

Policy On HIV / Aids For Learners And Educators

1. GENERAL

- 1.1. Acquired Immune Deficiency Syndrome (AIDS) is a communicable disease that is caused by the Human Immunodeficiency Virus (HIV). In keeping with international standards and in accordance with education law and the constitutional guarantees of the right to a basic education, the right not to be unfairly discriminated against, the right to live and bodily integrity, the right to privacy, the right to freedom of religion, thought, belief and opinion, the right to freedom of association, the right to a safe environment, and the best interest of the child, a national policy on AIDS was promulgated by the National Education Policy Act, Act No. 27 of 1996. It is a National Policy on HIV / AIDS for Learners and Educators in public schools and Students and Educators in Further Education and Training Institutions.
- 1.2. The Johannesburg Muslim School, being an Independent School, has subscribed to the National Policy, and the following, adapted from the National Policy, shall constitute the Johannesburg Muslim School's Policy on HIV / AIDS.

2. DEFINITIONS

In this policy, any expression to which a meaning has been assigned in the South African Schools Act, Act No. 84 of 1996, the Further Education and Training Act, Act No. 98 of 1998, and the Employment of Educators Act, Act No. 76 of 1998, or any amendments thereto, shall have that meaning and, unless the context otherwise indicates :

- 2.1. **AIDS** means the acquired immune deficiency syndrome, that is the final phase of HIV infection;
- 2.2. **HIV** means the human immunodeficiency virus;
- 2.3. **School** means the Johannesburg Muslim School;
- 2.4. **Sexual abuse** means abuse of a person targeting their sexual organs;
- 2.5. **Unfair discrimination** means direct or indirect unfair discrimination against anyone on one or more grounds in terms of the Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996);

- 2.6. Universal precautions** refers to the concept used worldwide in the context of HIV / AIDS to indicate standard infection control procedures or precautionary measures aimed at the prevention of HIV transmission from one person to another and includes procedures concerning basic hygiene and the wearing of protective clothes such as latex or rubber gloves or plastic bags where there is a risk of exposure to blood, blood – borne pathogens or blood – stained body fluids;
- 2.7. Violence** means violent conduct or treatment that harms the person of the victim.
- 2.8. Window period** means the period of up to three months before HIV antibodies appear in the blood following HIV infection. During this period HIV tests cannot determine whether a person is infected with HIV or not.

3. PREMISES

- 3.1.** HIV cannot be transmitted through day – to – day social contact. The virus is transmitted through blood, semen, vaginal and cervical fluids and breast milk. Although the virus has been identified in other body fluids such as saliva and urine, no scientific evidence exists to show that these fluids can cause transmission of HIV.
- 3.2.** Because of the increase in infection rates, learners and educators with HIV / AIDS will increasingly form part of the school population. Accordingly, it is imperative that the School have a planned strategy to cope with the epidemic.
- 3.3.** The testing for HIV / AIDS for employment or attendance at schools is prohibited. The compulsory disclosure of a learner's or educator's HIV / AIDS status to school authorities is not advocated as it would serve no meaningful purpose. Learners and educators with HIV / AIDS should lead as full a life as possible and should not be denied the opportunity to receive an education. Infection control measures and adaptations must be universally applied and carried out regardless of the known or unknown HIV status of the individuals concerned.
- 3.4.** The risk of transmission of HIV in the day – to – day school environment can be effectively eliminated by following the standard infection – control procedures or precautionary measures (also known as universal precautions) 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 premises, all persons should be considered as potentially infected and their blood and body fluids treated as such.
- 3.5.** Strict adherence to universal precautions in the school is advised. Current scientific evidence suggests that the risk of HIV transmission during teaching, sport and play activities is insignificant. This, however,

holds true only if universal precautions are adhered to. Adequate wound management has to take place in the classroom or playground when a learner sustains an open bleeding wound.

- 3.6. Within the context of sexual relations, the risk of contacting HIV is significant. Besides sexuality education, based on divine injunction that sex outside the bonds of marriage is prohibited (the School being a Muslim School), morality and life skills education being provided by educators and parents should be encouraged.
 - 3.7. The constitutional rights of all learners and educators must be protected on an equal basis. If a suitably qualified person ascertains that a learner or educator poses a medically recognised significant health risk to others, appropriate measures should be taken. A medically recognised significant health risk in the context of HIV / AIDS could include the presence of untreatable contagious diseases, uncontrollable bleeding, unmanageable wounds, or sexually or physically aggressive behaviour, which may create the risk of HIV transmission.
 - 3.8. Learners and educators must receive education about HIV / AIDS on an on going basis. In the primary grades, the regular education should provide education about HIV / AIDS, while in the secondary grades the guidance counsellor would ideally be the appropriate educator. Because of the sensitive nature of the learning content, the educators selected to offer this education should be specifically trained. The educators should feel at ease with the content and should be role models with whom learners can easily identify. Educators must respect their position of trust and the constitutional rights of all learners in the context of HIV / AIDS.
- 4. NON – DISCRIMINATION AND EQUALITY WITH REGARD TO LEARNERS AND EDUCATORS WITH HIV / AIDS**
- 4.1. No learner or educator with HIV / AIDS may be unfairly discriminated against directly or indirectly. Educators should be alert to unfair accusations against any person suspected to have HIV / AIDS.
 - 4.2. Learners, educators and other staff with HIV / AIDS should be treated in a just, humane and life – affirming way.
 - 4.3. Any special measures in respect of a learner, educator or other staff with HIV should be fair and justifiable in the light of medical facts, established legal rules, ethical guidelines and the best interest of other learners, educators and staff.
 - 4.4. To prevent discrimination, all learners and educators should be educated about the fundamental human rights as contained in the Constitution of the Republic of South Africa.

5. HIV / AIDS TESTING AND THE ADMISSION OF LEARNERS TO A SCHOOL OR APPOINTMENT OF EDUCATORS

- 5.1.** No learner may be denied admission to or continued attendance at the school on account of his or her HIV / AIDS status or perceived HIV / AIDS status.
- 5.2.** No educator may be denied the right to be appointed in a post, to teach or to be promoted on account of his or her HIV / AIDS status or perceived HIV / AIDS status. HIV / AIDS status may not be a reason for the dismissal of a educator, nor for refusing to conclude, or continue, or renew an educator's employment contract, nor to treat him or her in any unfair discriminatory manner.
- 5.3.** There is no medical justification for the routine testing of learners, educators or other staff for evidence of HIV infection. The testing of learners as a prerequisite for admission to, or continued attendance at the school, is prohibited. The testing of educators for HIV / AIDS as a prerequisite for appointment or continued service, is prohibited.

6. ATTENDANCE AT SCHOOL BY LEARNERS WITH HIV / AIDS

- 6.1.** Learners with HIV have the right to attend any school. The needs of learners with HIV / AIDS with regard to their right to basic education should as far as reasonably practicable be accommodated in the school.
- 6.2.** Learners and educators are expected and must attend classes in accordance with statutory requirements for as long as they re able to do so effectively.
- 6.3.** If and when learners with HIV / AIDS become incapacitated through illness, the school shall make work available to them for study at home and should support continued learning where possible.
- 6.4.** Learners who cannot be accommodated in this way or who develop HIV / AIDS related behavioural problems or neurological damage, should be accommodated, as far as is practically possible, within the education system in special schools or specialised institutes for learners with special educational needs. However, placement in special schools must not be used as an excuse to remove HIV – positive learners from mainstream schools.

7. DISCLOSURE OF HIV / AIDS RELATED INFORMATION AND CONFIDENTIALITY

- 7.1.** No learner (or parent on behalf of a learner) or educator, is compelled to disclose his or her HIV / AIDS status to the school.

- 7.2.** Voluntary disclosure of a learner's or educator's HIV / AIDS status to the appropriate authority is welcomed. The confidentiality of such information must be ensured. In terms of Section 39 of the Child Care Act, Act No. 74 of 1983, any learner above the age of 14 years, or his or her parent, is free to disclose such information voluntarily.
- 7.3.** A holistic programme for life – skills and HIV / AIDS education should encourage disclosure. In the event of voluntary disclosure, it may be in the best interest of the learner with HIV / AIDS if a member of the staff of the school directly involved with the care of the learner, is informed of his or her HIV / AIDS status. An educator may disclose his or her HIV / AIDS status to the principal of the school.
- 7.4.** A person to whom any information about the medical condition of a learner or educator with HIV / AIDS has been divulged, must keep such information confidential. Unauthorised disclosure of HIV / AIDS – related information could give rise to legal liability.

8. A SAFE SCHOOL ENVIRONMENT

- 8.1.** The School must make provision to implement universal precautions to eliminate the risk of transmission of all blood – borne pathogens, including HIV, effectively in the school. Universal precautions include the following :
- 8.1.1.** 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 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.
- 8.1.1.1.** blood, especially in large spills such as from nosebleeds, and old blood or blood stains, should be handled with extreme caution.
- 8.1.1.2.** Skin exposed accidentally to blood should be washed immediately with soap and running water.
- 8.1.1.3.** All bleeding wounds, sores, breaks in the skin, grazes and open skin lesions should ideally be cleaned immediately with running water and / or other antiseptics.
- 8.1.1.4.** If there is a biting or scratching incident where the skin is broken, the wound should be washed and cleansed under running water, dried, treated with antiseptic and covered with a waterproof dressing.

- 8.1.1.5.** Blood splashes to the face (mucous membranes of eyes, nose or mouth) should be flushed with running water for at least 3 minutes.
- 8.1.1.6.** Disposable bags and incinerators must be made available to dispose of sanitary wear.
- 8.1.2.** All open wounds, sores, breaks in the skin, grazes and open skin lesions should at all times be covered completely and securely with non – porous or waterproof dressing or plaster so that there is no risk of exposure to blood.
- 8.1.3.** Cleansing and washing should always be done with running water and not in containers of water.
- 8.1.4.** 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 or plastic bags over their hands to eliminate the risk of HIV transmission effectively. Bleeding can be managed by compression with material that will absorb the blood, e.g. a towel.
- 8.1.5.** If a surface has been contaminated with body fluids and excretions which could be stained or contaminated with blood (for instance tears, saliva, mucus, phlegm, urine, vomit, faeces and pus), that surface should be cleaned with running water and fresh, clean household bleach (1 : 10 solution), and paper or disposable cloths. The person doing the cleaning must wear protective gloves or plastic bags over the hand.
- 8.1.6.** Blood – contaminated material should be sealed in a plastic bag and incinerated or sent to an appropriate disposal firm. Tissues and toilet paper can readily be flushed down a toilet.
- 8.1.7.** If instruments (for instance, scissors) become contaminated with blood or other body fluids, they should be washed and placed in a strong household bleach solution for at least one hour before drying and re – using.
- 8.1.8.** Needles and syringes should not be re – used, but should be safely disposed of.
- 8.2.** The school must train learners, educators and staff in first aid, and have available and maintain at least two first aid kits, each of which should contain, amongst other essentials, the following :
 - 8.2.1.** two large and two medium pairs of disposable latex gloves;
 - 8.2.2.** two large and two medium pairs of household rubber gloves for handling blood – soaked material in specific instances (for example when broken gloves makes the use of latex gloves inappropriate).

- 8.2.3.** 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.
- 8.2.4.** protective eye wear;
- 8.2.5.** a protective face mask to cover the nose and mouth.
- 8.3.** Universal precautions are in essence barriers to prevent contact with blood or body fluids. Adequate barriers can also be established by using the following :
 - 8.3.1.** unbroken plastic bags on hands where latex or rubber gloves are not available;
 - 8.3.2.** common household bleach for use as a disinfectant, diluted one part bleach to ten parts water (1 : 10) solution) made up as needed;
 - 8.3.3.** spectacles;
 - 8.3.4.** a scarf.
 - 8.3.5.** Each classroom or other teaching area must have a pair of latex or household rubber gloves;
- 8.4.** Latex or household rubber gloves must be available at every sports event and must also be carried by all educators on playground duty.
- 8.5.** First – aid kits and appropriate cleaning equipment must be stores in one or more selected rooms in the school and must be accessible at all times;
- 8.6.** The contents of the first – aid kits, or the availability of other suitable barriers, must be checked each week against a contents list by a designated staff member or educator. All expired and / or depleted items must be replaced immediately.
- 8.7.** A fully equipped first aid kit must be available at the school, at all school events, outings, tours and excursions;
- 8.8.** All learners, educators and other staff members must be given appropriate information and training on HIV transmission, the handling and use of first – aid kits, the application of universal precautions and the importance of adherence of universal precautions.

- 8.8.1.** learners, educators and other staff members must be trained to manage their own bleeding or injuries and to assist and protect others.
- 8.8.2.** Learners must 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 others, on their own. They must be taught to call for the assistance of educators;
- 8.8.3.** Learners must be taught that all open wounds, sores, breaks in the skin, grazes and open skin lesions on all persons must be kept covered completely with waterproof dressings or plasters at all times.
- 8.9.** All learners, educators, staff members and parents must be informed about the universal precautions that will be adhered to at the school.
- 8.10.** A copy of this Policy must be kept and prominently displayed in all classrooms and offices in the school.

9. PREVENTION OF HIV TRANSMISSION DURING PLAY AND SPORT

- 9.1.** 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 learners, educators and / or staff are exposed to infected blood.
- 9.2.** 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.
 - 9.2.1.** no learner or educator must participate in contact play or contact sport with an open wound, sores, breaks in the skin, grazes and open skin lesion.
 - 9.2.2.** if bleeding occurs during contact play or contact sport, the injured player must be removed from the playground immediately and treated appropriately as described in paragraphs 8.1.1 to 8.1.4. only then may the injured player resume playing and only for as long as the open wound, sores, breaks in the skin, grazes and open skin lesion remains completely and securely covered.
 - 9.2.3.** blood stained clothes must be changed,
 - 9.2.4.** the same precautions must be applied to injured educators, staff and spectators.

- 9.3.** A fully equipped first – aid kit must be available wherever contact play or contact sport takes place.
- 9.4.** Educators acting as sports administrators must ensure the availability of fully equipped first – aid kits and the adherence to universal precautions in the event of bleeding during participation in contact play or contact sport.
- 10. EDUCATION ON HIV / AIDS**
- 10.1.** A continuing life – skills and HIV / AIDS education programme must be implemented at the school.
- 10.2.** Age – appropriate education on HIV / AIDS must form part of the curriculum for all learners. This must include the following :
- 10.2.1.** providing information on HIV / AIDS and developing the life skills necessary for the prevention of HIV transmission;
- 10.2.2.** inculcating from an early age basic first – aid principles, including how to deal with bleeding with the necessary safety precautions;
- 10.2.3.** emphasising the role of drugs, sexual activity and violence;
- 10.2.4.** encouraging learners to make use of health care, counselling and support services offered by community service organisations;
- 10.2.5.** teaching learners how to behave towards persons with HIV / AIDS;
- 10.2.6.** cultivating an environment and culture on non – discrimination towards persons with HIV / AIDS;
- 10.2.7.** providing information on appropriate prevention and avoidance measures, including abstinence from sexual intercourse outside the bonds of marriage, immorality, avoiding traumatic contact with blood and the application of universal precautions.
- 10.3.** Parents of learners must be informed about all life – skill and HIV / AIDS education offered at the school, the learning content, the methodology to be used and the values that will be imparted.

- 10.4.** Educators must not have sexual relations with learners. Should this happen, the matter must be handled in terms of the provisions of the Employment of Educators Act, Act No. 76 of 1998.

11. DUTIES AND RESPONSIBILITIES OF LEARNERS , EDUCATORS AND PARENTS

- 11.1.** All learners and educators must respect the rights of other learners and educators.
- 11.2.** The Code of Conduct of the School will contain provisions regarding the unacceptability of behaviour that may create the risk of HIV transmission.
- 11.3.** The ultimate responsibility for the behaviour of a learner rests with his or her parents. Parents of all learners are expected to ensure that their child / children observe all rules aimed at preventing behaviour which may cause a risk of HIV transmission.
- 11.4.** A learner with HIV / AIDS and his or her parents, and an educator with HIV / AIDS, must obtain medical opinion to assess whether the learner or educator, as the case may be, owing to his or her condition, poses a medically recognised significant health risk to others. If such a risk is established, the principal of the school must be informed. The principal must, in such an event, take the necessary steps to ensure the health and safety of other learners, educators and staff members.
- 11.5.** Educators have a duty to ensure that the rights and dignity of all learners and other educators are respected and protected.

12. REFUSAL TO STUDY WITH OR TEACH A LEARNER WITH HIV / AIDS OR TO WORK WITH OR BE TAUGHT BY AN EDUCATOR WITH HIV / AIDS

- 12.1.** Refusal to study with a learner, or to work with or be taught by an educator with, or perceived to have HIV / AIDS should be pre – empted by providing accurate and understandable information on HIV / AIDS to all educators, staff members, learners and their parents.
- 12.2.** Learners who refuse to study with a fellow learner with, or perceived to have HIV / AIDS, or who refuse to work with or be taught by an educator with, or perceived to have HIV / AIDS, and who are concerned that they, themselves, will be infected, must be counselled.
- 12.3.** Should such a situation arise, then the matter must be resolved by the Principal and educators, together with the parents of the learner (in appropriate cases), in accordance with the provisions of this policy, the School's Code of Conduct and / or the professional code of ethics for educators. Should the matter not

be resolved through counselling and mediation, disciplinary steps may be taken.

13. SCHOOL IMPLEMENTATION PLANS

Within the basic principles as set forth in the National Policy on HIV / AIDS, the School implementation plan on HIV / AIDS must take into account the needs and values of the School and the needs and values of the specific communities that the School serves.

14. REGULAR REVIEW

This Policy will be reviewed regularly and adapted to changed circumstances.

15. INTERPRETATION

In all instances, this policy must be interpreted to ensure respect for the rights of learners and educators with HIV / AIDS, as well as other learners and educators and members of the school and the communities that the school serves.

THE HIV / AIDS EMERGENCY GUIDELINES FOR EDUCATORS

PREVENTING DISEASE TRANSMISSION IN THE SCHOOL

If there are learners, educators and / or staff with HIV wont the rest of us catch it?

1. Since HIV is spread mostly through sex and contact with blood, most of us are not at risk in the course of our normal teaching or learning activities.
2. There are no known cases of HIV transmission in schools during normal educational activities.

But what if there are accidents and injuries in fights?

1. There is a possible risk of HIV transmission through contact with infected blood.
2. The risk is negligible if good basic first aid is applied.
3. The golden rule is to apply universal precautions.

What are universal precautions?

1. Universal precautions are called this because they are applied to every person and to and in respect of every body fluid.
2. Universal precautions are necessary because in a learning environment it is not possible to know who has HIV.
3. HIV is not the only danger. Other potentially fatal diseases that are common, particularly hepatitis B, can be caught from infected body fluids. If we apply the same precautions to every situation where there is blood, then we will be safe from HIV and other diseases carried in the blood.
4. Universal precautions, in the context of HIV / AIDS, is the standard infection control procedures or precautionary measures aimed at the prevention of HIV transmission from one person to another and includes procedures concerning basic hygiene and the wearing of protective clothes such as latex or rubber gloves or plastic bags where there is a risk of exposure to blood, blood – borne pathogens or blood – stained body fluids.
5. Universal precautions include
 - 5.1. 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) must be treated as potentially infectious.
 - 5.2. blood, especially in large spills such as from nosebleeds, and old blood or blood stains, must be handled with extreme caution.
 - 5.3. skin exposed accidentally to blood must be washed immediately with soap and running water.
 - 5.4. all bleeding wounds, sores, breaks in the skin, grazes and open skin lesions must ideally be cleaned immediately with running water and / or other antiseptics.
 - 5.5. if there is a biting or scratching incident where the skin is broken, the wound must be washed and cleansed under running water, dried, treated with antiseptic and covered with a waterproof dressing.

- 5.6. blood splashes to the face (mucous membranes of eyes, nose or mouth) must be flushed with running water for at least 3 minutes.
- 5.7. disposable bags and incinerators must be made available to dispose of sanitary wear.
- 5.8. all open wounds, sores, breaks in the skin, grazes and open skin lesions must at all times be covered completely and securely with non – porous or waterproof dressing or plaster so that there is no risk of exposure to blood.
- 5.9. cleansing and washing must always be done with running water and not in containers of water.
- 5.10. all persons attending to blood spills, open wounds, sores, breaks in the skin, grazes, open skin lesions, body fluids and excretions must wear protective latex gloves or plastic bags over their hands to eliminate the risk of HIV transmission effectively. Bleeding can be managed by compression with material that will absorb the blood, e.g. a towel.
- 5.11. if a surface has been contaminated with body fluids and excretions which could be stained or contaminated with blood (for instance tears, saliva, mucus, phlegm, urine, vomit, faeces and pus), that surface must be cleaned with running water and fresh, clean household bleach (1 : 10 solution), and paper or disposable cloths. The person doing the cleaning must wear protective gloves or plastic bags over the hand.
- 5.12. blood – contaminated material must be sealed in a plastic bag and incinerated or sent to an appropriate disposal firm. Tissues and toilet paper can readily be flushed down a toilet.
- 5.13. if instruments (for instance, scissors) become contaminated with blood or other body fluids, they must be washed and placed in a strong household bleach solution for at least one hour before drying and re – using.
- 5.14. Needles and syringes should not be re – used, but should be safely disposed of.

What does the School need for first aid?

- 1. Two first aid kits that are kept well stocked;
- 2. A bottle of household bleach;
- 3. A stock of plastic shopping bags checked for holes;
- 4. A container for pouring water;

What should the first aid kits contain?

1. Four pairs, at least, of latex gloves (of varying sizes);
2. Four pairs, at least, of rubber gloves (of varying sizes);
3. Materials to cover wounds, cuts or grazes (e.g. lint or gauze), waterproof plasters, disinfectant (e.g. household bleach), scissors, cotton wool, tape for securing dressings, tissues
4. A mouth piece for mouth to mouth resuscitation.
5. Protective eye wear;
6. A protective face mask to cover the nose and mouth.

How should we manage accidents and injuries at school?

1. **No one should have direct contact with another person's blood or body fluids.**
 - 1.1. Latex or rubber gloves must be worn at all times when attending to a person who is bleeding from injury or a nosebleed.
 - 1.2. Anyone who cleans blood from a surface or floor or from clothes must also wear gloves.
 - 1.3. The same precautions, i.e., wearing of gloves, must be taken with other body fluids.
 - 1.4. All learners must be taught not to touch blood and wounds but to ask for help from a member of the staff.

2. **2. Stop the bleeding as quickly as possible.**
 - 2.1 If anyone is bleeding, the first action must be to try and stop the bleeding by applying pressure directly over the area with a cloth or towel.
 - 2.2 Unless the injured person is unconscious or very seriously injured, they should be helped to do this themselves.
 - 2.3 If someone has a nosebleed, he or she should be shown how to apply pressure to the bridge of his or her nose himself or herself.

3. **Cleaning wounds**

- 3.1 Once the bleeding has been stopped, injured persons should be helped to wash their grazes or wounds in clean water with antiseptic, if available. If not, then use household bleach diluted in water (1 : 10 – ie., 1 part bleach and 10 parts water).
- 3.2 Wounds must then be covered with a waterproof dressing or plaster.
- 3.3 Learners and educators must keep all wounds, sores, grazes or lesions (where the skin is split) covered at all times.

4 Managing accidental exposure to another person's blood, or exposure during injury

- 4.1 Skin that becomes exposed to blood must be cleaned promptly. Cleaning must be done with running water.
- 4.2 If an antiseptic is available, the area should be cleaned with antiseptic. If not, use household bleach diluted in water (1 : 10).
- 4.3 If blood has splashed on the face, particularly eyes or the mucous membranes of the nose and mouth, then these should be flushed with running water for at least 3 minutes.

5 Cleaning contaminated surfaces and materials

- 5.1 Contaminated surfaces or floors must be cleaned with household bleach diluted with water (1 part bleach and 10 parts water).
- 5.2 Bandages and cloths that become bloody must be sealed in a plastic bag and incinerated (burnt) or sent to an appropriate disposal firm.
- 5.3 Any contaminated instruments or equipment must be washed, soaked in bleach for an hour and then dried.

6 Disposing of sanitary towels and tampons

- 6.1 Sanitary towels and tampons must be disposed in such a manner that no other person has contact with these items. All female educators must ensure that these items are not flushed down the toilet. They must be sealed in a plastic bag and incinerated (burnt) or sent to an appropriate disposal firm.

The Johannesburg Muslim School Policy on HIV / AIDS for Learners and Educators, and the Guidelines for Educators, have been adapted from the National Policy on HIV / AIDS (Notice 1926 of 1999, Government Gazette Volume 410 dated 10 August 1999, No. 20372). This Policy is subject to change in accordance with any changes in the National Policy and further subject to change from time to time by the Board of Management.