

UWC HIV/AIDS POLICY

Preamble

The University of the Western Cape (UWC) acknowledges the seriousness of the HIV/AIDS epidemic and recognises that the disease will have a significant impact on the University. The University shares the understanding of AIDS as a chronic, life-threatening disease with social, economic and human rights implications. This HIV/AIDS policy reflects the University of the Western Cape's desire to achieve employment and learning equity; to protect the human rights and dignity of HIV/AIDS-infected and affected employees and students; to avoid discriminatory action or stigmatisation of those affected or infected with HIV/AIDS, and to prevent those who are uninfected from acquiring HIV. This policy **includes both University employees and students**.

This policy is based on the following general commitments:

1. To treat HIV/AIDS in all respects like other life-threatening conditions.
2. To create a caring, supportive and non-discriminatory environment for members of the University community infected or affected by HIV/AIDS.
3. To sustain equal opportunities for employees and students with - or perceived to have - HIV/AIDS.
4. To create an environment conducive to people with HIV and AIDS revealing their status and seeking appropriate support and counselling.
5. To respect and uphold the right to confidentiality of employees and students regarding their HIV/AIDS status, as well as others affected by this status, in so far as the law permits.
6. To equip students to be able to live and work in societies with increasing rates of HIV infection and AIDS.
7. To provide programmes for all employees and students on how to prevent HIV/AIDS infection and how to care for and support those with HIV/AIDS.
8. To encourage all employees and students to recognise their responsibility to develop a personal lifestyle in which they will not put themselves or others at risk of infection.
9. To encourage staff and students who are living with HIV to recognise their special obligation to live in such a way as to pose no threat of infection to any other person.
10. To involve, where possible, representatives of all sectors of UWC, including those with HIV/AIDS, in the development of all prevention, intervention and care strategies.
11. To aim to achieve 'best practice' standards in all HIV/AIDS interventions.
12. To view HIV/AIDS education, prevention and care in a broad social context.

13. To provide an environment in which the equality of women is respected, and where neither sexist behaviour nor gender-based discrimination is tolerated.
14. To give proactive attention to protecting women and men from coercive sex.
15. To encourage gender-sensitive programmes that will help staff and students become aware of the rights and vulnerabilities of women, as well as the HIV/AIDS-related implications of sexual abuse and violence.

Legal framework

This policy has been drafted in accordance with the provisions of existing legislation, as it applies to both University employees and students. These include but are not limited to:

Discrimination, equity and human and patient rights

International standards such as the Human Rights Charter

SA standards such as contained in the Constitution (in particular s36) and the Patients' Rights Charter

Employment law, equity and benefits

Labour Relations Act, 1995 (Act No. 66 of 1995)

Compensation for Occupational Injuries and Diseases Act (COIDA) No. 130 of 1993

Employment Equity Act, 1998 (Act No. 55 of 1998)

Code of Good Practice on Key Aspects of HIV/AIDS and Employment, No. R. 1298 1 December 2000

Basic Conditions of Employment Act (Act No. 75 of 1997)

Promotion of Equality and Prevention of Unfair Discrimination Act (Act No. 4 of 2000)

Medical control and dispensing

Medicine Control Council regulations and registration

Statutory Dispensing Acts

National policy frameworks

Department of Education (National AIDS Plan, 1994)

Department of Education (National Policy on HIV/AIDS for Learners and Educators in Public Schools, and Students and Educators in Further Education and Training Institutions, 1999)

Department of Health (HIV/AIDS and STD Strategic Plan for South Africa, 2000-2005)

Testing and disclosure of HIV status

The following principles apply:

1. The University will not require an HIV test as a precondition of employment or admission.
2. Testing and counselling on campus will remain voluntary and confidential.
3. Potential employees or students who voluntarily disclose their HIV status will not be refused employment or admission on the grounds of their HIV status.
4. All students and employees of the University have the legal right to confidentiality about their HIV/AIDS status, except in circumstances where legally otherwise indicated. Any breach of confidentiality, unless legally indicated, will justify the instigation of disciplinary proceedings against the person who was in breach of that confidence.

General programmes and services

Education and Research

1. All staff and students shall have access to HIV/AIDS education and awareness programmes. These programmes will provide information and teach the skills necessary for members of the University to prevent themselves and others from becoming infected and to combat discrimination. Such programmes should also guide staff and students on how to live, work and interact with people living with HIV/AIDS. The Safety, Health and Environment Officer and relevant staff will make sure that all employees and staff are informed about universal safety precautions. (See Appendix 1.)
2. All Schools and Faculties are required to consider how to achieve integration of HIV/AIDS into the curriculum at both undergraduate and postgraduate levels. If they decide not to integrate such material into the curriculum, they will be required to account for this to their respective Dean or Faculty Board.
3. The University will actively promote and support HIV/AIDS as a university-wide focus for research.
4. The University will endeavour to work collaboratively and to share its expertise of best practice and, where practicable, skills and resources with other tertiary institutions regionally, nationally and internationally.
5. Where appropriate, education about various aspects of HIV/AIDS will form part of the University's community outreach programmes.
6. UWC commits itself to forming partnerships with governmental and non-governmental organisations as well as the private sector for the implementation of its HIV/AIDS programme.

Counselling, care and support

1. Where possible, all staff and students shall have access to testing and counselling related to HIV/AIDS provided by the University during normal working hours.¹
2. The University will encourage the establishment of support groups for students and staff with HIV/AIDS and for their families and colleagues.
3. Condoms shall be freely available to all staff and students in easily accessible locations.

Risk reduction

The University has various departments in the health care, clinical and biological sciences fields (e.g. Student Health Services Department, Dentistry and the clinical departments within the Community and Health Sciences Faculty). Employees and students working in these fields face higher risk of accidents that can lead to HIV infection.

HIV infection may be regarded as an ‘accident’ as defined in the COID Act, provided that the employee/student acquires the infection as a result of an incident which arose out of, and in the course of, his/her employment or studies at the University, and provided that the date, place and circumstances of such an incident are ascertainable.

The University will provide HIV prophylaxis in the form of anti-retrovirals where clinically appropriate in cases of potential exposure to HIV and when these are not provided by the state medical services as a result of:

- injuries or contact with contaminated materials that occur in the line of duty or study on campus or at an approved off-campus site, and are officially reported. Incidents of this nature must be reported at the earliest opportunity to the Safety, Health and Environment Officer or, depending on availability, the Chief Fire Officer;
- rape or assault that occurs on campus. (See Appendices 1, 2 and 4 for procedures.)

The University will provide HIV-positive pregnant students with the appropriate short-course anti-retroviral protocols needed to prevent mother-to-child transmission in cases where these are not provided by the state. This does not cover provision of medication or feeding formula to the

¹ Provision for assistance after hours is provided for and documented in the rape protocol. (See Appendix 4.)

infant (See Appendix 3.). The University will refer the mother and child to relevant health and social services.

All UWC employees and students should implement universal precautions to effectively eliminate the risk of transmission of all blood-borne pathogens, including HIV, at the University. UWC undertakes to educate all students and staff in this regard and the first aid instructions regarding the general precautions that need to be followed when dealing with blood and bodily fluids will be prominently displayed in all relevant working areas. (See Appendices 1 and 2.)

Evaluation, monitoring and implementation

1. The University will establish an HIV/AIDS committee, residing under the University Council and will be known as the HIV/AIDS Sub-committee of Council. (See Appendix 5 for standing orders.)
2. To ensure that UWC's HIV/AIDS policy and programmes remain current and effective, it is essential that there is an ongoing process of monitoring, evaluation and review. New understandings of medical, epidemiological, legal, economic and other pertinent aspects of HIV/AIDS will regularly be taken into consideration in order to further refine and develop this policy. The HIV/AIDS Sub-committee of Council will be responsible for initiating a review every two years.
3. Deans will introduce strategies for ensuring the implementation of the policy in each Faculty. This person will convene an HIV/AIDS task team in his/her Faculty, which is representative of students, academic and support staff and will be required to report on activities to the relevant Faculty Board.
4. Similarly, residence management will set up a task team to address issues relating to HIV/AIDS in the residences. The team will meet on a regular basis and report to the Director of Residences and Catering Services.

Employee policy

Conditions of employment

1. Employees with HIV/AIDS will be governed by contractual obligations no less favourable than those applying to other employees.
2. Employees with HIV/AIDS will not be prevented from attending any campus activities.
3. Continued employment for employees with HIV, including appropriate promotion, work alternatives and training opportunities will be available, provided that the employees are able to work effectively.

4. No employee will be dismissed or have his/her employment terminated merely on the basis of HIV/AIDS, nor will HIV/AIDS status influence retrenchment procedures.
5. HIV/AIDS in itself will not be used as a justification for the non-performance of duties agreed to by the parties.
6. If an employee is no longer able to work due to HIV/AIDS, the appropriate ill-health policies will apply.
7. Employees with HIV/AIDS will be governed without discrimination by agreed existing sick leave procedures. HIV/AIDS will not preference nor prejudice their entitlement to such leave.
8. Wilfully undermining the privacy and dignity of a member of staff with HIV/AIDS will constitute a breach of discipline and appropriate disciplinary steps will be taken.

Benefits

1. It is noted that the University's current medical aid scheme limits the benefits for HIV/AIDS related illnesses. UWC commits itself to reviewing restrictions of benefits that discriminate against those with HIV infection or AIDS, and to reconsider its contract with the scheme. The Human Resource Department, in consultation with the relevant trade unions, will assume responsibility for this.
2. Similarly, UWC commits itself to scrutinising its provident fund, pension, group and spouse life insurance cover for inappropriate restrictions of benefits which discriminate against those with HIV infection or AIDS. In such cases UWC will reconsider its contracts with the insurers. This will be undertaken by the Human Resources Department in consultation with the relevant trade unions.
3. HIV/AIDS-infected employees are entitled to the same benefits as all other UWC staff.
4. UWC will inform all employees of any limitations of medical or insurance benefits - as well as changes to these - in regard to HIV/AIDS.

Support services

UWC will facilitate the provision of the following services and support via Human Resources Department and the Institute for Student Counselling

1. Confidential pre- and post-test counselling;
2. Referral to appropriate professionals, institutions and/or organisations in the community for further management;
3. Support to infected and affected staff, where possible; and
4. Training and refresher courses for support personnel who deal with HIV/AIDS.

Student policy

Conditions of admission and study

1. No student shall be required to have an HIV test prior to admission to UWC.
2. No student shall be required to reveal his/her HIV status either prior to admission or as a condition of continuing registration.
3. Students living with HIV shall be treated no differently from students with comparable life-threatening illnesses.
4. Students who are HIV-positive or have AIDS will not be prevented from attending lectures, living in residences or being involved with campus activities on account of their HIV/AIDS status.
5. HIV/AIDS status may not be used to evade UWC rules and regulations. Standard disciplinary procedures will apply for infringement of University rules, regardless of HIV status.

Counselling and support

1. Confidential counselling and support on HIV/AIDS and related issues will be available to all students where feasible.
2. Such counselling and support will be provided free of charge by professionally trained personnel at the Institute for Student Counselling and/or by trained peer counsellors, supervised by trained professional staff.
3. The University will ensure that all records connected with counselling and support services are confidential.
4. The University will encourage the establishment of support groups for students infected and/or affected by HIV/AIDS, which will be facilitated by the director of HIV/AIDS programmes and/or the Institute for Student Counselling.
5. Referral channels for other forms of social support will be identified and students will be referred to these by the Institute for Student Counselling and/or Student Health Services Department.
6. Condoms will be freely available to all students in easily accessible locations

Care

1. All students living with HIV/AIDS will be treated in a just, humane and life-affirming way.
2. No student may refuse to study with, or to be housed with, student(s) living with HIV or AIDS.

3. Any unfair discrimination or prejudice will be dealt with and appropriate disciplinary steps taken.
4. Should a student become too ill to continue to study, he/she will be treated in the same way as students with other comparable illnesses.
5. No student may use his/her HIV status as a reason for failing to perform work, complete assignments, attend lectures or write examinations. Exceptions shall be considered only on professional medical and legal advice.
6. HIV/AIDS status may not be used to evade UWC rules and regulations. Standard disciplinary procedures will apply for infringement of University rules, regardless of HIV/AIDS status.
7. UWC will ensure that University staff recognises the need to deal compassionately with all those affected by the disease.

Financial implications

1. HIV/AIDS shall not be a consideration when loans, bursaries and scholarships are awarded.
2. HIV status shall not be grounds for failure to pay fees, or to repay loans and meet bursary obligations.

APPENDIX 1: GENERAL PRECAUTIONS FOR PREVENTING THE SPREAD OF HIV THROUGH EXPOSURE

There are numerous ways in which students, staff and/or contract staff could be exposed to HIV on campus. These include:

- Injuries that occur resulting in bleeding and blood staining of clothes, tools and objects.
- Health care and laboratory workers exposed to body fluids of patients or HIV-infected materials.
- Resuscitation and first aid measures.
- Labour/delivery that starts on campus.
- Sports injuries, especially in contact sports.
- Rape or sexual penetrating assault.
- Assault with sharp instruments (lacerating or penetrating) or bleeding injuries.
- Incorrect disposal of sharps.

General measures to prevent exposure

The most effective way of preventing infection remains the prevention of percutaneous or mucocutaneous exposure. All blood and body fluids should be treated as potentially infective. In the health care, emergency response or first aid setting, there should be an adequate supply of the appropriate gloves, masks, protective clothing and eye-care. First aid boxes must be provided in all Faculties, residences and other buildings on campus.

Thus, where exposure to HIV can arise, the importance of universal precautions cannot be overestimated.

Universal precautions include:

- The appropriate use of barrier methods such as gloves, masks, gowns and eye protection.
- Washing hands and other surfaces regularly and properly with soap and/or strong disinfectant/bleach.
- The discriminate use of mouth-to-mouth resuscitation and always with mouthpieces, disposable airway equipment and resuscitation bags or similar devices.
- Health care and laboratory workers with wet or moist lesions or weeping dermatitis should have them covered at all times and preferably not work with patients/hazardous materials.
- The use of needle and sharps disposal units and/or special syringes to minimise the risk of sharp object exposure.
- Allowing superficial wounds to bleed freely initially, and subsequent washing with soap and water

Body fluids to which universal precautions apply include:

- blood or any body fluids containing visible blood
- semen
- vaginal secretions
- amniotic fluid
- synovial (joint) fluid
- cerebrospinal, peritoneal and pericardial fluid

For most other body fluids, including breast milk, saliva and endotracheal secretions, the minimum requirements include the use of gloves and the washing of hands - except if visible contamination with blood is present.

The following minimum precautions should be taken when treating an injured and bleeding student or employee, regardless of whether or not the person is known to be HIV/AIDS-positive.

- Disposable rubber gloves and plastic aprons must be worn when attending to bleeding injuries and for handling tools, clothing and objects that are bloodstained.
- Bloodstained tools, clothing and objects can be sterilised against HIV/AIDS with boiling water, or a 2:1 mixture of water and household bleach (hypochlorite). Bleach should be available and accessible at all times.
- First aid attendants must wash their hands and any exposed skin with a disinfectant soap after treating injured students or co-workers.
- Special disposable bins should be used for the disposal of all bloodstained products.

All Departments and Residences must have first aid kits that include bleach and latex gloves. These will be supplied and stocked by the Safety, Health and Environment Officer.

The Safety, Health and Environment Officer will ensure that all staff is familiar with the basic procedures in safety situations where there is potential exposure to HIV/AIDS. Staff in charge of practical sessions in the clinical and biological sciences will take responsibility for training students in preventive measures and appropriate procedures.

APPENDIX 2: PRECAUTIONS AND PROCEDURES AFTER POTENTIAL EXPOSURE TO HIV/AIDS INCLUDING NEEDLESTICK INJURY, SEVERE HIV EXPOSURE, PENETRATING ASSAULT OR RAPE

Precautions and procedures will apply in the following cases, **where the person is not already HIV positive**:

- Health care workers and laboratory workers exposed to body fluids of patients or HIV infected materials
- Injuries that occur resulting in bleeding and blood staining of clothes, tools and objects.
- Resuscitation and first aid measures.
- Labour/delivery that starts on campus.
- Sports injuries, especially in contact sports.
- Rape or sexual penetrating assault.
- Assault with sharp instruments (lacerating or penetrating).

A. Needlestick injury or HIV exposure or contact with contaminated material

Reporting

Any of the following incidents must be reported immediately to the relevant campus authority, i.e. the Safety, Health and Environment Officer, Chief Fire Officer, Student Health Services Department, lecturer or Residence Co-ordinator, supervisor or foreman:

- Parenteral (needlestick or cut) or mucous membrane exposure to blood or body fluids.
- Cutaneous exposure involving large volumes of blood.
- Prolonged direct contact with blood.
- Rape and sexual assault. (See Appendix 4.)

A written report/letter of notification must to be sent to the Safety, Health and Environment Officer or, depending on availability, to the Chief Fire Officer within 24 hours.

Referral

Both the source individual and the other person(s) should be referred directly to the following people depending on their availability:

- the appointed Infection Control Officer;
- the Student Health Services Department; or

- an appropriate medical practitioner, clinic or casualty/trauma unit or hospital.

Management and assessment

Primary treatment (needlestick or exposure)

The areas exposed to the needlestick or fluid should be soaked in povidone-iodine 10% (betadine, septadine) or alcohol.

The potentially infected superficial wound(s) should be encouraged to bleed freely initially.

Testing of source, and exposed student/employer (needlestick or exposure)

At the relevant facilities mentioned above, blood samples for HIV/AIDS testing must be taken from both the source individual and the staff member or student, after informed consent has been obtained from both parties. If the incident happens in the Biomedical Technology Laboratories, the source sample, as well as the blood from the employee or student, should be tested for HIV/AIDS.

The blood sample(s) for HIV/AIDS must be marked "URGENT" and sent for immediate testing by Student Health Services Department.

Tests for other infectious agents (hepatitis B, syphilis) should also be done and appropriate treatment/prophylaxis offered.

B. Rape or penetrating assault

1. Reporting and referral

Rape

See Appendix 4 for relevant procedures.

Penetrating assault

HIV exposure may arise where the victim is exposed to a source of blood (due to blood-contaminated weapons or wound bleeding) other than his/her own.

Such incidents must be reported to the local police station directly or Campus Protection Services.

To be considered for prophylaxis the survivor should be referred to a district surgeon, medical practitioner or a doctor at a public health facility who can ascertain the risk of HIV/body fluid exposure and determine if prophylaxis is necessary. It is essential that this occurs as soon as possible to ensure that prophylaxis be administered within the shortest possible time.

Management and assessment

1. Testing of exposed student/employee and source person(s)

The exposed student/employee

In all cases, baseline blood samples for HIV (important for the continuation of prophylaxis) should be taken from the survivor with the necessary informed consent. Tests for other infectious agents such as hepatitis B and syphilis should also be done.

The source person(s)

The University will be encouraged to seek HIV testing of those source individuals whose blood/body fluids contaminated the survivor. This will be performed with the requisite voluntary informed consent and counselling and with the aid of appropriate medical personnel, district surgeon, medical practitioner, or a doctor at a public health facility, as permitted by law.

C. HIV prophylaxis treatment

Depending on clinical indications and the mutual consent of the exposed student/employer, anti-retroviral prophylaxis therapy should be administered as a precautionary measure within 4 - 8 hours but ideally within 1-2 hours of the exposure/injury. The employee or student must be fully informed of the advantages, disadvantages and possible side effects of the medication.

Current recommendations favour the use of:

Zidovudine (AZT/Retrovir) 200mg every 8 hours **plus** lamivudine (3-TC) 150mg every 12 hours for a maximum of 4 weeks.

The addition of Indinavir (Crixivan) 800mg every 8 hours, or other protease inhibitors, is advised when the source individual/material is likely to harbour resistant virus or when exposure is especially hazardous.

D. Access to and issuing of HIV prophylaxis treatment

Legally, under the present Dispensing and Medicines Control Council regulations, such treatment must be prescribed and/or issued by an authorised health professional such as a

medical practitioner, dentist, pharmacist, clinical nurse practitioner or occupational nurse. Emergency starter packs of anti-retrovirals may only be issued on the orders of the above-mentioned personnel.

HIV prophylaxis should not be issued to those who are already HIV-positive

Emergency starter packs of Zidovudine (AZT/Retrovir) **plus** lamivudine (3-TC) (or similar), sufficient for an initial 3 days prophylaxis, will be available at the following sites:

- Campus Health Centre
- Dental School and its satellites
- The Chief Fire Officer for after hours access

Even if the student/employer is seen at an outside health facility, the above-mentioned prophylaxis should still be made available if they do not receive the necessary prophylaxis.

Such prophylaxis will only be issued by the university in the following cases:

- Exposure due to injury or exposure to body fluids (via percutaneous or muco-cutaneous route)
- The case is to be documented in a formal report made by the relevant supervisory person and/or in a motivating letter from a doctor.
- The relevant prophylaxis is not supplied from by an outside health facility

Needlestick injury:

A formal report must be made by the relevant supervisory person and/or accompanied by a motivating letter from the doctor

Laboratory material exposure:

A formal report must be made by the relevant supervisory person and/or accompanied by a motivating letter from the doctor or safety representative/laboratory assistant.

Penetrating assault, or assault with body fluids:

A formal charge must be laid and case number obtained. A motivating letter from the district surgeon or doctor must be obtained. If there is a possibility of a delay greater than 2 hours after the incident, reporting officially to Campus Protection Services will suffice.

Where initial testing shows the exposed person to be HIV-negative and the source person or individual is HIV-positive, follow-up prophylaxis will be available from the following sites - and ideally the original site of issue:

- Student Health Services Department
- Dental School and its satellites
- Infection Control Officer of an independently operating UWC facility at potential risk

E. Follow-up

Testing

Sero-negative employees and students should be re-tested six weeks and 3 months after exposure to determine whether transmission has occurred.

Appropriate medical monitoring to be done.

Infected persons

Where infection has occurred as a result of the exposure, this must be formally reported to the Health, Safety and Environment Officer as this is a compensatable illness in terms of the Compensation for Occupational Injuries and Diseases (COID), Act No. 130 of 1993. The infected person may be referred to the Student Health Services Department for follow-up medical care and to the Institute for Student Counselling for further counselling.

APPENDIX 3: PROCEDURES FOR PREGNANT STUDENTS AND STAFF

The University will provide prophylaxis to HIV-positive pregnant students who are registered students of UWC at the time of their delivery, **provided that such treatment is not provided by the provincial government**. Such treatment will be offered to the student to help prevent mother-to-child transmission of the H I Virus. Members of staff will have access to private care and such prophylaxis would therefore be determined by their obstetric practitioner and is therefore specifically excluded from this protocol.

Assessment

To qualify for this programme, the pregnant mother needs to be tested for HIV, after proper counselling and written informed consent. Only those who are HIV-positive and wish to use the appropriate protocol will qualify. This will be done at the Student Health Services Department.

Prophylaxis

Current evidence-based guidelines will determine the exact nature of the prophylaxis regime. Such practise will be determined by the Student Health Services Department. As the University cannot cover treatment of the newborn, regimens with this component (ACTG 076, PETRA-A) cannot be considered unless the pregnant student wishes to carry the cost. Should the pregnant student wish to carry the cost of any treatment of her newborn infant, such treatment will be made available at Student Health Services Department. Similarly, the provision of feeding formula (ACTG076, Thai study) will not be the responsibility of the University. Regimens that require administration of medication during labour or co-operation of delivery personnel may be impractical (ACTG076, PETRA and Thai studies). As a result, the usual regimen will be: Nevirapine 200mg single dose (HIVNET012) given to the mother during labour.

Follow-up

Appropriate medical monitoring is to be done, where clinically indicated. This includes appropriate laboratory monitoring of side effects of treatment.

APPENDIX 4: RAPE PROTOCOL

Definition

Rape is legally defined as “Unlawful, intentional sexual intercourse with a woman without her consent”.

The University of the Western Cape considers rape as any act of sexual penetration that takes place under coercive circumstances. It can happen to a man or a woman.

Introduction

A person who has been raped has a choice whether or not to report the rape to the police and whether or not they want to proceed with prosecution of the case. This choice should always be offered to the survivor. However, immediately after a rape the survivor is often in a state of shock and might not be able to take an informed decision about what they want to do. In cases where the survivor does not want to lay a charge to the police, he/she should be advised to report the matter to the police. They then have time to decide at a later stage whether or not they want to lay a charge.

Procedure

1. Report to Campus Protection Services or residence matron, porter or co-ordinator. If reported to matron or porter, he/she must inform Campus Protection Services.
Emergency 24-hour telephone number: 2100
2. Campus Protection Services to contact police.
3. Campus Protection Services to take survivor first to police and then to the hospital.
4. The survivor should not be given anything to drink prior to the medical examination (in cases of forced oral sex). If survivor needs to go to the toilet, advise her/him to keep any sanitary material used, for evidence purposes.
5. If possible the survivor should be accompanied throughout the process by a member of Campus Protection Service or the residence staff, who has attended Rape Crisis training (a list of names is attached). The person accompanying the survivor should preferably be able to speak the mother tongue of the survivor.
6. Give survivor a copy of the Sexual Assault Survivor’s Guide. These are available from all the residences, the Chief Fire Officer and university social worker. Make sure that the

survivor fills in the forms on pages 19 and 27, and keeps these in a safe place. If necessary, assist her/him to complete these forms.

7. The survivor should be referred to one of the following people, who will ensure that counselling and support is arranged - with the survivor's consent:
 - a. residence co-ordinator if the survivor is a residence student
 - b. gender equity officer if the survivor is a non-residence student
 - c. UWC social worker if the survivor is a staff member

Strict confidentiality must be maintained at all times, except where the survivor has given her/his consent for details of the rape to be discussed.

8. The above-mentioned people should make sure that the survivor has received anti-retrovirals (e.g. AZT), treatment against STDs and prophylaxis to prevent pregnancy. This should have been given by the doctor/hospital. If this is not the case, contact the Chief Fire Officer (082 202 3505 – short code 5193), who will arrange that the survivor receives the necessary treatment. Remember that in order to try and prevent HIV infection, the sooner the survivor gets anti-retroviral drugs the better. **This should preferably take place within 2 hours of the rape and not later than 24 hours after the rape.** The anti-retrovirals may have a number of side effects. Make sure that the survivor has been informed of these, and refer him/her to Student Health Services Department should he/she experience any side effects.
9. The residence co-ordinator, gender equity officer or social worker must submit a report to the proctor for further prosecution, with the survivor's consent.
10. If the survivor has chosen to make a statement to the police, suggest that they make a second statement a week later to make sure that all the facts are accurately reported. This should be followed up by the residence co-ordinator, gender equity officer or University social worker.
11. Above-mentioned people must advise the survivor to keep a journal of **any** contact (by whatever means) with the accused. Survivor to record date, time and exactly what happened.
12. For additional help and information: contact Rape Crisis (021) 447 9762 during office hours or 083 222 5161 after hours. An additional list of resources and telephone numbers is attached. If the case goes to trial, Rape Crisis offers a pre-trial information service. Contact should be made with Rape Crisis regarding this pre-trial service as soon as the trial date is known in order to set up the necessary appointments.

13. Should there be any concerns or complaints about the police, doctor or prosecutor, Rape Crisis is able to assist in addressing these.

After-hours procedure

1. Emergency 24-hour telephone number: 2100.
2. Response will be sent to survivor. He/she to be accompanied by one of the trained residence and or Campus Protection Service personnel (see attached list of names).
3. Find out if the survivor has received medication from the doctor/hospital as specified. If not, phone the Chief Fire Officer immediately (082 202 3505 – short code 5193).
4. Offer the survivor the possibility of immediate counselling. After-hours counselling and support can be arranged by phoning Rape Crisis (083 222 5161 – English and Xhosa; 083 222 5158 – English and Afrikaans).
5. On the next working day, the person who accompanied the survivor to the police and hospital must report the incident to either the residence co-ordinator (for residence students), the gender equity officer (non-residence students) or staff social worker (staff member). These people must then ensure that counselling and support are arranged and that incident is reported to the proctor, if the survivor wishes this to be done.

Organisations who work with survivors of sexual violence in the Western Cape

Organisation	Description	Tel No.
Life Line	24 hour telephone counseling for general trauma	461 1111
Child Line	24 hour telephone counseling for general trauma in children	461 1114
Illitha Labantu	Counselling in violence against women in general	633 2328
Nicro Women's Support Centre	Counselling and advice for battered women	422 1690
Rape Crisis (Observatory)	Counselling and advice for sexual assault survivors 14 years and older	447 9762 (OH) 083 222 5158 (AH)
Rape Crisis (Khayelitsha)	Counselling and advice for sexual assault survivors 14 years and older	361 9085 (OH) 083 222 5161 (AH)
Rape Crisis (Heideveld)	Counselling and advice for sexual assault survivors 14 years and older	633 9229 (OH)
Black Sash	General legal advice	461 5607
RAPCAN	Resources aimed at the prevention of child abuse and neglect	448 9034
FAMSA	Family, marriage and couple counselling	461 4228
Triangle Project	Counselling around issues of sexuality	448 3812

UWC staff who have undergone rape crisis training

Name		Contact number
Norman Hobo	Residential and Catering Services	959 3097
Ntombi Malife	Cecil Esau Residence	959 3121
Abigail Peter	Basil February Residence	9592786
Geraldine Sikiti	Liberty Residence	9592768
Elaine Ockhuis	Coline Williams Residence	9592868
Robert Hollenbach	Coline Williams Residence	9592868
Dina Wiese	Hector Petersen Residence	9526140
Janet Jarvis	Chris Hani Residence	9593648
Isaac Lekay	Hector Petersen Residence	9526140
Jenny Lewis	Cecil Esau Residence	9593121
Dirk Saal	Hector Petersen Residence	9526140
Christopher Appollis	Campus Protection Services	959 3872
Florence Myisela	Campus Protection Services	959 2444
John Petersen	Campus Protection Services	959 3444
Wilma Phillips	Campus Protection Services	959 3444
Liane Reynders	Campus Protection Services	959 2476
Carina Toontjies	Campus Protection Services	959 3444

Appendix 5: HIV/AIDS Sub-committee of Council - Proposed standing orders

Name The HIV/AIDS Sub-committee of Council

Composition

1. The Committee is constituted as follows:

- The Rector, or his/her nominee (*ex officio*)
- The Vice-rector: Student Affairs, or his/her nominee
- The Registrar, or his/her nominee
- One member of the University Council, designated by Council for a period of two calendar years
- One member of the academic or research staff attached to the Faculty of Community and Health Sciences, designated by that Faculty for a period of two years
- One staff member attached to the Student Health Services Department designated by the Head of the Department for a period of one calendar year
- One member of the Students' Representative Council, designated by such a council for a period of one calendar year
- One Dean, designated by the Executive Committee of Senate for a period of two calendar years
- Such other persons, but not more than two in number, Council may decide upon from time to time for a period of one year
- The HIV/AIDS Programme Director, should such a person be appointed by Council
- Gender Equity Officer
- One representative from NEHAWU and one representative from the academic staff union
- One representative from the Human Resources Department

2. Half plus one of the members of the Committee constitutes a quorum

3. The Rector, or a member of the Committee designated by the Rector, acts as Chairperson of the Committee. In the case of the absence of the Chairperson, he/she may designate a member of the Committee to act as Chairperson. In the case of failure to do so, the Committee elects one of its number to act as Chairperson for that particular meeting.

4. The Committee may, from time to time or in respect of specific matters, co-opt any person, provided that, although such a person may take part in discussions, he/she will not have a vote.

5. The Committee meets at least once every quarter, but may meet more often should the Chairperson so decide.

Functions and duties

The Committee must advise Council on:

1. A suitable HIV/AIDS policy for the University, including:
 - a) The revision and/or amendment of such policy; and
 - b) The implementation of such policy on campus.
2. Changes to legislation relating to HIV/AIDS, including:
 - a) Regulations made in terms of such legislation; and
 - b) Codes of good practice with regard to HIV/AIDS.
3. Appropriate standards to serve as guidelines with regard to HIV/AIDS-related research and teaching on campus.
4. The facilitation of the implementation of the University's HIV/AIDS policy at student and staff level.
5. Any other matter relating to HIV/AIDS the Committee deems fit.