



BISHOPS

POLICY GUIDELINES ON HIV/AIDS

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POLICY STATEMENT

Bishops strives to deal with the impact and threat of HIV / AIDS by:

1. Providing full and adequate information about the disease to all pupils, staff and interested parents.
2. Empowering pupils, by the furtherance of the Christian ethos, and through education, to prevent the transmission of HIV
3. Providing reasonable safeguards to prevent exposure to the virus by the provision of universal precautions in classrooms and on the sports field.
4. Making available confidential, voluntary counselling and testing to pupils and staff for early detection of HIV infection in order that progression to AIDS be prevented by early and appropriate treatment.
5. Ensuring that there is no discrimination against pupils or staff with HIV/AIDS by providing a policy, based on constitutional rights and guarantees, which will be reviewed regularly by the HIV/AIDS Action Committee in conjunction with appropriate experts.
6. Teaching pupils about appropriate lifestyles, with particular reference to abstinence, in the context of the school's faith and its Statement on Spirituality. In particular the school's position is that individuals should abstain from sexual intercourse until marriage, be faithful to one partner in marriage and use condoms within a marriage as an agreed option by the couple.

HIV / AIDS POLICY

The Bishops Policy on HIV/AIDS is based on the draft National Policy on HIV/AIDS that was published as a General Notice in the Government Gazette dated 11 December 1998.

This policy has been written in keeping with international standards and in accordance with education law and the constitutional guarantees of the right to basic education, the right not to be unfairly discriminated against, the right to life and bodily integrity, the right to privacy, the right to freedom of access to information, the right to freedom of conscience, religion, thought, belief and opinion, the right to freedom of association, the right to a safe environment, and the best interests of a child.

1. Definitions.

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.

“Bishops” is taken to include the Pre-preparatory School, Preparatory School and the College of the Diocesan College,

“The School” is taken to mean Bishops.

“HIV” means the human immune deficiency virus.

“AIDS” means the acquired immune deficiency syndrome, that is the final phase of HIV infection.

“Universal precautions” refers to the concept used worldwide in the context of HIV/AIDS to indicate the standard infection control procedures of precautionary measures aimed at the prevention of HIV transmission from one person to another and includes instructions concerning basic hygiene and wearing of protective clothing such as rubber gloves.

“Staff members” refers to all individuals employed by Diocesan College and includes educators, administrative staff, support staff, sports coaches and stooges.

2. Introduction.

AIDS is a disease caused by infection with the HIV. The HIV is spread only when an adequate amount of infected body fluid enters the bloodstream of a non-infected person.

The dominant modes of transmission of the HIV are:

1. unprotected penetrative sexual intercourse where the exchange of bodily fluids takes place;
2. through the accidental or deliberate shared use of HIV-contaminated needles or skin cutting instruments (in and out of health care settings);
3. from infected mothers to unborn infants;
4. through transfusion of infected blood or blood products.

Since the HIV cannot be contracted through the more usual work-place or study contacts, the School views a person infected with HIV as it does any healthy person and it views a person with AIDS as it does a person with any other chronic illness or disability. The School's policies that apply to life threatening diseases (see addendum) apply to all staff members with AIDS.

3. HIV / AIDs and the School's Statement on Spirituality.

The School's Statement on Spirituality and the Christian values which the School community espouses, are to be regarded as integral to this policy document. In particular the School subscribes to the notion, which conforms with Christian principles, that the only safe form of prevention of infection by the HIV/AIDS virus during sexual intercourse, is to abstain from sex before marriage. This will continue to be the main theme in the school's HIV/Aids and sex education drive. Conversely the school also recognises that where a pupil or indeed a member of staff has become infected, it has a Christian obligation to deal with that person in a caring and compassionate way. This requirement is echoed by the legal requirements of our constitution

4. Non-discrimination and equality with regard to pupils and staff members with HIV/AIDS.

No pupil or staff member with or perceived to have HIV/AIDS may be unfairly discriminated against.

Pupils and staff members with HIV/AIDS should be treated in a just, Christian, humane and life-affirming way, taking into account the fears, objections and the rights of all parties affected - a fair and balanced stance is necessary in the interest of the school community.

Any special measures required in respect of a pupil or staff member with HIV should be fair and justifiable in the light of medical facts, school conditions, and must be financially feasible, considering a balancing of interests of the pupil or staff member with HIV/AIDS and those of other pupils or staff members, and their parents.

5. HIV/AIDS testing: the admission of pupils to Bishops and the appointment of staff members.

No pupil may be denied continued attendance at the school on account of his HIV/AIDS status or perceived HIV/AIDS status.

No staff member may be denied the right to be employed or to be promoted on account of his or her HIV/AIDS status or perceived HIV/AIDS status. HIV/AIDS status may not be the reason for dismissal of a staff member.

Pupils with HIV/AIDS are expected to attend classes in accordance with school requirements for as long as they are able to function effectively.

If and when pupils with HIV/AIDS become incapacitated through illness, or pose a risk to others at the school, the school should make academic work available to them for study at home and parents should, where practically possible, be allowed to educate their children at home, at the request of parents. All such arrangements are to be made by the parent in conjunction with the boys' Housemaster.

6. Voluntary HIV Counselling and Testing.

The school will facilitate the provision of voluntary, confidential HIV counselling and testing to pupils and staff. The details of this are provided in an addendum to this policy.

7. Disclosure of HIV/AIDS-related information and confidentiality.

No pupil (or parent on behalf of a pupil), or staff member, may be compelled to disclose his or her HIV/AIDS status to the school.

Genuine voluntary disclosure of HIV/AIDS is welcomed and encouraged. In the event of voluntary disclosure, it may be in the best interests of a pupil with HIV/AIDS if a member of the School's Executive Committee is informed of his/her HIV/AIDS status, either by the pupil or by the pupil's parent(s).

A person to whom any information about the medical condition of a pupil or staff member with HIV/AIDS has been divulged is expected to keep this information confidential. Disclosures to third parties may nevertheless be authorized with the informed consent of the pupil (if the pupil is above the age of 14 years), or his/her parents, or by the written consent of the staff member, or as is justified by statutory or legal authorization, or necessity, as would be in the case of an emergency.

8. Safe environment at Bishops.

Bishops 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.

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.

Blood, especially in large spills (such as from nosebleeds) should be handled with extreme caution.

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 the school Sanatorium to be assessed by the Sister.

If there is a biting or scratching incident where the skin is broken, the wound should be washed thoroughly with running water and disinfectant.

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.

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.

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.

Blood splashes on the face (mucous membranes of eyes, nose or mouth) should be flushed with running water for at least three minutes.

Skin exposed accidentally to blood should be cleaned promptly with water and disinfectant, in every instance.

If blood has contaminated a surface, that surface should be cleaned with 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 in similar fashion.

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 Sister.

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.

First-aid kits should be available on the school premises. Details of the content, location and use of these First Aid Kits is included in an addendum to this document.

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.

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 where latex or rubber gloves are not available, and
- Common household bleach for use as disinfectant, diluted one part to nine parts water (1:9 solution) made up as needed

All pupils and staff members should be given appropriate information and training on HIV transmission, the application of universal precautions and the importance of adherence thereto.

Pupils 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.

9. Prevention of HIV transmission during play and sport.

Considering:

The risk of HIV transmission as a result of contact play and contact sport is generally insignificant.

The risk increases where open wounds, sores, breaks in the skin, grazes, open skin lesions or mucous membranes of pupils and staff members without HIV are exposed to infected blood.

Certain contact sports (such as rugby and judo) may represent an increased risk of HIV transmission.

Adequate wound management, in the form of the application of universal precautions is essential to contain the risk of HIV transmission during contact play and contact sport.

Therefore:

No pupil may participate in contact play or contact sport with an open wound, sore, break in the skin, graze or open skin lesion.

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.

Soiled clothes must be changed.

The same precaution should be applied to injured staff members and injured spectators.

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.

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.

10. Education on HIV/AIDS at Bishops.

The primary responsibility for sex education in general and more particularly HIV/AIDS education and prevention measures rests with a pupil's parents and family and the School could never, nor should it ever, attempt to act as a substitute or assume the responsibility of the parents in that regard. The School's role in sex and HIV/AIDS education is a complementary one only.

A continuing HIV/AIDS education programme must be implemented for all pupils and staff members.

Age-appropriate education on HIV/AIDS must form part of the curriculum for all pupils and should be integrated in the life-skills education programme for pre-primary, primary and secondary school pupils. This should include the following:

- Providing information on HIV/AIDS in South Africa and developing the life skills necessary for the prevention of HIV infection;
- Providing information on appropriate prevention and avoidance measures particularly abstinence from sexual intercourse, but also the use of condoms and the application of universal precautions;

- Inculcating, from an early age onwards, basic first-aid principles, including how to deal with bleeding;
- Emphasizing the role of alcohol, drugs, sexual abuse and violence in the transmission of HIV;
- Encouraging pupils 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 community service organisations and other disciplines;
- Teaching pupils how to behave towards individuals with HIV/AIDS; and
- Cultivating an enabling environment and a culture of non-discrimination towards persons with HIV/AIDS.

Education and information regarding HIV/AIDS must be given in an accurate and scientific manner and in language and terms that are understandable.

11. Duties and responsibilities of pupils, staff members and parents.

Pupils and staff members should respect the right of other pupils and staff members.

The ultimate responsibility for a pupil's behaviour rests with his or her parents. Parents of all pupils:

- Are expected to require pupils to observe all rules aimed at preventing behaviour which may create the risk of HIV transmission;
- 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.

It is recommended that a pupil or staff member with HIV/AIDS and his or her parent, in the case of pupils, should obtain medical opinion to assess whether the pupil or staff member, owing to his or her condition or conduct, poses a medically recognized significant health risk to others. If such a risk is established, the Headmaster of the school and the Chairman of Council must be informed. The Headmaster of the school, after

consulting with the Chairman of Council, must take the necessary steps to ensure the health and safety of all the other pupils and staff members.

Staff members have a particular duty to ensure that the rights and dignity of all pupils, and other staff members are respected, protected and promoted.

12. Refusal to study with or teach a pupil with HIV/AIDS or to work with a staff member with HIV/AIDS.

Refusal to study with a pupil or to work with a staff member with or perceived to have HIV/AIDS should be pre-empted by providing accurate and understandable information on HIV/AIDS to all staff members, as well as to pupils and their parents.

Nevertheless, pupils who refuse to study with a fellow pupil, or staff members who refuse to work with a fellow staff member or to teach a pupil with or perceived to have HIV/AIDS, should be counselled.

The situation should be resolved by the Headmaster and, if necessary, with the assistance of Council, in accordance with the principles contained in this policy.

13. The HIV Action Committee.

The HIV Action Committee has been established to advise the School's Executive and Council on matters relating to HIV/AIDSs at Bishops.

This committee will meet from time to time to review the school's HIV / AIDS Policy and make recommendations to the School's Executive and Council on HIV management issues and matters relating to HIV education at Bishops.

The committee responsible for drafting his policy consisted of: Dr Martin Bailey, Dr Ann Cooper, Dr Roy Leaver, Mr Henry Stubbings, Ms Cheryl Douglas and Mr Jason Bantjes, in consultation with other HIV / AIDS specialists.

BISHOPS HIV/AIDS VOLUNTARY COUNSELLING AND TESTING PROGRAMME

INTRODUCTION

The most important aspect of the “know your status” campaign at Bishops is the opportunity this provides both for counselling and, in the face of a negative test result, for motivating the person to modify any at-risk behaviour and to adopt preventative measures as necessary.

In the unfortunate event of a positive result, early and appropriate lifestyle modification, prophylaxis and treatment, when indicated, can be initiated to improve quality of life.

Testing for HIV infection requires written informed consent and must include pre and post-test counselling. If the person is younger than 14 years the consent of a parent or guardian is required. The cost of the test will be borne by the pupil, parent or staff member .

Success of this programme depends on adequate counselling by persons specifically trained in HIV counselling. All persons should have been to an accredited HIV counselling course. Adequate time must be given to the counselling session and, as part of the documentation, a checklist could be included. The post-test counselling (especially in negative results) is just as important as the pre-test counselling in terms of HIV education and changing of at-risk behaviour.

Post-test counselling in the case of a positive result (screening and confirmatory) is an ongoing process.

BACKGROUND INFORMATION TO TESTING

AIDS (Acquired Immunodeficiency Syndrome) is caused by one of two retroviruses, HIV-1 and HIV-2, together called HIV. HIV is transmitted mainly by sexual contact, needle sharing by intravenous drug users, exposure to blood and blood products, eg blood transfusions, open wounds, or from an infected mother to her foetus. Initial infection is followed by seroconversion which manifests as a flu-like illness, often with a rash. The person may then be asymptomatic for years before symptoms of HIV and eventual full-blown AIDS occurs.

Antibodies specific for HIV are prevalent in sera (blood) from HIV infected persons. Antibodies binding to antigen are the basis for HIV testing. Some rapid tests use genetically engineered designer proteins as antigens. These highly antigenic specific antigens (epitopes) of HIV-1 and HIV-2 prevent non-specific antibody binding and are therefore very sensitive and specific. The reliability of a test depends on the sensitivity and specificity and need to be near 100%. The sensitivity of a test is the ability of the test to detect truly infected people (ie no false negatives) whereas the specificity is the ability to identify all non-infected individuals (ie no false positives).

- SCREENING tests need to be highly SENSITIVE.
- CONFIRMATORY tests need to be highly SPECIFIC.

ELISA assay test kits have been designed to maximise sensitivity, but the specificity has improved in parallel.

In individuals regarded as low risk the very rare possibility of a false positive must be borne in mind.

If the initial rapid screening test is positive a confirmatory test must be done to support this. It is suggested that this be done by an independent laboratory on venepuncture blood by a test method different to the screening method - ie first, second or third generation ELISA assay or Western Blot.

After initial infection by the HIV virus it can take two to eight weeks, or even longer, for antibodies to be detected and therefore the so-called window period is very important. Therefore a negative test immediately following an at-risk incident needs to be followed by repeat test at 8 to 12 weeks and again at 6 months. Very expensive specific PCR tests can be positive at about two weeks but false positives are a problem here.

HIV TEST OPTIONS

- **RAPID SALIVA TEST (eg OroQuick)** are at present only useful in surveillance testing (prevalence studies) although their reliability is improving.
- **RAPID BLOOD TESTS** from finger-prick blood are available for screening and confirmatory tests.

Advantages:

- a. Confidentiality assured (1 stop 1 person involved). This is especially important in a school setting for pupils.
- b. Technically easy, eg "Softclix" devices for finger prick blood are easy and safe for user.
- c. Cheaper.
- d. Results available in less than 20 mins.

Disadvantages:

- a. Not as legally watertight or independent.
- b. A potential problem is that at present, by law, (Health Professional Council), only doctors and nursing staff may take blood samples. However, this is being reviewed at present and if the law changes the possibility of a specifically trained person doing counselling and sample taking is envisaged.
- c. A wide range of rapid blood screening tests are available, eg Determine (Abbott), Whitestar, Gaifor (instant and confirmatory), Smartcheck, Humor, Serocon.
- d. Reliability (sensitivity and specificity), cost (price range R10-R40 per test) and ease of use are considerations.

Possible combinations are:

Screening

Confirmatory

Determine

Gaifor Instant

Determine

Smartcheck

Gaifor Instant (possible dilution problems) Gaifor Confirm

• **LABORATORY BLOOD TESTS ON VENEPUNCTURE BLOOD**

These are normally Elisa based and can be for screening and then confirmatory (different method). Results are available in about 24 hours.

Advantages:

- a. They are legally "independent".
- b. Cooling off" time between counselling and testing and result.

Disadvantages:

- a. Decreased "confidentiality" as there is more than one person involved (visiting school sanatorium for blood sample).
- b. Possibly more expensive.

- **LABORATORY SALIVA ANTIBODY TEST** (ORASHURE methodology)

The HIV director of the Unicity, Dr Pren Naidoo will also submit a proposal whereby rapid tests, expertise and documentation will be supplied by them in exchange for statistics which will be collated under the central Cape Town district (not specific to the school). This scheme is already running at UCT and the Cape Technikon.

Pathcare Laboratory (Dr Pierre Schoeman) has put forward a proposal which involves laboratory screening, if necessary laboratory confirmatory and additional laboratory tests as a package. The Pathcare laboratory proposal is for a buchal saliva test (Orashure methodology). This involves a buchal swab of saliva (transudate) which is put into a specially buffered transport medium for delivery to the Pathcare laboratory (stable for 21 days).

The buchal saliva (easy to take) contains HIV antibodies as in blood sera and the usual Elisa test can be done to determine whether the person is HIV positive. We are assured that the sensitivity and specificity is near 100%. This appears ideal in the school pupil situation and appears to cover all requirements:

- high sensitivity and specificity
- confidentiality maintained (counsellor takes swab (one stop)
- ease of collection
- relatively inexpensive (approx R70 per test)
- more watertight legally as independent lab
- cooling-off period (24 hours)

In summary, possible options are:

1. Initial rapid (sera) if negative, post-test counselling
2. Initial rapid (sera) if positive, confirmatory rapid or laboratory confirmatory
3. Initial laboratory (sera) if negative post-test counselling
4. Initial laboratory (sera) if positive laboratory confirmatory
5. Initial laboratory Orashure (saliva) if negative post-test counselling
6. Initial laboratory Orashure (saliva) if positive laboratory confirmatory on venepuncture blood.

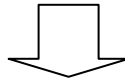
Orashure methodology laboratory test by Pathcare appears to be the most suitable option in this setting (pupils) and satisfies most of the requirements.

Schematic representation of procedure, assuming that the laboratory saliva test is used:

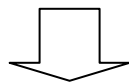
Pupils decides he/she wants to be tested.
Makes an appointment with the School Counsellor.
Receives pre-test counselling.
If over the age of 14, signs a consent form. If under the age of 14 parents must sign the consent form.



School Counsellor takes a buchal saliva swab, labels and identifies specimen (coded for confidentiality). Cost R70 paid by pupil.
Specimen sent to Pathcare Laboratory for testing.



POSITIVE RESULT ON INITIAL TEST	NEGATIVE RESULT
<ul style="list-style-type: none"> ▪ Referred to School Doctor for venipuncture confirmatory testing. ▪ Post test Counselling. 	Post test Counselling. If appropriate recommend follow-up test 8- 12 weeks later.



POSITIVE RESULT ON CONFIRMATORY TEST	NEGATIVE RESULT
<ul style="list-style-type: none"> ▪ Post test Counselling. ▪ With pupil's consent (if he is 14 years or older) inform parents / help pupil reach a position where he/she can tell their parents. In cases where the pupil is under 14 there is an obligation on the part of the school 	Post test Counselling.

<p>to inform his parents of the result of the test.</p> <ul style="list-style-type: none">▪ Arrange medical referral so that assessment can be made.▪ Regular follow-up counselling to treat adjustment disorder and encourage compliance as necessary.	
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ADMINISTRATIVE MATTERS PERTAINING TO VCT:

To ensure proper administration of the VCT programme, it is essential that the following measures be put in place:

Pre-test counselling checklist

Consent Form

Record Book

A detailed procedure for getting specimens to the lab and results returned.

UNIVERSAL PRECAUTIONS FOR BLOOD SPILLS

Universal precautions box

Universal precautions boxes should be available in all classrooms, teaching venues and buses. The contents of these boxes are to deal with blood spills so as to prevent accidental contact with blood products, they are not intended for use as First Aid Kits. All injured persons who require First Aid should report to the Sanatorium Sister to receive medical attention.

The contents of these boxes should include:

- Surgical gloves (6)
- Gauze Swabs (10)
- Micropore (12mm X 3m roll)
- Paper towel (12 sheets)
- Cotton wool swabs
- Normal saline solution in spray bottles
- Large absorbant swab on bandage
- Plastic bag for disposing of blood contaminated items.

These items will be packaged in a plastic “ice cream” box and labelled. The box will contain instructions that all injured persons are to report to the Sanatorium to be assessed by the Sister on duty.

Once a box has been used it should be returned to the Sanatorium for re-packing.

Once every six months these Universal Precaution Boxes should be inspected by the School’s Health and Safety Officer.

Environmental Containment.

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.

All blood spills should be reported to the School’s Health and Safety Officer.

BISHOPS POLICY ON LIFE THREATENING DISEASES

This policy is applicable to all employees.

Bishops is committed to maintain a healthy work environment by protecting the physical and emotional health and well being of all its employees in the work place. The school is committed to assisting employees who have contracted life threatening diseases which include, amongst others, cancer, heart disease, tuberculosis, chronic obstructive airways disease and HIV/AIDS. Recent developments have made it necessary to set out a formal policy on this issue.

1. OBJECTIVES

This policy aims to:

- provide guidelines to manage employees and or situations where an employee has contracted or as in the case of AIDS is suspected of having contracted the HIV virus or a life threatening disease.
- protect the rights of employees who are diagnosed with a life threatening disease.
- establish procedures for training, education and recruitment
- clarify the position with regard to how medical aid, pension fund and disability benefits are affected.
- promote the safety and health of employees at work and create a working environment consistent with such objectives.

2. PRESENT EMPLOYEES

Bishops acknowledges that continued employment (as far as may be practical and appropriate) of an employee with a life threatening disease may sometimes be therapeutically important in the remission or recovery process or may help prolong the employee's life. The school acknowledges that employees who have a life threatening disease may be able to continue working for a number of years.

In order to facilitate the objectives of this policy, employees who have a life threatening disease are requested to volunteer information on their condition to HR management as soon as possible. Such information will be treated in confidence. For as long as employees are able to meet acceptable standards of work performance and work attendance and subject to medical opinion indicating that their condition is not a threat to others, treatment of those affected with a life threatening disease will be treated sensitively.

The school has the obligation to provide a safe working environment for all employees. The school will take all reasonable steps to ensure that an employee's condition does not present a health and or safety threat to other employees.

Consistent with the School's concern for employees with a life threatening disease a commitment is made to offering:

- advice on the rights of afflicted employees;
- referral to medical and other resources, such as counselling services; and
- consultation on conditions of employment to assist employees in managing their illness from the point of view of their employment.

The diagnosis of a life threatening disease will be treated as strictly confidential between the School and employee.

Once an employee contracts a life threatening disease, the impact of the illness on his her ability to perform his or her job will be assessed. If the employee is not longer able to work, the normal sick leave or ill health retirement regulations as applicable will be applied, subject to the item on Benefits.

The school reserves the right to require an examination by specialist or medical practitioner appointed by the school in order to assess the appropriateness of the employee remaining at work. A diagnosis need not be given; the important information is to the effect of an employee's illness has on his her ability to work as well as the threat, or lack thereof, to colleagues or pupils.

3. LEGAL ASPECTS

The school undertakes to approach the question of an employee who is affected with a life threatening disease in terms of the law of contract, fair and reasonable practices and equity in balancing the interests of the affected employee, the school and other employees. The implementation of this policy is subject to the overriding requirements of legislation.

4. RECRUITMENT

Many factors are taken into account in the selection of suitable applicants. The medical criterion for employment is fitness to fulfil the job requirements. The selection process does not include a medical examination designed to screen applicants in a cost effective manner.

The school reserves the right to require short listed applicants for all positions to be medically tested for potential life threatening diseases.

As is normal practice, the application form will require new employees to respond to the question: "Do you have any chronic ailment, disability, disease, sickness or any other medical condition that might possibly affect your attendance and or work performance? (If yes, please give full details)" The applicant will be considered on the basis of his/her suitability for the position applied for, taking into consideration his/her medial fitness. Where the applicant deliberately misinterprets the true situation on the application form, the contract of employment may be subject to the normal legal consequences of such misrepresentation.

5. EMPLOYEES AT RISK

Certain employees such as first aiders or employees in charge of the first aid box, may be at minimal risk of being infected by a life threatening disease when required to administer first aid. The risk can be avoided by taking the prescribed precaution and following infection control procedures.

6. BENEFITS

Life threatening disease sufferers will, for as long as this is possible, be treated in terms of the provisions of the existing benefits. This position may be altered by the respective underwriters of the employee benefit schemes, should the impact of the claims of life threatening diseases be of such a scale as to render such action necessary. The School undertakes to do all that is reasonable within its power to look for schemes that offer suitable benefits and protection when this is required, taking cognisance of the interests of the School and all its employees.

7. HIV/AIDS

Where employees request to be tested for HIV, the employee will be advised where confidential counselling will be made available. Where such an employee is not a member of the medical aid scheme, the costs of testing will be borne by the individual.

Testing for HIV will only be undertaken on a voluntary basis with the informed consent of the employee.

Should a job performance problem or attendance record indicate that testing for HIV is recommended, the employee will obtain counselling in this regard. Such tests will be paid for by the School.