ongeval?

The employee's present address is  
Die werknemer se huidige adres is:

6. Did he in your opinion resume work at the earliest date he was able to do so?  
Het hy na u mening werk op die vroeeste datum hervat nadat hy daaroor in staat was?

7. Have you made any payments in respect of his earnings to him for the period(s) mentioned in paragraph 1 above?  
Maak jy enige betaling(e) ten opsigte van sy verdienste aan hom gemaak gedurende die tydperk(e) in paragraaf 1 hierbo genoem?

8. Did the employee receive free food and/or quarters from you during the period(s) mentioned in paragraph 1 above?  
If so, state period(s) hereunder at paragraphs (a) and/or (b).

Het die werknemer gratis kos en/of huisvesting van u ontvang gedurende die tydperk(e) in paragraaf 1 hierbo genoem?

(a) Food: Kos:  
(b) Quarters: Huisvesting:

<table>
<thead>
<tr>
<th>Period</th>
<th>From</th>
<th>To</th>
<th>Period</th>
<th>From</th>
<th>To</th>
<th>Period</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
</table>

9. Period detained in hospital:  
Tydperk van verblyf in hospitaal:

<table>
<thead>
<tr>
<th>From</th>
<th>Vanaf</th>
<th>To</th>
</tr>
</thead>
</table>

I hereby declare that the particulars furnished in the foregoing report are true and correct.

Hierby verklaar ek dat die boesemanehede in die voorgaande verslag waar

[Signature]  
Employer/Werkgewer

Date: Datum:
1. WERKNEMER — EMPLOYEE:

Van/Surname
Voornaam/First names
Identiteitsnummer/Identity Number
Personeelnommer/Personnel Number
Woonadres/Residential address
Postcode/Postal Code
Geboortedatum/Date of birth
Geslag/Sex
Getrouwd of ongetrouwd/Married or Single
Beroep/Occupation

2. WERKGEWER — EMPLOYER:

(i) Naam van werkgewer in wie se diens die ongeval plaasgevind het
Name of employer in who's service the accident occurred

(ii) Adres/Address
Postcode/Postal Code

3. ONGEVAL — ACCIDENT:

(i) Wanneer en waar het die ongeval plaasgevind?
When and where did the accident occur?

(ii) Wat het die werknemer op daardie tydspan gedaan en hoe het die ongeval plaasgevind?
What was the employee doing at the time and how did the accident occur?

Gee 'n volledige beskrywing van die aard en omvang van die besering/Describe in detail the nature and extent of the injury

(iv) Het iemand die ongeval sien gebeur? Indien ja, meld:
Did anybody see the accident happen? If so, specify:

Naam/Name
Adres/Address

4. WERKNEMER SE VERDIENSTE TEN TJEDE VAN DIE ONGEVAL — THE EMPLOYEE'S EARNINGS AT THE TIME OF ACCIDENT

<table>
<thead>
<tr>
<th>Per week R</th>
<th>Per maand R</th>
</tr>
</thead>
</table>

Bruto kontantverdiens (Insolutede gemiddelde coryd en/of kommissiebetaalings van gereelde aard/Gross cash earnings (including average overtime and/or commission of a regular nature)

Toelaas van gereelde aard/Allowance of a regular nature

(a) Bonussé (bv. 13de lek)/Bonuses (e.g. 13th cheque)
(b) Ander (spesifiseer)/Other (specify)

Kontantwaarde van huisvesting/Cash value of quarters
Kontantwaarde van voedsel/Cash value of food
**WET OP VERGOEDING VIR BEROEFSBESERING EN -SIEKTES, 1993**
(Voorheen Ongevallewet, 1941) rev 1999
[Artikel 74(1) Reëls, Vorms en Besonderhede van die Vergoedingskommissaries - Aanhangsel 20(1)]

**EERSTE GENEESKUNDIGE VERSLAG EN REKENING t.o.v. 'N ONGEVAL**

<table>
<thead>
<tr>
<th>Werknemer se Van:</th>
<th>...........................................</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voornam:</td>
<td>...........................................</td>
</tr>
<tr>
<td>Adres:</td>
<td>...........................................</td>
</tr>
<tr>
<td></td>
<td>Poskod:</td>
</tr>
<tr>
<td>Werkgewer:</td>
<td>...........................................</td>
</tr>
<tr>
<td>Adres:</td>
<td>...........................................</td>
</tr>
<tr>
<td></td>
<td>Poskod:</td>
</tr>
</tbody>
</table>

1. Datum van Ongeval: ........................................... Datum van u eerste konsultasie: ...........................................
2. Hoe het die beweerde ongeval gebeur? ...........................................
3. Volledige kliniese beskrywing van alle beserings (nie simptome, tekens of syndrome nie): ...........................................
4.] Beskryf noukeurig enige voorafbestaande beserings of gebrek: ...........................................
5. X-Straal: Datum: ........................................... Deur wie: ...........................................
   (Dit verslag aan indien beskikbaar)
6. Chirurgie of Redeksie: Datum: ........................................... Deur wie: ...........................................
   Kort beskrywing: ...........................................
8. (a) Konsultasie: Ja/Nee Met wie: ........................................... Datum: ...........................................
   (b) Is fisioterapie voorgeskryf? Ja/Nee Fisioterapeut: ...........................................
9. (a) Is werknemer ongeskik vir werk? Ja/Nee ...........................................
   Moontlike datum geskik: ........................................... Normale diens: ...........................................

**Rekening ten opsigte van eerste konsultasie en/of procedure(s)**

<table>
<thead>
<tr>
<th>Rekening No.</th>
<th>PR. No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Beskrywing van diens</th>
<th>Plek en datum van behandeling of besoek</th>
<th>Item in Tarief</th>
<th>R</th>
<th>c</th>
</tr>
</thead>
</table>

Ek sertifiseer dat ek deur ondersoek my daarvan oortuig het dat die besering(s) van die werknemer die gevolg van die ongeval soos hierbo beskrywe is.

Datum (belangrik): ...........................................

Handtekening van geneesheer/chiropraktiag

Naam in drukskrif: ...........................................

Geregistreerde adres: ...........................................

**N.B.: Hierdie verslag moet binne 14 dae vanaf datum van eerste konsultasie aan die werknemer oorhandig of aan die werkgewer gestuur word.**
**Stuur afsonderlike rekenings vir verdere dienste.**
VERKLARING BESERING AAN DIENS / DECLARATION INJURY ON DUTY

Ek, die ondergetekende (volle name) / I, the undersigned (full names)

verklaar hiermee / declare hereby:

Ek is woonlig te (huisadres) / I stay at (home address)

en is in diens van die Vrystaat Provinsiale Administrasie te Bethlehem (naam van instelling) / and I am in the service of the Free State Provincial Administration at Bethlehem (name of institution)

as (rang) / as (rank)

Afdeling / Section... Op (datum waarop geval) / On (date of injury)

Om ongeveer (tyd) / at about (time)... toek en diens was hy (plek van ongeval) /

While I was on duty at (place of injury)

Het ek 'n beserling soos hieronder uiteengezet opgedoen in die teenwoordigheid van (naam en adres van getuie) / I have injured myself as indicated below in the presence of (name and address of witness)

(Volledige beskrywing van wat die heempie teen tyd van die ongeval gedaan het, korrekte besonderhede van hoe dit plaasgevind het en watter liggaamsdeel beser is.)

(Full description of the injury, the circumstances under which the injury occurred and which part of his/her body was injured.)

HANDETEKENING / KRUIS / REGTERDUIMAFDRUK

SIGNATURE / CROSS / RIGHT THUMB PRINT

PLEK / PLACE:

DATUM / DATE:
**DIHLABENG REGIONAL HOSPITAL**

<table>
<thead>
<tr>
<th>Policy originated:</th>
<th>Health and Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of policy:</td>
<td>Handling of Needle Pricks</td>
</tr>
<tr>
<td>Number of policy:</td>
<td>HS 12</td>
</tr>
<tr>
<td>Controlled by:</td>
<td>Me. AC van Zyl</td>
</tr>
<tr>
<td>Authorised by:</td>
<td>Mr. BJ Oliphant</td>
</tr>
<tr>
<td>Date:</td>
<td>November 2004</td>
</tr>
<tr>
<td>Next review date:</td>
<td>November 2006</td>
</tr>
<tr>
<td>Policy revised</td>
<td>Reviewed with changes</td>
</tr>
<tr>
<td>Reviewed by</td>
<td>Me. AC van Zyl</td>
</tr>
<tr>
<td>Signature</td>
<td>Indicate previous number</td>
</tr>
<tr>
<td>Authorized by</td>
<td>Mr. BJ Oliphant</td>
</tr>
<tr>
<td>Signature</td>
<td>Indicate previous name</td>
</tr>
<tr>
<td>Date</td>
<td>November 2006</td>
</tr>
<tr>
<td>Next review date</td>
<td>November 2008</td>
</tr>
<tr>
<td>Policy revised</td>
<td>Reviewed with changes</td>
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<tr>
<td>Reviewed by</td>
<td>Me. AC van Zyl</td>
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<td>Mr. BJ Oliphant</td>
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<tr>
<td>Signature</td>
<td>Indicate previous name</td>
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<tr>
<td>Date</td>
<td>November 2008</td>
</tr>
<tr>
<td>Next review date</td>
<td>November 2010</td>
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</tbody>
</table>

This policy must be read in conjunction with all other relevant policies/ regulations and guidelines that guide the Handling of Needle Pricks

**HANDLING OF NEEDLE PRICKS**

**Scope (Structure standards):** This policy is applicable to all health care workers in the institution.

**Policy Statement:** All Health Care Workers in Dihlabeng Regional Hospital will adhere to standards set in this policy.

**Reference:**

- Health Services North West of July 1997.
- National Policy for Health Act, 1990 (Act No 116 of 1990)
- Health Human Resource Circular No 26 of 2001
- Compensation for Occupational Injuries and Diseases Act, 1993 (Act No 130 of 1993)
- Health Circular No 14 of 1999
- Health Human Resource Circular No 27 of 2001
- In-Service Training document from Department of Health, Personnel Maintenance Sub-Directorate on “Introduction to Injuries on Duty” by Injuries on Duty Section – Personnel.

**Purpose: (Outcome standards)**

- To ensure reporting of all needle pricks is done for monitoring purposes.
- To improve precautionary measures in place.

1. **Procedure: (Process standards)**

All needle pricks must be reported immediately and handled according to the following procedure:

- Inform your supervisor, who will inform the Operational Manager of the unit or on call.
- Complete WCL via Casualty personnel or Occupational Health Nurse, SPN Greylng Y, extension 2182; Short Code 6727.
- WCL forms shall be completed in duplicate (all particulars as requested on the forms).
These forms are available at the Personnel Office and in Casualty, should be handed in at Personnel Office within seven days. (Example of forms attached to the formal policy guideline in the unit's file).

✓ Immediately after the injury apply precaution guidelines according to the procedure, as follows:

- Let the area bleed as much as possible, while keeping it under clean running cold water.
- Rinse the area (finger) in solution of Biocide D, visit Casualty or Occupational Personnel.

✓ Obtain blood from the employee and patient involved to be tested for HIV, and send to the laboratory, after proper counseling of both parties.

✓ Blood test shall be repeated after six weeks and six months after the injury.

✓ If the services of the hospital's laboratory are utilised, the costs will be borne by the institution, if the test of the employee is negative (Circ. 3 of '99). Expenses incurred by employee with a private doctor, hospital or laboratory will not be borne by the Department.

✓ A file has to be opened, which will remain in the possession of the institution, even if the employee were to leave the service. All documents must be stored for an indefinite period of time.

- Should the employee be transferred from one institution to another, the institution may use its own discretion to decide at what stage the documentation regarding the insured employee has been finalised to such an extent, that it can be forwarded to the present regional office/institution for further attention.
- No prophylactic treatment is payable by the Compensation Commissioner of Department of Health.

If zero conversion occurs, the claim should be lodged with all applicable documentation to support the employee's claim, and when the claim has been accepted, will be paid, as well as reasonable costs in respect of treatment, in terms of Compensation for Occupational Injuries and Diseases Act, 1993, and will therefore instruct this Department to accept liability for payment thereof.

If and when an employee becomes permanently unable to work, a percentage of permanent disablement will be determined by the Compensation Commissioner that could be a monthly pension payable up to death.

2. General

Remember to take the necessary precautionary measurements to prevent needle pricks, namely:

- Avoid recap of needles after use.
- Dispose needles and syringes in the relevant waste containers.
- Wear protective clothing – gloves, goggles when you have to deal with blood and/or body fluids that is excessive as well as when drawing blood or performing certain procedures.
- **DO NOT DISCARD NEEDLES IN ORDINARY WASTE BINS** – even if it is taken off intravenous infusions or with containers of intra-venous antibiotics.
- Remember, you are responsible for your own health and safety in the workplace!
FREE STATE PROVINCIAL GOVERNMENT

Health

TO ALL HEADS OF OFFICES AND INSTITUTIONS OF THE DEPARTMENT OF HEALTH IN THE FREE STATE

HEALTH HUMAN RESOURCE CIRCULAR NO. ...26.... OF 2001

GENERAL INFORMATION AS WELL AS PROCEDURES THAT SHOULD BE FOLLOWED WITH REGARD TO NEEDLE PRICKS

The above-mentioned circular is attached for your information. Kindly bring its contents to the attention of all staff concerned.

HEAD: HEALTH Mr. C. Gardner (Director H-R)

Date: 6 / 4 / 2001
GENERAL INFORMATION AS WELL AS PROCEDURES THAT SHOULD BE FOLLOWED WITH REGARD TO NEEDLE PRICKS (Read with Health Circular No. 3 of 1999: Implementation of policy on occupational exposure to HIV and post exposure prophylaxis)

1. Needle pricks

1.1 All needle pricks must be reported immediately in the prescribed manner. (See paragraph 2.1.)

1.2 The HIV status of the employee as well as that of the contact person should be ascertained immediately or within 24 hours after exposure. The employee should be re-tested as is necessary after that to confirm seroconversion within a reasonable, probable period.

1.3 Approval has been given to District and Regional Hospitals to bear the cost of laboratory tests if they are done by the laboratory of the hospital or a laboratory which has a contract with the hospital. The above said circular should be consulted with regard to treatment.

1.4 Expenses incurred by employees with a private doctor, hospital or laboratory will therefore not be borne by this Department.

1.5 No prophylactic treatment is ever payable by the Compensation Commissioner or Department of Health. If seroconversion occurs the claim should be lodged with all applicable documentation to support the employee’s claim. When the claim has been accepted, costs for tests, etc. will be reimbursed and reasonable costs in respect of treatment will be paid. Please take note that the Compensation Commissioner only decides whether the cost of any treatment is reasonable in terms of the Compensation for Occupational Injuries and Diseases Act, 1993 and will therefore instruct this Department to accept liability for the payment thereof.

1.6 If and when an employee becomes permanently unable to do any work, a percentage of permanent disablement will be determined by the Compensation Commissioner, which could be a monthly pension payable up to death.
2.2 All documents must be submitted in duplicate – the original and one copy.

2.3 The employer must complete form W.C.L.1 Employer's Report Of An Occupational Disease, in detail.

On page two of the form W.C.L.1, the registered name must be furnished to the Compensation Commissioner as follows: FS Provincial Administration, Department of Health, P.O. Box 227, Bloemfontein 9300 and the registration number allocated by the Compensation Commissioner, 1183/659/005x.

With regard to diseases the form W.C.L.1 must be completed and signed immediately and a copy sent with the employee to the doctor or hospital without delay, so that the doctor may fill in the form, First Medical Report in respect of a Disease (W.C.L.22) and sent it to the employer.

The advantage of the above procedure is that the hospital or doctor is not dependent on the information obtained from the injured employee, but gets the basic details required from the employer himself. This will eliminate wrong spellings of names which may cause confusion in the Office of the Compensation Commissioner or that accounts are sent to the wrong address.

The person who signs the "DECLARATION BY EMPLOYER OR AUTHORISED PERSON" which is at the top of page 2 of the W.C.L.1 must indicate his/her name in print. Take note that the responsibility for the completion of the W.C.L. forms is that of the supervisor and not of the employee.

2.4 Form W.C.L.1 together with the form, Claim for Compensation (W.C.L.14) and the First Medical Report (form W.C.L.22) must be submitted without delay and not held back until the employee's condition has stabilised and he/she had resumed duty. In cases of long absence a Progress Medical Report (W.C.L.26) must be obtained and submitted monthly. As soon as the employee has resumed duty, a Resumption Report (form W.C.L.6), and sick leave application must be completed and submitted together with a Final Medical Report (form W.C.L.26) or a further Progress Medical Report. In cases of absence of long duration the leave form and the Resumption Report must be submitted monthly until the employee resumes duty.
1.7 Section 68 of the Compensation for Occupational Injuries and Diseases Act of 1993 (Act 130 of 1993) stipulates, among others:

That an employer shall within 14 days after having so received notice or having learned in some other way that an employee has contracted a disease referred to in Section 65(1), report such disease in the prescribed manner to the Commissioner or mutual association concerned, as the case may be, irrespective of whether he may be of the opinion that the employee did not contract such disease in his employ. An employer who fails to comply with these instructions shall be guilty of an offence.

In order for the Occupational Injuries and Diseases Section to comply with the instructions as prescribed in Section 68 of the Act, it is imperative for reports to be submitted immediately to this Section as to ensure that it will reach the Compensation Commissioner within 14 days.

1.8 Section 65 of the Compensation for Occupational Injuries and Diseases Act of 1993 (Act 130 of 1993) stipulates, among others:

(1) That subject to provisions of this Chapter, an employee shall be entitled to the compensation provided for and prescribed in this Act if it is proved to the satisfaction of the Director-General that the employee has contracted a disease that has arisen out of and in the course of his or her employment.

(4) Subject to Section 66, a right to benefits in terms of this Chapter shall lapse if any disease is not brought to the attention of the Commissioner or the employer or mutual association concerned, as the case may be, within 12 months from the commencement of that disease.

(5) For the purposes of this Act the commencement of a disease referred to in this section shall be deemed to be the date on which a medical practitioner diagnosed that disease for the first time or such earlier date as the Director-General may determine if it is more favourable to the employer.

2. PROCEDURE WHEN REPORTING A NEEDLE PRICK

2.1 In all circumstances use the prescribed covering letter (Annexure 1) when dispatching documents.
2.5 The employee has a free choice of doctor and only the form pertaining to the choice of doctor furnished by the Occupational Injuries and Diseases Section (Annexure 2) shall be accepted.

2.6 Section 40 of the Compensation for Occupational Injuries and Diseases Act of 1993 (Act 130 of 1993) stipulates, among others:

that an employer who fails to submit such further details of an accident/injury or such further facts of which he/she has knowledge, which the Commissioner may require to enable him to decide upon any claim or liability in terms of this Act, is guilty of an offence and may the Compensation Commissioner refuse to adjudicate on the claim of an employee who fails to furnish such further particulars as the Commissioner may require.

2.7 The forms that must be completed in respect of occupational injuries/diseases are not provided by this Directorate and it is the responsibility of each institution to either telephonically (012-3199111 – store division) or in writing request them directly from the Compensation Commissioner. (Relevant forms: W.C.L. 1, 6, 14, 32, 69 and the Travelling Questionnaire—all other W.C.L. forms will be provided either by the doctor or the Compensation Commissioner.)
FREE STATE PROVINCIAL GOVERNMENT

Health

PERSONNEL OFFICE: BETHLEHEM REGIONAL HOSPITAL: PRIVATE BAG X,3 BETHLEHEM 9700:
TEL (058) 3035331 ......FAX 058 3034592

Director: Human Resources
Occupational Injuries and Diseases Section
P.O. Box 227
BLOEMFONTEIN 9300

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT,
1993 (ACT NO. 130 OF 1993)

EMPLOYEE: ..........................................................

DATE OF INJURY/DISEASE: .....................................

YOUR REFERENCE: ..............................................

1. The following duplicate documents in connection with the above-mentioned injury/disease are attached:

   (a) [ ] W.CL.2/W.CL.1 Employer's Report .....................................................
   (b) [ ] W.CL.3/W.CL.14 Claim for Compensation ...........................................
   (c) [ ] W.CL.4/W.CL.22 First Medical Report ..............................................
   (d) [ ] W.CL.5/W.CL.26 (Progress) Medical Report .......................................
   (e) [ ] W.CL.5/W.CL.26 (Final) Medical Report ...........................................
   (f) [ ] W.CL.6 Resumption Report ...........................................................
   (g) [ ] Radiology Report ...........................................................................
   (h) [ ] Clinical description ........................................................................
   (i) [ ] Statement of employee/witness/supervisor ......................................
   (j) [ ] Others ..........................................................................................
   (k) [ ] Z1 Leave form ...............................................................................  
   (l) [ ] Choice of doctor ............................................................................

2. REMARKS:

   ........................................................................................................
   ........................................................................................................
   ........................................................................................................

PERSONNEL OFFICE
Date: ..........................................................
PERIODIC MEDICAL EXAMINATION

Scope (Structure standards): This policy is applicable to all high risk/vulnerable employees, supervisors, members of Health and Safety Committee/Representatives and Human Resource Department personnel.

Policy Statement:

All employees, supervisors, will adhere to guidelines set in this policy.

Reference:

• Draft by Dr W H Kruger
• Occupational Health and Safety Act, 1993 (Act No 85 of 1993)
• Occupational Services for Health Care Workers in the National Health Service of South Africa – May 2002.
• Occupational Health Service at Dihlabeng Regional Hospital – HS 15

Purpose: (Outcome standards)

• To provide appropriate and effective medical surveillance and screening services for all employees, exposed to hazardous agents or conditions, which forms part of their daily work activities.
• To emphasise responsibility requirements and procedures for obtaining medical examinations for these individuals who require medical surveillance.
Procedure: (Process standards)

1. Responsibilities

1.1 Supervisors should:

- Assist with the review process of the employee’s work activities to determine whether the potential for exposure to hazardous agents or conditions may be present.
- Ensure that all eligible employees participate in Dihlabeng Regional Hospital’s occupational health periodic examination- and surveillance programs.
- Ensure that the Occupational Health Service is notified as soon as possible when an employee has resigned/ been transferred from Dihlabeng Regional Hospital so that an exit examination can be scheduled prior to the last day of service.

1.2 Employees should:

- Ensure that the necessary medical pre-placement forms are completed and submitted to the Human Resources and Occupational Health Service.
- Ensure he/she keep scheduled appointment(s) for medical examination and surveillance services at the Occupational Health Service, or as determined by the Occupational Health Nurse at Dihlabeng Regional Hospital.

1.3 Health and Safety Committee/representatives should

- Assist with the information on periodic examinations, co-ordination as well as the scheduling of necessary examinations with the employee.
- Assist the supervisors in the workplaces as well as the employees in the assessment of work activities for potentially hazardous exposures
- Assist with the determination of the employee’s eligibility and requirements for occupational health examinations.

1.4 Human Resources Department should:

1.4.1 Provide notification to the Health and Safety Committee as well as the Occupational Health Service on all newly appointed employees and other personnel acquisitions.

1.5 The Occupational Health Service should:

- Determine the medical examination/s and surveillance services at the Occupational Health Service for certain categories of staff based on risk assessment results as well as policies and procedures received from the Provincial Occupational Health Unit – Free State Province.
- Ensure equipment is available to perform necessary medical examinations.
- Schedule the appointment(s) for medical examination and surveillance services at the Occupational Health Service for the eligible staff members.
- Make bookings for employees if special examinations are indicated and/or examination where specialised equipment is needed.

2. Medical Examination Eligibility

2.1 Employees in the following occupational groups should be provided initial and periodic occupational health examinations as determined by the Occupational Health Service:
Motor vehicles drivers
Radiation workers
Staff members exposed to cyto-toxic medication
Any staff members identified in a work place if a risk assessment was performed and a risk/exposure to a hazard is indicated.

2.2 The following groups are excluded from mandatory occupational health examinations:

All administrative and clerical personnel

3. Medical Examination Content and Frequency

3.1 Occupational Health examinations should be in line with the job that should be performed and the risk identified. If periodic medical examinations are indicated, it could consist of the following elements:

- Comprehensive medical and personal habits history
- Previous occupational exposure history
- Complete physical examination
- Special examinations such as urine-analysis, blood chemistry, audiometric examination, vision screening, immunologic history and tests only as indicated.
- Special diagnostic test (e.g. pulmonary function, chest x-ray, urinary or sputum cytology, cholinesterase, blood lead, etc.), as indicated by the individual's work activities, medical or occupational history as indicated
- Inoculations (e.g. tetanus toxoid, hepatitis B), as indicated.

3.2 Initial and periodic occupational health examinations should be provided at intervals of 12 to 18 months based on literature studies an/or policies and procedures

4. Special Evaluations and Conditions

4.1 Employees are encouraged to report all suspected work related injuries and illnesses according to formal Dihlabeng Regional Hospital's policies and procedures.

4.2 Accidental exposure incidents will be evaluated to determine the need for medical follow-up or health surveillance. In some cases, as in the risk of hepatitis B from contact with potentially infectious human tissues or fluids, prompt post-exposure follow-up can be instrumental in preventing the onset of disease.

4.3 Any female employee, expecting or upon learning of their pregnancy, should inform her immediate supervisor. The Occupational Health Service should survey the normal working areas of that female employee for potential occupational hazards. Together with the supervisor, a mutually agreed upon work schedule for the female employee will be established for the duration of the pregnancy. The female employee should, in turn, inform her personal physician of workplace conditions and limitations so that proper medical surveillance may be instituted.

4.4 Female radiation workers who become pregnant should also consult the policy and procedures on the Radiation Safety and Pregnancy.
4.5 Personnel intending to have children within a specified time frame, may request the Health and Safety Committee or Occupational Health Service to evaluate normal working areas and duties for potential reproductive hazards.

4.6 Where, as part of the normal work routines, heavy lifting or moving is required, a pre-existing back condition should in most cases preclude an individual’s placement in these jobs or areas.

5. Maintenance of Records

5.1 All records of occupational health examinations should be retained in the Occupational Health Service of Dihlabeng Regional Hospital.

5.2 Employee medical records must be kept in secured locations that are physically separate from other personnel records. Any other employees’ information should be kept in the Human Resource Department (personnel files).

5.3 All employees’ information in the Occupational Health Service is confidential and all the relevant legislation as well as policies and procedures regarding the confidentiality of information in Dihlabeng Regional Hospital are applicable.

5.4 Employees may request access to their own medical records maintained by Dihlabeng Regional Hospital. Access will be provided according the requirements of the Human Resources Department and the Occupational Health & Safety Act (No 85, 1993)
Medical Screening and Surveillance Guideline Document

Background

Many occupational health problems can be prevented or their effects minimized if identified early. However, occupational medical examinations are preventive only if the workers at risk are properly identified and appropriately evaluated, and the results are used to modify exposure through work practices, process changes, engineering controls, administrative controls, personal protective equipment, or worker placement.

Medical screening is a valuable tool for secondary prevention in the workplace. Screening can detect disease or dysfunction before medical care would ordinarily be sought. Screening tests are administered to asymptomatic persons who are at risk for certain diseases or adverse health outcomes. Screening has a clinical focus, and its fundamental purpose is early diagnosis and treatment of the person. Medical screening provides an opportunity to identify new instances of occupational injury or illness, assess fitness for duty and evaluate the efficacy of personal protective measures.

Employee medical surveillance is an additional strategy for optimizing the health status of persons who work in settings where hazards exist. Medical surveillance involves a careful search for unexpected outcomes that might herald new or uncontrolled hazards in the workplace. It most often refers to the systematic collection, analysis and dissemination of health information on groups of workers.

Purpose

The purpose of this guideline is to provide minimum standards for medical surveillance programs and to help occupational health professionals and others recognize and evaluate health risks associated with specific workplace exposures.

The guideline provides health care professionals with information and references appropriate for developing occupational examination protocols for workers throughout the Department of Health (DoH).

Scope

This guideline is intended to assist occupational health practitioners in developing, performing, and interpreting the results of occupational medical examinations. The requirements in this Manual apply to all DoH health care workers.