DEPARTMENT OF MINERAL RESOURCES AND ENERGY

NO. 327 **9 April 2021**

MINE HEALTH AND SAFETY ACT, 1996 (ACT NO 29 OF 1996)

GUIDANCE NOTE ON THE MANAGEMENT AND CONTROL OF HIV IN THE SOUTH AFRICAN MINING INDUSTRY

I, **DAVID MSIZA,** Chief Inspector of Mines, under section 49(6) of the Mine Health and Safety Act, 1996 (Act No. 29 of 1996) and after consultation with the Council, hereby issues the guidance note on the management and control of HIV in the South African mining industry in terms of the Mine Health and Safety Act, as set out in the Schedule.

D MSIZA
CHIEF INSPECTOR OF MINES

SCHEDULE

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DEPARTMENT OF MINERAL RESOURCES AND ENERGY

MINE HEALTH AND SAFETY INSPECTORATE

GUIDANCE NOTE ON

MANAGEMENT AND CONTROL OF HIV IN THE SOUTH AFRICAN MINING INDUSTRY

CHIEF INSPECTOR OF MINES

mineral resources & energy
Department:
Mineral Resources and Energy
REPUBLIC OF SOUTH AFRICA

CONTENTS

PART A: THE GUIDANCE NOTE

1. FOREWORD

1.1. This guidance note has been produced to assist in the management and control of **HIV** in the South African mining industry. It is intended as a supplement to the **NTBMG** and **NSP** issued by the of **NDOH** and the **SANAC** respectively. It also reinforces the need for continuous social dialogue amongst stakeholders. It embraces the ten key principles of the **ILO COP** on **HIV/AIDS** and the world of work. The mining industry has assumed a more active role to address the problem of **HIV** and **AIDS**.

1.2. At the 2011 Mine Health and Safety Summit a commitment was signed off by all Tripartite Principals to report on **HIV** programme within the South African mining industry. It was enforced by an Instruction number OH/02/2013 from the Chief Inspector of Mines to report on **HIV** and **TB** management. The DMR 164 Form was developed as a reporting tool on **HIV** and **TB** for the mining industry.

1.3. The following risk factors are associated with the epidemic of **HIV** and **AIDS** in the mines: migrant labour system, hostel accommodation, alcohol abuse, sex workers (trucking), informal settlements around the peri-mining communities and risky sexual behaviour. However, this document does not specifically address the management of these risks.

1.4. **HIV** and **AIDS** is associated with a decrease in immunity resulting in opportunistic infections. Therefore, the integration of **TB** and **HIV** management and control programme is essential. Since **HIV** and **AIDS** is a workplace issue that affects the workforce and world of work, the workplace can play a vital role in limiting the spread and effects of the epidemic. All employees (permanent and contract) including management should be involved in all aspects of programme co-ordination, implementation and reporting.

1.5. People Living with **HIV** and **AIDS** have the same human rights as the rest of the uninfected population. The programme should provide an integrated **HIV** prevention, **HIV** Testing, **TB** and **NCD** services, and linkage to treatment and care to reduce stigma and discrimination.

1.6. An integrated **HIV** and **TB** programme should include **NCD** services, and linkage to treatment and care to reduce stigma and discrimination. Gender equality in the form of relations and empowerment of women should be actively addressed. The principle of confidentiality should not be compromised.

2. SCOPE

2.1. The practice standards set out in this document should apply to all mine workers, irrespective of employment category, and including contract workers.

2.2. The implementation of this Guidance Note is informed by the **NDOH HIV** and **AIDS** Management Guidelines and supported by relevant documents issued by the **DMRE**.

2.3. This guidance note should be implemented, *inter alia*, in conjunction with the following documents:

2.3.1. Guidelines for tuberculosis preventive therapy among people living with **HIV** and silicosis in South Africa (**IPT** policy).

2.3.2. Compendium of **TB** leading practices in the South African mining industry.

2.3.3. Policy on the integrated management and reporting for **HIV/AIDS**, **TB** and Occupational Lung Diseases in the South African mining industry.

2.3.4. Guidance Note for the management of **TB** in the South African mining industry.

2.3.5. South African mining industry strategy on reducing **TB** and **HIV**.

2.3.6. Guidance note for the implementation of **HIV** self-testing in the South African mining industry.

2.3.7. Guidance note on strengthening **HCT** (**HIV** Counselling and Testing) uptake in the South African mining industry.

3. STATUS OF THE GUIDANCE NOTE

3.1. This guidance note sets out **good practice** on the management and control of **HIV** in the mining industry and will be distributed by the Mine Health and Safety Inspectorate.

3.2. As is the case with all other documents setting out accepted **good practice** through linking employees to **HTS** and observing the industry milestones targets and the UNAIDS 90/90/90 targets. The application of inferior practices without justification could be regarded as negligence.

4. THE OBJECTIVES OF THE GUIDANCE NOTE

4.1. The objectives of this guidance note are to assist employers to establish sustainable **HIV** and **AIDS** management and control programmes at mines to:

4.1.1. Implement prevention strategies.

4.1.2. Reduce the burden of **HIV**.

4.1.3. Improve clinical outcomes of people living with **HIV**.

4.1.4. Reduce morbidity due to **HIV** and **TB** co-infection.

4.1.5. Reduce **HIV** incidence (reduce the number of new infections amongst employees and their families).

4.1.6. Avert **AIDS** related deaths ensuring that people living with **HIV** start with the right therapy at the right time.

4.2. Ensure compliance to obligations as prescribed in other relevant labour legislation (LRA, EEA, BCEA) and other relevant **COPs**.

5. DEFINITIONS AND ACRONYMS

- **"AIDS"** means acquired immunodeficiency syndrome.
- **"ART"** means anti-retroviral treatment.
- **"COIDA"** means Compensation for Occupational Injuries and Disease Act (Act 130 of 1993).
- **"COP"** means Code of Practice.
- **"DHIS"** means District Health Information System.
- **"DMRE"** means Department of Mineral Resources and Energy.
- **"EAP"** means an employee assistance programme.
- **"ELISA"** means enzyme-linked immunosorbent assay.
- **"Good practice"** as used in this document means linking employees to **HTS** and observing the industry milestones targets and the UNAIDS 90/90/90 targets.
- **"HAST"** means **HIV**, **AIDS**, **STI** and **TB**.
- **"HB"** means haemoglobin.
- **"HCT"** means **HIV** counselling and testing.
- **"Health worker"** means all people primarily engaged to enhance health by providing preventative, curative, promotional or rehabilitative health care services.
- **"HIV"** means human immunodeficiency virus.
- **"HTS"** means **HIV** testing services.
- **"ILO"** means International Labour Organisation.
- "**IPT**" means isoniazid preventive therapy.
- **"IRIS"** means immune reconstitution inflammatory syndrome.
- **"LDL"** means low density lipoprotein cholesterol.
- **"MBOD"** means Medical Bureau for Occupational Diseases.
- **"MCB"** means master cell bank.
- **"MCV"** means mean corpuscular volume.
- **"MHSA"** means Mine Health and Safety Act, (Act No 29 of 1996), as amended.
- **"MHSC"** means Mine Health and Safety Council.

- **"NCD"** means non-communicable diseases.
- **"NDOH"** means National Department of Health.
- **"NIMART"** means nurse-initiated management of **ART**.
- **"NIOH"** means National Institute for Occupational Health.
- **"NSP"** means National Strategic Plan for **HIV**, **TB** and **STIs** 2017 - 2022.
- **"NTBMG"** means National Tuberculosis Management Guideline issued by **NDOH**.
- **"PEP"** means post exposure prophylaxis.
- **"PrEP"** means pre-exposure prophylaxis.
- **"SANAC"** means South African National **AIDS** Council Trust.
- **"STI"** means sexually transmitted diseases.
- **"TB"** means tuberculosis.

6. MEMBERS OF THE TASK TEAM

This guidance note was prepared by members of the task team, which comprised of:

State
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Employers
Ms S. Ntimbane
Dr I. Mampa

7. THE OBJECTIVES OF THE HIV AND AIDS MANAGEMENT PROGRAMME AT A MINE

7.1. Obtain 100% screening of all employees for **HIV**.

7.2. Ensure that 90% of confirmed **HIV** positive employees are initiated on **ART**.

7.3. Achieve a defaulter rate of less than 5% on **ART** (in line with **HIV** Clinicians Society Guidelines and the State guidelines).

7.4. Achieve 90% viral suppression by conducting a six-monthly monitoring and assessment of response to treatment.

7.5. Reduce opportunistic infections mainly **TB** (integration of **HIV** and **TB** management).

7.6. Screen and refer for treatment of **NCDs** e.g. diabetes and hypertension.

7.7. Ensure continuity of care of employees with **HIV and AIDS.**

7.8. Report all **HIV** and **AIDS** cases to the **DMRE** as per DMR 164 form.

8. ASPECTS TO BE ADDRESSED IN THE GUIDANCE NOTE

The elements or components should, amongst others, cover the following:

8.1. HIV Policy development and implementation

Respect for human rights is a non-negotiable principle of the **NSP**. Adherence to this principle also enhances the effectiveness of prevention and treatment. The **NSP** focuses on equal treatment for all, increased access to justice, and the reduction of stigma associated with **HIV** and **TB**.

8.1.1. The policy should address, but not limited to:

a) Stigmatisation
b) Non-discrimination
c) Confidentiality

8.2. HIV Programmes

8.2.1. Prevention:

a) Information, education and mass mobilisation.

b) Sexual transmitted infection detection and management.

c) Distribution of male and female condoms.

d) Promote **HCT**:

(i) **HCT** campaigns should be held bi-annually (consider annually as minimum standards).

(ii) The employer should ensure that voluntary **HCT** is offered to all employees at all health contact points.

e) Screening and referral for voluntary male medical circumcision.

f) Screening and referral for **PrEP** and **PEP**.

g) Strengthening of **TB** prevention through **IPT** roll-out in **HIV** positive individuals and those that are on **ART**.

h) Universal precautions for healthcare workers.

8.2.2. Treatment, care and support

a) Access to treatment, care and support.

b) Treatment should be instituted in line with the National **HIV** testing guidelines and test and treat policy.

c) The programme should serve to ensure **HTS** are integrated and linked effectively to all **HIV** prevention, treatment and care as well as other non-**HIV** health services (**TB**, **NCDs**) to reduce stigma and discrimination.

8.2.3. Clinical outcomes of people living with **HIV**

a) Provide 100% **HIV** counselling to all employees.

b) 90% of all people living with **HIV** will know their **HIV** status.

c) 90% of all people with an **HIV** diagnosis will receive sustained antiretroviral therapy.

d) 90% of all people receiving antiretroviral therapy will achieve viral suppression.

e) Ensure that 90% of confirmed **HIV** positive employees are linked to healthcare services and initiated on **ART**.

f) Laboratory confirmation of **HIV** positive screening test with **ELISA** 4th generation confirmation blood test.

NOTE:
All employees should be inducted on **HIV** and encouraged to test.
Employees who consent to testing should undergo voluntary counselling and testing for **HIV**.
Pre- and post-**HIV** test counselling must be performed for assisted or non-assisted screening testing done initially with a screening Abbots test or self-screening test.
An employee with a positive result must be referred to the clinic or General Practitioner for a laboratory confirmation test of **HIV** with an **ELISA** 4th generation test or as per the latest **NDOH** testing guidelines.

8.2.4. Achieve 90% viral suppression

a) Viral monitoring should be done at initiation of treatment.

b) Follow-up at 24 weeks to ensure compliance and adherence to treatment.

c) Follow-up at 52 weeks to ensure viral suppression.

d) Monitor achieved viral suppression annually.

8.2.5. CD4 count monitoring to assess immunological response to treatment

a) CD4 count should be done at initiation of treatment.

b) Follow-up at 24 weeks to ensure compliance to treatment. If on assessment of the CD4 count there is deterioration or a decrease in the CD4 count versus the initial count and the viral load remains undetectable <50copies, log <1.60 the employee must be referred to the clinic or General Practitioner to exclude the presence of opportunistic infections e.g. **TB** or lymphoma.

c) Monitor CD4 count annually to ensure immunological response to treatment.

8.2.6. Achieve a defaulter rate of less than 5% on **ART**

a) Promote treatment adherence through counselling, peer supporter programme, **EAP**, etc.

b) Ensure continuity of care of all employees through monitoring and treatment.

c) Implement an effective defaulter management mechanism (knowing the disease profile and collecting data on viral loads and CD4 counts).

d) Collect pertinent information or statistical data for evaluation purposes in readiness for completion of DMR 164 form and other required legislated forms.

9. INTEGRATION OF HIV AND TB MANAGEMENT

9.1. Before initiation on **ART**, screen for **TB** (cough questionnaire) as a baseline. Initial assessment of full blood count, **HB** and **MCV** to exclude anaemia of chronic disorders which might indicate the presence of/either opportunistic diseases e.g. **TB**, lymphoma etc. Refer for monitoring of FBC bi-annually.

9.2. All employees with presumptive symptoms to have a chest X-ray, gene Xpert, or a smear to exclude **TB**.

9.3. Those diagnosed with **TB** to be initiated on treatment for two weeks before **ART** initiation, to prevent **IRIS**.

9.4. Those without active **TB**, initiate or refer for **ART** treatment and isoniazid prophylaxis.

9.5. Employees diagnosed with **NCD** (e.g. diabetes and hypertension), monitor for drug-drug interactions whilst on **ART** treatment especially on FDC regimen containing Tenofovir. Monitor urea, creatinine and GFR for patients on Tenofovir at initiation of treatment and six-monthly.

9.6. Monitor drug-drug interaction whilst on **ART**.

9.7. Hypercholesterolemia - monitor **LDL** at initiation of treatment and follow-up yearly.

9.8. Isoniazid prophylaxis of all employees diagnosed with silicosis and **HIV** and **AIDS** including those on **ART**.

10. FITNESS TO PERFORM WORK

Evaluation of fitness to return to work should be individualised and must not preclude an employee from work based on their **HIV** status, CD4 count and viral load. The

decision of fitness to work should be made on the grounds of a medical assessment in line with the company's Mandatory **COP** on minimum standards of fitness to perform work at a mine.

11. PACKAGE OF HIV MANAGEMENT

11.1. A holistic package of **HIV** management care should inter alia, include:

a) **HTS**.

b) Adherence counselling.

c) Psychological support.

d) Nutritional assessment and education.

e) Integration with the **TB** prevention and management programme.

11.2. A treatment adherence programme should be implemented for all **HIV** cases.

The programme should cover the following:

a) Education about the disease.

b) Lifelong treatment.

c) Medication to be taken and possible side effects.

d) Importance of adherence to prescribed treatment regime.

e) Available psychosocial support.

f) Treatment support and monitoring.

g) Viral suppression monitoring.

h) Lifestyle modification.

i) Loss to follow-up in **HIV** patients whilst in employment.

j) Referrals (where there are no in-house services).

11.3. Continuity of **HIV** care beyond employment

a) Where a patient's employment is terminated while on **ART**, the patient should be referred to an appropriate **HIV** care facility where the patient can continue treatment.

b) Explore options to implement the TIER.Net, cross border referral system through National **TB** Programme Managers, TEBA and other relevant service providers.

c) The patient should be provided with a letter or form (generated from the TIER.Net system) detailing the diagnosis, bacteriological investigations conducted (including dates), treatment regimen dosages, CD4 count and viral load trends on the monitoring tool and other chronic medication or ancillary medication that the patient is taking.

d) If the existing employee has co-morbidity (**HIV** and **TB**) a letter should be provided indicating the expected date for follow up at the mine health centre/one stop services during and post treatment (12-months after treatment completion).

e) The referral letter should be accompanied by:

i) GW 20/14 referral form prescribed by the **NDOH**.
ii) The patient's health record (green card).
iii) **MBOD** guideline/**COIDA** (first, progress and final report) for benefit examination and compensation.

11.4. The patient should be provided with a counselling package which includes:

a) The available information on the receiving facility; and
b) Importance of presenting to the receiving facility to his home and continuation and when they should present to the clinic/ hospital.

NOTE:
A copy of the GW 20/14 form should be forwarded to the province/country where the patient resides to ensure continuum of treatment and care.
The acknowledgement slip on the form must be completed by the receiving facility and returned to the referring mine health facility.

11.5. Where the employer does not provide access to health services, it should refer employees to the nearest local healthcare facility for diagnosis and treatment.

12. MONITORING AND REPORTING

The following monitoring and reporting initiatives should be addressed:

a) The monthly report for the **DHIS** and quarterly report for the TIER.Net should be submitted to the district health authorities.

b) Reporting should be made in terms of the Chief Inspector of Mines' Instruction, as per DMR 164 form.

13. TRAINING AND SUPPORT

The employer's **HIV** management and control programme should address the following training initiatives:

a) **Health workers** should be specifically trained in all aspects of **HIV** management in accordance with the **NDOH NIMART** guidelines and the **DMRE** management and control of **HIV** in the South African mining industry guidance note.

b) All employees should be provided with an induction programme on prevention, transmission, signs and symptoms of **HIV** and the company's support services and the benefits of early detection and treatment.

c) Data managers involved in the **HIV** control programme must be trained on the collection, recording, analysis and reporting of **HIV** data.

14. LIAISON WITH THE PUBLIC SECTOR

It is recommended that medical and nursing staff involved in the management of patients with **HIV** should on a regular basis interact with district health staff.

15. CERTAIN DOCUMENTS TO BE AVAILABLE

The employer should ensure that the following documents are available:

a) Copies of the latest **NDOH HIV** and **AIDS** guidelines, **NIMART** and this guidance note should be available in all clinics and centres where **HIV** is treated.

b) A copy of the employer's integrated **HIV** and **TB** policy should be available at the mine.

c) The guidance note for the management of **TB** in the South African mining industry.

16. PROGRAMME PERFORMANCE MONITORING AND EVALUATION

a) It is recommended that the internal monitoring and evaluation of the employer's **HIV** management and control programme should be conducted quarterly at the joint health and safety committee meetings.

b) It is also recommended that an employer's **HIV** management and control programme be subjected to annual monitoring through the DMR 164 form.

PART B: IMPLEMENTATION

1. IMPLEMENTATION PLAN

1.1 The employer must prepare an implementation plan for its guidance note for provision of issues such as organisational structures, responsibilities of functionaries and, programmes and schedules for the guidance note that will enable proper implementation of the guidance note. (A summary of and a reference to, a comprehensive implementation plan may be included).

1.2 Information may be graphically represented to facilitate easy interpretation of the data and to highlight trends for the purposes of risk assessment.

2. COMPLIANCE WITH THE GUIDANCE NOTE

The employer must institute measures for monitoring and ensuring compliance with the guidance note.

3. ACCESS TO THE GUIDANCE NOTE AND RELATED DOCUMENTS

3.1 The employer must ensure that a complete guidance note, and related documents are readily available at the mine for examination by any affected person.

3.2 A registered trade union with members at the mine or where there is no such union, a health and safety representative at the mine, or, if there is no health and safety representative, an employee representing the employees at the mine, must be provided with a copy of the written request to the manager. A register must be kept of such persons or institutions with copies to facilitate updating of such copies.

3.3 The employer must ensure that all employees are conversant with those sections of the guidance note relevant to their respective areas of responsibilities.

REFERENCES

1. **NDOH HIV** and **AIDS** management guidelines.
2. National Strategic Plan for **HIV**, **TB** and **STIs** 2017 - 2022.
3. National **TB** guideline issued by **NDOH**.
4. Guidance note for the management of **TB** in the South African mining industry.
5. South African mining industry strategy on reducing **TB** and **HIV**.
6. Guidance note for the implementation of **HIV** self-testing in the South African mining industry.
7. Guidance note on strengthening **HCT** (**HIV** counselling and testing) uptake in the South African mining industry.
8. **ILO COP** on **HIV/AIDS** and the world of work.