WCCN Work Integrated Learning

Policy

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Author	**Position**	**Signature**	**Date**
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Approved by	**Position**	**Signature**	**Date**
College Senate	**Head of Academia**		**2018/08/05**

All Change requests should be submitted to WCCN

REVISION	TITLE OR BRIEF DESCRIPTION	ENTERED BY
2021/12/21	**Rebranding**	**Dr T M Bock**
2024/01/12	**Re-branding**	**Dr T M Bock**

SENATE PREAMBLE

This policy is to be applied from adoption hereof. This policy is by no means to be retrospectively applied and will only deal with the exam cycle, immediately prior to ratification of this policy.

Western Cape Government
FOR YOU

1. SCOPE

This Policy applies to all programs of the WCCN. The policy has been formulated to ensure that the theoretical and practical component of the course are well integrated, criteria are specific to develop Professional Practice and quality measurements are in place to ensure service delivery.

2. THE PURPOSE OF THIS POLICY

a) To ensure that workplace learning is meaningful and constructive.
b) To ensure that workplace learning is planned, implemented and evaluated
c) To ensure that all contact with the community is done so keeping in mind the institutions' vision and mission.
d) To provide a framework for collaboration between all stakeholders and the Western Cape Government Department of Health.

3. REFERENCES

- Western Cape Government Multi-lateral agreement
- MOU signed between Western Cape Government department of Health (Clinical Service Platform) and WCCN
- Indemnity policy
- Council on Higher Education: Work-Integrated Learning: Good Practice Guide
- Curriculum Development Policy
- Western Cape Government Policy on student placements in the clinical services of the Department of Health.

4. LEGISLATION

- Relevant Professional Bodies and Councils – The South African Nursing Council
- CHE (HEQC) (2013) The higher education qualifications sub-framework
- CHE (HEQC) Criteria for programme accreditation 2004
- South African Qualifications Authority
- Nursing Act, No. 33 of 2005 as amended
- Compensation for Occupational Injuries and Diseases Act
- Occupational Health and Safety Act, No. 85 of 1993 as amended

5. RELEVANT INSTITUTIONAL POLICIES & GUIDELINES

- Vision & Mission
- Assessment Policy and Procedure and rules for assessment
- Qualification Review Mechanism
- Student Academic Support
- WCCN student Impairment Policy
- Department of Health Uniform & Identification device Policy
- Department of Health Placement Policy
- Departmental Policy: Sexual Harassment (01/12/1999)
- Department of Health Code of Conduct
- National Department of Health Patients Right Charter
- Western Cape Department of Health Mission, Vision & Values
- Terms of reference Nursing Education and Training Advisory Committee
- Student Identification Devices Policy

- Student Transport Policy
- Quality Management Policy
- Library Access Policy
- Healthcare 2030

6. DEFINITIONS

6.1 Work Integrated Learning

Work integrated learning integrates academic learning with community based experiential learning that is structured, monitored, and assessed to meet the outcomes of the program. Develop/enhance strategies to reach the SANC requirement for **70% supervision in undergraduate clinical placement and 50% for Post Graduate students.** The 70% supervision for undergraduate students will be shared between established clinical training units/professionals in the clinical areas and clinical supervisors/lecturers from WCCN (50/20 principle)

6.2 Experiential Learning

It is a term to describe learning that has meaningful student involvement. It is learning through reflection.

6.3 Workplace Learning (WPL)

Workplace learning can be in the form of placements, job shadowing, professional practice and employment-based schemes. The model is integrated into the formal learning program. It is used for both learning and as a benchmark for practice.

6.4 Clinical Experiential placements

Clinical experiential placements are professional practice placements that are formally undertaken within higher educational institutes as part of professional body requirements.

7. PRINCIPLES WHICH THIS POLICY STRIVES TO UPHOLD

- Credibility
- Transparency
- Universal applicability
- Fairness

8. POLICY GUIDING PRINCIPLES

a) The type of work integrated placement should be appropriate with regard to the program level. (Certificate, diploma, or degree) and the relevant discipline or field.
b) An efficient Management information system must be in place to record and disseminate information about the course, keep adequate records about work placement and review placements for improvement.
c) Work integrated placement must form part of the institutional planning and resource allocation. It must meet the requirements of the Professional body, the student and other stakeholders.
d) The coordination of workplace learning should be done effectively and should include monitoring of infrastructure, communication and progress

9. POLICY PROVISIONS

All work placements across all qualifications and levels, should:

a) Be embedded in the curriculum
b) Be at the appropriate NQF level with the required credit allocation
c) Link work placements with learning outcomes of the program
d) Have written agreements with relevant stakeholders.

10. POLICY IMPLEMENTATION PLAN

10.1. Planning

The level of the student to be placed and the required learning outcomes will be considered. The professional bodies, curriculum developers and external stakeholders will be consulted and HEQF levels considered.

a) Student guides will be developed; outcomes will be clearly indicated to guide the students. These learning outcomes will ensure integration of theory and practical. These outcomes must include course outcomes, exit level outcomes.
b) Once outcomes have been planned and documented, assessment criteria and timeframes must be indicated.
c) Students must be orientated and prepared for workplace learning.
d) All Clinical facilities for work integrated learning will be accredited and will have formal agreements drawn up and signed.
e) All Health science and related students placed on the clinical platform must be duly registered with the relevant health statutory body in South Africa.
f) Students who are given access to the clinical platform are subjected to the Code of Conduct of the Provincial Government Western Cape Department of Health.

10.2 Implementation Phase

a) Students will report to relevant institutions once placement has been confirmed
b) Students' progress will be monitored by a Clinical supervisor, lecturers and professional nurses in the clinical facility. Record of all interventions will be kept.
c) Various types of assessments strategies will be used to monitor the progress of the students, including assignments, portfolio of evidence, projects. Continuous assessment of workplace learning will also take place according to identified criteria and the learning outcomes of the program.

10.3 Monitoring and Mentoring of students

a) Lecturers and Clinical supervisors will monitor the students in the workplace and ensure that all learning outcomes are met.
b) Students will also be guided and mentored by workplace supervisors.
c) Records of all contact sessions will be kept.

10.4 Reflection on Work Integrated learning

Students must be given an opportunity to reflect back on workplace learning

11. ROLES

a) The Teaching provider must assume responsibility for an effective data base and management information system.
b) All MOA's and MOU's must be administered and recorded.
c) All students should have insurance or indemnity

12. RESPONSIBILITIES

12.1 Faculty/Department/Facility

a) Building external partnerships
b) Ensuring the students sign a code of conduct before entering the workplace
c) Ensuring that student guides are in place
d) Engage with all relative parties with regard to the curriculum
e) Ensure students are placed, monitored and assessed to allow them to meet all the outcomes of the course.
f) Ensure all ethical considerations have been addressed.

12.2 Students

- Take responsibility for their own learning
- Report to appropriate institutions for workplace learning
- Attend orientation for work preparation
- Comply with health and safety regulations
- Communicate with relevant departmental heads
- Abide by ethical considerations
- Engage in responsible behaviour whilst participating in workplace learning.

13. RESOURCES REQUIRED

- Financial
- Human Resources
- Infrastructure

All Academic Departments, Clinical supervisor, Lecturers, and external stakeholders will be responsible for ensuring the implementation of this policy.

PLEASE REFER TO ANNEXURE 1: MEMORANDUM OF UNDERSTANDING BETWEEN DEPARTMENT OF HEALTH (CLINICAL PLACEMENT FORM) AND WESTERN CAPE COLLEGE OF NURSING.

Annexure 1

WESTERN CAPE COLLEGE OF NURSING / CAPE PENINSULA UNIVERSITY OF TECHNOLOGY

CLINICAL PLACEMENT HOURS SHEET RECORD

STUDENT NAME & SURNAME…… **STUDENT NUMBER**……

DATE	CLINICAL FACILITY	CLINICAL PLACEMENT AREA	TIME ON DUTY	TIME OFF DUTY	SIGNATURE OF STUDENT NURSE	SIGNATURE OF PERSON IN CHARGE	TOTAL NO. OF HOURS WORKED DURING WEEK	COMMENTS
WEEK 1								
WEEK 2								
WEEK 3								
WEEK 4								

ANNEXURE 2

COMMUNITY ENGAGEMENT AND WORK-INTEGRATED LEARNING

SERVICE-LEARNING

PLEASE PRINT LEGIBLY

INDEMNITY FORM

I the undersigned ……..… ……..

Student number ……... a …… year student at the Western Cape College of Nursing, (Department of Health) …… campus hereby indemnify the Department of Health from any claim for loss of, damages or injuries which I may incur as a result of my participation in the Community engagement and Service Learning Programme.

Signature of participant: …….. Identity number: ……

Date: …….. 2018 Place: ……

Witness 1 : …….. Date: ……2018

Witness 2 : …….. Date: …… 2018

17/04/2018

ANNEXURE 4

STUDENTS ON THE SERVICE PLATFORM

GLOSSARY OF TERMS

WCCN - Western CAPE College of Nursing
WCGH – Western Cape Government Health
HEI – Higher Education Institution
SANC – South African Nursing Council

WCCN Nursing students:

Do experiential learning in hospitals, community health centres, clinics, and other community-based health services of the Western Cape Government Health.

This document serves to propose a template for Annexure 4 of the Work Integrated Policy of WCCN in terms of students on the service platform. Each Higher Education Institution (HEI) may have some variations on specific approaches and procedures to the items on the table of contents below.

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14 STUDENT'S CODE OF CONDUCT; PROFESSIONAL BEHAVIOUR; DRESS CODE AND IDENTIFICATION DEVICES

This component of the document offers a guide to Professional Behaviour expected of Health Sciences Students (including usage of social media), who are given access to the service platform.

Students in the health sciences professions, doing clinical work are expected to act in accordance with the ethical norms laid down by the:

Statutory professional bodies with which students register, such as:

- **SANC** – the South African Nursing Council established by section 2 of the Nursing Act, 33 of 2005;

The intention is to encourage students to maintain high standards in their personal and professional lives and to strive to uphold, in their behaviour, the high esteem in which health professionals are viewed.

The SANC graduate attributes of: Communicators

- Collaborators
- Managers
- Health advocates
- Scholars and
- Professionals
- Patient Advocacy

Health Sciences Faculties and the Western Cape Health Government (WCHG) expect students to:

- Learn the knowledge and understanding of the scientific, philosophical, ethical and legal principles underlying the practice of patient centred care and demonstrate the ability to apply that knowledge and understanding to problem solving in the health care environment;
- Acquire the ability to work as an effective member of a health care team through understanding and respecting the roles of other health professionals and work collaboratively through appropriate interprofessional and interdisciplinary relationships in the interests of delivering a high level of patient care; and
- Be committed to forming appropriate partnerships with patients through respecting their cultural, ethnic, age, gender, sexual orientation and socioeconomic origins in order to optimise their health and the care they are offered.

The following areas of general behaviour, dress code, academic and clinical training, relationships with patients, relationships with colleagues, clinical practice and social media are presented as a guide in developing professional qualities.

14. 1 General behaviour

Students need to be aware that their behaviour outside the clinical environment, including in their personal lives impacts on both their clinical and academic work and may have an impact on the confidence that their patients and their teachers have in them and their fitness to practice. Students are expected to be polite, honest, compassionate and trustworthy and act with integrity. This includes being honest when conducting research, writing reports and logbooks, signing attendance registers and when completing and signing forms. Students need to be aware of plagiarism and report it when observed in others. Students need to be present and

punctual for all formally arranged learning opportunities and assessments or provide medical or other valid reasons for their absences.

14. 2 Dress Code

See Department of Health Uniform policy Circular 56 of 2017 attached. **If a student does not adhere to the dress code the services may prohibit the student entry into their facilities. They may ask a student to leave their premises immediately.**

14. 3 Academic and clinical training

Students need to take responsibility for their own learning and to maintain their learning and skills throughout their careers. This means that they need to keep up to date and practice as much as possible the skills that they are taught. Health sciences professionals learn through seeing procedures done, trying these skills under supervision or in a clinical skills laboratory and then practising the skills in a clinical environment under supervision until they are skilled enough to do these alone. Students are expected to gain as much clinical proficiency as they can.

Students are expected to:

- Attend all structured teaching and learning sessions (lectures, tutorials, clinics, ward rounds, after hours duties, laboratory sessions etc.);
- Complete all assignments and written work on time;
- Show respect for the knowledge and skills of their teachers and others involved in their learning;
- Behave with courtesy towards teachers, administrators and support staff;
- Reflect on the feedback they are given about their behaviour and performance and respond appropriately;
- Respond to communication, whether this be in connection with patient care or their own education; and
- Give constructive feedback on the quality of their learning and teaching.

14. 4 Department of Health Code of Conduct with Relationship with patients, fellow students, colleagues & stakeholders

See Provincial Department of Health Code of Conduct

14. 5 Clinical Practice

Being able to provide a high standard of clinical care is key to becoming a health professional.

Students are expected to:

- Recognise and work within the limits of their competence and ask for assistance when necessary;
- Be honest with patients and accurately represent their position as students;
- Ensure that they are appropriately supervised;
- Ensure that the treatment offered is based on clinical need;
- Be aware of scarce resources and not waste these;
- Maintain high standards of clinical practice;
- Raise concerns with the relevant authorities when clinical standards that could compromise patient or others safety are not upheld.

14. 6 Safe usage of wireless communication devices

See Provincial Department of Health Policy on the safe usage of wireless communication devices

14. 7 Social Media

See Provincial Department of Health policy on dealing with the media

14.8 Disciplinary measures on the service platform

See Provincial Department of Health Code of Conduct & WCCN student Disciplinary Code and

15 STUDENTS-STAFF RELATIONSHIPS

Students on the service platform should adhere to the SANC: Ethical Rules of Conduct & Department of Health Code of Conduct

Discrimination & Harassment Office

See Provincial Department of Health Sexual Harassment Policy

Recording & Monitoring of clinical hours

The recording of hours that cannot be verified by designated clinical supervisors and or delegated professionals will be seeing as fraud. Fraud been seen as a very serious transgression and will be manage according to the WCCN schedule of transgression. Students must complete time sheets according to quality management policy.

16 STUDENT REPORTING LINES AND GRIEVANCE PROCEDURES

Student reporting lines are to be well defined by WCCN in terms of academic needs but also in terms of support needs while on the service platform, which is the ambit of this section of the document. Professional standards and ethics should be upheld by WCCN. Students whom are aggrieved by unprofessional conduct or ethical dilemmas in the workplace should have platforms to channel and reflect such issues in a confidential space. Academic co-ordinators, lecturers, tutor-mentors, and class representatives should be aligned optimally by WCCN for student support. Please see Terms of Reference of Nursing Education and Training advisory committee.

17 STUDENT RESPONSIBILITY AT SITES

Lines of communication, responsibility and accountability in respect of patient care

17.1 Pre-requisites for clinical placement:
All students on the health service platform must be registered with SANC and must comply with any requirements such as being inoculated for Hepatitis B prior to the starting.

17.2 Hours of duty on clinical rotation:
During the clinical placement the hours of duty will be determined by the academic supervisor in consultation with the site supervisor. Should the work require students to stay longer because a job needs to be completed, it is expected of students to remain behind. Students may be required to sign the attendance register every day when reporting for duty and when leaving. Student need to arrange to work in deficit hours via the head of department/Clinical Supervisor.

17.3 Sick leave:
Students are to inform the head of department/Clinical Supervisor at the WCCN as well as the site supervisor immediately when sick. Absenteeism due to illness or personal reasons may be required to be made up by working days off or by extending the length of clinical placement. Student need to arrange to work in deficit hours via the head of department/Clinical Supervisor.

17.4 Health facility arrangements:

Parking
No discs will usually be issued to students for parking areas, but cars to be parked in the public parking areas, unless otherwise arranged.

Official post
Official envelopes may only be used for posting official mail (such as communication to professionals or patients) and the envelopes must carry the department's stamp as required. For internal mail reusable envelopes should be used at all times.

Health facility property
Removal of health facility property from the premises is viewed in a serious light and offenders will be prosecuted for theft. The security officers have the right to search bags on leaving the facility. See Provincial Department of Health Code of Conduct & Asset Management Policies

Smoking
The health facilities are smoke free zones and smoking is only allowed in specially demarcated areas. See Provincial Department of Health smoking policy.

Communication
You will be informed by your co-ordinator which departmental commitments you should attend. Any notices of importance to students will be conveyed to you via the lecturer/ student co-ordinator and/or supervisor.

Professional responsibilities:
Students should at all times portray a professional image to colleagues, other health care staff and the public. Behaviour must be professional at all times. Punctuality, courteous and active engagement in clinical activities is expected.

18 ACCESS TO PATIENTS INCLUDING THE FOLLOWING PRINCIPLES:

Students should become familiar with the Patients' Rights Charter in order to understand what patients are entitled to, what they can expect from the health system and how they can assist in this regard.

The Patients' Rights Charter affords the patient the following rights:

- Participation in decision making
- Access to healthcare
- Healthy and safe environment
- Choice of health services
- Treatment by a named health care provider
- Knowledge of one's insurance or medical aid scheme
- Second opinion
- Continuity of care

Integrity
Consisting of the competencies/quality of being honest and having strong moral principles by acting consistently with principles, values and believes; telling the truth; standing up for what is right; and keeping promises (Pera & van Tonder, 2012:304).

Compassion
Actively caring about others (Lennick & Kiel 2005:7)

Autonomy
Autonomy refers to the persons own choice is the ultimate expression of their own convictions, as long as it does not limit or infringe on the freedom of others.
In health care this principle is biding and should be adhered to without falter unless it is overridden by another ethical principle (Pera & van Tonder, 2011:54).

Non-Maleficence and Beneficence
Decisions implemented in health care are based on the principle of avoiding harm at all cost and assessing the person with the exclusive view to help the person without causing harm. It is not always possible to treat these principles separately as they are interlinked. It may include non-harming or inflicting the least harm possible to reach a beneficial outcome (Pera & van Tonder, 2011:56).

Distributive and Social Justice
Distributive justice refers to the generosity, including the provision of goods and charity, to others who are presumable less fortunate than us. This specific principle may apply to not only the health care user but the provider. This person may require generosity in order to able to ultimately provide generously in the needs of the health care user and other health care providers (Swartz, 2013:24)

Fidelity
This principle implies being faithful and displaying loyalty. To confide in someone is to show trust in the person and in health care it is closely related to confidentiality. It refers to keeping your promises (Pera & van Tonder, 2011:60).

Veracity
This principle includes telling the truth. This truth is reflected in the trust that the patient may have in the health care provider. In addition, it may apply to the trust that the health care provider in the work integrated learning environment may have in their clinical Supervisor (Pera & van Tonder, 2011:60).

Confidentiality and Privacy
This moral rule refers to keeping data or information confidential whereas privacy refers to "self" the personal person to remain private. Legal duties may necessitate divulging such information where it is in the public's interest. There rules may be applied by the health care provider during the provision of care as well as receiving tuition within the workplace integrated setting (Pera & van Tonder, 2011:61).
All confidential information can only be divulged with the explicit written consent of the person who this information pertains to. The National Health Act allows for the disclosure by health-care workers of personal information to any other persons as specified in the act (McQuoid-Mason & Dada, 2011:5)

Dignity & Respect
Dignity: honorableness, a quality of the person being elevated.
Respect is a viewpoint, a quality of the person doing the elevating. In your example context, there is considerable overlap of connotation, and one could be used in place of the other (Psychology Today)

Respect: self-respect is at the heart of respecting others.
When you can identify and appreciate your strengths and accept your vulnerabilities, it's easier to truly respect the value in others. It is essential that the health care user and providers must be treated with respect in recognition of their value as individuals (Value of Respects, North Carolina)

Patient Advocacy
The nurse's value system is reflected by the way they practice their role as the patient's advocate. Advocacy embodies the role of caring ethics and not positions of power and prejudice. (Pera &van Tonder, 2011; 85)
The same caring ethics may apply to the worker in the experimental integrated learning environment.

Informed Consent
The age of legal capacity must first be determined: *The South African courts determined that the person who gives the informed consent must have:*

- *Knowledge of the nature or extent of the harm or risk*
- *Appreciate and understood the nature of the harm or risk*
- *Consented to the harm or assumed the risk; and*
- *The consent must have been comprehensive, (i.e. extended to the entire transaction, inclusive of its consequences).*

(HPCSA. 2008:5)

How to address patient right violations and complaints?

See Complaints and Complements Policy of the Department of Health.
See Adverse Incident Reporting policy of the Department of Health

19 GUIDELINES FOR USE OF EQUIPMENT

Medical equipment has various applications in health care and is used to improve patient care and treatment as well as established diagnoses. These guidelines were developed to advise health care students on the safe and efficient use of medical equipment in health care facilities.

When working with medical equipment or devices, it is recommended that the following principles/guidelines are adhered to at all times:

- Medical devices are essential for safe and effective prevention, diagnosis, treatment and rehabilitation of illness and disease. The achievement of health-related development goals, including the SGD Millennium Development Goals is dependent on proper manufacturing, regulation, planning, assessment, acquisition, management and use of medical devices which are of good quality, safe and compatible with the settings in which they are used.
- Students should not use equipment if they have not received proper training on the use thereof.
- Where there is a need for training for the safe and competent use of equipment, the student is expected to bring this under the attention of his/her line manager.
- Students should access or use equipment only when authorized to do so.
- Students can only use medical equipment independently once found competent to do so by his/her line manager.
- Students need to familiarize themselves to the environment and conditions under which some equipment are used.
- Medical equipment is generally expensive, and the unsafe use thereof places a financial burden on health care facilities should such equipment need to be replaced due to negligent or unsafe use thereof.

- Some medical equipment is potentially dangerous to the user, patients and fellow staff. The safe use of user protocols and standard operating procedures should be observed.
- All faulty equipment must be reported to the responsible line manager.
- Students should adhere to policies related to the medical equipment management plan.
- Some medical electrical equipment may be affected by mobile devices when they are used in close proximity. Students are encouraged to abide by hospital rules restricting the use of mobile devices. Students should follow safety precautions where the use of mobile devices is prevented or use thereof restricted.
- Be cognizant of electro-magnetic interference of cellphones and other mobile devices on hospital equipment or devices as this may pose a risk to patients, staff and operation thereof. Electromagnetic interference can be defined as the interruption, obstruction or degradation of the performance or function of electronics or electrical equipment caused by electromagnetic fields for example the stoppage of medical electrical equipment caused by electric fields emitted from radio equipment.

20 SAFETY AND SECURTY RISKS AND PROCEDURES

The service platform environments expose students to risks in terms of safety, health and wellness. These domains include personal safety and security, occupational health and safety, as well as psychosocial wellness. The WCCN and the WCGH are committed to partnering with students to safeguard safety, health and wellness. Academic support is the focus area of this template.

WCCN students do experiential learning in hospitals, community health centres, clinics, and other community-based services of the Western Cape Government Health.

Students have a co-responsibility to ensure their own safety by heeding risk management measures and procedures throughout their participation in their clinical learning placements. The WCCN and the WCGH place a high priority on the safety, health and wellness of its students when engaged in clinical service-learning activities. Risk management forms part of good practice in clinical service and strategies and should be planned and implemented and communicated adequately at the orientation processes of students of WCCN.

RISK ASSESSMENT

Assess risk factors before students go to site, so that they can be adequately prepared. The following categories may be helpful in this assessment:

- Environmental safety – such as occupational hazards in industrial areas, quality and availability of water in rural areas and no road signs in townships.
- Road safety – such as gravel/muddy roads in rural areas, dangerous areas to stop at, high accident areas, mountain passes, misty areas and heavy traffic areas
- Prevailing infectious diseases – such as malaria, cholera, typhoid and HIV-AIDS
- Animal and insect prevalence – mosquitoes, snakes, spiders, scorpions, etc
- Crime and violence – such as any know 'hot spots' for hijacking/bag snatching/sexual violence

Students should:

- **A**ccept responsibility
- **B**e proactive and prepare for clinical rotations
- **C**ollect relevant telephone and emergency numbers and save them in cell phone
- **D**elve in detail of the site, geographical location and potential risks

- **E**ngage with the area and be conscious of the surroundings: The adage "Trust your instincts, intuition doesn't lie" of Oprah Winfrey is useful as is following gut instinct and asking people who work or live in that environment for advice.
- **F**ollow the rules of engagement, respect and adhere to the community code of conduct and local culture
- **G**rab responsibility for what is yours: **Your** health and **your** safety are first and foremost **your** responsibility!

- **H**ave communication means such as a personal cell phone  preferably and consider the following:

— Personal cellular telephones must be switched on and close at hand at all times, **but not visible**, to enable the lecturer or other contact person to make urgent contact with the student(s) if necessary. Cell phone numbers should be given with careful consideration to third parties.

— Institutional Emergency numbers must be saved**,** e.g. **ER24 – Tel: 084 124**

— The following telephone numbers must, where applicable, be available to students and if necessary be stored in the cellular telephone:

Ambulance Service / fire / other (Metro)
• 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)
Emergency call centre (all emergencies – all services)
• From a landline (including Public Phone): **107**
• From a cell phone: **021 480 7700**
ER24 - Emergency Medical Care – 084 124
South African Police Services (SAPS) & all emergency services
• From a landline: **10111** (Toll-free call if made from a landline including a Public Phone)
• Report-a-Crime (SAPS Crime Stop): **08600 10111**
• **Flying squad: 10111**
Lifeline (24-hour counselling) **021 461 1111**
National HIV + TB Health Care worker hotline: 0800 212 506
Rape Crisis: 021 – 447 9762
Stop Women Abuse / Stop Gender Violence Helpline: 0800 150 150
Suicide Helpline: 0800 567 567 (8am – 8pm)
It is the responsibility of students to store the above-mentioned telephone numbers on their personal cell phones as required.

20. 1 SAFETY GUIDELINES
Safety guidelines are drawn up for WCCN
If at any time there is ever any question regarding safety in the area, the local police station or other contact person(s) should be contacted. If necessary, the students should leave the area as soon as possible, using the safest/route of choice and inform the responsible lecturer.

If students become aware of temporary danger to person or property in certain areas (e.g. as a result of protests), it is the responsibility of students themselves to make alternative arrangements,

or to consult with university staff for making such alternative arrangements for the completion of the relevant part of the clinical training.

20.1.1 Home visits

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

20.1.2 Insurance

- WCCN to stipulate the relevant insurance arrangements for students.

20.1.3 Transport

- Should any problem arise while students are working in the community, they must immediately contact the nearest police station and enquire about the safest/recommended route to leave the area.
- Students must never go alone on a home visit, nor preferably drive alone to the clinical placement.
- Car doors must be kept locked at all times, and items of value, e.g. handbags, laptops, purses and cellular phones and even study material, must always be kept out of sight. Wherever possible, lock up facilities should be provided by the clinic or other institution. If these are not provided, ensure that all valuables/important items are out of sight, preferably locked in the boot of the car.
- Cars must be parked in the grounds of the clinic or health facility, or as near as possible to the particular place of work.
- Cars should be parked in well-lit areas when working after hours.
- Under no circumstances may students transport patients in private (or any other) vehicles.
- Students should be vigilant for the risk of smash and grab theft through car windows or car hijacking

20.1.4 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, 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.

If you lose your possessions or have them stolen

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 cell phone 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.

Again, please be reminded that the University or WCGH 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.

20.1.5 Reporting of an incident
All incidents pertaining to safety, security, health and wellness should be reported to the WCCN Head of Department/Clinical supervisor
If involved in an accident, are threatened, mugged or assaulted, students should:

- Phone for help
- 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 the course supervisor.
- Access debriefing and counselling services as provided

• Sexual Harassment in the Workplace
Definition: "Unwanted conduct of sexual nature which affect a person's dignity where such conduct is unwanted, unreasonable or offensive to the recipient"

Sexual harassment violates the victim's right to integrity of the body and personality and is aggravated in the employment context by the fact that the victims are sometimes afraid to complain because to do so could lead to a loss of opportunities, or even to dismissal.

Allegations of sexual harassment must be dealt with seriously expeditiously sensitively and confidentially.

Students to report any sexual harassment incidents to their immediate supervisor/or person they feel comfortable to share the information to report to Appointed Sexual Harassment Officers

• 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. Students have a right at any time to raise queries concerning reasonable safety.

• **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 your-self 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 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 un-concerned 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.

- **Listen**: 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.
• 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 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.

• 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.

• 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, some-times 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.

20.2. STUDENT HEALTH

20.2.1 Staying healthy

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

Frequent hand washing

Practising standard precautions

- Needle sticks 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.
- 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. First Year students may be restricted to register for the Second Year until submission of written proof a full course of such immunisations. Immunisations can be obtained from the Student Wellness Service by appointment or at 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). 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 first year of study. A 5 yearly booster is recommended.

20.2.2 Health Care Services available for students: See MOU signed between WCCN and identified clinical facilities:

Metro West Campus – Heideveld CHC with its referral systems

Metro East – Read Street Clinic with its referral systems

Boland Overberg Campus – Worcester CHC & Worcester Hospital with its referral systems

Southern Cape Karoo Campus – George Civic Centre Clinic & George Hospital with its Referral systems

ICAS Health and Wellness Programme to assist with student counselling and other services – Services sourced by the Provincial Department of Health

Emergency Medical Services to respond to medical, surgical and other emergencies

Students will be responsible for their own medical cost based on the patient/client billing structure of the Department of Health

Students with Medical Aids must make use of Private Hospitals/Government Hospitals and or preferred Medical Dr's where applicable – Responsible for their own Medical Cost.

What to do if you are accidentally exposed to blood or other body fluids
WCCN puts in place processes for student safety should these situations arise. Students are to familiarise themselves with the details and of contact numbers if there is **ANY** doubt. It is essential to understand the process for these exposures at all hospitals and other clinical settings where placed.
Accidental exposure to blood or body fluids is most commonly in one or more of the following ways:

Needle stick 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 and 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 mucous membrane splash, e.g. 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 avail-able 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.

20.2.3 PROTOCOL WITH REGARD TO SHARP OBJECT INJURIES/CUTANEOUS AND MUCOSAL EXPOSURE TO BLOOD OR OTHER INFECTUIS BODY FLUID (PROVINCIAL DEPARTMENT OF HEALTH POLICY

Initial prophylactic medication is available at most training facilities. Should there be any uncertainty to the availability of prophylactic medication at any of the training facilities; the academic coordinator should ensure that students take a prophylactic "starter pack" with them.

- Clean lesions immediately and thoroughly with soap and water.
- Inform your supervisor immediately (either the sister-in-charge, registrar, consultant or other) who should then evaluate the incident and perform a thorough risk assessment of the injury.
- Obtain informed consent from both the patient and the patient's parent or guardian (in case of a minor patient or a patient lacking decision-making capacity) for taking a blood sample (5 ml of clotted blood in a yellow gel tube for adults and 0.5 ml clotted blood for neonates) from the source (patient).
- Complete the report of an exposure incident form.

Side effects
Students with severe side effects from the prophylaxis treatment should return to the relevant Care Area of the WCCN Health Clinic.

Other exposures
Human bites and scratches should also be reported.
Forms
Incident forms must be filled in with as much detail regarding the incident as possible. It is by the analysis of incident trends that preventative measures can be taken
Protocol for HIV, Hepatitis B & C post exposure action

HW: Health worker PEP: Post exposure prophylaxis Source: Patient				
	HIV		**Hepatitis B**	**Hepatitis C**
Initial testing	*Source*	√ anti-bodies*		√ antibodies
	Health Care Worker	Only if source HIV +	√immunity: anti-HBs	
Secondary testing (<24 hours) and action	Source: HIV negative – no further action necessary Source: HIV positive: Injurer's blood should be tested for HIV – if negative, continue with PEP, otherwise do post-test counselling		If the injured party is immune: no further action is necessary. If the injured party is non-immune: The source's blood needs to be tested for HBsAg – if it is positive, PEP should be given immediately: HBV hyper immune gammaglobulin and HBV immunization (intramuscular). A rapid immunization schedule will be followed afterwards (3 vaccinations, 4 weekly). Non-immune, non-exposed HCW receive the usual booster dosages.	If the source is positive, the injured should be followed up as describe below. If not, no further treatment or follow up is indicated.
Follow up testing (in cases of proven exposure or post hepatitis B vaccination)	HIV-antibodies: 6 weeks; 3/12 and 6/12		Anti-HBs (**and** HBs-Ag if exposed) for all non-immune HW at 3/12 and 6/12 post contact.	Creatine and ALT Liver function tests, only if prophylaxis used for 1/12, is taken as a baseline, 2/52 and 6/52

The virology request form of Occupational Health E8 for an injury on duty should accompany the blood samples of staff and patient.

RPR is no longer routinely tested.

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

CURRENT POST EXPOSURE PROPHYLAXIS
(This regime is subject to change)
(ICD 10:Z57:8)

Combination: Tenofovir 300mg & Emtricitabine 200mg

Take 1 tablet daily p.o x 28 days

Combination: Lopinavir 200mg & Ritonavor 50mg

Take 2 tablets every 12 hours p.o x28 days

Metoclopramide 10mg (to be taken if needed for nausea)

Take 1 tablet three times a day p.o

Loperamide 2mg (to be taken for diarrhea)

Take 2 tablets immediately p.o then 1 tablet after each loose stool

20.2.4 TUBERCULOSIS

• 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-tuberculosis 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**.

Minimizing risk of Tuberculosis (TB) transmission in the workplace / clinical learning environment – implementation of the guideline

Due to the burden of TB in South Africa, students working in a healthcare environment will be unable to totally avoid contact with patients suffering from TB. The following measures will be implemented to reduce the risk of TB infection:

Education

- All medical and health sciences students will be specifically educated regarding the risks of TB acquisition and as to the preventive measures that should be adhered to, to minimize such risks.

- It is essential that students suspecting that they may have contracted tuberculosis should report to WCCN Health Clinic. Inability to pay for health services at CHS should not prevent students from reporting for investigation of possible TB symptoms.

Administrative risk reduction

- A MOU between the Department of Health and WCCN that addresses the avoidance of risk to students when working in the training / academic hospitals and clinics is in place.
- Students should (wherever possible) avoid contact with patients known to have multi-drug resistant (MDR) or extensively-drug resistant (XDR) pulmonary TB.
- Known TB patients have to be identified and isolated in the hospital environment. Airborne precaution notices must be used to communicate risk to health care workers and students.
- Students will not receive bedside teaching from medical staff using patients known to have MDR or XDR pulmonary TB.

- Routine screening for health science students should be undertaken in the form of a 6-monthly exposure and symptom questionnaire. Chest radiology and GeneXpert sputum tests should be considered if the questionnaire alerts one to the possibility of TB.
- Students who are immune compromised for whatever reason are encouraged to discuss their health with WCCN Health Clinic Services or any other health facility of their choice.
- MDR and XDR patients will not be included in clinical examinations such as OSCE, short on long cases.
- Where students are uncomfortable in examining patients, who are thought to have TB but the diagnosis is still unclear, due to possible risk, they need to discuss this with their clinical supervisor who needs to guide the students on the correct approach.

Environmental risk reduction

- In general and undifferentiated areas (such as waiting areas, passages and consultation rooms) students should, where possible, open windows and doors to improve ventilation in poorly ventilated areas.
- The doors in TB patients' isolation rooms should however remain closed.
- The Faculty of Medicine and Health Sciences will continue to engage with the health services on an on-going basis to ensure that ideal environmental control measures in the working and clinical learning environments are progressively realized.

Risk reduction through the use of personal protective equipment – N95 respirators

Fit testing

All students will have a N95 respirator fit test before commencing their clinical rotations. to determine the correct type and size of respirator for their facial features, thereby ensuring a proper fit. The outcome of each student's fit-test will be recorded for future reference. Each student after the fit test will be supplied with a card documenting the last date of fit testing and the appropriate best-fit respirator for the student. Students should be encouraged to present for repeat fit testing every 2 years or sooner if they suspect they are not obtaining a proper seal with the chosen N95 respirator. Additional sessions will be made available by CMS for repeat fit testing of students (usually in the same week as the students preparing to enter the clinical rotations).

The fit-testing process will instruct students on correct use of the N95 respirator. The following should be noted:

- It should be explained what a N95 respirator is and how the grading in the clinical setting is calculated.
- Facial hair (notably beards) disrupts N95 respirator efficiency and facial hair removal is advisable.
- The integrity of the respirator must be checked every time it is used;
- How to put the respirator on and take it off?
- Hands should be disinfected before putting the respirator on and after taking it off.

Care must be taken not to fold or crumple the respirator

- Under normal working conditions a N95 respirator can remain effective for at least 8 hours of continuous use. Respirator efficacy is reduced if it becomes torn or moist. If the N95 mask is used only intermittently then it can be effective for 1 week, depending on the frequency of use. Respirators should be stored in an envelope, not a plastic bag as moisture destroys the filter.
- Used respirators must be disposed of by being discarded in a medical waste box.
- The Campus Health will coordinate and administer the FMHS's fit-testing programme and provision of respirators before students enter the clinical areas.

Type of respirators to be worn

Surgical masks are ineffective as a means to prevent the inhalation of aerosolised TB bacilli. Students must, therefore, wear an N95 graded particulate filter respirator.

Students should collect their box of 50 N95 respirators at the beginning of each year. This should be sufficient for a whole year if worn and handled correctly. The costs of the respirators will be paid for through student fees. Further respirators will be available for sale if the initial 50 respirators are not sufficient to last a whole year. During the consultation all patients that are suspected of having smear-positive TB (therefore coughing) should wear a surgical mask, as this could reduce aerosolization of TB bacilli and therefore transmission to uninfected individuals.

The following will be considered high-risk environments

- Admissions (undifferentiated patients), emergency rooms, clinic waiting areas,
- Internal medicine, trauma and paediatric medicine wards, where indicated.
- When entering or working in an induced sputum cubicle, cough booth/room; or
- With formally identified pulmonary TB patients presenting for the first time; or
- Confirmed drug-sensitive TB patients who have not been on confirmed anti-TB treatment for ≥ 2 weeks; (of specific relevance to physiotherapy students); or
- All confirmed drug-resistant (DR-TB) patients at all times until documented cure has been achieved.

Students with TB

- Students with symptoms suggestive of TB should seek medical attention at WCCN Health Clinic as soon as possible.
- Any student diagnosed with TB is urged in the strongest possible terms to ensure that they know their HIV status in order to ensure optimal treatment.
- A student diagnosed with TB is also strongly encouraged to confidentially advise WCCN Health Clinic of their TB status in order to enable the management to help ensure that s/he receives whatever support, treatment and follow-up is required (please see attached flow chart of who should be notified).
- In the case of confirmed drug-sensitive pulmonary TB, a student should stay out of class and out of the work environment for two weeks after diagnosis and commencement of treatment. The relevant sick certificate must be obtained and submitted through the usual procedures. With any form of pulmonary drug-resistant TB, the final decision on when the student may return to class will be in the hands of the attending doctor. The above are minimum recommended return times only.
- WCCN Health Clinic Services will maintain a confidential record of all students who have reported their diagnosis of TB in order to track changes in TB incidence among students help ensure that such students are appropriately managed throughout their illness.
- Occupational Health Physician (Department of Health) will monitor infections on the basis of confidential student TB statistics. In the case of changes in incidence, the appropriate action needs to be taken by WCCN Health Services, in consultation with WCCN management as needed.
- Stigma and discrimination are factors that negatively impact disclosure, access to care and future career options in health care workers and students affected by tuberculosis. The WCCN Management commits to taking immediate remedial action, with the understanding that their findings will not impose any limitations on the options for legal recourse by the affected student or students.

Tuberculosis – Suggested Actions following Exposure or Diagnosis (US CHS)

◊ *Educate about the symptoms and signs of TB!*

◊ *Know your HIV status!*

◊ *Inform staff and students about the availability of CHS!*

1a. A medical practitioner, or hospital, or another close contact informs that a student or staff member is suspected of contracting TB; **OR** the diagnosis is suspected at CHS
1b.Initiate isolation procedures, as appropriate.

2a. CHS/ relevant medical authority confirm the diagnosis, through appropriate clinical testing

2b. HIV and clinical status is determined

3a. Consent to disclose confidential medical information is obtained
3b.Counselling is provided/ made available at all times

4a. If diagnosis **POSITIVE for drug-susceptible TB**:
- ◊ Refer to local TB clinic for treatment and disease notification
- ◊ TB clinic will initiate contact tracing
- ◊ Supply an initial 2 week's sick certificate for academic/ employer purposes

Follow up at CHS clinically, as clinical status determines

4b. If diagnosis **POSITIVE for drug-resistant TB**:
- ◊ Refer to local drug-resistant TB treatment site for treatment and disease notification
- ◊ TB clinic will initiate contact tracing
- ◊ Supply an initial 4 week's sick certificate for academic/ employer purposes
- ◊ Treatment site will advise of further patient treatment and disposal

5.a Inform the relevant Residence head/ Employer to determine appropriate accommodation procedures:
- ◊ Send home, if at all possible

If cannot send home, provide suitable single accommodation for at least 2 weeks

5.b Inform the relevant Residence head/ Employer to provide accommodation (or not) as advised by TB Treatment site

6. Ensure appropriate TB preventative measures are in place:
- ◊ Patient wears a fitted **surgical mask** whilst infective
- ◊ Adequate ventilation measures applied throughout living quarters
- ◊ Minimise contact with people living in same facilities e.g. at mealtimes and bathing, during initial contagious period
- ◊ Follow up clinically each month at CHS to ensure compliance and adequate recovery

7. Students should also inform the WCCN Health Services of their sick leave period as well as the module chairperson of their current module/rotation.

21 COST EFFECTIVE SERVICE RENDERING

COST EFFECTIVE USE OF RESOURCES

Resources are the backbone of every economy. In using resources and transforming them, capital stocks are built up which add to the wealth of present and future generations. Experts believe that economic growth and the wellbeing of society are interrelated to the health of the environment. As such, efficiency is almost synonymous with cost containment.

Nursing students have a duty to care for environment by the cost-effective use of financial and physical resources. Students need to develop sensitivity towards green policies and sustainability of health-related activities or health care related services.

Characteristics of good sustainable activities include:

- Cost effective use of time as efficiency is time sensitive
- Minimize the use of paper and office consumables for example the use of double sided printing of documents where possible.
- Re-use or recycle office material waste whenever possible.
- Reduce energy consumption such as electricity.
- Reduce water usage and wastage.
- Take actions to offset the carbon footprint.

All students should strive to uphold green growth policy of the Provincial Government of the Western Cape. Green growth policy is a component of the green economy, which places more emphasis on economic efficiency and environmental protection.

22 POLICY AND LEGISLATIVE FRAMEWORK

The following legislation is important to risk management

- Basic Conditions of Employment Act 1 of 1997 (Act No. 75 of 1997)
- Children's Act (Act 38 of 2005) Act
- Compensation for Occupational Diseases and Injuries Act, 1993 (Act No.130 of 1993)
- Constitution of the RSA Act 1996
- Hazardous Biological Agents Regulations, Occupational Health and Safety Act 1993 (Annexure C)
- National Building Regulations and Building Standards Act 1997 (Act No. 103 of 1997)
- National Environmental Act 1998 (Act No. 107 of 1998)
- National Environmental Management: Waste Act, No 59 of 2008
- Public Service Act 1994 (Proclamation No. 103 of 1994)
- Occupational Health and Safety Act, 1993 (Act No. 85 of 1993) as amended by the Occupational Health and Safety Amendment Act,

ACKNOWLEDGEMENTS:
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Western Cape Government
Health

Directorate: Nursing Services
Reference: 11/P
Enquires: Mr T. Mabuda

Annexure 5

CIRCULAR H 51/2017

TO ALL HEADS OF DIRECTORATES / REGIONAL / DISTRICT OFFICES / INSTITUTIONS

UNIFORM POLICY AND DRESS CODE FOR NURSES (REGISTERED PRACTITIONERS)

1. PREAMBLE

The purpose of this policy is to standardise the dress code for registered practitioners who are employees of the Western Cape Government: Health, who is paid uniform allowance. It has to be noted that the uniform is an integral part of the nursing profession. It enhances a unified professional image and ensures that registered practitioners are easily distinguished by the Health Care Users whenever they require assistance.

2. POLICY STATEMENT

All registered practitioners who are paid uniform allowance must wear the uniform at all times whilst on duty. In the circumstances where there is a need for deviation from the standardised uniform, approval must be granted by the head of the health establishment.

3. DEFINITIONS

3.1 **Dress code** means a set of rules pertaining to the manner in which a registered practitioner will dress in a clinical health setting (Gov. Gazette 997; 11 July 2003).

3.2 **Protective clothing** means attire worn by a registered practitioner in and appropriate to a clinical health setting, in order to protect health care users and the registered practitioner.

3.3 **Health establishment -** has the meaning assigned to it in section 1 of the National Health Act, 2003 (Act No. 61 of 2003).

3.4 **Health Care User** - has the meaning assigned to it in section 1 of the National Health Act, 2003 (Act No. 61 of 2003).

3.5 **Scrubs –** refers to sanitary clothing worn by registered practitioners or other health care workers involved in patient care in hospitals.

3.6 **Registered Practitioner** - means a person registered in a category under section 31(1) of the Nursing Act, 2005 in order to practice nursing or midwifery.

3.7 **Standardise Uniform** – dress code for registered practitioners specified in this policy.

3.8 **Uniform allowance**- allowance paid to designated personnel in order to acquire uniform.

4. SCOPE OF APPLICATION

4.1 All registered practitioners, who are employees of the Western Cape Government: Health, who are paid a uniform allowance.

4.2 All categories of registered practitioners who undertake direct patient care duties or work in clinical areas shall wear the appropriate uniform as specified in this policy.

5. EXEMPTION

5.1 It is noted that in some clinical areas the wearing of the standardised registered practitioner's uniform may be a barrier to effective nursing care.

5.2 Registered practitioners who are working in the following clinical areas **may be** exempted from wearing the standardised registered practitioner's uniform, e.g. Burns Unit, ICU, Labour Ward, Trauma and Emergency.

5.3 Registered practitioners referred to in Section 5.2 above are required to wear the scrubs (navy or white).

5.4 In cases where there is a deviation and on recommendation of the nurse manager, approval of such deviation must be granted by the head of the health establishment.

5.5 The registered practitioners must change to the prescribed standardised uniform when leaving the department unless it is in an emergency.

5.6 The theatre scrubs will be provided by the employer as protective clothing.

6. LEGISLATIVE / POLICY FRAMEWORK

6.1 Code of Conduct for the Public Servants.

6.2 Departmental circular H134/2008 (Dress code for employees)

6.3 IPC Policy and Guidelines 2015.

6.4 Nursing Act, 2005 (Act no 33 of 2005).

6.5 Labour Relations Act, 1995 (Act 66 of 1995).

6.6 Public Service Regulations, 2001.

6.7 Public Service Coordinating Bargaining Council (Resolution no 3 of 1999).

6.8 South African Nursing Council regulations on distinguishing devices and uniforms. (Government Gazette Notice No. R. 1201 of 31 July 1970 as amended).

7. REGISTERED PRACTITIONER'S DRESS CODE

7.1 The registered practitioner shall dress in such a manner that enhances the professional image and the reputation of the public service.

7.2 The neatness and cleanliness of the uniform must be maintained at all times.

7.3 See-through clothing is not appropriate and acceptable. Undergarments should not be visible.

7.4 All categories of registered practitioners must wear appropriate distinguishing devices in the correct manner (refer Annexure B).

7.5 The Head of Nursing of the health facility should be dressed in a formal corporate/business style uniform white and/or navy.

7.6 Nursing students must wear the appropriate distinguishing devices as per year of study.

7.7 All registered practitioners must wear the identification name tags issued by the department at all times.

7.8 The specifications (colour, styles and design) must comply with the descriptions in annexure "A".

7.8.1 Gilet is allowed for all categories of nurses (white or navy).

7.8.2 Ceremonial Events (Managerial or Management functions): Registered practitioners must wear the prescribed standardise uniform with visible distinguishing devices and identification as stated in the invitation.

7.8.3 External functions (workshops, task team meetings, conferences, seminars): Registered practitioners may wear private attire or follow the dress code stated in the invitation.

7.8.4 Special events / Theme days (e.g. World Aids Day, TB day, and others): Registered practitioners working in the clinical areas must wear uniform or dress appropriately in accordance with agreed dress code for the specific event with visible identification name tag.

7.8.5 Nursing in Cold Weather: It will be permissible to wear:

7.8.5.1 A pull-over or sleeveless woollen gilet in cold weather.

7.8.5.2 Outside of the clinical area the long sleeve navy jersey or navy woollen gilet

7.8.5.3 Navy rain-o-mate jacket or navy long sleeve woollen gilet

7.8.5.4 Navy coat or navy blazer is allowed.

7.9 Shoes, Socks, Bags, Jewellery Hairstyles, Headgear, Watches and Cell phones:

7.9.1 Nurses clogs: Colour black or navy, (annexure A) are only permissible in theatre.

7.9.2 Shoes: All shoes must be navy or black.

7.9.3 Closed shoes are acceptable and sandals with strap at the back (annexure A). Shoes and sandals should be comfortable, low heeled, court- or lace-up.

7.9.4 Footwear must meet the health and safety requirements such as anti-static, anti-shock absorbent, comfortable. The clogs must be heat resistant to max of 40°C and auto-cleavable.

7.9.5 Stockings: Natural-coloured.

7.9.6 Socks: all socks must be black or navy according to the colour of the shoes.

7.9.7 Bags: navy or black.

7.10 Jewellery

7.10.1 The wearing of the following jewellery is permissible in clinical areas:

- Wedding band,
- Small earrings or sleepers (max. 1 pair),
- Medic alert bracelet/or neck chain.

7.10.2. A neck chain (inside the top) may be worn-fine gold or silver chain.

7.10.3. No visible facial jewellery (e.g. nose-, bow-, lip- or tongue rings/ studs).

7.11. Hairstyles:

7.11.1. Neat, above collar. Hair must be tied up neatly. A natural-coloured hair accessory is permissible.

7.12. Headgear/ Cover:

7.12.1. Colour, navy and neatly tied and must not obscure the distinguishing devises.

7.12.2. For religious and cultural rituals permission must be obtained from the Head of the health establishment.

7.13. Nails: No nail polish and acrylic nails and toenails. Nails must be kept short at all times.

7.14. Watches: Fob watches or wrist watches are optional in clinical areas.

7.15. Cell phones: The use of cell phones only limited for work related purposes. Precaution must be adhered to in clinical areas where the cell phone could interfere with the health technology.

8. INFECTION PREVENTION AND CONTROL

All registered practitioner must comply with the Infection Prevention and Control (IPC) policy and adhere to principles of aseptic technique when providing direct patient care. Where there is a risk of transmissible infection from clothing disposable aprons and protective clothing must be used. Employee uniforms and footwear must be in accordance with this policy. However, it should be recognized that uniform is not itself protective clothing but rather a means of identifying staff.

9. NONE COMPLIANCE

Registered practitioners who are paid uniform allowance and fails to wear uniform without permission will be dealt with in accordance with the Disciplinary Code for the Public Servants.

10. DATE OF IMPLEMENTATION

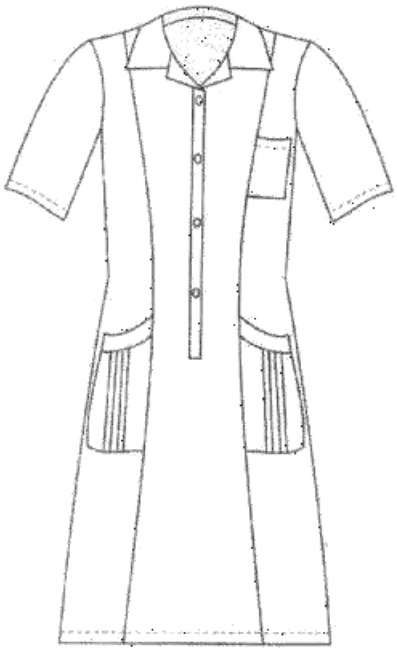
The date of implementation shall be 90 days after the date on which the policy is signed by the Head of the Department. This policy replaces all other previous polices on nurse's uniform and dress code.

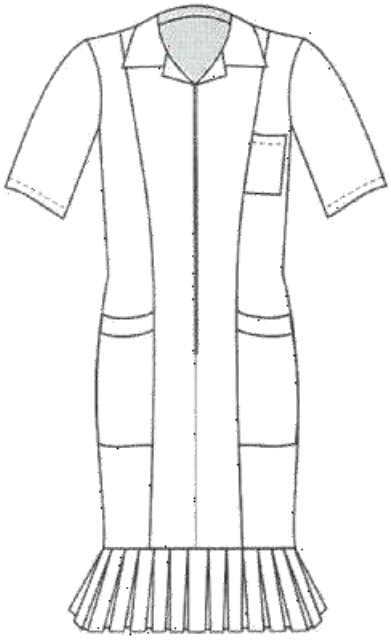
Dr Beth Engelbrecht
Head of Department
Date: 2017-04-21

ANNEXURE A

Uniform Styles 2016

1. **DRESSES:** White, with buttons or zip. Short and long sleeves
2. **Length of dress: only knee length, not above the knee**





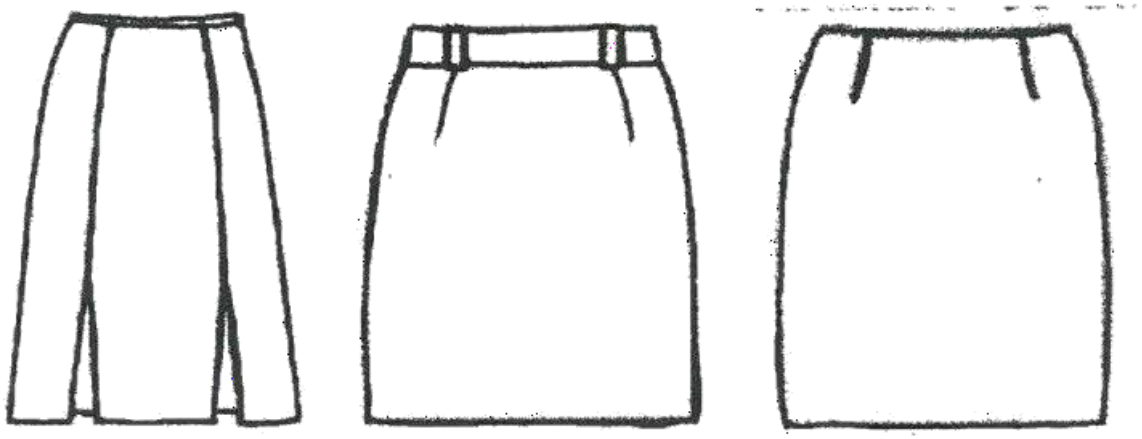
TOPS

Plain White tops, with buttons or zip. Short or long sleeves

Female Male

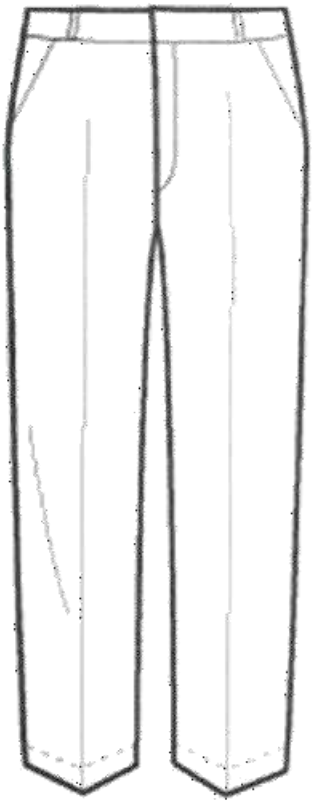
3. BOTTOMS

3.1 SKIRTS: WHITE OR NAVY. KNEE LENGTH OR BELOW THE KNEE.



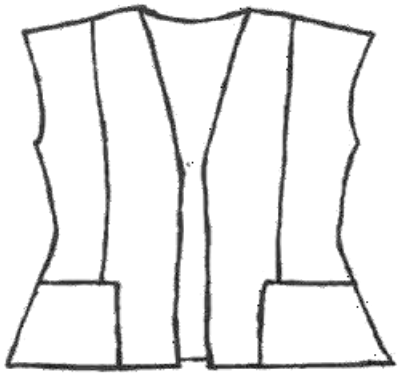
3.2 **PANTS: WHITE OR NAVY. Long or Three quarter in length (NO SHORTS)**

Female

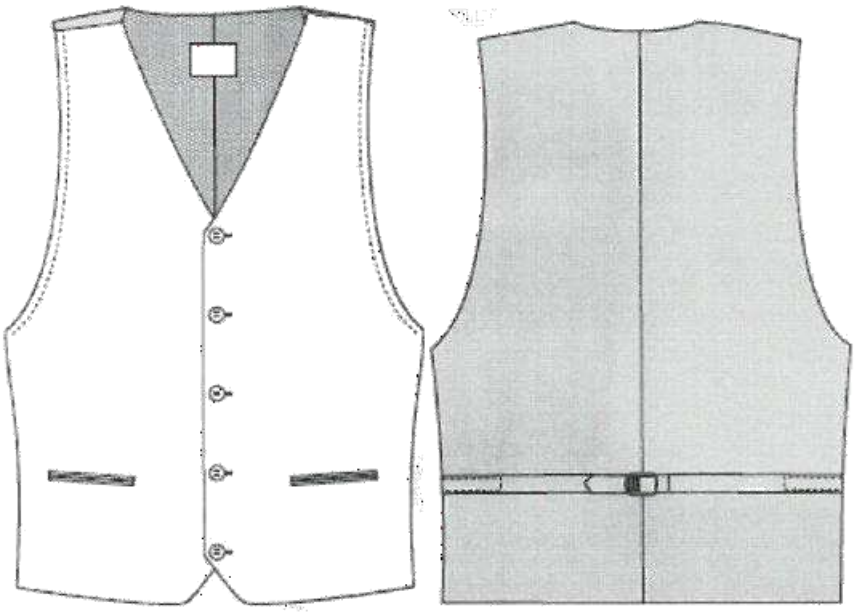


Male

4. **GILET: NAVY OR WHITE. Woollen for winter will be acceptable**



5. **Waist Coats. Navy or white**



Front **Back**

6. **Nurses Scrubs:**

Colour White or Navy will be acceptable for both males and females.

7. CLOSED SHOES / SANDLES/CLOGS:

7.1 Closed Shoes: Navy or black for males and females

The following is an example of a closed court shoes for females which will be acceptable:

7.2 The following examples of clinical approved open styles for sandals are acceptable: No pumps or slip-ons to be worn without heel or ankle straps.

7.3 Nurse's Clogs for Theatre: Colour: Navy or black

DISTINGUISHING DEVICES FOR REGISTERED PRACTITIONER

Annexure B

Distinguishing Devices for Registered practitioners and Registered Midwives/Accoucheurs:

Maroon distinguishing devices and Nursing Council badge worn by a Registered Professional General Nurse.

A Registered Professional Nurse / Midwife / Accoucheur must wear the prescribed distinguishing devices as per the rules and regulations of SANC.

Navy blue bar must be worn by a Registered Psychiatric Nurse.

Green bar must be worn by a Registered Midwife / Accoucheur.

White bar must be worn by a nurse who holds a qualification in Nursing Education.

Silver bar must be worn by a nurse who holds a qualification in Nursing Administration.

Yellow bar must be worn by a nurse who holds a qualification in Community Health Science).

3. **The following is an example of HOW the distinguishing devices SHOULD be worn by a Registered Professional Nurse (General, Psychiatric and Community) and Registered Midwife:**

Registered General Nurse: Maroon epaulette and Council Badge
Registered Psychiatric Nurse: Navy blue bar
Registered Midwife: Green bar
Qualification in Community Health Nursing Science: Yellow bar

Distinguishing Devices for Enrolled Nurses and Enrolled Midwives:

White distinguishing devices with a maroon badge worn by an Enrolled Nurse.

Distinguishing Devices for Enrolled Registered Nursing Auxiliaries:

Brooch must be worn by an Enrolled Registered Nursing Auxiliary.