

GUYANA



EDUCATION SECTOR POLICY ON SCHOOL HEALTH, NUTRITION AND HIV&AIDS

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Abbreviations & Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retroviral
BSS	Behaviour Surveillance Survey
CBO	Community Based organisation
CPCE	Cyril Potter College of Education
EDUCAIDS	The Global Initiative for Education and HIV & AIDS
EFA	Education for All
FBO	Faith-Based Organisation
FRESH	Focusing Resources for Effective School Health
GPSU	Guyana Public Service Union
GTU	Guyana Teachers Union
HIV	Human Immuno-deficiency Virus
HFLE	Health & Family Life Education
ILO	International Labour Organisation
KAPB	Knowledge, Attitude, Practices and Beliefs
MoE	Ministry of Education
MOH	Ministry of Health
MDGs	Millennium Development Goals
NGO	Non Governmental Organisation
OVC	Orphans and Vulnerable Children
PTA	Parent Teacher Association
PAHO	Pan American Health Organisation
PEP	Post Exposure Prophylaxis
PLHIV	People Living with HIV
SHN	School Health & Nutrition
SSRP	Secondary School Reform Project
STI	Sexually Transmitted Infection
UNESCO	United Nations Education, Scientific and Cultural Organisation
UNICEF	United Nations Children Fund
WHO	World Health Organisation

1. FOREWORD

The Republic of Guyana is committed to Education for All; a compelling goal for all nations (UNESCO 2000) and a basic human right for all children, as recognized in the Convention on the Rights of the Child. Education improves both the lives of children and the economic and social well being of countries. A child who has access to quality schooling has a better chance in life. A child who knows how to read, write and do basic arithmetic has a solid foundation for continued learning throughout life. Education is critically important to children's social integration and psychosocial well-being and gives children a better chance for a full, healthy and secure life. As part of its commitment to Education for All, Guyana seeks to ensure that by 2015, all children, particularly girls, those in difficult circumstances and those belonging to ethnic minorities, have access to and complete, free and compulsory primary education of good quality. The country also seeks to ensure that the learning needs of all young people and adults are met through equitable access to appropriate learning and life-skills programs and that the quality of children's education is so improved that measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills. It is within this context and understanding that this policy has been developed in order to improve the education, health and nutrition of school children, teachers and members of the education sector in Guyana.

Good health and nutrition are not only essential inputs but also important outcomes of basic education of good quality. First, children must be healthy and well-nourished in order to fully to participate in education; improving their health and nutrition can enhance learning and educational outcomes. Poor health and malnutrition are important underlying factors for low school enrollment, absenteeism, poor classroom performance, and early school dropout, as reflected in the World Declaration on Education for All and programmes to achieve good health, hygiene and nutrition at school age are essential to the promotion of a basic education of quality for all children. Second, education of good quality can lead to better health and nutrition outcomes for children and for following generations. In addition, a healthy, safe and secure school environment can help protect children from health hazards, abuse and exclusion.

Amongst the most pressing issues affecting people in Guyana is HIV&AIDS. In line with the Revised National Policy Document on HIV&AIDS in Guyana (2006) the Ministry of Education (MOE) seeks to play its part in the multisectoral response that is needed if the epidemic is to be overcome. The policy also seeks to contribute to a stronger presence of the education sector in the Government of Guyana's multi-sectoral response to HIV & AIDS, as outlined in the Guyana National HIV & AIDS Strategy 2007-2011. The Ministry of Education has taken the decision to position HIV Prevention within the context of an holistic programme of school health and nutrition activities and sees the education sector as having a vital role to play in the country's response to the epidemic. The priority placed on the education sector's response is based on evidence that education contributes towards the knowledge and personal skills essential for the prevention of HIV and other STIs, and protects individuals, families, communities,

institutions and nations from the impact of AIDS. Education helps to overcome the conditions that facilitate the spread of HIV and can create the understanding and tolerance that contribute to reduced stigma and discrimination against vulnerable and marginalised communities and people living with HIV (UNESCO, 2007). Children of school-age have the lowest HIV infection rates of any population sector. For them, there is a “window of hope”, a chance to live a life free from AIDS, if they can acquire knowledge, skills, and values that will help to protect them as they grow up. Providing young people with the ‘social vaccine’ of education offers them a real chance at a productive life (World Bank, 2002). Young people who fail to complete a basic education, are more than twice as likely to become infected with HIV, and the Global Campaign for Education has estimated that some 7 million cases of HIV&AIDS could be avoided by the achievement of Education for All (GCE, 2004).

But adolescents and young people are still not getting enough information; simply supplying facts about sex and HIV&AIDS is not enough to alter risky behavior. Information must be supplemented with training in life skills, such as critical and creative thinking, decision-making and self-awareness, and with the knowledge, attitudes, and values needed to make sound health-related decisions. Furthermore, education will not change the course of the epidemic unless it empowers young girls and promotes positive masculinity amongst young boys. Gender disparities are a significant factor placing women at increased risk of HIV-infection and causing them to bear the greater burden of the disease. The type of education and school environment matters - education can reproduce social imbalances and inequities, or it can transform societies.

Schools are not only places of education, but are also the workplace of many including teachers, administrators and other support staff. Around the world, HIV is an urgent workplace issue for many; causing the deaths of teachers, increasing rates of teacher absenteeism and reducing the ability of teachers and other staff to undertake work of quality in the school. As well as affecting the supply of education, HIV is also affecting demand by creating orphans and vulnerable children who are less likely to attend school and more likely to drop out. HIV&AIDS is limiting the capacity of education sectors to deliver an education of quality and to achieve Education for All (EFA), and of countries to achieve their targets towards the Millennium Development Goals (MDGs).

Of course, efforts to improve children’s health and nutrition, and to combat HIV&AIDS cannot be the responsibility of the education sector alone; a successful response to these issues demands the input and assistance of many different stakeholders. For this reason, the MoE is determined to make deliberate and systematic efforts to form, manage and sustain partnerships with all sectors, agencies and institutions that can help improve the education, health and nutrition of Guyanese children. Foremost amongst these is the Ministry of Health with many others, including NGOs, CBOs and FBOs all having their part to play as well.

School health, nutrition and HIV Prevention is an area of expertise and understanding that is constantly evolving. The creation of this policy was informed by the “Rapid Situation Analysis of the Education Sector’s Response to HIV & AIDS in the context of

School Health and Nutrition in Guyana” conducted in October and November, 2007 with the support of UNESCO, the World Bank and The Partnership for Child Development. Continuing research as well as effective monitoring and evaluation of activities will be an ongoing priority for the MoE as it seeks to make policies and programme practices as effective as possible.

In 2007, the theme for the Ministry’s “Education Month” was “School Health, Nutrition and HIV&AIDS Education: Safeguarding the Future Generation”. It is the hope of the Ministry of Education that this policy will enable that aim to be realised.

2. PREAMBLE

2.1 Aim of the policy

The aim of this School Health and Nutrition and HIV Prevention Policy (hereafter referred to as “The Policy”) is to promote and facilitate the implementation of health and nutrition programming and HIV Prevention throughout the education sector in Guyana.

2.2 Application of the Policy

This policy applies to all students, teachers, non-teaching staff, managers, employers, and other providers of education and training in all public and private, formal and non-formal educational institutions and in all parts of the education sector of Guyana.

2.3 Participation and Social Dialogue in Policy Formation and Programme Implementation

The MoE has sought to design this policy through consultation with all members of the school community: educators, school boards, administrators, learners, support staff, worker associations, PTA, faith-based organizations, the community and PLHIV. It shall similarly consult all stakeholders during the implementation of the SHN/HIV programme. The MoE commends social dialogue amongst all members of the education sector as essential for the effective implementation of HIV policy and programmes.

2.4 Principles guiding the policy

The most important principle that has guided the formation of this policy is the goal of Education for All. In the context of that goal, all education sector efforts towards improving school health, nutrition and HIV prevention are understood to stand squarely within the aim of the Government of Guyana that all children shall receive an education of quality.

The policy also seeks fully to conform with the aims, priorities and perspectives of the Revised National Policy Document on HIV&AIDS in Guyana published in 2006. It has further drawn on two international frameworks relevant to school health, nutrition and HIV&AIDS; the FRESH framework (a framework sponsored by UNESCO, the World Bank, UNICEF, WHO and many other agencies) and also the Framework for Action of the UNAIDS Global Initiative on Education and HIV & AIDS: EDUCAIDS, which is led by UNESCO. The FRESH Framework has been used to help structure the policy under its four pillars (see section 2.4.1 below). The development of the policy has also drawn heavily on *A Guide to HIV and AIDS Policy Development for the Education Sector* (CARICOM-EDC-UNESCO) and *An HIV/AIDS Workplace Policy for the Education Sector in the Caribbean* (ILO-UNESCO). PAHO’s work on “Health Promoting Schools” and UNICEF’s on “Child Friendly Schools” have also been important resources.

2.4.1 The FRESH Framework

The FRESH (Focussing Resources on Effective School Health) framework is a strategy for the effective co-ordination and organisation of SHN&HIV responses

used in many countries around the world. FRESH was jointly launched at the Dakar EFA Forum 2000 by UNESCO, UNICEF, WHO and World Bank. The framework now has more than twenty partner agencies and organisations and encompasses the fundamental principles and best practice of approaches such as the EDUCAIDS Framework of UNESCO, “Child Friendly Schools” of UNICEF, “Health Promoting Schools” of WHO, the “International School Health Initiative” of the World Bank and other organisations.

The framework has four “pillars”:

- Health related school policies
- Life skills based health education
- Safe and sanitary school environments
- School based delivery of health services

These are in turn supported by three supporting strategies:

- Effective partnerships between teachers and health workers and between the education and health sectors
- Effective community partnerships
- Pupil awareness and participation.

2.4.2 The EDUCAIDS Framework

EDUCAIDS highlights five essential components for a comprehensive education sector response to HIV&AIDS:

- *Quality education, including cross cutting principles* that ensure that programmes are rights-based, proactive and inclusive, gender responsive, culturally sensitive, age specific and scientifically accurate
- *Content, curriculum and learning materials* that are specifically adapted and appropriate for various educational levels, are focused and tailored to various groups (e.g. OVC), increase prevention knowledge, attitudes and behaviours and focus on stigma and discrimination as well as care and support
- *Education training and support* including education of formal and non formal teachers and provision of support groups, school and community linkages and teaching materials
- *Policy, management and systems* including policy, planning, strategic partnerships and monitoring and evaluation
- *Approaches and illustrative entry points* including school health, life skills, peer education etc.

2.4.3 An HIV/AIDS Workplace Policy for the Education Sector in the Caribbean (ILO-UNESCO)

The policy contains a number of principles that have been central to the formation of Guyana's policy. It recommends that policy in the area of HIV&AIDS and Education shall:

- Recognise HIV&AIDS as an issue affecting the education sector:
- Lead to non-discrimination and the reduction of stigma against persons living with or affected by HIV and AIDS
- Promote gender equality in addressing the epidemic
- Lead to the creation of a supportive and caring environment
- Ensure that teachers' and students' work environment is a healthy one
- Reject absolutely any screening for the purpose of exclusion from employment or studies
- Reject the use of a person's HIV status as grounds for termination, suspension, involuntary transfer or denial of career advancement of any member of the education sector; employee or student
- Insist that medical information and HIV status shall be subject to absolute confidentiality
- Promote education based prevention as a principal means of addressing HIV&AIDS
- Recognise that social dialogue amongst all members of the education sector is necessary for effective HIV policy and programmes

2.5 Availability of Policy

A copy of this policy shall be kept on display in all education sector institutions and made available to all employees and students for reading and for reproduction. All forms of communication normally used in institutions – for example, posters, circulars to employees, staff meetings, notice boards, student body meetings, institution assemblies and electronic mail – shall be used to make the policy known and help ensure its application. The management shall provide opportunities at staff meetings, Parent-Teacher Association meetings, institutional assemblies or other meetings as appropriate to discuss the policy and effectiveness of its application.

2.6 Review of Policy

This Policy shall be reviewed regularly to take account of new developments in issues affecting health, nutrition and HIV Prevention and mitigation in the education sector, medical information or experience in the management and care of HIV&AIDS in educational institutions. The results of such reviews and changes in the policy will be made known on the same basis as set out in section 2.3 above.

3. ROLES AND RESPONSIBILITIES OF DIFFERENT STAKEHOLDERS INVOLVED IN SCHOOL HEALTH AND NUTRITION AND HIV PREVENTION

3.1 The School Health, Nutrition and HIV&AIDS Coordination and Monitoring Unit in the MoE

3.1.1 The MoE has resolved to establish a School Health, Nutrition and HIV Prevention (SHN/HIV) Coordination and Monitoring Unit (hereafter referred to as “The Unit”) in the MoE. This unit shall:

3.1.2 Be advised by the SHN/HIV Ministerial Committee which shall be comprised of the Heads of the Divisions of the Ministry

3.1.3 Have an administrative body to carry out its mandate, headed by an SHN/HIV Coordinator.

3.1.4 Report directly to the Permanent Secretary within the MoE and shall submit to him/her an annual report of monitoring data concerning SHN/HIV activities occurring in Guyana.

3.1.5 Be responsible for the development, promotion and appropriate review of an SHN/HIV strategic plan for the implementation of the policy.

3.1.6 Be responsible for ensuring that the SHN/HIV strategic plan (hereafter referred to as “The Strategic Plan”) is submitted to the MoE’s Chief Planning Officer for inclusion in the Ministry’s Overall Strategic Plan in order that resources can be mobilised to support the implementation of the policy and strategic plan.

3.1.7 Be responsible for advising the MoE on matters with respect to SHN/HIV.

3.1.8 Be responsible for communicating the policy and strategic plan throughout the MoE (including principals, administrators, other leadership, staff, teachers, parents, and students) and to other stakeholders (including members of other sectors, NGOs, CBOs and FBOs). In order to ensure that they are knowledgeable and informed of the content of the policy and committed to its dissemination,

3.1.9 Be responsible for forging partnerships with key stakeholders such as the Ministries of Health; Labour, Human Services and Social Security; Culture, Youth and Sport and NGOs, CBOs and FBOs.

3.1.10 Develop operational procedures in collaboration with NGOs, CBOs and FBOs, which shall guide all aspects of their participation in SHN/HIV activities in Guyana’s schools.

3.1.11 Liaise with other sector partners and stakeholders concerning the coordination of strategic and resource planning and budgeting in order to develop a shared strategy aimed at the promotion of SHN/HIV.

3.1.12 Be responsible for promoting advocacy concerning SHN and education sector HIV&AIDS issues at the national and regional levels.

3.1.13 Be responsible for the co-ordination of training concerning SHN/HIV at the national and regional levels.

3.1.14 Assist the implementation of SHN/HIV activities at the regional level. The Unit shall provide guidance on annual reporting to RPCs (see 3.2 below).

3.1.15 Be responsible for monitoring the implementation of the policy and strategic plan and for ensuring that all stakeholders act in accordance with the same.

3.1.16 Play a leading and facilitating role in evaluating the impact of SHN/HIV activities on the sector's health, nutrition and ability to prevent and mitigate the impact of HIV&AIDS.

3.1.17 Coordinate with National HIV/AIDS programme in the monitoring and evaluation of the MOE's strategic plan in keeping with priorities outlined in the Guyana National HIV/AIDS Strategy (2007-2011).

3.2 Regional Level Coordination and Accountability

3.2.1 Each Department of Education shall identify a Regional Programme Coordinator (RPC) to assist in the design and regional implementation of the strategic plan.

3.2.2 Each RPC shall be advised by their Regional Education Committee in collaboration with the Regional Health Committee.

3.2.3 Each RPC, in collaboration with their Regional Education and Health Committees shall ensure that the policy and strategic plan are reflected in their annual workplans and in the region's corporate workplan that is coordinated by the Regional Executive Officer.

3.2.4 Under the coordination of the RPC, each Department of Education shall be responsible for the implementation of the strategic plan in its area.

3.2.5 The RPC shall be responsible for communicating the policy and plan to all education sector employees and other education stakeholders such as NGOs, CBOs and FBOs within the region.

3.2.6 Each Regional Education Office shall develop specific advocacy strategies to support the implementation of the policy and strategic plan.

3.2.7 RPCs shall be required to provide the National SHN/HIV Unit with necessary data concerning SHN/HIV activities in order to enable effective monitoring and evaluation of the programme to take place.

3.2.8 RPCs shall submit to the Heads of the Departments of Education an annual report of monitoring data concerning SHN/HIV activities in the region.

3.3 The Ministry of Health (MoH)

3.3.1 The MoH, and in particular its Adolescent Health Unit, are recognized to be the MoE's principal partner in all SHN/HIV activities.

3.3.2 The MoE shall endeavour to agree with the MoH on a suitable Memorandum of Understanding that shall clearly establish the roles and responsibilities of the two ministries with respect to SHN/HIV.

3.3.3 The MoH shall be invited to contribute technical support to the MoE for the ongoing development of its SHN/HIV strategic plan and implementation of activities.

3.3.4 The conduits of information and exchange between the MoE and the MoH shall be the SHN/HIV Unit and the Adolescent Health Units respectively.

3.3.5 The MoH shall act directly as the implementing agency for some SHN/HIV activities.

3.4 The Development Partners

3.4.1 Guyana's development partners shall be invited to contribute to the ongoing development of its SHN/HIV strategic plan and implementation of activities.

3.4.2 The Development Partners shall be invited to contribute funding and appropriate technical support for implementation of the strategic plan at the national and regional levels

3.5 Non Governmental Organizations, Community Based Organizations and Faith Based Organizations (NGOs, CBOs and FBOs)

3.5.1 NGOs, CBOs and FBOs shall be invited to contribute to the ongoing development of its SHN/HIV strategic plan and implementation of activities.

3.5.2 NGOs, CBOs and FBOs shall be required to implement activities in line with the strategic plan, government policy and ensuing guidelines, and shall abide by the Operational Procedures for SHN/HIV activities of NGOs, CBOs and FBOs in schools (see 3.1.10)

3.6 Roles and Responsibilities of Members of the Educational Institutions

3.6.1 National and regional ministry staff, under the auspices of the Human Resources Department, shall ensure that all workplace stipulations contained within this policy are applied throughout their place of work and in all parts of the education sector for which they bear responsibility.

3.6.2 Boards of educational institutions shall provide oversight to ensure that the institution implements the policy based on the principles set out in section 2.4.

3.6.3 Administrators or management of educational institutions shall

- Advise the board of the implications of the policy for the institution and, in accordance with the social dialogue provisions of this policy (section 2.3), develop both an institutional SHN/HIV plan and successful strategies for its implementation.
- Ensure that this policy is reflected in school improvement plans (SIPS)
- Agree on the appointment of an SHN/HIV focal point or committee (in larger institutions), in consultation with the representatives of the employees and the students, in accordance with section 2.3 of this policy
- Ensure a safe and sanitary work and study environment, in accordance with section 6 of this policy.
- Integrate strategies and mechanisms for monitoring and evaluating the quality of programmes, the responses to interventions and the efficiency of resource utilisation. Administrators shall provide data to regional and national SHN/HIV coordinators as necessary.

3.6.4 Teachers shall adhere to the policy and support its implementation. Further to appropriate training (see section 4.3), teachers shall be responsible for the provision of accurate and up-to-date teaching on SHN and HIV issues.

3.6.5 Representatives of employees' organisations and (where they exist) representatives of student bodies shall encourage the implementation of the SHN/HIV policy and programme by monitoring and promoting the information, education, health and safety and other practices and provisions set out in the policy.

3.6.6 Parent-Teacher Associations are expected to work actively with all education institutions, their Local School Board and the wider community in building awareness, support and participation of parents in SHN/HIV programmes. PTAs are also expected to work with educational institutions, communities in mobilising material and other support and to seek funding and technical support from stakeholders to address HIV/SHN issues in the school-community.

4. LIFE SKILLS BASED HEALTH EDUCATION

4.1 Provision of Information

All those involved in provision of information, training and education within the sector shall provide accurate information on school health, nutrition and HIV Prevention and mitigation. Such information shall be gender appropriate, sensitive to religious, cultural and socio-economic diversity, age and developmentally appropriate, relevant and in accordance with human rights legislation. Education programmes should occur with the backing and participation of parents. A single presentation is insufficient to ensure that employees and students develop the complex understanding and skills needed to address any health issue. It is therefore essential that the education institutions and ministry offices allocate sufficient time within work hours and the curriculum to assist employees and students to gain the knowledge and skills needed to address SHN/HIV concerns.

4.2 Education of Students

4.2.1 Curriculum Approaches

Curricular education concerning SHN/HIV issues in Guyana shall be provided through the Health and Family Life Education (HFLE) curriculum which shall include, among other things, core issues of self esteem, communication skills, negotiation skills, values clarification, sexuality and reproductive health and spirituality. HFLE shall be used to teach a wide range of health issues including, but not exclusively, HIV&AIDS (see below), other STIs, hygiene and sanitation, nutrition, non communicable diseases, trail, road and river safety and others. HFLE shall be taught throughout all grades (1-11), using the most appropriate and effective method as determined by the Ministry of Education. MoE shall seek to ensure that schools are provided with suitable resources for teaching different SHN/HIV issues. Participatory, child centred and multi sensory approaches shall be used for the sharing and dissemination of materials wherever possible.

4.2.2 Co and Extra-curricular Approaches

The MoE shall foster on-going, out-of-classroom learning on SHN/HIV through school-based youth clubs and service organizations, special awareness events and festivals, sporting programmes, public relations and communications strategies, creative expression and edutainment as well as confidential counselling services. Partnerships shall be sought with community, faith-based, governmental and non-governmental organizations in supporting and enhancing the delivery of these approaches. Co-and Extra-curricular education on SHN/HIV shall be recognized as an essential component in the learning process and should be integrated into mainstream school operations. MoE's Unit of Allied Arts shall be utilised in order to increase the use of expressive arts in teaching and sensitisation.

4.2.3 Peer Education Programmes

The MoE shall promote peer-education strategies and peer support groups for students at all levels such as Abstinence Clubs, Counselling Groups, Student Government and

Student-led School Assemblies. The MoE shall collaborate with appropriate governmental, non-governmental, faith-based and community-based organizations in the training of peer educators and the design, implementation, monitoring and evaluation of such programmes.

4.2.4 HIV Education

All students in education institutions shall have access to HIV&AIDS education that aims at promoting healthy living, providing a supportive and caring environment to those affected by HIV&AIDS, and that discourages behaviours that place students at risk of HIV infection. The education programme for students shall:

- Annually build upon knowledge and skills developed previously
- Use instructional methods known to be effective, participatory and culturally appropriate;
- Promote an understanding of human sexuality and healthy relationships including attention to issues of gender and the promotion of positive masculinities and femininities
- Promote an understanding of basic human biology (including reproductive health risks involved with drug use) and ARV treatment;
- Develop supportive attitudes towards those infected with and/or affected by HIV and work against stigma and discrimination;
- Stress the benefits of abstinence and safer sexual practices, including the use of condoms, and faithfulness to one partner, and avoidance of drug and alcohol abuse;
- Increase appreciation of the social causes of transmission such as vulnerability, drug culture and gender based violence;
- Address students' own concerns;
- Include means for monitoring and evaluation;
- Be an integral part of a coordinated HFLE curriculum;
- Provide information on health care, counselling and support services within and outside the education institution, notably from other education stakeholders, including NGOs, CBOs and FBOs;
- Be taught by well-prepared instructors with adequate support;
- Be sensitive to the psycho-social environment in which the learner lives and the context of their home life;

4.3 Teacher Training

4.3.1 All CPCE trainees shall undertake a compulsory module in the teaching of the HFLE curriculum. All students shall also be encouraged to take an elective module on HIV&AIDS education.

4.3.2 All in-service/current teachers shall receive training on teaching the HFLE curriculum via Continuous Professional Development sessions provided by the SHN/HIV unit and by regional SHN/HIV teams. Distance education approaches shall incorporate a module on HFLE.

4.4 Workplace Education

In addition to training teachers to instruct students about SHN/HIV issues, all employees of the MoE shall have the opportunity to participate during working time in a planned education programme coordinated by the Unit concerning their own health and nutrition education. Such

education shall cover issues of HIV&AIDS (see 4.4.1 below) and also other issues that shall be deemed necessary (such as nutrition and non communicable diseases including diabetes, stroke and others).

4.4.1 All employees shall have the opportunity engage in a programme of HIV education that includes the following:

- Provision of factual and current information on HIV transmission and prevention (including basic information about HIV and AIDS, how it is transmitted and how it can be prevented; promotion of positive living by PLHIV; promotion of non-discrimination, supportive and sensitive attitudes towards PLHIV and those affected by HIV and AIDS; information on sexuality and safer sexual practices including abstinence, faithfulness and the use of a condom correctly and consistently; appreciation of the social causes of transmission such as vulnerability, drug culture and gender based violence; referrals to relevant personnel, agencies and networks that provide support and services to PLHIV and those affected by HIV&AIDS)
- Helps employees assess their own risk and understand means of prevention and universal precautions;
- Provides guidance on behaviour change
- Assists staff to maintain productive, non-discriminatory and stigma-free staff, student, parent and community relations;
- Informs employees on rights and benefits of care, treatment and support provided in the institution or education service as well as in the local community environment;
- Includes means of monitoring, evaluation and annual review sessions;
- Is part of required, ongoing professional development at all levels;
- Is the subject of consultations or negotiation between employers and employees and their representatives, and appropriate government and other stakeholders, in accordance with the social dialogue provisions in section 2.3 of this policy. The content shall include, but shall not be necessarily limited to the elements listed in Appendix 2 (Recommended content for employee and student education programmes)

4.5 Parent and Community Education Programmes

All education institutions shall work actively with Parent-Teacher Associations, their School Boards and the wider community in building awareness, support and participation of parents in SHN/HIV education programmes. Education institutions shall foster networks of parenting organizations to improve parents' access to skill-building, information and services through after-school programmes or other special interventions. The MoE shall promote on-going education on SHN/HIV through diverse media strategies targeting parents, guardians and care-givers in the wider community.

5. SAFE AND SANITARY SCHOOL ENVIRONMENTS

Every education institution shall foster and maintain a social climate and physical environment wherein health, well-being, non-violence and safety are an important part of everyday work and learning. Such an environment should be:

- A place of safety, free of any form of stigma, discrimination or violence in which the human rights of all students and employees are protected
- A place in which rigorous procedures relating to hygiene and school health are followed in accordance with national and international norms.

5.1 Creating an Environment Free of Stigma, Discrimination and Violence

5.1.1 Preventing Stigma and Discrimination

Consistent with the social dialogue mechanisms described in Section 2.3 of this policy, all education institutions shall adhere to a code of conduct that contains clear guidelines for employees and students concerning ethical behaviour at the educational institution, including the unacceptability of behaviour that discriminates against or stigmatises any member of the institution on any basis. In particular, the code shall make abundantly clear that any stigmatisation of or discrimination against persons living with HIV, a person associated with someone living with HIV (including orphans and vulnerable children), or a person perceived as living with HIV shall not be tolerated under any circumstances and shall result in the application of the maximum sanctions available.

5.1.2 Preventing abuse at the school/workplace

The code shall also clearly identify expectations concerning staff/students interactions and relationships, consistent with the provisions of the Second Schedule of the Teaching Service Commission and the Public Service Commission's regulations. The underlying principles of the code shall be:

- Mutual respect and trust;
- Cognizance of unequal positions of authority between teachers and students, senior and junior employees
- Adherence to the principles of the international Convention on the Rights of the Child

5.1.3 Non-Violence

Administrators and other employees (teaching and non-teaching staff) shall make all reasonable attempts to maintain an environment free of violence and intimidation. No administrator, teaching or non-teaching staff, employee or student should engage in, or tolerate, the physical or verbal abuse of others within the institution for any reason. Incidents of such behaviour shall be subject to the

rules governing behaviour at the education institution, contractual obligations of employees, and national law.

5.2 Creating a hygienic environment

5.2.1 Universal Precautions

Administrators, other employees and students shall follow universal precautions, as described in Appendix 3, in order to avoid accidental exposure to blood or high-risk body fluids. Necessary equipment for the implementation of universal precautions shall be provided to schools by the MoE. The institution shall also have a post-exposure prophylaxis (PEP) procedure in place, including counselling and guidance for the employee or student and access to anti-retrovirals (ARVs). A checklist for such a procedure applied in health services and of relevance to education sector workplaces is provided in Appendix 4. Access to PEP shall be provided to members of the education sector at their nearest medical facility.

5.2.2 First Aid

First Aid kits and necessary protective equipment (for example latex and heavy-duty gloves) shall be available for emergency use at all places of employment at all times according to universal standards. **All employees and students, especially physical education instructors and technical/vocational education teachers, shall complete an approved first aid and injury prevention course that includes implementation of infection control guidelines** (see Appendix 3 on universal precautions).

5.2.3 Management of Sharp Instruments

Where sharp instruments must be used for work or educational purposes, use of these items shall be carefully monitored and controlled. The administrators are responsible for ensuring that there is no unauthorised or unsupervised use of sharps, and that any found on institution property are removed and safely stored. Guidelines are provided in Appendix 4.

5.2.4 Employees and Students with open wounds

Any wound that is bleeding or discharging shall be kept covered. **Any employee or student with wounds which cannot be covered shall, as a precaution, be asked to stay away from the educational institution until the wound has been healed or may be covered**, unless the education institution receives a certificate from a physician that states that the employee or student does not pose a risk and may return to the institution.

5.3 Creating a sanitary and safe environment

In line with existing policies and guidelines of the Government of Guyana (including the Education Act, Non Academic Standards, Circulars and the SSRP Preventative and Maintenance Manual), schools, Departments of Education, Regional Democratic Councils, and MoE shall have a responsibility to create a safe and sanitary environment in which:

- Smoking is not permitted
- Drug and alcohol abuse are prevented
- Gender segregated sanitary facilities and clean water points are installed in appropriate ratio to the number of children and maintained in good working order
- Janitorial cleaning supplies are provided
- Asbestos is not used in school buildings
- Buildings are suitably maintained and constructed
- Space-per-child ratio, appropriateness of furniture, and class size are maintained
- Canteen policy and food safety regulations are upheld
- Suitable fire fighting equipment is provided
- Emergency/evacuation drills are practised regularly
- Facilities for students who are disadvantaged or who have special needs are provided (such as suitable ramps for children who use wheelchairs)

6. SCHOOL HEALTH AND NUTRITION SERVICES

6.1 Service to support reduction of risk of infection with HIV and other STIs

In addition to education, information and training on risk reduction in accordance with section 3 of this policy, latex condoms shall be available at the education institutions free to employees, or information provided on how to obtain them through local health providers. Access to condoms shall also be provided to students at tertiary level institutions. Risk reduction measures in relation to pre-tertiary students shall be determined in collaboration with parents, guardians and students of legal age in accordance with the social dialogue provisions of this policy (section 2.3) and with relevant legislation concerning the age of consent for access to HIV and SRH services. .

6.2 Care and treatment for employees and students infected with HIV

The education institution shall facilitate access to medical services, including ARVs, and healthy living programmes, to relieve HIV-related symptoms and common opportunistic infections, nutritional advice and supplements, and stress reduction measures. This may take the form of provision of such services, where possible, or referral to services in the community.

6.3 Psycho-social support and counselling

The MoE shall work with NGOs, CBOs and FBOs under operational procedures (see 3.1.10) to promote the development and implementation of systems that provide employees and students with such psychosocial, physical, emotional, educational and spiritual support and counselling as they shall need. All support and counselling shall be provided with complete confidentiality.

6.4 Other health and nutrition services

Using an evidence-based approach, the MoE shall identify and implement amongst students and employees such other health and nutrition services as shall be deemed advisable. Amongst others, such services may include mass delivery of services such as deworming, micronutrient supplementation and immunisation and also screening and referral for problems such as visual and auditory impairments and dental caries and non-communicable diseases such as diabetes.

7. HEALTH, NUTRITION AND HIV&AIDS RELATED SCHOOL POLICIES

7.1 Testing, Confidentiality and Disclosure of HIV&AIDS

7.1.1 Testing and medical advice

No part of the MoE shall engage in the mandatory testing for HIV of employees or students as a condition for employment or admission, for continued employment or enrolment, or for purposes of work assignments, benefits or educational activities.

MoE shall work with the GTU and GPSU to encourage all employees to take part in testing and counselling that is entirely voluntary. Students who wish to be tested may also take part in such activities. Employees and students shall be provided with information on where to undertake voluntary counselling and testing and on what the procedures entail. Such testing shall normally be carried out by community health services. If such programmes are organised by health services within the institution (such as by mobile teams on national testing day), testing shall only be carried out at the request of and with the written consent of the employee or student (or parent or guardian on their behalf as appropriate), be performed by a suitably qualified health personnel, adhere to strict confidentiality and disclosure requirements (as set out in this policy), and be accompanied by gender-sensitive pre – and post-test counselling on the nature and purpose of the test, and on post-test options and services whether the result is positive or negative. No pressure or sanction shall be applied to any person at any time to take part in testing.

7.1.2 Ensuring Confidentiality

All health records, notes and other documents that make reference to an employee or student living with HIV, including those with AIDS, shall be treated as confidential and kept in a secured place, accessible only in accordance with provisions of the International Labour Organisation's code of practice on the protection of workers' personal data (Appendix 5), Only those persons who have received written permission from the employee, student, parent or emergency medical personnel shall have access to those records. **Information regarding HIV status shall not be added to a student's permanent educational record.**

Confidentiality shall also be assured by providing a private environment for personal interviews, and by working out arrangements for care and support with the person concerned.

7.1.3 Disclosure

Disclosure shall be voluntary; if information on the HIV status of an employee or student needs to be communicated by anyone other than the person concerned, it shall be only on the basis of the written consent of the employee and in the case of students under the age of consent, their parent or guardian. Procedures shall be established to ensure confidentiality on HIV status in the institution based on the social dialogue processes set out in section 2.3 of the policy, and in accordance with national laws and education service regulations. Breaches of confidentiality shall be the subject of sanctions in accordance with section 7.3 of this policy.

7.2 Employment, care, treatment and support of people affected by HIV&AIDS

All managers, educators, employers, parents and stakeholders shall have a duty to ensure that the rights and dignity of all those infected or affected by HIV&AIDS are respected. In particular, heads of education institutions shall be responsible for creating an enabling environment that is free from stigma and discrimination.

7.2.1 Recruitment and admission

HIV infection shall not be taken into consideration as part of the employment or admission procedure or decision for any individual applying to the education institution for work or studies.

7.2.2 Employee rights and careers

Employees living with HIV shall not be discriminated against in decisions concerning their job security or tenure, renewal of fixed term contracts, opportunities for professional development or promotion. They may, however, be transferred from work positions that have been determined by their physician to be too strenuous for their condition (see provisions for reasonable accommodation, section 7.2.4) or where specific duties may carry a risk of infection to the employee or to others. Such transfers shall occur in consultation with the employee living with HIV, in accordance with the principles of social dialogue of this policy, and may be subject to the grievance procedure provisions of the Policy (section 2.3).

7.2.3 Students and the right to study

Administrators and teachers shall follow established policies and procedures for students with chronic health problems. HIV or AIDS are not causes for denial of normal study opportunities or segregation in the education institution. Administrators and teachers, following consultations with the student and where not of legal age, parent as defined by this policy, shall consult with and obtain the consent of the student's physician before the transfer or removal of a student from normal institutional activities. If a student becomes incapacitated and unable to follow normal education coursework, the education institution shall apply the

principles of reasonable accommodation to ease the workload as would be the case for any major illnesses, disability or incapacity, including – if possible and in cooperation with the education services and HIV&AIDS support networks in the community – making home study available to them.

7.2.4 Statutory benefits and reasonable accommodation

Employees living with HIV&AIDS shall enjoy the same social protection, including social security benefits under national law, education service regulations or education institution provisions as employees with other chronic or serious illnesses.

Measures shall be taken to reasonably accommodate employees with severe ARV side effects or AIDS-related illnesses to enable them to continue working as long as possible. Needs shall be established by the administration of the education institution, or the human resource department of the education service if more appropriate, on a case-by-case basis. Reasonable accommodation may include: rearrangement of working hours; modified tasks or jobs; adapted work equipment; provision of rest periods; part-time or other flexible work arrangements; and leave provisions.

Employees living with HIV, including those with AIDS, may request sick leave without pay to have the appropriate medical care or recuperate from symptoms of their medical condition, in accordance with the relevant labour laws of Guyana.

7.2.5 Employee, Student and Family Assistance Programmes

To reduce the impact of HIV and AIDS on work and study, education institutions shall consult with representatives of employees and students to establish or extend employee, student and family services, in cooperation with education authorities at other levels and/or community-based organisations. Services may include: compassionate leave; referrals to support groups or to tutorial programmes for students; financial counselling, including advice on social security and other forms of financial support; and legal information and assistance. (See also Section 9 of the ILO code of practice on HIV&AIDS and the world of work).

Special attention shall be paid to the needs of employees and students who assume a relatively larger burden for care of HIV-positive relatives, to employees of both sexes who are single parents and affected by HIV&AIDS, and to students who assume a relatively larger burden for care of HIV-positive relatives, to employees of both sexes who are single parents and affected by HIV&AIDS, and to students who are orphans and/or vulnerable in other ways.

7.3 Disciplinary Procedures and Grievance Resolution

7.3.1 Dealing with Grievances

The Heads of all Education Sector workplaces shall establish and maintain communication channels to enable PLHIV and those affected by HIV and AIDS to raise concerns, grievances and to access support.

The procedures for discipline and grievance-resolution for employees in relation to HIV&AIDS shall be carried out in accordance with the relevant legislation (criminal, discrimination and labour acts), institutional policy and regulations, and negotiated/collective bargaining agreements. Complainants shall have recourse to normal appeal procedures related to unfair dismissal, denial or unjustified restriction of employment or work related rights and benefits, and may refer in this regard to the provisions and related jurisprudence of the ILO Discrimination (Employment and Occupation) Convention, 1958 (No. 111). Similarly, the disciplinary procedures for students shall be in line with the regulations of the non academic standards and norms of the MoE.

7.3.2 Refusal to work or study with an individual living with HIV

There is no justification for refusing to work, study or be present in the education institution with HIV-positive individuals, since HIV cannot be transmitted through casual contact in a classroom or other learning environment. Employees or students who are not prepared to work or engage in learning activities with an HIV-positive individual shall be offered education and counselling by the institution or from the community – major/key stakeholders in the school/educational institutions, e.g., school boards, civic organisations, private sector – or education service.

If after counselling, the individual refuses to carry out contractual duties or to participate in the learning programmes of the education institution with HIV-positive employees or students, the education institution's disciplinary procedures concerning refusal to work or study shall be followed.

Where discrimination occurs in the form of physical or verbal abuse, the employee or student who has experienced any form of discrimination shall have recourse to existing mechanisms for redress, including regulations governing physical attacks and bullying. The appropriate representative of the committee or coordinator shall be informed to ensure that proper measures are taken.

7.3.3 Violation of medical confidentiality

Employees or students who acquire personal information about the real or perceived HIV status of other employees or students shall not disclose such information unless the person concerned has given her/his written consent. In accordance with section 7.2.2 of this policy, the violation of medical privacy may be the cause for disciplinary action to be taken against an administrator, teacher, other employee, or student.

7.4 Care and Support of Orphans and Vulnerable Children (OVC)

Educational institutions shall have a responsibility to identify and support any student who is ill, orphaned, vulnerable or with special needs so that he/she is able to continue and complete their education in accordance with the Education Act. Non-formal education programmes, including those for out-of-school youth such as YWCA, AEA etc, are encouraged to address the educational needs of orphans, vulnerable children and students with special needs including life skills and HIV&AIDS Education. Bursary schemes and other student-aid schemes shall be encouraged to make provisions to cover the educational needs of students who are ill, orphaned, vulnerable or with special needs at all levels of the education sector.

8. APPENDICES

8.1 Appendix 1

Glossary of Terms

Administrator

A Principal, Vice Principal, Dean or other officer who plays a managerial role at the education institution or services

Affected Person

A person whose life is changed in any way by HIV and AIDS due to the broader impact of this epidemic

AIDS

The Acquired Immune Deficiency Syndrome, is a range of medical conditions that occurs when a person's immune system is seriously weakened by infection with the Human Immunodeficiency Virus (HIV). HIV injures cells in the immune system. This impairs the body's ability to fight the disease. People living with AIDS are susceptible to a wide range of unusual and potential life-threatening diseases and infections.

Anti-retrovirals

Drugs used to kill or inhibit the multiplication of retroviruses such as HIV

Capacity Building

An element of operations management that determines an organization's capability to produce the products/services/resources to meet demand

Community

Local institutions outside the education institution which provide leadership or support on social, economic and political issues relevant to citizens, such as private employers or business, non-governmental social welfare organizations, health care providers, faith-based organisations, cultural institutions, etc.

Child

Anyone under the age of 18. Children in Guyana must attend school up to the age of 15.

Discrimination

Any distinction, exclusion or preference made on the basis of HIV status or perceived HIV status. Discrimination consists of actions or omissions that are derived from stigma and directed towards those individuals who are stigmatized. Discrimination is action, which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation, in accordance with the definition and principles of the ILO Discrimination (Employment and Occupation) Convention, 1958 (no. 111), and is understood to include for reasons of sexual orientation.

Education institution

Any establishment or setting where learning, whether formal or non-formal, takes place. For the purposes of this policy, education institutions include pre-primary, primary and secondary schools, post-secondary vocational/technical training, further and higher education institutions, and places of adult and non-formal education.

Education service(s)

Other components of a nation's education and training system, public or private, other than an education institution

Educator

Any person who imparts knowledge and skills within the education sector

Employee

An administrator, teacher or non-teaching support staff employed in an education institution or services

Employer

A person who engages others to perform certain tasks for payment of a wage or salary

Gender

All attributes associated with women and men, boys and girls, which are socially and culturally ascribed and which vary from one society to another and over time.

HIV

HIV belongs to a unique group of viruses known as retroviruses- these viruses reverse the usual flow of genetic information within an infected cell. It is a virus that weakens the body's immune system, ultimately causing AIDS.

Holistic care, treatment and support

Means that address physical, psychological, emotional and other needs of affected and infected individuals.

Infected Person

A person who is living with the human immuno-deficiency virus that causes AIDS

Legal age

The age of consent for sex in Guyana is now 16, and the age of legal majority is 18. As yet, the age for consent for treatment and testing has not yet been established in the country.

Non-teaching staff

A person engaged in support functions other than management or teaching in an education institution or service

Opportunistic Infection

Infection by organisms that usually only cause diseases in people with weakened immune systems. Persons living with advanced HIV infection suffer opportunistic infections of the lungs, brain, eyes, and other organs. Opportunistic infections common in persons diagnosed with AIDS include Pneumocystis Carinii pneumonia; Kaposi's sarcoma; cryptosporidiosis; histoplasmosis; other parasitic, viral and fungal infections; and some types of cancer.

Orphan

A person under the age of 18 years who has lost one or both parents (suggestion)

Parent

The biological and adoptive parents or custodians, or legal guardians of children

Peer educator or peer counsellor

The trained employee or student who develops or implements a developmental counselling programme to meet the social, psychosocial and educational or training needs of employees or students in relation to HIV and AIDS.

Physician: A medical doctor licensed in accordance with the regulations of the state or other competent health licensing authority.

Post-exposure prophylaxis (PEP)

Measures and treatment given to a person who has recently been exposed to disease causing organisms, to prevent them from developing the disease

Prevalence

A measure of the proportion of people in a population affected with a particular disease at a given time.

Procedures

Laws and Bills which deal with protection of children from abuse, rape and other abuses.

Psychosocial support

The support meant to address challenges of isolation, depression, anxiety, other psychiatric impairment and serious interpersonal problems as a result of HIV and AIDS. The purpose of psychosocial support is to ensure that quality of life and motivation to live are effectively optimized. Psychosocial support is understood to include spiritual support.

Reasonable accommodation

Any modification or adjustment to a job or to the workplace that is reasonable, practicable and shall enable a person living with HIV or AIDS to have access to or participate or advance in employment.

Screening

Measures to assess HIV status, whether direct (HIV testing) or indirect (assessment of risk-taking behaviour), asking questions about health or about medication used in this policy in the context of exclusion from employment or education

Sex and gender

There are both biological and social differences between males and females. The term 'sex' refers to biologically determined differences, while the term 'gender' refers to differences in social roles and relations between males and females. Gender roles are learned through socialization and vary widely within and between cultures. Gender roles are affected by age, class, race, ethnicity and religion, and by the geographical, economic and political environment.

Sexual Abuse

Abuse of a person targeting their sexual organs, e.g. rape, touching their private parts, or inserting objects into their private parts

Sharps:

Objects such as needle or other instruments used in health care that are able to penetrate the skin and potentially cause infection.

STI

Sexually transmitted infections, which include, among others, syphilis, chancroid, chlamydia, gonorrhoea. They include conditions commonly known as sexually transmitted infections (STIs)

Social dialogue

Any form of information sharing, consultation or negotiation (with or without formal agreements concluded) between educational authorities, public and private, and employees or their representatives (i.e., workers' representatives as defined below). In the context of this policy social dialogue is applied to students and other stakeholders.

Stigma

A dynamic process of devaluation that significantly discredits an individual in the viewpoints of others

Student

A person attending formal or non-formal classes or pursuing studies at a school, training institution, college, university, or any other education institution

Teacher

A person engaged part-time or full-time in education of students, formal or non-formal.

Termination of employment

Dismissal at the initiative of the employer

Universal precautions

A simple standard of infection control practice to be used to minimize the risk of blood-borne pathogens.

Voluntary Counselling and Testing (VCT)

VCT is voluntary HIV testing that involves a process of pre- and post- test counselling, that helps people to know their sero-status and make informed decisions.

Vulnerable Student

Any person receiving education and training from a learning institution who is susceptible to circumstances that infringe upon the fulfilment of their fundamental human rights.

Workplace

Occupational settings, stations and places where workers spend time for gainful employment

8.2 Appendix 2

Recommended Content for Employee and Student Education Programmes

Employees

- The HIV epidemic, how HIV is contracted and prevented, what is AIDS, risk assessment and reduction, including reference to other STIs, available ARV treatment medication
- Differences in risk between men and women, unequal power relations in education institutions particularly affecting girls and young women, and rights and responsibilities of both men and women
- How to communicate with other employees and students about HIV and AIDS
- How to communicate with other employees and students living with HIV
- How to communicate with parents, guardians and other relatives of students living with HIV
- How to dispel myths relating to HIV and AIDS and avoid discriminatory practices and stigmatisation of those living with HIV
- Basic occupational health and safety and first aid procedures, the application of universal precautions, and strategies on creation of a safe, enabling environment
- How to cope with an HIV-positive diagnosis, healthy living (wellness) management programmes, rights, care, treatment and support benefits and responsibilities arising from HIV infection or diagnosis, including continuing means of preventing transmission.

Students

- Accurate and up-to-date information about HIV and AIDS (transmission, prevention (including abstinence), care, treatment, support)
- The links between HIV, AIDS and other STIs
- The rights of persons living with HIV/AIDS
- How to support fellow students living with HIV and other illnesses
- How to live a healthy life through an HFLE or comparable programme
- Basic first aid procedures and the use of universal precautions
- How to cope, lead a healthy life, receive treatment and support if living with and/or affected by HIV.

8.3 Appendix 3

Universal Precautions and Checklist of Precautions to Prevent HIV Transmission

Universal precautions (extract from the ILO code of practice, Appendix II)

A. Universal blood and body fluid precautions

Universal blood and body-fluid precautions (known as “Universal Precautions” or “Standard Precautions”) were originally devised by the United States Centers for Disease Control and Prevention (CDC) in 1985, largely due to the HIV/AIDS epidemic and an urgent need for new strategies to protect hospital personnel from blood-borne infections. The new approach placed emphasis for the first time on applying blood and body fluid precautions universally to all persons regardless of their presumed infectious status. Universal Precautions are a simple standard of infection control practice to be used in the care of all patients at all times to minimize the risk of blood-borne pathogens. Universal Precautions consist of:

- careful handling and disposal of sharps (needles or other sharp objects);
- hand-washing before and after a procedure;
- use of protective barriers – such as gloves, gowns, masks – for direct contact with blood and other body fluids;
- safe disposal of waste contaminated with body fluids and blood;
- proper disinfection of instruments and other contaminated equipment; and
- proper handling of soiled linen.

Additional checklist of precautions to prevent HIV transmission

1. First Aid Kits

- Store first aid kits in selected rooms in the education institution.
- Ensure that the first aid kits contain at least 4 disposable single-use latex-gloves, gauze, scissors, and materials to help heal the wound.
- Check the contents of first aid kits every week.
- Ensure that the responsible persons know where the first aid kits are stored.

2. Emergencies and Mouth-to-Mouth Resuscitation

- If you are trained to do so, perform mouth-to-mouth resuscitation in emergencies with persons living with HIV/AIDS.
- Although saliva has not been implicated in HIV transmission, to minimize the need for contact with the mouth, you may use mouthpieces, or other ventilation devices.

3. How to Manage Injuries Involving Blood

- Put on your gloves.

- Cover any abrasions or cuts on your arms with a waterproof dressing.
- Clean the wound.
- Remove the gloves and place in a resealable bag.
- Do not touch your eyes before washing up.
- Wash hands immediately after touching blood, body fluids, and contaminated items, whether or not gloves had been worn.
- Wash hands with soap and water for at least 15-20 seconds.
- Change any bloodstained clothes as quickly as possible.
- Immediately discard contaminated sharps and materials in resealable bags.

4. Disinfecting

- Prior to disinfecting, ensure that adherent blood is scraped from surfaces and objects.
- HIV does not survive in the environment. None the less, potentially contaminated spills should be disinfected by using household bleach, 1 part bleach to 10 parts water. Pour the solution around the periphery of the spill.
- Ensure that mops, buckets and other cleaning equipment are disinfected with fresh bleach solution.

5. Cleaning Staff

- Inform all cleaning staff about the universal precautions for handling bodily fluids.

8.4 Appendix 4

WHO Fact Sheet– Management of Occupational Exposure to Blood-borne Pathogens

Provide immediate care to the exposure site:

- Wash wounds and skin with soap and water.
- Flush mucous membranes with water.

Determine risk associated with exposure by:

- Type of fluid (e.g. blood, visibly bloody fluid, other potentially infectious fluid or tissue and concentrated virus).
- Type of exposure (i.e. percutaneous injury, mucous membrane or non-intact skin exposure and bites resulting in blood exposure).

Evaluate exposure source:

- Assess the risk of infection using available information.
- Test known sources for HBsAg, anti-HCV and HIV antibody (consider using rapid testing).
- For unknown sources, assess risk of exposure to HBV, HCV or HIV infection.
- Do not test discarded needles or syringes for virus contamination.

Evaluate the exposed person:

- Assess immune status for HBV infection (i.e. by history of hepatitis B vaccination and vaccine response).

Give PEP for exposures posing risk of infection transmission:

- HBV: PEP dependant on vaccination status:
 - unvaccinated: HBIG + HB vaccination;
 - previously vaccinated, known responder: no treatment;
 - previously vaccinated, known non-responder: HBIG + HB vaccination;
 - antibody response unknown: test and administer HBIG + HB vaccination if results are inadequate.
- HCV: PEP not recommended.
- HIV: Initiate PEP as soon as possible, preferably within hours of exposure. Offer pregnancy testing to all women of childbearing age not known to be pregnant:
 - seek expert consultation if viral resistance is suspected;
 - administer PEP for four weeks if tolerated.

Perform follow-up testing and provide counselling:

- Advise exposed persons to seek medical evaluation for any acute illness occurring during follow-up.

HBV exposures:

- Perform follow-up anti-HBs testing in persons who receive hepatitis B vaccine:
 - test for anti-HBs one to two months after last dose of vaccine;
 - anti-HBs response to vaccine cannot be ascertained if HBIG was received in the previous three to four months.

HCV exposures:

- Perform baseline and follow-up testing for anti-HCV and alanine aminotransferase (ALT) four to six months after exposure.

- Perform HCV RNA at four to six weeks if earlier diagnosis of HCV infection desired.
- Confirm repeatedly reactive anti-HCV enzyme immunoassays (EIAs) with supplemental tests.

HIV exposures:

- Perform HIV-antibody testing for at least six months post-exposure (e.g. at baseline, six weeks, three months, and six months).
- Perform HIV antibody testing if illness compatible with an acute retroviral syndrome occurs.
- Advise exposed persons to use precautions to prevent secondary transmission during the follow-up period.
- Evaluate exposed persons taking PEP within 72 hours after exposure and monitor for drug toxicity for at least two weeks.

Source: *Joint ILO/WHO guidelines on health services and HIV/AIDS, 2005*, Fact Sheet No. 10

Safe handling of disposable sharps and injection equipment

Employers should develop procedures for the safe handling and disposal of sharps, including injection equipment, and ensure training, monitoring and evaluation. The procedures should cover:

- (a) placement of clearly marked puncture-resistant containers for the disposal of sharps as close as practicable to the areas where sharps are being used or are found;
- (b) regular replacement of sharps containers before they reach the manufacturer's fill line or when they are half full; containers should be sealed before they are removed;
- (c) the disposal of non-reusable sharps in safely positioned containers that comply with relevant national regulations and technical guidelines;
- (d) avoiding recapping and other hand manipulations of needles, and, if recapping is necessary, using a single-handed scoop technique;
- (e) responsibility for proper disposal by the person using the sharp;
- (f) responsibility for the proper disposal and for reporting the incident by any person finding a sharp.

Source: *Joint ILO/WHO guidelines on health services and HIV/AIDS, 2005*, paragraph

8.5 Appendix 5

Protection of Workers' Personal Data

General principles from the *Protection of workers' personal data: An ILO code of practice (1997)*

- 5.1. Personal data should be processed lawfully and fairly, and only for reasons directly relevant to the employment of the worker.
- 5.2. Personal data should, in principle, be used only for the purposes for which they were originally collected.
- 5.3. If personal data are to be processed for purposes other than those for which they were collected, the employer should ensure that they are not used in a manner incompatible with the original purpose, and should take the necessary measures to avoid any misinterpretations caused by a change of context.
- 5.4. Personal data collected in connection with technical or organizational measures to ensure the security and proper operation of automated information systems should not be used to control the behaviour of workers.
- 5.5. Decisions concerning a worker should not be based solely on the automated processing of that worker's personal data.
- 5.6. Personal data collected by electronic monitoring should not be the only factors in evaluating worker performance.
- 5.7. Employers should regularly assess their data processing practices:
 - (a) to reduce as far as possible the kind and amount of personal data collected; and
 - (b) to improve ways of protecting the privacy of workers.
- 5.8. Workers and their representatives should be kept informed of any data collection process, the rules that govern that process, and their rights.
- 5.9. Persons who process personal data should be regularly trained to ensure an understanding of the data collection process and their role in the application of the principles in this code.
- 5.10. The processing of personal data should not have the effect of unlawfully discriminating in employment or occupation.
- 5.11. Employers, workers and their representatives should cooperate in protecting personal data and in developing policies on workers' privacy consistent with the principles in this code.
- 5.12. All persons, including employers, workers' representatives, employment agencies and workers, who have access to personal data, should be bound to a rule of confidentiality consistent with the performance of their duties and the principles in this code.
- 5.13. Workers may not waive their privacy rights.