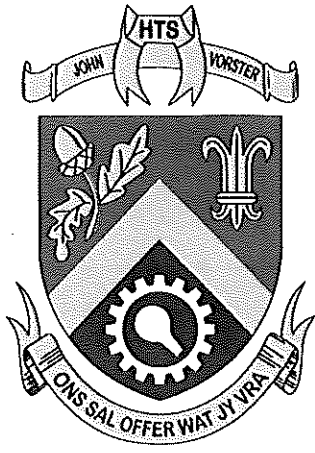


2024.



Die Hoër Tegnologiese Skool
John Vorster

POLICY ON HIV, STI's, TB AND COVID-19 FOR LEARNERS, EDUCATORS, SCHOOL SUPPORT STAFF AND OFFICIALS

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📍 Meyerstraat 1072, Rietfontein 📮 Posbus 31714, Totiusdal, 0134

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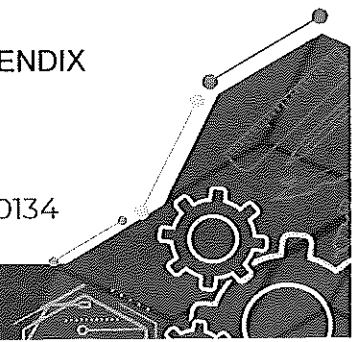
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COVID-19 (Coronavirus), HIV, and TB



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1. **TITLE OF POLICY: POLICY ON HIV, STIs, TB AND COVID-19 OR LEARNERS, EDUCATORS, SCHOOL SUPPORT STAFF AND OFFICIALS**

2. **EFFECTIVE DATE: 1 JULY 2021**

3. **DATE OF NEXT REVIEW: 14 November 2023**

4. **REVISION HISTORY:**

| |
|--|
| As amended on: |
| <ul style="list-style-type: none">• 14 November 2023 |
| Date of Next Review: |
| <ul style="list-style-type: none">• 14 November 2024 |

5. **PREAMBLE:**

5.1. This policy of the School is based on the Department of Basic Education's National Policy on HIV, Sexually Transmitted Infections and Tuberculosis published in 2017 which was pre-COVID-19. The Policy presents a bold new vision for the sector, to drive the [National] response on HIV, Sexually Transmitted Infections (STIs) as well as Tuberculosis. It is aligned to and presents the sector's contribution towards the National Strategic Plan on HIV, STIs and TB for South Africa, 2017-2022 (the NSP). The Policy replaces the 1999 Department of Education National Policy on HIV/AIDS for Learners and Educators in Public Schools.

5.2. Learners, particularly those living with, affected or made more vulnerable by these diseases, lie at the heart of this Policy and its intent also faces the challenges associated by COVID-19. This affirms that the growth and development of South Africa's abundant human capital must be grounded in an effective and efficient Basic Education Sector, providing precisely the functionality required to successfully counter the threat of HIV, STIs, TB and COVID-19. While the School is one of many stakeholders involved in the national response to these threats, it is strategically placed to play an important role as a critical early alert and referral centre to the authorities for further testing and action and to make certain vulnerable learners are using their medication or are referred to lockdown learning and following safety precautions and social distancing.

5.3. The School shall strive to protect the safety and health of children and youth in its care, and its employees, recognising:

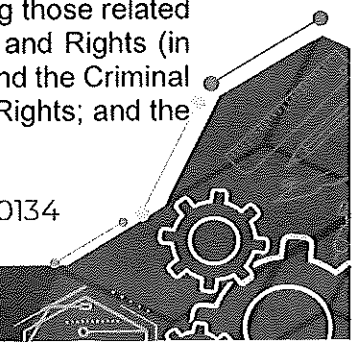
- a) The rights of learners and employees with HIV, TB and STIs;
- b) The rights of learners and Staff of the School to be protected against COVID-19.
- c) The importance of maintaining confidentiality regarding the medical condition of any individual;
- d) The importance of an educational environment free of significant risks to health; and
- e) The necessity for HIV, TB and STIs education and training for the school community.

5.4. This rights-based Policy therefore recognises and is consistent with these and other instruments and agreements on HIV, STIs, TB and COVID-19 including those related to Gender Sensitivity and Equality; Sexual and Reproductive Health and Rights (in terms of the Children's Act of 2005 [Act No. 38 of 2005 as amended] and the Criminal Law Amendment Bill [Sexual Offences and Related Matters]; Labour Rights; and the Rights of Persons with Special Needs and Disabilities.



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6. PURPOSE OF THE POLICY

- 6.1.** This policy seeks to contribute towards promoting effective prevention and care within the context of this school's environment, and it is premised on the acceptance that:
- a) It not possible to know with certainty who has HIV/AIDS and who does not, given the nature of the condition and the capacity of medical testing.
 - b) While there are no readily available statistics on the transmission of HIV in schools, there could be learners and/or staff with HIV/AIDS in the school.
- 6.2.** The above notwithstanding, current scientific evidence suggests that provided universal precautions are adhered to, adequate wound management takes place and there is strict adherence to universal precautions under all circumstances in the school, the risk of HIV transmission during teaching, sport and play activities is insignificant.
- 6.3.** There is no risk of transmission from saliva, sweat, tears, urine, respiratory droplets, handshaking, swimming pool water, toilets, food or drinking water. HIV cannot be transmitted through day-to-day social contact.
- 6.4.** As South Africa strives to realise quality basic education and an HIV-free generation among the under-20 age group by 2030, this Policy will guide the strategies required to realise a systematic and sustained response to HIV and TB and ensure that it is the business of everyone in the sector to prevent disease and promote the health and well-being of learners, educators and officials in our school.
- 6.5.** Policy Goals:
- 1) Improved coordination and mainstreaming in the school in response to HIV, STIs, TB, COVID-19 and unintended pregnancy, to accelerate the implementation of a comprehensive strategy for prevention, treatment, care and support.
 - 2) Increased knowledge, cognitive skills and information about safer sex, life skills in general and HIV, STI's, TB and COVID-19.
 - 3) In particular, to inform the life choices of all learners, educators, school support staff and officials and protect them from infection and disease.
 - 4) Improved access to HIV, STIs, TB and COVID-19 prevention, testing and diagnosis, treatment and care and support services to reduce the incidence and impact of HIV, STIs, TB and COVID-19 and unintended pregnancy amongst learners educators, school support staff and officials, and unintended pregnancy amongst learners.
 - 5) Increased retention of learners, educators, school support staff and officials in a safe and protective education environment as well as improved reintegration of learners, to improve system efficiency, quality and output and provision for sanitisation, PPEs and social distancing.

7. TERMINOLOGY AND ACRONYMS

7.1. Terminology

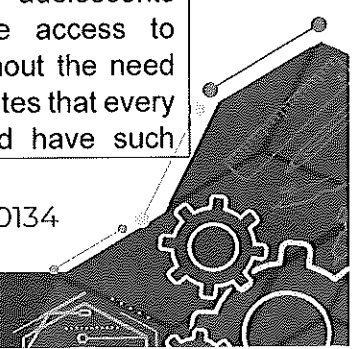
In this policy guideline all terms and expressions used have the meaning that has been assigned to them in the South African Schools Act (No 98 of 1998) and the Employment of Educators Act (No 76 of 1998) or, unless the context otherwise indicates, the following shall have meanings assigned hereunder:

| Term | Meaning |
|---|--|
| Access to Contraception and HIV Testing | In terms of the Children's Act of 2005 (Act No. 38 of 2005) and the Sexual Offences and Related Matters Amendment Act, 2007, adolescents above the age of 12 can have access to contraceptives and HIV testing without the need for parental approval. The Act stipulates that every person of reproductive age should have such |

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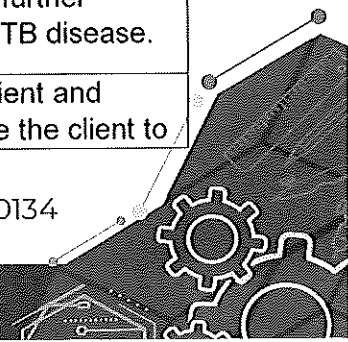


| Term | Meaning |
|-----------------------------------|--|
| | access and recognises that children may be sexually active at a very young age. |
| AIDS | Means the acquired immune deficiency syndrome that is the final phase of HIV infection. |
| Combination HIV Prevention | The combination prevention approach seeks to achieve maximum impact on HIV prevention by combining behavioural, biomedical and structural strategies that are rights-based and evidence-informed, in the context of a well-researched and understood local epidemic. |
| Comorbidity | The words " comorbidity " and " comorbid condition " are common medical terms. Comorbidity refers to one or more diseases or conditions that occur along with another condition in the same person at the same time. Conditions considered comorbidities are often long-term or chronic conditions. |
| Comprehensive Sexuality Education | Age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information. Comprehensive Sexuality Education (CSE) provides opportunities to explore one's own values and attitudes and to build decision-making, communication and risk reduction skills about many aspects of sexuality. CSE emphasises an approach that encompasses the full range of information, skills and values to enable young people to exercise their sexual and reproductive rights and to make decisions about their health and sexuality (UNESCO 2009). |
| Contact Investigation/Tracing | This involves the identification and screening of persons who are known to have been in close contact with patients with active TB. In most cases, the screening is symptomatic and seeks to establish if the learner, educator, support staff member or official concerned is coughing, losing weight or has an unexplained fever. Those who are symptomatic would then require further testing at a health facility to exclude TB disease. |
| Counselling | A confidential dialogue between a client and trained counsellor intended to enable the client to |

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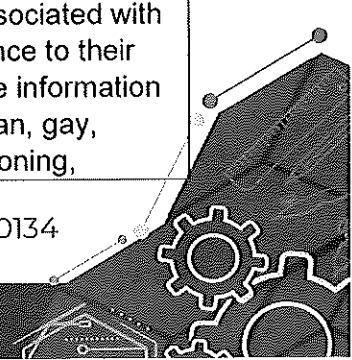


| Term | Meaning |
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| | cope with stress and take personal decisions related, for example, to HIV, STIs and TB. Counselling may be provided by a health professional or trained lay counsellor. |
| COVID-19 | COVID-19 is an infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 is now a pandemic affecting many countries globally. |
| Discrimination | <p>Discrimination refers to any form of arbitrary distinction, exclusion, or restriction affecting a person, usually but not only by virtue of an inherent personal characteristic or perceived belonging to a particular group (in the case of AIDS, a person's confirmed or suspected HIV-positive status), irrespective of whether or not there is any justification for these measures.</p> <p>The term 'stigmatisation and discrimination' has been accepted in everyday speech and writing and may be treated as plural.</p> |
| Educator | Refers to any person who teaches, educates or trains other persons at an education institution or assists in rendering education services or education auxiliary or support services provided by or in an education department. It means anyone defined in terms of the Employment of Educators Act (EEA). |
| Emergency | An Emergency is defined for this policy as "a sudden, generally unanticipated event with the potential to profoundly and negatively impact a significant any segment of the school population. |
| Extensively Drug-Resistant Tuberculosis (XDR-TB) | In addition to resistance to isoniazid and rifampicin (the most powerful drugs used to treat TB), XDR-TB is also resistant to fluoroquinolones and at least one injectable second-line drug. |
| Extra-Pulmonary TB | TB disease in any part of the body other than the lungs, for example, the kidneys or lymph nodes. |
| Gender | Gender is a socio-cultural expression of particular characteristics and roles that are associated with certain groups of people with reference to their sex and sexuality and should include information on sexual orientation including lesbian, gay, bisexual, transgender, queer, questioning, |

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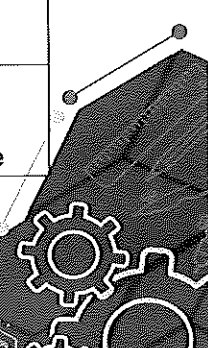


| Term | Meaning |
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| | intersex and asexual people (LGBTQIA). Gender is associated with economic, social, political and cultural attributes and opportunities that accrue through being a woman or a man. |
| Gender-Based Violence | Violence based on biological sex, gender identity or socially defined norms of femininity or masculinity. This includes any act of violence that results in or is likely to result in, physical, sexual or psychological harm, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life. |
| Gender Equality | Gender equality between women and men means that all human beings are free to develop their personal abilities and make choices without the limitations set by stereotypes, rigid gender roles and prejudices. Gender equality means that the different behaviours, aspirations and needs of women and men are considered, valued and favoured equally. It signifies that there is no discrimination on the grounds of a person's gender in the allocation of resources or benefits, access to services or in gender roles and the influence of power in male/female relations. |
| HIV Prevalence | HIV prevalence measures the proportion of people who are living with HIV in a given population at a particular point in time |
| HIV Incidence | HIV incidence is the number of new HIV infections that occur in a given population over a given period of time and is usually expressed as a number or percentage of infections within this population over a given period. |
| HIV | Means the human immune deficiency virus |
| Incest consent | Incest: "Family members engaging in sex with each other". Section 12 of the Sexual Offences Act, prohibits sexual acts between family members, regardless of age. One cannot consent to a sexual act with a family member in the same bloodline or adoptive family members, meaning ascendants (parents, grandparents etc.) or descendants (children, grandchildren etc.). Incest is a criminally prosecutable offence. |
| Key Populations at Higher Risk of HIV Exposure | According to the Human Sciences Research Council (HSRC) population surveys, South Africa's HIV epidemic is generalised among the |

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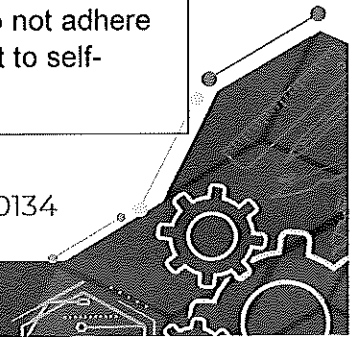


| Term | Meaning |
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| | <p>population, with a subset of groups at higher risk for HIV transmission. These are defined as those groups with higher than average HIV prevalence when compared to the general population and are among the most marginalised and stigmatised. The definition of these key populations in South Africa includes, but is not limited to:</p> <ul style="list-style-type: none"> a) African females aged 20-34 b) Men who have sex with men (MSM) c) High-risk drinkers d) People who use drugs for recreational purposes and intravenous drug users e) People with disabilities f) Sex workers and their clients and partners g) People with comorbidities <p>These groups are more vulnerable to HIV infection due to factors such as involvement in risky behaviours, potentially weak family and social support systems, marginalisation, lack of resources, and inadequate access to services.</p> |
| Lay Counsellor | <p>Lay counsellors have been introduced in South Africa as a component of the health team, more commonly in HIV programmes, working with and under the guidance of professional nurses. Like nurses, lay counsellors have to deal with complex social, gender, emotional and economic issues in which patients desperately need support. Lay counsellors are trained and permitted to provide pre- and post-test counselling for HIV testing, increasing human resource capacity and making a valuable contribution towards Government's HIV counselling and testing (HCT) campaign.</p> |
| Learner | Any person registered to receive education at the school. |
| LGBTQIA+ | The term 'queer' includes, but is not exclusive to lesbians, gay men, bisexuals, transgender, queer, questioning, intersex and asexual persons. Traditionally this term was derogatory and hurtful, but many people who do not adhere to sexual and/or gender norms use it to self-identify in a positive way. |



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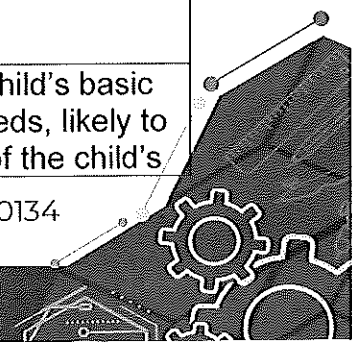
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| Term | Meaning |
|---|--|
| Life Skills | <p>HIV Life Skills education's main objective is the integration of HIV and relevant life skills into the school curriculum as a strategy to prevent and mitigate the spread of HIV infection and provide care and support for learners that are infected and affected. In this regard, a cross-curricular approach is located in the Life Orientation learning area as well as integration into other learning areas. HIV and AIDS Life Skills education focuses on curricular activities such as:</p> <ul style="list-style-type: none"> a) Training of educators to implement Comprehensive Sexuality Education and TB programmes for learners throughout the curriculum; b) Procurement and distribution of the age-appropriate National Curriculum Statement and Curriculum Assessment Policy Statements (CAPS) compliant Learner Teacher Support Materials (LTSM) on HIV and TB; Co-curricular activities on ASRH&R and TB; c) Facilitating access to ASRH services; d) Advocacy with learners, educators and school communities on ASRH&R and TB; and Care and support activities for learners and educators. |
| Medical Male Circumcision | <p>Medical Male Circumcision is the surgical removal of the foreskin (prepuce) from the penis. WHO recommends circumcision as part of a comprehensive HIV prevention programme in areas with high endemic rates of HIV, such as South Africa. (A 2009 Cochrane meta-analysis amongst sexually-active heterosexual men in Africa found that circumcision reduces HIV infection rates by 38–66% over 24 months). See traditional male circumcision below.</p> |
| Member of Staff/Staff member | <p>Means a person employed at the school.</p> |
| Morbidity | <p>The state of being ill or having a disease, or a complication of a disease.</p> |
| Multidrug-Resistant Tuberculosis (MDR-TB) | <p>MDR-TB is a specific form of drug-resistant tuberculosis, due to a bacillus that is resistant to at least isoniazid and rifampicin, the two most powerful anti-tuberculosis drugs.</p> |
| Neglect | <p>The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's</p> |

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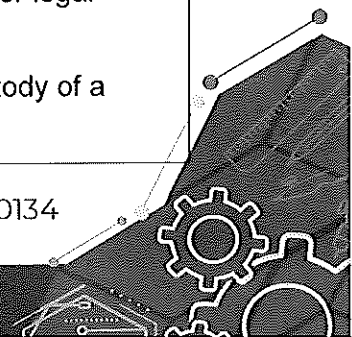
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| Term | Meaning |
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| | <p>health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p> |
| Nurse | <p>Throughout this policy, a nurse refers to a health worker who has been trained with the necessary skills to provide school health services.</p> |
| Orphans and Vulnerable Children | <p>An orphan is generally defined as a child under the age of 18 years whose mother, father or both biological parents have died (including those whose living status is reported as unknown but excluding those whose living status is unspecified). Orphans may be classified as:</p> <ul style="list-style-type: none"> • A child whose mother has died but whose father is alive; • A child whose father has died but whose mother is alive; • A double orphan whose mother and father have both died. <p>According to the Department of Social Development and the DBE Care and Support for Teaching and Learning Framework, vulnerability (in this context) refers to a child whose survival, care, protection or development may be compromised due to a particular condition, situation or circumstance which prevents the fulfilment of his or her rights. Taken together, these conditions may stigmatise the child and disadvantage his/her progress through the education system, the world of work and in society.</p> |
| Parent | <p>Means-</p> <p>(a) the biological or adoptive parent or legal guardian of a learner;</p> <p>(b) the person legally entitled to custody of a learner; or</p> |

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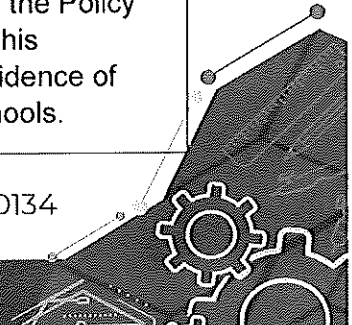
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| Term | Meaning |
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| | (c) the person who undertakes to fulfil the obligations of a person referred to in paragraphs (a) and (b) towards the learner's education at the school. |
| Peer Education | An approach or strategy that typically involves the training and support of members of a given group to effect change among members of the same group (UN 2003). A peer is defined as an individual who belongs to the same social group as another person. This means that they share at least one characteristic such as age, gender, socio-economic status or educational level. Peer education is built on the premise that people in similar situations have similar experiences, understand one another and can influence one another positively. |
| Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR) | Policy on Incapacity Leave and Ill-Health Retirement applies to all employees appointed in terms of the Public Service Act, 1994. Where persons employed in the services of state educational institutions are not excluded from the provisions of PILIR, those provisions apply only insofar as they are not contrary to the laws governing their employment. |
| Post-Exposure Prophylaxis (PEP) | PEP refers to antiretroviral medicines that are taken after exposure or possible exposure to HIV. The exposure may be occupational, as in a needle stick injury, or non-occupational, as in unprotected sex with a person living with HIV. |
| Pre-Exposure Prophylaxis (PrEP) | PrEP refers to antiretroviral medicines prescribed before exposure or possible exposure to HIV. PrEP strategies under evaluation increasingly involve the addition of a post-exposure dosage. |
| Pregnancy (unintended) | While (unintended) pregnancy is not specifically an element of this HIV, STIs and TB Policy, it is associated insofar as its prevention relies on the same means, including the correct and consistent use of the barrier protection of male or female condoms. For this reason, and the fact that condoms can prevent both infection and pregnancy, the latter is mentioned in the Policy wherever appropriate. The effect of this intervention should decrease the incidence of unintended learner pregnancy in schools. |

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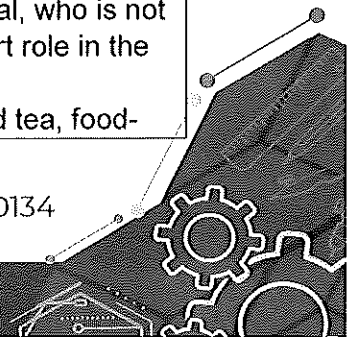
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| Term | Meaning |
|--|---|
| Principal | Means an educator appointed or acting as the head of a school. |
| Positive Health, Dignity, and Prevention | Previously referred to as 'positive prevention', it encompasses strategies to protect sexual and reproductive health and delay HIV disease progression in individuals infected with HIV. It includes individual health promotion, access to HIV and sexual and reproductive health services, community participation, advocacy and policy change. |
| Reasonable Accommodation | According to the Department of Public Service and Administration (DPPSA) guidelines (2012) for the Integrated Employee Health and Wellness Strategic Framework, an employee with HIV-related illness, like any other illness, may continue to work for as long as s/he is medically fit in an available, appropriate post. The department must, however, accommodate an employee in other posts if necessary. |
| School | Means Die Hoër Tegnologiese Skool John Vorster in terms of SASA |
| School activity/Activity | Means any official educational, cultural, recreational or social activity of the school within or outside the school premises. |
| School Community | The entire community involved both directly or indirectly with a learning site or school setting: learners, parents/caregivers, educators, school management members which include the principal and members of the school governing body (SGB), administrative and other auxiliary staff and SGB appointed employees. |
| School Governing Body | Means the School governing body of the school in terms of SASA. |
| School Management Team | The School Management Team is a group of educators that exercise the management responsibility of the school and assist the principal with the execution of the professional management function, which also includes implementation of the policy. |
| School Support Staff | All school staff, including the Principal, who is not trained to teach but provide a support role in the school and may include secretaries, administrators, facility-managers and tea, food- |

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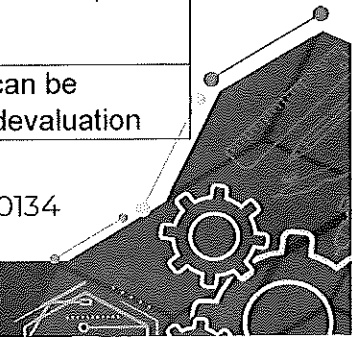
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| Term | Meaning |
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| | aid, cleaning or security personnel amongst others. |
| Sexual Consent | The age of consent in South Africa for all sexual acts is 16 years, as specified by sections 15 and 16 of the Criminal Law (Sexual Offences and Related Matters Amendment Act, 2007. Section 15 (statutory rape) prohibits <i>an act of sexual penetration with a child who is 12 years of age or older but under the age of 16 years</i> , while section 16 (statutory sexual assault) prohibits <i>an act of sexual violation with a child who is 12 years of age or older but under the age of 16 years</i> . However sexual acts between two children where both are between 12 and 16, or where one is under 16 and the other is less than two years older, do not constitute a criminal act. (See access to contraception and HIV testing above). It is illegal to have sex with a child under the age of 12, and for a child under the age of 12 to have sex with any person (regardless of age), even if the sex is consensual between the two persons. Children under the age of 12, cannot be criminally prosecuted, but older persons can. |
| Sexual and Reproductive Health Services | This includes services for family planning; infertility services; prevention of unsafe abortion, termination of pregnancy and post-abortion care; prevention, diagnosis and treatment of sexually transmitted infections, including HIV infection, reproductive tract infections, cervical cancer and other gynaecological morbidities; and the promotion of sexual health, including sexuality counselling. |
| Sexually Transmitted Infection (STI) | STIs are spread by the transfer of organisms from person to person during sexual contact. In addition to the traditional STIs (syphilis and gonorrhoea), the spectrum of STIs also includes HIV, which causes AIDS; chlamydia trachomatis; human papillomavirus (HPV), which can cause cervical, penile or anal cancer; genital herpes; and Cancroid. More than 20 disease-causing organisms and syndromes are now recognised as belonging in this category. |
| Staff members | Refers to all individuals employed by the school and includes educators, administrative staff, support staff and sports coaches |
| Stigma/Stigmatisation/Discrimination | Stigma (both internal and external) can be described as a dynamic process of devaluation |

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| Term | Meaning |
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| | that significantly discredits an individual in the eyes of others. Within particular cultures or settings, certain attributes are seized upon and defined by others as discreditable or unworthy. When stigma is acted upon, the result is discrimination that may take the form of actions or omissions. The term 'stigmatisation and discrimination' has been accepted in everyday speech and writing and can be treated as plural. |
| Support Staff | This covers all staff of the GDE other than principals, educators and officials in permanent or temporary employment within the system. |
| Traditional Male Circumcision | Traditional male circumcision is carried out for cultural reasons, particularly as a component of an initiation ritual and/or rite of passage into manhood. The procedure is usually performed on adolescents or young men in a non-clinical setting by a traditional provider with no formal medical training. |
| Universal precautions | Refers to the concept used worldwide in the context of HIV/AIDS//TB COVID19 to indicate the standard infection control procedures of precautionary measures aimed at the prevention of HIV/AIDS/TB/COVID-19 transmission from one person to another and includes instructions concerning basic hygiene and the wearing of protective clothing such as rubber gloves. |

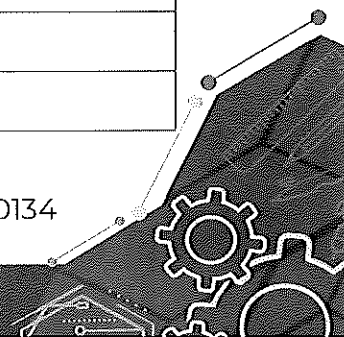
7.2. Acronyms

| Acronym | Explanation |
|---------|--|
| AIDS | Acquired Immune Deficiency Syndrome |
| ART | Antiretroviral Therapy |
| CAPS | Curriculum Assessment Policy Statements |
| CART | Combination Antiretroviral Therapy |
| CBST | Circuit Based Support Team |
| CSE | Comprehensive Sexuality Education |
| CTSL | Care and Support for Teaching and Learning |
| DBE | Department of Basic Education |

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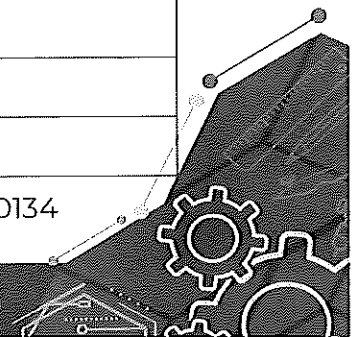


| Acronym | Explanation |
|----------|--|
| DOH | National Department of Health |
| DPSA | Department of Public Service and Administration |
| EAP | Employee Assistance Programme |
| EHW | Employee Health and Wellness [Programme] |
| ELRC | Education Labour Relations Council |
| HCT | HIV Counselling and Testing |
| HIV | Human Immunodeficiency Virus |
| HoD | Head of Department |
| HSRC | Human Sciences Research Council |
| HTS | HIV Testing Services |
| IHSP | Integrated School Health Policy and Programming |
| IPET | Initial Professional Education of Teachers |
| GDE | Gauteng Department of Education |
| LGBTQIA+ | Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex and Asexual and Other |
| MDR-TB | MDR-TB is a specific form of drug-resistant tuberculosis, due to a bacillus that is resistant to at least isoniazid and rifampicin, the two most powerful anti-tuberculosis drugs. |
| MEC | Member of the Executive Council |
| NDOH | National Department of Health |
| OVC | Orphans and Vulnerable children |
| PAM | Personnel Administration Measures. |
| PILIR | Policy and Procedure on Incapacity Leave and Ill-Health Retirement of the Public Service |
| PLHIV | People Living with HIV |
| PEP | Post-Exposure Prophylaxis |
| PrEP | Pre-Exposure Prophylaxis |
| SANAC | South African National AIDS Council |
| SHERQ | Safety, Health, Environment, Risk and Quality |
| SRH | Sexual and Reproductive Health |
| SGB | School Governing Body |
| SMT | School Management Team |

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| Acronym | Explanation |
|---------|--|
| STI(s) | Sexually Transmitted Infection(s) |
| TB | Tuberculosis |
| UNESCO | United Nations Educational, Scientific and Cultural Organisation |
| UNAIDS | Joint United Nations Programme on HIV&AIDS |
| UNDP | United Nations Development Programme |
| VCT | Voluntary HIV Counselling and Testing |
| WHO | World Health Organisation |
| XDR-TB | Extensively Drug-Resistant Tuberculosis |

8. APPLICATION AND SCOPE OF THE POLICY

- 8.1. This HIV/AIDS Policy has been developed to include all school staff members and learners, taking into account considerations of employment, admissions, law and equity. The fundamental principle is that HIV and AIDS should be treated in all relevant respects like any other life-threatening conditions.
- 8.2. This policy applies to the learners, educators, support staff, the school management, parents of learners at the school and applicants.
- 8.3. Explanatory notes: The governance of every public school is vested in its School Governing Body (SGB) which may perform only such functions and obligations and exercise only such rights as prescribed by the Act. Implementation of the HIV, STI and TB Policy does not fall within the governance function of the governing body. An SGB is akin to a legislative authority within the public-school setting, being responsible for the formulation of certain policies and regulations to guide the daily management of the school and ensure an appropriate environment for the realisation of the right to education. By contrast, a principal's authority is more executive and administrative in nature, being responsible (under the authority of the Head of Department) for the implementation of applicable policies (whether promulgated by governing bodies or the Minister, as the case may be) and the running of the school on a day-to-day basis. ([DBE] National Policy on HIV, STIs and Tb for Learners, Educators, School Support Staff and Officials in all Primary and Secondary Schools in the Basic Education Sector. Pretoria. 2017.)

9. LEGISLATIVE FRAMEWORK

- 9.1. The Constitution of the Republic of South Africa, 1996 (Act 108 of 1996), as amended.
- 9.2. National Education Policy Act, 1996 (Act No. 27 of 1996), as amended.
- 9.3. The South African Schools Act, 1996 (Act No. 84 of 1996), as amended.
- 9.4. Employment of Educators Act, 1998 (Act No. 76 of 1998).
- 9.5. Education Policy Act, 1998 (Act No. 12 of 1998).
- 9.6. Personnel Administration Measures.
- 9.7. Gauteng Schools Education Act, 1995 (Act No. 6 of 1995).
- 9.8. Occupational Health and Safety (Act No 85 of 1993) and related Regulations especially those relating to COVID-19.
- 9.9. Children's Act of 2005 (Act No. 38 of 2005 as amended).

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- 9.10. National Policy for STIs and TB for Learners Educators, School Support Staff and All Officials in All Primary and Secondary Schools in the Basic Education Sector Published in Government Gazette Notice 41024 of 4 August 2017 Notice 777.
- 9.11. The Criminal Law Amendment Act (Sexual Offences and Related Matters Act).
- 9.12. The Disaster Management Act and related regulations with regard to COVID-19.
- 9.13. National Regulations for Safety Measures at School Published under GN 1040 in GG 22754 of 12 October 2001, as amended.
- 9.14. Guidelines for the Consideration of Governing Bodies in Adopting a Code of Conduct for Learners Published under GN 776 in GG 18900 of 15 May 1998.
- 9.15. GDE General Notice 6903 of 2000, as amended.
- 9.16. National Policy on the Management of Drug abuse by learners in Public Schools and Further Education and Training Institutions

10. OTHER POLICIES AND CIRCULARS

- 10.1. Department of Basic Education National Policy on HIV, STIs and TB for Learners, Educators, School Support Staff and Officials in all Primary and Secondary Schools in the Basic Education Sector.
- 10.2. School Protocol, SOPs, and Policies relating to COVID-19.
- 10.3. DBE and GDE Guidelines, Memos and Circulars relating to the Management of COVID.
- 10.4. NDOH guidelines and policies relating to COVID-19.
- 10.5. School Health and Safety Policy.
- 10.6. School Conduct of Conduct for Learners, rules and classroom rules.
- 10.7. School Policy on Learner Attendance.
- 10.8. School Admission Policy.
- 10.9. GDE Circular 74 of 2007.
- 10.10. School Stigmatisation Policy.
- 10.11. DBE Protocol for the Management and Reporting of Sexual Abuse and Harassment in School.
- 10.12. School Pregnancy Policy.

11. POLICY STATEMENTS

11.1. ACCESS TO COUNSELLING, TESTING, TREATMENT, CARE AND SUPPORT

- 1) All learners, educators, school support staff and officials who are living with, or affected by HIV, STI's, COVID -19 and/or TB in the School have the right to access an essential and holistic package of health and social services.
- 2) These will be made available in schools, educational institutions and offices by the NDOH, the DBE and the GDE, and will include information on prevention, counselling, testing, treatment, care and support or active referral to providers of these services.

11.2. ACCESS TO INFORMATION

Every person in the School has the right to access relevant and factual comprehensive sexuality education including the prevention of HIV, STIs, COVID-19 and TB and pregnancy, as well as the knowledge and skills appropriate to their age, gender, culture, language and context so that they can make informed decisions about their personal health and safety.

11.3. ACCESS TO PROTECTION

Every person including learners, educators, school support staff and officials in the Basic Education Sector have the Constitutional Right to access the means to protect themselves from HIV, STIs, COVID1-9 and TB and unintended pregnancy.

11.4. EQUITY AND PROTECTION FROM STIGMA AND DISCRIMINATION

Every person in the public and private Basic Education Sector has equal rights and responsibilities and should have equal opportunities. Learners, educators, school support staff and officials in the Basic Education Sector, whether or not they are

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living with or are affected by HIV, STIs or TB, or are pregnant or vulnerable in any other way, will be dealt with fairly and impartially and will be protected from all forms of stigma and discrimination based on their actual, known or perceived health status. The sector will reflect a continued and deepened commitment to *equal treatment and social justice*, including protection of human rights, increased access to justice to reduce externalised and internalised stigma among people living with HIV, STIs and TB.

11.5. FAIR LABOUR PRACTICES

Every educator, manager or employee in the Basic Education Sector has the right to fair and equitable labour practices. HIV or TB testing as a prerequisite for recruitment, appointment, continued employment, promotion, training and benefits will *not* be allowed. But employees are requested to disclose in confidence as they might be a danger to the health of others.

11.6. GENDER EQUALITY, SENSITIVITY AND RESPONSIVENESS

- 1) HIV, STIs and TB may affect women and men, girls and boys and those from the LGBTQI community differently due to their biological, socio-cultural and economic circumstances and opportunities.
- 2) Application of all aspects of this Policy will be sensitive and responsive to these different needs and will recognise and address the vulnerabilities of learners, particularly those of the girl-child, to gender-based violence, incest and any kind of abuse.
- 3) The CPU, social services, SACE (if applicable) and the GDE (including provinces and districts, who are often first to be notified) will actively investigate and respond to allegations of sexual assault and/or rape by learners, educators, school support staff and officials as guided by the Protocol for the Management and Reporting of Sexual Abuse and Harassment in School

11.7. PRIVACY AND CONFIDENTIALITY

- 1) Every person in the Basic Education Sector has the right to privacy and confidentiality regarding their health, gender identity or sexual orientation including information related to their HIV, STI or TB status. No person will disclose such information relating to another person, without his or her written consent or the written consent of the guardians of younger children.
- 2) TB is a notifiable disease, which requires the HoD to implement contact tracing if the patient is infectious. Persons with TB should be encouraged to report their infection to the school principal or supervisor so that suitable precautions may be taken to prevent further infection amongst other learners, educators, school support staff and officials at the school.
- 3) COVID-19 screening to take place daily when entering the school premises and if the person shows any of the symptoms associated with the sickness such a person will be isolated and ask that they are tested. Positive tests to be reported in terms of the COVID-19 protocols of the school and the GDE in terms of the HDOH prescripts.

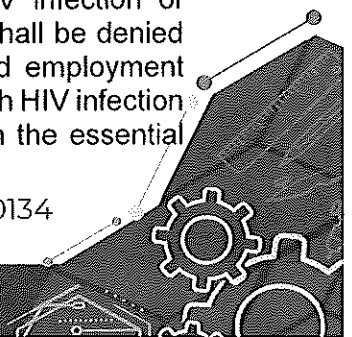
11.8. RIGHTS OF STAFF AND LEARNERS

11.8.1. Equal Employment

- 1) The School does not discriminate based on an employee's HIV infection or association with another person with HIV infection. No applicant shall be denied employment and no employee shall be prevented from continued employment based on having or being perceived as having HIV. An employee with HIV infection is welcome to continue working as long as he or she can perform the essential

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functions of the position, with reasonable accommodations if necessary. Should the employee disclose his/her status it shall be handled with confidentiality on a need to know basis.

11.8.2. Rights of Learners

- 1) Any learner with HIV/TB infection has the same right to attend school and receive services as any other learner and will be subject to the same rules and policies as any learner without HIV, TB or STIs except as deemed appropriate to accommodate learners with disabilities.
- 2) Any HIV, TB, COVID 19 or STI infection shall not factor into decisions concerning class assignments, privileges, or participation in any school-sponsored activity provided that the learner takes his/her medicine as prescribed.
- 3) In respecting learners' and families' privacy rights the school authorities may consult with the learner's parent or guardian, seek a waiver from parent/guardian to consult with the learner's physician and reassess the placement if there is a change in the learner's need for accommodations or services.

11.8.3. Non-discrimination

- 1) The School is committed to providing a learning environment and workplace free of discrimination. School staff members will strive to maintain a respectful school climate and not allow physical or verbal harassment against a learner or staff member based on their HIV positive status. This includes conduct directed against a person living with HIV, TB, COVID-19 or STI infection, a person perceived as having HIV, TB, COVID 19 or an STI infection, or a learner or employee's family member's actual or perceived status as HIV positive.
- 2) The school shall not discriminate against an applicant, a prospective or current learner based on a person's having a positive test result from an HIV-related, TB, COVID-19 or STI diagnostic test.
- 3) Persons with COVID-19 shall self-isolate in terms of the COVID-19 health protocols.

11.8.4. Confidentiality of HIV Related Information and Testing

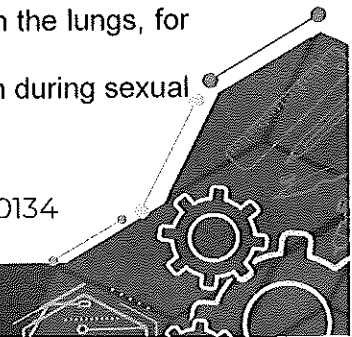
- 1) The School will protect the learner's and family's privacy rights.
- 2) No Departmental or school staff member shall require HIV-related testing of any employee applicant, current employee or prospective or current learner for any purpose.
- 3) Learners, learners' parents/guardians, or applicants/employees are not required to disclose HIV status to any school personnel.
- 4) Service providers, including those dispensing medication, will maintain learner confidentiality. School personnel shall not disclose any HIV-related information about a prospective or current school personnel or learners to anyone except with written consent. The School shall not discriminate against any individual who does not provide written consent.
- 5) All health records, notes, and other documents that reference a person's HIV status will be kept confidential. Access to these confidential records is limited to those named in written permission from the person or parent/guardian to emergency medical personnel.

11.8.5. Health Protection and Universal Precautions - Infection Control

- 1) HIV is a bloodborne pathogen. Therefore, infection control for HIV is to be addressed in the same manner as any other bloodborne pathogen.
- 2) The School shall comply with applicable health rules to protect employees who are reasonably anticipated to be exposed to bloodborne pathogens as part of their regular job duties.
- 3) Extra-Pulmonary TB is a disease in any part of the body other than the lungs, for example, the kidneys or lymph nodes.
- 4) STIs are spread by the transfer of organisms from person to person during sexual contact. In

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addition to the traditional STIs (syphilis and gonorrhoea), the spectrum of STIs also includes HIV, which causes AIDS; chlamydia trachomatis; human papillomavirus (HPV), which can cause cervical, penile or anal cancer; genital herpes; and Cancroid. More than 20 disease-causing organisms and syndromes are now recognised as belonging in this category.

11.8.6. Extra-Curricular Activities

- 1) Athletics, Physical Education Classes and Other Contact Sports - Participation in physical education classes, athletic programs, and competitive sports is not conditioned on a person's HIV status. School staff will make reasonable accommodations to allow learners living with HIV infection to participate in school physical activities.

12. RECOMMENDED BEST PRACTICE IN MANAGING HIV/AIDS IN THE SCHOOL

12.1. Privacy and Confidentiality

- 1) The Principal and SMT shall develop procedures which ensure confidentiality in the maintenance and, where authorised, dissemination of all medically-related documents. (See Recommended Best Practice Procedures for Maintaining Confidentiality).
- 2) Information regarding HIV status will not be added to a learner's permanent educational or health record without written consent.

12.2. Health Protection

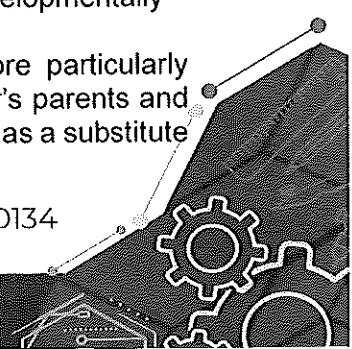
- 1) All employees shall consistently follow universal precautions guidelines on school property at all times, including at school-sponsored events and on school playgrounds.
- 2) Learners and staff shall be instructed to avoid contact with potentially infectious materials and blood and shall immediately contact a member of the staff who is covered by and trained to do so.
- 3) No learner may participate in contact play or contact sport with an open wound, sore, break in the skin, graze or open skin lesion unless adequately attended to by a first aider or medical doctor beforehand and the wound covered adequately.
- 4) If bleeding occurs during contact play or contact sport, the injured player should be taken off the playground or sports field immediately and appropriately treated. Only then may the player resume playing and only for as long as any open wound, sore, break in the skin, graze or open skin lesion remains securely covered.
- 5) Soiled clothes must be changed.
- 6) The same precaution should be applied to injured staff members and injured spectators.
- 7) Sports participants, including coaches, with HIV/AIDS, should preferably seek medical counselling before participation in sport, in order to assess risks to their own health as well as the risk of HIV transmission to other participants.
- 8) Staff members acting as sports administrators, managers and coaches should ensure the availability of first-aid kits and the adherence to universal precautions in the event of bleeding during sports participation.

12.3. Learner Health Services and Education on HIV/AIDS

- 1) All learners will have access to voluntary, confidential, age and developmentally – appropriate counselling about matters related to HIV infection.
- 2) The primary responsibility for sex education in general and more particularly HIV/AIDS education and prevention measures rests with a learner's parents and family and the School could never, nor should it ever, attempt to act as a substitute

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- or assume the responsibility of the parents in that regard. The School's role in sex and HIV/AIDS education is as per the Life Orientation Programme
- 3) A continuing HIV/AIDS education programme must be implemented for all learners and staff members.
 - 4) Age-appropriate education on HIV/AIDS must form part of the curriculum for all learners and should be integrated into the life orientation education programme for pre-primary and primary and school learners. This should include the following:
 - a) Providing information on HIV/AIDS in South Africa and developing the life skills necessary for the prevention of HIV infection.
 - b) Providing information on appropriate prevention and avoidance measures but also universal precautions.
 - c) Inculcating, from an early age onwards, basic first-aid principles, including how to deal with bleeding;
 - d) Emphasising the role of alcohol, drugs, sexual abuse and violence in the transmission of HIV;
 - e) Encouraging learners to make use of health care, counselling and support service (including services related to reproductive health care and the prevention and treatment of sexually transmitted diseases) offered by clinics, community service organisations and other disciplines.
 - f) Educating learners how to behave towards individuals with HIV/AIDS; and
 - g) Cultivating an enabling environment and a culture of non-discrimination towards persons with HIV/AIDS.
 - h) Education and information regarding HIV/AIDS must be given accurately and scientifically and in language and terms that are understandable to learners.

12.4. Roles and Responsibilities of Learners, Staff Members and Parents

- 1) Learners and staff members should respect the right of other learners and staff members.
- 2) The ultimate responsibility for a learner's behaviour rests with his or her parents. Parents of all learners:
 - a) Are expected to require learners to observe all rules aimed at preventing behaviour which may create the risk of HIV transmission.
 - b) Are encouraged to take an active interest in acquiring any information or knowledge on HIV/AIDS supplied by the school, and to attend meetings convened for them.
 - c) It is recommended that a learner or staff member with HIV/AIDS, TB, COVID-19 or STIs and his or her parent, in the case of learners, should obtain a medical opinion to assess whether the learner or staff member, owing to his or her condition or conduct, poses a medically recognised significant health risk to others. If such a risk is established, the Principal of the school must confidentially be informed. The Principal of the school, after consulting with the District IDSO, must take the necessary steps to ensure the health and safety of all the other learners and staff members.
 - d) Staff members have a particular duty to ensure that the rights and dignity of all learners and other staff members are respected, protected and promoted.

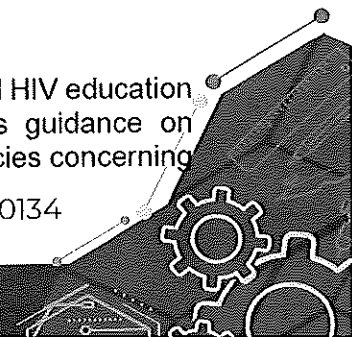
12.5. School Activities

- 1) First-aid kits must be on hand at every sport and cultural event or any other school activity.
- 2) Identified staff will complete an approved first-aid and injury prevention course that includes implementation of infection control guidelines.
- 3) Learner orientation about safety on the playing field will include guidelines for avoiding HIV infection and dealing with bodily fluids.

12.6. Staff Development

- 1) All school staff members are encouraged to participate in a planned HIV education program that conveys factual and current information; provides guidance on infection control procedures; informs about current law, a school policies concerning

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HIV; assists staff to maintain productive parent and community relations, and includes annual review sessions.

12.7. Safe Environment at the School and School Activities

- 1) The School will implement universal precautions to effectively eliminate the risk of transmission of all blood-borne pathogens, including HIV, in the school environment, as far as is practical.
- 2) The basis for advocating the consistent application for universal precautions lies in the assumption that in situations of potential exposure to HIV, all persons are potentially infected and all blood and body fluids and excretions which could be stained or contaminated with blood (for example tears, saliva, mucus, phlegm, urine, vomit, faeces and pus) are therefore to be treated as potentially infectious.
- 3) Blood, especially in large spills (such as from nosebleeds) should be handled with extreme caution.
- 4) Major blood spills on surfaces and floors will be dealt with by the cleaning staff under the supervision of the School's Health and Safety Officer.
- 5) All bleeding wounds, sores, breaks in the skin, grazes and open skin lesions should be covered, the flow of blood should be stopped and the patient should be sent to be assessed by the school's first aider.
- 6) If there is an assault, biting or scratching incident where the skin is broken, the wound should be washed thoroughly with running water and disinfectant using surgical gloves.
- 7) All open wounds, sores, breaks in the skin, grazes and open skin lesions should be covered securely with a non-porous or waterproof dressing or plaster so that there is no risk of exposure to blood.
- 8) Cleansing and washing of wounds should always be done with running water and not in containers of water. Where running tap water is not available containers should be used to pour water over the area to be cleansed.
- 9) All persons attending to blood spills, open wounds, sores, breaks in the skin, grazes, open skin lesions, body fluids and excretions should wear protective latex gloves to exclude the risk of HIV transmission effectively. However, emergency treatment should not be delayed because gloves are not available. Bleeding can be managed by compression with material that will absorb the blood, for example, a towel. However, people who have skin lesions should not attempt to give first aid when no latex gloves are available.
- 10) Blood splashes on the face (mucous membranes of eyes, nose or mouth) should be flushed with running water for at least three minutes.
- 11) Skin exposed accidentally to blood should be cleaned promptly with water and disinfectant, in every instance.
- 12) If blood has contaminated a surface, that surface should be cleaned with a fresh, clean bleach solution and the person responsible for this should wear latex gloves. Other body fluids and excretions that could be stained or contaminated with blood (for instance tears, saliva, mucus, phlegm, urine, vomit, faeces and pus) should be cleaned up similarly.
- 13) Blood-contaminated materials should be sealed in a plastic bag and incinerated or sent to an appropriate disposal firm. This is the responsibility of the school nurse/first aider.
- 14) If instruments (for instance scissors) become contaminated with blood or other body fluids, they should be washed and placed in a strong bleach solution for at least one hour before drying and re-use.
- 15) First-aid kits should be available on the school premises. Details of the content, location and use of these First Aid Kits should be known to all staff members. First aid kits should be taken on all tours, excursions and outings. It is the responsibility of the staff member organising the excursion to ensure that a first aid kit is taken.

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- 16) Universal precautions are in essence barriers to prevent contact with blood or body fluids. Adequate barriers can also be established by using less sophisticated devices than those described above, such as:
- Unbroken plastic packets for indoor and outdoor use on hands when latex or rubber gloves are not available.
 - Common household bleach for use as a disinfectant, diluted one part to nine parts water (1:9 solution) made up as needed.
 - All learners and staff members should be given appropriate information and training on HIV transmission, the application of universal precautions and the importance of adherence thereto. Learners should be instructed never to touch the blood, open wounds, sores, breaks in the skin, grazes and open skin lesions of others, nor to handle emergencies such as nosebleeds, cuts and scrapes of friends on their own. They should be taught to call for the assistance of a staff member.

13. RECOMMENDED BEST PRACTICE PROCEDURES FOR MAINTAINING CONFIDENTIALITY

13.1. To maintain an atmosphere of trust with staff members, learners, families, and the community, a policy that encourages confidentiality is essential. It is important that people who have the Human Immunodeficiency Virus (HIV) and their families feel certain that their names will not be released against their wishes to others without a need to know.

13.2. To Protect the Confidentiality of Learner and/or Educator Medical Records

- All medical information in any way relating to the HIV status of any member of the school community, including written documentation of discussions, telephone conversations, proceedings, and meetings shall be kept in a locked file. Access to this file shall be granted only to those persons identified in writing by the learner or learner's parent/guardian. Filing and photocopying of related documents may be performed only by persons named in the written consent.
- Because of the potential for breach of confidentiality, no medical information shall ever be faxed or e-mailed or disclosed via any other social media platform.
- Medically related documents that are to be mailed shall be marked "Confidential". Names of persons mailing documents and those receiving the documents shall be identified on the written consent form by the learner or learner's parent/guardian, or the applicant/employee.
- A written consent form shall be completed before each disclosure and release of HIV-related information.
- Each disclosure made shall be noted in the learner or employee's file. The list of such disclosures shall be made available to the learner, parent/guardian, or employee upon request.

14. PREVENTION

14.1. Information, Awareness and Access

- Children above the age of 12 have the right to access health services including sexual and reproductive health services, without having to seek parental consent. Changes to the Criminal Law Amendment Bill (Sexual Offences and Related Matters) state that children between the ages of 12 and 16 may consent to sexual acts with one another. Children above the age of 16 are considered by the law to be capable and mature enough to consent to any sexual act, according to the Amendment Act 32 of 2007.
- Age- and developmentally appropriate Comprehensive Sexuality Education will be provided in schools. The curriculum will include comprehensive scientifically accurate, realistic, non-judgmental information on HIV, STIs, pregnancy, TB and COVID-19 including dual protection, contraception, HIV testing, STI and COVID-19

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screening and treatment, and information on medical male circumcision. Information and awareness programmes will be made available and accessible to all learners, educators, school support staff and other officials in the School.

- 3) To support the provision of information and awareness for learners at every level, the capability and capacity of educators, school-based support teams and other identified partners and personnel have to be developed for this purpose.
- 4) Holistic information on the use of male and female condoms (barrier methods of contraception to prevent HIV, STIs and unintended pregnancy). The School will facilitate access to these for learners over the age of 12 by educators, school support staff and officials.
- 5) Discreet access to male and female condoms (barrier protection) and information on their use will be available to all learners, - dependent only on the age of consent, inquiry or need - by suitable persons in a supportive and friendly manner. Learners will be informed that they should obtain further advice and contraceptive information from their local State/Municipal clinics.

14.2. Combination Prevention Approaches

- 1) A multi-sectoral approach to prevention that employs a combination of measurable objectives on informational, biomedical, behavioural, social and structural interventions including dual protection, STI screening, COVID-19 Screening and protocols and treatment advice, HIV testing and medical male circumcision. Accessible and non-judgemental sexual and reproductive health services for learners will be available through the integrated school health programme, health facilities and civil society partnerships to help reduce transmission and mitigate susceptibility and vulnerability to HIV, STIs and/or TB and/or COVID-19 as well as unintended early pregnancy.

14.3. Integrated School Health Policy and Programming

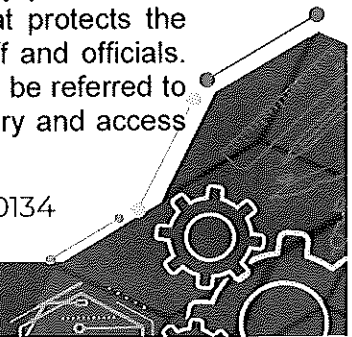
- 1) Strengthening of the ISHP has been identified as a key component of the Primary Health Care restructuring process in the NDOH as well as the Care and Support for Teaching and Learning (CSTL) Programme within the School.
- 2) Barriers to education for all vulnerable learners, especially those living with or affected by HIV, COVID-19, STIs, TB or unintended pregnancy will be addressed within the overarching framework of the CSTL.
- 3) In terms of this CSTL framework, the DBE, NDOH and DSD have committed themselves to:
 - a) the improvement of the general health and wellbeing of learners;
 - b) safe environmental conditions in schools;
 - c) the removal of health barriers to learning; and
 - d) will utilise the implementation mechanism of the ISHP to focus on priority areas.

14.4. Voluntary Counselling, Screening and Testing

- 1) Through the mechanism of the ISHP, in the short-term, counselling on sexual and reproductive health issues and services via mobile health units or alternative channels will be offered to *all* learners engaging in risky sexual behaviour. This should include the offer and provision of dual protection and other contraception, HIV counselling and testing (HCT), adolescent-friendly health services and screening for STIs, an exacerbating factor in the spread of HIV. Where mobile health units are not available, services will be provided through a range of alternative channels. Amongst these options is the development of district-level health and social services teams.
- 2) Services on sexual and reproductive health will be provided by professional nurses or other trained health professionals in a manner that protects the privacy and confidentiality of learners, educators, support staff and officials. Where this cannot be guaranteed, the persons concerned must be referred to a health facility to receive the services. Participation is voluntary and access

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will be facilitated by the Principal and the School Management Team, in the language of choice wherever possible.

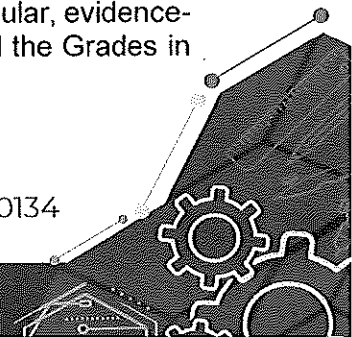
- 3) The standard protocols of referral for the voluntary counselling, screening, testing and/or referral of anyone in the school who has symptoms indicating the possibility of active TB infection to a local clinic or their medical physician will be followed.
- 4) These protocols will educate and inform learners, educators, school support staff and officials of the school.
- 5) Anyone exhibiting the signs and symptoms of TB will be encouraged to attend a clinic for screening and testing.
- 6) Where learners, educators, school support staff or officials have active TB there is a possibility that TB could spread in the classroom, school or education workplace. To minimise this risk, the school health team and/or local health clinic will be requested to institute a contact investigation to determine if other learners, educators, school support staff or officials who have been in close contact with the infected person have been infected and developed active TB. Also, case finding will be extended to household contacts to improve the tracking of persons with undiagnosed TB.
- 7) In terms of TB prevention protocols, the Occupational Health and Safety (OHS) provider and/or local Clinic will determine if such contact investigation is necessary. The School will create an enabling environment to ensure that effective contact investigations can take place at the school, workplace or health clinic. The School will put measures in place to ensure that the confidentiality of the index case, and/or that of infected learners, educators, school support staff or officials, is maintained.
- 8) In case a person is found to show symptoms of COVID-19 during screening at the school, the person will be isolated and protocols will be followed to have the person tested for the disease. The GDE will be informed accordingly. Track and tracing will be implemented to find other persons who have been in contact with the infected person. If the person tests positive for COVID-19 the person will self-isolate and the school closed and deep cleaned and track and tracing undertaken.

14.5. Curriculum Development (CSE) and Life Skills Education

- 1) Comprehensive Sexuality Education (CSE) will be a compulsory and timetabled subject in the curriculum, supported by appropriate Learner and Teacher Support Material (LTSM) and teacher training, development and support.
- 2) CSE will be age-appropriate, culturally relevant, scientifically accurate, realistic and non-judgmental to provide information, skills and values to support safe and health-promoting behaviours and life choices.
- 3) CSE will include sexuality, reproductive health, gender-based violence, alcohol and drug abuse, peer pressure, relationships and responsibilities, including a focus on HIV, STIs, TB and unintended pregnancy.
- 4) The effective delivery of Life Skills education will be the responsibility of the Principal and the School Management Team.
- 5) The Life Skills curriculum will also focus on the risk of teenage pregnancy, contraception and access to information on available choices, including termination of pregnancy services.
- 6) The limited time available for Life Skills in the curriculum will be supplemented through the innovative development and introduction of co-curricular, evidence-based learning modules, which will be regularly assessed in all the Grades in the school.

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- 7) Within the context of limited curriculum availability, the air-borne threat of Pulmonary TB in education institutions will feature strongly in classroom presentations as well as COVID-19.
- 8) Delivery of scheduled modules and materials will be monitored and evaluated to ensure the comprehensive delivery of prevention messaging and empowerment of learners, educators, school support staff and officials to make healthy lifestyle choices, adhere to safety precautions, wear cloth masks and social distancing at all times.

14.6. Educator Training and Support for LIFE Skills Programmes

- 1) The curriculum and pedagogy for the Initial Professional Education of Teachers (IPET) in personal, sexual and reproductive health decision-making and the teaching of sexual and reproductive health education to learners will be non-judgemental, inclusive and empathetic using the appropriate textbooks of the GDE and the DBE.
- 2) IPET will be supplemented by recurrent Continuing Professional Teacher Development (CPTD) provided by the DBE and/or the GDE to cover sexuality, adolescent and reproductive health (ARH) education, gender-based violence and promotion activities.
- 3) Curricula and co-curricular Life Skills programmes will be supplemented by additional health education sessions provided by ISHP health promotion staff. These sessions will focus on providing information on sexual, reproductive and mental health in a progressive manner for all learners, at least once per phase.

14.7. Safe School Educational Environment

- 1) The School must provide a safe and appropriate health-promoting environment conducive to learning for all learners, educators, school support staff and officials and ensure they have access to safe and effective water and sanitation stations and systems adapted to prevent the spread of HIV, STIs, TB and COVID-19.
- 2) Learners and educators will be encouraged and supported to work together to create an environment of mutual respect free of discrimination, exploitation, sexual harassment, bullying and abuse with particular emphasis on any form of gender-based or sexual violence.
- 3) Learners, educators, school support staff and officials will be trained in universal precautions for HIV as well as universal airborne infection control precautions to prevent the spread of TB and COVID-19 and other airborne diseases.
- 4) People being treated for TB and/or COVID-19 should not return to an educational environment while they are still infectious. The infectious period is normally 14 days from the initiation of treatment or until they test negative for COVID-19.
- 5) In the case of complications or multi-drug resistant TB, the infectious period may be longer. No-one having undergone treatment for TB or COVID-19 should return before they are declared non-infectious by a health provider/physician or health facility (usually within 2 weeks of starting effective TB treatment self-isolation for COVID-19 or being released from the hospital or a quarantine facility).

15. TREATMENT, CARE, COUNSELLING AND SUPPORT

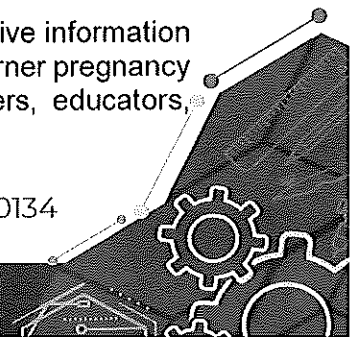
The School shall provide a positive and supportive environment where all learners, educators, school support staff and officials living with or affected in any way by HIV, STIs, TB, COVID-19 or unintended pregnancy among learners can access information, treatment, care, counselling and support.

15.1. Information and Awareness

- 1) Schools and other education workplaces will provide comprehensive information and guidance on HIV, STIs, COVID-19, TB or unintended early learner pregnancy as well as treatment, care, counselling and support, for learners, educators, school support staff and officials.

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- 2) The SBST, counsellors and trained educators will provide this support and will provide referrals to clinics or other health or social service professionals when necessary.

15.2. Treatment, Care, Counselling and Support for Learners and Employees

- 1) The School will become a health-promoting institution and act as an inclusive centre of learning, care and support in which school health teams will provide a comprehensive range of services, including referrals for the management of HIV, STIs, COVID-19 and TB or unintended pregnancy.
- 2) GDE Psychological Support Services (PSS) and other public and private professional services have to be requested to assist to identify and refer learners, educators, school support staff and officials living with or affected by HIV, STIs COVID-19 and/or TB, personal trauma and abuse.
- 3) Educators and designated school personnel must also be trained to provide an inclusive and supportive environment offering care and support, particularly for the most vulnerable learners.
- 4) In terms of the CSTL framework, the SBST in association with the CSBT must assist learners to access services, by maintaining referral networks with health and social service providers.

15.3. Reasonable Accommodation

- 1) Reasonable provision will be made to support the teaching and learning of all learners living with or affected by HIV, STIs, and comorbidities, COVID-19 or TB at every level of the School in lockdown learning or otherwise.
- 2) The School will accommodate any reasonable absence required for diagnosis, treatment, care, counselling and/or support linked to HIV, STIs, comorbidities, COVID-19, TB or pregnancy and will be flexible in implementing learning arrangements for learners unable to attend regularly due to their need for support linked to these conditions.
- 3) The School will provide support for the improvement of access and adherence to Antiretroviral Treatment (ART) for all learners, educators, support personnel and officials who are living with HIV.
- 4) The length of absence due to treatment for TB, comorbidities or COVID-19 may vary depending on individual circumstances but in principle, it should be 14 days after starting a treatment or as long as it takes to reach level 1 for the lockdown period. Such absence must be regulated and confirmed by a health provider or Clinic and communicated to the school and parents who opt for lockdown learning must apply to the GDE in terms of the regulations.

15.4. Gender Equity, Equality, Sensitivity and Empowerment

- 1) Implementation of the Policy will take into account the different biological, social and cultural needs of male and female learners, educators, school support staff and officials as well as those of other gender orientations.
- 2) Policy implementation strategies will recognise that girls and young women are in a particularly vulnerable position, especially in relation to unplanned pregnancy, HIV, TB, COVID-19 and STIs. The unique vulnerabilities and matters affecting boys shall also receive additional attention.
- 3) The School, will make additional provision for the protection of female and male learners and ensure access to such provision through institutional regulations.
- 4) Through the provisions of compulsory comprehensive sexuality education and associated learning materials, the school will teach learners about gender identity, gender roles, gender orientation and expression, the influence of power in relationships and the need for responsible and protective behaviours with the necessary sensitivity and the terms of the school's policy in this regard. These will be aligned to and include some lessons from international best practices on CSE. The special needs of all learners based on their gender identity and expression shall also be considered.

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15.5. Referral and Strategic Partnerships

- 1) In terms of the CSTL framework, partnerships will be established through the mechanism of the ISHP to facilitate timely access to appropriate support and referral services. These services will include:
 - a) Information on sexual and reproductive health and rights (SRH&R);
 - b) Information on comprehensive sexuality education, contraception and dual protection;
 - c) Management of sexual harassment;
 - d) Pre-exposure prophylaxis (PrEP) for HIV (or counselling and referral);
 - e) Post-exposure prophylaxis (PEP) for HIV (or counselling and referral);
 - f) Voluntary counselling, testing and treatment for HIV, STIs, COVID-19 and TB;
 - g) Medical treatment including antiretroviral therapy (ART);
 - h) Care and treatment for TB and COVID-19 and other opportunistic infections;
 - i) Information on and referral for Male Medical Circumcision (MMC) and appropriate time to undertake this service, including traditional circumcision;
 - j) Prevention of Mother to Child Transmission of HIV/COVID-19;
 - k) Referral for pregnant learners;
 - l) Grief and bereavement counselling; and
 - m) Counselling for positive living and/or referral to other support structures.

16. IMPACT MITIGATION

16.1. Policy Objective

- 1) To mitigate the impact of HIV, STIs, TB and unintended learner pregnancy on those individuals and groups not otherwise prioritised by the Basic Education System's prevention, treatment, care, support and workplace programmes through the provision of a structured and empowering environment.

16.2. Orphans and Vulnerable Children

- 1) The School shares responsibility with the CSBST the monitoring and management of the impact of HIV, STIs, COVID-19, TB and pregnancy on orphans and vulnerable children (OVC) and other infected and affected learners, but is primarily responsible for support to and retention of OVC in the Basic Education System.
- 2) The School will be required to develop the capacity if possible to identify and assess the needs of these learners and ensure that they can continue with, and complete their education to access post-school opportunities. In this regard, the school will be required to monitor the number of OVC in the school by age, gender and grade and to inform the Circuit Office when the statistics are requested.

16.3. LGBTQI+ Vulnerability

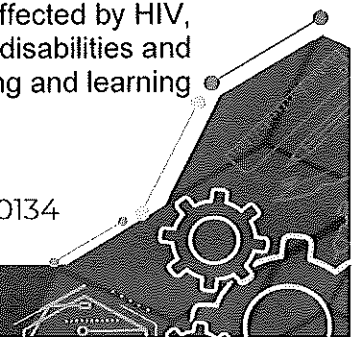
- 1) The SMT and SBST acknowledge the vulnerability of lesbian, gay men, bisexual, transgender, queer, questioning and intersex (LGBTQI+) learners, educators, school support staff and officials and will ensure that they enjoy the same support, protection and freedom as their heterosexual peers in the system. Also, gender, gender identity and gender expression should in a sensitive manner for the age-appropriate grades be included in the curriculum for CSE.

16.4. Special Needs Education and Disabilities

- 1) The DBE will address the needs of those learners living with or affected by HIV, STIs, COVID-19, TB or pregnancy with special learning needs or disabilities and ensure their inclusion in the provision of arrangements for teaching and learning and lockdown learning.

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- 2) Learners with special learning needs and/or disabilities have a potentially heightened vulnerability to HIV, STIs, COVID-19 and/or TB and require dedicated attention to safeguard their personal and educational interests, especially in terms of gender-based violence and abuse.

16.5. School Support and Flexibility

- 1) The School will have to be flexible in the design and scheduling of their classes and programmes to accommodate the needs of learners who are orphaned, vulnerable, infected or affected.
- 2) Where the School provide nutritional supplementation through the National School Nutrition Programme for learners made vulnerable by poverty, orphaning, HIV, STIs and/or TB or any other condition affecting their capacity to learn or remain in any other condition affecting their capacity to learn or remain in school.

17. WORKPLACE ISSUES

17.1. Policy Objective

The Basic Education Sector workplace is characterised by non-discriminatory labour practice, as well as sensitivity and responsiveness to the needs of those living with or affected by HIV, STIs, COVID-19 or TB, and is free of risk and stigma for all educators, school support staff and officials.

17.2. Information and Awareness

- 1) Educators, school support staff and officials will have access to comprehensive and accurate HIV, STI, and COVID-19, TB and reproductive health information, as well as awareness, prevention, testing and counselling programmes.
- 2) Awareness programmes will be regularly conducted on sexual and reproductive health issues, including harassment and abuse in the workplace, and relevant resource materials will be developed and made available.
- 3) Partnerships have to be established through the mechanisms of the CSTL and Employee Health and Wellness (EHW) programmes to facilitate access to appropriate support and referral services at every level for educators, school support staff and officials.

17.3. HIV, STIs COVID-19 and TB in the Workplace

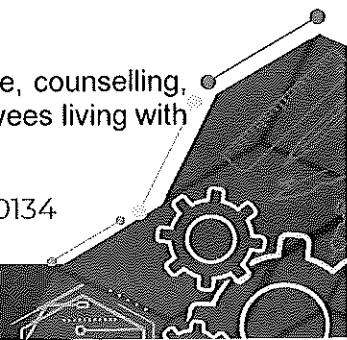
- 1) All educators, school support staff and officials in the Basic Education Sector workplace have the right to personal dignity, confidentiality and fair labour practice.
- 2) No educators, school support staff, officials or other employees of the DBE, at any level, will be discriminated against based on HIV, STIs, TB or pregnancy in terms of recruitment, appointment, deployment, employment, promotion, training or benefits, or be required to undergo HIV, STI, COVID-19, TB or pregnancy testing as a condition of these arrangements.
- 3) Confidentiality and privacy of personal information will be maintained at all times and procedures will be in place to prevent and address discrimination and stigmatisation of employees living with or affected by HIV, COVID-19 and/or TB.
- 4) The different needs and circumstances of educators, school support staff and officials in the workplace, whether female, male or any other gender orientation will be recognised and addressed.
- 5) Safe, health-promoting workplaces should be established at all levels in the school to provide a safe and secure environment for teaching and learning.
- 6) The DBE OHS guidelines will incorporate HIV, STI and TB prevention and care strategies. This also includes COVID-19 issues.

17.4. Employee Wellness

- 1) In terms of the Employee Health and Safety (EHW) programme, counselling, treatment and psycho-social support will be available for employees living with

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or affected by HIV, STIs, COVID-19, TB or pregnancy through referral to appropriate services.

- 2) Disability and/or death resulting from HIV, STIs, COVID-19 or TB will be reduced through universal access to screening, diagnosis, care and treatment of these conditions.

17.5. Sexual Abuse and Harassment in the Workplace

- 1) There will be zero tolerance for any form of sexual abuse directed at any learners, educators, school support staff and officials, including harassment, sexual molestation, sexual exploitation, gender-based violence and/or rape in the workplace.
- 2) Anyone within the workplace who exploits their position of authority over other adults or learners will be subject to disciplinary procedures determined by sector policies and regulations.
- 3) The School principal and members of the school's SMT and SBST have the responsibility to inform all employees in the workplace of their rights, responsibilities and sanctions applicable to sexually-related misconduct or harassment.

17.6. Reasonable Accommodation for Ill-Health and Absenteeism

- 1) The Principal and the SMT will take all reasonable steps to accommodate the needs of educators, school support staff and officials living with or affected by HIV STI, COVID-19, TB or pregnancy, including enforced absenteeism for treatment, counselling or the renewal of prescribed medication, in accordance with DPSA PILIR guidelines.
- 2) If employees are unable to continue their normal duties on medical grounds, the rules regarding incapacity will apply and relief-educators and other relief staff and officials will be engaged to ensure the continuity of teaching and learning.

18. MANAGEMENT OF POLICY RESPONSE

18.1. Policy Objective

Sustainable management structures and strategies are in place at all levels of the School to plan and implement this HIV, STIs, COVID-19 and TB Policy and monitor and report its progress and success over the life of the Policy.

18.2. Management and Coordination

The impact of HIV, STIs, COVID-19, TB and unintended learner pregnancies on education makes existing systemic problems worse, and a strategic response must be mainstreamed into the routine at the school's management of the conditions at every level.

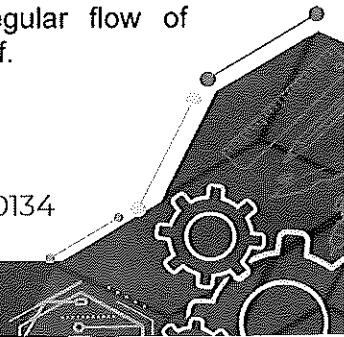
18.3. Structural Arrangements

- 1) The emphasis on mainstreaming and accelerating HIV, STIs, COVID-19, TB and unintended learner pregnancy response in the School will require the establishment of an SMT/SBST Sub-committee, with an explicit mandate to coordinate and strengthen the work of the SMT/SBST and to monitor implementation of this Policy.
- 2) The Sub-Committee will be responsible for aligning, delivering and coordinating policy, operational activities, budgetary priorities, staffing and other norms and standards between the school and the SMT/SBST who will have to report to the SGB.
- 3) The Sub-Committee will act as an inclusive Coordinating Committee to ensure the involvement of key stakeholders and interest groups and outside agencies where required.
- 4) These arrangements will be systematised to facilitate the regular flow of information up to the SMT/SBST and the SGB and down to the staff.

18.4. Roles and Responsibilities

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- 1) The successful implementation of the HIV, STI, COVID-19, TB and unintended pregnancy response strategy will be the responsibility of the SMT assisted by the SBST.
- 2) At the institutional level, the school will be required to develop their own policy in response to HIV, STIs, COVID-19, TB and unintended pregnancy, based on the National Policy and provincial protocols and instructions, taking account of the specific circumstances of the school.
- 3) Parents and communities will be encouraged to participate in the school response to HIV, STIs, COVID-19, TB and unintended learner pregnancy and the implementation of prevention programmes at the school level. Their support, resources and capacity will be harnessed to play a supporting role and will be enhanced through guidance and training.

18.5. Strategic Partnerships

- 1) Strategic partnerships should be established by the school with key law enforcement and institutional agencies, stakeholder groups and organisations, such as educator unions, NGO's, SOEs, parent bodies, community organisations, voluntary organisations and faith-based, traditional and cultural organisations.
- 2) Such partnerships should be established with relevant community-based organisations and non-government organisations (NGOs) to leverage support and provide information, prevention, counselling and other services for learners, educators, school support staff and officials.
- 3) Strategic partnerships should also be established with community-based and non-governmental organisations and youth groups to support access to information and peer-education.

18.6. Human Resource Training and Development in the School

- 1) All the staff/volunteers (volunteers and staff to be properly vetted), identified, selected or employed to manage HIV, STIs COVID-19, and TB programmes at every level in the school will have to be appropriately orientated and trained to play their role in implementation, monitoring and reporting.
- 2) Such training will be repeated and recurrent and will develop the requisite professional and technical skills required to support the designated roles of the persons involved.

19. AMENDMENT AND REVIEW OF THE POLICY

19.1. The policy will be reviewed on an annual basis to:

- 1) Consider new submissions, national and provincial policies.
- 2) To implement changes in legislation, regulations and/or codes of good practice.
- 3) Plan and discuss any activity to further the intent of this policy.

20. SHORT TITLE

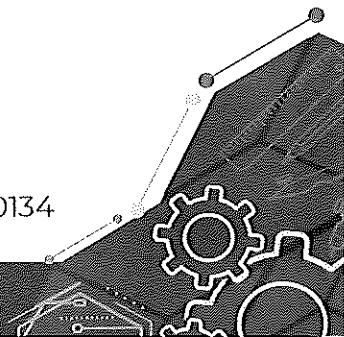
20.1. This policy shall be called: HIV / Aids/ COVID -19/ STIs Policy of HTS JOHN VORSTER.



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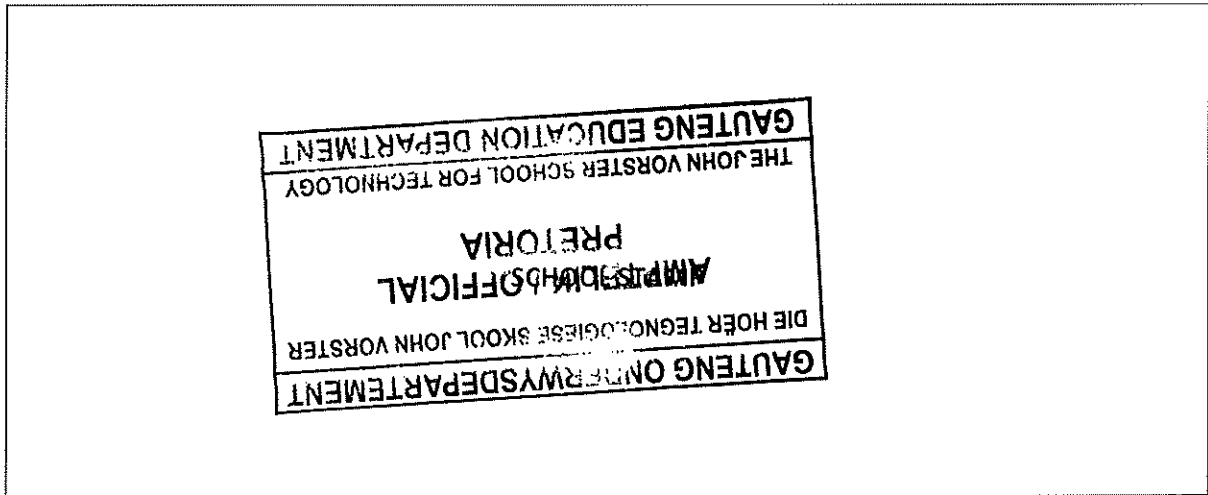
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21. APPROVAL

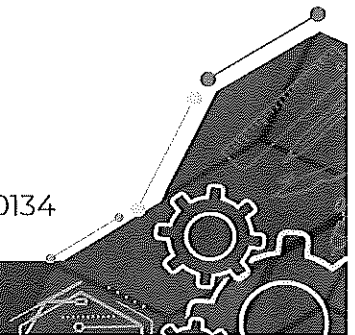
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|---|--------------------|------------|---|
| Recommended by: | <i>David</i> | Signature | Principal |
| Date: | 14/02-2024 | | |
| Approved by: | <i>Juan Tander</i> | Signature | Chairperson of the SGB <i>Juan Tander</i> |
| Date: | 12-02-24 | | |
| Verification by GDE: (District Director) (Print Name) | | Signature | |
| Date of Verification | | | |
| Certified by :(Print Name) | | Signature: | |
| Date | | | |



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APPENDIX

HIV/AIDS - The Facts

1. What is HIV?

- HIV stands for Human Immunodeficiency Virus.
- A microscopic virus which infects humans.
- It survives and multiplies in body fluids such as sperm, vaginal fluids, breast milk, blood and saliva. It is transmitted in this way.
- It attacks the body's immune system (the defence mechanism against infection.)
- The body's resistance to all kinds of illness is reduced including flu, diarrhoea, pneumonia, TB and various cancers.
- HIV leads to AIDS which results in death.
- People with HIV usually live for five to ten years after infection but can live longer with proper care and use of ARVS and a healthy lifestyle.

2. What is AIDS?

- AIDS stands for Acquired Immune Deficiency Syndrome.
- AIDS is the final stage of infection with HIV and this causes death.
- People with AIDS usually have several different illnesses at the same time. This is called a syndrome. AIDS is not a disease itself.

3. How is HIV spread?

- Sexual intercourse is the most common way through which people become infected.
- Babies born to mothers with HIV can also become infected just before or during birth, or during breastfeeding.
- Infected blood can spread the virus through broken skin.
- Drug addicts who share needles can infect each other.

4. How HIV is NOT spread:

- Sharing house, desk, chair, office, car, locker, telephone, cup, fork, toilet, sheets or clothes cannot cause the spread of HIV.
- HIV is also not spread by shaking hands or other usual human contacts.
- HIV is not spread by mosquitoes, ticks or fleas that may have bitten a person with the virus.

5. What are the symptoms of HIV?

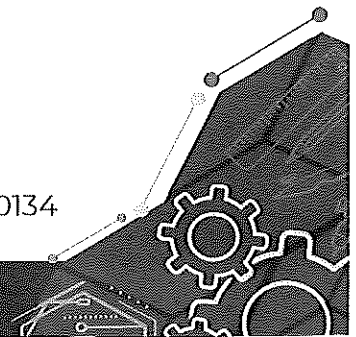
- There are no obvious symptoms for a lengthy period after infection.
- A normal, healthy and productive lifestyle can be maintained for several years after infection.
- When the symptoms of HIV infection start to show this means that the virus has progressed to AIDS.

6. What causes death?



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- The most common causes of death are pneumonia (particularly in sufferers of tuberculosis - TB), various forms of cancer including skin cancer called Kaposi's sarcoma.

7. Identifying HIV:

- The only certain way to diagnose HIV infection is through a blood test. An infected person tests positive.
- For several weeks or months, the body does not show signs of infection. This is called the window period.
- Regular testing is necessary to monitor the infection.

8. The HIV test:

- A small amount of blood is taken from the arm and is scientifically analysed.
- The test does not show the virus itself but the presence of antibodies in the blood. The antibodies indicate that the body is reacting to the HIV in the body and is trying to defend the body against it. The antibodies only appear in the blood between three and six months after infection.
- Counselling should be sought before and after the test.
- The test result is usually available after two weeks, or earlier if necessary. The results should be kept confidential.
- It is not necessary to reveal the test results to anyone except in the case where support is needed from a friend or relative or to inform others whom you may have infected.

9. Is there a cure for HIV or AIDS?

- There is **NO** cure for HIV or AIDS.
- Medicines that delay the onset of AIDS-related illnesses are sometimes available to people with HIV. These are very expensive.
- Correct diet, exercise and a positive outlook on life are some ways of keeping healthy although infected.

10. Other facts

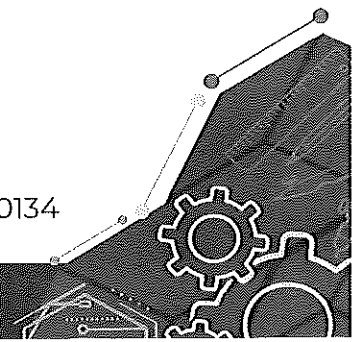
- HIV is not an LGBTQ+ disease. It is spread across the entire spectrum of human life.
- It is aggravated by conditions of poverty, ignorance, violence, hygiene and unsafe sexual activity.
- South Africa currently has the highest rate of HIV infections worldwide.
- HIV/AIDS is harming our country's growth and productivity. We need to prepare to deal with the cost of treating HIV infected people within every community, in the workplace and within our family and friendship circles.



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APPENDIX

Managing accidents and injuries at School - Universal Precautions

1. Contact with blood and other body fluids

- No-one should have direct contact with another person's blood or body fluids.
- Every first-aid kit should contain rubber gloves which should be worn when attending to a person who is bleeding.
- Gloves should also be worn when cleaning blood from a surface or floor.
- The same precautions should be taken with other body fluids, including vomit, faeces, pus and urine, although infection through these is unlikely.
- Plastic shopping bags can be used in the absence of rubber gloves.

2. Dealing with wounds

- If a person is bleeding, the first action must be to try to stop the bleeding by applying pressure directly over the area with a cloth or towel.
- Pressure should be applied to the bridge of the nose in the case of nosebleed.
- Once bleeding has been stopped, the graze or wounds should be cleaned with clean water and antiseptic. Bleach can also be used diluted with 1-part bleach to 9 parts water.
- Wounds must be covered with a waterproof dressing or plaster.

3. Accidental exposure to another person's blood

- Skin that becomes exposed to blood must be cleaned promptly.
- Running water should be used to clean the skin.
- Antiseptic should be applied.
- Blood splashed on the face, the eyes or other mucous membranes of the nose or mouth should be flushed with running water for three minutes.

4. Cleaning contaminated surfaces and materials

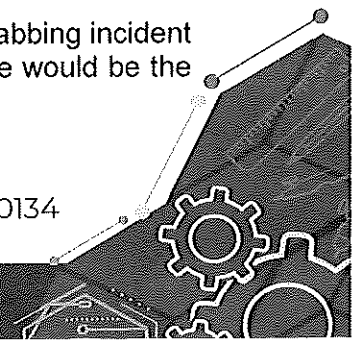
- Contaminated surfaces must be cleaned with bleach and water (1:9 parts.)
- Bandages and cloths contaminated with blood or other body fluids must be sealed in a plastic bag and incinerated (burnt to ashes) or placed in a proper disposal container.
- Contaminated instruments or equipment should be washed, soaked in bleach for an hour and dried.
- Sanitary towels and tampons should be disposed of in a proper disposal container.

5. Serious incidents such as rape or stabbing

- The risk of HIV transmission is much higher in cases of rape or stabbing with a needle or blade.
- A rape victim should be given immediate support and comfort. The person should be advised not to bathe or change clothing for purposes of medical and police investigation. The person should immediately be taken to a medical facility for examination and emergency treatment and to a police station for a statement to be made. Professional counselling should be arranged.
- A stab victim should be given first aid immediately and the stabbing reported to the police.
- Parents, guardians or other family members should be contacted.
- Drugs which may reduce the risk of HIV infection following a rape or stabbing incident are available from certain medical facilities. A doctor in private practice would be the best option at present.

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6. HIV transmission during sport

- There is a small risk of HIV transmission during contact sport where injuries can occur.
- First-aid kits should be available during every sports session.
- Wounds and other flesh injuries should be covered when a person plays a sport.
- In the event of an injury, the player should be treated and only allowed to proceed once the wound has been cleaned and covered.
- Blood-stained clothing should be changed.

7. Effective treatments for those infected

A recently produced category of drugs known as >protease inhibitors is probably the most effective form of treatment at present. These drugs are used in conjunction with an earlier produced drug called AZT as well as other antiviral agents to form a multi-drug cocktail. This form of treatment is proving effective in reversing many symptoms of AIDS in certain sufferers, without providing an absolute cure.

8. A clear message: The A - B - C of prevention:

A - Abstain from sexual intercourse until a life partner is selected;

B - Be faithful to one sexual partner; and

C - Condomise: always use a condom.

9. Possible exposure

Avoid sexual intercourse.

Don't donate blood or sperm.

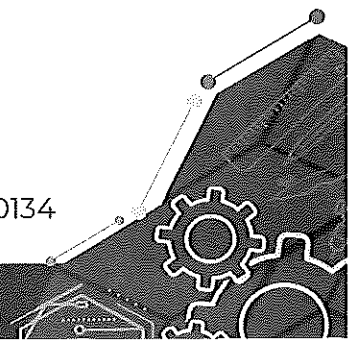
Don't share personal items like toothbrushes, syringes, razors, etc.



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APPENDIX

The First Aid Kit

1. Location

- First-aid kits should be kept in various areas of the School where injuries or accidents are most likely to occur and where the need for immediate attention may not allow the victim to be moved to the School's Sanatorium or another medical facility.
- Suggested areas:
- Natural Sciences laboratories, Technology workshops, sporting pavilions, Pollock Campus, boarding houses and maintenance centre.

2. Minimum Contents

- At least four pairs of latex gloves (two medium and two large) to be worn to attend to wound.
- Four pairs of rubber household gloves (two medium and two large) to be worn to clean contaminated surfaces.
- Materials to cover wounds, cuts or grazes e.g. lint or gauze, waterproof plasters, disinfectant, scissors, cotton wool, tape for securing dressings and tissues.
- A mouth-piece for mouth-to-mouth resuscitation.
- A bottle of household bleach.
- 70% Alcohol-based hand cleaner.
- A stock of plastic bags used to dispose of contaminated articles.
- A container for pouring water e.g. jug or bottle.

APPENDIX

Supporting HIV infected Learners and Staff

1. Supporting Learners

- Learners are expected to attend classes following legal requirements for as long as they can function effectively and pose no medically significant risk to others in the School.
- Learners who are unwell whilst at school will be referred to the School's Sick Bay or another medical facility for short term or other treatment.
- Learners who become too ill to be at School should remain at home and the School will endeavour to support their ongoing academic progress by providing work for them.
- Some learners with HIV/AIDS may develop neurological disorders and these may be manifested through behavioural problems. Such learners should be assessed and, where it is possible and appropriate, placed in specialised residential institutions.
- Certain extra-mural activities can be stressful for learners with HIV. These learners should be excused from such activities.
- Medication often has to be taken at set times and educators should be aware of and sensitive to this. Learners should be excused to take medication.
- The HIV/AIDS status of learners should be treated confidentially at all times.

2. Supporting the Staff

- Educators and other staff who develop AIDS-related illnesses need understanding from their colleagues.
- The School will endeavour to accommodate and support sick members of staff as best it can.



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- The HIV/AIDS status of staff members should be treated confidentially at all times.

APPENDIX

COVID-19 (Coronavirus), HIV, and TB

COVID-19 can affect anyone, no matter your age or health status. But people who have underlying health conditions, such as diabetes or hypertension, are at higher risk of contracting COVID-19 and may experience more severe symptoms.

People who have Tuberculosis (TB) and people whose immune systems are compromised, including people living with HIV whose viral load is not suppressed, should take extra precautions. Keep taking your treatment, follow the prevention guidelines (including washing your hands regularly, keeping at least 2 meters from other people and wearing a mask), and speak to your healthcare provider about longer medicine refills and self-monitoring to reduce how often you need to visit the clinic.

What I need to know about COVID-19, HIV and TB

People living with HIV who are on effective treatment are not currently at higher risk of contracting COVID-19 than other people.

People living with HIV who are not on treatment or not virally suppressed are at greater risk because they may have a compromised immune system that makes them more vulnerable to opportunistic infections and COVID-19 complications.

Elderly people living with HIV and people living with HIV who also have other conditions (e.g. TB, diabetes, and hypertension) should be extra careful because these conditions may increase the risk of complications from COVID-19.

People living with HIV who develop symptoms of COVID-19 should be diagnosed and treated for COVID-19 and/or other infections.

We are learning more about COVID-19 all the time, so keep in touch with your healthcare provider and keep checking the NDOH Corona Virus websites and the WHO website.

Advice for people living with HIV and TB during the Lockdown

Keep taking your ARV and/or TB treatment to keep your immune system strong.

Speak to your healthcare provider about:

Longer medication refills - try to stock up on your medications if possible (e.g. 30 days or 3 months' supply).

Self-monitoring and keeping in touch via phone, SMS or WhatsApp so that you don't need to visit the clinic as often.

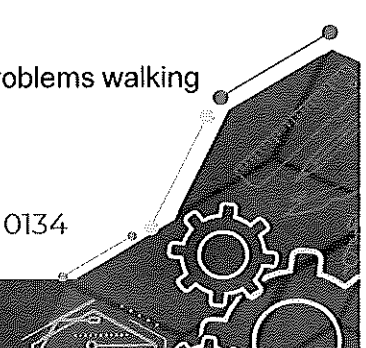
If you're not yet on treatment or treatment was interrupted, talk to your healthcare provider about getting back onto treatment.

Avoid unnecessary visits to the clinic or health centre unless you:

- Experience serious breathing problems.
- Start developing advanced HIV disease danger signs such as high fever, problems walking by yourself, difficulty breathing, loss of appetite and/or weight loss.

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- Have to get medication refills or have a medical follow-up that cannot be rescheduled or completed in another way (e.g. home delivery of medication).
- Make sure you know how to get in touch with your healthcare facility or healthcare worker if you need to.

How do I prevent COVID-19?

- Follow general recommendations to prevent the transmission of HIV, TB and COVID-19, including wearing cloth masks.
- If you're taking TB treatment, you and everyone you share your living space with should wear a cloth mask to prevent TB transmission and prevent the spread of COVID-19. Make sure you pay attention to how to put on and take off your masks and keep them clean.
- If possible, sleep separately from other people who live in the same house.
- Try to stay at least 2 meters away from other people.
- Wash your hands frequently with soap and water for at least 20 seconds.
- Regularly clean surfaces that you touch often.
- Avoid touching your face.
- Cough or sneeze into a bent elbow.

Even if we can't be in the same physical space, keep in touch with your community and your support system. Together we can keep each other safe and strong.

What if I experience flu symptoms?

- If you are not currently on antiretroviral and/or TB treatment, be aware that your flu-like symptoms could be from an infection other than COVID-19.
- Contact your healthcare provider rather than going directly to the clinic. Your healthcare provider will be able to tell you what to do next. Always follow the instructions and guidance of healthcare providers and health authorities to find out if it is COVID-19 or something else and to make sure you get the right care.
- If you are advised to stay at home, try to keep a distance from other people living in the same space, including eating and sleeping separately if possible. Make sure that you and all other people living in the same space use cloth masks at all times.

COVID-19

All should stay home as much as possible and minimise contact with others to reduce the spread of COVID-19.

Sex is a normal part of life and should always be with the consent of all parties. This document offers strategies to reduce the risk of spreading COVID-19 during sex. Decisions about sex and sexuality need to be balanced with personal and public health. During this extended public health emergency, people will and should have sex. Consider using harm reduction strategies to reduce the risk to yourself, your partners, and our community.

Know how COVID-19 spreads.

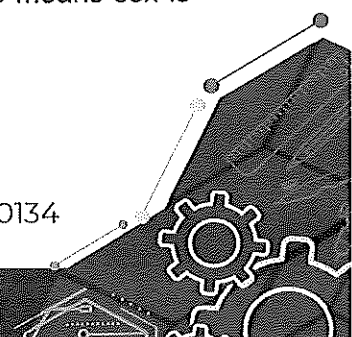
- **You can get COVID-19 from a person who has it.**
- The virus spreads through particles in the saliva, mucus or breath of people with COVID-19, even from people who do not have symptoms.

We still have a lot to learn about COVID-19 and Sex.

- The virus has been found in the semen and faeces (poop) of people with COVID-19.
- We do not know if COVID-19 can be spread through vaginal or anal sex.
- We know that other coronaviruses do not easily spread through sex. This means sex is not likely a common way that COVID-19 spreads.

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Sexual Partners

- **Do they have symptoms or have they had symptoms in the last 14 days?** Most people with COVID-19 have symptoms, but asymptomatic spread is possible. Fever, cough, sore throat, and shortness of breath are symptoms to ask about. Note that asking about symptoms is not a perfect way to know whether someone has COVID-19.
- **Have they been diagnosed with COVID-19 using a nasal swab or saliva test?** People who have recovered from COVID-19 at least 10 days from the day their symptoms started and who have not had a fever for at least three days are likely no longer infectious.

Large Gatherings

- Large gatherings of any type are not safe during COVID-19. Close contact with multiple people should be avoided.
- But, if you decide to attend an event such as a funeral, church service or go shopping, below are tips to reduce your risk of spreading or getting COVID-19:
 - Pick larger, more open, and well-ventilated spaces.
 - Wear a face covering, avoid kissing, hugging and do not touch your eyes, nose, or mouth with unwashed hands.
 - Bring an alcohol-based hand sanitizer.
 - Keep your social distance.
 - Do not remove your face mask.

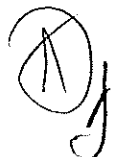
Having antibodies against the virus that causes COVID-19 or a prior positive diagnostic test do not mean definite immunity.

- A positive antibody test for the virus that causes COVID-19 may indicate prior exposure, but it does not mean you are immune from reinfection.
- A prior positive diagnostic test (nose swab or saliva) means you have had COVID-19 and may be less likely to be re-infected. We don't know how strong that protection is or for how long it lasts.
- **Be cautious in using these tests to make decisions about who you have sex with since antibody test results are not definite proof of immunity.**

Prevent HIV, other sexually transmitted infections (STIs) and unintended pregnancy.

HIV: Using condoms, taking pre-exposure prophylaxis (PrEP) and having an undetectable viral load all help prevent HIV.

Other STIs: Using condoms help prevent other STIs.



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