

## **THEODOR HERZL SCHOOLS' POLICY GUIDELINES ON HIV/AIDS**

The Theodor Herzl Schools' Policy Guidelines on HIV/AIDS is based on the draft national Policy on HIV/AIDS which was published as a General Notice in the ***Government Gazette*** dated 11 December 1998.

*In keeping with international standards and in accordance with education law and the constitutional guarantees of the right to basic education, the right not to be unfairly discriminated against, the right to life and bodily integrity, the right to privacy, the right to freedom of access to information, the right to freedom of conscience, religion, thought, belief and opinion, the right to freedom of association, the right to a safe environment, and the best interest of a child, the following policy shall constitute national policy.*

### **1. Definitions**

- 1.1 In this policy guidelines all terms and expressions used have the meaning that has been assigned to them in the South African Schools' Act (No 98 of 1998) and the Employment of Educators Act (No 76 of 1998) or, unless the context otherwise indicates, the following shall have meanings assigned hereunder -
- 1.2 "the school" means Theodor Herzl Schools
- 1.3 "management team" means the professional Executive of the school
- 1.4 "HIV" means the human immune deficiency virus;
- 1.5 "AIDS" means the acquired immune deficiency syndrome, that is the final phase of HIV infection; and
- 1.6 "Universal precautions" refers to the concept used worldwide in the context of HIV/AIDS to indicate the standard infection control procedures of precautionary measures aimed at the prevention of HIV transmission from one person to another and includes instructions concerning basic hygiene and wearing of protective clothing such as rubber gloves.

### **2. Non-discrimination and equality with regard to learners and educators with HIV/AIDS**

- 2.1 No learner or educator with or perceived to have HIV/AIDS may be unfairly discriminated against.
- 2.2 Learners and educators with HIV/AIDS should be treated in a just, humane and life-affirming way, taking into account the fears, objections and the rights of all parties affected - a fair and balanced stance is necessary in the interest of the school community.
- 2.3 Any special measures required in respect of a learner or educator with HIV should be fair and justifiable in the light of medical facts, school conditions, and must be financially feasible, considering a balancing of interests of the learner and educator with HIV/AIDS and those of other learners and their parents or educators.

### **3. HIV/AIDS testing: the admission of learners to the school and the appointment of educators**

- 3.1 No learner may be denied continued attendance at the school on account of his or her HIV/AIDS status or perceived HIV/AIDS status. However, that learner may be expected to pay an additional fee to meet the added burden on the school to accommodate an HIV/AIDS learner.
- 3.2 No educator may be denied the right to teach or to be promoted on account of his or her HIV/AIDS status or perceived HIV/AIDS status. HIV/AIDS status may not be the reason for dismissal of an educator.
- 3.3 Learners are expected to attend classes in accordance with school requirements for as long as they are able to function effectively and pose no medically significant risk to others at the school.
- 3.4 If and when learners with HIV/AIDS become incapacitated through illness, or pose a risk to others at the school, the school should make academic work available to them for study at home and parents should, where practically possible, be allowed to educate their children at home, at the request of parents. All such arrangements are to be made by the parent in conjunction with the Management Team. Any additional costs in this regard are to be borne by the parents.

### **4. Disclosure of HIV/AIDS-related information and confidentiality**

- 4.1 No learner (or parent on behalf of a learner), or educator, may be compelled to disclose his or her HIV/AIDS status to the school, as the case may be.
- 4.2 Genuine voluntary disclosure of HIV/AIDS is welcomed and strongly encouraged. In the event of voluntary disclosure, it may be in the best interests of a learner with HIV/AIDS if a member of the Management Team of the school is informed of his or her HIV/AIDS status, either by the learner or by the learner's parent(s).
- 4.3 Any person to whom any information about the medical condition of a learner or educator with HIV/AIDS has been divulged, is expected to keep this information confidential.
- 4.4 Disclosures to third parties may nevertheless be authorized with the informed consent of the learner (if the learner is above the age of 14 years), or his or her parent, or by the written consent of the educator, or as is justified by statutory or legal authorization, or necessity, as would be in the case of an emergency.

### **5. Safe Theodor Herzl environment**

- 5.1 Theodor Herzl will implement universal precautions to effectively eliminate the risk of transmission of all blood-borne pathogens, including HIV, in the school environment, as far as is possible.
- 5.2 The basis for advocating the consistent application for universal precautions lies in the assumption that in situations of potential exposure to HIV, all persons are potentially infected and all blood and body fluids and excretions which could be stained or contaminated with blood (for example tears, saliva, mucus, phlegm, urine, vomit, faeces and pus) is therefore to be treated as potentially infectious.

- 5.3 Blood, especially in large spills such as from nosebleeds, should be handled with extreme caution.
- 5.4 Skin exposed accidentally to blood should be cleaned promptly with water and disinfectant, in every instance.
- 5.5 All bleeding wounds, sores, breaks in the skin, grazes and open skin lesions should be cleaned immediately with a suitable antiseptic such as hypochlorite (for instance bleach or Milton), 2% gluteraldehyde (for instance Cider), organic iodines, or 70% alcohol (for instance ethyl alcohol or isopropyl alcohol).
- 5.6 If there is a biting or scratching incident where the skin is broken, the wound should be washed thoroughly with running water and disinfectant.
- 5.7 Blood splashes on the face (mucous membranes of eyes, nose or mouth) should be flushed with running water for at least three minutes.
- 5.8 All open wounds, sores, breaks in the skin, grazes and open skin lesions should be covered securely with a non-porous or waterproof dressing or plaster so that there is no risk of exposure to blood.
- 5.9 Cleansing and washing should always be done with running water and not in containers of water. Where running tap water is not available containers should be used to pour water over the area to be cleansed.
- 5.10 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 to exclude the risk of HIV transmission effectively. However, emergency treatment should not be delayed because gloves are not available. Bleeding can be managed by compression with material that will absorb the blood, for example a towel. People who have skin lesions should not attempt to give first aid when no latex gloves are available.
- 5.11 If blood has contaminated a surface, that should be cleaned with fresh, clean bleach solution and the person responsible for this should wear latex gloves. Other body fluids and excretions that could be stained or contaminated with blood (for instance tears, saliva, mucus, phlegm, urine, vomit, faeces and pus) should be cleaned up in similar fashion.
- 5.12 Blood-contaminated materials should be sealed in a plastic bag and incinerated or sent to an appropriate disposal firm.
- 5.13 If instruments (for instance scissors) become contaminated with blood or other body fluids, they should be washed and placed in a strong bleach solution for at least one hour before drying and re-use.
- 5.14 At least two first-aid kits, each of which contains the following should be available upon the school premises, and accessible from the playground and sports fields:
  - Two large and two medium pairs of disposable latex gloves;

- Two large and two medium pairs of rubber household gloves for handling blood-soaked materials in specific instances (for example when broken glass makes the use of latex gloves inappropriate);
- Absorbent material, waterproof plasters, disinfectant (such as hypochlorite), scissors, cottonwool, 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.

5.15 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 in above, such as:

- Unbroken plastic packets for indoor and outdoor use on hands where latex or rubber gloves are not available, and
- Common household bleach for use as disinfectant, diluted one part to nine parts water (1:9 solution) made up as needed.

5.16 All learners, educators and other staff members, including sports coaches should be **given appropriate information** and training on HIV transmission, the application of universal precautions and the importance of adherence thereto.

5.17 Learners, especially those in pre-primary and primary school, 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 members.

5.18 Parents of learners and students should be informed about the universal precautions that will be adhered to at a school or an institution.

## 6. Prevention of HIV transmission during play and sport

Considering:

- 6.1 The risk of HIV transmission as a result of contact play and contact sport is generally insignificant.
- 6.2 The risk increases where open wounds, sores, breaks in the skin, grazes, open skin lesions or mucous membranes of learners, students and educators without HIV are exposed to infected blood.
- 6.3 Certain contact sports (such as rugby and boxing) may represent an increased risk of HIV transmission.
- 6.4 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.
- 6.5 No learner or student may participate in contact play or contact sport with an open wound, sore, break in the skin, graze or open skin lesion.

Therefore:

- 6.6 If bleeding occurs during contact play or contact sport, the injured player should be taken off the playground or sports field immediately and appropriately treated. 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 securely covered.
- 6.7 Soiled clothes must be changed.
- 6.8 The same precaution should be applied to injured educators or staff members and injured spectators.
- 6.9 Sports participants, including coaches, with HIV/AIDS should preferably seek medical counselling before participation in sport, in order to assess risks to their own health as well as the risk of HIV transmission to other participants.
- 6.10 Staff members acting as sports administrators, managers and coaches should ensure the availability of first-aid kits and the adherence to universal precautions in the event of bleeding during sports participation.

## **7. Education on HIV/AIDS at Theodor Herzl**

- 7.1 A continuing HIV/AIDS education programme must be implemented to all Theodor Herzl learners, educators and other staff members.
- 7.2 Age-appropriate education on HIV/AIDS must form part of the curriculum for all learners and should be integrated in the life-skills education programme for pre-primary, primary and secondary school learners. This should include the following:
  - Providing information on HIV/AIDS in South Africa and developing the life skills necessary for the prevention of these;
  - Inculcating, from an early age onwards, basic first-aid principles, including how to deal with bleeding;
  - Emphasizing the role of drugs, sexual abuse and violence in the transmission of HIV;
  - Encouraging learners to make use of health care, counseling and support service (including services related to reproductive health care and the prevention and treatment of sexually transmitted diseases) offered by community service organisations and other disciplines;
  - Teaching learners and students how to behave towards those with HIV/AIDS;
  - Providing information on appropriate prevention and avoidance measures including abstinence from sexual intercourse, the use of condoms and the application of universal precautions.
- 7.3 Education and information regarding HIV/AIDS must be given in an accurate and scientific manner and in language and terms that are understandable.

7.4 Parents of learners must be informed about all HIV/AIDS education offered at the school and institution, the learning content and methodology to be used as well as values that will be imparted. They should be invited to participate in parental guidance sessions and should be made aware of their role as sexuality educators and imparters of values at home.

## **8. Duties and responsibilities of learners, educators and parents**

8.1 All learners and educators should respect the right of other learners and educators.

8.2 It should be emphasized that the ultimate responsibility for a learner's behaviour rests with his or her parents. Parents of all learners:

- Are expected to require learners to observe all rules aimed at preventing behaviour which may create the risk of HIV transmission;
- Are encouraged to take an active interest in acquiring any information or knowledge on HIV/AIDS supplied by the school, and to attend meetings convened for them by the school.

8.3 It is recommended that a learner or educator with HIV/AIDS and his or her parent, in the case of learners, should obtain medical opinion to assess whether the learner or educator, owing to his or her condition or conduct, poses a medically recognized significant health risk to others. If such a risk is established, the Principal of the school and the Chairman of the School Board must be informed. The Principal of the school, after consulting with the Chairman of the School Board, must take the necessary steps to ensure the health and safety of the other learners, educators and other staff members.

8.4 Educators have a particular duty to ensure that the rights and dignity of all learners and educators are respected, protected and promoted.

## **9. Refusal to study with or teach a learner with HIV/AIDS or to work with an educator with HIV/AIDS**

9.1 Refusal to study with a learner or to work with an educator with or perceived to have HIV/AIDS should be pre-empted by providing accurate and understandable information on HIV/AIDS to all educators, as well as to learners and their parents.

9.2 Nevertheless, learners who refuse to study with a fellow learner, or educators who refuse to work with a fellow educator or to teach a learner with or perceived to have HIV/AIDS, should be counselled.

9.3 The situation should be resolved by the Principal and educators and, if necessary, with the assistance of the School Board in accordance with the principles contained in this policy.

**NOTE:** These policy guidelines have been prepared by Dr B Vallabh and Mr G Bikha for Shree Bharat Sharda Mandir (SBSM) School, and have been adapted for use at Theodor Herzl Schools. We express our appreciation to them for allowing us to adopt this policy document for use in our school.

*Reviewed April 2017*