

DOMINICA
ASSOCIATION
OF TEACHERS
POLICY ON HIV/AIDS
for the
Teaching Profession



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Motto:
"To Uphold True Professionalism"

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Objectives:

- To ensure a supportive work environment for staff infected and affected by HIV/AIDS
- To eliminate stigma and discrimination in the workplace on the basis of real or perceived HIV status or vulnerability to HIV infection
- reduce the number of new infections among teachers, their families and to ensure that the rights of teachers living with HIV/AIDS are fully respected

1. Introduction

It is generally accepted that the education sector has a significant role to play in the prevention of HIV infection, in the support of infected and affected people. HIV/AIDS must be considered core business for every educational institution and professional.

The Dominica Association of Teachers realizes the importance of effectively addressing stigma and discrimination related to HIV/AIDS and the need to promote a human rights reaction to HIV/AIDS.

The DAT recognizes HIV/AIDS as a workplace issue because it threatens productivity, profitability, and the welfare of employees and their families. The majority of our members are women and it is widely accepted that HIV/AIDS has a disproportionate impact on women.

HIV is preventable and the workplace needs to promote effective prevention efforts. This policy paper will play a critical role in raising awareness around HIV and preventing HIV infection and

caring for people living with HIV. Women make up the majority of DAT's membership and women are additionally at risk of HIV infection

Guiding Principles

- 2.1 HIV may be transmitted through HIV infected blood or from mother to child in the course of pregnancy, delivery or breastfeeding. The main way, however, is through unprotected sexual intercourse. Large number of students and education sector employees are sexually active. Thus, making a large number of individuals in the education sector at risk of HIV infection.
- 2.2 There are teachers and students living with HIV or AIDS or at risk of contracting HIV. Because of the national increase in infection rates, employees living with HIV or AIDS will increase. Since many young people are sexually active, increasing numbers are at risk of being infected with HIV. Because of the increase of HIV/AIDS, it is important that each institution have a strategy to cope with and reduce the impact of the epidemic.
- 2.3 It is impossible to know with certainty who has HIV and who does not. A single HIV test will not show a positive result for up to 12 weeks after infection with the HIV virus. Therefore, a single HIV test is not an absolute indicator of HIV status

- 2.4 Teachers living with HIV or AIDS should lead as full a professional life as possible. They should have the same rights and opportunities as other teachers, with no unfair discrimination being practised against them only on the basis of their HIV status. Students living with HIV or AIDS should lead as full a life as possible. They should not be denied the opportunity to receive an education to the maximum of their ability.
- 2.5 When injuries occur at educational institutions, the risk of transmission of HIV can be effectively eliminated by following good hygiene practices and the universal precautions as set out in Annex A. When dealing with injuries and other possible exposure to HIV, all persons should be considered as possibly infected and their blood and body fluids treated as such.
- 2.6 Parents and caregivers must be encouraged and assisted by educational institutions to provide their children with sexual health (including sexuality) education and guidance regarding sexual abstinence until marriage and faithfulness to their partners. Such education and guidance should be provided by education sector [teachers/DAT] employees. Sexually active students must be counselled both at home and at the educational institution. Students must be educated and home and at school about their rights concerning their own bodies, to protect themselves against rape, violence, risky sexual behaviour and contracting HIV.
- 2.7 If a suitably qualified person determines that a teacher or student poses a significant health risk to others, appropriate measures should be taken to eliminate that risk. A significant health risk in the context of HIV/AIDS could include the presence of untreatable contagious (highly communicable) diseases, uncontrollable bleeding, unmanageable wounds, or sexual or physically aggressive behaviour, which may create the risk of HIV transmission. In particular, sexually aggressive behaviour creates the highest risk of transmission. Educational institutions must take measures to eliminate this risk as far as possible.
- 2.8 Students must receive education about HIV/AIDS on an ongoing basis in the context of sexual health and life-skills education. Stand alone life-skills, sexual health and HIV/AIDS education programmes should be reinforced through the inclusion of these topics in the whole curriculum. Information should be presented in a scientific but understandable way. Appropriate course content should be included in the pre-service and in-service training of teachers to enable them to adequately respond to HIV/AIDS in schools.
- 2.9 The purpose of education about HIV/AIDS is to prevent the spread of HIV infection, to reduce excessive fears about the epidemic, to reduce the stigma and discrimination associated with HIV/AIDS, and to foster non-discriminatory attitudes towards persons with HIV/AIDS. Teachers should ensure that learners and students acquire age-and context appropriate knowledge and skills in order that they may adopt and maintain behaviour that will protect them from HIV infection.
- 2.10 All educational institutions should identify the most appropriate staff and/or external facilitators and

systems to ensure that sexual health, HIV/AIDS and life skills education are effectively delivered to all students. Because of the sensitive nature of the learning content, the persons selected to offer this education should be specifically trained and supported by the principal and staff in the particular institution. The persons responsible for this education should feel comfortable with the content, should be role models with whom students can easily identify and should facilitate the participation of students during their education on life-skills, sexual health and HIV/AIDS. All teachers should be informed by DAT and principals of courses for teachers to improve their knowledge of, and skills to deal with, HIV/AIDS. All teachers should be given reasonable opportunities to attend such courses.

3. Scope

This policy shall be applicable to teachers of the Commonwealth of Dominica.

4. General Rights

4.1 Non Discrimination

The promotion and protection of human rights play an important role in the impact of HIV/AIDS on society and on the vulnerability of people with HIV infection. The rights of teachers and students living with HIV/AIDS should not be violated. Those infected with HIV should not have to face violations of their fundamental rights to freedom from discrimination,

4.1.2 No teacher or student living with HIV/AIDS may be unfairly discriminated against directly or indirectly only on the basis of his or her HIV status.

4.1.3 No teacher or student may be stopped from attending an educational institution or from participating in sports or play activities, only on the basis of his or her HIV status.

4.1.4 Teachers and students living with HIV/AIDS should be treated in a just, humane and life-affirming way and provided with support and counselling.

4.1.5 Measures put in place concerning a teacher or student living with HIV or AIDS should be fair and justifiable in the light of current medical facts and knowledge and established legal, ethical and human rights principles,

4.1.6 All stakeholders should be educated about fundamental human rights and freedoms. They should learn about the basic rights and freedoms of teachers and students living with HIV/AIDS.

4.2 Employment

Teachers living with HIV/AIDS shall not be discriminated against in access to or continued employment, training, promotion and employee benefits on a basis of their HIV status. They shall be protected against such discrimination as well as stigmatization by their employer, fellow teachers, students and parents

4.2.1 Teachers living with HIV/AIDS have the legal right to confidentiality about their HIV status in any aspect

of their employment. To disclose the HIV status of an employee without his or her consent shall constitute misconduct. Appropriate disciplinary measures shall be taken against any education employee found guilty of such misconduct. A teacher is under no obligation to inform his or her employer of his/her HIV status.

4.2.2 Teachers living with HIV or AIDS should continue to work under normal conditions in their current employment for as long as they are medically fit to do so. When on medical grounds they are unable to continue with normal employment, the normal rules regarding incapacity should apply.

4.2.3 Where a teacher accidentally contracts HIV in the course and scope of his or her employment, he or she shall be entitled to employee's compensation.

Confidentiality

4.3 The principle of confidentiality is not only essential to respect human rights but it also an integral part of prevention and control. If the silence around HIV is to be broken confidentiality must be assured. People will not seek HIV related counselling, testing or treatment if they are not assured that information about their HIV status will be treated confidentially. Therefore, confidentiality must be kept at all times.

4.3.1 No teacher or student (or parent, caregiver or guardian on behalf of a student) shall be required to disclose his or her HIV status to an

educational institution. No educational institution shall be permitted to enquire about a teacher or student's HIV status either verbally or by way of the registration form.

4.3.2 Voluntary disclosure of a teacher or student's HIV status to the educational institution should be encouraged. An enabling environment should be developed in which the confidentiality of such information is ensured and in which unfair discrimination on the basis of HIV or AIDS is not tolerated.

4.3.3 Any person who knows about the HIV status or medical condition of a teacher or student with HIV/AIDS must keep this information confidential. He or she may not disclose the information to anyone without the express written permission of the learner or student and his or her parent, caregiver or guardian. Failure on the part of an education sector employee to keep such information confidential will constitute misconduct. Appropriate disciplinary measures will be taken against any employee found guilty of such misconduct.

Healthy Work Environment

4.4 All educational institutions should ensure that appropriate systems and safeguards are in place and enforced to prevent such sexual harassment, abuse, exploitation or assault of teachers and students. A policy of zero tolerance should be adopted in this regard.

- 4.4.1 To reduce the risk of HIV transmission through exposure to HIV infected blood or other bodily fluids, all educational institutions should implement the universal precautions set out in Annex A. In situations of potential exposure to HIV, all persons should be dealt with as if they 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 (e.g., tears, saliva, mucus, phlegm, urine, vomit, faeces and pus) should be treated as potentially infectious.
- 4.4.2 All teachers including sports instructors and coaches should be given appropriate information and training on HIV transmission, the handling and use of first aid kits and the application and importance of adherence to the universal precautions.
- 4.4.3 All educational institutions must have available and maintain an adequate number of first-aid kits for the size of the institution. All teachers and students should be made aware of the locations of these kits. These first aid kits should be equipped with the items referred to in Annex A as a recommended content of the first aid kits.
- 4.4.4 A fully equipped first-aid kit should be available at all educational institutions events, outings and tours. Such a kit should be kept in each vehicle used for the transport of teachers and students to such events
- 4.4.5 The contents of the first-aid kit should be checked twice a term against the contents list by a designated staff member of the educational institution. Expired and depleted items should be replaced immediately.
- 4.4.6 Teachers should be trained to safely manage their own bleeding or injuries and to assist others to do so.
- 4.4.7 Teachers and students in pre-primary and primary schools should be educated never to touch the blood, open wounds, sores, breaks in the skin, grazes and open skin lesions of others, nor to handle injuries on their own such as nosebleeds, cuts and scrapes. They should be taught to call for the help of peers immediately.
- 4.5 **Gender Equality**
- DAT acknowledges that HIV/AIDS affects male and female differently. Including the fact that women are the ones normally undertaking the care of those living with HIV/AIDS related illnesses and that pregnant women with HIV have additional special needs.
- 4.6 **Medical Care and Support**
- Teachers living with HIV/AIDS are expected to benefit from the medical services available to all teachers. They should be encouraged to seek medical and other appropriate counselling where appropriate.
- 4.6.1 Teachers living with HIV or AIDS should continue to work under normal conditions in their current employment for as long as they are medically fit to do so. When on medical grounds they are unable to continue with normal employment,

the normal rules regarding incapacity should apply

5. General Responsibilities

Testing

There is no medical justification for routine HIV testing of teachers and students. The testing of teachers for HIV as a requirement for appointment or continued service at an educational institution is prohibited.

- 5.1 There should be no compulsory testing for HIV in the workplace. Voluntary testing for HIV at the request of an education sector employee should be done:
- by a suitably qualified person in a health facility; and
 - with the informed consent of the teacher and
 - in accordance with normal medical ethical rules including confidentiality; and
 - with pre-and post-test counselling

5.2 Education and Training

All teachers including sports instructors and coaches should be given appropriate information and training on HIV transmission, the handling and use of first-aid kits and the application and the importance of adherence to the universal precautions. Education and information regarding HIV/AIDS must be given in an accurate and

scientific manner and in language and terms that are understandable. Such education and information should specifically address and dispel myths concerning HIV/AIDS. They should be informed about particular factors in the community that place teachers at risk of HIV infection. Such information and training should be gender sensitive

As far as practicable DAT will integrate such information in its existing summer programmes for teachers.

5.3 Respect for co-workers

All teachers should respect the rights of others regardless of their HIV status.

5.4 Infection Control

Each teacher has the responsibility to protect him or herself against HIV infection or reinfection, as the case may be. This responsibility shall be recognized and supported by appropriate continuing life skills, sexual health and HIV/AIDS education programmes and provision of information on appropriate moral behaviours.

6. Care and Support

6.1 Counselling

DAT will provide information on where HIV-related advice, counselling and referral can be found outside of the education system. All

teachers infected or affected with HIV/AIDS should be treated with empathy and care. Reasonable assistance should be provided for such teachers. Assistance may include counselling, time off, sick leave, family responsibility leave.

6.2 Benefits

Where a teacher accidentally contracts HIV in the course and scope of his or her employment, he or she shall be entitled to employee's compensation. Teacher living with HIV/AIDS should benefit from all the compensations due to all other teachers under the terms and condition available.

6.3 Social Security Coverage

Teachers affected or infected by HIV/AIDS should be entitled to the benefits provided under the social security benefits to teachers.

6.4 Health Services

Teachers living with HIV/AIDS should be assisted in sourcing appropriate medical services and counselling in the community. Reasonable time should be given to teachers living with HIV/AIDS for treatment and counselling.

7. Prevention

Teachers will be provided with sensitive, accurate and up-to-date information to enable them to protect themselves from HIV and other sexually transmitted or blood borne infections.

7.1 Safety Measures

To reduce the risk of HIV transmission through exposure to HIV infected blood or other bodily fluids all educational institutions should implement the universal precautions set in Annex A.

7.1.1 A fully equipped first-aid kit should be available at all educational institutions. All teachers should be aware of the location of the kit.

7.1.2 Teachers and students should be educated never to touch blood, open wounds, sores, breaks in the skin, grazes and open skin lesions of others, nor handle their own such as nosebleeds. They should be taught to call for help.

7.2 Behaviour

Teachers should be informed about the unacceptability of behaviour that discriminates against others with HIV/AIDS or may create the risk of HIV transmission.

7.3 Information

Age- and ability appropriate education on HIV/AIDS must be given in an accurate and scientific manner. In language and terms that are understandable. Information regarding the provision of antiretroviral or referral to relevant service providers.

7.3.1 A continuing life-skills education, prevention and care programme should provide awareness about counselling, antiretroviral and treatment literacy. This should

include information regarding access to antiretroviral treatment

- 7.3.2 Education and information regarding voluntary HIV testing and counselling programmes and other social support for teachers living with HIV/AIDS should be addressed.

8. Implementation and Monitoring

This policy should be reviewed periodically in light of changes in medicine and science concerning HIV/AIDS epidemic. This policy and related information on HIV/AIDS will be communicated to all teachers using the full range of communication methods available to the DAT and its network of contacts.

9. Appendices

Annex A

UNIVERSAL PRECAUTION

1. Blood, especially in large spills such as a form nosebleeds, and old blood or bloodstains, should be handled with extreme cautions. Skin accidentally exposed to blood should be washed immediately with soap and running water. All bleeding wounds, sores, breaks in the skin, grazes and open skin lesions should be cleaned immediately with running water and /or other antiseptics. If there is a biting or scratching incident where the skin is broken, the wounds should be washed and cleaned under running water, dried, treated with antiseptic and covered with a waterproof dressing. Blood splashes to the face (mucous membranes of eyes, nose or mouth) should be flushed with running water for at least three minutes.
2. Disposable bags or incinerators must be made available to dispose of sanitary wear.
3. All open wounds, sores breaks in the skin, grazes and open skin lesions should be covered completely and securely at all times with a non-porous or waterproof dressing or plaster so that there is no risk of exposure to blood.
4. Cleaning 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 cleaned.
5. All persons should wear protective latex gloves or plastic bags over their hands when attending to blood spills, open wounds, sores, breaks in the skin, grazes, open skin lesions, body fluids and excretions. Doing this will effectively eliminate the risk of HIV transmission. Bleeding can be managed by compression with material that will absorb the blood (for instance, a towel).
6. If a surface has been contaminated with body fluids and excretions which could include some blood (for instance tears, saliva, mucus, phlegm, urine, vomit, faeces and pus), that surface should be cleaned with running water and household bleach. Using paper or disposable cloths. The person doing the cleaning must wear protective gloves or plastic bags over their hands
7. Blood-contaminated material should be sealed in a plastic bag and incinerated or sent to an appropriate

disposal firm. Tissues and toilet paper can be flushed down in a toilet

8. If instruments (for instance scissors) become contaminated with blood or other fluids, they should be washed and placed in a household bleach solution for a least one hour before drying and re-using.
9. Needles and syringes should be safely disposed of and not re-used.

RECOMMENDED CONTENT OF FIRST AID KITS:

- Two large and two medium pairs of disposable latex gloves
- Two large and two medium pairs of household rubber gloves (for handling blood-soaked material in specific instances such as when broken glass makes the use of latex gloves inappropriate)
- Absorbent material
- Waterproof plasters
- Disinfectant (such as hypo chloride)
- Scissors
- Cotton wool
- Gauze tape
- Tissues
- Water containers
- Resuscitation mouthpiece or similar device with which mouth-to-mouth resuscitation can be applied without any contact being made with blood or other body fluids
- Protective eye wear

- Protective facemask to cover nose and mouth

Annex B

CONTENTS OF HIV/AIDS EDUCATION

The objectives of education, counselling and training should be:

1. To create awareness of the HIV / AIDS epidemic;
2. To remove the stigma against those infected;
3. To equip DAT and educational institution's leadership with counselling skills;
4. To provide information on living positively with HIV/AIDS and on caring for family members who are living with HIV or AIDS.

To ensure effective education, the DAT should build partnerships with local HIV/AIDS Unit in the Ministry of Health, with NGOs, CBOs and organisations of people living with HIV/AIDS.