



Education and Training

HEALTH AND SAFETY - HIV/AIDS - POLICY AND MANDATORY PROCEDURES

This policy replaces the HIV/AIDS section of the *Communicable Diseases Including HIV/AIDS: Policy and Implementation Guidelines*, Supplement to *Schools Bulletin* No 298, 2 July 1987.

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RELATED DEPARTMENTAL POLICIES: *Health and Safety Policy - First Aid; Administration of Medication, Catheters and Injections to Students; Condom Vending Machines in Secondary Colleges; AIDS Education and Condoms in Primary and High Schools; and Hepatitis B (in draft October 1995);*

CONTENTS:

1. PURPOSE
2. DEFINITIONS
3. CONTEXT
4. PRINCIPLES
5. MEDICAL INFORMATION
6. MANDATORY PROCEDURES
 - 6.1 Risk of Infection
 - 6.2 Confidentiality of Information
 - 6.3 Student Welfare
 - 6.4 Employee Welfare
7. SAFETY PROCEDURES
 - 7.1 Hygiene in Schools, during School Activities and in Workplaces
 - 7.2 Blood Spills
 - 7.3 Sporting, Playground or Classroom Injuries
 - 7.4 Disposal of Needles/Syringes and other *Sharps* used in First Aid Procedures
 - 7.5 Disposal of Needles/Syringes and other *Sharps* found in School Grounds
 - 7.6 Action in Case of Needlestick Injury at School or in the Workplace
 - 7.7 School Experiments involving the use of Blood/Body Tissues
8. IMPLEMENTATION GUIDELINES -
PART A - ADMINISTRATIVE RESPONSIBILITIES
 - 8.1 Responsibilities of Principals and Workplace Managers
 - 8.2 Responsibilities of Schools Boards
9. IMPLEMENTATION GUIDELINES -
PART B - CURRICULUM GUIDELINES
 - 9.1 Principles
 - 9.2 Prevention Education within a Comprehensive Health Curriculum
 - 9.3 School Community Participation
 - 9.4 Teachers' Role
 - 9.5 Primary School Programs on HIV/AIDS
 - 9.6 High School Programs on HIV/AIDS
 - 9.7 College Programs on HIV/AIDS
 - 9.8 Drug Education
10. LEGISLATION
11. CONTACT PERSONNEL & TELEPHONE NUMBERS

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1. PURPOSE

- 1.1 To provide students and employees with education (including prevention education and health maintenance for people already infected with HIV) about HIV/AIDS and sexually transmissible diseases within the context of a comprehensive health curriculum.
- 1.2 To ensure that appropriate hygiene and safety practices are carried out in schools and workplaces.
- 1.3 To ensure the right of continued access of all students, regardless of actual or imputed HIV/AIDS status, to a high quality and comprehensive education.
- 1.4 To establish appropriate education, school organisation and practices which will prevent discrimination of students and staff on the grounds of actual or imputed AIDS or HIV infection.

2. DEFINITIONS

- 2.1 **AIDS** - the word AIDS (Acquired Immune Deficiency Syndrome) refers only to a subset of illnesses which may occur after infection with HIV.
- 2.2 **HIV** - the abbreviation for the Human Immunodeficiency Virus.
- 2.3 **STD** - Sexually Transmissible Disease.
- 2.4 **Comprehensive Health Curriculum** - is that part of student learning which is planned and guided by the school and which is concerned with the health of the whole person including physical, mental, emotional and social well being.
- 2.5 **Needlestick Injury** - an injury caused by the penetration of the skin or other organ by a hypodermic needle or other potentially contaminated *sharp*.
- 2.6 **Parent(s)** - is inclusive of guardians and legal guardians.
- 2.7 **Resuscitation masks** - are one way mouth pieces suitable for mouth-to-mouth resuscitation.
- 2.8 **Sharps** - are objects or devices that have acute rigid corners, edges, points or protuberances capable of cutting or penetrating the skin.

3. CONTEXT

3.1 Legislation relating to HIV/AIDS:

(a) Commonwealth Legislation:

- *Privacy Act 1988*
- *Human Rights and Equal Opportunity Commission Act 1986*
- *Occupational Health and Safety Act (Commonwealth Employment) 1991*

(b) ACT Legislation and Policy

- . *ACT Discrimination Act (1991)*
- . *ACT Occupational Health and Safety Act (1989)*
- . ACT Government Service Occupational Health and Safety Policy No: P-05, *HIV/AIDS in the Workplace*, 21 August 1991

3.2 A National HIV/AIDS Strategy was published on 29 August 1989. The strategy focuses on the need to prevent further transmission of Human Immunodeficiency Virus (HIV), and to support and care for those already infected. While the department endorses the national strategy and has responsibility for the health, welfare and safety of its students and employees, it accepts that schools need to make their own responses in terms of:

- . a comprehensive health curriculum;
- . prevention of discrimination and the promotion of social justice.

3.3 The Commonwealth *Report of the Privacy and HIV/AIDS Working Party*, issued in September 1992 as a follow-up to the National HIV/AIDS Strategy, provides guidelines on the application of privacy principles to HIV/AIDS related information (refer to Section 10, *Legislation*).

3.4 There have been no reported cases of HIV infection contracted in school settings and there is agreement amongst experts that the risk of HIV/AIDS is minimal provided that good general hygiene procedures are carried out.

4. PRINCIPLES

4.1 The health status of students and employees is confidential.

4.2 Because the transmission of HIV/AIDS is preventable, there is an urgency for effective and ongoing education which will lead to changes in practices and behaviour.

4.3 Behaviours which place individuals at greatest risk of HIV/AIDS (penetrative intercourse and sharing of needles) are likely to occur regardless of attempts to prevent them. The educational responsibility is to educate students about the risks such behaviours involve within the context of a comprehensive health curriculum.

4.4 Safety procedures will be implemented in schools and workplaces to minimise the risk to students and employees of contracting HIV/AIDS in the school and work environment.

4.5 The department will actively counter discriminatory practices in school communities and department workplaces. The processes of HIV/AIDS education will promote an ethic of support, empowerment and care for students and department employees who are infected with the virus.

5. MEDICAL INFORMATION

5.1 The Curriculum Executive Officer, Health and PE, Studies Section, puts schools in contact with agencies who will provide current medical information and advice to students and school staff about the incidence and prevention of HIV/AIDS. The Occupational Health and Safety Officer, Industrial, Legal & Staff Welfare Section, is the contact for office staff health matters.

6. MANDATORY PROCEDURES

6.1 RISK OF INFECTION

6.1.1 All hygiene and safety procedures as outlined in the *Safety Procedures* at Section 7, are to be rigorously observed. Provided these hygiene and safety procedures are followed, the risk of infection in schools is minimal.

6.1.2 **Blood spills:** Proper procedures as outlined in the *Safety Procedures* at paragraph 7.2 must be observed at all times.

6.2 CONFIDENTIALITY OF INFORMATION

(Refer also to Section 10, *Legislation*)

6.2.1 Confidentiality refers to the protected status of information which has been provided on the understanding that it will not be accessible to other persons without the approval of the affected person (and parents in the case of students). This means that all department employees in receipt of information relating to the HIV/AIDS status of any student or department employee must take all reasonable measures to protect the student's/employee's privacy in this regard. Particular care must be taken by principals and workplace managers in cases where the information has been inadvertently or involuntarily disclosed.

6.2.2 Confidentiality should be guarded by:

- ensuring the security of records;
- careful handling of information, whether written or oral; and
- providing a private environment for personal interviews.

6.2.3 Confidentiality must also be strictly adhered to -

- in cases where a person undergoes HIV antibody tests or any other test to diagnose HIV infection or AIDS; and
- information about whether a person may be or is suspected of being infected with HIV or having AIDS, whether or not that suspicion has a rational basis.

6.3 STUDENT WELFARE

6.3.1 Prevention Education

Prevention education is to be taught to all students as part of each school's comprehensive health education program. Use should be made of *ACT Health Curriculum Framework* and the curriculum guidelines at Section 9 below. Colleges must ensure that these issues are being addressed within their programs.

6.3.2 Privacy/Notification Requirements

The HIV/AIDS status of a student is a private matter between patient and doctor. No legal requirement exists to oblige parents or doctors to report this status to schools. However, parents may choose to report HIV/AIDS. (The legal obligations regarding privacy are detailed in Section 10).

6.3.3 Exclusion from School

It is unlawful to exclude students from attendance on the grounds that they have actual or imputed AIDS or HIV infection. All students have the right of access to education.

6.3.4 Students with Open Wounds

Any student with moist skin lesions or abrasions which are **weeping**, **bleeding** or **discharging** and which cannot be covered will, as a precaution, remain away from school until the wound has healed or may be covered. Where medical judgements are needed to assess the risks, advice may be sought from a doctor in consultation with the student's parents.

6.3.5 Sporting, Playground or Classroom Injuries

The procedures outlined in the *Safety Procedures* at section 7.3 must be followed whenever there is a blood spill during sporting, playground or classroom activities.

6.3.6 Protection from Discrimination

It is unlawful to victimise or discriminate on the grounds that a person has or is imputed to have HIV/AIDS under the *ACT Discrimination Act 1991*. Examples of such discrimination are:

- refusing to enrol the student;
- excluding the student from attendance;
- denying access to school programs or activities;
- failing to protect the student from harassment or victimisation;
- breaching confidentiality on the HIV/AIDS status of the student;
- and
- differential application of school rules.

6.3.7 Students are provided with appropriate education support during periods of illnesses.

6.4 EMPLOYEE WELFARE

6.4.1 Prevention Advice

All employees and other members of school communities are to be provided with appropriate advice concerning modes of HIV/AIDS transmission, prevention, privacy, confidentiality and non-discrimination requirements.

6.4.2 Privacy/Notification Requirements (See Section 10, *Legislation*)

The HIV/AIDS status of employees is a private matter between patients and doctors. This privacy is protected as follows:

- employees are not required to disclose information about their HIV/AIDS status;
- no employee may seek information relating to the HIV/AIDS status of another department employee without the written approval of the individual concerned;
- medical certificates do not require specification of the nature of the illness or condition.

6.4.3 Protection from Discrimination

The Commonwealth *Disability Discrimination Act 1992* makes it unlawful to discriminate against a person with HIV/AIDS during all phases of employment (such as recruitment, promotion, training and retrenchment).

Employees are to be treated fairly and protected from any form of victimisation or discrimination, direct or indirect, on the grounds that they have, or are imputed to have HIV/AIDS. Examples of discrimination are:

- . dismissal, refusal to recruit, re-engage or promote;
- . denial of access to employment benefits, professional development or work-related social activities;
- . failure to protect an employee from harassment or victimisation by other staff, students or persons present in the workplace;
- . breach of confidentiality or failure to maintain confidentiality of personal information;
- . differential application of any regulation associated with employment; and
- . compulsory transfer of place of employment.

6.4.4 **Conditions of Employment**

Employment cannot be refused on the grounds that a person may have HIV/AIDS. Such employees are not to have resultant restrictions placed on their conditions of employment.

Long-term sick leave is determined by the rules which apply in the case of any illness, including the provisions relating to fitness to resume work.

6.4.5 **Reasonable Adjustment**

Consistent with policies of equal employment opportunity and rehabilitation, support is to be provided to enable employees who may be suffering from an HIV/AIDS related condition to continue with their employment. Examples of such support might be adjusted hours of attendance, counselling, and negotiated redeployment (see *Contact Personnel* at Section 11 below).

7. **SAFETY PROCEDURES**

7.1 **HYGIENE IN SCHOOLS, DURING SCHOOL ACTIVITIES AND IN WORKPLACES**

7.1.1 Schools and workplaces should implement rigorous hygiene and first aid procedures.

7.1.2 This policy refers to hygiene procedures to be followed in the case of first aid intervention. Hygiene education in the Health and Physical Education Curriculum is an important complement to this policy (refer to the Health and Physical Education Curriculum Framework in the strands - *Safety*, and *Health of Individuals and Populations*).

7.1.3 The dangers of the spread of disease make it important to re-emphasise basic hygiene in the school and workplace. These procedures are relevant to many diseases and should be applied generally. Copies of Section 7, *Safety Procedures*, should be placed in all first aid kits and prominently displayed for the information of all staff.

- 7.1.4 In schools and workplaces there should be a currently certificated first aid officer and appropriate first aid resources and facilities with accompanying advice on the need for care in handling blood and other body fluids (refer to *Health and Safety Policy - First Aid*). The resources should include:
- well stocked first aid kits including resuscitation masks and disposable surgical gloves; and
 - a clean first aid room.
- 7.1.5 Those responsible for sport and outdoor adventure activities must have access to first aid kits which include a copy of these *Safety Procedures*, as well as any special equipment for particular activities.
- 7.1.6 **Universal Precautions** constitute a series of strategies and actions designed to minimise the risk of transmission of infectious agents (blood borne and non-blood borne) which are spread by contact. (Source: 'Universal Blood and Body Fluid Precautions', Centres of Disease Control, Atlanta, Georgia, USA, 1987). These precautions recognise the premise that all blood and body substances, including tissue, of all patients are potentially infectious. Therefore, where staff have contact with blood or body fluids, the following precautions must be applied in all situations:
- all human blood or other body fluids and tissues should be considered as potentially infectious;
 - gloves must be worn whenever there is a likelihood of contact with blood or body fluids, when handling anything contaminated with blood or body fluids and when handling and cleaning first aid equipment;
 - hands must be washed with soap and running water before and after administration of first aid; and
 - soiled equipment should be soaked in a bleach solution for 30 minutes then rinsed, or washed in cold water and detergent and then boiled for 10 minutes (refer to section 7.2.6).
- 7.1.7 Students should be advised of the dangers associated with carrying out procedures where skin is broken.
- 7.1.8 **Disposal of First Aid Waste (excluding sharps)**: First aid waste should be placed inside a plastic bag, tied securely, then placed inside a second plastic bag, which should also be tied securely and then disposed of with normal domestic waste.
- 7.1.9 There do not appear to be any documented cases of HIV infection from mouth-to-mouth resuscitation. However, as a precaution, a resuscitation mask could be used where practicable.
- 7.1.10 Training in cardio-pulmonary resuscitation should be practised with the use of resuscitation masks. Equipment, including manikins, should be disinfected after each use. Care should be taken to disinfect manikins according to the manufacturer's instructions.
- 7.1.11 Staff involved in toileting a student must always -
- exercise strict hygiene
 - cover any cuts or broken skin with waterproof dressings to prevent any contact with the student's body fluids
 - wear disposable gloves

7.2 BLOOD SPILLS

7.2.1 The following procedures should be followed by those providing first aid for patients who are bleeding:

Equipment:

- disposable surgical gloves
- disinfectant
- disposable towels
- disposable plastic bags
- waterproof dressings

Procedure:

- wear surgical gloves
- cover any cuts or abrasions on arms or hands with waterproof dressings
- clean and disinfect wound
- dress wound
- remove gloves and place in plastic bag, tie securely, then place inside a second plastic bag, which should also be tied securely
- arrange for appropriate disposal
- wash hands with soap and running water

7.2.2 If staff members have **open** cuts or **weeping** sores on hands or lower arms they should not treat students or other staff members, but send immediately for assistance, except in an emergency (naturally, the risk of infection is weighed against the need to save life).

7.2.3 For minor scratches or cuts staff should encourage and guide students to assist, as far as possible, with their own first aid. As part of the normal health curriculum all students should be taught basic first aid procedures for attending to minor injuries, including:

- cleaning the wound of dirt and blood
- using antiseptic cream or solution
- applying elastic adhesive tapes or light dressing
- cleaning up

7.2.4 **Exposures:** If a member of staff or a student has an exposure to blood or body fluids, the following action should be taken:

Immediately:

- wash away the blood or body fluid with soap and running water;
- if the eyes are contaminated, rinse eyes while open with tap water or saline;
- if blood gets into the mouth, spit it out and then repeatedly rinse with running water.

What to do next:

- after carrying out the appropriate first aid measures outlined above, the incident should be reported to the principal/workplace manager;
- in the case of a staff member, they should be referred immediately to a doctor or a hospital for risk assessment and, if necessary, appropriate testing, treatment and skilled counselling. An ACT Government Accident Report form must be completed

and forwarded to Industrial, Legal & Staff Welfare Section within seven days;

- in the case of a student, the principal should ensure that parents are advised to immediately contact a doctor or a hospital for risk assessment of the student and, if necessary, appropriate testing, treatment and skilled counselling. A Student Injury Report form must be completed and the green sheet forwarded to Industrial, Legal & Staff Welfare Section within seven days.

7.2.5 Cleaning and Removal: The following procedures should be followed for the hygienic cleaning and removal of blood spills:

Equipment:

rubber gloves
absorbent material, such as paper towels, cloth or sawdust
household bleach
hot water and detergent
plastic bags
water

Procedure:

- wear rubber gloves;
- using absorbent material, mop up the bulk of the blood or body fluids;
- place waste materials in a plastic bag, tie securely, then place inside a second plastic bag which should also be tied securely;
- clean contaminated surfaces by covering for 30 minutes with paper towels which have been soaked in the strongest recommended solution of bleach. Remove and place in double plastic bags. Wash the wet areas with water and household detergent and dry them thoroughly;
- arrange for safe disposal of all waste materials;
- wash gloves and hands with soap and running water;
- soak any utensils used in bleach solution for 30 minutes then rinse (or wash in cold water and detergent and boil for 10 minutes);
- care should be taken during cleaning to avoid splashing. Eye protection should be worn if splashing is likely to occur.

7.2.6 Disinfectants: The following disinfectants are suitable when used in conjunction with the procedures outlined above:

- bleach (household bleach, Milton solution, etc) in water, freshly prepared at a concentration of one part in 10; or
- disinfectants containing iodine (Povidone-iodine, Betadine, etc)

Note: Household bleach loses its effective element (chlorine) rapidly after opening so it should be freshly diluted rather than stored in a diluted state. Small bottles are preferable for the same reason.

7.2.7 **Contaminated Clothing:** Contaminated clothing should be removed and stored in leak-proof double plastic bags until it can be treated as follows.

- white clothing should be soaked in 1:10 solution bleach for 30 minutes. Bleach should be rinsed off after use;
- coloured clothing should be soaked in disinfectant for 30 minutes;
- after soaking, clothes should be washed alone in a domestic washing machine at high temperature on a long cycle.

7.3 SPORTING, PLAYGROUND OR CLASSROOM INJURIES

(Refer also to Section 7.2 - *Blood Spills*)

7.3.1 In the case of a blood spill which arises from sporting, playground or classroom activities, teachers must ensure that:

- a student who is bleeding leaves the activity area until the bleeding has stopped, all body parts contaminated by blood are cleaned and the wound securely covered with waterproof bandages or dressings;
- where appropriate, bystanders in the immediate vicinity are removed from the area until the area is cleaned;
- all contaminated equipment is replaced and contaminated surfaces cleaned, prior to the game or activity recommencing (see 7.2.5 above for procedures);
- contaminated clothes are changed for clean ones once the wound has been treated. Contaminated clothes should be handled with surgical gloves and stored in leakproof double plastic bags until they can be washed (see 7.2.7 above);
- disposable surgical gloves are worn by all those assisting with the blood spill;
- a Student Injury Report form is completed and the green section forwarded to Industrial, Legal & Staff Welfare Section within seven days (refer also to *School Accidents: Policy and Mandatory Procedures*).

7.3.2 If bleeding should recur, the above procedures must be repeated. If bleeding cannot be controlled and the wound securely covered, the student must not continue in the activity.

7.3.3 Students involved in contact/collision sport and playing under adult rules, should be advised to be vaccinated against Hepatitis B.

7.4 DISPOSAL OF NEEDLES/SYRINGES AND OTHER *SHARPS* USED IN FIRST AID PROCEDURES

7.4.1 This section applies only to the use of needles, syringes and other *sharps* used in emergency first aid procedures. In these cases the following procedures must be followed:

Equipment:

- disposable surgical gloves
- *sharps* disposal container (available from TOTALCARE, 20 75300)
- tongs

- disposable plastic bags
- bleach/disinfectant/detergent

Procedure:

- ensure that *sharps* container is open;
- put gloves on both hands;
- DO NOT TRY TO RECAP THE NEEDLE;
- pick up the syringe and/or needle as far from the needle end as possible (use tongs to pick up syringe and/or needle if appropriate - depending upon medical procedure performed);
- place into *sharps* container, needle first;
- close *sharps* container;
- commence process to sterilise tongs*;
- remove gloves by turning inside out;
- place gloves in a plastic bag, tie securely, then place inside a second plastic bag which should also be tied securely;
- wash hands thoroughly with soap and running water, even if the gloves appear to be intact;
- care should be taken during cleaning to avoid splashing. Eye protection should be worn if splashing is likely to occur.

- * To sterilise tongs - soak in bleach solution for 30 minutes then rinse (or wash in cold water and detergent and boil for 10 minutes - refer to section 7.2.6).

7.4.2 All *sharps* generated as a result of first aid activities must be placed in *sharps* containers and stored in a safe place prior to collection. This may be arranged by phoning TOTALCARE 20 75300. (Infectious waste should not be stored for long periods).

7.4.3 Do not dispose of *sharps* containers in normal waste disposal bins or at landfills.

7.5 DISPOSAL OF NEEDLES/SYRINGES AND OTHER SHARPS FOUND IN SCHOOL GROUNDS

7.5.1 STUDENTS MUST BE INSTRUCTED NOT TO PICK UP SYRINGES OR OTHER SHARPS UNDER ANY CIRCUMSTANCES BUT TO STAND WATCH WHILE ANOTHER STUDENT GETS A MEMBER OF STAFF

7.5.2 Schools should ensure that students are aware of the potential danger of needlestick injuries and they should be warned against handling needles.

7.5.3 When broken glass, condoms or other hazardous waste are found students should be instructed to follow the procedure at 7.5.1. Students and staff should be encouraged at all times to report the whereabouts of such hazardous waste.

7.5.4 The following procedures must only be carried out by staff members trained in the safe removal of *sharps*. If a trained staff member is not available or if schools require assistance, they should contact the *SHARPS* HOTLINE, telephone 20 75959.

Equipment:

- disposable surgical gloves
- *sharps* disposal container (available from TOTALCARE, 20 75300)
- tongs
- bactericidal wipes
- disposable plastic bags
- bleach/disinfectant/detergent

Store equipment in a location where it can be easily accessed when a syringe and/or needle is found.

Procedure:

- physically locate the syringe and/or needle;
- DO NOT TOUCH IT with any part of your body;
- put surgical gloves on both hands;
- take *sharps* container and tongs to location of syringe and/or needle;
- open container and place on the ground;
- using tongs, pick up syringe and/or needle and place into container, needle first;
- using tongs place other injecting equipment into container if found;
- close *sharps* container;
- if soiled, wipe down tongs with bactericidal wipes (to remove grime only - wipes WILL NOT sterilise tongs);
- commence process to sterilise tongs*;
- remove gloves by turning inside out;
- place used wipes and gloves in a plastic bag, tie securely, then place inside a second plastic bag which should also be tied securely;
- wash hands thoroughly with soap and running water;
- care should be taken during cleaning to avoid splashing. Eye protection should be worn if splashing is likely to occur;
- if *sharps* container is full, contact TOTALCARE on telephone 20 75300 to arrange disposal.

* To sterilise tongs - soak in a bleach solution for 30 minutes then rinse (or wash in cold water and detergent and boil for 10 minutes - refer to section 7.2.6).

7.6 ACTION IN CASE OF NEEDLESTICK INJURY AT SCHOOL OR IN THE WORKPLACE

Immediately:

- if skin is penetrated wash the area well with soap and running water;
- cover the wound if necessary with adhesive dressing;
- if blood contacts skin, intact or not, wash the area well with soap and running water.

What to do next:

- after carrying out the appropriate first aid measures outlined above, the incident should be reported to the principal/workplace manager;
- in the case of a staff member, they should be referred immediately to a doctor or a hospital for risk assessment and, if necessary, appropriate testing, treatment and skilled counselling. An ACT Government Accident Report form must be completed and forwarded to Industrial, Legal & Staff Welfare Section within seven days;
- in cases involving a student, the principal should ensure that parents are advised to immediately contact a doctor or a hospital for risk assessment of the student and, if necessary, appropriate testing, treatment and skilled counselling. A Student Injury Report form must be completed and the green sheet forwarded to Industrial, Legal & Staff Welfare Section within seven days.

7.6.1 **All needlestick/sharps injuries together with any body substances exposure must be reported, even if it is considered to be 'low risk'.**

7.7 **SCHOOL EXPERIMENTS INVOLVING THE USE OF BLOOD/BODY TISSUES**

7.7.1 Since it is not possible to guarantee the complete safety of students when undertaking experiments using fresh human body fluids or tissues, teachers are to use only commercially prepared slide preparations to study the cellular components of blood/fluids and not to undertake practical work to determine blood groups.

7.7.2 **Experiments involving the use of fresh human tissue or body fluids, for example, cheek cell smears, blood typing, blood smears and urine samples, are prohibited.**

8. **IMPLEMENTATION GUIDELINES** **PART A - ADMINISTRATIVE RESPONSIBILITIES**

8.1 **RESPONSIBILITIES OF PRINCIPALS AND WORKPLACE MANAGERS**

8.1.1 Principals and workplace managers must take the follow actions:

- inform school boards about the implications of HIV/AIDS for schools to enable them to effectively develop relevant school level strategies and monitor their implementation;
- ensure that measures are taken to avoid discrimination against either a student or a department employee on the grounds of actual or imputed AIDS or HIV infection;
- ensure that schools implement their board's prevention education program on HIV/AIDS in the context of a comprehensive health education curriculum;
- ensure that current information about HIV/AIDS and strategies required to implement health education is distributed to all staff;
- ensure that notices distributed by the department concerning procedures for blood spills (see Section 7, *Safety Procedures*) are clearly displayed in first aid rooms and that employees are informed about these procedures;
- ensure that equipment to protect all students and employees from contact with the body fluid of others is readily accessible. This applies particularly to the availability of disposable surgical gloves and a readily accessible first aid kit;
- ensure that employees have access to information and prevention education about HIV/AIDS;
- advise all employees about the importance of confidentiality in the workplace. In the event of either a student's or an employee's HIV/AIDS status being brought to the principal/workplace manager's attention, they must ensure that this information is treated as confidential (see 6.2 above);
- ensure that all reasonable steps are taken so that no employee in their charge is discriminated against (see 6.4.3 above).

8.2 RESPONSIBILITIES OF SCHOOL BOARDS

8.2.1 School boards must:

- act on the recommendations and directions of this policy;
- either adopt this policy or develop appropriate school policy procedures on HIV/AIDS within the context of, and consistent with, this policy;
- ensure that community consultation takes place in the development of the school's HIV/AIDS strategy;
- monitor and review the implementation of the school strategy.

9. IMPLEMENTATION GUIDELINES PART B CURRICULUM GUIDELINES

9.1 PRINCIPLES

9.1.1 Schools HIV/AIDS education programs are to:

- provide current, comprehensive and accurate information;
- focus on the total person and the promotion of their well-being;
- develop skills in communication and decision making which lead to responsible action;
- maintain and enhance student self confidence;
- encourage students to critically examine their own and other people's values and attitudes;
- assist students to understand other people's values;
- respect the rights of all individuals;
- build knowledge about STDs, including HIV/AIDS, into a broader context of sexuality, sexual health and relationships and explore the total range of options in preventing STDs, and
- be implemented with regard to the age and backgrounds of the students.

9.2 PREVENTION EDUCATION WITHIN A COMPREHENSIVE HEALTH CURRICULUM

9.2.1 All students are to be educated about HIV/AIDS and other sexually transmissible diseases as part of their school programs. A comprehensive health education program is concerned with the health of the whole person, including physical, mental, emotional and social well-being. The issue of sexually transmitted diseases is intrinsically bound up with the wider issue of human sexuality, and can be appropriately included in that context.

9.2.2 The underlying emphasis of this curriculum approach is one of prevention. It aims to develop responsible behaviour and attitudes in order to eliminate risks to the health and well-being of self and others. In the particular case of HIV/AIDS, the aim is to inform students and encourage attitudes and behaviour which will seek to eliminate infection.

9.3 SCHOOL COMMUNITY PARTICIPATION

9.3.1 School health education policies are to be approved by the school board with the input of the school community - students, parents and teachers. The provision of HIV/AIDS education within a comprehensive health education program is an essential component of the strategy to contain the spread of the epidemic. The successful implementation of these programs requires continuing communication with parents.

9.4 TEACHERS' ROLE

9.4.1 In the school setting classroom teachers are a key element in teaching about HIV/AIDS. They have the opportunity to establish caring and trusting relationships with students in their day-to-day activities. They should make use of HIV/AIDS and STD curriculum materials, and the expertise and information available at Studies Section.

9.4.2 The use of outside personnel in school programs should be as a supplement to the role of the teacher. "One-off" presentations, using a speaker or video, will not enable students to develop the necessary knowledge and social skills they will need to prevent infection.

9.5 PRIMARY SCHOOL PROGRAMS ON HIV/AIDS

9.5.1 Information about HIV/AIDS in the primary health education program should aim to identify and correct any myths and fallacies rather than to provide students with detailed medical or technical information. The nature and amount of information which can be provided will depend on the age of the students concerned.

9.5.2 This curriculum should:

- provide an environment and learning experiences which enhance self-respect;
- develop clear understanding of the sexually defined body structures and functions in females and males;
- deal with the concerns about changes associated with puberty, such as differences in development, menstrual management, wet dreams and body odour;
- explore positive ways to relate with friends and within the family;
- develop positive attitudes in order to counter discrimination towards others;
- improve skills in decision making, communication and assertiveness to help students deal with pressure and risk situations;
- teach about keeping bodies healthy; and
- provide information about where young people can get professional advice and support including the role of the school counsellor.

9.5.3 Support material for primary teachers is available through the Curriculum Executive Officer, Health and PE, Studies Section.

9.6 HIGH SCHOOL PROGRAMS ON HIV/AIDS

9.6.1 High School curriculum about HIV/AIDS should provide information about:

- the nature of HIV/AIDS and other sexually transmitted diseases;

- modes of transmission;
- modes of prevention;
- signs and symptoms; and
- sources of information and assistance including outside agencies.

9.6.2 Students should have the opportunity to:

- critically examine attitudes which influence risk behaviour;
- critically examine attitudes that lead to discrimination;
- develop and practise personal skills necessary in making decisions that prevent infection *eg*, communication, assertiveness, practical problem solving;
- establish peer support to encourage and support healthy decisions and behaviours;
- obtain information from the Curriculum Executive Officer, Health and PE, Studies Section, about support agencies.

9.6.3 Support material for high school teachers is available through the Curriculum Executive Officer, Health and PE, Studies Section.

9.7 COLLEGE PROGRAMS ON HIV/AIDS

9.7.1 College programs about HIV/AIDS should provide information about:

- the nature of HIV/AIDS and other sexually transmitted diseases;
- modes of transmission;
- modes of prevention;
- signs and symptoms; and
- sources of information and assistance, including outside agencies.

9.7.2 Students should have the opportunity to:

- critically examine attitudes which influence risk behaviour;
- critically examine attitudes that lead to discrimination;
- develop and practise personal skills necessary in making decisions that prevent infection *eg*, communication, assertiveness, practical problem solving;
- establish peer support to encourage and support healthy decisions and behaviours;
- obtain information from the Curriculum Executive Officer, Health & PE, Studies Section, about support agencies.

9.7.3 Support material for college teachers is available through the Curriculum Executive Officer, Health and PE, Studies Section.

9.8 DRUG EDUCATION

9.8.1 Drug education is relevant to HIV/AIDS because of the risk of HIV infection through the sharing of needles and syringes with an infected

person. It therefore forms a component of the health education program.

10. LEGISLATION

The Privacy Act 1988 and the Guidelines on HIV/AIDS and Privacy (Section 6 of the Commonwealth *Report of the Privacy and HIV/AIDS Working Party*, September 1992) require ACT government agencies to comply with certain principles about the privacy of information. These principles govern:

- . methods used to collect personal information
- . storage and security of personal information
- . notice of the existence of record systems
- . access by individuals to their own records
- . accuracy and completeness of personal information
- . use of personal information
- . disclosure of personal information to third parties

Should a student, parent or employee choose to notify the school or workplace of a student's or employee's HIV/AIDS status, the information must be maintained in accordance with the Privacy Act and the above Guidelines. The information cannot be disclosed without the individual's consent, except in certain circumstances.

If required, further information and advice on the Privacy Act 1988 and the Guidelines on HIV/AIDS and Privacy should be sought from the Industrial, Legal & Staff Welfare Section.

11. CONTACT PERSONNEL AND TELEPHONE NUMBERS

Advice and information on health education matters in schools

Learning and Teaching telephone: 6205 9204

Information on Legislation

Governance and Legal Liaison
telephone 620 59159

Medical information and advice

Australian National Council on AIDS
telephone: 6289 8345

Office staff health matters

Human Resources telephone: 6205 9202

Support material for teachers

Learning and Teaching telephone: 6205 9204

Supply and collection of *sharps* containers

TOTALCARE, telephone 620 75300

Advice on needles/syringes found in school grounds

ACT Government Communications
Centre, *Sharps* Hotline, telephone
620 75959