



Injury on Duty

Purpose

The purpose of this policy is to ensure that personnel report injuries timeously

Scope

This policy applies to

- all staff placed by Medical Human Resources (Medi-Nurse, Medi-Staff)
- all MHR clients
- MHR management and Senior payroll clerks

Policy Statement

- Ensure an organised system to handle different types of injuries
- Monitor health and safety in the working environment
- Ensure that injuries are reported timeously to the commissioner

Procedure

MHR Panel member and client

Step	Action
1	All injuries sustained during the work process assigned by Medical Human Resources, must be reported immediately to the manager of the particular department, according to the hospital policy
2	If the injury should occur after hours, to be reported to the manager on duty for the hospital
3	Notify Medical Human Resources office telephonically of your injury whilst on assignment Note: - Inform Branch Manager during working hours or MHR Coordinator on call after hours
4	Manager of department must send MHR panel member to: <ul style="list-style-type: none"> • INCON clinic or after hours to the Emergency centre • Emergency Centre if INCON clinic is not available at hospital

INCON Clinic (during office hours)

1	Panel member must complete the Near Miss / Adverse Event report (See Near Miss / Adverse Event policy)
2	INCON clinic to complete the following documentation: <ul style="list-style-type: none"> • Employer's report of an Accident (W.CL.2 (E)) form • Recording and investigation of incidents (Annexure 1)
3	The INCON Professional nurse will decide whether the injured person should consult a doctor and ensure that all necessary documentation gets completed

Emergency Centre (After hours or at hospital without INCON clinic)

Step	Action
1	The following documentation to be completed and forwarded to INCON (See Annexure 2 for INCON contact detail), by the relevant hospital: <ul style="list-style-type: none"> • Near Miss / Adverse Event report • Employer's report of an Accident (W.CL.2 (E)) • Completed First Medical Report (W.CL. 4) or • Final Medical Report of an Accident (W.CL.5) • Recording and investigation of incidents (Annexure 1) • Medical account (made out to Medical Human Resources) • Sick certificate (if person is booked off due to the injury)
2	All necessary documentation will be processed by INCON
3	The injured person must go back to the consulting doctor for the completion of the Progress / Final Medical Report of an Accident (W.CL. 5)
4	Progress / Final Medical Report of an Accident (W.CL. 5) to be forwarded to INCON

Medical Human Resources

Branch managers

Step	Action
1	Inform INCON, during office hours, of panel member that was involved in an injury on duty. Notice: See Annexure 2: INCON contact details.
2	Send the following Panel member documentation to INCON: <ul style="list-style-type: none"> • Certified copy of Identification document • Certified copy of Driver's license (PDP) (all ambulance personnel involved in a motor vehicle accident)

Senior payroll clerk

Step	Action
1	Calculate the WCA leave of the panel member on receiving the COID instruction from INCON. See WCA Leave policy.

Associated Documents

Title	Location/Number
Near Miss / Adverse Event Record	Hospital
Employer's Report of an Accident (W.CL. 2 (E))	Hospital
First Medical Report of an Accident (W.CL. 4)	Hospital
Progress / Final Medical Report of an Accident (W.CL. 5)	Hospital
Recording and investigation of incidents (Annexure 1)	Hospital
Policy: WCA Leave	MHR

Details of Event

F. Interventions

Did the Injured Person receive Medical Attention			Yes	No	NA	
If Yes, circle appropriate action	Seen by Medical Practitioner	Referred to Emergency Unit	Admitted to Hospital	Referred to OCC Health	Other:	

G. Witnesses

H. People Notified

Head of Department	No	Yes	Date:	Time: ____:____	NA
Medical Human Resources	No	Yes	Date:	Time: ____:____	NA

I. Initial Grading (Make judgment about the actual / potential impact and likelihood of reoccurrence of event)

Impact	1. Insignificant	2. Low	3. Moderate	4. Severe	5. Extreme
Likelihood	1. Rare	2. Unlikely	3. Possible	4. Likely	5. Almost Certain

J. Report Completed by:

Full Name		Job Title	
Department		Phone Number	
Signature		Date	Time : _____

ANNEXURE 2

INCON HEALTH CONTACT DETAIL

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