

HIV & AIDS, STI AND TB MANAGEMENT
VERSION 1

DEPARTMENT OF
TRANSPORT AND COMMUNITY SAFETY

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA



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1. ACRONYMS AND ABBREVIATIONS

DCS	Department of Community Safety
EHWP	Employee Health and Wellness Programme
EAP	Employee Assistance Practitioner
AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Syndrome
STI's	Sexually Transmitted Infections
TB	Tuberculosis
ARV	Antiretroviral Treatment
DOT	Direct Observation Treatment
HCT	HIV Counselling and Testing
NGO	Non-Government Organization
CBO	Community Based Organization
LPAC	Limpopo Provincial AIDS Council
DAC	District AIDS Council
NSP	National Strategic Plan
RAL	Road Agency Limpopo

DEFINITIONS

1. **Human Immunodeficiency Virus** - a blood borne virus transmitted amongst human beings. HIV attacks the immune system and once it has rendered it incompetent, a person could develop various illnesses because the body will be too weak to defend itself.
2. **Acquired Immune Deficiency Syndrome** - a condition that is present when the body's defense system is deficient and various life-threatening infections occur. These life-threatening infections are called opportunistic infections or diseases.
3. **Tuberculosis** - an infection caused by an organism called Mycobacterium Tuberculosis, characterized by fever, loss of weight, night sweat, and fatigue. When the infection is in the lungs the person presents with prolonged cough of more than two weeks.
4. **TB Disease** - when a person develops symptoms of tuberculosis and is falling sick it is referred to as active TB.
5. **The HIV&AIDS and TB Coordinator** - an employee tasked with the responsibility to coordinate the implementation of HIV&AIDS and TB programmes. The HIV&AIDS Coordinator can be professionally trained to perform therapeutic interventions, if not trained, such cases should be referred.
6. **The Head of Department** - is a head of a provincial department and includes any employee acting in such a post.
7. **The Designated Senior Manager** - member of the Senior Management Service in line with the provisions of the Public Service Act, 1994, who is tasked with championing the HIV&AIDS and TB management programme within the workplace.
8. **The Employee** - a person appointed in terms of the Public Service Act, 1994 but excludes a person appointed as a special adviser in terms of section 12(A).

9. **The Health and Safety Committee** - a committee that is established by the HOD to initiate, develop, promote, maintain and review measures to ensure the health and safety of employees at the workplace. Such committee shall be constituted by the employer, health and safety representatives and labour unions.
10. **The Peer Educator** - an employee who is trained to work with his/her peers, sharing information and guiding a discussion using his/her peer experience and knowledge.

1. INTRODUCTION AND BACKGROUND

The Department of Transport and Community Safety acknowledges the seriousness of HIV & AIDS epidemic. HIV & AIDS epidemic/pandemic is a threat to the country's economic development and it poses a challenge in the workplace. Absenteeism, low productivity and low morale are the products of the epidemic and TB.

Due to the stigma associated with HIV, employees tend to display reluctance in terms of disclosing their condition that in turn makes it difficult for them to receive assistance. It is imperative that a supportive and non-discriminatory working environment needs to be created to dispel myths and stereotypes.

During the past ten years the incidence of TB has increased in South Africa. The incidence of co-infection with Mycobacterium Tuberculosis and HIV/AIDS, poses a challenge to prevention and control activities. Due to the fact that HIV/AIDS and TB speed up the progress of the other, their combination poses a major threat to the health of an employee than if they were present on their own. Dealing HIV should therefore include dealing tuberculosis, while preventing tuberculosis should include prevention and management of HIV.

2. PURPOSE AND OBJECTIVES

2.1. This Policy serves as a guide for Department of Transport and Community Safety, in responding to HIV & AIDS, STI's and TB Management. It provides guidelines to the Department on how to implement the programme in the workplace as part of the overall Employee Health and Wellness initiatives.

The policy should be read in conjunction with the EH&W Strategic Framework (2008), Step-by-Step Implementation Guide, the Monitoring & Evaluation framework and the Toolkit on Management of TB in the Workplace launched by World Economic forum and also the National Strategic Plan on HIV, STI's and TB, 2017 -2022.

The Departmental HIV/AIDS, STI's and TB policy seeks to minimize the social, economic and developmental consequences of the diseases to the Departments and their staff by bringing the epidemic under control.

2.2. The objective of this policy is to provide guidance to Department in order to:

- 2.2.1. Mainstream the programme internal and externally
- 2.2.2. Provide Prevention Programmes and Strategies to combat HIV/AIDS, STI's and TB
- 2.2.3. Provide Treatment, Care and Support services to affected and infected employees
- 2.2.4. Protect the Human Rights of employees living with HIV and improve access to justice
- 2.2.5. Create awareness amongst employees about the disease (HIV & AIDS, STI and TB) and encourage HCT
- 2.2.6. Emphasise the importance of behaviour change programmes
- 2.2.7. Create a non-discriminatory work environment for infected and affected employees.

3. AUTHORITY OF POLICY

This policy is authorized and issued by the Member of Executive Council (MEC) for Limpopo Provincial Department of Transport and Community Safety (LDTCS) to employees (i.e. permanent and temporary) of the Department.

4. LEGAL FRAMEWORK

The policy should be read in conjunction with the following instruments:
4.2. Legislative Mandate for EH&W Management with the Public

Service:

- (a) Constitution of the RSA, [Act No. 108 of 1996]
- (b) Employment Equity Act [Act No. 55 of 1998; 97 of 1998; 9 of 1999]
- (c) Promotion of Equality and Prevention of Unfair Discrimination [Act No. 4 of 2000]

(d) Public Service Act [No 1994] as amended by Public Service [Act No 30

2007]

(e) Compensation for Occupational Diseases and Injuries Act [No.130 of 1993]

(f) Mental Health Care Act [Act No. 17 of 2002]

(g) The Medical Schemes Act [Act No. 131 of 1998]

(h) Basic Conditions of Employment Act, 1997 [Act No. 75 of 1997]

(i) Disaster Management Act, 2002 [Act No. 57 of 2002]

(j) Health Act, 1977 [Act No. 63 of 1977]

(k) Labour Relations, 1995 [Act No. 66 of 1995]

(l) Occupational Health and Safety Act, 1993 [Act No. 85 of 1993]

(m) Promotion of Equality and Prevention of Unfair Discrimination Act 2000 [Act No.4 of 2000]

[Act No.4 of 2000]

(n) Public Service Act, 1994 [Proclamation No.103 of 1994]

(o) Public Service Regulations, 2001

(p) Tobacco Products Control Act, 1993 [Act No. 83 of 1993]

4.2. Strategic Frameworks Applicable to EH&W within the Public

Service:

(a) National Strategic Framework on Stigma and Discrimination

(b) National Occupational Health and Safety Policy of 2005

(c) National Disaster Management Framework

(d) HIV&AIDS and STI National Strategic Plan 2012 - 2016

(e) National TB Infection Control Guidelines, June 2007

(f) Management of Drug Resistant Tuberculosis in South Africa, Policy

(g) EAPA-SA Standards 2002

(h) Mental Health Care Regulations 14 February 2003

(i) White paper on Sports and Recreation South Africa 1998. Getting the

Nation to play.

5. SCOPE OF APPLICATION

This policy is applicable to the employees of the Department of Transport and Community Safety Limpopo Province.

PRINCIPLES

The HIV & AIDS, STI's and TB Management programme is underpinned by the following principles:

6.1. Recognition of HIV & AIDS, STI's and TB co-infection as a workplace issue

HIV & AIDS, STI's and TB co-infection is a workplace issue, and should be treated like any other serious illnesses or conditions in the workplace. This is because it affects the workforce, which is also part of the local community. Interventions in the workplace have a role to play in the struggle against the control of spread of the dual epidemic in the general community.

6.2. Respect for Human Rights and Dignity

The rights and dignity of employees infected and affected by HIV & AIDS and TB should be respected and upheld.

6.3. Gender Equality

The gender dimensions of HIV/AIDS, STI's including TB and Disability should be recognized. Women are more likely to become infected and are more often adversely affected by the HIV/AIDS, STI's and TB epidemic than men due to biological, socio-cultural and economic reasons.

6.4. Healthy and Safe Work Environment

Healthy and Safe Work Environments should be created as much as practicable to prevent Occupational Exposure and Transmission of HIV/AIDS, STI's and TB.

6.5. Social Dialogue

Successful implementation of this policy requires cooperation and mutual trust between employers, employees and their representatives with an active involvement of employees infected and affected by HIV/AIDS, STI's and TB.

6.6. Confidentiality and Protection of Employees' Personal Data

No employee or job-applicant will be expected to disclose HIV-related personal information. Access to personal data relating to an employee's HIV-

status shall be bound by the rules of confidentiality, and no employer shall disclose such information without a written consent of the employee.

6.7. Non-Discriminatory Workplace Practices

No medical testing or screening shall be required from job applicants or those in employment for purpose of exclusion from employment or work processes.

6.8. Reasonable Accommodation

An employee with HIV-related illnesses, like any other illnesses, will continue to work for as long as he/she is medically fit in an available, appropriate work. The Department must accommodate an employee in other posts if possible. Employees who require TB treatment shall be afforded an opportunity to take treatment and sick leave days required, and shall be covered through the leave policy directives and Policy on incapacity and ill health retirement (PILIR).

6.9. Appropriateness and Cultural Sensitivity

Prevention of all means of transmission will be through a variety of appropriate and culturally sensitive prevention strategies.

6.10. Access to Information and Education

Change of attitudes and behaviour should be attained through provision of information, and education, addressing socio-economic factors.

6.11. Equal Access to all Health Entitlements

Access to affordable health care and social security services for employees and their dependants will be promoted through relevant Departments.

6.12. Continuity of care and Partnerships

Continuity of care for people infected and affected by HIV & AIDS and TB shall be promoted, including linkages with other health centres and well established referral mechanisms.

6.13. Alignment to National Protocols

All treatment interventions should be aligned to relevant approved national protocols for treatment, care and support.

7. GOALS

The Goals for this policy are to guide the Department to contribute towards:-

- Zero new HIV and TB infections
- Zero new infections due to HIV transmission from mother to child
- Zero preventable deaths from HIV and TB
- Zero discrimination associated with HIV, STI's and TB

8. EMPLOYEE BENEFITS

8.1. Employee with HIV and AIDS may not be unfairly discriminated against in the allocation of employee benefits.

8.2. Employee living with HIV and AIDS should be treated like any other employee with any serious medical condition or illness with regard to access of employee benefits.

8.3. Information from benefits schemes on the medical status of an employee should be kept confidential and should not be used to unfairly discriminate.

8.4. The Department offers a medical aid subsidy as part of the employee benefit package. All Transport employees should be educated regarding the advantages of joining Medical Aids Schemes. They should be made aware of how much cover their medical aid schemes offer for HIV and AIDS.

9. ROLE PLAYERS

This policy involves the following role players and functions:

9.1. The Head of Department shall;

9.1.1. Take cognisance of the reality that HIV and AIDS is a huge challenge in South Africa today. There should be mainstreaming in the workplace regarding HIV and AIDS and other diseases in the workplace. In this regard mainstreaming means inclusion of HIV and AIDS and TB into functions relevant to the core mandate of the Department.

9.1.2. Take cognisance of the reality of TB, which, together with HIV and AIDS, causes health-related problems for the employee and lowers productivity for the organization. There should be effective implementation on of prevention and care and support programmes.

9.1.3. Ensure that the initiatives and interventions included in the policy address the following goals and objectives:

a) The Department of Health's National TB Infection Control Guidelines, which includes among others education of employees.
b) Implement goals from the Provincial Implementation plan for HIV and AIDS, TB and STIs (2017 -2022) that is relevant to the Department and its stakeholders. This plan emanates from the National Strategic plan on HIV and AIDS , TB and STIs (2017-2022)

9.1.4. Establish and maintain a safe and healthy environment for employees of the department.

9.1.5. HIV testing

a) Although voluntary testing will be encouraged, the Department may not require an employee, or an applicant for employment, to undertake an HIV test in order to ascertain that employee's HIV (TB or any other disease) status.

b) In the case where testing is compulsory, the Department will seek approval from Labour Court as outlined in the HIV&AIDS and TB Management Policy, HIV&AIDS and TB Management Policy 16 to declare such testing as justifiable in terms of the Employment Equity Act,1998 (Act No. 55 of 1998).

c) Testing at the request of the employee with written consent of the employer will be done with his/her written consent once appropriate counselling has been provided.

d) In order to encourage employees to know their HIV status, the Department shall facilitate testing on-site. The service provider shall

disclose the employee HIV+ status to the Employee Health & Wellness Programme (EHWP) Officials after the concerned employee has consented.

e) An environment in which all information pertaining to an employee's HIV status is kept confidential should be maintained and the employee has to provide written consent for information to be disclosed to any other person. However, in line with the Department's philosophy on the virus, the employee will be encouraged to be open about his/her HIV status.

f) Employees that are utilising the Employee Wellness Programme are assured of confidentiality, except in cases of risk of self and others or in terms of legislation.

g) The principle of shared confidentiality will be observed in cases where appropriate health care may need to be provided.

h) Employees will be encouraged to disclose their status within the workplace. Where an employee chooses to voluntarily disclose his/her status to the employer or to other employees, such information may not be disclosed to others without the employee's written permission.

i) Take appropriate measures to actively promote non-discrimination and to protect HIV positive employees and employees perceived to be HIV-positive from discrimination.

9.1.6. Health Promotion

a) Introduce appropriate education, awareness and prevention programmes on HIV and AIDS, TB and other sexually transmitted infections for the employees in the Department and as far as possible, integrate those programmes within those that promote the health and well-being of employees

b) Create mechanisms within the workplace to encourage openness, acceptance, care and support for HIV-positive employees. Such mechanisms should preferably form part of a comprehensive employee health and wellness assistance programme or health promotion programme.

c) Designate a member of the SMS with adequate skills, seniority and support to implement the provisions contained in regulation E, Part VI, Chapter 1 of the Public Service Regulations, 2001 within the Department, and ensure that the member so designated is held accountable by means of her or his performance agreement for the implementation of the provisions

d) Allocate adequate human and financial resources to implement the provisions of Regulation E, Part VI, Chapter 1 of the Public Service Regulations, 2001, and, where appropriate, form partnerships with other departments, organizations and individuals who are able to assist with health promotion programmes;

9.2. The Designated Senior Manager:

9.2.1. Promote capacity development Initiatives to:

a) Promote competence development of practitioners;

9.2.2. Establish organisational support initiatives to:

a) Ensure Human Resource planning and management;

b) Develop integrated HIV and AIDS & TB information management

system;

c) Provide physical resources;

d) Ensure financial planning and budgeting; and

e) Mobilize management support.

9.2.3. Develop governance and institutional development initiatives i.e.:

a) Manage HIV and AIDS & TB strategies and policies, e.g. Prevention, Treatment care and support and Human Rights.

- b) Liaise with, manage and monitor external service providers.
- c) Develop and maintain an effective communication system.
- d) Plan interventions based on risk and needs analysis.
- e) Monitor and evaluate implementation of HIV and AIDS & TB management interventions.

9.2.4. Develop economic growth and development initiatives, such as:

- a) Mitigate the impact of HIV and AIDS & TB infected employee on the economy.
- b) Ensure responsiveness to the Government's Programme of Action.
- c) Ensure responsiveness to the Millennium Development Goals.
- d) Integrating NEPAD, AU and Global programmes for the economic sector.
- e) Ensure responsiveness to the National Development Plan

9.3. The HIV and AIDS & TB Coordinator shall;

- 9.3.1. Coordinate the implementation of HIV and AIDS & TB management programmes, projects and interventions.
- 9.3.2. Plan, monitor and manage workplace HIV and AIDS & TB according to strategies, policies and budgetary guidelines.
- 9.3.3. Obtain and make condoms and femidom available at the workplace and provide usage education thereof.
- 9.3.4. Make provision for counselling to individual employees and to their immediate family members.
- 9.3.5. Analyze and evaluate data and communicate information, statistics and results to various stakeholders and management.
- 9.3.6. Coordinate activities of Peer Educators.
- 9.3.7. Promote work-life balance for employees.
- 9.3.8. Ensure adherence to universal precautions, which include:
 - a) Displaying universal precaution notices.
 - b) Provision of condoms and dispensers.
 - c) Provision of first aid kits.
 - d) Wearing of latex gloves when administering first aid.
 - e) Washing of hands before administering first aid.

The Department shall create mechanism to encourage openness, acceptance and support for those who disclose their HIV status and ensure that they are not stigmatised. To mitigate the impact of the HIV and AIDS epidemic and TB in the workplace, counselling for both infected and affected employees and their immediate family members shall be done in line with the Departmental EAP Policy and the EAPSA Standards, 2005. In the case where

11. CARE, TREATMENT AND SUPPORT

Employees shall have access to preventive and therapeutic service within comprehensive Human Resource/ Employee Assistant Programme, which is utilised by staff experiencing a variety of psychosocial difficulties including, but not limited to, HIV and AIDS so as to de-stigmatise AIDS programmes.

10. ACCESS TO SERVICES

9.5.1. Advocate for correct implementation of the policy
9.5.2. Inform members about their human rights and access to justice with regards to HIV and AIDS & TB.

9.5. Recognized Labour Representatives shall;

Coordinator.

- 9.4.1. Act as a focal point for the distribution of evidence-based and generic HIV and AIDS & TB promotional material at the workplace;
9.4.2. Take the initiative to implement awareness activities, or to communicate HIV and AIDS & TB information at the workplace;
9.4.3. Act as HIV and AIDS & TB peer educator in the workplace;
9.4.4. Act as a referral agent of employees to relevant internal or external health support programmes;
9.4.5. Support employees on TB and/or ARV treatment to adhere to treatment (act as DOTS supporter /ARV Buddy); and
9.4.6. Submit monthly reports of activities to the HIV and AIDS & TB Coordinator.
- The Department shall select and appoint Peer Educators who will be capacitated with HIV and AIDS matters to:-

9.4. The Peer Educator shall;

an employee discloses his/her HIV+ status, the department shall facilitate the link between the employee and the Department of Health and Social Development for treatment. The employee or his/her family member may be linked with the NGOs near their work or based in their communities for support.

12. COMPENSATION FOR OCCUPATIONAL ACQUIRED HIV

1.1 The Department is responsible for the creation of a healthy and safe working environment for its employees to ensure that the risk of HIV & AIDS infection is minimised.

1.2 In the event of an employee being infected with HIV& AIDS as a result of the nature of work performed by the employee concerned, the department must take an initiative to explain the rights of that employee under the COID Act to that employee.

15.3 The Department shall in addition assist the said employee to claim compensation under the said Act above.

13. HIV & AIDS PROGRAMME IN THE WORKPLACE.

The Department will offer the following services to all its employees and Their affected family members:

- a) Awareness
 - b) Education and training
 - c) Creating a non-discriminatory environment;
 - d) Condom promotion and distribution in the workplace (both females and males)
 - e) Facilitate HCTs
 - f) Psychosocial support
- ## 14. HIV AND AIDS AMBASSADOR

The HIV and AIDS ambassador can be requested to take part in awareness, HCT, care and support Programmes within the department.

15. GRIEVANCES

Discrimination or victimization of HIV-positive employees will not be condoned. Such behaviour will be addressed by means of disciplinary action in accordance with the Disciplinary Code and Procedure (PSCBC Resolution No 2 of 1999).

16. DISMISSAL

No employee shall suffer adverse consequences, whether dismissal or terminated merely on the basis of her/his HIV & AIDS status. If an employee with AIDS is unable to perform her/his tasks adequately, the Department is obliged to follow accepted guidelines regarding terminating an employee's services and/or retirement due to continued illness. The dismissal should be dealt with in line with the Labour relations Act, No 66 of 1995 and the Public service Act, 1994.

17. FINANCIAL IMPLICATIONS

The cost associated with the implementation of this policy must be met from the Employee Health and Wellness Programmes's budget where HIV & AIDS and TB resides.

18. IMPLEMENTATION

The implementation of this policy will take into cognisance the objectives and goals of the National Strategic Plan 2017 – 2022.

19. MONITORING AND EVALUATION

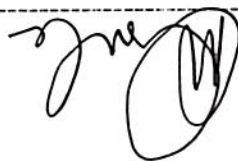
EWP will monitor the implementation of this policy. Monitoring and Evaluation Unit within the Department will also track progress and policy achievements in terms of the objectives.

20. REVIEW AND TERMINATION OF THE POLICY

The policy will be reviewed every 36 months based on the comments and inputs from the stakeholders and it will be terminated upon the inception of the new policy.

MEMBER OF EXECUTIVE COUNCIL

DATE

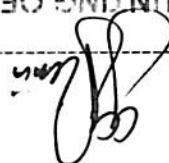


30/03/2021

~~APPROVED / NOT APPROVED~~

ACCOUNTING OFFICER

DATE



19/3/21

~~RECOMMENDED / NOT RECOMMENDED~~

EHP Directorate.

Enquiries regarding this policy should in the first instance be directed to the

23. ENQUIRIES

approval by the MEC.

The inception date of this policy will be within thirty (30) days after the

22. INCEPTION DATE

between him/her and the Department.

Employees who violate this policy will be disciplined in terms of measures contained in or published in one or more prescripts that are contained in the Legal Framework of this policy. Any party who has a contractual relationship with the Department and contravenes the provision of this policy will be dealt with in terms of the penalty clause of the agreement entered into by and

21. DEFAULT

PROCEDURE MANUAL ON: UNIVERSAL PRECAUTIONS ON

OCCUPATIONAL DISEASES EXPOSURE

1. INTRODUCTION

Universal standard precaution serves as a guideline on procedures to be adopted in an event of occupational exposure to blood or other body

fluids. Standard precautions are recommended to prevent the spread of HIV in the workplace. These are used based on the principle that all

blood, body fluids except sweat and non-skin contact unless they may contain visible blood, may contain transmissible agents. Infectious

Provision of this procedure is applicable to all employees of the

department.

2. Key components of the manual are:

2.1 Consider every person as potentially infectious and susceptible to infection

2.2 Use of protective clothing / equipment before touching blood or other body fluids:

2.3 Washing of hands is the best way to stop the spread of infections.

2.4 Disposal of used medical wastes is essential to prevent the spread of diseases.

Procedure to attend occupational injuries in the workplace:

- a) Wear personal protective clothing
- b) Wear latex gloves when being exposed to blood, skin and mucus, membrane cuts or any open skin lesion.
- c) Then assess and stabilize the injured employee
- d) For major injuries such as severe bleeding and burns the first aider should call an ambulance @ 10111 landline or 112 on a mobile phone

e) Inform the supervisor and health and safety representatives about the

incident

Hand washing:

- a) After touching blood, or certain body fluids, secretions
- b) Immediately after removing gloves
- c) Wet hands preferably with warm water if available
- d) Wash hands if possible before helping someone and always after
- e) Use disinfectant soap or any soap will do
- f) Lather hands front and back, and between all fingers
- g) Continue lathering all around your hands and between the fingers for at least 20 seconds
- h) Then rinse your hands thoroughly
- i) Dry your hands using a clean hand paper towel or hand dryer if available

Tip: Always wash hands after use of restrooms

Procedure on cleaning blood or other body fluids:

- a) Put on disposable gloves;
- b) Wipe blood or other body fluids with absorbent towels.
- c) Place contaminated paper towels in new plastic garbage bags.
- d) Dispose into the biohazard bags or plastic garbage bags.
- e) Secure bag with ties.
- f) Dispose bio-hazard and plastic bags
- g) Again wash hands with a disinfectant

NB all mentioned above are available in the spillage kit bag

This procedure manual for universal precautions on occupational diseases exposure is in terms of OHS Act 1993 of and HIV and AIDS

When it is difficult to identify the specific body fluids or when the body fluids are visibly contaminated with blood, then the universal precautions are ALWAYS to be applied.

CAUTION:

- a) Waterless hand cleansers can be used if water is unavailable or sanitized wet wipes.
- b) Apply hand cleansers generously and make sure to cover both hands completely.

Tips:

- When an employee observes that she/he has cuts, scratches or other skin breaks after handling blood or other body fluids without the use of protective clothing, such employee shall report the incident immediately to the nearest clinic.
 - Such employee shall also report the incident to employee wellness programme unit after consultation from the clinic with a written medical report;
 - In a case of exposure to blood pre and post counseling for HIV testing will be conducted at the clinic;
 - Employee wellness programme shall provide support services when required.
- a) Dispose of all used medical wastes such as gloves, cotton wool balls and gauze swabs etc. protective equipment in an appropriately marked bio-hazard bag and box.
 - b) Used gloves shall not be washed and not re-used.
 - c) Procedure on accidental occupational exposure:

Disposal of used medical wastes:

ANNEXURE B

STANDARD OPERATING PROCEDURE FOR CONDOM DISTRIBUTION

The requirements for a successful workplace condom-distribution programme are:-

1. Location

Condoms shall be located and distributed in places where they are easily accessible and are private.

2. Education sessions

Education sessions of between 30 and 60 minutes need to be conducted with all employees about the purpose of the condom programme.

3. Peer educators/peer-counselors

Distribution should be linked to the peer education programme. This will increase opportunities for face-to-face discussions and debates to encourage employees to talk about sex and sexuality, and to challenge preconceived ideas and misconceptions. Counselling should be available to help employees to deal with their concerns and fears.

4. Sustainability

Condoms shall be available at all times in order to maintain positive employee attitudes to the programme.

5. Quality

Ensuring quality includes correct sourcing, checking and storage of condoms. Condoms shall be stored at a regular and steady temperature.

6. Packaging

Condoms shall be placed in condom-tainers located in bathrooms and receptions for four or six condoms have greater uptake.

7. Education programmes

The distribution programme shall be linked to a general HIV/AIDS awareness and education programme. The education programme must include messages about quality, cost and correct use of condoms, as well as some pleasure tips. Through special events, employees could be targeted, to ensure that all employees have access to information.

8. Printed materials

Printed brochures (HIV/AIDS basic facts; How to use condoms; etc.) should be available for employees to read in private and to take to their partners. Posters promoting the service and giving information posted on all notice boards will help raise awareness.

9. Monitoring

The distribution programme shall be monitored to ensure that it is successfully reaching the target groups (employee) and being used effectively. Measuring condom uptake will inform the unit how many condoms are being accessed by employees, but not how many employees are using the service. KAP surveys may be used to check how many employees have actually changed their behaviour and are consistently using condoms.