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GENERAL NOTICE

DEPARTMENT OF EDUCATION

NOTICE 3006 OF 1998

NATIONAL EDUCATION POLICY ACT, 1996 (NO. 27 OF 1996)

CALL FOR COMMENT ON THE DRAFT NATIONAL POLICY ON HIV/AIDS, FOR LEARNERS AND EDUCATORS IN PUBLIC SCHOOLS, AND STUDENTS AND EDUCATORS IN FURTHER EDUCATION AND TRAINING INSTITUTIONS

The Minister of Education hereby publishes draft national policy on HIV/AIDS for learners in public schools, and students and educators in further education and training institutions in terms of section 3(4) of the National Education Policy Act, 1996 (No. 27 of 1996). This policy, once determined, is intended to apply uniformly in the country as a whole, and in the event of conflict with any provincial law, is intended to prevail over such law in terms of section 146 of the Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996) and section 3(3) of the National Education Policy Act, 1996 (No. 27 of 1996).

Comments are invited from interested parties on the draft policy in the Schedule and should reach the Department not later than 6 February 1999.

Comments should be directed to the Director-General, Private Bag X895, Pretoria, 0001, for attention: Ms M Locke. The comments may also be faxed to (012) 326-9128 or sent by E-mail to Swart.C@educ.pwv.gov.za.

The name, address, telephone number and fax number of the person, governing body or organisation responsible for submitting the comment must be provided.

We wish to acknowledge the invaluable assistance of the following ministries and bodies in the preparation of this draft policy:

Ministry of Health

Ministry of Justice

South African Law Commission (Project Committee on HIV/AIDS under the leadership of Mr Justice Edwin Cameron)

SCHEDULE

DEPARTMENT OF EDUCATION

NATIONAL EDUCATION POLICY ACT, 1996 (NO. 27 OF 1996)

DRAFT NATIONAL POLICY ON HIV/AIDS FOR LEARNERS AND EDUCATORS IN PUBLIC SCHOOLS AND STUDENTS AND EDUCATORS IN FURTHER EDUCATION AND TRAINING INSTITUTIONS

In keeping with international standards and in accordance with education law and the constitutional guarantees of the right to a 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 interests of the child, the following policy shall constitute national policy.

1. DEFINITIONS

- 1.1 In this policy any expression to which a meaning has been assigned in the South African Schools Act (No. 84 of 1996), the Further Education and Training Act (No. 98 of 1998) and the Employment of Educators Act (No. 76 of 1998), shall have that meaning and, unless the context otherwise indicates -

"HIV" means the human immune deficiency virus;

"AIDS" means the acquired immune deficiency syndrome, that is the final phase of HIV infection; and

"Universal precautions" refers to the concept used worldwide in the context of HIV/AIDS to indicate standard infection control procedures or precautionary measures aimed at the prevention of HIV transmission from one person to another and includes

instructions concerning basic hygiene and the wearing of protective clothing such as rubber gloves.

"Institution" means an institution for further education and training, including an institution contemplated in section 38 of the Further Education and Training Act, 1998 (No. 98 of 1998).

2. PREMISES

- 2.1 There are no known cases of the transmission of HIV in the school or institution environment.
- 2.2 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 that these fluids can cause transmission of HIV.
- 2.3 Because of the increase in infection rates, learners, students and educators with HIV/AIDS will increasingly form part of the population of schools and institutions. More and more children who acquire HIV prenatally will, with better medical care, reach school-going age and attend primary schools. Indications that young people are sexually active mean that increasing numbers of learners attending primary and secondary schools and students attending institutions might be infected. Moreover, evidence suggests an increasing risk of HIV transmission related to sexual abuse of children in our country. Intravenous drug abuse may also become an increasingly important source of HIV transmission among learners and students. Although the possibility is remote, recipients of infected blood products (for instance haemophiliacs), may also be present at schools and institutions.
- 2.4 Because of the nature of HIV antibody testing and the "window period" between infection and the onset of serious symptoms, it is impossible to know with absolute certainty who has HIV/AIDS and who does not. Even if mandatory testing for HIV/AIDS were to form part of a school's or institution's admission requirements or requirements

for employment of educators (which it does not) and even if testing were repeated at regular intervals, it would be impossible to know with certainty who is infected and who is not, or to identify all learners and educators with HIV/AIDS effectively. Testing for HIV/AIDS and excluding those who test positive are therefore not considered meaningful ways in which to achieve an HIV/AIDS-free school or institution environment.

2.5 Compulsory disclosure of a learner's or student's HIV/AIDS status to school or institution authorities respectively is not advocated as this would serve no meaningful purpose. Any learner or student with HIV/AIDS, or his or her parent, would, however, be free to disclose such information voluntarily. Genuine 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.

2.6 Learners and students with HIV/AIDS should lead as full a life as possible and should not be denied the opportunity to receive an education to the maximum of their ability. Likewise, educators with HIV/AIDS should lead as full a professional life as possible with the same rights and opportunities as other educators and with no unfair discrimination being practised against them. Their infection as such does not expose others to significant risks within the school, institution or professional environment that cannot be eliminated by ordinary measures or reasonable adaptations.

2.6.1 The insignificant risk of transmission of HIV in the school or institution environment 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.

2.6.2 Strict adherence to universal precautions under all circumstances in the school or institution is advised.

2.6.3 Current scientific evidence suggests that the risk of HIV transmission during teaching, sport and play activities is also 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 class, a laboratory or on the sports field 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 indeed.

2.6.4 Public funds should be made available to ensure the application of universal precautions and the supply of adequate information and education on HIV transmission. The State's duty to take all reasonable steps to ensure safe school and institution environments are regarded as a sound investment in the future of South Africa.

2.7 The constitutional rights of all learners, students and educators must be protected on an equal basis. If it is therefore ascertained that a learner, student or educator poses a medically recognised significant health risk to others, appropriate measures may be taken. A medically recognised significant health risk in the context of HIV/AIDS could include the presence of untreatable contagious (highly communicable) diseases, uncontrollable bleeding, unmanageable wounds, or sexual or aggressive behaviour, which may create risk of HIV transmission. Furthermore, 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. Schools and institutions should inform parents of inoculation

programmes and of their possible significance for the well-being of learners and students with HIV/AIDS.

2.8 Learners and students must receive education about HIV/AIDS in the context of life-skills education on an ongoing basis. HIV/AIDS education should not be presented as isolated learning content. It should be presented in a scientific but understandable way.

2.8.1 The purpose of education about HIV/AIDS is to prevent the spread of HIV infection, to allay excessive fears of the epidemic, to reduce the stigma attached to it and to instill non-discriminatory attitudes towards persons with HIV/AIDS. Education should ensure that learners and students acquire age-appropriate knowledge and skills in order that they may adopt and maintain behaviour that will protect them from HIV infection.

2.8.2 In the primary grades, the regular educator should provide education about HIV/AIDS, while in secondary grades the guidance counsellor would ideally be the appropriate educator. Because of the sensitive nature of the learning content, the educator selected to offer this education should be specifically trained, should feel at ease with the content and should be a role-model with whom learners and students easily identify.

2.8.3 Ideally all educators should be trained to give guidance on HIV/AIDS. Educators should respect their position of trust and the constitutional rights of all learners and students in the context of HIV/AIDS.

2.9 In order to meet the demands of the wide variety of circumstances posed by the South African community and to acknowledge the importance of governing bodies, councils and parents in the education partnership, this national policy is intended as broad principles only. It is envisaged that the governing body of a school or institution, acting within its functions under the South African Schools Act, 1996 (No. 84 of 1996) and the council of a further education and training institution acting within its functions under the Further Education and Training Act, 1998 (No. 98 of 1998) or any provincial law,

should preferably give operational effect to the national policy by developing and adopting an HIV/AIDS policy at school and institutional level that would reflect the needs, ethos and values of a specific school or institution and its community within the framework of the national policy.

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

- 3.1 No learner, student or educator with or perceived to have HIV/AIDS may be unfairly discriminated against.
- 3.2 Learners, students and educators with HIV/AIDS should be treated in a just, humane and life-affirming way.
- 3.3 Any special measures in respect of a learner, student or educator with HIV should be fair and justifiable in the light of medical facts, school or institution conditions and in the best interest of the learner, student and educator with HIV/AIDS and those of other learners, students or educators.

4. HIV/AIDS TESTING AND THE ADMISSION OF LEARNERS TO SCHOOLS, STUDENTS TO INSTITUTIONS OR THE APPOINTMENT OF EDUCATORS

- 4.1 No learner or student may be denied admission to or continued attendance at a school or an institution on account of his or her HIV/AIDS status or perceived HIV/AIDS status.
- 4.2 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 a reason for dismissal of an educator, nor for refusing to conclude, or continue, or renew an educator's employment contract.
- 4.3 There is no medical or scientific justification for routinely testing learners, students or educators for evidence of HIV infection. The testing of learners or students for

HIV/AIDS as a prerequisite for admission to or continued attendance at school or institution is prohibited. The testing of educators for HIV/AIDS as a prerequisite for appointment or continued service is prohibited.

5. ATTENDANCE OF SCHOOLS AND INSTITUTIONS BY LEARNERS OR STUDENTS WITH HIV/AIDS

- 5.1 The needs of learners and students with HIV/AIDS with regard to their right to a basic education should as far as is reasonably practicable be accommodated within the school or institution.
- 5.2 Learners and students with HIV/AIDS are expected to attend classes in accordance with statutory requirements for as long as they are able to function effectively and pose no medically significant risk to others at the school or institution.
- 5.3 If and when learners and students with HIV/AIDS become incapacitated through illness, or pose a medically significant risk to others at a school or an institution, the school or institution 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 in terms of section 51 of the South African Schools Act, 1996 (No. 84 of 1996).
- 5.4 Learners and students who cannot be accommodated in this way or who develop HIV/AIDS-related behavioural problems or neurological damage should be accommodated, as far as is practically possible, within the education system in specialised residential institutions for learners with special education needs.

6. DISCLOSURE OF HIV/AIDS-RELATED INFORMATION AND CONFIDENTIALITY

- 6.1 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 an employer, as the case may be.

- 6.2 Genuine voluntary disclosure of HIV/AIDS status should be welcomed. In the event of voluntary disclosure, it may be in the best interests of a learner or student with HIV/AIDS if a member of the staff of the school or institution directly involved with the care of the learner or student is informed of his or her HIV/AIDS status, either by the learner or student concerned (if above the age of 14 years) or by the learner's or student's parent.
- 6.3 Any person to whom any information about the medical condition of a learner, student or educator with HIV/AIDS has been divulged must keep this information confidential.
- 6.3.1 Disclosure to third parties may nevertheless be authorised by the informed consent of the learner (if the learner is above the age of 14 years), the student or his or her parent, or by the written consent of the educator, or be justified by statutory or other legal authorisation.
- 6.3.2 Unauthorised disclosure of HIV/AIDS-related information could give rise to legal liability.

7. A SAFE SCHOOL AND INSTITUTION ENVIRONMENT

- 7.1 All schools and institutions should implement universal precautions to effectively eliminate the risk of transmission of all blood-borne pathogens, including HIV, in the school or institution environment.
- 7.1.1 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 and body fluids 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.

- (a) Blood, especially in large spills such as from nosebleeds, should be handled with extreme caution.
- (b) Skin exposed accidentally to blood should be cleaned promptly with water and disinfectant.
- (c) All bleeding wounds, sores, breaks in the skin, grazes and open skin lesions should ideally be cleaned immediately with a suitable antiseptic such as hypochlorite (for instance bleach or Milton), 2% glutaraldehyde (for instance Cider), organic iodines, or 70% alcohol (for instance ethyl alcohol or isopropyl alcohol).
- (d) If there is a biting or scratching incident where the skin is broken, the wound should be washed thoroughly with running water and disinfectant.
- (e) Blood splashes to the face (mucous membranes of eyes, nose or mouth) should be flushed with running water for at least three minutes.

7.1.2 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.

7.1.3 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.

7.1.4 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. However, people who have skin lesions should not attempt to give first aid when no latex gloves are available.

7.1.5 If blood has contaminated a surface, that surface should be cleaned with fresh, clean bleach solution and the person responsible for this should wear latex gloves. Other body fluids and excretions which 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.

7.1.6 Blood-contaminated material should be sealed in a plastic bag and incinerated or sent to an appropriate disposal firm.

7.1.7 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.

7.2 All schools and institutions should ideally have available at least two first-aid kits, each of which contains the following -

- (a) two large and two medium pairs of disposable latex gloves;
- (b) two large and two medium pairs of rubber household 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.

- 7.3 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 7.2, such as -
- (a) unbroken plastic packets for indoor and outdoor use on hands where latex or rubber gloves are not available; and
 - (b) common household bleach for use as disinfectant, diluted one part to nine parts water (1:9 solution) made up as needed.
- 7.4 Each classroom or other teaching area should preferably have a pair of latex or rubber household gloves.
- 7.5 Latex or rubber household gloves should be available at every sports event and should also be carried by the playground supervisor.
- 7.6 First-aid kits 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.
- 7.7 Used items should be dealt with as indicated in 7.1.6 and 7.1.7.
- 7.8 The contents of the first-aid kits, or the availability of other suitable barriers, should regularly be checked by a designated staff member of the school or institution and expired and depleted items should be replaced immediately.
- 7.9 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.
- 7.10 All learners, students, 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.

7.10.1 Learners, students, educators and other staff members should be trained to manage their own bleeding or injuries.

7.10.2 Learners, especially those in pre-primary and primary school, 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 the 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.

7.10.3 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 covered with waterproof dressing or plasters at all times, not only when they occur in the school or institution environment.

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

8. PREVENTION OF HIV TRANSMISSION DURING PLAY AND SPORT

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

8.1.1 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.

8.1.2 Certain contact sports (such as rugby and boxing) may represent an increased risk of HIV transmission.

8.2 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.

- 8.2.1 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.
- 8.2.2 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 as described in 7.1.1 to 7.1.4. 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.
- 8.2.3 Soiled clothes must be changed.
- 8.2.4 The same precautions should be applied to injured educators or staff members and injured spectators.
- 8.3 A fully equipped first-aid kit should be available wherever contact play or contact sport takes place.
- 8.4 Sports participants, including coaches, with HIV/AIDS should 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.
- 8.5 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.
- 8.6 Staff members acting as sports administrators, managers and coaches have special opportunities for meaningful education of sports participants with respect to HIV/AIDS. They should encourage sports participants to seek medical counselling where appropriate.

9. EDUCATION ON HIV/AIDS

- 9.1 A continuing HIV/AIDS education programme must be implemented at all schools and institutions for all learners, students, educators and other staff members.
- 9.2 Age-appropriate education on HIV/AIDS must form part of the curriculum for all learners and students and should be integrated in the life-skills education programme for pre-primary, primary and secondary school learners. This should include the following -
- 9.2.1 providing information on HIV/AIDS in South Africa and developing the life skills necessary for the prevention of these;
 - 9.2.2 inculcating from an early age onwards basic first-aid principles, including how to deal with bleeding;
 - 9.2.3 emphasising the role of drugs, sexual abuse and violence in the transmission of HIV;
 - 9.2.4 encouraging learners and students to make use of health care, counselling and support services (including services related to reproductive health care and the prevention and treatment of sexually transmitted diseases) offered by community service organisations and other disciplines;
 - 9.2.5 teaching learners and students how to behave towards persons with HIV/AIDS;
 - 9.2.6 cultivating an enabling environment and a culture of non-discrimination towards persons with HIV/AIDS; and
 - 9.2.7 providing information on appropriate prevention and avoidance measures, including abstinence from sexual intercourse, the use of condoms and the application of universal precautions.

9.3 Education and information regarding HIV/AIDS must be given in an accurate and scientific manner and in language and terms that are understandable.

9.4 Parents of learners and students 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.

10. DUTIES AND RESPONSIBILITIES OF LEARNERS, STUDENTS, EDUCATORS AND PARENTS

10.1 All learners, students and educators should respect the rights of other learners, students and educators.

10.2 The Code of Conduct adopted for learners at a school or students at an institution should include provisions regarding the unacceptability of behaviour that may create risk of HIV transmission.

10.3 The ultimate responsibility for a learner's or a student's behaviour rests with his or her parents. Parents of all learners and students:-

10.3.1 are expected to require learners or students to observe all rules aimed at preventing behaviour which may create risk of HIV transmission; and

10.3.2 are encouraged to take an active interest in acquiring any information or knowledge on HIV/AIDS supplied by the school or institution, and to attend meetings convened for them by the governing body or council.

10.4 It is recommended that a learner, student or educator with HIV/AIDS and his or her parent, in the case of learners or students, should consult medical opinion to assess whether the learner, student or educator owing to his or her condition or conduct poses a medically recognised significant health risk to others. If such a risk is established the

principal of the school or institution, the Health Advisory Committee (as contemplated in paragraph 13 and where applicable) and the chairperson of the school governing body or council should be informed. The principal of the school or institution, after consulting those bodies, must take the necessary steps to ensure the health and safety of the other learners, students, educators and other staff members.

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

11. REFUSAL TO STUDY WITH OR TEACH A LEARNER OR STUDENT WITH HIV/AIDS OR TO WORK WITH AN EDUCATOR WITH HIV/AIDS

- 11.1 Refusal to study with a learner or student or to work with an educator with or perceived to have HIV/AIDS should be preempted by providing accurate and understandable information on HIV/AIDS to all educators, as well as to learners, students and their parents.
- 11.2 Learners and students who refuse to study with a fellow learner or student, or educators who refuse to work with a fellow educator or to teach a learner or student with or perceived to have HIV/AIDS, should be counselled.
- 11.3 The situation should be resolved by the principal and educators and, if necessary, with the assistance of the governing body of the school or the council of the institution in accordance with the principles contained in this policy.

12. SCHOOL AND INSTITUTIONAL LEVEL POLICIES

- 12.1 This national policy constitutes a set of basic principles.
- 12.2 Within the terms of its functions under the South African Schools Act, 1996 (No. 84 of 1996), the Further Education and Training Act, 1998 (No. 98 of 1998), or any applicable provincial law, the governing body of a school or the council of an institution may develop and adopt its own policy on HIV/AIDS to give operational effect to the

national policy. The policy of the school or institution may not deviate from the basic principles of the national policy.

- 12.3 Major role-players in the wider school or institution community (for example religious and traditional leaders, traditional healers and representatives of the medical or health care professions) should be involved in developing a policy on HIV/AIDS for the school or institution.
- 12.4 Within the basic principles laid down in this national policy the school or institution policy on HIV/AIDS should take into account the needs and values of the specific school or institution and the communities it serves. The consultation on school or institution policy could address and attempt to resolve complex questions, such as whether condoms need to be made accessible within a school or institution as a preventive measure, and if so under what circumstances.
- 12.5 In the absence of a school or institution policy on HIV/AIDS this national policy applies.

13. HEALTH ADVISORY COMMITTEE

- 13.1 Where community resources make this possible, it is recommended that each school and institution should establish its own Health Advisory Committee as a committee of the governing body or council. Where the establishment of such a committee is not possible, the school or institution may draw on expertise available to it within the education and health systems.
- 13.2 Where it is possible to establish a Health Advisory Committee, the Committee should -
- 13.2.1 be set up by the governing body or council and should consist of educators and other staff, representatives of the parents of learners at the school or students at the institution, representatives of the learners or students, and representatives from the medical or health care professions;

13.2.2 elect its own chairperson who should preferably be a person with knowledge in the field of health care;

13.2.3 advise the governing body or council on all HIV/AIDS-related matters and especially what is considered to be a medically recognised significant health risk in connection with HIV/AIDS;

13.2.4 be responsible for developing and promoting a school or institution level policy on HIV/AIDS and review it from time to time, especially as new scientific knowledge about HIV/AIDS becomes available; and

13.2.5 be consulted on the provisions relating to the prevention of HIV transmission in the Code of Conduct.

14. IMPLEMENTATION

14.1 The Minister or Member of the Executive Council responsible for Education, as applicable, is responsible for the implementation of this policy, in accordance with his or her responsibilities in terms of the Constitution and any applicable law.

14.2 The principal or the head of a hostel is responsible for the practical implementation of this policy at school, institutional or hostel level respectively, and for maintaining an adequate standard of safety according to this policy.

14.3 It is recommended that a school governing body or the council of an institution should take all reasonable measures within its means to supplement the resources supplied by the state in order to ensure the availability at the school or institution of adequate barriers (even in the form of less sophisticated material) to prevent contact with blood or body fluids.

14.4 Strict adherence to universal precautions under all circumstances (including play and sports activities) is advised as the state will be liable for any damage or loss caused as

a result of any act or omission in connection with any educational activity conducted by a public school or institution.

15. REGULAR REVIEW

This policy will be reviewed regularly and adapted to changed circumstances.

16. APPLICATION

This policy applies to public schools which enroll learners in one or more grades between grade zero and grade twelve, to further education and training institutions and to educators.

17. INTERPRETATION

In all instances, this policy should be interpreted to ensure respect for the rights of learners, students and educators with HIV/AIDS as well as other learners, students, educators and members of the school and institution communities.

18. WHERE THIS DRAFT POLICY MAY BE OBTAINED

This draft policy may be obtained from The Director-General, Department of Education, Private Bag X895, Pretoria, 0001.

For further information, please see the ANNEXURE.

HIV/AIDS Workplace Resource Guide

20% of SA workforce
HIV+ by the year 2000



Condoms
Available Here



EUROPEAN UNION

AIDS HELPLINE
☎ 0800-012-322



HIV/AIDS and STD Directorate
Department of Health
Beyond Awareness Campaign

DEVELOPING AN HIV/AIDS POLICY IN THE WORKPLACE

HIV/AIDS Management can involve the following:

- Workplace policy development
- Risk analysis and impact assessment
- Advice on cost effective management of HIV/AIDS
- Manpower planning and capacity management
- Health care management
- Prevention programmes

HIV/AIDS MANAGEMENT SERVICES

Consulancy	Contact Name	Contact Details
AIDS Management and Support	Dr. Clive Evison	Tel: (011) 786 6492 Fax: (011) 786 6492 E-mail: clevise@con.co.za
Business and Practice Development	Mr. Charles Horobelle	Tel: (011) 469 0546 Fax: (011) 469 0546 Cell: 083 777 1959
HIV Management Services	Dr. Malcolm Steinberg/ Dr. Anthony Kinghorn	Tel: (011) 269 4033 Fax: (011) 884 7524 E-mail: anking@hiv.co.za
Metropolitan Life	Dr. Thomas Muhr	Tel: (021) 940 5177 Fax: (021) 940 5678 E-mail: thomas.muhr@metlife.co.za
Mr. Health Institute	Dr. L. McDonald	Tel: (012) 663 8111 Fax: (012) 663 3009 E-mail: mhealth@pup.co.za
Southern Life Association - AIDS Management Consulancy	Mr. Wayne Myslik	Tel: (021) 658 0963 Tel: (021) 658 0347 E-mail: wmyslik@afrika.com
University of Natal - Health Economics and HIV/AIDS Research Division	Prof. Alan Whiteside	Tel: (031) 260 2590 Fax: (031) 260 2587 E-mail: whiteside@hphs2.und.ac.za

LEGAL CONSULTANTS

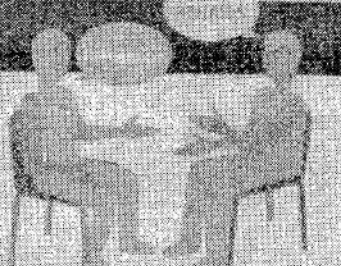
Legal consultants can offer advice on AIDS and employment law, employment policies, unfair labour practices and assistance to trade unions.

AIDS Legal Network	Ms. Mary Caesar	Tel: (021) 448 3812 Fax: (021) 448 4089
Centre for Applied Legal Studies / AIDS Law Project	Mr. Mark Heywood	Tel: (011) 403 6918 Fax: (011) 403 2341 E-mail: 125ma3he@sonlaw.wits.ac.za
Lawyers for Human Rights	Ms. Ann Sirode	Tel: (0331) 421 130 Fax: (0331) 949 522 E-mail: hlypm@wn.opc.org
Legal and Human Rights Programme (National Department of Health, HIV/AIDS & STDs Directorate)	Ms. Ann Sirode & Ms. Catherine Barrett	Tel: (0331) 421 130 Fax: (0331) 949 522

For further HIV/AIDS management and legal services contact ATTICA or Provincial Health Departments.
Services offered nationally

PREVENTION OF HIV/AIDS

There is presently no cure for HIV/AIDS and for this reason prevention of HIV infections is imperative. Prevention initiatives could include distributing educational materials, staging theatre performances and ensuring accessible condom supplies.



1. AWARENESS/EDUCATIONAL PROGRAMMES

The most effective contribution to HIV/AIDS prevention is the provision of HIV/AIDS awareness and education in the workplace.

Organisation/Department	Contact Details
a) Educational Resources	
Catalogue of HIV/AIDS materials: National Department of Health, HIV/AIDS & STDs Directorate	Tel: (012) 312 0121 Fax: (012) 328 5743
Film Resource Unit - Videos	Tel: (011) 838 4280/1/2 Fax: (011) 838 4451
AIDS HELPLINE	Tel: 0800 012 322
ATICCs	see back page
Provincial Health Departments	see back page
b) Industrial Theatre	
Hecate*	Tel: (011) 465 8748 Fax: (011) 465 4079
Raintree*	Tel: (011) 325 5535 Fax: (011) 325 5540
AREPP - African Research and Educational Puppetry Program*	Tel: (011) 483 1024/5 Fax: (011) 483 1786
CJ Industrial Theatre Consultants*	Tel/Fax: (016) 815 638 cell: 083 726 4596
c) Peer Education Training	
AIDS Education and Training	Tel: (011) 726 1495 Fax: (011) 726 8673
Mx Health Institute Ms. Engela Roos	Tel: (012) 663 8111 Fax: (012) 663 3009
Project Support Group (Zimbabwe) Prof. David Wilson	Tel: (09 263 4) 334 830 Fax: (09 263 4) 333 407 E-mail: david@psg.uz.zw
ATICCs (service/referral)	see back page
d) Presentations by People Living with HIV/AIDS (PWAs)	
NAPWA (service)	see back page
Old Mutual - "I Have Hope" Peer Group Project*	Tel: (021) 509 6769 Fax: (021) 509 5193
Metropolitan Life - Eduaidis Project*	Tel: (021) 940 6121 Fax: (021) 253 348
ATICCs (referral)	see back page

*services offered nationally

2. UNIVERSAL PRECAUTIONS

Universal precautions when administering first aid to injured personnel are recommended.

Organisation	Contact Details
Interim Medical and Dental Council	Tel: (012) 328 6680 Fax: (012) 328 5120
St. Johns Ambulance*	Tel: (011) 646 5520 Fax: (011) 646 5845
South African Occupational Health Nursing Association *	Tel: (011) 239 3743 Fax: (011) 239 3702
South African Society of Occupational Medicine*	Tel/Fax: (012) 667 5160

3. CONDOMS

Access to condoms in the workplace is essential. Condoms can be supplied freely to staff or sold through internal outlets and vending machines.

a) Free Condom Supply

Provincial Health Departments	see back page
ATICCs	see back page

b) Subsidised Condoms (Social Marketing)

Society for Family Health*	Tel: (011) 482 1427 Fax: (011) 482 3333
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c) Commercial Condom Supply

Durex	Tel: (011) 314 3102 Fax: (011) 314 3210
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d) Condom Distribution

Condom dispensers (free condoms):

Condocan	Tel/Fax: (011) 786 6492
Society for Family Health	Tel: (011) 482 1427 Fax: (011) 482 3333
Chapmar Industries	Tel: (011) 452 1101 Fax: (011) 609 3898

Condom Vending Machines (socially marketed condoms):

Society for Family Health*	Tel: (011) 482 1427 Fax: (011) 482 3333
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WELLNESS MANAGEMENT

The impact of the disease on HIV positive employees as well as the spread of HIV and other sexually transmitted diseases (STD's) can be reduced with regular health care and support.

1. TREATMENT OF STDs

Treatment of STD's dramatically reduces the risk of contracting HIV (see also Health Care #)

Organisation/Department	Contact Details
AIDS Management and Support – Dr. Clive Evison	Tel/Fax: 786 9492 Cell: 082 456 3717
DoH, HIV/AIDS & STDs Directorate, Dr. David Coetzee	Tel: (012) 312 0129 Fax: (012) 326 2891
STD Reference Centre - SAHMR	Tel: (011) 489 9490 Fax: (011) 489 9492
ATICCs (service and referral)	see back page

2. TESTING

Mandatory HIV testing is strongly discouraged. Employees can be referred for voluntary and confidential testing and counselling.

ATICCs (service and referral)	see back page
Provincial Health Depts (referral)	see back page
Provincial Government Hospitals	
Private pathologists	

3. COUNSELLING

Counselling is important for the physical and mental wellbeing of HIV positive employees and their families.

ATICCs (service & referral)	see back page
Life Line Southern Africa* (service & referral)	Tel: (011) 880 9676 Fax: (011) 447 4084
NAPWA (service and referral)	see back page
AIDS HELPLINE	Tel: 0800 012 322

4. HEALTH CARE*

Early treatment of opportunistic diseases through on site primary care services or referral can reduce health costs.

South African Occupational Health Nursing Association *	Tel: (011) 239 3743 Fax: (011) 239 3702
South African Society of Occupational Medicine*	Tel/Fax: (012) 667 5160

5. TB TREATMENT

By attacking the immune system HIV increases a persons chances of developing TB. With correct treatment this opportunistic disease can be cured in HIV positive people.

DoH, HIV/AIDS & STDs Directorate, Dr. H. Hausler	Tel: (012) 312 0121 Fax: (012) 326 2891
SANTA (South African National Tuberculosis Association)*	Tel: (011) 454 0260 Fax: (011) 454 0096
TB Alliance*	Tel: (021) 946 3873 Fax: (021) 946 3830
TB Care Association	Tel: (021) 400 3787 Fax: (021) 211980

6. HOSPICE/HOME BASED CARE

A person in the terminal stages of the disease can be referred to a hospice.

Hospice Association of South Africa*	Tel: (021) 531 2094 Fax: (021) 731 7917
Red Cross Society*	Tel: (011) 486 1313/4 Fax: (011) 486 1092

Further Resources and Information

PUBLICATIONS

- * "Guidelines for Developing a Workplace Policy and Programme on HIV/AIDS and STDs"
- * South African AIDS Network - Directory
- * "AIDS and the Law - a Resource Manual"
- * Employment Code of Good Practice

National Department of Health, HIV/AIDS & STDs Directorate, Tel: (012) 312 0121

AIDS Law Project and Lawyers for Human Rights, Tel: (011) 403 6918

NETWORKING /FORUMS

AIDS and the Workplace Forum - DoH, HIV/AIDS and STDs Directorate
South African AIDS Business Council (Mr. Wayne Myslik)
AIDS Consortium (Ms. Marna Cornell)

Tel: (012) 312 0121
Tel: (021) 658 0963
Tel: (011) 403 0265

*services offered nationally



"The deployment of energies and resources; the unity and commitment to common goals - all these are needed if we are to bring AIDS under control"
Nelson Mandela, Honorary President of the Global Business Council on AIDS

The HIV/AIDS epidemic poses one of the greatest challenges to business development in South Africa. HIV-related absenteeism, loss of productivity and the cost of replacing workers lost to AIDS threaten the survival of businesses and industrial sectors and threaten the transformation of the public sector.

To bring AIDS under control the workplace plays a pivotal role. Energies and resources can be invested in the following ways:

- **Develop an HIV/AIDS policy to clarify human resource issues relating to HIV/AIDS.**
- **Introduce prevention programmes to curb the spread of HIV.**
- **Institute wellness management measures to maintain the health of HIV positive employees.**

This HIV/AIDS Workplace Resource Guide offers a sample of resources available to assist in the establishment of an HIV/AIDS programme in your workplace.



The Office of the President began its HIV/AIDS programme by staging HIV/AIDS performances and making condoms available to all staff.



ESKOM is one of the first companies to offer HIV positive employees anti-retroviral treatment as part of their medical aid scheme.



Woolworths has trained their occupational health nurses as AIDS counsellors and an employee in each store as a peer educator.



Alusaf, Mondi, Portnet, Richards Bay Coal Terminal and Richards Bay Minerals have joined forces to fund a hospice for employees with AIDS.



Following an AIDS impact study the Gauteng Government secured an additional HIV/AIDS budget of R47 million for an intersectoral HIV/AIDS programme.

HIV/AIDS Policy Framework

Employment
 Applicants for employment are required to pass a standard pre-employment medical examination. This does not include an HIV test. Employees who become HIV+ will continue to be employed until they become medically unfit to work.

Employee Benefits
 Medical assistance will be provided for HIV+ employees in accordance with the rules of the relevant medical scheme. When an employee is no longer able to continue in employment due to ill-health, the company's rules governing ill-health and retirement will apply.

Confidentiality
 An employee who becomes HIV+ will not be obligated to inform management.

Counselling
 Access to appropriate support and counselling services will be made available to all employees affected by the disease.

Education
 Information and education programmes on HIV and AIDS will be made available to all employees.

Policy Review
 This policy will be reviewed on a regular basis.

Anglo American distributed a policy framework to all their companies to assist in their own policy development (as above).



Old Mutual sponsors a nation-wide AIDS education initiative in schools, workplaces and communities. This social investment programme is conducted by a person living with HIV/AIDS.

This Resource Guide complements the manual "Guidelines for Developing a Workplace Policy and Programme on HIV/AIDS and STDs" which offers more detailed information on the planning and implementation of a successful workplace HIV/AIDS programme. The manual is available from the Department of Health. Contact Ms. Ria Schoeman, (012) 312 0119.

GENERAL REFERENCE

AIDS Training Information and Counselling Centres (ATICCs)

City	Contact Person	Tel	Fax
Bloemfontein	Ms. Daleen Raubenheimer	(051) 405 8544	(051) 405 8818
Cape Town	Ms. Irish Van der Velde	(021) 400 3400/2184	(021) 419 5248
Durban	Mr. Themba Mdluli	(031) 300 3104	(031) 306 9294
East London	Ms. Rose Hegner	(0431) 342 096/383	(0431) 439 743
Qwa Qwa	Ms. Ansie Claasens	(058) 713 2572	(058) 713 2502
Johannesburg	Ms. Mary Crewe	(011) 725 6711/2	(011) 725 5966
Klerksdorp	ATICC Manager	(018) 464 2010	(018) 464 2151
Nelspruit	Mr. Elphas Nkosi	(013) 759 2167	(013) 752 3770
Pietermaritzburg	Ms. Heidi van Rooyen	(0331) 942 111	(0331) 423 245
Pietersburg	Mr. Herbie Smith	(015) 290 2363	(015) 290 2364
Port Elizabeth	Mrs. Jeeva Munsamy	(041) 506 1249 (041) 506 1415	(041) 506 1486
Pretoria	Ms. Marlene Fourie	(012) 308 8743	(012) 308 8754
Queenstown	Ms. Victoria Ndyamara	(0451) 82233 x 2291	(0451) 83244
Rodepoort	Ms. Antonia Barnard	(011) 763 1224	(011) 763 6588
Umtata	Mrs. Nokwanda Mzinyathi	(0471) 312 763	(0471) 311 944
Vanderbijlpark	Mr. Stanley Rangaza	(016) 950 5337/8	(016) 981 9722
Welkom	Ms. Joanne Bartlett	(057) 353 3029	(057) 352 9277
Witbank	Mr. Gerhard Burger	(0135) 906 204	(0135) 906 459

Provincial Health Departments

Province	HIV/AIDS coordinator	Tel	Fax
Eastern Cape	Ms. Marlene Poolman	(040) 609 3463/57	(040) 635 0072
Free State	Ms. Ntsiki Jolingana	(051) 403 3855/58 083 305 8768	(051) 403 3851
Gauteng	Dr. Liz Floyd	(011) 355 3866 082 372 0552	(011) 355 3386 (011) 838 1708
Kwazulu Natal	Mrs. Wanda Mhembu	(0331) 952 729	(0331) 426 744
Mpumalanga	Dr. Kelvin Billingham	(013) 752 8085 x2073	(013) 755 3549
North West	Ms. Christine Adonis	(0140) 87 5875/5421	(0140) 87 5332
Northern Cape	Ms. Jane Stuurman-Moleketi	(0531) 800 600	(0531) 33 814
Northern Province	Ms. Lorna Papo	(015) 295 2851	(015) 291 2925
Western Cape	Ms. Sylvia Abrahams	(021) 946 1500	(021) 946 3525

NAPWA (National Association of People Living with HIV/AIDS)

Province	Contact Person	Tel	Fax
National Office	Mr. Peter Busse	(011) 403 8113	(011) 403 4404
Gauteng	Mr. Ben Masuku	(011) 982 5451	(011) 982 5451
Kwazulu Natal	Mrs. Mercy Makhahlele	(031) 300 3914 082 676 6617	(031) 305 5032
Western Cape	Mr. Rick Stephen	(021) 24 1106	(021) 24 1107
North West	Mr. Martin Malete	(01465) 55763	(01465) 56655
Eastern Cape	Mr. Thanduxolo Doro	(041) 573397	(041) 544083

Please note: These numbers are subject to change but were correct at the time of going to print, September 1998

Keep South Africa Clean

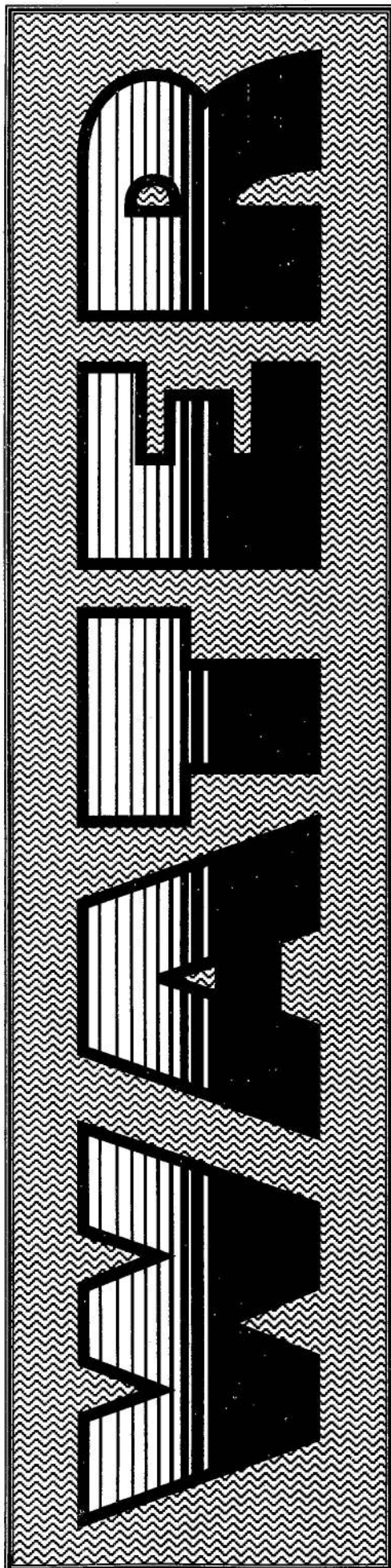


Throw trash where it belongs

Hou Suid-Afrika Skoon



Gooi rommel waar dit hoort



DON'T

WASTE

It!

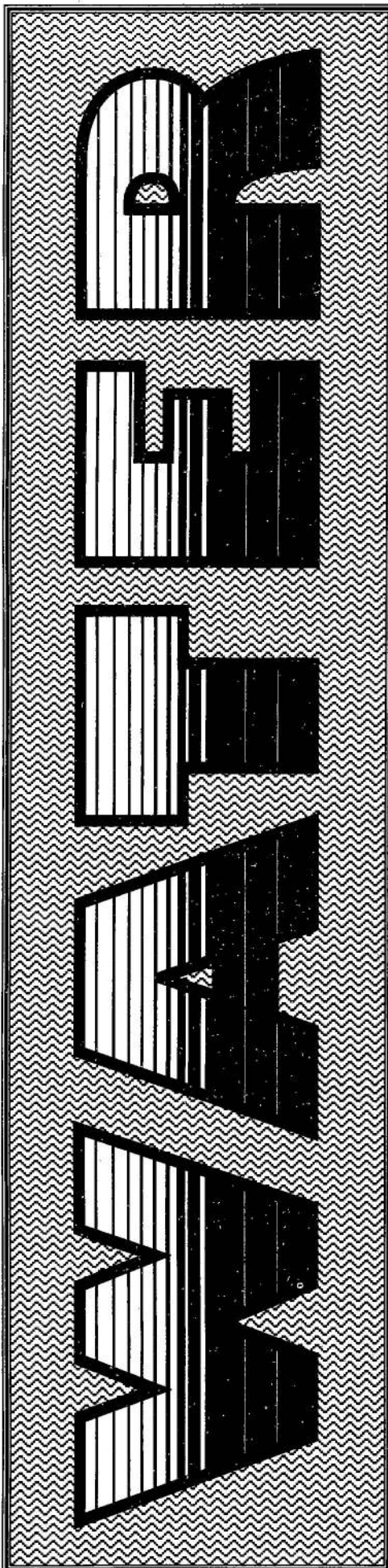




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CONTENTS*No.**Page
No. Gazette
 No.***GENERAL NOTICE****Education, Department of***General Notice*

- 3006 National Education Policy Act, 1996 (27/1996): Call for comment on the Draft National Policy on HIV/AIDS, for learners and educators in public schools, and students and educators in further education and training institutions 1 19603
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