



This document will form the basis of our AIDS/HIV policy; it can be amended from time to time as more information becomes available. We have adopted parts of the policy used by the Western Cape Education Department

1. *Disclosure of HIV & AIDS status Learners and educators are not compelled to disclose their status.
In cases where voluntary disclosure of their status has been done, it should be treated confidentially.*

2. *Provisioning of all the appropriate equipment to implement universal precautions to eliminate risk of transmission (first aid kits, rubber gloves)*

3. *To prevent discrimination, all learners, students and educators should be educated about fundamental human rights.*

Learners and teachers are not compelled to disclose their status, however a holistic programme for life skills and HIV/AIDS education should encourage voluntary disclosure. Unauthorised disclosure of HIV/AIDS related information could give rise to legal liability.

"unfair discrimination" means direct or indirect unfair discrimination against anyone on one or more grounds in terms of the Constitution of the Republic of South Africa, 1996 (Act No.108 of 1996);

4. *HIV cannot be transmitted through day-to-day social contact. The virus is transmitted only through blood, semen, vaginal and cervical fluids and breast milk. Although the virus has been identified in other body fluids such as saliva and urine, no scientific evidence exists to show that these fluids can cause transmission of HIV.*

testing for HIV/AIDS for employment or attendance at schools is prohibited.

5. *Compulsory disclosure of a learner's, student's or educator's HIV/AIDS status to school or institution authorities is not advocated as this would serve no meaningful purpose. In case of disclosure, educators should be prepared to handle such disclosures and be given support to handle confidentiality issues.*

6. *The risk of transmission of HIV in the day-to-day school or institution environment in the context of physical injuries, can be effectively eliminated by following standard infection-control procedures or precautionary measures (also known as universal precautions) and good hygiene practices under all circumstances. This would imply that in situations of potential exposure, such as in dealing with accidental or other physical injuries, or medical intervention on school or institution premises in case of illness, all persons should be considered as potentially infected and their blood and body fluids treated as such. Strict adherence to universal precautions under all circumstances in the school or institution is advised.*

7. *Current scientific evidence suggests that the risk of HIV*

transmission during teaching, sport and play activities is insignificant. There is no risk of transmission from saliva, sweat, tears, urine, respiratory droplets, handshaking, swimming-pool water, communal bath water, toilets, food or drinking water. The statement about the insignificant risk of transmission during teaching, sport and play activities, however, holds true only if universal precautions are adhered to. Adequate wound management has to take place in the classroom and laboratory or on the sports field or playground when a learner or student sustains an open bleeding wound. Contact sports such as boxing and rugby could probably be regarded as sports representing a higher risk of HIV transmission than other sports, although the inherent risk of transmission during any such sport is very low.

8. *learners and students with infectious illnesses such as measles, German measles, chicken pox, whooping cough and mumps should be kept away from the school or institution to protect all other members of the school or institution, especially those whose immune systems may be impaired by HIV/AIDS.*
9. *We will inform parents of vaccination/inoculation programmes and of their possible significance for the wellbeing of learners and students with HIV/AIDS.*

10. NON-DISCRIMINATION AND EQUALITY WITH REGARD TO LEARNERS, STUDENTS AND EDUCATORS WITH HIV/AIDS

No learner, student or educator with HIV/AIDS may be unfairly discriminated against directly or indirectly. Educators should be alert to unfair accusations against any person suspected to have HIV/AIDS. Learners, students, educators and other staff with HIV/AIDS should be treated in a just, humane and life-affirming way.

11. *Learners and students with HIV have the right to attend any school or institution. The needs of learners and students with HIV/AIDS with regard to their right to basic education should as far as is reasonably practicable be accommodated.*
12. *No learner or student (or parent on behalf of a learner or student), or educator, is compelled to disclose his or her HIV/AIDS status to the school or institution or employer. (In cases where the medical condition diagnosed is the HIV/AIDS disease, the Regulations relating to communicable diseases and the notification of notifiable medical conditions Health Act, 1977 only require the person performing the diagnosis to inform the immediate family members and the persons giving care to the person and, in cases of HIV/AIDS-related death, the persons responsible for the preparation of the body of the deceased.)*
13. *Voluntary disclosure of a learner's, student's or educator's HIV/AIDS status to the appropriate authority should be welcomed and an enabling environment should be cultivated in which the confidentiality of such information is ensured and in which unfair discrimination is not tolerated. In terms of section 39 of the Child Care Act, 1983 (Act No. 74 of 1983), any learner or student above the age of 14 years with HIV/AIDS,*

or if the learner is younger than 14 years, his or her parent, is free to disclose such information voluntarily.

14. No employer can require an applicant for a job to undergo an HIV test before he/she is considered for employment. An employee cannot be dismissed, retrenched or refused a job simply because he or she is HIV positive.

15. The basis for advocating the consistent application of universal precautions lies in the assumption that in situations of potential exposure to HIV, all persons are potentially infected and all blood should be treated as such. All blood, open wounds, sores, breaks in the skin, grazes and open skin lesions, as well as all body fluids and excretions which could be stained or contaminated with blood (for example tears, saliva, mucus, phlegm, urine, vomit, faeces and pus) should therefore be treated as potentially infectious.

The following will be applied at all times

- (a) Blood, especially in large spills such as from nosebleeds, and old blood or blood stains, should be handled with extreme caution.*
- (b) Skin exposed accidentally to blood should be washed immediately with soap and running water.*
- (c) All bleeding wounds, sores, breaks in the skin, grazes and open skin lesions should ideally be cleaned immediately with running water and/or other antiseptics.*
- (d) If there is a biting or scratching incident where the skin is broken, the wound should be washed and cleansed under running water, dried, treated with antiseptic and covered with a waterproof dressing.*
- (e) Blood splashes to the face (mucous membranes of eyes, nose or mouth) should be flushed with running water for at least three minutes.*

All open wounds, sores, breaks in the skin, grazes and open skin

lesions should at all times be covered completely and securely with a non-porous or waterproof dressing or plaster so that there is no risk of exposure to blood. Cleansing and washing should always be done with running water

All persons attending to blood spills, open wounds, sores, breaks in the skin, grazes, open skin lesions, body fluids and excretions should wear protective latex gloves or plastic bags over their hands to eliminate the risk of HIV transmission effectively. Bleeding can be managed by compression with material that will absorb the blood, e.g. a towel. If a surface has been contaminated with body fluids and excretions which could be stained or contaminated with blood (for instance tears, saliva, mucus, phlegm, urine, vomit, faeces and pus), that surface should be cleaned with running water and fresh, clean household bleach (1:10 solution), and paper or disposable cloths. The person doing the cleaning must wear protective gloves or plastic bags.

Blood-contaminated material should be sealed in a plastic bag and

incinerated or sent to an appropriate disposal firm. Tissues and toilet paper can readily be flushed down a toilet.

All

educators and staff have available and maintain at least two first aid kits, each of which should contain the following:

- (a) two large and two medium pairs of disposable latex gloves;*
- (b) two large and two medium pairs of household rubber gloves for handling blood-soaked material in specific instances (for example when broken glass makes the use of latex gloves inappropriate);*
- (c) absorbent material, waterproof plasters, disinfectant (such as hypochlorite), scissors, cotton wool, gauze tape, tissues, containers for water and a resuscitation mouth piece or similar device with which mouth-to-mouth resuscitation could be applied without any contact being made with blood or other body fluids.*
- (d) protective eye wear; and*
- (e) a protective face mask to cover nose and mouth.*

Universal precautions are in essence barriers to prevent contact with blood or body fluids. Adequate barriers can also be established by using less sophisticated devices than those described above, such as

- (a) unbroken plastic bags on hands where latex or rubber gloves are not available;*
- (b) common household bleach for use as disinfectant, diluted one part bleach to ten parts water (1:10 solution) made up as needed.*

- (c) spectacles; and*
- (d) a scarf.*

Each classroom or other teaching area should preferably have a pair of latex or household rubber gloves.

Latex or household rubber gloves should be available at every sports event and should also be carried by the playground supervisor.

First-aid kits and appropriate cleaning equipment should be stored in one or more selected rooms in the school or institution and should be accessible at all times, also by the playground supervisor.

Used items should be dealt with as indicated above

The contents of the first-aid kits, or the availability of other suitable barriers, should be checked each week against a contents list by a designated staff member of the school or institution. Expired and depleted items should be replaced immediately.

A fully equipped first-aid kit should be available at all school or institution events, outings and tours, and should be kept on vehicles for the transport of learners to such events.

All educators and other staff members, should be given appropriate information and training on HIV transmission, the handling and use of first-aid kits, the application of universal precautions and the importance of adherence universal precautions.

Educators and other staff members should be trained to manage their own bleeding or injuries and to assist and protect others.

Learners, especially those in pre-primary and primary schools, and students should be instructed never to touch the blood, open wounds, sores, breaks in the skin, grazes and open skin lesions of others, nor to handle emergencies such as nosebleeds, cuts and scrapes of friends on their own. They should be taught to call for the assistance of an educator or other staff member immediately.

Learners and students should be taught that all open wounds, sores, breaks in the skin, grazes and open skin lesions on all persons should be kept covered completely with waterproof dressings or plasters at all times, not only when they occur in the school or institution environment.

All cleaning staff, learners, students, educators and parents should be informed about the universal precautions that will be adhered to at a school or an institution.

A copy of this policy must be kept in the media centre of each school or institution.

PREVENTION OF HIV TRANSMISSION DURING PLAY AND SPORT

The risk of HIV transmission as a result of contact play and contact sport is generally insignificant.

The risk increases where open wounds, sores, breaks in the skin, grazes, open skin lesions or mucous membranes of learners, students and educators are exposed to infected blood.

Certain contact sports may represent an increased risk of HIV transmission.

Adequate wound management, in the form of the application of universal precautions, is essential to contain the risk of HIV transmission during contact play and contact sport.

No learner, student or educator may participate in contact play or contact sport with an open wound, sore, break in the skin, graze or open skin lesion.

If bleeding occurs during contact play or contact sport, the injured player should be removed from the playground or sports field immediately and treated appropriately. Only then may the player resume playing and only for as long as any

open wound, sore, break in the skin, graze or open skin lesion remains completely and securely covered.

Blood-stained clothes must be changed.

The same precautions should be applied to injured educators, staff members and injured spectators.

A fully equipped first-aid kit should be available wherever contact play or contact sport takes place.