



CEDARWOOD SCHOOL HIV/AIDS POLICY

This policy must be read in conjunction with the POPIA Manual

Purpose of this Policy:

This policy works in conjunction with the National Policy on HIV Aids and all incidents should be treaded by a First Aider who has a valid First Aid Certificate on file.

1. A SAFE SCHOOL AND INSTITUTION ENVIRONMENT

- 1.1 All schools and institutions should implement universal precautions to effectively eliminate the risk of transmission of all blood-borne pathogens, including HIV, in the school or institution environment.
- 1.2 The basis for advocating the consistent application of 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 should be treated as such. All blood, open wounds, sores, breaks in the skin, grazes and open skin lesions, as well as all body fluids and excretions which could be stained or contaminated with blood (for example tears, saliva, mucus, phlegm, urine, vomit, faeces and pus) should therefore be treated as potentially infectious.
 - 1.2.1 Blood, especially in large spills such as from nosebleeds, should be handled with extreme caution and the First Aider needs to adhere to the First Aid training (Plastic Gloves).
 - 1.2.2 Person who accidentally been exposed to blood should be cleaned promptly with water and disinfectant (for instance bleach or Milton), 2% glutaraldehyde (for instance Cider), organic iodine, or 70% alcohol (for instance ethyl alcohol or isopropyl alcohol).
 - 1.2.3 All bleeding wounds, sores, breaks in the skin, grazes and open skin lesions should be cleaned immediately.
 - 1.2.4 If there is a biting or scratching incident where the skin is broken, the wound should be washed thoroughly with running water and disinfectant.
 - 1.2.5 Blood splashes to the face (mucous membranes of eyes, nose or mouth) should be flushed with running water for at least three minutes.
- 1.3 The risk of transmission of HIV in the day-to-day school or institution environment in the context of physical injuries, can be effectively eliminated by following standard infection-control procedure or precautionary measures (also known as universal precautions - see Section 3) and good hygiene practices under all circumstances. This would imply that in situations of potential exposure, such as in dealing with accidental or other physical injuries, or medical intervention on school or institution premises in case of illness, all persons should be considered as potentially infected and their blood and body fluids treated as such.

We therefore request all parties involved in any such situation go for the necessary testing within 24 hours of such an occurrence.

- 1.4 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.
- 1.5 Cleansing and washing 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.
- 1.6 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.
 - 1.6.1 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 which 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.
 - 1.6.2 Blood-contaminated material should be sealed in a plastic bag and incinerated or sent to an appropriate disposal firm.
 - 1.6.3 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.
2. **All schools and institutions should ideally have available at least two first-aid kits, each of which contains the following:**
 - 2.1 Two large and two medium pairs of disposable latex gloves;
 - 2.2 Two large and two medium pairs of rubber household gloves for handling blood-soaked material in specific instances (for example when broken glass makes the use of latex gloves inappropriate);
 - 2.3 Absorbent material, waterproof plasters, disinfectant (such as hypochlorite), scissors, cotton wool, gauze tape, tissues, containers for water and a resuscitation mouth piece or similar device with which mouth-to-mouth resuscitation could be applied without any contact being made with blood or other body fluids.
 - 2.4 First Aid Bags is available during break periods for the teachers for light emergencies only. In a case of emergency, the learner will be sent to the Sick Room and will be treated accordingly.
3. **Universal precautions are in essence barriers to prevent contact with blood fluids. Adequate barriers can also be established by using less sophisticated methods than those described in 2. such as:**
 - 3.1 Unbroken plastic packets for indoor and outdoor use on hands when rubber gloves are not available.

- 3.2 Common household bleach for use as disinfectant, diluted one part to nine parts water (1:9 solution) made up as needed.
- 3.3 Each classroom or other teaching area should preferably have a pair of latex or household gloves.
- 3.4 Latex or rubber household gloves should be available at every sports game and also carried by the playground supervisor.
- 3.5 First-aid kits should be stored in one or more selected rooms in the teaching area and should be accessible at all times, also by the playground supervisor.
- 3.6 Used items should be dealt with as indicated 1.6.2 and 1.6.3
- 3.7 The contents of the first-aid kits, or the availability of other suitable barriers should regularly be checked by a designated staff member of the school or institution for expired and depleted items which should be replaced immediately.
- 3.8 A fully equipped first-aid kit should be available at all schools or institution outings, tours and should be kept on vehicles for the transportation of learners to events.
- 3.9 All pupils, teachers and other staff members, including sport coaches should be given appropriate information and training on HIV transmission, application of universal precautions and the importance of adherence there too.
- 3.10 Pupils, teachers and other staff members should be trained to manage their own bleeding or injuries.
- 3.11 Pupils in the school, would be instructed never to touch the blood, open wounds, sores, breaks in the skin, grazes and open skin lesions of others, not to handle emergencies such as the nosebleeds, cuts and scrapes of friends on their own. They should be taught to call for the assistance of an educator or other staff member.
- 3.12 Pupils should be taught that all open wounds, sores, breaks in the skin, grazes and open skin lesions on all persons should be covered with waterproof dressing or plasters at all times, not only when they occur in the school or institution environment.
- 3.13 Parents of pupils should be informed about the universal precautions that will be adhered to at a school or an institution.

4. PREVENTION OF HIV TRANSMISSION DURING PLAY AND SPORT

- 4.1 The risk of HIV transmission as a result of contact play and contact sport is generally significant.
- 4.2 The risk increases where open wounds, sores, breaks in the skin, grazes, open skin lesions or mucous membranes, students and educators without HIV are exposed to infected blood.
Certain contact sports (e.g. rugby) may represent an increased risk of HIV transmission.
- 4.3 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.
- 4.4 No pupil may participate in contact play of contact sport with an open wound, sore, break in the skin, graze or open skin lesion.
- 4.5 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 as described in 1.2.1 - 1.2.5. 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.
- 4.5 Soiled clothes must be changed.
- 4.6 The same precautions should be applied to injured teachers or staff members and injured spectators.
- 4.7 A fully equipped first-aid kit should be available wherever contact play or contact sport takes place.

- 4.8 Sports participants, including coaches, with HIV / AIDS should 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.
- 4.9 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.
- 4.10 Staff members acting as sports administrators, managers and coaches have special opportunities for meaningful education of sports participants with respect to HIV / AIDS. They should encourage sports participants to seek medical counselling where appropriate.



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