

RESPONSES TO HIV & AIDS TEACHING AND SUPPORT SERVICES AT UCT

Prepared by

The HIV/AIDS Inclusivity & Change Unit

(HAICU)

for

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HIV/AIDS REPORT TO COUNCIL

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1. EXECUTIVE SUMMARY

The HIV/AIDS, Inclusivity and Change Unit (HAICU), is part of the Transformation Services Office at the University of Cape Town. HAICU activities include policy development; curriculum integration co-curricular education and monitoring and evaluation, in the content areas of HIV/AIDS and Inclusivity. HAICU has four strategic focal areas comprising firstly, curriculum integration of HIV/AIDS and transformation issues affecting South Africa.¹ Secondly, campaigns and communication which ensures that UCT's prevention messaging reaches vulnerable populations on campus. This includes seminars and public dialogues that provide platforms of engagement with concrete outputs between the broader community² and UCT leadership, students and staff. Thirdly, peer education is a critical component of HAICU's work and the AIDS and Change Educators (ACES), receive training throughout the year, and engage with students in a variety of youth friendly ways including through, twitter, facebook and online discussion fora. Policy and research is the fourth output that incorporates the monitoring and evaluation data from each strategic area.

This report is structured in the following way: It begins with a review of the courses taught at the University of Cape Town, and it is followed by a report on HIV/AIDS psychosocial support services provided for staff and students. The appendixes which

1 Regarding the rationale for HAICU to include curriculum integration as a core activity, Senior Programme manager for the National Department of Education and the Higher Education Training Programme Against AIDS – HEAIDS- a division of Higher Education South Africa (HESA) writes, " As part of an increasingly comprehensive HIV/AIDS mitigation programme in the higher education and training sector, HEAIDS currently implements various health, wellness and prevention projects and programmes in partnership with a range of public and private role players. A further vision of the HEAIDS Programme as articulated in Objective 2 of its Policy and Strategy Framework is to harness the core mandate of higher education, that being teaching and learning and research innovation to contribute to the knowledge economy in relation to the country's HIV and AIDS response and to further contribute to the personal and professional competencies of graduates to manage HIV and AIDS as it impacts on their lives, homes, communities and places of work. HEAIDS undertook several pieces of research to understand how HIV and AIDS would fit into the academic space in higher education. This work is being further build on through a Discretionary Grant award from the NSF to explore academic capacity development towards this outcome. We are particularly encouraged by the model that HAICU at UCT has developed over the years and a period of intense exploration and development signifies is robustness and success in various faculties and disciplines. The model brings to bear the skills set of the HAICU staff and the innovative leadership they have shown in this area. It further depicts the successful collaboration that maybe developed between institutional HIV units and the academic environments reflecting that HIV competence needs to be occupy both the 'in class' and 'out of class' spaces. The UCT approach of looking at HIV and AIDS as a transformation, inclusivity issue also place HIV and AIDS central to many of the dialogues related to gender, stigma, masculinity, power relations and social transformation issues amongst others thus negating the issue of 'HIV fatigue' in a very meaningful way". Communication following meeting

to discuss this issue between Managa Pillay and Cal Volks week of 10/03/12.

² One of the partners that HAICU mentors is TVET (previously called FET) Falsebay College Muizenburg. Regarding the value added by HAICU in the mentoring, Tristan Weaver Student Affairs Manager writes, "Your input on how your department runs and implements its programmes and awareness campaigns is inspirational to me and the work that I do. False Bay College is striving to create programmes that are run by the students and or a selected student body representative. Your acknowledgement of working with me and my SRC has motivated the SRC to reach out to the Universities and create new partnerships to develop the relationship between FET's and Universities. This will then lead to the improvement of College programmes and awareness campaigns through discussions on best practices and implementation methods" Evaluation communication Sianne Abrahams, Stella Kyobula-Mukoza and Tristan Weaver 16/03/14.

follow provide further detail on the work occurring in the curriculum and the services offered in the University.

In 2013, there was a decision to exclude the research section in the HIV/AIDS mapping document since this is available in the research report. However, the UCT research contribution is drawn to attention to in two cases in this report. This is so because of the exceptional work that is being undertaken by various individuals and researchers in these two faculties. Overall in 2013, UCT made excellent strides with regards to integrating material around HIV contextual prevention in discipline appropriate and specific areas. There is a sound platform to build on this work in 2014.

2. CURRICULUM RESPONSIVENESS: INTRODUCTION

In this section the report focuses on the curriculum development work that is underway in the University and the services that are being offered in relation to HIV/AIDS.

In 2013, there were a total of 71 courses that included content on HIV/AIDS at UCT. HAICU provided input into several of these courses and directly delivered 316 lectures in 2013. The detail of which is tabulated below.

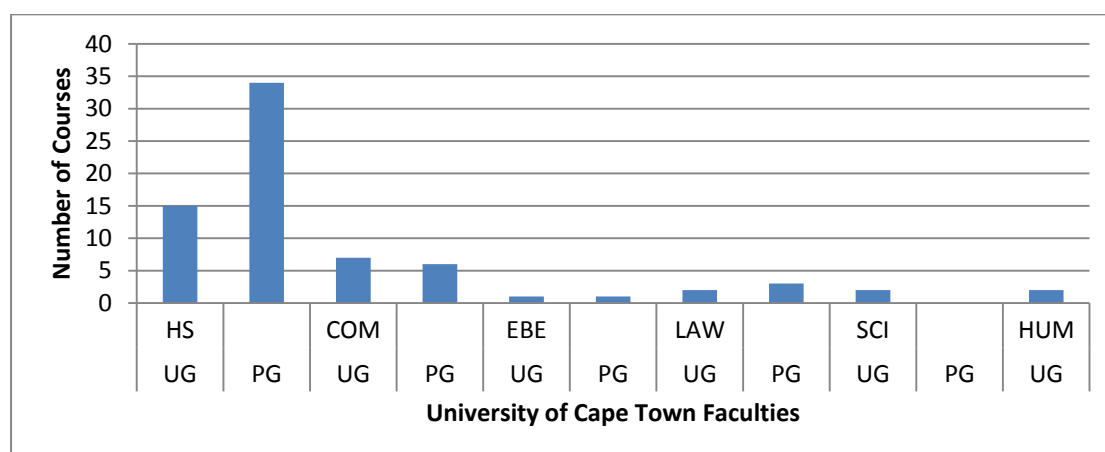
Course	Task	Output	Hours	HAICU time spent on course Equivalent (# lectures/50min)
Mechanical Engineering	Case Study Lecture: Concept development and External Relationship management	Lecture	8	9.6 lectures
Professional Communication Course	Content Development; External Relationship-Management	Workshop and Case Study lecture	7	8. lectures
Mechanical Engineering	Examination Question: Data Analysis (110 scripts)	M&E Data	10	12 lectures
Raymond Ackerman Academy	Lecture content and assignment marking 48 scripts	Lecture	22	26 lectures
Evidence Based Management	Online Lecture development; Video recordings; Video Case study; Lecture material development; Online tutorials	2 week lecture period (14-17h00)	40	48 lectures
Becoming a Professional	Training of facilitators; Content development; Course delivery and coordination	Training and lectures for all 1 st year medical students	37.5	45 lectures
Oceanography	Content development and lecture delivery	Lecture	14	16.8 lectures
Humanities	Michaelis School of Fine Art: Content development, lecture delivery, exams and assessment marking.	3 rd year elective: 100 hours of lecture time over a semester 1 st year: 3 hours	103	123 lectures
	Social Development: Content development and lecture delivery	Lecture (s)	3	3.6 lectures
General Curriculum Development	Online Teaching Tools: Center for Educational Technology – Industry specific content with embedded software for student engagement and interactivity	Online Content for educational use. Further use to be established within faculties	20	24 lectures
Total number of hours and lectures taught			264.5 hours	316 lectures

Continuing from the achievements of 2012, further developments have occurred within five of the six faculties that have integrated social justice and public health issues into their core curricula. Students have grappled with the complexities of the social and economic influences that give rise to HIV prevalence despite progress in treatment and clinical trials.

With respect to the services offered by HAICU there have been no significant shifts since 2012; work is continuing as will be seen in the report below, in the dimensions of the HIV experience at UCT.

The chart below shows the number of HIV/AIDS related-courses in the faculties. Data was collated through a survey and analysis of faculty handbooks.

Chart 1: Self reported courses and data analysis of courses in faculty handbooks



3. CURRICULUM RESPONSIVENESS

Following from the consolidated work of 2012, the evaluation data was used to further refine the course work for 2013 for each faculty involved in contextual areas of HIV/AIDS education and teaching. Below are results from students who completed online pre and post assessment evaluations following the course component integrated in collaboration with HAICU.

HAICU involvement in Faculty:

Faculty	Course	Number of Students
Health Sciences	Becoming a Professional	374 (1 st years)
Science	Oceanography	45 (2 nd years)
Humanities	Social Development: Social Work	60 (3 rd years) and 80 (2 nd years)
	Michaelis Fine School of Art	70 (1 st years) 10 (3 rd year elective)
	Center for African Studies: Critical Issues in Heritage Studies	15 (professionals)
	Film and Media Studies	

	Organisational Psychology (Masters)	12 (professionals)
Commerce	Raymond Ackermann Academy	46 (professionals)
	Evidence Based Management	700 (1 st years)
Engineering and the Built Environment	Professional Communication Studies	81 (various)
	Mechanical Engineering	120 students (4 th year)

3.1 FACULTY OF HEALTH SCIENCES

The 'Me and HIV' workshop is run in collaboration with Ms. Lorna Olckers. The course is compulsory and students are required to attend and write a graded reflective assignment based on the content of the course.

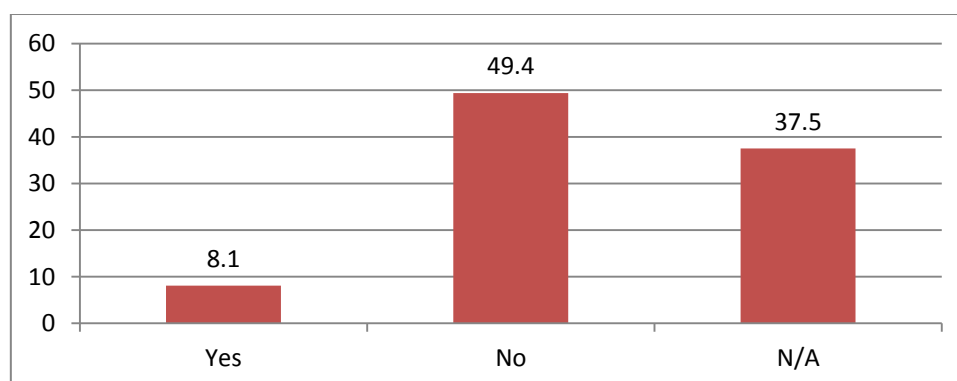


The pre-evaluation is administered prior to the full day Becoming Professional 'Me and HIV' course which runs from 08h00-15h30. The post-evaluation is the final component of the full day course, which allows course convenors to assess the change in knowledge and/or anticipated behaviours.

3.1.1 SUMMARY OF COURSE ASSESSMENT RESPONSES

As expected, the students were knowledgeable on issues of sexual health, safety and first level responses for treatment of HIV in post-exposure. Despite the understanding about the health risk of unprotected sex, **8%** (n=32) of the students had in engagement in sex without the use of condom in the past six months.

Pre-assessment Question: Have you had unprotected sex in the past six months?



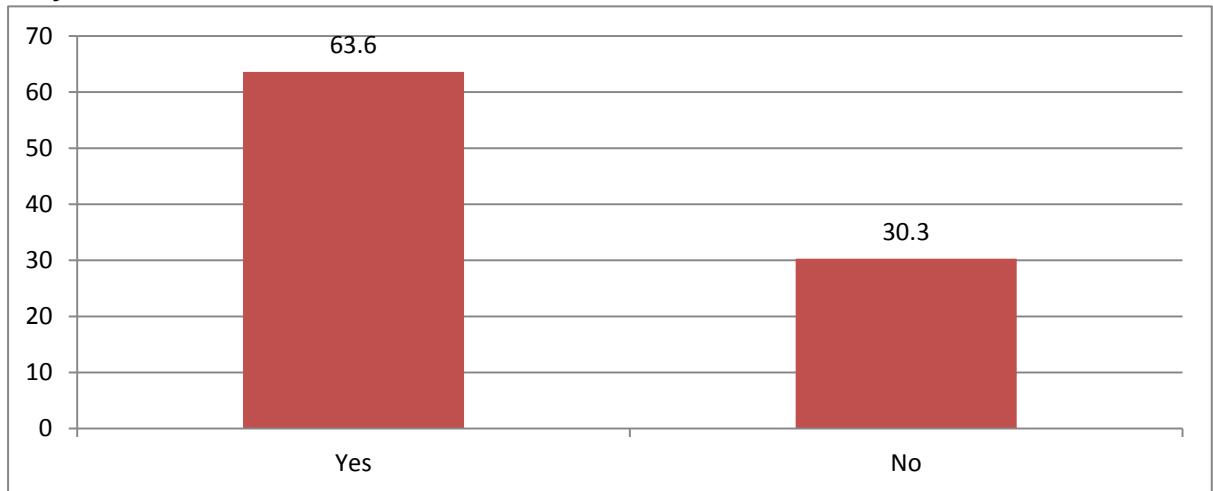
Further research will be conducted to examine why current behavioural interventions still result in risky behaviours.

3.1.2 ANTICIPATED BEHAVIOUR

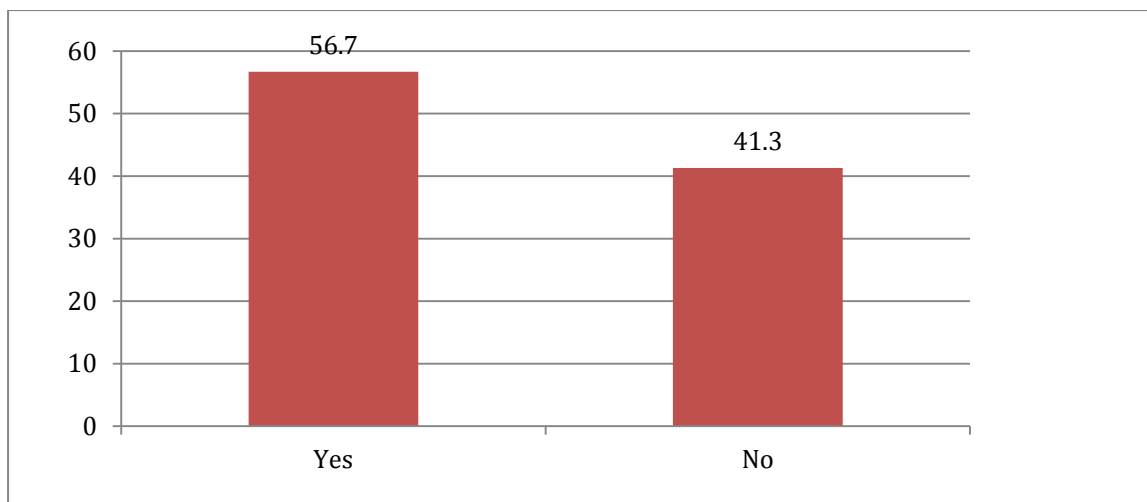
The students were informed about the content of the workshop prior to attending. When asked whether they expected the information to impact on

their anticipated sexual behaviour 63% (n=252 in pre-assessment) and (56%, n=221) stated that the workshop would positively impact on their behaviour. The 30% of students who did not think so – indicated in the qualitative data, that they were either practicing safe sexual practices and/or were not sexually active but would utilise the information in the future.

Pre-assessment Question: Do you think today's workshop will have an impact on your behaviour?



Post-Assessment: Do you think today's workshop will have an impact on your behaviour?



Development of the curricula for 2014 will further emphasise, empathy, stigma, discrimination, and pre-exposure treatments. In addition, as future health professionals, a focus on the relationship between the biomedical and psychosocial approach to HIV treatment is relevant to the medical profession so that the complexity about adherence; ARV resistance and gender relations is better understood by graduates at UCT. The current teaching programme being implemented is due for external evaluation in 2014.

3.2 FACULTY OF ENGINEERING AND THE BUILT ENVIRONMENT

In 2013, the partnership with the engineering students was again focused on developing their competency for industry so that they are able to make ethical leadership decisions for their employees. HAICU in collaboration with two course convenors, Associate Professor Jane English and Professor Bruce Kloot collaborated on lectures in two different courses.



The first being the Professional Communication Course and the second the Mechanical Engineering course. The number of students lectured in these courses was 201 students with a focus on sexual violence-HIV and HIV in Industry, respectively.

3.2.1 PROFESSIONAL COMMUNICATION COURSE

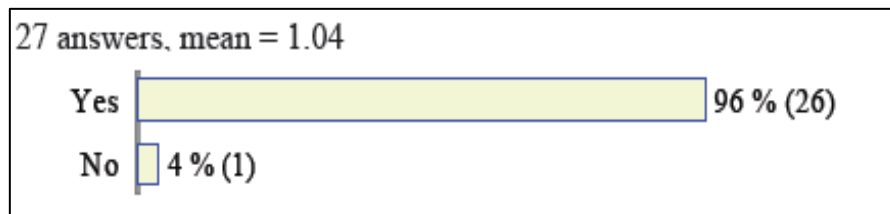
HAICU worked with Associate Professor Jane English, in the conceptualisation of the course content; assessment and relevance to industry. Students were encouraged to voluntarily participate and attended a 4 hour lecture on gender based violence and the management of this in industry. Students conducted further research in consultation with HAICU and orally presented their findings to their groups. Their presentations were graded for examination. The PCS staff assessed students on their oratory skills whilst HAICU adjudicated 9 groups of students on their content of the subject matter and its relevance to industry. Following the presentations, students were invited to participate in a focus group where data was collected for research purposes.

The focus on students understanding of their role as future leaders within the company was emphasised during the course. Students were required to understand the socio-economic context of HIV and how this could affect the labour force. Students were sent an online pre-assessment which they were required to complete prior to the workshop with HAICU. The post-assessment was conducted through oral presentations which were recorded. The following results emerged from the pre-assessment.

3.2.2 SUMMARY OF COURSE ASSESSMENT RESPONSES

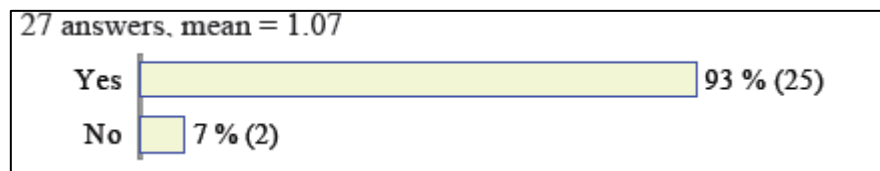
The student responses demonstrated a thorough understanding of basic treatment, health and safety in HIV related matters. With regard to sexual violence, this was a relatively new area for students and they required further context in order to fully comprehend the link between violence and HIV prevalence and how this links to their work environment. Students demonstrated a willingness for health and wellness programmes to be implemented within the workplace setting 96%, (n=26).

Pre-assessment question: Is the implementation of health and wellness programmes relevant to the workplace?



Similarly, when asked what their response would be in the workplace setting towards establishing health programmes for employees 93% (n=25) of the students indicated that they would support the initiative.

Pre-assessment question: Would you support the initiative in developing a workplace programme in order to assist the organisations' employees who may be affected by HIV/AIDS?



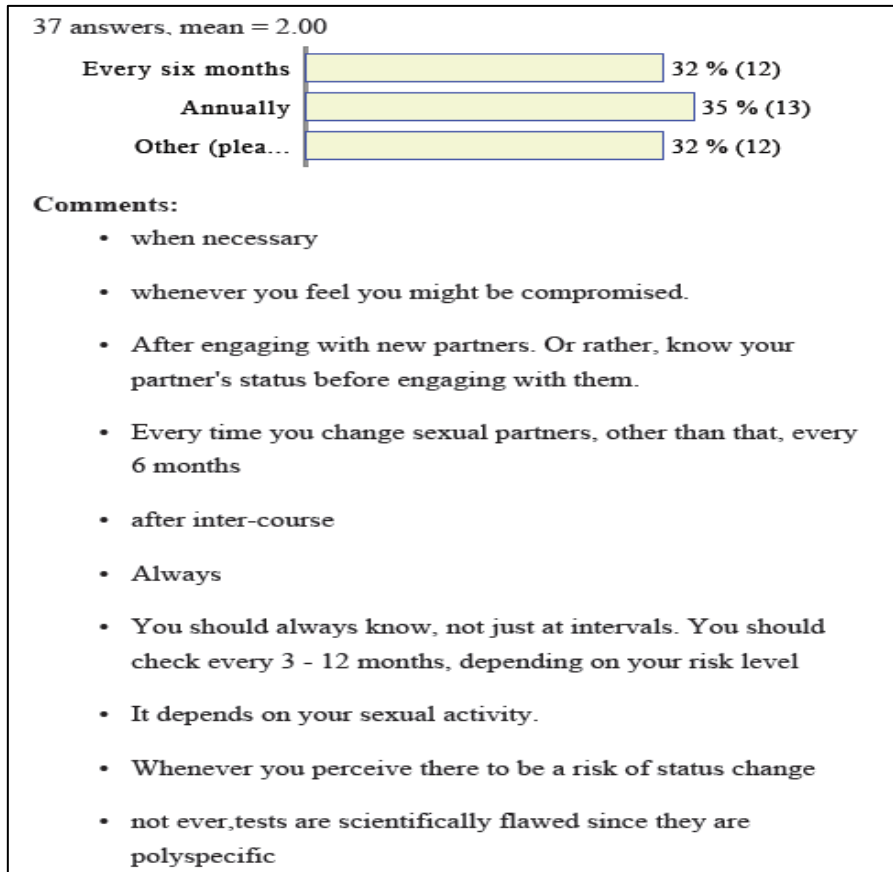
Further education is required in the area of treatment so that student's fears of contracting HIV/AIDS; are addressed. In this way, stigma about HIV will gradually be reduced. Concerns about personal safety when in a relationship with an HIV+ve person were relatively high with 70% (n=19) of the students indicating that they would not have a relationship with a person who has HIV.

In 2014, the intention is to implement a compulsory assignment on HIV/AIDS and another thematic area such as climate change and community resilience. This follows the lead of researchers such as Rhodes University, Georgina Cundill and others who have made strides in achieving community adaptation goals to both HIV and Climate Change in areas such as urban and town planning. The professional communication course is also extending to the Construction and Economic Management course in the property studies module. This will occur in the first semester.

3.2.3 MECHANICAL ENGINEERING

Students from 2nd year Mechanical Engineering attended a mandatory two hour lecture facilitated by HAICU in collaboration with Professor Bruce Kloot. Prior to engagement, a pre-assessment was conducted. From the assessment, students from this group demonstrated higher levels of inaccurate knowledge on testing, treatment and myths (supposedly based on science). Despite this, questions concerning support, discrimination and stigma against people living with HIV were comparable to peers from other courses. The level of understanding about HIV and safety varied. Examples of misconceptions are listed below:

Pre-assessment question: How often do you think you should be tested?



Pre-assessment question: Please indicate when last you have been tested

- tests are highly unreliable resulting in many false positives. There at least 50 medical conditions that can trigger a 'positive test'. No virus is actually detected.
- Never thought that I would have HIV as i've usually had protected sex.

Further engagement would be required with this group – to rectify misconceptions and understanding about HIV. Intensive discussion would be required to work through the myths on testing; treatment; and safe sexual behaviour.

3.3 FACULTY OF ENGINEERING AND THE BUILT ENVIRONMENT: CONFERENCES

Associate Professor Jane English: Integration of Social and Public Health Discourse in Curriculum in the Faculty of Engineering and the Built Environment. Authors: Sianne Abrahams, Project Officer, HIV/AIDS and Inclusivity and Co-ordination Unit. Jane English, Associate Professor, Professional Communication Course, Faculty of Engineering and the Built Environment. Paper delivered at the Teaching and Learning Conference, UCT, 25 October, 2013.

3.4 FACULTY OF SCIENCE

A new development has occurred with an introduction of a course component in HIV to students of Oceanography in the Faculty of Science. This new work is described in the passage below.

3.4.1 OCEANOGRAPHY

HAICU delivered a lecture to students from 2nd year Oceanography attended a lecture on HIV treatment, trials and relevance to Oceanography. The lecture was preceded by a pre-assessment that was completed by half of the class (49% n=40/82).

From the pre-assessment it was evident that students generally had a thorough understanding of prevention and testing but had minimal knowledge on treatment and relevance to the workplace. Levels of stigma were apparent in the class responses and further engagement would be required for the students to critically engage with their perceptions of HIV and living positively. The intention for the class was to build an understanding of how their sector played an integral role in HIV treatment and vaccine trials. Further emphasis was also placed on their role as employers and peers in the workplace. A minority of students seemed to resist (23% n=9) the idea of taking an active responsibility for employee health and wellness. None of the students demonstrated any knowledge (n=82) of the laws that are relevant to HIV/AIDS in the workplace, therefore this content was covered in the lecture which provided students with further insight on how industry is responding to HIV.

The responses showed that the knowledge shared was new and useful to the students. The course convenor was appreciative of the engagement with HAICU and stated that she too had learnt more during the lecture. HAICU has been asked to return next year and will work with the course convenor to further integrate the knowledge in 2nd year and postgraduate courses. ³

³ Regarding the value that HAICU play by adding the the work of EBE academic staff Assoc. Prof. Jane English writes, “: In 2012, Sianne Abrahams (HAICU, UCT) approached Jane English (PCS, UCT) to collaborate on a project to increase awareness in students around HIV/AIDS for students within the faculty, both in terms of themselves and in their careers. We developed various interventions in which knowledge would be incorporated in the core courses – such as through the subject material for course work; report assignments; short written exercises and the oral presentations. For the latter, a competition was created and monies donated by CareWorks. The results of the involvement have been recorded as a pilot study and was presented at the UCT Teaching and Learning conference (2013) and will be ready for publication in 2014. The project was deemed as very successful and is being further developed in 2014. This year, Sianne Abrahams and I will research the knowledge base and attitudes of students from the Department of CEM, UCT. The construction industry is critically affected by HIV/AIDS and thus we identified this cohort of PCS students as being particularly in need of information for their careers. This measure has the support of researcher in the field. Prof Paul Bowen.” Communication Sianne Abrahams and Jane English March 2014.

3.5 FACULTY OF COMMERCE

3.5.1 EVIDENCE BASED MANAGEMENT

HAICU developed and delivered two-weeks of lectures and online discussion groups from 14h00-17h00 in the first and second semester. The preparation for the move from the physical to the online medium of teaching differed from the previous 8 years of collaboration with the course convenor Jacques Rousseau. Lecture modules, assessment, readings and multiple choice questions were prepared for the GetSmarter online teaching system with the Evidence Based Management course.

3.5.2 INFORMATION SYSTEMS IS HONS, INF4026F

As in 2012, HAICU worked with the Honors students in a one hour lecture that focused on the thematic area of personal safety; gender based violence and HIV/AIDS.

In 2013, HAICU worked with the Honours students on areas of HIV/AIDS, masculinity and violence. The workshop was preceded by an assessment that identified gaps in knowledge and these areas were specifically addressed during the workshop. A post assessment showed changes in knowledge.

Fourth year students (n=27) from the Information Systems Department completed a pre-assessment prior to the one hour lecture held in the first semester. Seventy percent (70%) of the students were in the age range of 23-28 years which produced different responses to those of younger students in the commerce faculty.



Overall, the students demonstrated that they did critically engage with HIV context and content including stigma and discrimination. Student felt that the workplace had a relevant role in health management and that they (the students) would support health initiatives in the workplace. The responses showed that further information should be given on workplace laws as there was a gap in their knowledge.

Similarly, HIV treatment education is required as this was an area where students expressed concern on personal safety.

3.5.3 GRADUATE SCHOOL OF BUSINESS: RAYMOND ACKERMANN ACADEMY

Since 2010, HAICU has developed and implemented three, 3 hour lectures with the Raymond Ackerman Academy entrepreneur students. The content of the lectures focuses on workplace law, policy development, management and safety of employees⁴. In 2013, similar content was taught and included a pre assessment and

post assessment that measured knowledge change. HAICU continues to work with the Graduate School of Business in 2014 and intends to expand the teaching of HIV/AIDS, transformation and inclusivity into other modules at GSB.

3.6 FACULTY OF HUMANITIES

3.6.1 MICHAELIS SCHOOL OF FINE ART: THIRD YEAR ELECTIVE

The primary focus for this project is an artistic response that engages the issue of HIV-AIDS in an open-ended, but informative way. Students are encouraged to use public interventions to engage HIV/AIDS as subject area in relation to socially relevant topics like intimate partner violence, gender based violence, masculinity, sexual concurrency and stigma. Students are directed to work in a wide range of media on the condition that the project remains materially and contextually appropriate. The course is taught over period of four weeks in the first semester. The course is facilitated with a group of 15-20 third year students. Contact times are from 14:00-17:00 from Monday to Friday, with additional consultations and feedback sessions scheduled as needed by the group. The course was initiated for the first time in 2013, but the teaching team has made numerous adjustments to the teaching process and project outcomes for 2014.

The primary site of action for all the projects is public space. Students are challenged to work with various communities and spaces that would not necessarily be open to artistic intervention. Spaces that have been used by students are the UCT dorm rooms, the UCT rugby team, Youtube, Facebook, as well as formalized and informal display areas on UCT campuses and the surrounding residential areas. In addition the work produced by the students in 2013 was exhibited in various formats throughout the course of the year. The artworks produced by the students were incorporated into a series of posters that were exhibited at a Conference on Masculinities and HIV/AIDS in South African Higher Education Institutions in the Baxter Theatre; and were then moved to the Chancellor Oppenheimer Library. Similar outputs of the students' work have been presented at the, South African Visual Art Historian (SAVAH) conference 2013, as well as the UCT - Teaching and Learning Conference in 2013. The pieces produced by fine art students are different to dominant HIV/AIDS messages in South Africa and create safe spaces to start conversations about the perception of the disease. Institutions need to consider the channels through which knowledge is generated to produce new thinking about the socio-economic context from which HIV and AIDS discourse emerges. Marrying two disciplines ensures that the students are capacitated in their ability to comment and influence safer behaviours among youth.⁵

⁴Regarding the value that HAICU add to Faculty of Commerce Academic staff, Carol Williams: RAA Manager writes, "The RAA has enjoyed a long and fruitful working relationship with HAICU, specifically on the life skills and personal development side of the course. HAICU facilitates 2 three hour workshops with every one of our classes. Their aim is to address the topic of HIV in the work place, specifically regarding preconceived ideas, myths around HIV as well as policy regarding HIV in the work place. They have also arranged for guest speakers to address the class and these workshops have always been very powerful. Most of the students are affected by HIV and hearing these very personal stories has changed many of their lives. Some of them no longer feel shame regarding their status and many of them are better equipped to help family or community members after these workshops. This has become a very necessary and valuable workshop on our training programme and we have been very happy with the quality of service provided by HAICU". Evaluation communication between Sianne Abrahams and Carol Williams March 2014.

⁵ Regarding the value that HAICU may add to academic input Michaelis School of Fine Art lecturer Fabian Saptouw writes, "The core focus of each project is to educate students about HIV/AIDS in a way they can relate to and empower them to be able to educate other individuals. We have worked with students from first to third year and have been quite impressed by the results. The students have found innovative ways to work with artworks in public spaces that would not normally be used for this purpose. I feel it is crucial to acknowledge the role the HAICU staff

3.6.2 SOCIAL DEVELOPMENT

HAICU has been invited to lecture on thematic areas such as HIV/AIDS and community responses; HIV/AIDS and gender based violence and lastly, HIV/AIDS a case study response for UCT.

4. CURRICULUM STRATEGY 2014

The evaluation results have shown that HAICU's activities were rated positively by students and staff who attended and participated. The training sessions, workshops and events were facilitated by competent trainers and guest speakers. All the events were implemented as planned and as such, most participants were satisfied with all logistical arrangements. Results suggest that participants acquired valuable knowledge about HIV/AIDS issues in the modules that were taught and acknowledged that these issues should be taught in course components. On the basis of the work and the relationships that have been built with the faculties HAICU will be delivering additional courses and workshops in the University in 2014.

members have played in this particular project. Lucina Reddy and Sianne Abrahams have been instrumental in the planning and execution of these projects. Their expertise in the field of HIV/AIDS, curriculum development, psychology and social integration have greatly improved the quality of the output of each project. There have been numerous times when they have suggested reading material or a contact person that acted as a catalyst for a student's project. The model developed for this particular project has also been co-opted by various other UCT units. In 2013 The Disability unit hosted a workshop with Rachel Gadsden which encouraged the students to think about the link between drawing, disability and the human body in a more open-ended and experimental manner. The South African Tuberculosis Vaccine Initiative (SATVI) worked with the students to create a series of art installations for the TB vaccine conference in 2013 most recently the UCT Green Campus Initiative to create an installation for the Jammie Plaza for Green week 2014". Evaluation Communication Fabian Saptouw and Lucina Reddy 13/03/14.

5. PSYCHO-SOCIAL SUPPORT AND/OR SERVICES

5.1 STUDENTS: HIV/AIDS – HAICU

HAICU programmatic work is monitored by the Higher Education AIDS (HEAIDS) programme which is overseen by the HESA chair Rector: Brian O’Connell. Together, with the 23 institutions and the 50 Training and Vocational training Institutes, the tertiary institutions are requested to develop and contribute to both the National strategic plan for higher education institutions and the National Department of Health Strategy plan as a unified response to alleviating the effect of HIV/AIDS on students at campus. Data on work done by the HIV/AIDS units on campus is reported annually to HEAIDS.

5.2 STUDENTS: STUDENT WELLNESS SERVICE (SWS)

The campus health services – Student Wellness Service (SWS) – provides students with HIV counseling and testing and clinical management of HIV, including treatment of opportunistic infections and referral for ARVs. SWS also prioritized the identification and treatment of STIs.

The number of people tested at UCT for HIV in 2013 was 3789. This number consists mainly of students, 1642 through HIV testing drives, 391 by mobile unit 1488 by drop-in and 268 at SWS.

A total of 270 000 male condoms and 17000 female condoms were distributed by SWS in 2013.

5.3 STAFF: HUMAN RESOURCES (HR) – UCT’S HIV/AIDS WORKPLACE PROGRAMME

Staff were provided with HIV testing as part of a holistic package of care at wellness screenings at the following UCT departments in 2013: CHED, DSA, Bremner, EBE, Humanities, Libraries, Health Sciences, GSB, Commerce, Wellness fair and SATVI. A total of 1,164 staff attended the screenings and 1,108 tested for HIV, including outsourced staff. In total, 95.19% of staff participating in the Wellness screening participated in the HIV screening as well. Five wellness fairs took place (GSB, FoHS, SATVI, 1 x Retirees, Jameson Hall) and various pamphlets were distributed there. Two “Helping the Manager Manage” and two “Medico-Legal” courses containing modules on managing HIV in the workplace were presented. There were two HIV positive results in 2013 (both were outsourced staff). There are 42 UCT staff members registered on the HIV Chronic Disease Management programme, with 39 currently on ARV treatment. The average age profile of the persons on the HIV programme is 42 years.

5.4 STAFF: HEALTH AND SAFETY

A statutory medical assessment protocol is applied for designated jobs as legally required. Risk management and placement procedures are followed for immune-compromised staff and those exposed to immune suppressants and/or infectious

materials. Set protocols are followed, determined by 'person' factors (immune-compromised state and job factors; exposure to risk; exposure to hazardous biological agents that compromise immunity).

Additionally, approximately 90% of UCT's outside contractors comply with the institution's Safety, Health and Environmental (SHE) policies. There were 116 first-aiders trained in 2013. This added to the existing 154 trainers resulting in a total of 270 first aiders being trained at UCT. There were three staff members exposed to "needle stick injuries" during 2013 and they occurred within the Health Science Faculty. Both the Needlestick Injuries Policy and an Addendum are available on the UCT website at <http://www.uct.ac.za/about/policies/>

6. CONCLUSION

This report shows both the advances made in UCT's response to HIV and AIDS, as well as potential for further teaching. UCT remains committed to addressing HIV contextual issues from the perspective of producing learners who are able to contribute (in discipline specific ways) to address HIV and AIDS. It has been 20 years since the various HIV/AIDS projects started. Over the 20 years, the University has made important strides regarding HIV and AIDS, including socially responsive research across a range of disciplines and playing a leading role in the overall Higher Education Response to HIV and AIDS in South Africa.

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APPENDICES:

Introduction

This section of the report provides greater detail into the courses taught at UCT in the area of HIV/AIDS. The appendices are presented in the same order as the report provided in the first section namely in the curriculum work taking place in the University which is then followed by a description of services and support work in the area of HIV/AIDS at UCT.

APPENDIX 1: HIV & AIDS CURRICULUM DEVELOPMENT

1.1 FACULTY OF HEALTH SCIENCES

HIV & AIDS is one of the Health Sciences Faculty's 'Golden Threads' of the undergraduate curriculum; it is taught in every year of the 6 years in the preclinical and clinical years.

1.1.1 THE CHILDREN'S INSTITUTE (CI)

Policy development: Safety and Violence

The Children's Institute has done submissions to Parliament regarding South Africa's report to the UN on the Convention on the Rights of Children in relation to the gaps in SA's policies and their submission to the UN. CI contributed to the drafting of the shadow report to the African Union on SA report to the African Union on the Convention on the Rights of Children. The Children's Institute has also been involved in driving submissions to the Department of Social Development on the 2nd Amendment to the Children's Act.

Safety and Violence related service provision at UCT

Open Lecture at the Graduate School of Business in March 2013 - entitled: The State of Gender-based violence in South Africa: are we failing our children?

Seminar - Faculty of Humanities: Developing an understanding of fatal child abuse in South Africa: Evidence from the National Child Homicide Study (October 2013)

Seminar - Department of Child and Adolescent Psychiatry - Understanding intimate femicide in South Africa (May 2013).

Conferences

Oral Presentation on ISPCAN European Conference - Dublin

Oral Presentation - National Department of Social Development - Child Protection Forum (May 2013)

Oral Presentation - National Child and Youth Care Forum Conference (July 2013).

1.1.2 GENDER HEALTH AND RESEARCH UNIT (GHRU)

Policy Responses on Violence

Kelley Moulton provided input in the development of the National Policy Framework on Sexual Offences (which speaks to PEP service provision) and commented on the proposed WEGE Bill.

Undergraduate Courses taught on Violence

PBL2800F Crime and Deviance in South Africa Cities

Postgraduate Courses taught on Violence

MM006 LAB25 Biomedical Forensic Sciences Masters Degree
PBL4304H RFG: Women and the Legal System
PBL4108F Criminology: Selected Issues

Safety and Violence Service Provision at UCT

Members of (GHRU) did many talks on sexual violence related to the Anene Booysens rape/murder case.

Conferences

Discourse, Gender & Sexuality - South South Dialogues (WITS)
Colloquium on Homophobia & Transphobia in Education in South Africa (UJ)

1.1.3 INSTITUTE FOR INFECTIOUS DISEASE AND MOLECULAR MEDICINE

HIV/AIDS related Service Provision at UCT

Dr Richard Kaplan & Dr Catherine Orrell: Day of HIV-TB integration training 7th June 2013.

Dr Catherine Orrell quarterly lecturing ART resistance for MSF - mostly at UCT venues.

Dr Catherine Orrell lecturing at Medicines Information Centre, two-day Introduction to HIV/ART course. January and February 2013.

Dr Catherine Orrell: IIDMM Seminar: 2th June: ART adherence and failure – Why the discordance?

Prof LG Bekker IIDMM Seminar 21 August: If we build HIV Prevention- will they come?

Postgraduate Courses taught that include HIV/AIDS content

Dr Keren Middelkoop: Lectured on Molecular Epidemiology for the “Epidemiology of Infectious Diseases” course (PPH7063S) within the Masters in Public Health

Conferences

- 1) Kaplan K, Caldwell J, Middelkoop K, Bekker LG, Wood R. Determinants of TB case fatality for HIV- positive adult patients in primary health care TB clinics in Cape Town, South Africa (2009-2011). 44th Union World Conference on Lung Health, Paris 2013 (Catherine may have included in her report back).
- 2) Morrow C, Ginsberg S, Piccoli E, Middelkoop K, Wood R, Middelkoop K, Bekker LG, Wood R. Quantification of shared air; an innovative technology platform to measure potential TB transmission. 44th Union World Conference on Lung Health, Paris 2013.

3) Black S, Wallace M, Middelkoop K, Robbertze D, Bennie T, Wood R, Bekker LG. An integrated Youth Centre model with incentives improves HIV testing in young adolescents in Cape Town, South Africa. Conference on Retroviruses and Opportunistic Infections, Atlanta 2013.

4) Prof LG Bekker:

February: 4th-6th February FACTS 001 Annual Meeting.

Session Chair: Emerging Hot Issues in the Field March: 3rd-6th CROI 2013 Atlanta
Session Chair: Queer kids and HIV: Engagement Protection and research participation

May: 5th-10th HVTN FGM Washington Participant Round Table Discussion: HVTN 503 and the recent data

Session Chairs: HVTN 100 protocol team Adolescent trials working group 3rd – 8th HPTN Annual Washington

Talk: Prep: Science and Implementation 30th – 1st LANCET HIV in MSM Meeting Kenya

Moderated Question session: Comprehensive Clinical care for MSM: An integrated approach

June: 17th-18th NIH MRC Summit on Shared research priorities – DBN

Panellist: HIV-associated neurocognitive disorders and behavioural science

29th – 4th July IAS 2013 Kuala Lumpur

Plenary Speaker: Paediatrics: transition from Adolescence to Adulthood

Speaker: CNIHR Networking session

Speaker: 100 years of TB

Co-Chair: ILF-AVAC Session: Expanding HIV Prevention Options for Women

Co-chair: Bridging session: New concepts in using ARVs for primary HIV prevention

Co-Chair: poster discussion: Tomorrow starts today: HIV & Adolescents

September: 1st-6th EDCTP Stakeholders Meeting Portugal

Session Speaker: Overview and challenges of optimizing the delivery of interventions

October: 30th-4th Oct PEPFAR SAB Washington

Talk: Adolescents and the issues faced on cascades of care

23rd-25th HVTN FGM CT

Session Chair: HVTN 100 protocol team

Plenary Session Roundable: HVTN 503

Session Chair: Adolescent Trial Working Group

Plenary session Roundable: Focus on Retention - Does Unblinding Studies Bring New Challenges?

1.1.4 BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (MBChB)

Becoming a Professional (PPH1001F) - Developing awareness of HIV/AIDS: taught in an HIV/AIDS workshop format, designed specifically to introduce first year students to the basic relevance of HIV/AIDS issues in both their private and professional lives. The course constitutes a platform upon which future HIV/AIDS learning will be based.

Furthermore, HIV & AIDS topics are covered extensively in the undergraduate MBChB curriculum (2nd through to 6th years), including by the Division of Clinical Pharmacology.

Integrated Health Systems, part 1A (HUB2017H): an introduction to HIV and the brain, and related mental disorders.

Integrated Health Systems, part 1B (LAB2000S): includes HIV/AIDS, diarrhoea, jaundice, anaemia, prostatic hyperplasia.

Integrated Health Systems, part 2 (LAB3009H): students receive a lecture on HIV vaccines.

1.1.5 INSTITUTE OF AGEING/GERIATRIC MEDICINE

HIV/AIDS related service provision at UCT

Postgraduate students and staff in the departments of Medicine, psychiatry and psychology attached to the multi-disciplinary Memory Disorders clinic are trained in addition to other dementias in the management of HIV dementias.

Postgraduate courses taught that have HIV/AIDS related content

BSc (Med)(Honours) in Physiology (HUB4040W): This course provides students with an understanding of the function & regulation of the human body and physiological integration of the organ systems to maintain homeostasis. One of the main research fields is neuroscience research, and the effects of stress, aging and exercise on the brain. Lectures on pathogenesis of HIV dementia form part of the lecture series and are delivered by Marc Combrinck

Conferences

Kalula SZ. "HIV/AIDS and the older person – the forgotten group in the pandemic."

Age-in-Action Biennial Conference, Rawsonville, Western Cape, October 2013.

The presentation highlighted the increasing risk of HIV infection in older persons and pathophysiology of rapid progression to AIDS in this population. Conference delegates included professionals and other stakeholders, including the general public.

1.1.6 BSC(MED)(HONS)

Infectious Diseases and Immunology

FHI2 LAB4004W: students can select at least three modules from the Infectious Diseases & Immunology programme covering a range of topics, such as HIV and emerging viral diseases, immunology, antibiotic resistance, and vaccinology.

IDI Honours course, FHS: HIV & Emerging Diseases Module and HIV Vaccines in Vaccinology Module.

1.1.7 NUTRITION & DIETETICS

Clinical Nutrition III (HUB4054S): The third course in clinical nutrition covers the description/definition, signs and symptoms, risk factors, prevalence, diagnostic criteria, pathogenesis, primary prevention, short and long term complications, nutritional status assessment (anthropometric, biochemical, clinical and dietary assessment), medical management and medical nutrition therapy for adults with critical injury and illness, dysphagia, HIV/TB, neurology and refeeding syndrome as well as paediatric patients (pre-term infants, severely malnourished infants and children, acute gastroenteritis, burns, congenital heart disease, cerebral palsy, HIV, cystic fibrosis, renal disease and liver disease). Feeding options, routes and methods for both adult and paediatric patients are also covered.

Community Internship (HUB4061W): students participate in service delivery to gain practical experience in nutritional management of HIV/AIDS (adults and children) and the prevention-of-mother-to-child transmission of HIV/AIDS and government programme in this regard.

Clinical Internship (HUB4062W): students participate in service delivery at various clinical sites to gain practice experience in the medical nutritional management of HIV & AIDS, amongst other.

1.1.8 RADIATION ONCOLOGY

MMED RADIATION ONCOLOGY PART 1 (RAY7009W): Registrars complete a four year course including physics, radiobiology, anatomy, pathology, physiology and clinical oncology. AIDS-related cancers are part of their curriculum. Students are required to have knowledge about the pathogenesis, clinical aspects and management of AIDS-related cancers as well as being able to manage patients on antiretroviral therapy concurrently receiving cancer treatment.

1.1.9 DESMOND TUTU HIV CENTRE

Undergraduate courses

Infectious Disease tutorials (MDN6000W): 6th year students.

Postgraduate courses

The DTHC is a sub-recipient of a CDC grant to develop an on-line TB/HIV training course aimed at health care professionals (predominantly doctors and nurses, but also pharmacists and other allied health professions). This course is currently under development.

Fogarty/PEPFAR funded Implementation Science Fellowship:

This Program offers “action” research and training for Research Fellows. The program aims to identify, recruit, and support a cadre of young clinical, public health and social scientists in Cape Town for a one-year fellowship with a focus on conducting research on implementation critical to the alleviation of the dual epidemics of TB and HIV and so doing further develop CDC, Fogarty and UCT’s meaningful scientific, academic and practical contribution to global health. The program was hosted within the UCT Health Science Faculty under Professor Greg Hussey’s PI-ship and 5 Fogarty Fellows were appointed in 2012: Kate Snyder, Christine Njuguna, Nkosi Mpofu, Hlengani Mathema, Arthemon Nguweneza

1.1.10 OBSTETRICS AND GYNAECOLOGY

HIV/AIDS related service provision

The Reproductive Medicine Unit offers assistance for safer conception to HIV positive sero-discordant couples in whom the male partner is infected (sperm washing and intra-uterine insemination). The laboratory equipment in being put in place in order to be able to expand the in vitro fertilisation treatment to HIV positive women.

Conferences

'HIV and infertility in Africa'. Invited pre-congress workshop lecture. Presented at the 1st FIGO (International Federation of Gynecology and Obstetrics) Africa Regional Conference, 2-5 October 2013, Addis Ababa, Ethiopia.

The Department of Obstetrics and Gynaecology MBChB: Offers in the 3rd (MDN3001S, Women’s Health and Perinatal Medicine), 4th (OBS4003W), 5th (OBS5003W) and 6th (OBS6000W) years of study.

HIV education is addressed in all wards, clinics, outpatient encounters and operating theatres in the informal setting as well as in tutorials and lectures. It is part of the syllabus in each year of instruction with special attention being given to student education in Year 3. Students are also instructed concerning safe-sex and universal precautions in dealing with bodily fluids and their own protection when it comes to

dealing with people who are HIV positive. This is the students' first real patient contact situation, in which they learn perinatal and gynaecological facts, patient-to-student potential transmission and self-protection, as well as post-exposure prophylaxis.

A Problem-Based-Learning case scenario and Human Rights cases form part of the perinatal block programme. Students learn about the nature of the illness, its virology and the bio-psycho-social context plus patients' fears and concerns about spread, contamination and vertical transmission.

Part of their instruction revolves around the Mothers-To-Mothers programme. This initiative empowers pregnant women who are HIV-positive to receive support from HIV-positive women who have already had their babies, thus forming a chain of caring and socially compatible 'sisters'.

Apart from these teaching opportunities, HIV & AIDS is often part of the student assessment syllabus, as an Objective Structured Clinical Examination. It is also a frequent component of the Portfolio assessment process, and the incorporation of HIV & AIDS knowledge testing completes the educational loop for students.

1.1.11 DIVISION OF NURSING AND MIDWIFERY

Undergraduate courses that taught HIV/AIDS related content

Professor Sinegugu Dum taught a Special Study Module to 2nd Year Medical students on Intimate Partner Violence as a public health issue. The Special Study Module is coordinated by Leslene Stott (Dept of Medicine, J Floor, OMB, GSH). The module is case study based where the medical students conduct literature review to analyse the case in order to understand intimate partner violence as a public health issue, write up an assignment and develop an assessment tool for screening intimate partner violence in the health service. Small group discussions are held with students using the case study and literature review they have conducted to assist them towards completion of the assignment and learn about intimate partner violence as a public health issue.

1.1.12 DEPARTMENT OF PSYCHIATRY AND MENTAL HEALTH

Policy on HIV/AIDS

John Joska: Collaborative project to publish Guidelines for the Assessment and Treatment of Mental Disorders in HIV, in the Southern African HIV Clinician's Society Journal.

Undergraduate courses

Introduction to Clinical Neuropsychology (PSY3010S): the neuropsychology of HIV/AIDS (module).

HUB2017H: semester 3 lecture provides an introduction to HIV and the brain, and related mental disorders.

Postgraduate courses

Master of Medicine in Psychiatry (PRY7007/8W): an 8 seminar module in neuropsychiatry including 2 seminars in basic and clinical neuropsychiatry of HIV.

Master of Philosophy in Neuropsychiatry (PRY7018W): a two-year sub-specialist programme offered in coursework and dissertation with ad-hoc and formal seminar components in all aspects of neuropsychiatric aspects of HIV.

Masters of Philosophy in Biokinetics (MM006HUB22): The new MPhil in Biokinetics will be one of the first such qualifications offered in South Africa. using exercise as the therapeutic modality, to work with four sub-groups of the population including patients with chronic diseases such as diabetes, hypertension, coronary artery disease, dyslipidaemia, certain cancers and HIV/AIDS

Conferences

S du Plessis, M Vink, J Joska, E Koutsilieri, C Scheller, B Spottiswoode, D Stein, R Emsley. Oral presentation: The effects of HIV on the fronto-striatal system. SASOP Biological Psychiatry Congress 2013, 29 August – 1 September 2013. Wild Coast Sun, Port Edward, South Africa.

S du Plessis, M Vink, J Joska, E Koutsilieri, C Scheller, B Spottiswoode, D Stein, R Emsley. Oral presentation: The effects of HIV on the ventral-striatal reward system. SASOP Biological Psychiatry Congress 2013, 29 August – 1 September 2013. Wild Coast Sun, Port Edward, South Africa

1.1.13 SCHOOL OF CHILD AND ADOLESCENT HEALTH

Undergraduate courses

PED5001W & Ped6001W: formal teaching on and clinical exposure to HIV/AIDS through lectures, tutorials, bedside teaching and participation in patient care.

MBChB in Paediatrics (5th year) (PED5001W): this series of 5 lectures covers general paediatric medicine and an introduction to paediatric surgery. Blocks are spent at the Red Cross Children's Hospital and Somerset or Groote Schuur Hospital.

MBChB in Paediatrics (6th year) (PED6000W): a service commitment wherein the student is an integral member of a paediatric team in a general paediatric ward.

Postgraduate courses

MMED Paediatrics Part I (PED7004W): the principles of paediatrics and child health with special reference to aspects of applied sciences and therapeutics of importance to the child and adolescent.

MMED Paediatrics Part II (PED7006W): the principles of child health, including the art and practice of clinical paediatrics.

MMED Paediatrics Part III (PED7007W) Dissertation

Cardiology Part I (PED7012W); Cardiology Part II (PED7022W); Developmental Paediatrics Part I (PED7029W); Developmental Paediatrics Part II (PED7030W); Endocrinology Part I (PED7023W); Endocrinology Part II (PED7024W); Neonatology Part I (PED7010W); Neonatology Part II (PED7020W); Nephrology Part I (PED7009W); Nephrology Part II (PED7019W); Neurology Part I (PED7025W); Neurology Part II (PED7026W); Oncology Part I (PED7011W); Oncology Part II (PED7021W); Paediatric Critical Care Part I (PED7027W); Paediatric Critical Care Part II (PED7028W); Paediatric Infectious Diseases Part I (PED7033W); Paediatric Infectious Diseases Part II (PED7034W); Paediatric Pulmonology Part I (PED7035W); Paediatric Pulmonology Part II (PED7036W).

M Phil - Paediatric Infectious Diseases Part I & II (PED7033W and PED7034W): sub-speciality training in paediatric infectious disease.

MMed (MM001): Paediatric registrars at UCT - HIV update.

MPhil - Paediatric Pulmonology: sub-speciality training in paediatric pulmonology.

MPhil - Paediatric Neurology: sub-speciality training in paediatric neurology.

PG EDUCATION ON HIV IN DPAH : Ward rotations: [1] HIV medicine in G4/5 [2] ID/Allergy Clinic rotation - registrars attend ID clinics at RCCH and NSH, as well as the adolescent ID clinic at RCCH, and they also attend the ID clinic in Langa.

1.1.14 DIVISION OF FAMILY MEDICINE

Undergraduate courses

Becoming a Doctor part Ia (PPH2000W): In this course students learn and practise the skills required to work with patients, including the essential elements of interviewing skills, history-taking and physical examination, and concepts of professionalism and human rights. Students recognise the patient as an individual with fears, anxieties and concerns within a specific context such as, living with HIV/AIDS.

Becoming a Doctor part IIa (PPH3000H): This course builds on the concept of the reflective, empathic and knowledgeable practitioner and students are exposed to a diversity of health care settings in primary, secondary and tertiary care in both the public and private sectors. As a result students work with patients living with HIV/AIDS.

Public Health (PPH4043W): assessment and management of patients with stage 3 & 4 HIV.

Family Medicine (PPH6000W): palliative care for adult and paediatric patients - promoting wellness, improving quality of life and managing distressing symptoms.

Postgraduate courses

Ethics (PPH4007S): the ethics course covers health and human rights in SA, HIV & AIDS and research ethics.

Clinical Medicine B (PPH4011S): this course includes aspects of clinical medicine, including women's health, mental health, HIV, TB, STI and pharmacology.

Principles of Palliative Care (PPH4032H): holistic care for patients with life-threatening illness (including advanced HIV), promoting wellness, psychosocial and spiritual support of patients at the end-of-life.

Clinical Palliative Care (PPH4030S): symptom assessment and management for patients with advanced HIV and other serious illness.

Paediatric Palliative Care (PPH4031S): symptom assessment and management for children with advanced HIV and other serious illness.

1.1.15 DIVISION OF NEPHROLOGY AND HYPERTENSION

Undergraduate courses

Basic aspects of HIV/AIDS and kidney disease are taught within the MBChB curriculum.

Postgraduate courses

All aspects of HIV/AIDS and kidney disease are taught within the FCP curriculum.

Additional courses

Introductory Research Immunology (LAB6002F): course topics include the innate immune response; B and T cell receptor rearrangement and structure; recognition by B, T and natural killer cells; T cell and antibody-mediated immunity; mucosal immunity; allergy and hypersensitivity; immunological assays; genetically modified mice as research tools; cytokine function; immunity to HIV and tuberculosis; and vaccines.

Microbiology is covered in a number of courses i.e. introduction to virology, including material on HIV structure, replication and prevention (vaccines, ARVs).

Selected postgraduate courses

Postgraduate Diploma in Palliative Medicine

Clinical Palliative Care (PPH4030S): clinicians are equipped with the knowledge and skills for practical management of patients with non-curable and terminal illness, including AIDS and end-stage disease, such as organ failure and progressive neurological disorders.

MPhil in Maternal & Child Health

The Psychosocial Context of Maternal and Child Health (PED4022S): this course analyses the social determinants of maternal and child health behaviour, providing learners with a critical approach to understanding the factors that influence youth sexual behaviour and HIV/AIDS.

MPhil in Palliative Medicine

MM006MDN19 (FMQ1): the Advanced Palliative Care (PPH7081S) module includes HIV & AIDS.

Infectious Disease & HIV Medicine

MPhil in Infectious Disease & HIV Medicine Part 1 (MM016MDN09): includes MDN7050W & MDN7051W MPhil in Infectious Disease & HIV Medicine Part 2.

MPHIL IN PULMONOLOGY PART 1 (MDN7015W): This training programme forms part of the credentialing process of specialist physicians to become subspecialists in adult pulmonology. Students follow the relevant curriculum of the College of Physicians of South Africa and, on successful completion of the relevant Part 1 examination of the College, are granted credit towards MDN7015W. Training covers a foundational knowledge in a range of basic sciences and clinical disciplines that underpin clinical practice in pulmonology (e.g. cardiac physiology and anatomy; pathology of lung disease; respiratory pharmacology; infectious diseases and immunology) and are trained in the clinical evaluation and management of pulmonology patients and in the principles of critical care as related to pulmonology. Candidates learn diagnostic techniques in allergy and clinical and laboratory competence for diagnosing and treating allergic diseases and of community related diseases such as TB, occupational lung disorders, HIV-related lung disease and lung cancer.

Master of Public Health

Gender and Health (PPH7054F): the HIV and AIDS pandemic is used to examine the impact of gender on health.

Public Health and Human Rights (PPH7053S): of 18 contact sessions, at least 3 deal directly with HIV-related issues and about 3 others indirectly.

Epidemiology of Infectious Diseases (PPH7063S): this course applies epidemiology to specific communicable diseases including HIV/AIDS, TB, STIs and childhood communicable diseases.

1.1.16 KNOWLEDGE TRANSLATION UNIT (KTU)

An annual lecture is delivered to the MPH students. Evidence-Based health Care, course code PPH7022S.

2. FACULTY OF ENGINEERING AND THE BUILT ENVIRONMENT

Undergraduate Courses

2.1 PROFESSIONAL COMMUNICATION STUDIES

MEC3037S; CHE306S; CHE4029Z; CON1019F/S; EEE3073S; EEE4006F

The professional communication courses are offered in selected disciplines from 3rd year to 4th year and postgraduate level. These courses equip students with the skills required for the preparation and writing of technical reports with reference to design

reports. They also cover effective delivery of technical material through presentations and visual aids. The HIV theme was embedded into the PCS courses so that students can understand and are able to articulate the impact of the disease from a financial and human resource management perspective.

2.2 ARCHITECTURE, PLANNING AND GEOMATICS

Postgraduate courses

Land, Tenure and Law (APG5040Z): Land, tenure and social dynamics, including migration, household structures, household economies / livelihoods, gender and youth, economic participation and HIV/AIDS.

3. FACULTY OF SCIENCE

3.1 ENVIRONMENTAL AND GEOGRAPHICAL STUDIES

Urban Food Security (EGN4039F): This course includes an analysis of HIV/AIDS from the perspective of urban food security.

3.2 BIOCHEMISTRY

Undergraduate courses

Defence and Disease (MCB3024S): this course focuses on viruses, such as HIV, and how they evade the immune system in order to infect their host, and strategies to produce vaccines that enable immunity to viral infection.

4. FACULTY OF COMMERCE

4.1 CENTRE FOR ACTUARIAL RESEARCH (CARE)

Undergraduate courses

Introduction to Actuarial Science (BUS1003S): includes introductory material on the epidemiology of HIV/AIDS in South Africa, the natural history of infection and prevention and treatment.

Postgraduate courses

Selected Topics in Southern African Demography (5005F): includes lectures/seminars on the burden of disease due to HIV/AIDS, urbanization and HIV/AIDS.

Population Projection (DOC5003S): includes several lectures on incorporating the effect of HIV/AIDS in population projection models.

Techniques in Demographic estimation (DOC5002S): several lectures on estimating mortality include new work on estimating the bias in the estimates due to the impact of AIDS.

Undergraduate courses

Policy and Administration (POL3037F) (3rd year): this course investigates the government's contested initiatives to develop an appropriate response to the HIV/AIDS epidemic.

Organisational Learning and Wellness (BUS3002F) (3rd year): a Health, Safety and Wellness module includes legal requirements for a healthy and safe workplace, career psychology, stress, work-family conflict, HIV/AIDS in the workplace, employee assistance programmes, and corporate social investment programmes.

Policy Analysis (ECO4028S) (4th year): this course gives students exposure to policy issues in a number of key economic domains, with examples of industry, trade, HIV/AIDS, resources, regulation and privatisation and fiscal policy.

Private Impulses and Public Costs (ECO5001S): This course looks at the political economy of three policies aimed at protecting human health (both individual and public including HIV prevention which entails dealing with biological processes (sexual behaviour and the brain-behavioural aspects of addiction), individual incentives and the broader social and policy contexts. The modules focus on developing countries (South Africa in particular).

Development Economies (ECO2008S): The course provides an introduction to development economics as well as applied problems in the field of development, and

development strategies including the role of HIV/AIDS and the impact thereof on South Africa's economic development.

Postgraduate courses

Pensions Specialist (BUS5028S): involves the design of pension benefits and contributions with special reference to AIDS and the security of such benefits.

Life Insurance Specialist (BUS5038S): this course makes special reference to the financial risks of AIDS.

Healthcare Specialist (BUS5039F/S): this course assesses the impact of HIV/AIDS on Health and Care environment.

Conferences

1. Pillay-van Wyk V, Msemburi W, Laubscher R, Dorrington R E, Groenewald P, Matzopoulos R, Prinsloo M, Nojilana B, Nannan N and Gwebushe N. Second national burden of disease South Africa: national and sub-national mortality trends 1997-2009. Global Health Metric Evaluation conference, Seattle, 17-19 July 2013.

2. Dorrington RE and Mutemaringa T. Impact of HIV on estimates of child mortality derived using the summary birth history (CEB/CS) method. Paper presented at the XXVII International Population Conference of the International Union for the Scientific Study of Population, Busan, Korea, 26-31 August 2013.

4.2 GRADUATE SCHOOL OF BUSINESS

Raymond Ackermann Academy (EMS2016CE)

Students are equipped with HIV/AIDS knowledge that enables them to manage staff and their companies effectively. Two lectures and one assignment is delivered in the Raymond Ackermann Academy Programme.

5. FACULTY OF HUMANITIES

5.1 CENTRE FOR FILM AND MEDIA STUDIES

Postgraduate courses taught that have HIV/AIDS content

FAM4018S Crisis Communication in Africa - The course examines various types of media risk and vulnerability for natural and technological hazards, terrorist threats, health and medical issues as well as environmental hazards and homeland security concerns. Students were referred to readings on Crisis and violence which they also needed to bring into their assignments.

FAM5014S Media & National Development Policy - The course deals with media and national development within the African context. Students were referred to readings on Children experiencing violence, child abuse and their research project attempting to address one of the main issues of development in Africa - HIV, Violence, Xenophobia and Education.

Media and National Development Policy (FAM5014S): The course provides an exploratory overview of how media has developed in Africa and the role of those new media technologies in facilitating development that address issues such as HIV/AIDS.

5.2 HISTORICAL STUDIES

Undergraduate courses

The New Millennium in Historical Perspective (HST 1004F): Three lectures and one tutorial are delivered in this course on the history of HIV/AIDS.

Medicine in the Making of Modern South Africa (HST3026S): Two lectures and one seminar are delivered on the history of AIDS in South Africa.

Postgraduate courses

Plagues Past and Present (HST 4005S): One seminar on the historical perspective of HIV/AIDS is taught to 4th year postgraduate students.

5.3 LANGUAGES AND LITERATURES

Undergraduate courses

Afrikaans Media: Theory, History, Practice (SLL1046S): this course examines AIDS in the media.

5.4 MANAGEMENT STUDIES

Undergraduate courses

Organisational Learning and Wellness (BUS3002F): a Health, Safety & Wellness module typically will include legal requirements for a healthy and safe workplace, career psychology, stress, work-family conflict, HIV/AIDS in the workplace, employee assistance programmes, and corporate social investment programmes aimed at community health.

5.5 MICHAELIS SCHOOL OF FINE ART

Undergraduate Courses

Fine Art Foundation (FIN1005W): The course introduces creative thinking and critical and visual literacy, paying attention to academic reading and writing and communication skills. Students are introduced to HIV/AIDS as a contextual issue that affects one's identity. The students then learn to articulate and contextualise their own creative production in accordance with the themes of HIV/AIDS contextual issues.

Foundations of Visual Literacy (FIN1008W): Building the skills of critical visual and textual analysis students engage with HIV/AIDS from a social perspective and translate their critique into visual displays.

5.6 POLITICAL STUDIES

Undergraduate courses

Introduction to the Politics of International Economic Relations (POL2039S): This course includes a review of the Doha declaration and its impact on access to anti-retroviral medication in countries that lack the manufacturing capacity to product these drugs.

Policy and Administration (POL3037F): this course investigates government's contested initiatives to provide citizens with good schooling and to develop an appropriate response to the HIV/AIDS epidemic.

5.7 RELIGIOUS STUDIES

Postgraduate courses

Religion and Public Health in Africa (REL5017S): this course has a section dealing with HIV and AIDS.

5.8 SOCIAL ANTHROPOLOGY

Undergraduate courses

Medical Anthropology (**AXL2401F**): this course is particularly concerned with comparative social-cultural understandings of HIV/AIDS, and includes a small field research/exercise project that is likely to focus on that issue as it manifests in southern Africa.

5.9 SOCIOLOGY

Postgraduate courses

Critical Issues in the Study of HIV/AIDS and Society (SOC5022S) and Public Health and Society (SOC4022): are postgraduate level courses that aim to produce graduates who have a demonstrated competence to grapple with the social complexities of the HIV/AIDS epidemic in South Africa, in order to work in this area of education (conceptualised broadly) within civil society.

5.10 SCHOOL OF EDUCATION

Postgraduate courses

Postgraduate Diploma in Education (EDN4086W): This course includes a module on "Issues in Education" of which HIV/AIDS forms a component.

Life Orientation in Perspective (EDN4143W): Teaching HIV/AIDS education relevant to the Life Orientation section within the National Curriculum

Community Health and the School (EDN4145W): An in-depth exposition of the use of innovative strategies to aid Life Orientation education which are used in the classroom when addressing HIV/AIDS and other Life Orientation subjects.

Research Report Life Orientation (EDN 4147W): Subject to availability and student demand, the topic of HIV/AIDS prevention and coping skills, could form part of the elective research report.

5.11 DIVERSITY STUDIES

Diversity and Society (SOC5003F): A Honours and Masters level programme that examines how differences are framed to open up or close down possibilities for groups of people along various axes – race, class, gender, sexuality, ability, HIV/AIDS status, etc.

6. FACULTY OF LAW

Foundations of South African Law (RDL1003W and RDL 1006W extended curriculum): The objectives of this course are that firstly students should develop foundational knowledge about the legal system in South Africa, including a knowledge of the history, sources of law, hierarchy of the courts, legal reasoning, with special attention to the doctrine of precedent, classifications of the law and fundamental legal concepts, as well as areas of the law relating to HIV and AIDS.

Human Rights Law (PBL5634F): this course examines the South African Bill of Rights and case-law, for example, pronouncement by the Constitutional Court on the issue of the provision of antiretroviral drugs to HIV-positive pregnant women.

Sexual Offences and the Law (PBL5644F): this course examines gender and rape, tracking the process of rape law reform in South Africa. Issues to be covered in seminars include harmful HIV-related sexual conduct and the provision of PEP, treatment and counselling.

HIV/AIDS Bioethics and the Law (RDL4501F): This elective introduces students to an interdisciplinary approach to theoretical, legal and ethical issues which arise when medicine, science, the state and the courts must deal with human responses to illness and suffering, in particular, the HIV/AIDS pandemic and related topics in South Africa. The aim is to promote analytical and critical reflection on the relationship between ethics, politics and the law, especially as they relate to responsibility, autonomy, and paternalism from a human rights perspective.

Law Development Labour and Social Policy (CML4605F): The aim of this course is to introduce students to selected debates around the role of law in development, specifically in the context of labour market regulation in the era of globalisation. Topics may include developments in case law, social security principles and implementation, statutory and extra-legal social dialogue arrangements, the harmonisation of labour standards and social policy in Southern Africa, workplace discrimination, affirmative action, freedom of association, HIV/AIDS in the workplace, dispute prevention and resolution, and health and safety.

STUDENTS: HAICU

Curriculum

HAICU's curriculum focus has been on leadership and risk management of employees with HIV/AIDS. The curriculum focus is discipline specific and working with course convenors to design the content, eases HIV/AIDS education into core curricula. Significant partnerships have been developed in faculties and give students the time and opportunity to increase their competency as graduates of UCT.

Communications

Several campaigns were organised by HAICU during the year. A fashion design competition was held in Orientation Week that focused messaging on prevention and was a means by which to distribute HIV-awareness information. An AIDS Candlelight Memorial Concert in May served as an opportunity to remember family and friends who had died of AIDS, to challenge stigma and to demonstrate the University's support for people infected and affected by HIV. The opportunity was utilised to inform the UCT community about awareness and prevention services. Coupled with the event, first year Fine Art students created pieces of art depicting how students experience stigma on the campus. A third event focusing on notions of masculinity and HIV transmission took place in August. Fine Art students were tasked with creating pieces which depicted how notions of masculinity could be part of the context in HIV transmission. HAICU hosted the inaugural lecture entitled Rustenburg Memorial Conversations: Commemorating Emancipation Day.

AIDS Community Educators

In January 2013, HAICU trained 32 AIDS & Change Educators (ACEs) who are student peer educators. The ACEs conducted 57 HIV/AIDS workshops during Orientation Week to transfer the knowledge learned from the HAICU training. The O-week workshops included learnings about correct condom use, risks associated with sexual activities, the window period, where to get tested and receive counselling.

HIV and AIDS-related resources were provided to all the first-year participants on an 8 GIG flash drive after each workshop. The ACEs also conducted further workshops with their peers in residences throughout the year in order to provide safe spaces in which to discuss important topics. These workshops covered topics such as Stigma & TB, Gender, HIV and Concurrent Sexual relationships and HPV and cervical cancer vaccines. The emphasis was on eradicating HIV/TB related stigma, reducing sexual partners, using a condom at every sexual encounter and accessing the HPV vaccines. Throughout the year, the ACEs also attended monthly supervision meetings in which they had the opportunity to learn from various experts in the HIV/AIDS field.

STUDENT WELLNESS SERVICE (SWS)

The campus health services – Student Wellness Service (SWS) – provides students with HIV counseling and testing and clinical management of HIV, including treatment of opportunistic infections and referral for ARVs. SWS also prioritized the identification and treatment of STIs. Free HIV Rapid Testing is offered to all students and staff at UCT. Students can access HCT at the following sites:

1. Student Wellness Clinic: As part of a detailed hour consultation with a medical Officer or Clinical Nurse Practitioner, students can access this free service at the SWS offices at 28 Mowbray Rhodes Avenue on Lower Campus.
2. Drop – in service: Located within the Upper Campus Sports Center, this walk-in service is offered to all students and all staff.
3. Mobile Testing Bus: This service can be accessed by all staff and students. The mobile bus provides a monthly service at Hiddingh, Music School, Kramer and Baxter and a weekly service at Health Science Campus.
4. HCT / VCT Campaigns: These campaigns take place on Main Campus and the Health Science Campus held annually and the services are available to all staff and students.

All students who test positive or are considered to be at risk are referred to the clinicians at Student Wellness Service for full medical evaluation. Once fully evaluated (clinically and immunologically) by a clinician they may be provided with treatment to prevent opportunist infections and referred to a specialist HIV clinic for ARV's. Students requiring psychological support are referred to the Counselling Service.

DISCRIMINATION AND HARASSMENT OFFICE (DISCHO)

Sexual harassment is actively discouraged at UCT. The discrimination and harassment office (DISCHO) is central to the response and anti-harassment advisers have been trained to provide appropriate support to both students and staff.

STAFF: ORGANISATIONAL HEALTH AND WELLNESS - UCT'S HIV/AIDS WORKPLACE PROGRAMME

UCT's Organisational Health and Wellness Section operates a Health Screening model for the 'Lifestyle Management' of common diseases, including Hypertension, Hyperlipidaemia, Diabetes, Body Mass Index (BMI) and HIV. Health services are available to permanent staff in the form of wellness weeks in various faculties, and medical aid membership is obligatory, with HIV and AIDS as a prescribed minimum benefit for staff who are not permanent. Other staff are referred to other off-site facilities for healthcare.

HEALTH AND SAFETY

A statutory medical assessment protocol is applied for designated jobs as legally required. Risk management and placement procedures are followed for immune-compromised staff and those exposed to immune suppressants and/or infectious materials. Set protocols are followed, determined by 'person' factors (immune-compromised state and job factors; exposure to risk; exposure to hazardous biological agents that compromise immunity). Both the Needlestick Injuries Policy and an Addendum are available on the UCT website at <http://www.uct.ac.za/about/policies/>

DESMOND TUTU HIV CENTRE

The Desmond Tutu HIV Centre produces educational materials and information which is made available for staff and students at UCT, on occasions such as World AIDS Day (1 December).

APPENDIX 3: UNIVERSITY OF CAPE TOWN POLICY ON HIV INFECTION AND AIDS: A CO-ORDINATED RESPONSE TO HIV/AIDS (AS APPROVED BY COUNCIL, NOVEMBER 2006)

Definitons and Principles

Definition

Acquired Immunodeficiency Syndrome (AIDS) is a disease caused by infection with the Human Immunodeficiency Virus (HIV). The HIV is spread only when an infected body fluid enters the bloodstream of a non-infected person.

The dominant modes of transmission of the HIV are unprotected penetrative or oral sexual intercourse where the exchange of bodily fluids takes place, through the accidental or deliberate shared use of HIV-contaminated needles or skin cutting instruments (in and out of health care settings), from infected mothers to infants and through transfusion of infected blood or blood products.

Leadership and Coordination

The Vice-Chancellor is accountable for the University's co-ordinated HIV/AIDS policy.

Responsibility for the overall co-ordination of UCT's integrated policy for HIV/AIDS is the portfolio responsibility of a designated Deputy Vice-Chancellor.

All members of the University community are responsible for their own health, for avoiding harming the health of others where at all possible, and for contributing to the eradication of HIV/AIDS.

Rights of the Individual

The University rejects all forms of unfair discrimination against those who are HIV positive, and those who have AIDS.

The University regards a person with AIDS as it does a person with any other chronic illness or disability.

Confidentiality

The University respects the individual's right to confidentiality.

Potential staff and students are not refused employment or entry to the University on the grounds that they test positive for HIV. The University does not therefore test for HIV prior to employment, during employment, as a condition of employment, on application as a student, or on admission as a student.

The University's medical evaluation of new staff requires the medical practitioner carrying out the evaluation to report all serious illnesses, including those that are AIDS-related. This is a standard requirement for staff joining the UCT Retirement Fund.

The results of voluntary testing for HIV will be confidential, and testing will be accompanied by appropriate counselling.

Awareness

Most people are potentially susceptible to HIV infection, and prevention through education is attainable in many cases. The University therefore commits itself to education programmes that address HIV/AIDS and the issues associated with the pandemic.

Living with HIV/AIDS

Students and staff are not barred from attending lectures, living in residences, being on campus or involved in any campus activities on account of their HIV status.

Refusal to work with, study with or be taught by a person with HIV is not accepted as a valid excuse for non-compliance with academic or work requirements.

First Aid

The University believes that all individuals administering first aid should adopt universal precautions. The University undertakes to educate all first aid officials in universal precaution techniques and to equip all first-aid kits with the appropriate equipment.

TEACHING, LEARNING AND RESEARCH

Curriculum Development

The University has a responsibility to combat HIV/AIDS through its curriculum, enhancing awareness and preparing students for careers that will be affected in a variety of ways by the pandemic. Accordingly, aspects of academic programmes that focus on the causes and consequences of the HIV/AIDS pandemic will be highlighted across the full breadth of UCT's teaching enterprise.

Research

HIV/AIDS is a major focus of research at UCT and the Department of Research and Development will conduct an audit of current HIV/AIDS-related research projects across all disciplines on a regular basis.

NEEDLESTICK POLICY

The University has a separate Needlestick Policy. This policy is to be reviewed and revised on an annual basis by the Health and Safety Co-ordinating Committee.

The SATVI SOP on needlestick injury and exposure to potentially infectious material was revised in October 2011.

PREVENTION AND CARE

Prevention and care for students

The University will provide, via HIV/AIDS Coordination - UCT (HAICU), awareness and prevention workshops. These will be available for all UCT students.

The University will offer HIV diagnostic services to students, with free voluntary counselling and testing available at the Student Wellness Service. CD4 cell count, VDRL tests and other necessary investigations will be offered for full time UCT students who are HIV positive, at the discretion of the Director of Student Wellness Service. These students will also be financially assisted with the non-ARV related clinical management of HIV at the discretion of the Director of Student Wellness Service.

Students who are clinically eligible for appropriate state health programmes will be referred to Groote Schuur Hospital.

Supportive counselling for students living with HIV will also be offered through Student Wellness Service.

Prevention and Care for Staff

Statutory medical assessment protocol will be applied for designated jobs as legally required. Line Managers must ensure that in the event of staff that are immune-compromised being exposed to immune suppressants and/or infectious materials e.g. agents which inhibit the immune system, normal risk management and placement procedures are followed.

Line managers are required to ensure that all visitors and outside contractors at UCT comply with the UCT Health and Safety policies and procedures, including the first aid policy.

All staff will be offered voluntary counselling and testing, education and prevention programmes by the Human Resources Organizational Health Department, and every effort will be made to ensure that all staff are made aware of the dangers of HIV/AIDS, and the appropriate preventative measures.

Staff who are HIV positive, or who have AIDS, will be offered care and support through the Human Resources Organizational Health Department. This support will include access to counselling support services and referral for treatment for all staff. Permanent, T3 and T2 staff will be referred to UCT's medical aid provider or the staff member's partner's medical aid for treatment as a prescribed minimum benefit. T1 and contract staff not on medical aid will be referred to state health services.

As it does in all cases of chronic illness where work is adversely affected and an objective medical assessment has been carried out, the University makes every reasonable effort to provide alternative, non-strenuous work, so as to maximise the earning capacity of the staff member concerned. If a staff member with AIDS is no longer able to work, and/or no suitable position can be found, the appropriate ill-health/disability income policies will be applied.

UNIVERSITY OF CAPE TOWN POLICY FOR THE PROCEDURES TO FOLLOW IN THE EVENT OF STAFF AND STUDENTS WHO HAVE BEEN EXPOSED TO BLOOD AND BODY FLUIDS IN THE COURSE OF CARRYING OUT THEIR DUTIES.

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INTRODUCTION:

IT HAS BECOME NECESSARY TO INTRODUCE A POLICY TO

MANAGE THE TREATMENT OF UCT STAFF AND STUDENTS WHO HAVE SUSTAINED ACCIDENTAL INJURIES/EXPOSURE TO BLOOD AND BODY FLUIDS IN THE COURSE OF THEIR DUTIES.

IT IS CONSIDERED VERY IMPORTANT TO START ANTI – RETROVIRAL (ART) TREATMENT AS SOON AS POSSIBLE – PREFERABLY WITHIN 4 HOURS OF INJURY. THERE MIGHT BE BENEFIT UP TO 72 HOURS AFTER INJURY.

PREAMBLE:

There are two important principles, which have guided our policy: -

1. Clinical principles:

a) Pre-test counselling for HIV testing is essential for the student/staff member and source patient. If the source person refuses consent, GSH may be able to test an existing blood sample. Failing this, it should be presumed that the source person is HIV-positive. The source person cannot be forced to submit to the withdrawal of blood for testing without his/her consent. (According to latest SAMA guidelines).

Rationale: Any test has the potential to be positive. The consequences of a positive test have been shown to be much more serious if pre-test counselling has not occurred.

b) Ensuring that post exposure prophylactic (prevention) treatment is taken as early as possible (at least within 4 hours, if possible).

Implication: The need to remove organisational and logistical obstacles. Namely, implications for the timing of testing (with essential pre-test counselling) of the source person. Groote Schuur Hospital have indicated that they can only cope with pre-test counselling of the injured person, but not the source person as well. This will be done if the source person is in GSH – it is not done by the staff clinic though – peripheral hospitals in the UCT area will also arrange to test the source person. Therefore, we need to have a simple, consistent, practical policy for ensuring that the pre-test counselling for the source person takes place without delaying the focus or acquiring the prophylactic medication.

2. CLARITY OF COVER: (PEOPLE AND SITUATIONS)

The fundamental concept is that each faculty and department must identify students at risk and ensure that there is adequate financial cover for these events. In certain cases there may be no need for departmental cover, e.g. see the Provincial Government of the Western Cape (PGWC) footnote below.

However, the department needs to ensure that there is adequate financial cover for these events therefore; if there is no non-UCT cover (e.g. PGWC) the department will need to budget specifically for this themselves.

There are a wide range of circumstances in which exposure to a needle stick injury can occur. Some of these are clear, structured course work situations but some are structured voluntary situations and some are unstructured voluntary situations.

Examples:

- Structured course work for students covered by PGWC

E.g. taking blood from a patient or occupational activity covered in a job description for staff.

- Structured course work not covered by PGWC

E.g. dissecting in laboratories, Hospice, private settings and some community health settings.

- UCT structured voluntary work

E.g. SHAWCO.

- Non-UCT unstructured voluntary work

E.g. student doing St. John's First Aid.

We recommend that the department be obliged to provide cover for structured course work situations and structured voluntary situations. All students in the Health Sciences Faculty need to be educated about circumstances where they will and will not be covered, at the start of the academic year.

NB: This policy has no provision for treatment for any active condition acquired through exposure prior to or after the event.

We would like to point out at this point in time the policy does not dictate a specific approach to the situations of rape or interpersonal collision.

CIRCUMSTANCES, WHICH APPLY TO STUDENTS NOT COVERED BY THE PROVINCIAL GOVERNMENT OF THE WESTERN CAPE:

Medical students and students in related fields who are working in institutions that are administered by PGWC who are exposed to situations requiring post-exposure HIV and Hepatitis B prophylaxis will receive ART as laid out in circular H4/0/15/7 from the Provincial Government of the Western Cape (see attached), which states:

The availability of ART to health care workers after a significant exposure to HIV infected blood is extended to medical students and students in other related fields of study.

The incident must be fully investigated and documented. Where it is established that the Provincial Government cannot be held responsible for the incident, the costs incurred will be recovered from the student concerned.

The medical aspects of management of these exposure events to UCT staff will be executed by Groote Schuur Hospital (GSH) and they will invoice the UCT department where the staff member is employed, for the cost of this service.

POLICY:

1 DEFINITION:

Accidental Injury/Exposure includes:

1.1.1 Needle-stick injuries.

- 1.1.2 Injury with other sharp objects, which are contaminated by blood or body fluids.
- 1.1.3 Splashes of blood or body fluids into the eyes, mouth or nose.
- 1.1.4 Exposure of non-intact skin to blood or body fluids.
- 1.2 Body fluids: Blood, CSF, semen, vaginal secretions, synovial/pleural/pericardial/peritoneal/amniotic fluid **NOT**_vomit, urine, faeces, saliva, sweat **UNLESS** blood-stained.
- 1.3 Source Person: A person whose blood or body fluids have come into contact with a staff or student member by splashing into eyes, mouth or onto broken skin or by accidental injury. If the source person is unknown, the term source person unknown shall be used.
- 1.4 Accident area: The site of the injury.
- 1.5 Immediate care area: The area where emergency management of the injured student or staff member is carried out, i.e. the GSH Occupational Health Clinic (GSH -OHC), or Somerset hospital, GF Jooste hospital, Victoria hospital, Midwife Obstetric units or GSH Trauma Unit after hours.

2. RESPONSIBILITIES OF THE EXPOSED PERSON FOLLOWING AN INCIDENT:

Immediate Clinical Action:

- 2.1 Encourage bleeding.
Wash with soap and water, and then clean with spirits.
(at least with water, if no soap or spirits available)
 - 2.2 Inform person in charge.
Office hours – line manager
See 2.7
 - 2.3 If Line Manager is unavailable, inform the appointed deputy.
- Action to be taken within 4 hours, if possible:
- 2.4 In all incidents first proceed to the area where prophylactic treatment may be administered.
 - 2.5 Obtain the source person's blood for testing immediately. (See Preamble)
This must be done at the time of the injury otherwise it does not happen. The pre-test counselling and taking of blood specimen from source person, should be done by the doctor responsible for the patient, i.e. should **NOT** be done by the **exposed** person.
 - 2.5.1 Please ensure that the blood specimen is transported in a sealed plastic bag

or sealed container.

2.6.1 If the incident occurs **during office hours**, report to GSH OHC with the source person's blood, where the following will take place:

- pre-test counselling
- filling in percutaneous inoculation form
- testing
- receiving test results
- receiving an appropriate supply of anti-retroviral treatment (HIV prophylactic treatment).

At present:

- GSH administer Tenofovir and Lamivudine if the source person is positive.
- GSH give nothing if the source person is negative.
- GSH give Tenofovir and Lamivudine, if the source person's HIV status is unknown.
- GSH give Tenofovir, Lamivudine and Aluvia if a high risk injury

The hours of service of the Groote Schuur Hospital Occupational Health Clinic (GSH – OHC) will be: (as at September 2010) – Phone for directions, see point 10.

Monday - Friday 07H00 – 16H00

Saturday/Sunday/Public Holidays Trauma Unit

2.7 If the incident occurs **after office hours**, report to Groote Schuur Hospital Trauma Unit **with the source person's blood**, where the following will take place:

- The source person's blood will be sent for the Rapid HIV test.
- An initial dose of prophylactic treatment will be administered unless medically contra- indicated (as assessed by Trauma Unit Medical Personnel).

Proceed to GSH OHC the next working day for:

- pre-test counselling
- filling in percutaneous inoculation form
- undergoing baseline testing:
 1. Baseline testing is done to determine the HIV status of the injured person prior to the incident.
 2. If your baseline indicates that you were already HIV positive prior to the

incident, no prophylactic treatment will be given since prevention is no longer a possibility.

3. If you refuse to undergo baseline testing, no prophylactic treatment will be given. The reason for this is that the responsibility for and the expense of the treatment can only be justified if baseline testing objectively indicates HIV negative status prior to the incident.

- to receive results
- receiving an appropriate supply of Tenofovir and Lamivudine (and Aluvia if indicated).

3. RESPONSIBILITIES OF THE PERSON/DOCTOR IN CHARGE OF THE EXPOSED PERSON. (EG. LINE MANAGER, or IN HER/HIS ABSENCE, THE DELEGATED DEPUTY)

Immediate action:

- 3.1 Confirm that bleeding was encouraged and **washing** was done. (See 2.1)
- 3.2 **Arrange to send exposed student or exposed staff member to GSH as soon as possible, with blood specimen from the source person (medication should ideally be administered within 4 hours and the sooner the better).**
- 3.3 To ensure that the administration of prescribed treatment is given unless medically contra- indicated (as assessed by GSH Medical Personnel).
- 3.4 To ensure that the GSH OHC medical staff have completed set tasks.

(This may only be able to be checked the next working day if the incident occurs after hours.)
- 3.5 To determine whether there is an identifiable source person involved in the incident.
- 3.6 Identify whether there is a person in charge of the source person.
- 3.7.1 To request their help in persuading the source person to make themselves available for:
 - testing of HIV, Hepatitis B and Hepatitis C.
 - pre-test and post-test counselling
- 3.7.2 The source person must have pre and post-test counselling at the setting where the incident occurred.

Example: If the source person is a patient at Victoria hospital and the exposed person a UCT student, the testing of the source person (as well as pre-test and post-test counselling and informed consent procedures), will take place at Victoria hospital.

3.8 To inform the UCT OHN about the incident telephonically during office hours. (All Needle Stick incidents must be investigated by the UCT OHN in the first instance and not by the health and safety representatives, owing to the confidentiality required in these potentially sensitive incidents.)

4. RESPONSIBILITIES OF THE PERSON/DOCTOR IN CHARGE OF THE SOURCE PERSON.

4.1 To attempt to persuade the source person to make themselves available for:

- testing for HIV, Hepatitis B and Hepatitis C. Testing can be done anonymously if the person does not want to know their status. It can also be done on serum stored by laboratories on blood taken for another reason (the most common specimen sent is stored for 5 days).
- pre-test counselling

5. STEPS TO BE TAKEN AT GROOTE SCHUUR HOSPITAL OCCUPATIONAL HEALTH CLINIC (OFFICE HOURS):

Please refer to the attached GSH PEP policy, Hospital Notice no. 11/2003 and GSH Protocol for exposure to body fluids.

6. RESPONSIBILITIES OF THE GSH TRAUMA UNIT

Please refer to the attached GSH protocol for exposure to body fluids.

7. RESPONSIBILITIES OF THE UCT OCCUPATIONAL HEALTH NURSE:

Within 4 - 24 hours: (office hours)

- 7.1 To check immediate First Aid measures were applied (see 2.1)
- 7.2 Ensure that the exposed person has reported to GSH and taken the initial dose of prophylactic treatment.
- 7.3 To enquire about the follow up plan for the exposed person, if a UCT staff member.
- 7.4 The UCT OHN will conduct the investigation (for confidentiality purposes).
If changes in safety procedures are needed, recommendations will be forwarded to the health and safety representative.
- 7.5 To report incidents and statistics at health and safety meetings, in a confidential manner.
- 7.6 To validate incidents and to inform the HOD of the involved exposed person. This shall be done in writing using the Dept. of Labour, W.CL 306 Annexure A document. The HOD must sign this document and return to the UCT OHN.

8. RESPONSIBILITIES OF THE UCT HEALTH AND SAFETY REPRESENTATIVE:

- 8.1. The health and safety representative should strive to make contact with the UCT OHN, to determine whether there were any recommendations of health and safety procedures to be instituted and followed up.
- 8.2. The UCT OHN will conduct the incident investigation, which must be reported at the next health and safety committee meeting. Should the injured staff member sero-convert to HIV positive following the exposure to body fluids, the UCT OHN will report this to the Compensation Commissioner.

9. RELEVANT TELEPHONE NUMBERS:

- Groote Schuur Hospital 404 9111
- Groote Schuur Hospital Paging service 404 3333
- Groote Schuur Hospital Occupational Health Clinic 404 5081/5490
- Groote Schuur Hospital Trauma Unit 404 4403/4112
- UCT Occupational health nurse practitioner, Sister Sue Key 650 3873
- UCT Student Wellness Service – Principal medical officer, Dr Corinne Landon 650 1022
- UCT Safety, Health and Environment manager, Mr Michael Langley 6503552

10. COST IMPLICATIONS FOR SHORT-TERM POST INCIDENT

PROPHYLAXIS:

Each faculty/administrative department is expected to:

- 10.1. Estimate the possible frequency of incidents requiring post-exposure prophylaxis.
- 10.2. Estimate the costs of medical management by contacting UCT OHN. In September 2010 the cost of the low risk exposure involves R710.79 or R1015.79 for a high risk exposure.
- 10.3. Set aside finances in its annual budget to cover the above cost of medical management as an insurance option was explored but was found to be prohibitive. Contact the Insurance Office for current formula for budgeting for these expenses or the Health Science Faculty Undergraduate office.

11. EDUCATION

According to the Occupational Health and Safety Act, line managers are responsible for the training of their employees re:

- safe working procedures, i.e. Universal Precautions in respect of HIV
- the availability of personal protective equipment
- training in the use of personal protective equipment.

They have a duty to inform employees about:

11.1. Health and Safety Policies, i.e. Needle-stick injury Policy.

11.2. To provide training in Policy procedures.

It is essential that students "at risk" be regarded as employees regarding the above.

ADDENDUM TO NEEDLESTICK INJURIES POLICY

POST EXPOSURE PROPHYLAXIS

RECOMMENDED TREATMENT REGIMES

1. **High Risk Exposure:**

Definition: a) Source person ill with terminal AIDS

b) Source person has sero-conversion illness

c) Source person has a high viral load

d) When a sharps injury is deep

e) When the injury involves a hollow needle used in a vein or artery

Treatment:

1. Tenofovir 300 mg once daily. (R156 for 30days' supply)
2. Lamivudine 300mg once daily (R30 for 30 days' supply)
3. Aluvia 2 tablets BD (R305 for 30 days' supply)

ART treatment to be continued for 28 days.

2. **All other exposures:**

Treatment:

1. Tenofovir 300mg once daily
2. Lamivudine 300mg once daily

ART treatment to be continued for 28 days

3. **Cost of blood tests:**

HIV Elisa/P24 Antigen (HIV combo) R 49.28

Hep BsAg R105.89

Hep BsAb R105.89

Hep C Ab R105.89

4. **Other potential costs:**

- HIV + exposure : HIV combo at 6 wks, 3 mths, 6 mths = R147.84
- Hep C + exposure : Hep C Ab at 6 wks, 3 mths, 6 mths = R317.67
Hep BsAg + exposure : may need Hep B

- Immunoglobulin stat, depending on health care worker Hep B immune status = R1004. (Expensive option)

Updated by Dr H Antonissen

Occupational Health Clinic:Groote Schuur Hospital