



The Republic of Uganda



Uganda Aids Commission

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## Ministry of Education & Sports

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### THE EDUCATION SECTOR HIV AND AIDS WORKPLACE POLICY

## FOREWORD

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HIV/AIDS continues to be a major development challenge the world over. The impact of the pandemic continues to threaten the achievement of the Millennium Development Goals (MDGs) and of specific concern, attainment of Education For All Goals (EFA).

The pandemic has worsened the already existing challenges within the education sectors and therefore compromised the ability to provide desirable levels of quality education. The systemic and management challenges experienced relate to mortality and morbidity of sector employees, sports men and women. The Sector is experiencing an increase in staff attrition partly due to HIV/AIDS related factors, low morale, stigma and discrimination in the Education Sector workplaces especially in schools and other learning institutions. Absenteeism and lateness, occasioned by ill health or caring for the sick have resulted into an increase in workload for the available teachers and staff.

The Ministry of Education and Sports, in response to the above challenges; and in embracing the defined role within the multi sectoral; approach, developed the Education Sector HIV/AIDS Workplace Policy. This policy aims to reduce the spread and mitigate the impact of HIV/AIDS among Ugandan teachers, sportsmen and women as well as all other sector employees and their families. The policy promotes a consequent and equitable approach to prevention of HIV transmission among employees as well as comprehensive management of effects of HIV/AIDS including improved access to care, support and treatment of teachers and staff living with HIV and AIDS.

The policy objectives promote the adoption of behavior change practices, increased access to quality HIV and AIDS prevention, care, support and treatment services, empowerment of schools and other education workplaces to sustainably play their role in ensuring a healthy and efficient workforce.

Finally, I take this opportunity to extend gratitude of the Ministry of Education and Sports to all partners in this effort. Particular appreciation to the Uganda AIDS Commission, the Uganda HIV/AIDS Control Project (UACP), Irish Aid, GTZ and USAID for the technical and financial assistance extended to my Ministry in the development and implementation of this policy.



To all teachers, sports men/women and sector employees at all levels in Uganda, the Ministry expresses solidarity with all persons living with HIV and AIDS and is committed to the urgent implementation of this policy.

I wish to reiterate the call for collective responsibility among stakeholders through the multi sectoral response, in this effort. This Policy should cause positive change at individual level for the realization of quality Education For All.



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**MINISTER OF EDUCATION AND SPORTS.**



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# ACRONYMS

Abb.	Description
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinics
ARC	AIDS Related Complex
ART	Anti-Retroviral Therapy
ARV	Antiretroviral
DOTS	Directly Observed Treatment, Short Course Chemotherapy (TB)
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immune-Deficiency Virus
IEC	Information, Education, and Communication
ILO	International Labour Organisation
KAPB	Knowledge, Attitude, Practice/Behaviour Study
MoES	Ministry of Education and Sports Uganda
MoH	Ministry of Health
MTBF	Medium Term Budget Framework
NAC	National AIDS Council
PEP	Post Exposure Prophylaxis
PLWHA	People living with HIV and AIDS
PMTCT	Prevention of Mother To Child Transmission
STD	Sexual Transmitted Diseases
STI	Sexual Transmitted Infections
TB	Tuberculosis
UNAIDS	United Nations Programme on HIV and AIDS
VCT	Voluntary Counselling and Testing (HIV)
WPP	HIV and AIDS Workplace Programme





# 1.0 PREAMBLE

## HIV and AIDS in Uganda

Although Uganda has made commendable progress in addressing HIV/AIDS, the epidemic is still a major health and socio-economic problem. Mortality and morbidity due to HIV/AIDS are still high, the orphan problem has been aggravated and household food security has been compromised. Enterprises are also experiencing declining production and profitability due to HIV/AIDS. The latest Uganda HIV/AIDS sero-behavioral survey, 2004/2005 indicates a prevalence rate of 6.4 % for the general population and incidence (number of new infections) of about 130,000 per year.

### Effect of HIV and AIDS on the Education Sector

The epidemic is posing a great challenge to the Education sector, lowering the performance through illness and death of highly qualified and experienced staff and through the diversion of the limited resources to care for sickly and ill workforce.

### Scope of the initiative for curbing HIV and AIDS Epidemic

In 2004, MoES<sup>1</sup> decided to develop an HIV and AIDS Policy for the whole education sector. As a component of the Education sector HIV and AIDS policy, the workplace policy addresses all HIV and AIDS related issues at the Education workplaces.

Scope of the Workplace Policy is:

- Ministry of Education and Sports Headquarters'
- Parastatal and Commissions
- Schools, Colleges and Institutions

### Purpose of the Workplace Policy HIV and AIDS

The purpose of the workplace policy is to ensure a consequent and equitable approach to the prevention of HIV and AIDS amongst the sector employees and to the comprehensive management of the consequences of HIV and AIDS, including



care and support for employees living with HIV and AIDS. For all interventions described in this document, the immediate families of the employees shall be included, where possible.

## **Framework of the HIV and AIDS Policy**

The Workplace Policy on HIV and AIDS for Education Institutions is part of the overall Public Service Human Resource Policy, dealing with HIV and AIDS at the workplace and the family environment and shall be integrated into all relevant policy and procedure manuals for MoES.

## **Ministry of Education & Sports Commitment**

- MoES recognises the seriousness of the Human Immunodeficiency Virus Infection (HIV) and the Acquired Immune Deficiency Syndrome (AIDS) epidemic.
- MoES commits itself to providing leadership to implement an HIV and AIDS Workplace Programme.
- MoES acknowledges its commitment to ensure a workplace that guarantees a non-discriminatory environment for persons affected by HIV and AIDS that will encourage HIV positive employees to be open about their status.
- MoES has developed and shall implement this policy in consultation with employees at all levels.
- MoES seeks to minimize the social and economic consequences of the pandemic to MoES including affiliated Parasatals and Commission, schools, Colleges and institutions.
- MoES has ensured that the workplace policy is in compliance with existing laws in general and regarding HIV and AIDS in Uganda and with the ILO Code of Practice on HIV and AIDS and the world of work.

## 2.0 GENERAL PRINCIPLES

### 2.1.0 Non Discrimination

- 2.1.1 MoES will not discriminate or tolerate discrimination against employees or job applicants on grounds of their HIV and AIDS status.
- 2.1.2 This Policy observes the principle that HIV infection and AIDS shall be treated like any other serious condition or illness that may affect employees.
- 2.1.3 It takes into account that employees with HIV and AIDS may live full and active working lives for a number of years.
- 2.1.4 HIV positive employees shall be protected against discrimination, victimisation or harassment through the application of appropriate disciplinary and grievance procedures and the provision of information and education about HIV and AIDS to all employees.

### 2.2.0 Confidentiality

- 2.2.1 Management of the Education Sector recognises the sensitive issues that surround HIV and AIDS and therefore undertake to handle these matters in a discrete and private manner. Where an employee with HIV and AIDS has revealed his/her status to management, MoES shall keep the identity of the person confidential. However, in line with the MoES philosophy of openness, employees shall be encouraged to be open about their HIV and AIDS status.
- 2.2.2 All persons, including those living with HIV and AIDS, shall have the legal right to privacy. Therefore:
  - 2.2.2.1 Should an employee discover that he/she is HIV positive, he/she shall be under no obligation to inform management.
  - 2.2.2.2 Should an employee with AIDS choose to inform management, he/she should in the first instance notify a person of choice and trust. The involved person of trust shall under no circumstances inform anyone else unless this is agreed on with the individual prior to doing so. A written consent of the HIV and AIDS positive employee shall be needed before informing anybody else.

2.2.2.3 All employee medical records and personnel files including results of HIV tests shall be maintained in strictest confidence.

### **2.3.0 Gender Equality**

HIV and AIDS affects men and women differently. Women and girls are often more adversely affected by the epidemic, due to physiological, socio-cultural and economic reasons. Women and girls may also be more vulnerable due to unequal gender relations. In this era of HIV and AIDS, there should be zero tolerance to sexual harassment in the educational settings. Any discrimination and or action that may put an employee or student of either sex at risk of HIV because of their sex, strictly violates the basic principles of this policy, should be reported and may be sanctioned in accordance with relevant disciplinary policies. Education programmes should address the roles and responsibilities of men and boys in promoting gender equality as well as rights of women and girls. Application of this policy is designed to take account of these unequal gender relations and enable all employees and students to successfully avoid risks, the spread of HIV infection and to cope with the impact of HIV and AIDS.

## **3.0 PROMOTION OF A NON-DISCRIMINATING ENVIRONMENT**

### **3.1.0 HIV and AIDS and Employment**

3.1.1 MoES shall endeavour by all means possible to ensure that no prejudice or victimisation takes place against any employee on account of his/her HIV status. This means that no person with HIV and AIDS shall be treated unfairly in regard to:

- Recruitment procedures, advertising and selection criteria;
- Dismissal and forced retirement because of actual or perceived HIV and AIDS infection;
- Appointments and the appointment process;
- Job classification or grading;

- Remuneration, employment benefits and terms and conditions of employment;
  - Job assignments;
  - The working environment and facilities;
  - Training and development;
  - Performance evaluation systems, appointment transfer and demotion.
- 3.1.2 No employee shall be removed from his/her normal place of work or from his/her normal duties or isolated because of actual or perceived HIV status unless for the purpose of reasonable accommodation or unless they have contracted a contagious disease as a result of the HIV status (e.g. TB, whilst still in its contagious form).
- 3.1.6 Employees with HIV and AIDS shall be governed without discrimination by agreed sick leave procedures. HIV shall not prejudice such entitlement to leave.
- 3.1.7 An employee, who is HIV positive, shall continue to enjoy normal and equal employment benefits and opportunities as those employees who are not HIV positive. In this respect therefore NO HIV positive teacher or MoES staff shall be removed from the payroll on grounds of his/her ill health.

### **3.2.0 Testing of HIV and AIDS at the Workplace**

- 3.2.1 MoES rejects HIV Testing as a prerequisite for recruitment, access to training or promotion. However, MoES promotes and facilitates access to voluntary confidential testing with counselling for all employees.
- 3.2.2 All testing shall comply with generally accepted international standards on pre- and post-test counselling, informed consent, confidentiality and support.
- 3.2.3 Any medical examination taken before employment shall solely be used to determine the prospective employee's functional performance and to offer prognosis on the capacity to work.

### 3.3.0 Capacity to Perform, Alternative Employment, Early Termination of Employment and Retirement on Medical Grounds

- 3.3.1 HIV and AIDS shall be treated in the same way as other disabling or life threatening conditions and no special conditions or burden shall be placed on employees with HIV.
- 3.3.2 When a teacher and any other employee is not capable of performing the contractual obligations due to prolonged absenteeism or physical incapability due to his/her HIV status, the following guidelines shall apply :
- 3.3.3 If it becomes clear that the teacher and or any other employee is suffering from a chronic illness, the Head teacher / Government Administrator shall follow the standard procedure provided for in the Ugandan Public service Human resource Policy, procedures and practices. This includes producing a report from the Government medical practitioners treating the employee. Government shall cover the medical costs incurred under such circumstances. The purpose of the visitation shall be to establish the capacity of the employee to fulfil his/her contractual obligations. If the results are known and it is clear that the employee is unable to fulfil his/her contractual obligations, the following options shall be considered:

#### 3.3.3.1 **Reduced workload or alternative suitable employment within the school/institution.**

This can only be done with the consent of the employee concerned following a hearing to consider the capacity status of the employee. Without consent of the employee, it will tantamount to a breach of contract and a unilateral change of the conditions of service, which would constitute an unfair labour practice.

#### 3.3.3.2 **Rationalisation of Workload**

In the absence of provision of relief teachers/workers, the heads of schools and institution shall rationalise the workload for the sick teachers/ workers amongst the available staff.

#### 3.3.3.2 **Early Retirement on Medical Grounds**

If the employee is unable to work according to the official Government Medical Board report, he/she shall have the right to early retirement on medical grounds.

### 3.4.0 Disciplinary and Grievance Procedures

3.4.1 In the event of fellow employees harassing or refusing to work with an employee who is HIV positive, he/she shall be subjected to strong disciplinary action, which could result in termination of services in accordance with the Terms and Condition of Service. The following guidelines shall be observed:

3.4.1.1 An employee, who feels that he/she has been harassed, shall be encouraged to lodge in a grievance.

3.4.1.2 Harassment shall be defined as:

Engaging in unwanted verbal, non-verbal or physical conduct that denigrates, humiliates or shows hostility or aversion towards an individual or a group because of their HIV status where such conduct has the purpose or the effect of:

- Creating an intimidating, hostile or offensive environment;
- Unreasonably affecting a person's opportunities and/or dignity.

3.4.1.3 Management shall not transfer or move an HIV positive person to an alternative duty station as a result of grievance, unless the transfer is a part of the grievance resolution.

3.4.1.4 Before applying any disciplinary measures, intensified training and education of the workforce with regard to HIV and AIDS shall take place.

3.4.1.5 Where fellow workers still refuse to work with an HIV positive employee, after proper education and training, the management shall have the right to discipline such workers for:

- " Refusal to obey a lawful and reasonable instruction"
- and/or
- "Disruption of the normal operations of MoES"

3.4.2 Grievance and Disciplinary procedures shall take into account the sensitive and confidential nature regarding the HIV positive status of the aggrieved employee.

## 4.0 HEALTH PROMOTION

### 4.1.0 Prevention, Awareness and Education

- 4.1.1 The HIV and AIDS prevention policy of MoES is that:
- 4.1.1.1 HIV and AIDS prevention is the responsibility of all employees.
  - 4.1.1.2 That management and employee representatives shall take the lead in promoting HIV and AIDS prevention in the MoES.
  - 4.1.1.3 All employees recognise the importance of the expectation of MoES that its employees shall avoid risky sexual behaviour.
  - 4.1.1.4 MoES recognises the importance of involving employees and their representatives in the planning and implementation of awareness education and counselling programmes especially as Focal Point Officers and counsellors.
  - 4.1.1.5 Awareness and education programmes shall be conducted to inform employees about HIV and AIDS, and help them to protect themselves and others against infections. They shall as well focus on behaviour change. Programmes shall take into account the different needs of male and female employees.  
  
Special attention shall be paid to give information about the rights of HIV positive employees (and where possible to their immediate families) and about the access to services.
  - 4.1.1.6 HIV and AIDS training shall be integrated into existing induction/orientation and training programmes of new employees and in-service programmes.
  - 4.1.1.7 Employees shall be provided with timely accurate, clear and adequate information about HIV and AIDS prevention, community support services, treatment options and changes in MoES prevention activities.
  - 4.1.1.8 Information shall be provided through the MoES information materials as well as through training courses, staff meetings and shall include lectures, videos and other literature on HIV and AIDS. The teacher's education curriculum shall be revised to include HIV and AIDS issues accordingly.
  - 4.1.1.9 Employees shall be offered the opportunity to participate in Peer Educator Training. The Peer Educator Network shall be a

vital and important part of the IEC programme. Various training concepts shall be implemented on demand and according to individual needs.

- 4.1.1.10 Training shall also be offered for key staff including managers, supervisors and Focal Point Officers. Special attention shall be paid to teachers as they constitute the bulk of the sector employees.
- 4.1.1.11 Employees and learners shall be provided with copies of guidelines on the Universal infection control and precautions.

## **4.2.0 Condom Promotion**

MoES employees shall be provided with information on easy and regular access to free male and female condoms from convenient private locations and health facilities and their proper and consistent use.

## **4.3.0 Access to Treatment**

### **4.3.1 Health Care**

4.3.2 It is the policy of Government to provide free medical services to its employees and their immediate families. MoES shall explore possibilities for introducing an additional medical scheme for its employees and their immediate families.

4.3.3 The HIV and AIDS care programme shall be part of the existing Government Health Care Scheme.

### **4.3.4 Opportunistic Infections**

Practical measures to support behavioural change and risk management shall include the treatment of sexually transmitted infections (STI's) and tuberculosis (TB).

### **4.3.5 Voluntary Counselling and Testing (VCT)**

MoES shall assist any employee who wishes to be tested for the AIDS virus by means of:

- Getting access to the appropriate VCT Centre or Health facility, which provide the pre- and post-testing and counselling.
- Ensuring the confidentiality of such request and



subsequent results through the employee accessing the VCT facility through the HIV and AIDS management programme.

### **4.3.6 PMTCT**

4.3.6.1 Employees and their spouses shall have access to information and treatment for the prevention of mother to child transmission (PMTCT) as part of the National HIV and AIDS Policy and HIV and AIDS Control initiatives.

## **4.4.0 Care and Support**

MoES shall treat employees and their families who are infected or affected by HIV and AIDS with empathy and care. Consequently MoES shall provide all reasonable assistance.

### **4.4.1 Wellness Programme**

For HIV and AIDS positive employees (and where possible their immediate families) MoES shall provide a wellness programme, which includes training in :

- Positive lifestyle;
- Nutritional programmes;
- Exercises;
- Regular medical check ups.

### **4.4.2 Psychosocial Support**

MoES shall arrange for all HIV positive employees (and where possible their immediate families) to have access to psychosocial support. MoES shall provide:

- Help in accessing facilities, offering psychosocial support;
- Covering the costs for counselling within education institutions.

### **4.4.3 Home Based Care**

MoES shall:

- Provide factual information on and facilitate necessary networks for accessing home based care.

#### **4.4.4 Legal Advice for HIV and AIDS positive Employees**

MoES shall facilitate access to legal advice for employees in safe guarding dependents through preparation of wills, transfer of property and leveraging of public service.

#### **4.5.0 ARV Treatment and Eligibility**

- 4.5.1 MoES shall arrange for all HIV positive employees (and where possible their immediate families) to have access to a managed HIV and AIDS programme that includes anti-retroviral therapy (ART) within the overall public service policy or initiatives to give ARVs to Public officers.
- 4.5.2 The delivery of ARV treatment shall be provided by accredited health facilities (Government and Non-Government). A comprehensive HIV and AIDS care programme shall complement the treatment. HIV positive employees (and where possible the immediate family) shall access the HIV and AIDS care programme through VCT as the entry point to care.
- 4.5.3 MoES shall arrange the prescribed services, including ART for all HIV positive employees. If funds allow the programme shall cover members of the immediate family with children up to the age of 18 years.
- 4.5.4 If ARV therapy was started with a registered partner of an employee, the right of treatment cannot be transferred to another partner.
- 4.5.5 The HIV Treatment Scheme shall follow established and recognised best practice guidelines including the Uganda HIV Treatment guidelines and the WHO treatment in resource limited settings.
- 4.5.6 Employees shall be eligible for access to the HIV Treatment Scheme immediately after taking up the job.
- 4.5.7 Eligibility for the programme shall be the current employment with MoES. This means therefore that if an employee separates from MoES, no further benefits can be claimed through the institution.

- 4.5.8 As part of the HIV treatment package, Government shall continue to pay for HIV treatment for retrenched or retired employees, if funds are available out of the HIV and AIDS fund.
- 4.5.9 Government shall also cover the costs of HIV treatment for widow(er)s after the death of the employee, if funds are available out of the HIV and AIDS fund.
- 4.5.10 Government shall cover the costs of already started HIV treatment for divorced partners after the divorce, if funds are available out of the HIV and AIDS fund.
- 4.5.11 Government shall cover the costs for the HIV treatment of orphans of an employee, if they are infected as well.

## **5.0 MANAGEMENT OF RISK**

### **5.1 Creating a Safe Environment at the Workplace**

MoES shall maintain and enforce legal, acceptable and recognized occupational safety precautions to minimize the risk of workplace exposure to HIV and AIDS by employees. These precautions shall include as part of the First Aid Kits:

- Preventing the contact with blood or other body fluids in an accident or injury situation;
- Availability of First Aid Kits and trained First Aiders throughout all MoES institutions;
- Providing First Aid Kits in all MoES vehicles;
- Regular auditing of First Aid Kits for expired drugs and restocking;
- Providing plastic or latex gloves to all MoES drivers;
- Training in universal precautions for all current MoES employees and any new employees.

### **5.2 Post Exposure Prophylaxis (PEP)**

- 5.2.1 Post exposure prophylaxis (PEP) shall be available for all employees, who are at risk of HIV as a result of a work related exposure or any other event.
- 5.2.2 To obtain access to post exposure prophylaxis, an employee

must be tested for HIV immediately and have follow up tests at six weekly intervals for three months. Post exposure prophylaxis shall only be supplied if the employee tests negative immediately after the exposure.

## **6.0 RESPONSIBILITY OF THE EMPLOYER, EMPLOYEES AND LEARNERS.**

- 6.1.1 All heads of MoES institutions shall be responsible and accountable for the implementation of the policy. They shall take immediate and appropriate corrective action when provisions of policy are violated.
- 6.2.2 Employees with HIV and AIDS shall be required to comply with optimum health and safety standards at all times to ensure the health of fellow employees. Employees with HIV and AIDS shall be expected to conduct themselves at all times in a responsible manner in regard to their medical condition and to be sensitive to the concerns of fellow employees.
- 6.3.3 MoES employees, and where possible members of the immediate family, receiving treatment under the HIV and AIDS care programme must be committed to adhering strictly to the treatment and monitoring regime. They must be aware that sharing of drugs will have negative effects and could also lead to HIV becoming resistant to existing drugs. If the medical regime is not followed accurately, the treatment shall be discontinued and all rights for further treatments are withdrawn.

### **6.2.1 Employee-Student Relationship**

The relationship between education administrators, teachers and students is central to the academic mission of the education institution, and should be based on mutual respect and trust. There are risks in any personal relationship between persons in inherently unequal positions of authority, and in the case of a sexual relationship these risks could include vulnerability to HIV. No sexual or romantic relationship will therefore be permitted between education sector employees and students in institutions up to and including secondary-level education. Relationships between administrators, teachers and other employees in all

institutions and relationships between employees and students in post-secondary institutions will be subject to the teachers' code of conduct and public service regulations. To apply the above policies as appropriate, administrators and teachers are expected to ensure learning and working environment, which supports clear boundaries concerning respectful student/staff interaction and relationships, including respect for the following guidelines.

- Administrators, employees and other staff should avoid being alone with a student of either sex;
- When meeting individually with a student, staff should ensure that this meeting is in sight of other adults;
- Staff should avoid meeting students outside the educational institutions unless this is part of an approved learning activity or excursion. The permission of both the administrator and parent/guardian should be obtained in such circumstances.

Education authorities and administrators of education institutions should strictly enforce legislation, regulation or institutional rules on sexual misconduct and staff/student relationships as appropriate to the laws of Uganda.

## **7.0 IMPLEMENTATION AND MONITORING**

- 7.1.1 The implementation and review of the workplace policy shall be coordinated by the units/persons responsible for the Human Resource Management at various levels in the Education Sector. Both Government and private schools and institutions shall be expected to adhere to this policy.
- 7.1.2 Focal point officers shall be elected in each department. A Peer Educator Group and a Committee shall be formed and work together with the HIV and AIDS coordinator.
- 7.1.3 This Policy and related information on HIV and AIDS shall be communicated to all MoES employees, education institutions and workplaces and the wider public using the full range of

communication methods available to MoES and its network of contacts.

7.1.4 The MoES HIV and AIDS Workplace Policy shall be integrated into the MoES Education Sector Strategic Plan II and all Policy and Procedures Manuals of the institution to avoid conflicting or contradictory statements.

7.1.5 The policy shall be reviewed and revised periodically as necessary, in light of changing conditions and the findings of surveys/studies conducted.

## **8 RESOURCE MOBILISATION**

For financing of services and activities, described in the Workplace Policy on HIV and AIDS, the Ministry shall endeavour to mobilise appropriate resources from within the MTBF and or from external funding.

## Appendix 1: Examples of stigma and discrimination against employees and students based on actual or perceived HIV status

<b>Discrimination Action</b>	<b>Against Whom</b>
Denial of employment	Employee (Candidate)
Dismissal	Employee
Denial of promotion opportunities	Employee
Not give access to employee benefits	Employee
Not give access to professional development or work-related social activities	Employee
Compulsory transfer from a job function in which the person with HIV does not pose any form of medical threat to other employees “is not incapable of performing work to a reasonable standard, and is not afforded reasonable accommodation in an alternative work assignment”	Employee
Denial of admission to study	Student (candidate)
Expulsion, suspension, denial of student privileges	Student/learner
Not given the opportunity to advance to the next grade/level on ground of one sero-status	Student/learner
Not given the opportunity to engage in social activities sponsored by the education institution	Student / learner
Breach of privacy or confidentiality	Employee and student/learner
Not receiving protection from physical and verbal abuse related to actual or perceived HIV status, HIV-related behavior or life-style choices	Employee and student/learner

## 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, monitoring and treatment, including ARV treatment.
- Differences in risk between men and women, unequal power regulations in educational institutions- particularly affecting girls and young women, and rights and responsibilities of both men and women.
- 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 engage community members in the response to HIV and AIDS
- How to encourage solidarity, dialogue and empathy that will result in a caring environment.
- How to dispel myths relating to HIV and AIDS and avoid discriminatory practices and stigmatization 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, and healthy living (wellness) management programs, rights, care, treatment and support benefits and responsibilities arising from HIV infection or diagnosis, including continuing means of preventing transmission.

### Students/ learners

- Accurate and up to date information about HIV and AIDS (transmission, prevention, care treatment and 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 encourage solidarity, dialogue and empathy that will result in a caring environment
- How to communicate with teachers and other students about HIV and AIDS
- How to communicate with parents, guardians and other relatives about HIV and AIDS.
- How to live a healthy life (through life skills education, where relevant)
- 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

### **Appendix 3: Universal precautions and checklist of precautions to prevent HIV transmission**

#### **Universal precautions**

#### **(Extract from the ILO code of practice, Appendix II)**

Universal blood and body-fluid precautions (known as “Universal Precautions” or “Standard Precaution”) 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 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 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 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 disinfections 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 educational 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 the 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 mouth-pieces, or other ventilation devices.

### **3. How to Manange Injuries Involving Blood**

- Put on your gloves
- Cover any abrasions or cuts on your arms with waterproof dressing

- Clean the wound
- Remove the gloves and place in a resalable bag
- Do not touch your eyes before washing up
- Wash hands with soap and water for at least 15-20 seconds
- Change any blood stained clothes as quickly as possible
- Immediately discard contaminated sharps and materials in resalable bags

#### 4. Disinfection

- Prior to disinfecting, ensure that adherent blood is scrapped from surfaces and objects
- HIV does not survive in the environment. Nonetheless, 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 body fluids

Safe handling of disposable sharps and injection equipment

Employers should develop procedures for the safe handling and disposable 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 placement of sharps containers before they reach the manufacture'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 object.

