



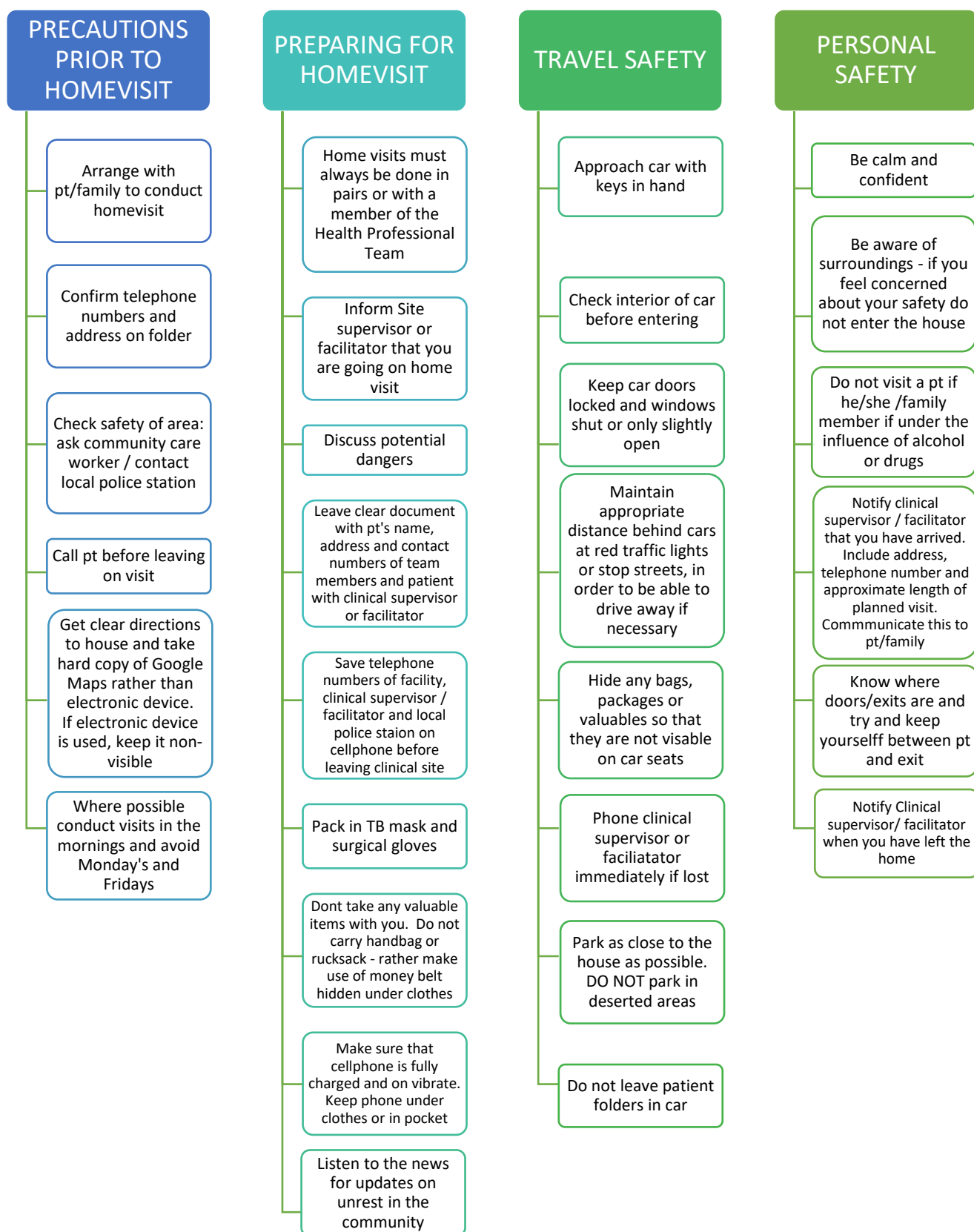
FACULTY OF MEDICINE AND HEALTH SCIENCES

RISK REDUCTION GUIDELINES FOR CLINICAL/PRACTICAL TRAINING

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1 CONTEXTUAL VISIT PROTOCOL: SAFETY AND CODE OF CONDUCT

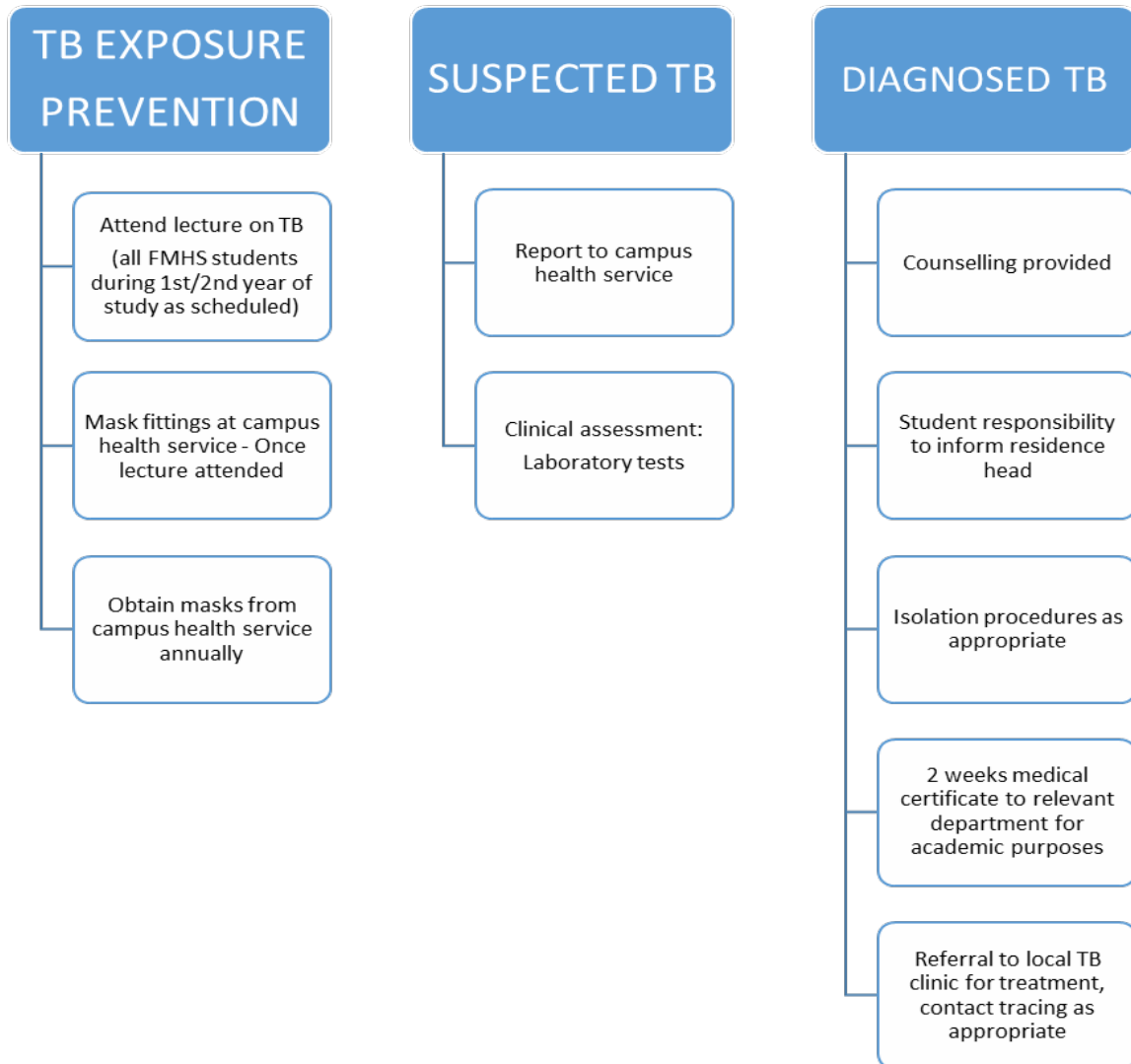


CODE OF CONDUCT: Be respectful and culturally sensitive; Dress neatly and appropriately; Wear your nametag; Maintain privacy and confidentiality of patient; Keep telephone on vibrate and do not use it during the contextual visit; Be aware of your body language and conduct yourself professionally at all times.

2 TUBERCULOSIS RISK REDUCTION GUIDELINE

Minimising risk of Tuberculosis (TB) transmission in the workplace / clinical learning environment – ([For Full Version: Click Here](#))

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 should be implemented to with regards to TB infection:



3 DEALING WITH STUDENTS WITH ALLEGED SUBSTANCE ABUSE

The motivation behind this guideline is provision of support:

1. As a health sciences student, you are already bound by the rules of your particular professional board. <http://www.hpcsa.co.za/Professionals/FitnessToPractice>
2. Your profession and substance abuse are irreconcilable and if you are guilty of such, you are unfit to practice.
3. In light of the above, you are thus compelled to report yourself or fellow students in case of alleged substance abuse.
4. Professional conduct is not only a requisite of the work situation. It is continuous conduct, at home and in all other social situations.
5. Patients should be protected against potentially compromised health workers.
6. Substance abuse is deemed the use of all illegal substances, the abuse of alcohol and the abuse of script medication and/or over the counter medication.
7. Be aware of the SU disciplinary code for students ([Click HERE for the SU Student Discipline Code](#)) in terms of possession of alcoholic and/or illegal substances.

What should you do? It is your duty to report yourself or any fellow student to the office of your programme coordinator.

What is the next step?

1. Your programme coordinator will contact and see you, and arrange an appointment for you with Campus Health Services (CHS). You will be referred to CHS for evaluation and such evaluation may include urine toxicology, and in the case of alcohol a breathalyser test or a full blood count and liver function tests.
2. Should the CHS establish that you do not have a substance abuse problem, the case will be deemed closed and nothing will be placed on your personal file.
3. Should you indeed test positive for a prohibited substance or evidence of alcohol abuse is present, or if there is evidence of script medication or over the counter medication abuse, you will be given the opportunity to decide on evidenced based treatment of your choice and you will be subjected to random urine toxicology for at least a period of six months, or for the rest of your study period should the university deem it necessary and to your benefit.
4. If you can prove abstinence over the next six months, the case will also be deemed closed and nothing will be placed on your file, but the university reserves the right to do random testing for the rest of your study period.
5. Any absenteeism or non-fulfilment of your clinical duties during your block rotations would be seen as a relapse. If you cannot provide your programme co-ordinator with a valid sick certificate or valid written proof detailing the reason for the non-fulfilment of your duties.
6. If you cannot prove abstinence over the six month period, or relapse at any time thereafter, you will be referred to the faculty's Internal Health Committee (IHC). (See faculty guidelines for potentially impaired student.) The IHC will evaluate each case individually and propose further treatment. If necessary, the IHC may also recommend that you suspend your studies temporarily. At this point the IHC has an obligation to inform your particular professional board as to your status. This information will at all times be treated confidentially but will reflect in your personal file.

7. The professional board will normally accept the recommendation made by the IHC.
<http://www.hpcsa.co.za/uploads/editor/UserFiles/2014%20Guidelines%20for%20the%20management%20of%20impaired%20students.pdf>

Your responsibilities as student

1. To take ownership of the illness and the recovery process
2. To identify an accountability partner
3. To take ownership of your future
4. To uphold and respect the norms and values of your profession

Any person reporting a colleague:

- has certain responsibilities
 - Submit a report in writing
 - Provide as much evidence as possible
 - If possible provide written corroboration from a 3rd party
- will have their anonymity protected.

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4 IMMUNE COMPROMISED STUDENTS

Immune compromised students at risk for infectious diseases

Students that may be at increased risk for acquiring infections* in the hospital or at distributed training platforms, are encouraged to confidentially disclose this to the programme co-ordinator in order to be supported appropriately.

However, students are urged to minimise risk by adhering to the standard infection prevention and control measures as well as the specific contact and respiratory precautionary measure applicable to all health care workers.

*Examples of conditions may include hypogammaglobulinaemia, complement deficiencies, T and B cell deficiencies, chronic corticosteroid use, organ transplant, cancer and chemotherapy, HIV infection, poorly controlled diabetes mellitus, monoclonal antibody treatment and other biological agents.

KVO/CUT Oct 2018