	LIFE THREATENING DISEASES POLICY
	GUIDELINE
	VERSION 1.1

The St Andrew's School for Girls Policy Guidelines on Life Threatening Diseases is based on the draft National Policy on HIV/AIDS, which was published as a General Notice in the Government Gazette dated 11 December 1998.

In keeping with international standards and in accordance with education law and the constitutional guarantees of:

- the right to basic education
- the right not to be unfairly discriminated against
- the right to life and bodily integrity
- the right to privacy
- the right to freedom of access to information
- the right to freedom of conscience, religion, thought, belief and opinion
- the right to freedom of association
- the right to a safe environment, and the best interests of a child

This policy shall constitute school policy and should be read in conjunction with:

- Conditions of service appertaining to educators and support staff
- Disciplinary and Grievance Procedure appertaining to educators and support staff
- Code of Good Conduct: Key aspects of HIV/AIDS and employment, 2000
- The Constitution of South Africa, 1996

A principle of this policy is that, wherever possible, HIV/AIDS should be treated in the same way as other life threatening conditions, unless it can be shown that the difference in treatment is justifiable.

1. DISCLOSURE OF LIFE THREATENING DISEASE-RELATED INFORMATION AND CONFIDENTIALITY

- 1.1 No learner (or parent on behalf of a learner), or educator, may be compelled to disclose his or her diagnosis or prognosis (health status) to the school, as an education institution or an employer, as the case may be. In order to provide support, it is necessary for the school to be made aware of the individual's diagnosis or prognosis.

- 1.2 Genuine voluntary disclosure of a life threatening disease or psychological/medical condition is welcomed and encouraged. In the event of voluntary disclosure, it may be in the best interests of a learner with a life threatening disease to inform a trusted member of the St Andrew's community of her health status. Disclosure can be by the learner or by the learner's parent(s)/guardian. The intention of such disclosure is to equip a trustworthy person to assist the learner to manage their condition effectively within the school environment and to protect the rights of the individual within the St Andrew's community.
- 1.3 Any person to whom any information about the medical condition of a learner, or educator with a life threatening disease has been divulged is expected to keep this information confidential. Any breach of confidentiality will be dealt with in accordance with the relevant disciplinary procedure.
 - 1.3.1 if the breach was by an employee of St Andrew's, disciplinary action will be instituted in accordance with the Disciplinary and Grievance Procedure;
 - 1.3.2 if the breach was through a sub-contractor, an official complaint will be lodged with that Company, with action taken in terms of the Contract governing service delivery;
 - 1.3.3 if the breach was by a learner or parent, in terms of the Constitution of South Africa, the individual whose rights to confidentiality have been disregarded, has recourse against the offending person/s through the Constitutional Court.

Unauthorised disclosure of HIV-related information could give rise to legal liability.

Disclosures to third parties may nevertheless be authorized with the informed consent of the learner (if the learner is above the age of 14 years), or her parent, or by the written consent of the educator, or as is justified by statutory or legal authorization, or necessity, as would be in the case of an emergency.

2. NON-DISCRIMINATION AND EQUALITY WITH REGARD TO A MEMBER/S OF THE ST ANDREW'S COMMUNITY WITH A LIFE THREATENING DISEASE

- 2.1 No member of the St Andrew's community with, or perceived to have, a life threatening disease may be unfairly discriminated against.
- 2.2 Any member of the St Andrew's community with a life threatening disease should be treated in a just, humane and life-affirming way, taking into account the fears, objections and the rights of all parties affected – a fair and balanced stance is necessary in the interest of the school community.

2.3 Any special measures required in respect of a member of the St Andrew's community with a life threatening disease should be fair and justifiable in the light of medical facts, school conditions, and must be financially feasible, considering a balancing of interests of the person with the life threatening disease and those of other members of the St Andrew's community.

THE ST ANDREW'S SCHOOL FOR GIRLS POSITION STATEMENT ON HIV/AIDS

Due to the increase in HIV infection rates, learners, educators and support staff will either be infected or affected by HIV.

Although there are no known cases of transmission of HIV in our school, HIV/AIDS is a reality:

- In the foundation phase , children who acquire HIV prenatally (mother to child transmission) and who have adequate medical care, may reach school-going age and attend school, some even surviving into their teenage years.
- Sexual abuse of children exposes learners to risk of HIV transmission.
- Blood transfusions or accidental exposure to infected blood are common occurrences
- From senior primary level, learners are at risk through voluntary sexual activity and intravenous drug use.

Due to the relatively slow progression from HIV-asymptomatic phase to the HIV-symptomatic phase, HIV will be undetectable in many of these learners. Issues that the school will be dealing with will be absence from school due to illness through heightened exposure to opportunistic infections.

Educators and support staff are personally exposed to the risk of transmission due to unsafe practices (e.g. sexual activity or intravenous drug use) and potential accidental exposure to learners and colleagues with HIV, or through unsafe medical interventions such as blood transfusions.

It is also acknowledged that many learners will be affected by the presence of HIV/AIDS in their households, affecting them emotionally, psychologically and financially. Educators will need to play an increasingly pastoral and supportive role. It is essential that the Educators are correctly informed before they are sensitized and equipped to assist learners and parents and to accommodate the additional educational challenges that this will create in the classroom.

We therefore formulate this policy with the intention of dealing with HIV/AIDS and other potentially life threatening diseases appropriately and effectively.

3. DEFINITIONS

- 3.1 In this policy guideline all terms and expressions used have the meaning that has been assigned to them in the South African Schools Act (No 98 of 1998) and the Employment of Educators Act (No 76 of 1998) or, unless the context otherwise indicates, the following shall have meanings assigned hereunder.
- 3.2 “Member/s of the St Andrew’s community” includes the Trust, Board, Educators, Parents/Guardians, Learners, Support Staff and Sub-contractors.
- 3.3 “HIV” means the human immune deficiency virus.
- 3.4 “AIDS” means the acquired immune deficiency syndrome, that is the final phase of HIV infection.
- 3.5 “VCT” refers to voluntary counselling and testing for HIV/AIDS to ascertain HIV status of individuals in a confidential and private context.
- 3.6 “PEP” refers to post exposure prophylaxis – paramedic, clinical, therapeutic, pathological and psychological interventions to prevent sero-conversion after accidental exposure to contagious pathogens borne in bodily fluids.
- 3.7 “STD” refers to Sexually Transmitted Disease/s
- 3.8 “STI” refers to Sexually Transmitted Infection/s
- 3.9 “PWA” refers to person/s living with AIDS. Alternatively, HIV-positive people.
- 3.10 “Universal precautions” refers to the concept used worldwide in the context of HIV/AIDS to indicate the standard infection control procedures of precautionary measures aimed at the prevention of HIV transmission from one person to another and includes instructions concerning basic hygiene and wearing of protective clothing such as rubber gloves.
- 3.11 “Life threatening diseases” refers to sickness conditions that are potentially life threatening or life limiting, communicable, disabling or debilitating. Refer to Annexure A: GUIDELINE DEFINITION OF LIFE THREATENING DISEASES.
- 3.12 “In the school environment” refers to all school-related activities that take place during and after hours on the school property, en route to and from offsite events or tours, at event or tour venues (including sports, cultural and recreational facilities).

4. TESTING FOR HIV

- 4.1 Voluntary Counselling and Testing (VCT) for HIV
- 4.2 St Andrew's School for Girls actively encourages members of the St Andrew's Community to know their HIV status by participating in confidential VCT.
- 4.3 HIV-testing is subject to the informed consent of individuals (refer to Annexure C: PRINCIPLES GOVERNING CONSENT).
- 4.4 It is not compulsory to be tested. Nor is the participation in VCT or HIV status a condition of acceptance or admission to the St Andrew's community.
- 4.5 The intention of promoting VCT is to:
 - 4.5.1 equip people who are HIV-negative to maintain their negative status by preventing HIV infection
 - 4.5.2 enable those infected and affected to respond appropriately, in line with the spirit of this Policy.
 - 4.5.3 encourage behaviour change where lifestyle poses a risk of infection or disease progression
 - 4.5.4 empower people who are HIV-positive, and/or have a pre-disposition to other health complications (co-morbidities) to understand their health risks and medical condition/s and make informed decisions about treatment, lifestyle and compliance. The desired outcome is to prevent HIV-positive people from:
 - 4.5.4.1 infecting others with HIV;
 - 4.5.4.2 being infected with other strains of the HIV-virus (increasing viral load) or sexually transmitted infections (STIs) through unprotected sexual intercourse or accidental exposure;
 - 4.5.4.3 contracting opportunistic infections and other chronic illness that could accelerate disease progression and complicate treatment.

5. HIV/AIDS TESTING: THE ADMISSION OF LEARNERS AND THE APPOINTMENT OF EDUCATORS, SUPPORT STAFF AND SUB-CONTRACTORS

- 5.1 No learner may be denied attendance at the school, or access to education, on account of her HIV/AIDS status or perceived HIV/AIDS status.
- 5.2 In the event that learners with HIV/AIDS become incapacitated through illness, or pose a risk to others at the school, the school should make academic work available to them for study at home and parents/guardian should, where practically possible, be allowed to educate their children at home, at the request of parents/guardian. All such arrangements are to be made by the parent in conjunction with the Management Team. Additional fees may be levied to offset any added burden on the school to accommodate the learner, as determined by the Advisory Council from time to time.
- 5.3 No educator may be denied the right to teach or to be promoted on account of his or her HIV/AIDS status or perceived HIV/AIDS status.
- 5.4 HIV/AIDS status may not be the reason for dismissal of an educator. However, in the event that educators or support staff with HIV/AIDS become incapacitated through illness, or pose a risk to others at the school, **'they will be subject to the Conditions of Service with reference to incapacity management'**.
- 5.5 Learners and educators are expected to attend classes in accordance with school requirements for as long as they are able to function effectively and pose no medically significant risk to others at the school.
- 5.6 In the event that subcontractors with HIV/AIDS become incapacitated through illness, or pose a risk to others at the school, they will be referred to their employer for appropriate incapacity management, in accordance with their conditions of employment.

6. ENSURING A SAFE ENVIRONMENT THROUGH OBSERVING UNIVERSAL PRECAUTIONS

- 6.1 St Andrew's School for Girls will implement **Universal Precautions** to manage effectively the risk of transmission of all pathogens borne in bodily fluids, including HIV and Hepatitis B, in the school environment , as far as is practical.
- 6.2 The basis for advocating the consistent application for universal precautions lies in the assumption that in situations of potential exposure to life threatening diseases such as HIV and/or Hepatitis B-G, all persons are potentially infected and all blood and other body fluids

and excretions could be stained or contaminated (for example tears, saliva, mucus, phlegm, urine, vomit, faeces and pus) and is, therefore, to be treated as potentially infectious.

- 6.2.1 blood, especially in large spills such as from nosebleeds, should be handled with extreme caution;
- 6.2.2 skin exposed accidentally to blood should be cleaned promptly with water and disinfectant, in every instance;
- 6.2.3 all bleeding wounds, sores, breaks in the skin, grazes and open skin lesions should be cleaned immediately with a suitable antiseptic such as hypochlorite (for instance bleach or Milton), 2% gluteraldehyde (for instance Cider), organic iodines, or 70% alcohol (for instance ethyl alcohol or isopropyl alcohol);
- 6.2.4 if there is a biting or scratching incident where the skin is broken, the wound should be washed thoroughly with running water and disinfectant;
- 6.2.5 blood splashes on the face (mucous membranes of eyes, nose or mouth) should be flushed with running water for at least three minutes;
- 6.2.6 all open wounds, sores, breaks in the skin, grazes and open skin lesions should be covered securely with a non-porous or waterproof dressing or plaster so that there is no risk of exposure to blood;
- 6.2.7 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;
- 6.2.8 all persons attending to blood spills, open wounds, sores, breaks in the skin, grazes, open skin lesions, body fluids and excretions should wear protective latex gloves to exclude the risk of HIV transmission effectively. However, emergency treatment should not be delayed because gloves are not available. Bleeding can be managed by compression with material that will absorb the blood, for example a towel. However, people who have skin lesions should not attempt to give first aid when no latex gloves are available. Medical students are taught: "No gloves, No do";
- 6.2.9 if blood has contaminated a surface, that surface should be cleaned with fresh, clean bleach solution and the person responsible for this should wear latex gloves. Other body fluids and excretions that could be stained or contaminated with blood (for instance tears, saliva, mucus, phlegm, urine, vomit, faeces and pus) should be cleaned up in similar fashion;
- 6.2.10 blood-contaminated materials should be sealed in a plastic bag and disposed of in the Steiner bins provided.

6.2.11 if instruments (for instance scissors) become contaminated with blood or other body fluids, they should be washed and placed in a strong bleach solution for at least one hour before drying and re-use;

6.2.12 First Aid kits, containing the following are available in every classroom:

Swabs for cleaning wounds

Disinfectant (such as hypochlorite),

Wound cleaner / antiseptic

Cotton wool for padding

Sterile gauze

Pair of forceps (for splinters)

Pair of scissors

Safety pins

Roller bandages

Elastic adhesive

Adhesive dressing strips

Burn shield-for laboratories

Large and medium disposable latex gloves

CPR mouth piece

6.3 Universal precautions are in essence barriers to prevent contact with blood or body fluids. Adequate barriers can also be established by using less sophisticated devices than those described in above, such as:

6.3.1 unbroken plastic packets for indoor and outdoor use on hands where latex or rubber gloves are not available, and

6.3.2 common household bleach for use as disinfectant, diluted one part to nine parts water (1:9 solution) made up as needed.

6.4 At least one educator or other staff member, will be available on the premises at all times.

6.5 Learners should 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 friends on their own. They should be taught to call for the assistance of an educator, other staff members or first aiders.

6.6 Parents/guardians of learners should be informed about the universal precautions that will be adhered to at a school. To enable suitable members of the St Andrew's community to

respond timeously, parents/guardians are encouraged to permit immediate medical and prophylactic intervention by way of written consent.

- 6.7 Prevention of HIV transmission during play and sport, considering:
 - 6.7.1 the risk of HIV transmission as a result of contact play and contact sport is generally insignificant;
 - 6.7.2 the risk increases where open wounds, sores, breaks in the skin, grazes, open skin lesions or mucous membranes of learners, and educators without HIV are exposed to infected blood;
 - 6.7.3 certain contact sports (such as rugby and boxing) may represent an increased risk of HIV transmission.
- 6.8 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. Therefore, no learner may participate in contact play or contact sport with an open wound or sore, break in the skin, graze or open skin lesion.
 - 6.8.1 if bleeding occurs during contact play or contact sport, the injured player should be taken off the playground or sports field immediately and appropriately treated. Only then may the player resume playing and only for as long as any open wound, sore, break in the skin, graze or open skin lesion remains securely covered;
 - 6.8.2 soiled clothes must be changed.

The same precaution should be applied to injured educators or staff members and injured spectators.

- 6.8.3 sports participants, including coaches, with HIV/AIDS or Hepatitis B-G should preferably seek medical counselling before participation in sport, in order to assess risks to their own health as well as the risk of disease transmission to other participants.
- 6.8.4 Staff members, staff members acting as sports administrators, managers and coaches should ensure the availability of first-aid kits and the adherence to universal precautions in the event of bleeding during sports participation or on outings and tours.

7. POST EXPOSURE PROPHYLAXIS

- 7.1 In the event that any member of the St Andrew's community is accidentally exposed to contagious pathogens borne in bodily fluids such as HIV or Hepatitis B within the school environment, the prevailing post exposure prophylaxis (PEP) protocol will be implemented. (Refer to Annexure B)

- 7.2 Best practice protocols will be observed, taking into account appropriate paramedical, clinical, therapeutic, pathological and psychological interventions.
- 7.3 Informed consent would be required from individuals requiring PEP, subject to the principles outlined in Annexure C.
- 7.4 In the interest of timeous intervention, St Andrew's School for Girls undertakes to initiate PEP and to facilitate the procurement of such treatment. However, the cost would be for the individual's account.

8. ONGOING EDUCATION ON HIV/AIDS AND OTHER LIFE THREATENING DISEASES

- 8.1 Age-appropriate education on HIV/AIDS must form part of the curriculum for all learners and should be integrated in the life-skills education programme for pre-primary, primary and secondary school learners. This should include the following:
- 8.1.1 providing information on HIV/AIDS in South Africa and developing the life skills necessary for the prevention of these;
 - 8.1.2 inculcating, from an early age onwards, basic first-aid principles, including how to deal with bleeding;
 - 8.1.3 emphasizing the role of drugs, sexual abuse and violence in the transmission of HIV;
 - 8.1.4 encouraging learners to make use of health care, counselling and support service (including services related to reproductive health care and the prevention and treatment of sexually transmitted diseases) offered by community service organisations and other disciplines;
 - 8.1.5 teaching learners how to behave towards persons with HIV/AIDS;
 - 8.1.6 cultivating an enabling environment and a culture of non-discrimination towards persons with HIV/AIDS;
 - 8.1.7 providing information on appropriate prevention and avoidance measures including abstinence from sexual intercourse, the use of condoms and the application of universal precautions. (Remember that condoms are not 100% safe.)
- 8.2 Education and information regarding HIV/AIDS must be given in an accurate and scientific manner and in language and terms that are understandable.
- 8.3 Parents/guardian of learners may request information about HIV/AIDS education, the learning content, the methodology used and the values to be imparted by the school, from the Life Orientation department.

9. DUTIES AND RESPONSIBILITIES OF LEARNERS, STUDENTS, EDUCATORS AND PARENTS/GUARDIAN

- 9.1 All learners, students and educators should respect the rights of other learners, students and educators.
- 9.2 It should be emphasized that the ultimate responsibility for a learner's behaviour rests with his or her parents/guardians. Parents/guardians of all learners:
 - 9.2.1 are expected to require learners to observe all rules aimed at preventing behaviour which may create the risk of HIV transmission;
 - 9.2.2 are encouraged to take an active interest in acquiring any information or knowledge on HIV/AIDS supplied by the school or institution, and to attend meetings convened for them by the Advisory Council.
- 9.3 It is recommended that any member of the St Andrew's community with HIV/AIDS should obtain medical opinion to assess whether their medical condition or conduct, poses a medically recognised significant health risk to others. In the case of learners younger than 14 years, the onus would fall on their parent/guardian. If such a risk is established, the Head of the school and the Chairman of the Advisory Council must be informed. The Head of the school, after consulting with the Chairman of the Advisory Council, must take the necessary steps to ensure the health and safety of all the other learners, educators and other staff members.
- 9.4 Educators have a particular duty to ensure that the rights and dignity of all learners and educators are respected, protected and promoted.

10. REFUSAL TO STUDY WITH OR TEACH A LEARNER WITH HIV/AIDS OR TO WORK WITH AN EDUCATOR WITH HIV/AIDS

- 10.1 Refusal to study with a learner or to work with 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, as well as to learners and their parents/guardian.
- 10.2 Nevertheless, learners who refuse to study with a fellow learner, or educators who refuse to work with a fellow educator or to teach a learner with or perceived to have HIV/AIDS, will be required to engage in counselling with a view to establishing the reasons for their refusal and addressing fears and concerns.

- 10.3 Should a member persist in their refusal to associate with a person with HIV/AIDS, a mediator will be called in to remedy the situation, taking into account the rights of both parties in the light of The Constitution.
- 10.4 The situation should be resolved by the Head and educators and, if necessary, with the assistance of the Advisory Council of the school in accordance with the principles contained in this policy.


11. DUTIES AND RESPONSIBILITIES OF ALL MEMBERS OF THE ST ANDREW'S COMMUNITY

- 11.1 Each and every member of the St Andrew's community has a particular duty to ensure that the rights and dignity of all members of society – at work, at home and in the community – are respected, protected and promoted.
- 11.2 It should be emphasized that the ultimate responsibility for a person's behaviour and exposure to health and safety risk rests with themselves.
- 11.3 They are therefore:
- 11.3.1 expected to observe all rules aimed at preventing behaviour, which may create the risk of transmission of contagious life threatening diseases;
 - 11.3.2 encouraged to take an active interest in acquiring any information or knowledge on health and safety supplied by the company, and to attend forums convened for this purpose.
- 11.4 It is recommended that any member of the St Andrew's community with a life threatening disease should obtain medical opinion to assess whether their medical condition or conduct poses a medically recognised significant health risk to others. They are then obliged to take the necessary steps to ensure the health and safety of themselves and other members of the St Andrew's community.

12. POLICY REVIEW

- 12.1 The policy will be reviewed and upgraded as and when necessary, taking into account the interests and needs of all stakeholders.
- 12.2 It will be necessary to review these policy guidelines on an ongoing basis to ensure:
- 12.2.1 application of the code of good practice in line with South African labour law and St Andrew's Conditions of Service and Sick Leave Policies and the Disciplinary and Grievance Code;

12.2.2 appropriateness and financial viability of protocols relating to life threatening disease in terms of prevalence, prevention and treatment and access to support and care.

	LIFE THREATENING DISEASES POLICY
	ANNEXURE A: GUIDELINE
	VERSION 1.1

GUIDELINE DEFINITION OF LIFE THREATENING DISEASES

Wherever possible, HIV/AIDS should be treated in the same way as other life threatening conditions, unless it can be shown that the difference in treatment is justifiable.

The St Andrew's School for Girls Policy Guidelines on Life Threatening Diseases covers sickness conditions that are potentially life threatening or life limiting, communicable, disabling or debilitating.

Life threatening diseases:

- AIDS
- Malaria
- Uncontrolled asthma

Communicable diseases:

- Tuberculosis
- Infectious diseases such as measles, mumps, German measles or chicken pox
- Debilitating neurological conditions such as viral or bacterial Meningitis or Encephalitis, Multiple Sclerosis.

Disabling diseases:

- Cancer(if on treatment-not in remission)
- Recovery from Heart Attack / Stroke / Organ Transplant
- Loss of hearing, eyesight, limb or use of a bodily function e.g. kidney
- Recovery from accidental injury

Children should not be present at school if suffering with any of the following if diagnosed with any of the following:


- Recovery from Coma
- Major Burns
- Pneumonia and bronchopneumonia
- Croup (very small children)
- Septicemia
- Diarrhoea or vomiting
- Cholera

Children with the following conditions should attend school; however these conditions should not interfere with learning at school:

- Fibromyalgia
- Myalgic Encephalitis (Yuppie Flu)
- Chronic Fatigue Syndrome (CFS)
- Uncontrolled diabetes or complications arising out of Diabetes (normally in the young)
- Allergies*
- Mental illness such as chronic depression, eating disorders e.g. anorexia nervosa, bulimia nervosa, schizophrenia, post traumatic stress disorder.

*Allergic diseases are an increasing cause of illness that now affect one person in six. They reduce the quality of life in infected people, they may be life threatening and are an important cause of absence from work and school. Allergic diseases are important occupational diseases responsible for considerable morbidity in the hospital environment. There are over 400 allergens known to cause allergic disease. A world-wide increase in the prevalence of allergic diseases during the past 15 years poses a significant challenge, not only for the treatment of allergic diseases, but for the training of medical students, practitioners and allergy specialists to direct and organise allergy services in the primary care environments, state hospitals, as well as in the private sector in the future.

As defined by the World Health Organisation, the UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities differentiate between a disability and a handicap. They suggest that people may be disabled by physical, intellectual or sensory impairment, medical conditions or mental illness which may be permanent or transitory in nature. The term "handicap" means a loss or limitation of opportunities to take part in the life of the community on an equal level with others. It describes the encounter between the person with a disability and the environment.

	LIFE THREATENING DISEASES POLICY
	ANNEXURE B: GUIDELINE
	VERSION 1.1

POST EXPOSURE PROPHYLAXIS PROTOCOL

This protocol specifically addresses the prevention of HIV sero conversion (infection) after accidental exposure, or suspected exposure, to the HI-virus where trauma has been the cause.

1. Attend to the trauma, applying Universal Precautions (refer to section 6).
2. Take the patient to a facility that can provide antiretroviral therapy within 72 hours, preferably within one hour, of the accidental exposure.
3. Provide option of counselling to all who were primarily or secondarily involved in the trauma.
4. The patient should continue with a 28-day supply of antiretroviral therapy.
5. Provide the option of counselling to the patient, as soon as appropriate, to solicit compliance.
6. Provide ongoing emotional and psychological support and counselling.
7. Provide the patient with access to VCT, initially after 28 days and thereafter within six months of the incident to clarify HIV status.

ANNEXURE C

PRINCIPLES GOVERNING CONSENT

In compliance with The Constitution and the Child Care Act, individuals over 14 years of age are entitled to consent to their own treatment.

Consent from a parent/guardian is required for persons younger than 14 years of age.

However:

- In the event that an individual is unable to consent for reasons of consciousness or age, members of the St Andrew's community are encouraged to appoint school authorities such as the Head of the school, supervising educators or sports coaches and/or the Clinic Sister to consent to VCT or PEP on their behalf. The intention is to avoid unnecessary delays initiating or preventing treatment that could place individuals at risk of contracting a life threatening illness.
- In the event that parental/guardian consent is not readily available or could even be prohibitive to the extent of prejudicing the health status of a child, St Andrew's School for Girls shall apply Section 28 (e) of the Constitution of South Africa, 1996:

A child's best interests are of paramount importance in every matter concerning the child.