

HIV & AIDS POLICY



April 2014

TRANSFORMATION AND EMPLOYMENT EQUITY OFFICE

HIV & AIDS POLICY

INDEX

1. HIV & AIDS Policy

ANNEXURES

- A Standard Operating Procedure for the Management of an Occupational Exposure at Wits
- B Standard Operating Procedure for Post Exposure Prophylaxis at Wits
- C Standard Operating Procedure for HIV Counselling and Testing at Wits

HIV & AIDS POLICY

	INDEX	PAGE
1.	PREAMBLE	3
2.	PURPOSE OF THE POLICY	4
3.	GUIDING PRINCIPLES	4
4.	SCOPE OF THE POLICY	4
5.	GLOSSARY OF TERMS	4
6.	POLICY IMPLEMENTATION	7
6.1.	RIGHTS AND RESPONSIBILITIES OF EMPLOYEES AND STUDENTS AFFECTED AND INFECTED BY HIV & AIDS	7
	6.1.1. Pre-employment and recruitment	7
	6.1.2. HIV counselling and testing	8
	6.1.3. Confidentiality and disclosure	9
	6.1.4. Employee and student benefits	9
	6.1.5. Risk management and first aid	10
6.2.	INTEGRATION OF HIV & AIDS INTO TEACHING, RESEARCH AND SERVICE ACTIVITIES OF ALL FACULTIES	10
	6.2.1. Teaching	10
	6.2.2. Research	10
6.3.	PREVENTION, CARE AND SUPPORT	11
6.4.	HEALTH AND WELLNESS COMMITTEE	12
6.5.	DISCIPLINARY ACTION	12
6.6.	COMMUNICATION OF THE POLICY	12
7.	MONITORING AND REVIEW	13
	ANNEXURES AND APPENDICES	14
	RELATED DOCUMENTS	14

UNIVERSITY OF THE WITWATERSRAND

HIV & AIDS POLICY

1. PREAMBLE

- 1.1 This is the second HIV & AIDS Policy for the University of the Witwatersrand (WITS) and is a streamlined and mainstreamed document that aims to bring together national and institutional imperatives, aims, goals and mechanisms under one framing document.
- 1.2 The policy aims to mainstream HIV & AIDS initiatives by locating them within both the healthcare and human rights paradigms and through actively employing education and advocacy programmes to rid the campus of stigma and discrimination associated with or directed towards any members of the community living, working and engaging with HIV & AIDS and/or doing any form of HIV & AIDS care and research.
- 1.3 The University recognises that South Africa and the rest of Southern Africa are experiencing a devastating HIV & AIDS epidemic. HIV & AIDS is a major health problem with employment, economic and human rights implications.
- 1.4 The University recognises that effective strategies will not be possible without visible and resolute institutional leadership. WITS therefore commits to addressing the challenges posed by HIV & AIDS through all aspects of its core business. WITS remains committed to reaching an HIV & AIDS prevalence rate of zero per cent.
- 1.5 This policy is aligned to the following legislation, policies and documents, and should be read in conjunction with them:
 - The Constitution of South Africa (No. 108 of 1996);
 - The Higher Education Act (No. 18207 of 1997);
 - The Compensation for Occupational Diseases and Injuries Act (No. 130 of 1993);
 - The Occupational Health and Safety Act (No. 8 of 1993);
 - The Labour Relations Act (No. 6 of 1995);
 - The Basic Conditions of Employment Act (No. 7 of 1997);
 - The Employment Equity Act (No. 55 of 1998);
 - The Medical Schemes Act (No. 13 of 1998);
 - The Promotion of Equality and Prevention of Unfair Discrimination Act (No. 4 of 2000);
 - The Promotion of Access to Information Act (No. 2 of 2000);
 - National Strategic Plan (NSP) on HIV, STIs and TB (2012 – 2016);
 - The South African National Standard on Wellness and Disease Management Systems (including HIV and TB) (SANS 16001: 2011);

- The Policy and Strategic Framework on HIV & AIDS for Higher Education, July 2012; and
- All other applicable policies, procedures and guidelines of the University of the Witwatersrand.

2. PURPOSE OF THE POLICY

The purpose of the HIV & AIDS Policy is to:

- 2.1 Create and ensure a comprehensive and effective response to HIV & AIDS;
- 2.2 Create a University that is free of stigma and discrimination;
- 2.3 Prevent new infections through combinations of interventions and sustained behaviour change programmes; and
- 2.4 Promote the health and wellbeing of students and employees.

3. GUIDING PRINCIPLES

The following guiding principles provide the foundation for the HIV & AIDS Policy:

- 3.1 Supportive and committed leadership at all levels of the University for driving a strong and sustainable response;
- 3.2 Mainstreaming the response to HIV & AIDS into the core functions and operations of WITS; and
- 3.3 Planning, implementation, monitoring and evaluation of all HIV & AIDS programmes and activities based on a principle of continual improvement.

4. SCOPE OF THE POLICY

- 4.1 This policy will be applicable to all staff as defined by HR policies, staff of service providers, all registered students, and visitors. While this policy may not be enforced on premises outside of the University where Wits staff and students spend time, where possible service level agreements should be entered into to ensure that they apply progressive principles and values which are consistent with the Wits policy on HIV & AIDS. Heads of entities which have students and staff that spend time at off campus premises are responsible for operationalising these agreements in liaison with the Wits Legal Office. While cisnormative pronouns such as his/her are used, the policy applies to the full range of gender identities.

5. GLOSSARY OF TERMS

Words that appear in bold have a specific meaning or definition as explained below. These terms and definitions are aligned with the National Strategic Plan on HIV, STIs and TB 2012 – 2016, adjusted from the HEAIDS 2012 document.

- 5.1 **“Acquired Immune Deficiency Syndrome (AIDS)”** refers to a disease of the human immune system that is caused by infection with HIV and characterized by a reduction in the number of CD4-bearing helper T-cells to 20% or less of normal, thereby rendering the subject highly vulnerable to life-threatening opportunistic infections.
- 5.2 **“Affected person”** refers to a person whose life is changed in any way by HIV & AIDS due to the broader impact of this epidemic.
- 5.3 **“Epidemic”** refers to an outbreak of disease that is in excess of usual prevalence levels.
- 5.4 **“Gender”** refers to a term used to describe the social status of people as men, women, boys, girls or variously transgendered, including characteristics of masculinity and femininity that are learned or chosen.
- 5.5 **“Health system”** refers to a system consisting of all organisations, people and actions whose primary intent is to promote, restore or maintain health. It involves the broad range of individuals, institutions and actions that help to ensure the efficient and effective delivery and use of products and information for prevention, treatment, care and support to people in need of these services.
- 5.6 **“HCT”** refers to HIV counselling and testing.
- 5.7 **“Human Immunodeficiency Virus (HIV)”** refers to a virus that weakens the body’s immune system, ultimately causing AIDS.
- 5.8 **“Infected person”** refers to a person who is infected with HIV, the virus that causes AIDS.
- 5.9 **“Opportunistic infections”** refers to infections caused when the immune system is weakened by HIV, such as TB, pneumonia and others.
- 5.10 **“Peer educator”** refers to a person trained or equipped to train and support another person equal in rank, merit or age.
- 5.11 **“Provider-initiated testing and counselling”** refers to a term used for HIV testing and counselling recommended by a health-care provider in a clinical setting.
- 5.12 **“Psychosocial support”** refers to physical, emotional, economic, moral or spiritual support provided to an individual under any form of stress.
- 5.13 **“Reasonable accommodation”** means any modification or adjustment to a job or the working environment that will enable a person (i.e. employees and students with disabilities which might arise from AIDS related illnesses) to have access to or to participate or advance in education and employment. These measures ensure that persons with disabilities enjoy equal opportunities and are equitably represented in the Wits student and workforce.
- 5.14 **“Sexually transmitted infection (STI)”** refers to infections 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 recognized as belonging in this category.

- 5.15 **“Stigmatisation”** refers to the act of disapproving or condemning someone based on their identity, class, health status, level of ability, education, and many other factors related to social and economic inequality.
- 5.16 **“Universal precautions”** refers to a method of infection control – recommended by the United States Center for Disease Control and Prevention (CDC) – in which all human blood, certain bodily fluids, as well as fresh tissues and cells of human origin are handled as if they are known to be infected with HIV, HBV and/or other blood-borne pathogens.
- 5.17 **“Vulnerability”** refers to external factors that place a person at an increased risk of HIV infection and include, for example, age, gender and income level.
- 5.17 **“Wellness programme”** refers to a programme designed to promote the physical, mental and emotional well-being of a person, including components such as counselling, support groups, nutritional supplements and provision of treatment for opportunistic infections and anti-retroviral therapy.

6. POLICY IMPLEMENTATION

6.1. RIGHTS AND RESPONSIBILITIES OF EMPLOYEES AND STUDENTS AFFECTED AND INFECTED BY HIV & AIDS

6.1.1. Pre-employment and recruitment

- 6.1.1.1. An HIV test and/or disclosure of HIV status shall not be a pre-condition of employment and shall not be required for any occupation or position within the University. No student will be requested to be tested for HIV or to reveal his/her HIV status as part of application for admission.
- 6.1.1.2. Should a dispute arise as a result of an HIV screening test (which might be a requirement of a job) that is requested by the University, the dispute shall be referred to the Labour Court for adjudication.
- 6.1.1.3. Indirect screening methods such as questions in verbal or written form enquiring about previous HIV tests and/or questions related to the assessment of risk behaviour shall not be permitted on application forms or during job interviews.
- 6.1.1.4. WITS will not unfairly discriminate against current and or future students or employees on the basis of their HIV & AIDS status. An employee and/or student living with HIV & AIDS shall not be treated unfairly within the employment/student relationship or within any employment policies or practices, including with regard to:
- Recruitment procedures, advertising and selection criteria;
 - Appointments and the appointment process;
 - Job classification or grading;

- Remuneration, employment benefits and terms and conditions of employment;
- Job assignments;
- WITS environment and facilities;
- Training and development;
- Performance assessment/evaluation systems;
- Promotion, transfer and demotion;
- Employee/student assistance programme;
- Disciplinary measures short of dismissal; and
- Termination of services/study.

6.1.2. *HIV counselling and testing*

6.1.2.1. Voluntary testing for HIV upon request of the employee/student shall be conducted by a suitably qualified person in a University-approved facility. HIV testing shall only proceed if the employee/student submits written consent, which is in accordance with normal medical ethical rules, and with pre- and post-test counselling. All HIV testing shall be provided in accordance with the Department of Health HIV Counselling and Testing guidelines (DoH 2010).

6.1.2.2. There shall be no compulsory workplace testing for HIV & AIDS.

6.1.2.3. Anonymous, voluntary, unlinked prevalence HIV testing in the University may occur, provided it is undertaken in accordance with ethical and legal principles regarding such research. Where such research is done, the information obtained may not be used to unfairly discriminate against individuals or groups of persons. All measures to ensure anonymity and privacy should be maintained.

6.1.2.4. Research in HIV & AIDS may be approved by the University Human Research Ethics Committee (Medical) or the University Human Research Ethics Committee (Non-Medical).

6.1.3. *Confidentiality and disclosure*

6.1.3.1. All employees and students living with HIV & AIDS will have the legal right to confidentiality and privacy about their status.

6.1.3.2. An employee or student is under no obligation to inform the University or any of the staff members of his/her HIV & AIDS status.

6.1.3.3. Should an employee or a student decide to voluntarily disclose his/her HIV status to the University and/or any staff member, this information, no matter how it was obtained, may not be disclosed to others without the employee or student's expressed written consent. In the event where such information was disclosed to third parties without the employee or student's written consent, disciplinary action may be taken by the University.

6.1.3.4. Confidentiality regarding all medical information of all employees and students shall be maintained, unless disclosure is legally required as a requirement of a job or in a criminal case involving rape or sexual assault.

6.1.4. *Employee and student benefits*

6.1.4.1. WITS shall ensure that all employee and student related benefits are non-discriminatory and sustainable.

6.1.4.2. Employees living with HIV & AIDS shall be governed without discrimination by existing sick leave procedures.

6.1.4.3. Students living with HIV & AIDS will not be discriminated against or be refused admission to participate in any student activities, including but not limited to accommodation in a residence, or membership of a sport club and student organisation.

6.1.4.4. Employees living with HIV & AIDS who may become too ill to work will be managed in the same manner as employees with other chronic illnesses according to the WITS agreement on "Inadequate work performance".

6.1.4.5. Wellness screening, counselling and advisory services shall be made available through appropriate services at WITS.

6.1.4.6. A student may not use his/her HIV & AIDS status as the sole reason for failing to perform work, complete an assignment, attend lectures or field trips, or write exams. In the event of illness a valid medical certificate should be provided. If a student becomes too ill to continue with his/her studies, the procedures as indicated in the WITS "Chronic Illness Policy"¹ will be followed.

6.1.5. *Risk management and first aid*²

6.1.5.1. Where there may be an occupational risk of transmitting HIV infection, universal precautionary measures shall be taken to reduce such risk, including clear and accurate information and training to ensure a safe workplace.

6.1.5.2. Employees and students who are exposed to HIV through an occupational exposure shall be offered immediate access to WITS's HIV Post-Exposure Programme (PEP).

6.1.5.3. All first aiders should be equipped with a set of precautionary guidelines, equipment and materials to protect themselves from risk of exposure to infection, including HIV. The first aid training programme should include a module on HIV & AIDS.

6.1.5.4. All employees and students should have access to a set of precautionary guidelines outlining the potential risks of exposure to HIV within the University.

¹ This policy will be obtainable from the Dean of Student's office or website

² This chapter should be read in conjunction with the standard operating procedure on the management of an occupational exposure that is attached to this policy

6.1.5.5. All first aid boxes must contain protective clothing and a blood spill kit for use by the first aider when dealing with cuts and abrasions in order to minimize the risk of HIV transmission. The management of occupational exposure should be followed as indicated in the Standard Operating Procedures for the Management of Occupational Exposure.

6.2. INTEGRATION OF HIV & AIDS INTO THE TEACHING, RESEARCH AND SERVICES ACTIVITIES OF ALL FACULTIES

6.2.1. Teaching

6.2.1.1. WITS should develop graduates with relevant professional and personal HIV & AIDS skills to become leaders in society who are able to address the impact of HIV & AIDS in all communities.

6.2.1.2. HIV & AIDS education will, where appropriate, be incorporated into the curriculum of all faculties.

6.2.1.3. Schools should be required to consider how to achieve integration of HIV & AIDS programme into the curriculum at both undergraduate and postgraduate level.

6.2.1.4. The DVC responsible for Support Services should ensure that all employees in these divisions undertake HIV & AIDS training.

6.2.2. Research

6.2.2.1. WITS has an obligation to provide leadership in combating HIV & AIDS.

6.2.2.2. The University should draft a research, innovation and knowledge management agenda that is linked to the country's specific needs and that will include surveillance and vital statistics; health systems and operations research; research for innovation; and policy, social and public health research.

6.2.2.3. The University should identify and appropriately support strong and relevant institutional research entities and individual researchers focussing on HIV & AIDS research.

6.2.2.4. WITS should develop an evidence-based strategy to support its HIV & AIDS programme.

6.3. PREVENTION, CARE AND SUPPORT

6.3.1. WITS should develop and implement appropriate, innovative and effective HIV & AIDS preventative strategies for all students and employees. These strategies will identify high-risk behaviour and will aim to give students and employees the knowledge to change high-risk behaviour in a sustainable manner.

6.3.2. All employees and students should be provided access to comprehensive prevention programmes across the campus and residences. Elements of the programmes should include:

- HIV & AIDS, STI and TB awareness campaigns;
- HIV counselling and testing programmes;
- Peer education activities;

- Condom, dental dams, femidons etc. use and distribution;
 - Male medical circumcision;
 - Elimination of mother-to-child-transmission;
 - Sexually transmitted infection treatment; and
 - Initial and on-going specific training for students, employees, management and specialised groups.
- 6.3.3. WITS should maximise the opportunities for all employees and students to test for HIV and screen for TB at least annually. Provider-initiated voluntary counselling and testing should be offered to all employees and students accessing the health-care facilities of the University.
- 6.3.4. WITS should strive to build the capacity of Campus Health Services to become an HIV clinic that provides primary health services to ensure all students and employees have equitable access to treatment and wellness services.
- 6.3.5. WITS should develop and implement programmes that ensure the development of physical, cognitive, behavioural, spiritual and psychosocial aspects of wellness. Elements of these programmes should include:
- Provision of and/or access to appropriate nutrition, palliative care, psychosocial support and treatment for opportunistic infections;
 - Access to on-going counselling for the infected and affected employee and student;
 - Syndrome management of STIs;
 - Peer education or support groups;
 - Reasonable accommodation for the employee and or student living with HIV & AIDS; and
 - All reasonable steps to assist employees and students living with HIV & AIDS with referrals to appropriate health, welfare, and psychosocial facilities within the University and community.

6.4. UNIVERSITY WELLNESS FORUM

- 6.4.1. The University Wellness Forum will oversee the implementation of this HIV & AIDS Policy.
- 6.4.2. The University should appoint a person/s that will become responsible for the coordination and implementation of the policy and relevant programmes that will be aimed at all employees and students.

6.5. DISCIPLINARY ACTION

- 6.5.1. The University will take reasonable steps to protect employees and students infected or affected by HIV & AIDS from stigmatisation and discrimination by co-workers and students. Management may institute disciplinary action against employees and students who refuse to work with an

employee and student on the basis of real or perceived HIV status. (Refer to Disciplinary Policy and Procedure³).

- 6.5.2. The University will take disciplinary action against any employee or student that had been entrusted with confidential information in the scope of their employment or studies and have breached such confidentiality.
- 6.5.3. Should disciplinary action be undertaken against an employee or student living with HIV & AIDS, the relevant procedures as stipulated in the Disciplinary Policy and Procedures shall be adhered to.
- 6.5.4. The standard grievance handling procedures as accepted at WITS shall apply to HIV & AIDS related grievances.

6.6. COMMUNICATION OF THE POLICY

- 6.6.1 The University will communicate its HIV & AIDS policies and practices to all employees and students in simple, clear and unambiguous terms. A copy of the policy should be provided to all employees and students during induction and orientation.
- 6.6.2. Reasonable steps will be taken to ensure that the policy is made available in accessible formats such as braille and electronic format, and will be posted on the University's website.
- 6.6.3. The Transformation and Employment Equity Office will ensure that the policy is translated into other official languages in terms of the University's Language policy.
- 6.6.4. Brochures and pamphlets containing basic elements of the policy will be widely distributed during awareness campaigns and activities associated with HIV & AIDS.

7. MONITORING AND REVIEW

- 7.1 The HIV & AIDS Policy should be reviewed every five years. Responsibility for implementation, monitoring and review of this policy will rest with the University Wellness Forum, which will be assisted in this task by the following stakeholders: Transformation and Employment Equity Office, Campus Health and Wellness Clinic and the HIV coordinator/s for staff and students.
- 7.2 The procedures of the HIV & AIDS Policy should be reviewed bi-annually or in the event of a major development that would influence the current policy.

³ This policy is available from the Wits HR Department or the University website

HIV & AIDS POLICY

ANNEXURES

A Standard Operating Procedure for the Management of an Occupational Exposure at Wits

APPENDICES

1 Appointment Letter of First Aider

2 Minimum Contents of a First Aid Box

3 Incident Report

4 First Aid Box Inspection Register

B Standard Operating Procedure for Post Exposure Prophylaxis at Wits

C Standard Operating Procedure for HIV Counselling and Testing at Wits

RELATED DOCUMENTS

- The Constitution of South Africa (No. 108 of 1996);
- The Higher Education Act (No. 18207 of 1997);
- The Compensation for Occupational Diseases and Injuries Act (No. 130 of 1993);
- The Occupational Health and Safety Act (No. 8 of 1993);
- The Labour Relations Act (No. 6 of 1995);
- The Basic Conditions of Employment Act (No. 7 of 1997);
- The Employment Equity Act (No. 55 of 1998);
- The Medical Schemes Act (No. 13 of 1998);
- The Promotion of Equality and Prevention of Unfair Discrimination Act (No. 4 of 2000);
- The Promotion of Access to Information Act (No. 2 of 2000);
- National Strategic Plan (NSP) on HIV, STIs and TB (2012 – 2016);
- The South African National Standard on Wellness and Disease Management Systems (including HIV and TB) (SANS 16001: 2011);
- The Policy and Strategic Framework on HIV & AIDS for Higher Education, July 2012; and
- All applicable policies, procedures and guidelines of the University of the Witwatersrand.

UNIVERSITY OF THE WITWATERSRAND
STANDARD OPERATING PROCEDURE FOR THE MANAGEMENT
OF AN OCCUPATIONAL EXPOSURE AT WITS

1. PURPOSE

- 1.1 The purpose of this document is to describe the process that must be followed if an employee or student comes into contact with bodily fluids during the course of work duties or studies in order to protect the employee or student from becoming infected with a communicable disease.

2. DEFINITIONS

- 2.1 **“Communicable disease”** refers to Tuberculosis (TB), the Human Immunodeficiency Virus (HIV) or Hepatitis A, B, C, or non-A, B, C.
- 2.2 **“Universal precautions”** refers to internationally accepted guidelines for infection control to prevent exposure to bodily fluids. These precautions assume that everyone is potentially infected (and therefore contagious) with a communicable disease. Therefore preventative measures against transmission must be taken at all times during contact with bodily fluids, e.g. use of latex gloves, face masks, goggles, protective clothing, etc.
- 2.3 **“Bodily fluids”** refers to any fluid emanating from a living or recently deceased human body, e.g. blood, urine, sputum, saliva, tears, vaginal fluid, semen, vomit, etc.

3. RESPONSIBILITY**3.1 The Employer**

- 3.1.1. In terms of the Occupational Health and Safety (OHS) Act, No. 85 of 1993, employers must provide a safe working environment and ensure that employees and students adhere to workplace guidelines for infection control.
- 3.1.2. Under the OHS Act the employer has a legal duty to assess the risk of occupational exposure to infection and to take suitable precautions to protect employees, and by extension students. This University function has been delegated to health and safety representatives at WITS. All employees and students who may be operating or studying in environments where there is potential exposure to communicable disease should be identified, trained and provided with protective clothing and equipment.

3.2 The Health and Safety Committee

The Health and Safety Committee must ensure that:

- 3.1.3. One trained first aider is appointed for every 50 employees in the workplace. See Appendix A for an example of an appointment letter;
- 3.1.4. All first aiders must be trained and be in possession of a valid nationally approved First Aid Certificate;
- 3.1.5. A notice must be placed conspicuously to indicate the location of the first aid box;
- 3.1.6. The name of the person in charge of such a first aid box must also be indicated;
- 3.1.7. The contents of the first aid box must contain the items listed in Appendix B;
- 3.1.8. The contents of the first aid box must be checked and missing items replaced once a month, as well as every time the box is used, and
- 3.1.9. External inspection of the box should occur monthly, with sign-off of the Inspection Register.

3.3 *Training*

- 3.3.1 All first aiders, health and safety representatives, student residence staff and campus control officers should receive training on HIV & AIDS transmission, universal precautions, the management of occupational exposure and the HIV & AIDS Policy, including the standard operating procedure.
- 3.3.2 This same training module should be provided to students who may, during the course of their studies, work in an environment where there is potential exposure to communicable disease.
- 3.3.3 University-employed health care professionals should also receive comprehensive training on the Wits HIV & AIDS Policy, including the standard operating procedure. All health care facilities comprising the teaching and training platform of the University, health care professionals and students must observe universal precautions at all times and should ensure that all the employees and students have access to appropriate protective clothing and equipment.

4. **UNIVERSAL PRECAUTIONS**

Universal precautions include the following procedures:

- 4.1 Routinely using barriers (such as gloves and/or goggles) when anticipating contact with blood or bodily fluids;
- 4.2 Immediately washing hands and other skin surfaces after contact with blood or bodily fluids; and
- 4.3 Carefully handling, cleaning and disposing of sharp instruments (e.g. needles and scalpels) during and after use;
- 4.4 Do not recap (re-sheath) or manipulate used needles in any way,
- 4.5 Place sharps (needles etc.) in a designated 'sharps' container,
- 4.6 Use protective barriers (gloves/goggles/eyeglasses/waterproof aprons/waterproof footwear),
- 4.7 Immediately and thoroughly wash hands and other skin surfaces that are contaminated by bodily fluids,
- 4.8 Dispose of materials containing bodily fluids in designated biological/medical hazardous waste repositories and do not place in ordinary refuse or waste streams.

5 PROCEDURE TO FOLLOW TO PREVENT AND MANAGE AN OCCUPATIONAL EXPOSURE TO BODILY FLUIDS

- 5.1 As stipulated by the OHS Act, University health and safety representatives must conduct regular inspections in their allocated areas. With regards to this policy, such inspections should focus on identifying potential risks for transmission of communicable diseases within the University environment.
- 5.1.1 The health and safety representative and the first aider must ensure that a fully stocked and non-expired first aid box is available and accessible to all employees and students in the case of an accident or injury. They must ensure that the contents of the first aid box are monitored and replenished regularly, including checking expiry dates. For the recommended contents of this box, including protective clothing and equipment, see Appendix B. See Appendix D for the Inspection Register.
- 5.1.2 Where there has been use of materials from the box, the first aider should be notified and an incident report should be completed. See Appendix C for an example of an Incident Report form.
- 5.1.3 On an annual basis, all employees and students should receive information and basic training regarding universal precautions when exposed to bodily fluids in order to prevent transmission of communicable diseases.
- 5.1.4 As stipulated in the Universal Precautions above, it should be assumed that everyone is potentially infected (and therefore contagious) with a communicable disease and should be cared for as if this were the case. Likewise, all first responders are assumed to be potentially infectious.
- 5.1.5 The first aider who attends to the injured employee or student should practice universal precautions for infection control at all times.
- 5.1.6 Prior to attending to an injured employee or student, the first aider should:
- Wash his/her hands with soap and water;
 - Cover all cuts and abrasions on his/her hands with waterproof plasters;
 - Protect him/herself with personal protective equipment such as rubber gloves before attending to any injured employee or student;
 - In the event of resuscitation, the first aider must make use of the mouth piece as stored in the first aid box.
- 5.1.7 On completion of the first aid, the first aider should clean up any remaining bodily fluids from the accident or injury. During the cleaning process, the first aider needs to remain in protective clothing. In addition, s/he needs to don disposable rubber household gloves for cleaning up remaining bodily fluids. Cleaning staff may only be requested to clean the accident scene if they have been trained and have access to appropriate protective clothing.
- 5.1.8 The blood spilled area needs to be cleaned and disinfected in accordance with instructions provided in the blood-spill kit in the first aid box.

STANDARD OPERATING PROCEDURE FOR THE MANAGEMENT OF AN OCCUPATIONAL EXPOSURE AT WITS

APPOINTMENT LETTER OF FIRST AIDER



OCCUPATIONAL HEALTH AND SAFETY ACT, NO. 85 OF 1993
FIRST AIDER
GENERAL SAFETY REGULATION 3

(Appointee's Name)

I,.....
designated as the
for
hereby appoint you
as FIRST AIDER.

This appointment will be valid from/...../..... until/...../.....

Your area of responsibility will be:.....

In this you will report to:

For this position you will have the following duties and responsibilities:

- 1. Treat all first aid injuries.
2. Complete the first aid dressing book.
3. Inspect the first aid box on a regular basis.
4. Ensure that the box is not obstructed.
5. Ensure that your name appears on the box.
6. Ensure that your contact details appear on the box.
7. Ensure that the content complies with requirements of General Safety Regulation Annexure.
8. Ensure that the serious injuries are reported to the sister.
9. Ensure that all minor injuries are investigated.
10. Assist the emergency co-ordinator in the event of an emergency.

Be assured of my co-operation at all times.

..... SIGNED Date

..... Signature of CEO Date

ACCEPTANCE

I,..... hereby accept this appointment as detailed above.

..... Signature of Appointee Date

STANDARD OPERATING PROCEDURE FOR THE MANAGEMENT OF AN OCCUPATIONAL EXPOSURE AT WITS

MINIMUM CONTENTS OF A FIRST AID BOX

[ADAPTED FROM THE OCCUPATIONAL HEALTH AND SAFETY ACT AND REGULATIONS (NO. 85 OF 1993), FULL
VERSION, LEXIS NEXIS, 2012]

	ITEMS	INVENTORY AUDIT
Item 1	Wound cleaner / antiseptic (100ml)	
Item 2	Swabs for cleaning wounds	
Item 3	Cotton wool for padding (100g)	
Item 4	Sterile gauze (minimum quantity 10)	
Item 5	1 pair of forceps (for splinters)	
Item 6	1 pair of scissors (minimum size 100mm)	
Item 7	1 set of safety pins	
Item 8	4 triangular bandages	
Item 9	4 roller bandages (75mm x 5m)	
Item 10	4 roller bandages (100mm x 5m)	
Item 11	1 Roll of elastic adhesive (25mm x 3m)	
Item 12	1 Non-allergenic adhesive strip (25mm x 3m)	
Item 13	1 Packet of adhesive dressing strips (minimum quantity 10 assorted sizes)	
Item 14	4 First aid dressings (75mm x 100mm)	
Item 15	4 First aid dressings (150mm x 200mm)	
Item 16	2 Straight splints	
Item 17	2 Pairs large and 2 pairs medium disposable latex gloves	
Item 18	2 CPR mouth pieces or similar devices	
Item 19	An adequate supply of absorbent material for the absorption of blood and other bodily fluids spilled	
Item 20	Disinfectant to disinfect the area after cleaning up blood and other body fluids spilled.	
Item 21	2 Pairs large and 2 pairs medium disposable rubber household gloves.	
Item 22	A suitable sized impervious bag for the safe disposal of blood and other body fluid contaminated biohazard materials	
Item 23	Plastic apron	
Item 24	Protective eye goggles	
Item 25	Disposable mouth and nose masks (special TB)	
Item 26	Pen and 10 blank copies of Incident Report Form	
VERIFICATION COMPLETED BY: _____ (NAME)		
SIGNATURE: _____		
DATE: _____		

Spillage kit

Please note that the first aid box includes a spillage kit: 19 to 25 above.

STANDARD OPERATING PROCEDURE FOR THE MANAGEMENT OF AN OCCUPATIONAL EXPOSURE AT WITS

INCIDENT REPORT

Status:	<input type="checkbox"/> Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other
Outcome:	<input type="checkbox"/> Near miss	<input type="checkbox"/> Injury	
1. DETAILS OF INJURED PERSON			
Name:	_____		Phone: (H) _____ (W) _____
Address:	_____		
	Sex:	<input type="checkbox"/> M	<input type="checkbox"/> F
	Date of birth:	_____	
	Position:	_____	
Experience in the job:	_____ (years/months)		
Start time:	_____		<input type="checkbox"/> am <input type="checkbox"/> pm
Work arrangement:	<input type="checkbox"/> Casual	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time <input type="checkbox"/> Other
2. DETAILS OF INCIDENT			
Date:	_____		Time: _____
Location:	_____		
Describe what happened and how:	_____		

3. DETAILS OF WITNESSES			
Name:	_____		Phone: (H) _____ (W) _____
Address:	_____		

4. DETAILS OF INJURY			
Nature of injury (e.g. burn, cut, sprain)	_____		
Cause of injury (e.g. fall, grabbed by person)	_____		
Location on body (e.g. back, left forearm)	_____		
Agency (e.g. lounge chair, another person, hot water)	_____		
5. TREATMENT ADMINISTERED			
First Aid given	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
First Aider name:	_____		
Treatment:	_____		
Referred to:	_____		

SECTION 6-9 MUST BE COMPLETED BY EMPLOYER

6. DID THE INJURED PERSON STOP WORK?

Yes No If yes, state date: _____ Time: _____

Outcome:

Treated by doctor Hospitalized Workers compensation claim

Returned to normal work Alternative duties Rehabilitation

7. INCIDENT INVESTIGATION (comments to include causal factors):

8. RISK ASSESSMENT

Likelihood of recurrence: _____

Severity of outcome: _____

Level of risk: _____

9. ACTIONS TO PREVENT RECURRENCE

Action	By whom	By when	Date completed

10. ACTIONS COMPLETED

Signed (Manager): _____ Title: _____

Date: _____

Feedback to person involved

Date: _____

11. REVIEW COMMENTS

OHS committee / staff meeting: _____

Reviewed by site Manager (signed): _____ Date: _____

Reviewed by Health & Safety Rep.(signed): _____ Date: _____

*Completed forms should be submitted to Campus Health & Wellness who will submit them to the Compensation Commission as required.

**STANDARD OPERATING PROCEDURE FOR THE MANAGEMENT OF AN
OCCUPATIONAL EXPOSURE AT WITS**

FIRST AID BOX INSPECTION REGISTER

First Aid Box ID No.....

DATE OF INSPECTION	INSPECTOR'S NAME	INSPECTOR'S SIGNATURE	SHORTFALLS	COMMENTS AND CORRECTIVE ACTIONS

STANDARD OPERATING PROCEDURE FOR POST EXPOSURE PROPHYLAXIS AT WITS

1. PURPOSE

- 1.1 To describe the preventative process to follow if an employee or student has been exposed to HIV through either occupational or non-occupational (e.g. rape/sexual assault) exposure.

2. DEFINITION

Words that appear in bold have a specific meaning or definition as explained below.

- 2.1 **"HIV"** refers to the Human Immunodeficiency Virus;
- 2.2 **"Post exposure prophylaxis (PEP)"** refers to the treatment (often medication) given after exposure to an infectious agent to try to prevent infection from occurring;
- 2.3 **"Resource/facility"** refers to resources or facilities where PEP can be obtained, for example Wits Campus Health, a casualty department at a private or government hospital or clinic, a pharmacy and/or through a general practitioner;
- 2.4 **"Non-occupational exposure"** refers to instances where an employee or student may be exposed to HIV through non-occupational contact on all Wits campuses, e.g. rape or sexual assault.

3. RESPONSIBILITY

- 3.1. All health care providers, first aiders, health and safety representatives as well as employees and students should be knowledgeable and trained in HIV transmission, post exposure prophylaxis and the management of occupational and non-occupational exposure.
- 3.2. All employees and students should be knowledgeable on the PEP process and access to PEP treatment and resources.
- 3.3. All potential occupational exposures to HIV should be reported immediately to the Health and Safety Manager for record keeping and for follow up.
- 3.4. Reporting of non-occupational exposures should be handled according to the Wits Sexual Assault Policy.

4. PROCEDURE

4.1. *Prevention of HIV Transmission and Minimisation of Risk*

- 4.1.1. The WITS Health and Wellness Committee should identify the nearest resources for staff and students to obtain post exposure prophylaxis. A list of these resources should be regularly updated and circulated to campus health care providers, first aiders and Health and Safety representatives. This list should be made visible within the university at all times.

- 4.1.2. All employees and students should be informed and educated about PEP and the resources where PEP can be accessed. All employees and students should observe universal precautions (see standard operating procedure for the management of an occupational exposure at WITS - Annexure B) to protect themselves from possible exposure to HIV and other bodily fluids.
- 4.1.3. Sensitisation about consensual sexual relations should be part of induction for students and staff, in accordance with the University sexual harassment and rape policy.

4.2. Procedure for accessing PEP

- 4.2.1. All Wits staff and students who may have been occupationally exposed to HIV should immediately perform the following steps:
- Wash the exposed area with soap and water thoroughly. If mucous membrane exposure has occurred, flush the area with copious amounts of water or saline.
 - Seek qualified medical evaluation as soon as possible to guide decisions on post-exposure prophylaxis and testing.
- 4.2.2. All employees and students who may have been non-occupationally exposed to HIV should follow the procedure as laid out in the Sexual Harassment and Rape Policy of the University⁴.
- 4.2.3. All employees and students who have been exposed to any bodily fluid should be counselled to initiate PEP and should be referred within 24 hours after the exposure/accident.
- 4.2.4. WITS should provide transport to a medical facility if the employee or student is injured during an occupational or non-occupational exposure.
- 4.2.5. At the medical facility, a qualified health professional will assess the potential risk of the exposure and if PEP is required.

⁴ **If you are approached by a student who has been raped/sexually assaulted, please take the following actions:**

DURING OFFICE HOURS: Notify the Sexual Harassment Advisor (717-9144) or the Head of the CCDU (717-9140). They will advise as to appropriate further action. Depending on the nature and extent of the injuries, the individual may be referred to Campus Health or the Milpark Hospital.

AFTER HOURS/WEEKENDS/PUBLIC HOLIDAYS: Notify Head of Residence Life (Cell 082 880 7866).

If Head of Residence Life not available, notify Residence Hall Co-ordinator.

Notify Campus Control 717-4444/717-6666

DEAN OF STUDENTS: to inform appropriate University authorities and ensure that care and support are provided as necessary.

DOCTOR AT CAMPUS HEALTH: To provide immediate emergency care, refer for counselling, follow-up HIV counselling and testing (after window period).

CAMPUS CONTROL: To provide transport for complainant to Milpark, to take a statement from the complainant if required; to call SAPS.

MILPARK HOSPITAL: Medicolegal examination and specimen collection, immediate medical care, post-coital contraception, STI prophylaxis, anti-retroviral therapy, immediate HIV counselling and testing, to prepare crime (evidence) kit, and to provide follow-up.

(Note – Milpark will only retain the crime kit for one month. If during that period the complainant has not laid a criminal charge, the evidence will be discarded).

SEXUAL HARASSMENT ADVISOR: To record the complaint; to provide/facilitate counselling and coordinate internal services, to provide follow-up support.

SAPS: To collect evidence kit from doctor; take a statement; investigate.

- 4.2.6. The employee or student will be requested to undertake an HIV test, which could be either a blood or rapid HIV test. The usual HIV testing and counselling procedures should be practiced.
- 4.2.7. If the employee or the student tests HIV positive, there is no need for PEP. The employee or student would therefore be referred for further HIV management services to either campus or community resources.
- 4.2.8. If the employee or student tests HIV negative, the qualified health professional will prescribe the relevant PEP medication regimen, which must be taken as prescribed for 28 days.
- 4.2.9. During this period of PEP, counselling and support should be offered to the employee or the student in order to assist with compliance with the treatment regimen, as well as minimise potential re-exposure. The resources are: the Employee Assistance Programme for employees and CCDU/Campus Health for students.
- 4.2.10. Those taking PEP should have their HIV status re-tested at the following intervals: 6 –to 12 weeks and then again 6 months after the initial exposure.
- 4.2.11. The occupational accident and the potential exposure to bodily fluids should be recorded in the accident report and accident register of the University.
- 4.2.12. If the employee or student does seroconvert (e.g. test positive for) HIV during any of these testing intervals, management should start with “Injury on duty” procedure and claims as prescribed by management.
- 4.2.13. If the employee or the student tests HIV negative at the 6 month test, the PEP procedure would be regarded as successful and the intervention will be terminated;
- 4.2.14. All of the costs generated from the above mentioned procedure will be covered through the medical aid fund of the employee and /or the student. If the employee or the student does not belong to a medical aid fund, the University should be responsible for all costs incurred.

STANDARD OPERATING PROCEDURE FOR HIV COUNSELLING AND TESTING AT WITS

1. PURPOSE

- 1.1 To provide guidance to ensure standardised, high quality and ethical HIV counselling and testing services to all employees and students at Wits University.

2. OBJECTIVES

- 2.1 Every employee and student at Wits should be knowledgeable about their HIV status and should be encouraged to develop a behaviour pattern of testing for HIV on an annual basis.

3. DEFINITIONS

Words that appear in bold have a specific meaning or definition as explained below.

- 3.1 **"HIV"** refers to the Human Immunodeficiency Virus;
- 3.2 **"HCT"** refers to HIV counselling and testing.

4. RESPONSIBILITY

- 4.1 The University, through the University Wellness Forum, shall make provision for regular HIV Testing and Wellness Day campaigns for students and employees.
- 4.2 All employees and students should be knowledgeable about their rights and responsibilities as outlined in the HIV & AIDS Policy, as well as their HIV status.
- 4.3 The Campus Health and Wellness Centre (CHWC) should provide on-site HIV counselling and testing to all employees and students.
- 4.4 Provider-initiated counselling and testing should be offered to all staff and students who access the CHWC.
- 4.5 The results and findings of these testing campaigns should be monitored and evaluated by the Health & Wellness Committee and the final results should be provided to the Senior Executive Management (SET). SET should monitor these results to determine further interventions.
- 4.6 All Employees and students infected with HIV and who do not belong to a medical fund should be referred to the local community government clinics to access HIV treatment, care and support.
- 4.7 Employees and students who belong to a medical fund should be referred to the appropriate fund to access HIV benefits as offered by the medical fund.

5 ETHICAL PRINCIPLES

HIV counselling and testing should always be based on the following ethical principles:

5.1 Counselling

5.1.1 All counselling and testing should be conducted by an appropriately trained and qualified health practitioner in accordance with the national Department of Health's Guidelines on HCT. Pre- and post-test counselling should always be provided regardless of the test result.

5.2 Written informed consent

5.2.1 HIV testing should always be voluntary and free of coercion. All employees and students should be given the choice of taking the HIV test, and should give consent in writing.

5.3 Appropriateness

5.3.1 Counselling and testing should be appropriate and sensitive to employees' and students' circumstances, including culture, language, sex, sexual orientation, age and reason for testing.

5.4 Confidentiality and privacy

5.4.1 All employees and students should be assured of the confidentiality of their test results and the systems of record keeping. No HIV testing results may be added to any public record pertaining to the student or employee.

5.5 Non-discrimination

5.5.1 All employees and students will be treated, regardless of the outcome of the testing, in a non-discriminatory manner and in accordance with all humanitarian rights as outlined in the Constitution.

5.6 Infection control

5.6.1 All medical, nursing and other staff should always practice universal infection control procedures in the management and testing of all employees and students, regardless of their HIV status.

6 THE HIV COUNSELLING AND TESTING PROCEDURE

6.1. HIV testing and counselling may be provided in the following conditions:

6.1.1. The employee/student may approach the above mentioned resources and voluntarily request an HIV test.

6.1.2. Provider initiated testing will be offered to all employees and students if they visit the clinic due to illness or regular check-ups.

6.1.3. It is recommended that HIV testing should always be offered together with health risk assessments, for example TB, Cholesterol, Glucose, and during wellness campaigns for employees and students.

6.2. Pre-test counselling

6.2.1 All employees and students should attend a pre-test individual counselling session in a private and confidential venue with a health professional. The individual counselling session should address the following:

- The transmission and prevention of HIV;
- Information about the actual HIV testing process;
- Confidentiality and Privacy;
- WITS HIV & AIDS Policy;
- Services and products available if the employee/student should test HIV positive;
- Discuss specific issues of uncertainty and or risk assessment as well as the possibility of being in the window period;
- Based on the above information the employee and student should make an informed decision whether to opt out or to be tested for HIV;
- The health care provider should obtain written, informed consent to conduct the HIV test.

6.3. HIV testing

6.3.1. All health care providers who administer and conduct HIV testing and counselling should receive compulsory training to ensure adherence to the standard operating procedure, utilisation of approved testing kits and quality assurance of the HIV testing.

6.3.2. If the HCT is outsourced by the University, then the service level agreement between the University and the service provider should clearly indicate the requirements mentioned above.

6.3.4. If the screening indicates a HIV negative test result, the health care provider should provide counselling and encourage the individual to repeat the test after three months, highlighting the possibility that the window period could provide a false negative test result.

6.3.5. If the screening indicates an initial HIV positive result, a confirmation test should be completed as prescribed by national testing guidelines. Only if the confirmation test also indicates a positive result will this result be communicated to the individual.

6.4. Post-test counselling

6.4.1. All employees and students should, regardless of the outcome of the HIV test, be offered and provided with appropriate post-test counselling.

6.4.2. Great care should be taken to ensure that the individual understands all aspects of the testing process and the outcome of the testing results.

6.4.3. All employees and students who tested HIV negative should receive appropriate post-test counselling. They should be encouraged to repeat the test within three months to exclude the

possibility of a false negative test during the window period. They should also be encouraged to practice safe sex during this period.

- 6.4.4. All employees and students who tested HIV positive may be given their HIV results and comprehensive information regarding the resources available to them in the University and/or community.
- 6.4.5. All employees and students who tested HIV positive and belong to a medical aid may be referred to their General Practitioner for follow up testing, treatment, care and support. Individuals not covered by a medical fund may be referred to the nearest community HIV & AIDS Health Care Centre for treatment, care and support.
- 6.4.6. In the event of a wellness campaign and the University appointing a service provider to conduct the HCT, the service provider should be provided with a copy of this procedure. All service level agreements for HCT should be based on this procedure.
- 6.4.7. On completion of the HIV counselling and testing campaign, the service provider should report on the results of the campaign within seven working days.
- 6.4.8. Employees and students who do not wish to participate in the University's HIV counselling and testing on-site programme, should be encouraged to participate in an off-site testing programme in the community.
- 6.4.9. All HCT statistics should be provided to the University Wellness Forum on a quarterly basis and should be monitored and evaluated by the HIV & AIDS Coordinator against the University's intervention plan in order to ensure continuous improvement.