



## Ministry of Education, Youth and Culture

# National Policy for HIV/AIDS Management in Schools



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## SITUATIONAL ANALYSIS

**Acquired Immune Deficiency Syndrome (AIDS) is a communicable disease that is caused by the Human Immunodeficiency Virus (HIV).**

### Understanding HIV/AIDS

**I**nternationally, the first case of AIDS was diagnosed more than 20 years ago. In spite of extensive research, the origin of HIV has not been discovered.

The spread of HIV in Jamaica is mainly through sexual contact between men and women. Additionally, about one-third of all babies born to HIV-infected women are infected during pregnancy, at birth or through breast feeding unless anti-retroviral medication is given to prevent HIV transmission from mother to child.

Persons infected with HIV do not immediately develop AIDS or AIDS symptoms. Most persons will remain appar-

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ently well and continue to function productively as family and community members and at the workplace for several years. However, the virus gradually weakens the immune system of the affected person, leaving him or her susceptible to other infections. Conditions such as skin rashes, chronic diarrhoea, weight loss, fevers, swollen glands and certain types of cancers may occur. Whereas these conditions may be treated, the underlying HIV infection cannot be cured. Treatment with anti-retroviral drugs significantly improves the well-being and quality of life of persons living with HIV/AIDS (PLWHA), prolongs their life and allows them to work and lead a productive life.

Despite the collaboration between government and non-government agencies, the work to inform, educate and support young people must become more focused and systematic. In addition to the efforts to institute strategies, there is need for extensive support for those who are infected, or affected through the loss of a family member, or those who live with persons with HIV/AIDS.

The social concerns for children with HIV/AIDS requires timely and focused responses from educational institutions. Appropriate responses, including prevention and intervention strategies might necessitate policies to guide the management of the incidence of HIV/AIDS among students and others in the education sector.

The following important factors must guide the development of policies:

- 1) There being no cure for AIDS, the focus must be on prevention, via information, education and efforts at behaviour change.

- 2) Children infected with HIV may lead long and healthy lives. Like all children, they have a right to education.
- 3) Children living with HIV/AIDS do not pose a health risk to others.
- 4) HIV/AIDS is transmitted sexually and this is how most persons living with HIV/AIDS in Jamaica became HIV infected. Children may also become HIV infected through vertical transmission – from an HIV infected mother during pregnancy, childbirth or breast feeding. HIV/AIDS is not transmitted by casual contact such as touching or hugging.

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## THE LEGAL FRAMEWORK

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The Attorney General has provided a review of existing laws and made recommendations regarding the development of new legislation to address issues raised by the AIDS epidemic in Jamaica. These recommendations also serve as the framework for developing a policy for the management of HIV/AIDS in schools.

The Attorney General's Department urges:

- 1) Care must be taken to balance the rights of the individuals with those of society, as well as the rights of the infected with those of the uninfected;
- 2) Maximum confidentiality, protection of information related to the HIV/AIDS status of an individual is an essential public health measure. The issue of clear and specific guidelines with respect to confidentiality, notification, discrimination and laboratory testing is



necessary and the responsibility of the relevant agency;

- 3) Students infected by HIV/AIDS should not be excluded from institutions of learning on the basis of their HIV/AIDS status. Nor should persons be suspended, expelled or dismissed on account of their HIV/AIDS status or that of a relative;
- 4) The term 'communicable' connotes the ability to be transmitted to others. HIV/AIDS is a communicable disease meaning that it is due to a specific infection agent (i.e. the Human Immunodeficiency Virus) that is transmitted from an infected person to a susceptible person by way of sexual intercourse, exposure to infected blood or blood products or from mother to child during pregnancy, childbirth or breast-feeding. There is no evidence that HIV can be transmitted through casual contact. Therefore, there are no grounds for exclusion of a child or an adult living with HIV/AIDS from attending school;
- 5) The Public Health Act speaks of communicable diseases as being infectious by nature. The Education Regulations, "1980" regulation 31(1) which stipulates that "*students shall be excluded from attending a public educational institution during any period in which he is known to be suffering from a communicable disease or infestation*", must be interpreted in light of the definition of the Public Health Act and the scientific evidence concerning the specific ways in which HIV is transmitted;
- 6) The spirit of the Education Act seeks to ensure that students benefit from their educational experience to

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their full capacity. The Minister of Education, Youth and Culture is empowered to ensure that students derive that benefit by sections 4(1)(g) and 4(2) and section 24 which allow the Minister to determine the need for special educational treatment on behalf of a student and to determine if a medical examination is necessary to verify the health status of a student;

- 7) Research has revealed no known case of transmission of the HIV virus through casual contact in the school setting. Accordingly, a policy should discourage all actions to segregate, persecute or exclude persons from educational institutions. Such policy should also preclude inappropriate disclosure of information which reveals the identity of infected persons;
- 8) Parents, guardians or other relatives cannot be compelled to disclose information regarding the HIV/AIDS status of an individual. Where the status is known, the institution is obliged to protect that information. However, where it becomes necessary to ascertain the status of an individual to secure treatment, application may be made to the Ministry of Education, Youth and Culture under Section 24 of the Education Act;
- 9) Exclusion of, or imposition of restriction on an infected individual is justified only where that person poses a significant health risk.

**Care must be taken to balance the rights of the individuals with those of society, as well as the rights of the infected with those of the uninfected.**



## POLICY FRAMEWORK

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The Ministry of Education, Youth and Culture acknowledges the seriousness of the HIV/AIDS epidemic and, recognising that international and local evidence suggests that there is a great deal that can be done to influence the course of the epidemic, is committed to minimising the social, economic and developmental consequences of HIV/AIDS to the education system, and to providing leadership to implement an HIV/AIDS policy.

This policy applies to all educational institutions that enroll students in one or more grades and at all levels. It will be reviewed within a five-year period to take into account any new developments in the methods of infection and treatment of persons with HIV/AIDS.

In all instances, this policy should be interpreted to ensure respect for the rights and dignity of students and school personnel with HIV/AIDS, as well as all other members of the institution's community.

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### RATIONALE

Although there is no known case of the transmission of HIV within educational institutions, there are students with HIV/AIDS in schools. Children who acquire HIV prenatally will, with adequate medical care, reach school-going age and with HIV/AIDS infected educators, form part of the population of educational institutions.

Within the context of early sexual activities, the risk of young students contracting the virus is increased. Similarly, the increased sexual activities among older students and the evidence of unprotected sexual relations expose older students and members of the educational community to the risk of infection through sexual transmission.

Since the detection of the first HIV/AIDS case in Jamaica in 1982, it is estimated that over 22,000 persons are currently living with HIV/AIDS in Jamaica. The Caribbean region has the second HIV/AIDS prevalence rates after Sub-Saharan Africa. HIV/AIDS threatens the health and other social gains of recent decades. Life expectancy and economic growth are at risk, especially in light of the threat to educational development.

The rights of students and employees within educational institutions must be protected. Such protection can be more assured with the enactment of appropriate policy measures.

**HIV/AIDS threatens the health and other social gains of recent decades. Life expectancy and economic growth are at risk, especially in light of the threat to educational developments.**

A policy to guide the management of HIV/AIDS within schools and other educational institutions is, therefore, necessary and timely.

## GOAL

The goal of this policy is to promote effective prevention and care within the context of the educational system.

## OBJECTIVES

The objectives of the policy are to:

- highlight the existence of the HIV/AIDS epidemic in Jamaica and in particular the education system;
- provide guidelines for institutions on the treatment of students and school personnel infected with HIV/AIDS;
- promote the use of universal precautions in all potentially infectious situations;
- ensure the provision of systematic and consistent information and educational material on HIV/AIDS to students and school personnel throughout the system;
- reduce the spread of HIV infection;
- instill non-discriminatory attitudes towards persons with HIV/AIDS.

## STATEMENTS OF INTENT

### 1. Non-Discrimination and Equality

- 1.1 No student or staff member with HIV/AIDS may be discriminated against directly or indirectly. Speculation or gossip concerning any person suspected of having HIV/AIDS must be discouraged.

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- 1.2 Students and school personnel with HIV/AIDS should be treated in a just, humane and life-affirming way.
- 1.3 Any special measure in respect of a student or staff member with HIV should be fair and justifiable in light of medical facts; established legal procedures and principles; ethical guidelines; the best interest of persons with HIV/AIDS; institutional conditions; and the best interest of other students and school personnel.
- 1.4 To prevent discrimination, all students and school personnel should be educated about fundamental human rights as contained in the Constitution of Jamaica and the UN Convention on the Rights of the Child to which Jamaica is a signatory.

**2. HIV/AIDS Testing, Admission and Appointment**

- 2.1 No student may be denied admission to or continued attendance at an institution on account of his or her HIV/AIDS status or perceived HIV/AIDS status.
- 2.2 No staff member may be denied the right to be appointed in a post, or to be promoted on account of his or her HIV/AIDS status or perceived HIV/AIDS status. Nor shall HIV/AIDS status be a reason for dismissal, or for refusing to renew any staff member's employment contract.
- 2.3 There is no medical justification for routine testing of students or educators for proof of HIV infection. The testing of students for HIV/AIDS as a prerequisite for

admission to, or continued attendance at an educational institution, is prohibited. The testing of staff members for HIV/AIDS as a prerequisite for appointment or continued service is also unnecessary and prohibited.

### **3. Attendance at Institutions by Students with HIV/AIDS**

- 3.1 Students with HIV have the right as any other to attend educational institutions. The needs of students with HIV/AIDS with regard to their right to basic education should as far as is reasonably practicable be accommodated in the school or institution.
- 3.2 Students with HIV/AIDS are expected to attend classes in accordance with statutory requirements for as long as they are able.

### **4. Disclosure and Confidentiality**

- 4.1 No student (or parent on behalf of a student), or educator, is compelled to disclose his or her HIV/AIDS status to the institution or employer.
- 4.2 Voluntary disclosure of a student's or educator's HIV/AIDS status to the appropriate authority should be welcomed, and an enabling environment should be cultivated in order to facilitate this disclosure. Confidentiality of such information must be ensured and any form of discrimination is prohibited.
- 4.3 It may be in the best interest of a student with HIV/AIDS if a member of the staff of the institution directly involved with the care of the student, is

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informed of his or her HIV/AIDS status. It is also prudent for an educator or other employee to disclose his/her HIV/AIDS positive status to the head of the educational institution.

- 4.4 Any person to whom information about the medical condition of a student, educator or other employee with HIV/AIDS has been divulged, is required to keep this information confidential.
- 4.5 Unauthorised disclosure of HIV/AIDS-related information could give rise to legal liability.
- 4.6 A child living with HIV/AIDS does not present a risk to other children or persons. However, if there are special circumstances in which a risk is thought to arise, then the parents and educator or other, should confer with the Minister to obtain permission to seek medical opinion to assess whether the child's conduct or condition poses a medically-recognised significant health risk to others. If such a risk is established, the head of the institution should be informed. The principal of the institution must take the necessary steps to ensure the health and safety of other students, educators and staff members.
- 4.7 If a medical doctor advises that a child, living with HIV/AIDS does pose a significant health risk to others the principal may apply to the Minister of Education, Youth and Culture to act under Section 24 of the Education Act.

### **5. Education on HIV/AIDS**

- 5.1 A continuing Health and Family Life (HFLE) and HIV/AIDS education programme must be imple-



mented at all schools and institutions for all students and school personnel. Age-appropriate education on HIV/AIDS must form part of the curriculum for all students, and should be integrated in the HFLE programme for pre-primary, primary and secondary school students. A holistic programme for Health and Family Life Education and HIV/AIDS education should encourage disclosure. This should include the following:

- i. providing information on HIV/AIDS and developing the life skills necessary for the prevention of HIV transmission;
- ii. emphasizing information on appropriate prevention and avoidance measures, including abstinence from sexual intercourse, the use of condoms, faithfulness to one's partner, obtaining prompt medical treatment for sexually transmitted diseases, avoiding traumatic contact with blood, and the application of universal precautions with respect to first aid;
- iii. providing information on the role of drugs, sexual abuse and violence, and sexually transmitted infections (STIs) in the transmission of HIV, and empowering students to deal with these issues;
- iv. encouraging students to make use of health care, counselling and support services (including services related to reproductive health care and the prevention and treatment of sexually transmitted infections) offered by community service organisations and other disciplines;

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- v. teaching students how to behave towards persons with HIV/AIDS, raising awareness of prejudice and stereotypes relating to HIV/AIDS;
- vi. cultivating an enabling environment and a culture of non-discrimination towards persons with HIV/AIDS; and
- vii. inculcating from an early age, basic first aid principles including how to deal with bleeding with the necessary safety precautions.

5.2 Education and information regarding HIV/AIDS must be given in an accurate and scientific manner and in language and terms that are understandable. Participatory methods of learning including games, role play and drama are more effective. Children should be encouraged to ask questions and to expect reasonable, comprehensible and appropriate answers.

**6. A Safe Institutional Environment**

- 6.1 The Ministry of Education, Youth and Culture will ensure that provisions are in place for all institutions to implement universal precautions to eliminate the risk of transmission of all blood-borne pathogens, including HIV, in educational institutions. (Details of universal precautions are included in Appendix 1.)
- 6.2 All schools and institutions will provide training in first aid for students, teachers and staff and require the availability and maintenance of at least two first aid kits, each of which should contain at least the following:
  - a. two large and two medium pairs of serviceable disposable latex gloves;

- b. two large and two medium pairs of serviceable household rubber gloves for handling blood-soaked material in specific instances (for example, when broken glass makes the use of latex gloves inappropriate);
- c. absorbent material, waterproof plasters, disinfectant, pairs of scissors, cotton wool, gauze tape, tissues, containers for water and a resuscitation mouth piece or similar device with which mouth-to-mouth resuscitation can be applied without any contact being made with blood or other body fluids.

Adequate barriers can also be established by using less sophisticated devices such as:

- a. unbroken plastic bags on hands where latex or rubber gloves are not available;
- b. common household bleach for use as disinfectant, diluted one part bleach to 10 parts water (1:10 solution) made up as needed.

- 6.4 Where the first aid kit is not readily accessible the teaching area will be equipped with a pair of latex or household rubber gloves.
- 6.5 Serviceable latex or household rubber gloves will be available at every sports event and should also be carried by the activity supervisor.
- 6.6 First aid kits and appropriate cleaning equipment will be stored in one or more selected rooms in the school or institution and should be accessible at all times.

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- 6.7 The contents of the first aid kits will be checked monthly against a contents list by a designated staff member of the school or institution.
- 6.8 A fully equipped first aid kit will be available at all institution events and should be kept on vehicles used for the transport of students to events.
- 6.9 All students, educators and other staff members, including sports coaches, will 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 to these precautions.

**7. Prevention Measures Related to Play and Sport**

- 7.1 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 students, educators and other staff are exposed to infected blood. Certain contact sports may represent an increased risk of HIV transmission.
- 7.2 Adequate wound management, that is, the application of universal precautions, will be practised to contain the risk of HIV transmission during contact play and contact sport.
  - i. Students and teachers with open wounds, sores, lesions, grazes of the skin will not be allowed to participate in contact sports.
  - ii. If bleeding occurs during contact play or contact sport, the injured player must be removed from

the playground or sports field immediately and treated appropriately. Only then may the player resume playing and only for as long as any open wound, sore, break in the skin, graze or open skin lesion remains completely and securely covered.

- 7.3 Sports participants, including coaches, with HIV/AIDS must seek medical counselling before participation in sports, in order to assess risks to their own health as well as the risk of HIV transmission to other participants.
- 7.4 Staff members acting as sports administrators, managers and coaches have special opportunities for meaningful education for sports participants with respect to HIV/AIDS including education re safe sex, and should encourage participants to seek medical and other counselling where appropriate.

## **8. Refusal to Study with or Teach a Student with HIV/AIDS, or to Work with or be Taught by an Educator with HIV/AIDS**

- 8.1 Refusal to study with a student, or to work with or be taught by school personnel with, or perceived to have HIV/AIDS, should be pre-empted by providing accurate and understandable information on HIV/AIDS to all staff members, students and their parents.
- 8.2 Where the incidence of refusal arises, the situation should be resolved by the principal, in accordance with the principles contained in this policy, the Education Act, and other relevant legislation and policies.



## IMPLEMENTATION

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While overall responsibility for implementation of this policy rests with the Ministry of Education, Youth and Culture, all educational institutions should develop and implement their HIV/AIDS action plans consistent with the Education Act to give operational effect to this policy.

Major role-players in the wider community (for example, religious and community leaders, representatives of the medical or health care professions) should be involved in development and implementation of this plan.

Where community resources make this possible, it is recommended that each institution should establish its own Health Advisory Committee as a committee of the governing body or council. Where the establishment of such a committee is not possible, the institution should draw on expertise available to it within the education and

health systems. The committee may as far as possible use the assistance of local health workers.

The committee should consist of educators and other staff, representatives of the parents of students and representatives from the medical or health care professions. The committee will advise the governing body or council on all health matters, including HIV/AIDS; be responsible for developing and promoting an institution plan of implementation on HIV/AIDS; and review the plan from time to time, especially as new scientific information about HIV/AIDS becomes available.

**Where community resources make this possible, it is recommended that each institution should establish its own Health Advisory Committee as a committee of the governing body or council.**



## CONCLUSION

The spread of the HIV/AIDS epidemic in Jamaica can only be controlled through interventions which address the behaviour of the populace.

Special attention must be paid to children and young people as they are not only at particular risk, but their responsible sexual behaviour is essential in advancing HIV/AIDS prevention and containment.

The role of educational institutions in imparting knowledge regarding HIV/AIDS has been proven internationally and provides an important opportunity in reducing the impact of the epidemic on our society.

Issues covered in this policy will provide institutions with the information and guidelines for implementation required to make a change in the spread of infection amongst our youth. The policy also advances a positive view of interacting with those persons who may already be infected.

Development of a policy for schools in a world with AIDS, while very important, will only have the desired impact if it is implemented effectively.



## A P P E N D I X 1



## UNIVERSAL PRECAUTIONS

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- 1.1 The basis for advocating the consistent application of universal precautions lies in the assumption that in situations of potential exposure to blood or body fluids, all persons are potentially HIV-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.
- a. Blood, especially in large spills such as from nosebleeds, and old blood or blood stains, should be handled with extreme caution.
  - b. Skin exposed accidentally to blood should be washed immediately with soap and running water.

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- c. 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.
  - d. 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.
  - e. Blood splashes to the face (mucous membranes of eyes, nose or mouth) should be flushed with running water for at least three minutes. Proper facilities should be made available for the disposal of infectious waste.
- 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 a non-porous or waterproof dressing or plaster so that there is no risk of exposure to blood.
- 1.3 Cleansing and washing should always be done with running water and not in containers of water. Where running tap water is not available, containers should be used to pour water over the area to be cleansed. Schools without running water should keep a supply, e.g., in a 25-litre drum, on hand specifically for use in emergencies. This water can be kept fresh for a long period of time by adding bleach.
- 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 effectively eliminate the risk of HIV transmission. Bleeding can be managed by compression with material that will absorb the blood, e.g. a towel.

- 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.
- 1.6 Blood-contaminated material should be sealed in a plastic bag and incinerated.
- 1.7 Tissues and toilet paper can readily be flushed down a toilet.
- 1.8 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.
- 1.9 Needles and syringes should not be re-used, but should be safely discarded.

**The basis for advocating the consistent application of universal precautions lies in the assumption that in situations of potential exposure to blood or body fluids, all persons are potentially HIV infected and all blood should be treated as such.**

## A P P E N D I X 2



### RECOMMENDED CONTENT AND ASSOCIATED COST FOR THE FIRST AID KIT

The following are the necessary items for implementing universal precautions. Each institution should have access to these items.

Latex gloves	100
Household rubber gloves	100
Cotton wool	1 ball
Bleach	1 gallon
Gauze tape	1 ball
Plastic bags	100
Band aids	100
Resuscitation mouth piece	20
Pairs of scissors	2
The cumulative cost of these items is	J\$ 2,000.00
The cost of the chest is	<u>J\$ 1,000.00</u>
<b>Total cost</b>	<b>J\$3,000.00</b>