

University of Witwatersrand, Johannesburg: Policy on HIV/AIDS

Preamble

The University recognises that South Africa, with the rest of southern Africa, is experiencing a devastating HIV/AIDS epidemic. The University also recognises that HIV/AIDS is not only a health issue, but one which concerns the entire University community and our society in every possible respect. As an institution that strives to engage with society and be responsible to it, the University is committed to playing an active role in mitigating the impact of HIV/AIDS, both on its internal constituency of staff and students, and on society as a whole. The University will aim to achieve this by integrating HIV/AIDS into its core functions of teaching, research and service, the components of which are outlined in this policy. In doing so, the University hopes to be a caring community where all are equally valued.

Values underlying the policy

The following values guide this policy:

- People living with HIV/AIDS will not be discriminated against in obtaining access to education and/or employment at the University;
- People living with HIV/AIDS have the right to dignity, respect, autonomy and privacy concerning their HIV/AIDS status; stigma and prejudice will be actively countered;
- HIV/AIDS can affect any of us; the policy should in no way perpetuate stereotypes of HIV/AIDS as belonging to gay or straight, white or black, young or old, men or women; it should, however, recognise specific vulnerabilities and risk factors arising from physiology or social power relations;
- HIV/AIDS concerns all of us; an appropriate response to HIV/AIDS can be achieved only by ensuring that consideration of HIV/AIDS is a part of every activity at the University; the full range of stakeholders should be involved in defining and implementing the response to HIV/AIDS at the University;
- HIV/AIDS has to be understood and addressed in its social context; this includes power relations between men and women and sexual violence against women, changing values and meanings around sexuality, and the multiple legacies of apartheid.
- Appropriate strategies for caring for and the treatment of persons living with HIV/AIDS are essential.

Components of the policy

The policy has the following five components:

1. Rights and responsibilities of staff and students affected by and living with HIV/AIDS;
2. Integration of HIV/AIDS into teaching, research and service activities of all Faculties;
3. Provision of prevention, care and support services on campus;
4. Implementation: structures, processes, monitoring and evaluation.
5. A provision for policy review.

1. Rights and responsibilities of staff and students affected and infected by HIV/AIDS

1.1 Rights of staff

In accordance with the Constitution of South Africa, the Employment Equity Act (No 55 of 1998), the Labour Relations Act (No 66 of 1995), the Medical Schemes Act (No 131 of 1998), and the government's draft Code of Good Practice on Key Aspects of HIV/AIDS and Employment:

- 1.1.1 Generally, no employee, or applicant for employment, may be required by the University to undergo an HIV test or disclose their HIV status ;
- 1.1.2 If a person's HIV status becomes known to the University, it shall not be the basis for refusing to enter or renew an employment contract;
- 1.1.3 HIV status shall not be a criterion for refusing to promote, train and develop a staff member;
- 1.1.4 An employee may not be dismissed simply because he or she is living with HIV/AIDS;
- 1.1.5 No employee shall have his/her employment terminated on the basis of HIV status alone, nor shall HIV status alone influence decisions on retrenchment or retirement on the grounds of ill-health;
- 1.1.6 With regard to sick leave and continued employment, HIV related illness will be treated no differently to other comparable chronic or life threatening conditions; if an employee, in the opinion of the Head of School/Division , is unable to continue working because of ill-health, the usual conditions pertaining to disability or ill-health retirement will apply;
- 1.1.7 HIV status will not be reflected on any personnel files, and the HIV status of any employee will not be disclosed by another member of staff without the informed consent of the employee;
- 1.1.8 The University requires that the trustees and administrators of retirement, provident and medical scheme funds may not disclose the identity of an employee living with HIV/AIDS to the University without the member's written permission;
- 1.1.9 The University believes that it is in interest of all parties to prevent unfair discrimination against employees with HIV/AIDS with regard to access to employment benefits such as medical scheme, provident and pension funds . However, the University recognises that the governance and rules of these funds are not entirely within its control.
- 1.1.10 The University endeavours to provide a working environment in which employees with HIV/AIDS are accepted, and are free from prejudice and stigma;
- 1.1.11 Staff have a right to know of possible risks of occupational exposure to HIV in their working environments.
- 1.1.12 The University endeavours to provide a working environment in which occupational exposure to HIV is minimised, and will provide the necessary protective

equipment and provide access to post occupational exposure prophylaxis (PEP). Where service is in a hospital environment, however, it is the hospital's responsibility to provide protective equipment and PEP for staff. The University is responsible only for work conducted in a university environment.

1.2 Rights of students

1.2.1 No applicant may be required to have an HIV test before admission to the University;

1.2.2 No student or applicant may be required to reveal his or her HIV status before admission or during the course of study;

1.2.3 Notwithstanding Rule M1, in which applicants to the University are required to be physically capable of study, HIV status may not be a factor in the admission of students to higher degrees, to specialised fields of study or for employment as tutors or auxillary workers;

1.2.4 HIV status alone may not be a ground for refusing to grant loans, bursaries and scholarships;

1.2.5 No student may be required to have an HIV test before field trips or other activities of the University, unless there are special circumstances which warrant it;

1.2.6 No student will be refused admission to University residences because of his/her HIV status, nor will an HIV test be required prior to admission to residence;

1.2.7 Unless medically indicated, HIV/AIDS is not a reason to terminate a student's registration;

1.2.8 Should a student have an HIV test using Campus Health and Wellness Centre or other University facility, the results will remain confidential between the student and the person authorised to give the result;

1.2.9 No member of staff or student may disclose the HIV status of a student without their informed consent, which should preferably be in writing;

1.2.10 The University endeavours to provide a learning environment in which students with HIV/AIDS are fully accepted and safe from prejudice and stigma;

1.2.11 The University endeavours to provide an educational environment in which accidental exposure to HIV is minimised, and will provide the necessary protective equipment, and will arrange access to post exposure prophylaxis (PEP). Where service is in a hospital environment, however, it is the hospital's responsibility to provide protective equipment. The University remains responsible, even in the hospital environment, for the provision of PEP to students.

1.3 Responsibilities of staff and students

1.3.1 Staff and students have a responsibility to become informed about HIV/AIDS, and to develop a lifestyle in which they will not put themselves or others at risk of infection;

1.3.2 Staff and students who are living with HIV/AIDS have a special obligation to ensure that they behave in such a way as to pose no threat of infection to any other person;

1.3.3 Health professionals and Health Science Faculty students who are living with HIV/AIDS have an obligation to choose professional paths that minimise risks of transmission to their patients;

1.3.4 Staff and students must respect the rights of other staff and students at all times. No prejudicial or discriminatory attitudes or behaviour towards people living with HIV/AIDS will be tolerated;

1.3.5 No employee or student can refuse to work, study with or be housed with other employees or students living with HIV/AIDS;

1.3.6 Staff and students who do display discriminatory attitudes to colleagues living

with HIV/AIDS will be counselled in the first instance, but if the discriminatory behaviour persists, formal disciplinary procedures will be instituted;

1.3.7 Unless medically justified, no students may use HIV/AIDS as a reason for failing to perform work, complete assignments, attend lectures or field trips or write examinations;

1.3.8 Expected behaviour with regard to HIV/AIDS will be incorporated into the University's Code of Conduct. Staff and students will be required to sign the Code of Conduct when registering for study and signing a contract of employment, respectively.

1.3.9 Willfully undermining the privacy and dignity of a member of staff or student with HIV/AIDS will constitute a breach of discipline, and appropriate disciplinary steps will be taken.

1.3.10 Students are encouraged to develop and implement their own student-led responses to HIV/AIDS. The University will support these initiatives.

2. Integration of HIV/AIDS into teaching, research and service activities of all

Faculties:

2.1 Teaching

HIV/AIDS education will, where appropriate, be incorporated into the curriculum of all faculties. This could take the form of debate and an understanding of how HIV/AIDS will impact on their future professional lives. In addition, students will have training in relation to HIV/AIDS in the workplace. They should enter the workforce fully equipped to manage HIV/AIDS programmes, deal with colleagues and staff who are infected, and to monitor and sustain workplace initiatives. They should also know the legal implications of HIV/AIDS.

2.1.1. All Schools and Faculties will be required to consider how to achieve integration of HIV/AIDS into the curriculum at both undergraduate and postgraduate level. If they decide not to integrate such material into the curriculum, they will be requested to account for this to the Dean or Faculty Board. This will include aspects of HIV/AIDS relevant to the subject area of the Department/Faculty, HIV/AIDS in the workplace and general life-skills education.

2.1.2 Support will be provided to Faculties to develop and implement plans to integrate HIV/AIDS into curricula.

2.2 Research

Tertiary institutions have an obligation to provide leadership in the battle to combat HIV/AIDS and to ensure that programmes are effective. The University is well placed to do this, as well as to generate debate and critique and to try to give leadership and inspiration to the state and civil society in finding new and creative ways to prevent HIV transmission and mitigate its impacts.

2.2.1 The University Research Committee will develop policy to establish a variety of incentives and forums to promote research on HIV/AIDS within and across faculties.

2.2.2 In particular, mechanisms will be established to support HIV/AIDS research activities that are innovative, address strategic priorities, and are inter-disciplinary.

2.3 Service

Service learning would be an appropriate approach to synergise teaching, research and service in the field of HIV/AIDS. All Departments/Faculties will be required to consider, develop and implement annual plans to ensure their contribution to the:

- 2.3.1 prevention, care and support needs of staff and students on campus;
- 2.3.2 environment outside of the University. This will be easier for faculties training professionals who are required to undertake practical training.

3. Provision of prevention, care and support services on campus;

3.1 Information and prevention

- 3.1.1 Appropriate and sensitively presented information on all aspects of preventing and coping with HIV/AIDS will be made widely accessible to staff and students. This information will address and be directly relevant to the day-to-day realities of staff and students;
- 3.1.2 All students and staff will be offered education that examines the relevance of HIV/AIDS to their own lives, in the context of broader challenges facing them as young adults. Through this training students will be encouraged to understand social attitudes and develop a caring and non-discriminatory approach to HIV/AIDS as well as a tolerance for and understanding of different social groups;
- 3.1.3 Condoms will be freely available and widely distributed through multiple channels, on campus and in residences;
- 3.1.4 The use of free STD care provided through the Campus Health and Wellness Centre will be promoted;
- 3.1.5 Affordable confidential and voluntary HIV testing will be provided through the Campus Health and Wellness Centre;
- 3.1.6 Peer education programmes will be developed and implemented on campus and in student residences;
- 3.1.7 Particular attention will be paid to addressing issues of loss, grief and bereavement;
- 3.1.8 Adequate measures to prevent the spread of HIV in contact sports will be instituted (see annexure 1- extract from SARFU Policy Statement on HIV and Rugby participation);
- 3.1.9 Universal precautions (annexure 2) will be implemented whenever the potential for exposure to blood or other high risk body fluids exists;
- 3.1.10 Staff in managerial or supervisory positions will receive training in all aspects of this policy and how to implement it.

3.2 Care

- 3.2.1 Staff of the Campus Health and Wellness Centre will be trained in the comprehensive management of HIV/AIDS.
- 3.2.2 The University will investigate the possibility of providing cheap, affordable anti-retroviral treatment.
- 3.2.3 An affordable ambulatory HIV/AIDS wellness programme will be developed and provided for students with HIV/AIDS. This will include provision of inexpensive prophylactic therapies, blood tests, contraception, nutritional interventions and early treatment of opportunistic infections;
- 3.2.4 Referral networks with health services will be developed and maintained.
- 3.2.5 Information on services in and around campus will be made available to all staff and students.

3.2.6 The University believes that it is not appropriate for students with any terminal illness, including end-stage AIDS, to be in residence. The necessary palliative care and support cannot be provided in such an environment. Every attempt will be made to relocate the student to an appropriate environment eg hospital, hospice, home.

3.3 Counselling and support

3.3.1 All staff and students will have access to confidential counselling on campus;

3.3.2 Counselling services on campus will be coordinated and promoted;

3.3.2 Referral channels for other forms of social support for both students and staff will be identified.

3.4 Post exposure prophylaxis

3.4.1 In environments where the risk of occupational exposure to HIV exists, procedures for notification of exposure and access to post-exposure prophylaxis will be adequately sign posted.

3.4.2 Mechanisms to address the needs of individuals who are currently vulnerable to occupational exposure to HIV and who are not covered by the Wits Medical Scheme or the Faculty of Health Sciences Student Insurance will be investigated.

4. Implementation: structures, processes, monitoring and evaluation.

4.1 The HIV/AIDS policy will be supported and championed by the senior executives of the University. This includes the Vice-Chancellor and Deputy Vice-Chancellors, Executive Directors and Deans of Faculties, Heads of Schools and the Senior Management Group;

4.2 All heads of schools, departments and units will be briefed on the policy, its content and its implementation;

4.3 HIV/AIDS will be a standing item on meetings of the Senior Executive Team, Faculty Boards and other University governance structures;

4.4 Deans will designate a person responsible for ensuring implementation of the policy in each Faculty and to represent the Faculty at central coordination and monitoring processes; this person will convene an HIV/AIDS task team in her/his faculty which is representative of students, academic and support staff; s/he will be required to report on activities on a quarterly basis;

4.5 An HIV/AIDS office, reporting directly to a Deputy Vice-Chancellor will be established, and staffed by a person appointed at senior level. The functions of this office will include: to coordinate and act as a secretariat for the implementation of the policy across the university; establish task teams to support implementation of specific aspects of policy within faculties; access outside expertise and materials which can assist faculties in integrating HIV/AIDS into teaching, research and service; convene periodic meetings of faculty representatives to assess and support implementation of policy; establish and implement a monitoring and evaluation process which can track the impact of HIV/AIDS on campus as well as the impact of interventions;

4.6 In the implementation of the HIV/AIDS Policy, the University will seek to collaborate with other tertiary educational institutions. This includes the Tertiary Education HIV/AIDS Initiative.

5. Policy review

HIV/AIDS is not static and policies addressing aspects of the pandemic as they affect the institution, must be revised from time to time. The University will thus review this policy on a regular basis to:

- evaluate its effectiveness;
- take cognisance of fresh initiatives around HIV/AIDS, whether these be from government, within the tertiary educational sector or elsewhere;
- consider appropriate amendments to the policy in light of the above.

Annexure 1

EXTRACT FROM SARFU POLICY STATEMENT ON HIV AND RUGBY PARTICIPATION 16 May 1996

"Adequate measures in the prevention of the spread of HIV (must be) instituted:

- i) The removal of all bleeding players from the field of play.
- ii) All open and bleeding wounds to be adequately dressed.
- iii) All bleeding to be controlled by either pressure bandages or suturing.
- iv) All blood stained clothing to be replaced.
- v) Wearing of gloves by medical personnel when attending to bleeding players.

It is our opinion that although the risk of transmission of the HIV in rugby is infinitesimally small, there is still a risk. Players with known HIV infection should seek medical and legal counselling before considering participation, in order to assess the risks to their own health as well of the theoretical risk of HIV transmission to other players."

"Guidelines for administrators;

- At all times the specific guidelines for the management of bleeding players should apply. Referees should ensure this is strictly complied with.
- All emergency field-side care-workers including medical personnel attending to bleeding players should wear protective gloves to minimise the risk of HIV transmission.
- (HIV) Positive individuals should be discouraged from participating in rugby despite the absence of scientific evidence to suggest that asymptomatic HIV players are "unfit" to play rugby.
- No routine HIV testing of rugby players advised."

Annexure 2

UNIVERSAL PRECAUTIONS

What are universal precautions?

Universal precautions are infection control guidelines designed to protect workers from exposure to diseases spread by blood and certain body fluids.

The Laboratory Centre for Disease Control, Health Canada and the U.S. Centers for Disease Control have developed the strategy of "Universal Precautions" to prevent

contact with patient blood and body fluids. Universal precautions stress that all patients should be assumed to be infectious for blood-borne diseases such as AIDS and hepatitis B.

Should universal precautions be applied to all workplaces?

In the workplace, universal precautions should be followed when workers are exposed to blood and certain other body fluids, including:

- semen
- vaginal secretions
- synovial fluid
- cerebrospinal fluid
- pleural fluid
- peritoneal fluid
- pericardial fluid
- amniotic fluid

Universal precautions do not apply to:

- faeces
- nasal secretions
- sputum
- sweat
- tears
- urine
- vomitus
- saliva (except in the dental setting, where saliva is likely to be contaminated with blood)

Universal precautions should be applied to all body fluids when it is difficult to identify the specific body fluid or when body fluids are visibly contaminated with blood.

How can workers prevent exposure to blood and body fluids?

Barriers are used for protection against occupational exposure to blood and certain body fluids.

These barriers consist of:

- Personal protective equipment (PPE)
- Engineering controls
- Work practice controls

Personal Protective Equipment (PPE) - PPE includes gloves, lab coats, gowns, shoe covers, goggles, glasses with side shields, masks, and resuscitation bags. The

purpose of PPE is to prevent blood and body fluids from reaching the workers' skin, mucous membranes, or personal clothing. It must create an effective barrier between the exposed worker and any blood or other body fluids.

Engineering Controls - Engineering controls refer to methods of isolating or removing hazards from the workplace. Examples of engineering controls include: sharps disposal containers, laser scalpels, and ventilation including the use of ventilated biological cabinets (laboratory fume hoods).

Work Practice Controls - It refers to practical techniques that reduce the likelihood of exposure by changing the way a task is performed. Examples of activities requiring specific attention to work practice controls include: hand washing, handling of used needles and other sharps and contaminated reusable sharps, collecting and transporting fluids and tissues according to approved safe practices.

(Taken from the web-page of the Canadian Centre for Occupational Health and Safety)