

University of Port Elizabeth: Policy on HIV/AIDS

1. Preamble

The university recognizes that HIV/AIDS is a global concern and that South Africa as well as the rest of Southern Africa is experiencing an HIV/AIDS pandemic. Furthermore the University recognizes that HIV/AIDS is not merely a health issue but is a developmental challenge which concerns the entire University community as well as it's contextual society. The university as an institution is committed to playing a leadership role in addressing HIV/AIDS in order to mitigate the impact thereof, on an interinstitutional, intrainstitutional and extra institutional level. The university is committed to an internal policy, which is guided by the "Code of Good practice on Key Aspects of HIV and AIDS and Employment" and further advocates a comprehensive institutional response.

The University of Port Elizabeth (UPE) is committed to providing staff and students with an opportunity to pursue excellence and satisfaction in their academic and occupational endeavours and is fully committed to promoting the constitutional rights of every person on campus. The university will strive to achieve this by promoting the integration and infusion of HIV/AIDS into it's core functions of teaching, research and community engagement congruent with the mission statement of the institution. In this regard UPE will not allow discrimination against students or staff members who are, or are perceived to be, HIV positive or who have AIDS. Similarly, the university further commits itself to the implementation of universal precautions in the workplace and residences to prevent occupational seroconversion.

2. Legislation, which under-pins the Policy

The following legislation guides this policy:

- The Constitution and the Bill of Human Rights
- Promotion of Equality and Prevention of Unfair Discrimination Act (No 4 of 2000)
- Freedom and security of the person
- Privacy
- Labour Relations

- Access to health care
- Employment Equity Act (No55 of 1998)
- Labour Relations Act (No 66 of 1995)
- Occupational Health and Safety Act (No 85 of 1993)
- Compensation for Occupational Injuries and Diseases Act (No130 of 1993)
- Basic Conditions of Employment Act (No75 of 1997)
- Medical Schemes Act(No131 of 1998)
- Criminal Law Amendment Act (No 105 of 1997)

2.1 Components of the Policy

The policy has the following components:

14. Rights and responsibilities of staff and students infected and affected by HIV/AIDS
15. Protection against unfair discrimination on the basis of an HIV/AIDS status
16. Provision of prevention, care and support services on and off campus
17. The Admission of staff and students
18. Disclosure and confidentiality
19. Integration of HIV/AIDS into teaching, research and community engagement activities of all faculties

3. Responsibilities of staff and students

The responsibilities of both staff and students are in accordance with the Constitution of South Africa and relevant legislation as outlined in 2 and the government's draft Code of Good Practice on Key Aspects of HIV/AIDS and Employment.

3.1 Disciplinary Action

- Disciplinary action may be instituted by the relevant university authority on receipt of a formal grievance concerning alleged unfair discrimination on the basis of HIV/AIDS status or perceived status. Unfair discrimination on the basis of HIV/AIDS status or perceived status is considered a serious offence, a gross violation of fundamental rights and detrimental to the status of the University. Disciplinary action involves the process as set out by CCMA. UPE is committed to reviewing any proposals/benefits which specifically discriminate against those who are HIV positive or have AIDS.
- Each student and staff member has the responsibility to minimise his/her risk of HIV infection or transmission of HIV by taking appropriate precautions. Persons who know that they are HIV positive or who are concerned that they are infected with HIV or have AIDS are urged to seek medical advice regarding their health status to ensure proper medical care and knowledge about the disease . However, students with HIV/AIDS are encouraged to lead

as full a life as possible and will not be denied the opportunity to receive an education to the maximum of their ability. Likewise, staff members are expected to lead as full a professional life as possible with the same rights and opportunities as other staff members.

4. Protection against unfair discrimination on the basis of an HIV/AIDS status

- No student or staff member with HIV/AIDS or who is perceived to have HIV/AIDS may be discriminated against.
- Students and staff members with HIV/AIDS should be treated in a just, humane and life-affirming manner.
- No student or staff member may be discriminated against based on his/her HIV/AIDS status. Any special measures, which may be voluntarily requested by a student or staff member, with HIV/AIDS, must remain confidential, be fair and justifiable in the light of objective medical reports and in terms of academic programme regulations or conditions of service and must always be conducted in the best interest of the infected individual.
- Students and staff members with HIV/AIDS are expected to attend programme activities/fulfill employment obligations in accordance with programme/employment requirements for as long as they are able to function effectively and as long as they pose no medically significant risk to others at the university.
- If and when students and staff members with HIV/AIDS become incapacitated through illness, or pose a medically significant risk to others at the university, the relevant programme team should as far as practically possible, consider alternative arrangements that will afford the student and staff member an opportunity to continue/complete his/her studies/delegated responsibilities.

5. Provision of Prevention, Care and Support Services on and off campus

The university is committed to the design and implementation of best practice models in the following key areas:

- Wellness programmes
- Prevention
- Care and support
- Student support and counselling
- Voluntary testing and counselling
- Management of Sexually Transmitted Infections and Reproductive Health Peer education mentoring and evaluation of existing programmes and advocacy

5.1 HIV testing for staff members and students

Tests conducted for HIV diagnostic purposes by the Campus Health Service will occur on a voluntary confidential basis with the necessary written informed

consent of the student or staff member, and with pre- and post-test counselling. Voluntary confidential testing and counselling is offered to the staff and students at no extra cost to the individual who may request this service. This service is offered on and off campus. Care and support services are available to staff and students and are co-ordinated from the campus health service.

UPE prohibits the testing of students or staff members for HIV/AIDS as a prerequisite for admission, employment, continued employment or promotion.

6. The admission of students and employment of staff

UPE is committed to reviewing any proposals/benefits, which specifically discriminate against those who are HIV positive or have AIDS.

- No student or staff member based on his/her HIV/AIDS status, may, for this reason, be denied employment, academic admission, access to university programs, facilities, events, bursaries, services, or any benefits provided to university employees or students.
- No staff member may be denied the right to teach or be promoted on account of his /her HIV/AIDS status or perceived status. HIV/AIDS status may not be a reason for dismissal of a staff member for refusing to conclude, continue or renew and employment contract. The symptoms and effects of AIDS may eventually be such that a staff member may be unable to continue with his/her normal duties. Under these circumstances the staff member is required to seek medical advice and to request the Department of Human Resources to inform him/her of the procedures for sick leave entitlements. An appropriate leave application and accompanying medical certificate should be submitted. Where retirement due to ill health is appropriate, the Department of Human Resources should be consulted.

7. Disclosure of information and confidentiality

- No student or staff member is compelled to disclose his/her HIV/AIDS status to the university.
- Voluntary disclosure of HIV/AIDS status should be welcomed. The Campus Health Service or the HIV/AIDS Clinic/ Student Counselling Service on campus is available for these purposes. In view of the increased risk of ill health, HIV/AIDS infected individuals should take responsibility for monitoring their own health and obtaining medical advice.
- Any person to whom information about the medical condition of the student or staff member with HIV/AIDS has been divulged is legally required to keep this information confidential.

- Disclosure to third parties may only be authorised by the written informed consent of the student or staff member.

Unauthorised disclosure of HIV/AIDS -related information can give rise to legal liability.

8. **Integration of HIV/AIDS into teaching, research and community engagement activities of all Faculties**

The university supports the Minister of Education's, Education coalition against HIV/AIDS through:

- Education/curriculum development
- Research
- Community outreach
- Management of HIV/AIDS
- Advocacy and stimulation of critical debate and,
- Inter and intra-sectoral collaboration

8.1 Teaching

- HIV/AIDS education will, where appropriate be incorporated into all the faculties. The manner in which this will be infused will be autonomous; all students however will receive training, which will empower them to manage/address HIV/AIDS in the world of work and in society as a whole.
- Under and postgraduate programmes in schools and faculties will be required to consider the achievement of the above. In the event of no integration, the relevant/responsible person/s will account to their Dean or Faculty Board.
- The university as an institution further is committed to ensuring individual awareness about the nature of the disease and supports programmes that promote the acquisition of life skills, behaviour change, and core values (non-racism, non-sexism, equality and the rule of law).

Education programmes regarding HIV/AIDS will, where possible, be made available to all staff and students. Programmes will not be limited to but will include information on:

- HIV/AIDS and its transmission and prevention, including precautions;
- Facilities available on campus including the HIV/AIDS Clinic and other health and counselling services available on campus as well as accessibility of condoms; and
- The UPE HIV/AIDS Policy/Declaration of intent by Higher Education HIV/AIDS Programme (HEAIDS)*****

8.2 Research

The obligation of tertiary institutions to provide leadership in mitigating the impact of HIV/AIDS relies heavily on research undertaken in the various disciplines. In this regard the following is recommended:

- The university Research Committee develop a policy to establish a variety of incentives and forums to promote research on HIV/AIDS within faculties, across faculties and at interuniversity level.
- Mechanisms be established which will promote innovation, address priorities and where possible be multidisciplinary in nature.

8.3 Community Engagement

Community engagement forms part of the mission statement of the university and the introduction of such programmes must be conducted with the aim of synergizing teaching, research and learning. related to HIV/AIDS. All departments/Faculties require considering the design and implementation of annual plans that ensure their contribution to the following:

- Prevention, care and support needs of staff and students on campus
- The community residing within the contextual society.

9. **The UPE HIV/AIDS Committee**

The UPE HIV/AIDS Committee is responsible for:

- Arranging educational programmes
- Ensuring that educational programmes are continuously reviewed and updated
- Considering new submissions to the UPE HIV/AIDS Policy
- Reviewing/revising the UPE HIV/AIDS Policy on a continuous basis
- Recommending changes in regulations and/or codes of good practice to Executive Management
- Overseeing HIV/AIDS Awareness at UPE
- Liaison within departments/Faculties/Forums
- Liaison with SRC/student societies/unions/HIV Centre
- Liaison with relevant CBO/DOH/DOE/SAUVCA Representative
- Coordinate all activities with HIV/AIDS Centre at UPE

The UPE HIV/AIDS Committee comprises of representatives from various units. The committee may co-opt members as required. Executive Management appoints the Chairperson. The following services/faculties/departments shall be represented in the committee:

- Campus Health Services (2 Members)
- Faculty of Health Sciences (3 Members) :
 - Social Development Professions
 - Department of Nursing Science
 - Department of Pharmacy
- Faculty of Law (1 Member)
- Department of Human Resources (1 Member)
- Student Counselling Services (1 Member)
- University Clinic (UCLIN) (1 Member)
- Student Representative Council (1 Member)
- Union Representation
- Community Representation (NMMM)
- Private Sector Representation
- UPE Sports Centre Representation

Appendix A: More information about HIV/AIDS

1. **HIV/AIDS**

The Human Immunodeficiency Virus (HIV) is a virus that damages the immune system of the human body. HIV develops into the Acquired Immune Deficiency Syndrome (AIDS). Most individuals who are HIV positive may not show or feel any symptoms of the disease for years, until the development of AIDS. At this stage infections which were usually mild can become potentially life threatening.

A significant number of those infected with the virus experience a more severe form of the disease. In this instance the immune system is so depressed that not only severe infection, but also infections which are usually mild or harmless, can become potentially fatal. Diseases rarely seen in the general population appear much more frequently among those infected and are a major cause of death. For example, pneumonia (caused by an organism called *Pneumocystis carinii*), severe forms of thrush, and herpes virus infections occur. Those infected may have some or all of the symptoms mentioned previously. It should be noted that many of the signs and symptoms of AIDS are common to other infection and diseases.

2. **HIV Transmission**

HIV is transmitted through blood, semen, vaginal and cervical fluids and breast milk. An HIV infected person is thus most likely to transmit the virus through:

- Unprotected sexual intercourse
- Infected blood products
- Perinatal transmission (i.e., from mother to child during pregnancy and childbirth)
- Intravenous injection

HIV cannot be transmitted through everyday social contact. Although HIV has been found in saliva, there are no known cases of infection acquired through contact with infected saliva. As the HIV virus is not airborne, there is no evidence of HIV being acquired via the use of cutlery, crockery, swimming pools, drinking fountains, telephones or casual contact with HIV infected persons or those engaged in high risk behaviours. Similarly, the risk of seroconversion from mouth to mouth resuscitation is negligible and unless there is a presence of bleeding, there is no need to withhold emergency aid from any person for these reasons.

3. Premises on which this policy is based

- An increasing number of UPE staff and students will be HIV/AIDS positive in the near future.
- Due to the current status of HIV antibody testing and the presence of a "window period" between infection and receiving an HIV positive result, it is impossible to know with absolute certainty whether a person has HIV/AIDS or not. Even if mandatory testing for HIV/AIDS were part of UPE's admission requirements or requirements of employment (which it is not), and was repeated at regular intervals, it would not be possible to know for certain who is HIV positive. Therefore, testing for HIV/AIDS, for the purpose of excluding those who test HIV positive, is not a meaningful way in which to achieve a HIV/AIDS-free university environment.
- Compulsory disclosure of a student's or staff member's HIV/AIDS status is not advocated, as this would serve no meaningful purpose. Any student or staff member would however be free to disclose such information voluntarily. Disclosure of such information to the appropriate authority should be welcomed and an enabling environment cultivated in which the confidentiality of such information is ensured, and discrimination is not tolerated.
- The HIV/AIDS positive status of students and staff members does not pose a significant risk to others within the university environment that cannot be eliminated by universal precautionary measures and reasonable adaptations.

- There is no risk of transmission via sweat, saliva, tears, urine, respiratory droplets, handshaking, swimming pool water, communal bath water, toilets, food and drinking water.

4. **Basic measures to avoid the transmission of HIV**

- Strict adherence to universal precautions (see below) under all circumstances on campus (and related working environments) must be followed.
- Adequate wound management should take place in the lecture environment, laboratory, sports field or any other university environment when an open bleeding wound is present. Current scientific evidence suggests that the risk of HIV transmission during lecturing, sport and physical activity is insignificant, provided that appropriate precautions are applied.
- All persons should be considered as potentially infected and their blood and body fluids treated as such in a situation of potential exposure, such as dealing with accidental or other injuries, medical intervention or illness.

5. **Precautions for a safe university environment**

"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 include instructions concerning basic hygiene and the wearing of protective clothing.

Dealing with potentially infected blood and body fluids

- All blood, open wounds, sores, breaks in skin, grazes and open skin lesions, as well as body fluids and excretions which could be stained or contaminated with blood (e.g., tears, saliva, mucus, phlegm, urine, vomit, faeces and pus), should be treated as potentially infectious. Blood, especially in large spills such as from nosebleeds, should be handled with extreme caution.
- Skin exposed accidentally to blood should be cleaned promptly with water and disinfectant.
- All bleeding wounds, sores, breaks in skin, grazes and open skin lesions should ideally be cleaned immediately with suitable antiseptic such as hypochlorite (e.g., bleach or Milton), 2% glutaraldehyde (i.e., Cider), organic iodine, or 70% alcohol (i.e., ethyl alcohol or isopropyl alcohol).
- If there is an incident where the skin is broken, the wound should be washed thoroughly with running water and disinfectant.

- 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 skin, grazes and open skin lesions should be covered securely with 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 and not in containers of water. Where running water is not available, containers should be used to pour water over the area to be cleansed.
- All persons attending to blood spills, open wounds, sores, breaks in skin, grazes, open skin lesions, body fluids and excretions should wear protective latex gloves. All UPE first aid kits must contain latex medical gloves and disposable resuscitation shields. However, emergency treatment should not be delayed because gloves are not available. Bleeding can be managed by compressions with material that will absorb blood, for example a towel. However, an individual who has skin lesions should not attempt to give first aid when no latex gloves are available.
- If blood has contaminated a surface, that surface should be cleaned with fresh, clean bleach solutions and the person responsible for this should wear latex gloves. Other body fluids and excretions which could be stained or contaminated (i.e., tears, saliva, mucus, phlegm, urine, vomit, faeces and pus) should be cleaned in a similar fashion.
- Blood contaminated disposable material should be sealed in a plastic bag and incinerated or sent for appropriate disposal.
- If instruments (i.e., scissors) become contaminated with blood or other body fluids, they should be washed and placed in strong bleach solution for at least one hour before drying and re-use.
- Precautions, which must be observed after blood contact, are summarised in Table 1. Table 1 must be displayed in all laboratories in which blood or blood products are used, as well as on the container of all UPE first aid kits.

6. Sporting Activities

- Those participating in sport at UPE do so at their own risk. Should injury result, a player will be asked to leave the field/court until bleeding can be stopped and the injury treated.
- All injuries that occur on a sports field will be treated according to the universal precautions outlined above.

7. Occupational exposure: Students

- Students in the Health Sciences may encounter patients infected with HIV/AIDS. It has been estimated that the chances of developing HIV/AIDS

infection from a single, accidental, occupational exposure are less than 1% and much less than that of developing hepatitis B infection from a similar type of injury. Students are required to follow the procedures outlined in Table 1 and/or whatever other procedures and precautions are prescribed by the relevant hospital/clinic policies for taking blood samples and handling body secretions.

- The protocol for needlestick injuries is outlined in paragraph 9.
- Any other student, whose academic programme requires them to do practical involving human body fluids, must follow standard universal safety precautions.

7.1 Blood and Tissue Products

The following guidelines for the use of human blood and tissues in practical classes and research laboratories must be adhered to:

- All bloods and tissue products must be treated as potentially infectious.
- Samples of blood may be obtained from patients and members of staff, and from students themselves from venipuncture or finger prick. Other body fluids (e.g., saliva or urine) may also be obtained from students or patients.
- Staff and students must follow the precautions and procedures given in Table 1 and avoid invasive procedures whenever possible.
- Students are advised to use their own blood. The university will not be held responsible for students who use blood other than their own.

8. Occupational exposure: Staff

- Staff employed by UPE, should they accidentally be exposed to potentially HIV infected human body fluids while performing their duties, are entitled to the following services at no extra cost to the member:
 - i. HIV testing
 - ii. Pre- and Post Test Counselling
 - iii. Post Exposure Prophylactic Treatment (PEP)

9. Needlestick injuries

Post-Exposure Prophylaxis (Guidelines according to the Department of Health)

While all possible safety precautions should be taken at all times to prevent needle stick injuries, these may occur. The following procedure is to be followed in such an instance:

- Allow the injured area to bleed freely, then wash with antiseptic soap and water.
- It is advisable that such injury be reported within 2 hours post exposure, this significantly reduces the chances of seroconversion.
- Blood from the injured person is to be taken at Campus Health Service for HIV testing. The rules of informed consent and pre- and post-test counselling must be adhered to.
- The injured person is given the option of taking the necessary AZT treatment. If a person takes this option the necessary consent form must be completed, with the person having full knowledge of possible side effects. The university will provide AZT treatment if the injured person should decide to take this option. AZT is the drug of choice at first line agent. It slows the progression and complications of HIV/AIDS, but is not curative. Health professionals use it widely for prophylaxis following accidental needle stick injuries. Dose to be taken: 200mg, 5 times daily for 4-6 weeks. Adverse reactions include: Haematological side effects such as anaemia, leucopenia, nausea, headache, insomnia, seizures, confusion, hepatotoxicity, bone marrow suppression and oesophageal ulceration.
- A detailed record, in writing, should be kept of the circumstances surrounding the needlestick incident When the blood results return the following steps should be taken:
- If the results for both the patient and the injured person are negative, no further immediate action needs to be taken. Nevertheless, blood tests need to be repeated after a period of 3 months.
- If the test result for the patient is positive , and the result for the injured person is negative, the injured person should be given the option of AZT treatment for a period of 3 months. At the end of the 3 month period, testing should be repeated for the injured person. Both the patient and the injured person should be referred for counselling
- If both the patient and the injured person are found to be positive, both should be referred for counselling and given referral options for treatment, care and support.

Precautions for handling human blood in practical classes and research Laboratories

1. Direct contact with human blood must be avoided whenever possible.
2. Disposable latex gloves must be worn where blood or any other body fluids are handled.
3. Do not recap needles.
4. Blood stained waste materials must be sealed and incinerated.
5. Needles and other sharp instruments must be placed in a designated puncture resistant sharps container for disposal. Never break a needle to place in the disposal container. Ensure that the container is securely closed before disposal. Replace containers when stipulated capacity has been reached. Do not overfill needle containers.
6. Wipe down surfaces and blooded areas with cold tap water and then with household bleach

diluted 1 to 5 with water.

Precautions and procedures after contact with human blood

1. Wash hands, lower arms and any other parts in contact with, or splashed by blood. Thorough washing with soap and water is adequate.
2. Thoroughly wash any instrument or equipment in water to remove blood. Instruments can be effectively sterilised by soaking them for 30 minutes in household bleach.
3. Students and staff are advised to report all accidents involving exposure to blood or body fluids including needle stick and cut, or splash to eye, nose and mouth, to the Campus Health Service, (tel 504 2174).
4. Reporting must be done within 2 to 12 hours (accepting that first aid management has been implemented immediately after injury/exposure).
5. Reporting within 2 hours will significantly reduce the risk of occupational seroconversion

Contact numbers for advice on HIV/AIDS

UPE HIV/AIDS Centre :: 504 2958

Campus Health Service :: 504 2174

AIDS Training and Information Centre (Brister House) :: 506 1415

Life Line :: 585 5581

Student Counselling Services :: 504 2511

UPE Legal Clinic :: 585 4954

Appendix B: The Higher Education Declaration of Intent

HIGHER EDUCATION DECLARATION OF INTENT

Track 5a

As the Higher Education community, we recognise the seriousness of the threat posed by HIV and AIDS to our community and to the education sector.

We are fully supportive of the Ministry's initiative in calling this conference and commit ourselves to supporting the Coalition through

- Education
- Research
- Community outreach
- Management of HIV/AIDS
- Advocacy and stimulation of critical debate, and
- Inter and intra-sectoral collaboration

We commit ourselves to a comprehensive institutional response to HIV and AIDS that aims to keep our students and staff free from infection and which protects and supports all those infected and affected by HIV/AIDS.

We have developed institutional policies and will seek to strengthen our implementation thereof, working with our partners, including the Department of Education, the Department of Health, sectoral associations (SAUVCA and CTP) and the broader community.

In relation to HIV/AIDS we have a specialist and unique contributions to make through:-

1. RESEARCH

We provide evidence-based research that can inform policies and practice throughout the Coalition.

Our research capability and output covers a full range of disciplines from the biomedical sciences to the humanities.

As the major producers of research in the Education sector, we contribute to scientific and critical thinking and debate about HIV and AIDS in our society.

2. EDUCATION AND TRAINING

Higher Education contributes to the quality assurance of education and training on HIV and AIDS in the following areas:

- In-service and pre-service training
- Curriculum design, development and review
- Peer education programmes
- Care, support and counselling programmes
- Professional development
- Management
- Professional mentoring and support

3. BEST PRACTICE MODELS ON OUR CAMPUSES

We will endeavour to make our expertise and our best practice models in -

- Wellness programmes for our students and staff,

- Prevention
- Care and support,
- Student support and counselling,
- VCT,
- Management and treatment of STI's and reproductive health,
- Policy,
- Peer education,
- Community and outreach projects,
- Monitoring and evaluation of existing projects,
- Expertise in curriculum development,
- Advocacy

4. ADVOCACY AND LEADERSHIP

We commit ourselves to developing and producing graduates who are able to fulfil a professional and leadership role in the fight against HIV and AIDS.

We will continue to provide a safe place for open and critical debate of issues relating to HIV and AIDS.

RECOMMENDATIONS

We recommend that:

1. Representatives of the Higher Education sector are included on national, provincial and district/regional advisory committees
2. Partnerships within the Coalition are formed and strengthened around key issues
3. Appropriate channels are developed to share, disseminate and apply relevant research findings and information

1 June 2002

Facilitator: Tania Vergnani

Rapporteur: Lynn Dalrymple