

NATIONAL CERTIFICATE: CONSTRUCTION PLANT OPERATIONS

SAQA ID 65789 LEVEL 2 120 CREDITS

LEARNER GUIDE

SAQA:12463

UNDERSTAND AND DEAL WITH HIV/AIDS

Learner Information:




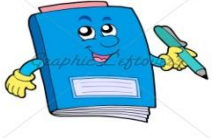

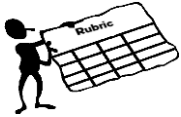

Details	Please Complete this Section
Name & Surname:	
Organisation:	
Unit/Dept:	
Facilitator Name:	
Date Started:	
Date of Completion:	



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Key to Icons

The following icons may be used in this Learner Guide to indicate specific functions:

 <p>Books</p>	<p>This icon means that other books are available for further information on a particular topic/subject.</p>
 <p>References</p>	<p>This icon refers to any examples, handouts, checklists, etc...</p>
 <p>Important</p>	<p>This icon represents important information related to a specific topic or section of the guide.</p>
 <p>Activities</p>	<p>This icon helps you to be prepared for the learning to follow or assist you to demonstrate understanding of module content. Shows transference of knowledge and skill.</p>
 <p>Exercises</p>	<p>This icon represents any exercise to be completed on a specific topic at home by you or in a group.</p>
 <p>Tasks/Projects</p>	<p>An important aspect of the assessment process is proof of competence. This can be achieved by observation or a portfolio of evidence should be submitted in this regard.</p>
 <p>Workplace Activities</p>	<p>An important aspect of learning is through workplace experience. Activities with this icon can only be completed once a learner is in the workplace</p>

 <p>Helpful Tips</p> <p>Tips</p>	<p>This icon indicates practical tips you can adopt in the future.</p>
 <p>READ</p> <p>Notes</p>	<p>This icon represents important notes you must remember as part of the learning process.</p>

Learner Guide Introduction

<p>About the Learner Guide...</p>	<p>This Learner Guide provides a comprehensive overview of the, and forms part of a series of Learner Guides that have been developed. The series of Learner Guides are conceptualized in modular's format and developed</p> <p>Learning programme. They are designed to improve the skills and knowledge of learners, and thus enabling them to effectively and efficiently complete specific tasks.</p> <p>Learners are required to attend training workshops as a group or as specified by their organization. These workshops are presented in modules, and conducted by a qualified facilitator.</p>
<p>Purpose</p>	<p>The purpose of this Learner Guide is to provide learners with the necessary knowledge related to</p>
<p>Outcomes</p>	<p>At the end of this module, you will be able to:</p> <ul style="list-style-type: none"> • Explain and discuss HIV/AIDS facts and figures • Identify behaviours that may create a risk of HIV transmission • Explain the rights and responsibilities of employees in the workplace with regard to HIV/AIDS • Identify and apply relevant policies and procedures for dealing with HIV/AIDS in the workplace
<p>Assessment Criteria</p>	<p>The only way to establish whether a learner is competent and has accomplished the specific outcomes is through an assessment process. Assessment involves collecting and interpreting evidence about the learner's ability to perform a task.</p> <p>This guide may include assessments in the form of activities, assignments, tasks or projects, as well as workplace practical tasks. Learners are required to perform tasks on the job to collect enough and appropriate evidence for their portfolio of evidence, proof signed by their supervisor that the tasks were performed successfully.</p>
<p>To qualify</p>	<p>To qualify and receive credits towards the learning program, a registered assessor will conduct an evaluation and assessment of the learner's portfolio of evidence and competency</p>
<p>Range of Learning</p>	<p>This describes the situation and circumstance in which competence</p>

	must be demonstrated and the parameters in which learners operate
Responsibility	<p>The responsibility of learning rest with the learner, so:</p> <ul style="list-style-type: none">• Be proactive and ask questions,• Seek assistance and help from your facilitators, if required.

Learning Unit1

UNIT STANDARD NUMBER	:	12463
LEVEL ON THE NQF	:	2
CREDITS	:	3
FIELD	:	Manufacturing, Engineering and Technology
SUB FIELD	:	Manufacturing and Assembly

<p>PURPOSE:</p>	<p>The skills, values and knowledge reflected in this unit standard are required by people in the field of manufacturing and engineering. The learning outcomes in this unit standard also contribute to the exit level outcomes required for various manufacturing and engineering qualifications. Qualifying learners can demonstrate an understanding of HIV/AIDS issues affecting them personally and in the workplace. They are able to apply relevant national, industry and company policies and procedures for dealing with HIV/AIDS in the workplace.</p>
<p>LEARNING ASSUMED TO BE IN PLACE:</p>	
<p>This unit standard has designed as part of a progression. It is one of a series of unit standards for life skills in the field of manufacturing and engineering.</p>	



SPECIFIC OUTCOME 1:

Explain and discuss HIV/AIDS facts and figures

Learning Outcomes

- An understanding of HIV/AIDS issues affecting employees personally and in the workplace is demonstrated.
- Relevant national, industry and company policies and procedures for dealing with HIV/AIDS in the workplace are applied.

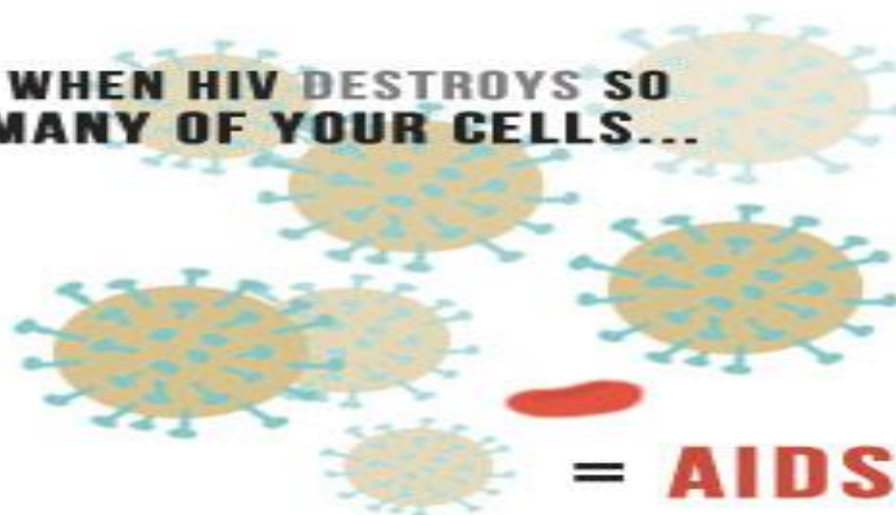
An understanding of HIV/AIDS issues affecting employees personally and in the workplace is demonstrated.



HIV ATTACKS YOUR T-CELLS



**WHEN HIV DESTROYS SO
MANY OF YOUR CELLS...**



What is H I V?

To understand what HIV is, let's break it down:

H – Human – This particular *virus* can only infect human beings.

I – Immunodeficiency – HIV weakens your *immune system* by destroying important cells that fight disease and infection. A "deficient" immune system can't protect you.

V – Virus – A virus can only reproduce itself by taking over a cell in the body of its host.

Human Immunodeficiency Virus is a lot like other viruses, including those that cause the "flu" or the common cold. But there is an important difference – over time, your immune system can clear most viruses out of your body. That isn't the case with HIV – the human immune system can't seem to get rid of it. Scientists are still trying to figure out why.

We know that HIV can hide for long periods of time in the cells of your body and that it attacks a key part of your immune system – your T-cells or CD4 cells. Your body has to have these cells to fight infections and disease, but HIV invades them, uses them to make more copies of itself, and then destroys them.

Over time, HIV can destroy so many of your CD4 cells that your body can't fight infections and diseases anymore. When that happens, HIV infection can lead to AIDS.



WHAT IS AIDS?

To understand what AIDS is, let's break it down:

A – Acquired – AIDS is not something you inherit from your parents. You **acquire** AIDS after birth.

I – Immuno – Your body's immune system includes all the organs and cells that work to fight off infection or disease.

D – Deficiency – You get AIDS when your immune system is "deficient," or isn't working the way it should.

S – Syndrome – A syndrome is a collection of symptoms and signs of disease. AIDS is a syndrome, rather than a single disease, because it is a complex illness with a wide range of complications and symptoms.

Acquired Immunodeficiency Syndrome is the final stage of HIV infection. People at this stage of HIV disease have badly damaged immune systems, which put them at risk for *opportunistic infections (OIs)*.

You will be diagnosed with AIDS if you have one or more specific OIs, certain cancers, or a very low number of CD4 cells. If you have AIDS, you will need medical intervention and treatment to prevent death.

For more information, see CDC's Basic Information about HIV and AIDS.

Where did HIV come from?

Scientists identified a type of chimpanzee in West Africa as the source of HIV infection in humans. The virus most likely jumped to humans when humans hunted these chimpanzees for meat and came into contact with their infected blood. Over several decades, the virus slowly spread across Africa and later into other parts of the world. For more information, see CDC's



HIV CAN BE TRANSMITTED THROUGH...



Sexual Contact



Pregnancy, Childbirth & Breast Feeding



Injection Drug Use



Occupational Exposure

WHICH BODY FLUIDS CONTAIN HIV?

HIV lives and reproduces in blood and other body fluids. We know that the following fluids can contain high levels of HIV:

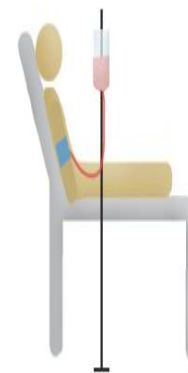
- Blood
- Semen (cum)
- Pre-seminal fluid (pre-cum)
- Breast milk
- Vaginal fluids
- Rectal (anal) mucous

Other body fluids and waste products—like feces, nasal fluid, saliva, sweat, tears, urine, or vomit—don't contain enough HIV to infect you, unless they have blood mixed in them and you have significant and direct contact with them.

For more information, see CDC's [HIV Transmission: Which Body Fluids Transmit HIV?](#)

Healthcare workers may be exposed to some other body fluids with high concentrations of HIV, including:

- Amniotic fluid
- Cerebrospinal fluid
- Synovial fluid



and rarely,
Blood Transfusion/Organ Transplant



HOW IS HIV TRANSMITTED THROUGH BODY FLUIDS?

HIV is transmitted through body fluids in very specific ways:

-
- **During** sexual contact: When you have anal, oral, or vaginal sex with a partner, you will usually have contact with your partner's body fluids. If your partner has HIV, those body fluids can deliver the virus into your bloodstream through microscopic breaks or rips in the delicate linings of your vagina, vulva, penis, rectum, or mouth. Rips in these areas are very common and mostly unnoticeable. HIV can also enter through open sores, like those caused by herpes or syphilis, if infected body fluids get in them. You need to know that it's much easier to get HIV (or to give it to someone else), if you have a sexually transmitted disease (STD). For more information, see CDC's [The Role of STD Detection and Treatment in HIV Prevention](#).
-
- **During** pregnancy, childbirth, **or** breastfeeding: Babies have constant contact with their mother's body fluids-including amniotic fluid and blood-throughout pregnancy and childbirth. After birth, infants can get HIV from drinking infected breast milk.
-
- **As a result of** injection drug use: Injecting drugs puts you in contact with blood-your own and others, if you share needles and "works". Needles or drugs that are contaminated with HIV-infected blood can deliver the virus directly into your body.
- **As a result of occupational exposure:** Healthcare workers have the greatest risk for this type of HIV transmission. If you work in a healthcare setting, you can come into contact with infected blood or other fluids through needle sticks or cuts. A few healthcare workers have been infected when body fluids splashed into their eyes, mouth, or into an open sore or cut.
- **As a result of a blood transfusion with infected blood or an organ transplant from an infected donor:** Screening requirements make both of these form



HOW DO YOU GET AIDS?

AIDS is the late stage of HIV infection, when a person's immune system is severely damaged and has difficulty fighting diseases and certain cancers. Before the development of certain medications, people with HIV could progress to AIDS in just a few years. Currently, people can live much longer - even decades - with HIV before they develop AIDS. This is because of "highly active" combinations of medications that were introduced in the mid 1990s.

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THE GLOBAL HIV/AIDS CRISIS TODAY

HIV, the virus that causes AIDS, has become one of the world's most serious health and development challenges:

- 33.4 million are currently living with HIV/AIDS.
- More than 25 million people have died of AIDS worldwide since the first cases were reported in 1981.
- In 2008, 2 million people died due to HIV/AIDS, and another 2.7 million were newly infected.
- While cases have been reported in all regions of the world, almost all those living with HIV (97%) reside in low- and middle-income countries, particularly in sub-Saharan Africa.
- According to the World Health Organization (WHO), most people living with HIV or at risk for HIV do not have access to prevention, care, and treatment, and there is still no cure.
- The HIV epidemic not only affects the health of individuals, it impacts households, communities, and the development and economic growth of nations. Many of the countries hardest hit by HIV also suffer from other infectious diseases, food insecurity, and other serious problems.



- Despite these challenges, there have been successes and promising signs. New global efforts have been mounted to address the epidemic, particularly in the last decade. Prevention has helped to reduce HIV prevalence rates in a small but growing number of countries and new HIV infections are believed to be on the decline. In addition, the number of people with HIV receiving treatment in resource poor countries has increased 10-fold since 2002, reaching an estimated 4 million by 2008.

Stigma and discrimination

Despite such HIV-prevention programmes on the ground, employee involvement and participation in these programmes still posed a challenge because of the stigma and discrimination associated with HIV and other human rights issues. HIV-related stigma and discrimination has a significant impact on the willingness of employees to be openly involved and participating in HIV-prevention interventions at the workplace. Fear of social isolation and ridicule from co-workers discourage them, not only from disclosing their HIV status, but also from making full use of the services available to them.

Under these circumstances, HIV transmission among employees would continue unabated.

Similarly, HIV-prevention interventions at the workplace are effective only if people perceived their workplace environment as being supportive and protective of their human rights. Conversely, employees who suffer disrespect for their human rights, such as issues of confidentiality, privacy and informed consent with regards to disclosure, find it difficult to get involved and to participate in HIV prevention interventions at the workplace. For example, staff members of ActionAid, Mozambique were reluctant to get involved and to participate in consulting the peer educators, fearing that the conversations would not be kept confidential. Similarly, the staff members shunned voluntary counseling and testing services, as it was perceived as being indicative of an HIV-positive status

Lack of management support

Lack of management support may take the form of severely limiting employees' active involvement and participation in HIV-prevention interventions at the workplace. Employees merely become passive recipients of information passed from top-down, as the following example shows. Management of the South African Department of Land Affairs limits employee involvement and participation in HIV-prevention at the workplace only to passive activities such as dissemination of information on HIV by internal email, putting prevention messages into pay-slip envelopes and placing HIV



updates in lifts. Employees are not actively involved in other awareness campaign activities such as condom promotion and distribution, voluntary counseling and testing for HIV, STI diagnosis and treatment and peer education training. Because employees were not actively involved, these interventions were likely to fail, leading to the continued spread of HIV among the employees. Lack of management support also manifests itself in the insufficient budgetary support for the HIV-prevention programme at the workplace. The Centre for

Health Policy argues that some workplaces run HIV-prevention interventions at the workplace without a sufficient budget. As a cost-saving measure, companies prefer passive activities that neither take employees away from their core business, nor require a large budget to run. The Centre for Health

Policy further argues that: "Businesses don't want to pay for [education about] AIDS...". However, an International Labour Organisation argues keeping employees healthy by preventing HIV-infection from spreading is essential for the viability of the business in the long run. The report cites a study carried out in Botswana,

Namibia, South Africa, Mozambique and Zimbabwe which estimates that by 2020, the labour force in these countries will be an estimated 10 to 22 percent smaller than it would have been because of AIDS. Absenteeism due to HIV, coupled with increased entry of young unskilled personnel into the labour market is likely to lower both the quantity and quality of productivity and production. The implication of the ILO's report is that it is in the company's interest to budget sufficiently to allow employees to get involved and to participate in HIVprevention activities such as peer education training, VCT, STI diagnosis and treatment and condom distribution.

I felt the above arguments about lack of management support for the HIVprevention interventions at the workplace were very pertinent and relevant to my study. Such lack of budgetary support was likely to lead to low levels of employee involvement and participation in HIV-prevention interventions at the workplace, resulting in limited success of the intervention. In this regard, I also sought to explore the quality of management support in my research.

Consequently, I included questions about the quality of management support in 15 both a semi-standardized interview (Appendix A) and in a self-administered questionnaire (Appendix B).

However, some studies have shown that not every company was so concerned about maximizing profit to the extent of being unwilling to "pay for the education about HIV", as claimed above. For example, AngloGold, the largest gold mining



company in South Africa, sets aside sufficient budget for hiring specialists to train peer educators among miners. These miners disseminate leaflets on HIV transmission modes and teach other miners as well as commercial sex workers about HIV. This latter example showed that there were indeed companies that appreciated the value of getting employees involved and to participate in HIV-prevention interventions at the workplace. However, as I argued at the outset of this section, there was evidence to show that there were some companies that set aside insufficient budgets for the programme, a situation that might prevent employees from getting involved and participate in HIV-prevention interventions at the workplace. The failure of employees to get involved and participate in HIV-prevention interventions at the workplace might in turn result in the continued spread of HIV amongst employees.

Lack of role-modeling by management

Failure by management to lead by example in terms of the uptake of services such as VCT and attending awareness sessions might create a negative attitude towards the whole HIV-prevention intervention at the workplace. The Centre for Health Policy argues that most HIV-prevention activities such as awareness campaigns, condom promotion and distribution tend to be directed towards the unskilled and shop floor workers, and not professionals and managers. Peer educators are drawn mostly from the lower-level employees and not from management. According to the Centre for Health Policy the 16 reasons for this lack of involvement and participation of management are that management believes **HIV “doesn’t affect us” and “it affects them”**.

The implications of the above arguments are that a climate of **“us”** and **“them”** may create discrimination and suspicion between workers and management.

Employees may therefore feel discouraged from getting involved and participating in HIV-prevention interventions at the workplace.

Lack of involvement of key stakeholders

The limited success of many interventions to the lack of involvement and participation of the key stakeholders in the implementation of the interventions. Stakeholders hold the power over the organisation and may exert either beneficial or harmful influence over it. HIV-prevention interventions at the workplace, limiting or excluding employees from the planning and implementation of HIV-prevention interventions at the workplace might lead to the failure of these interventions. The exclusion of the employees from these programmes is also likely to cause them (the employees) to deliberately or unwittingly work at cross purposes to the objectives of the interventions, either



as a way of protest or because they do not understand what is expected of them. Whatever the case may be, such lack of employee involvement and participation in HIV-prevention interventions at the workplace is likely to lead to programme failure and the continued spread of HIV among employees.

On the other hand, involvement and participation of employees in the planning and implementation of HIV-prevention interventions at the workplace was likely to improve the chances of sustainability of these interventions. Employees were likely to assume ownership of, and would be committed to, these interventions.

Karl's (2000) and Phillips' (2004) arguments about the importance of stakeholder involvement in development interventions appear to have important implications for my study. Their assertions imply that the level of success of implementation of an HIV-prevention intervention at the workplace is correlated to the level, nature and type of employee involvement and participation in these interventions. Hence

I included the questions in the Appendix about the quality and extent of employee involvement and participation in HIV-prevention interventions at the workplace.

Socio-cultural and gender issues

Equally important are socio-cultural and gender factors that tend to influence an individual's decision about one's health-seeking behaviour. In this regard, the International Labour Organisation argues that many HIV-prevention interventions at the workplace focus predominantly on health issues, distribution of condoms and awareness sessions, and insufficiently on issues related to culture and gender. However, the context within which people live, their culture and gender have been shown to have a much higher impact on final behaviour such as getting involved and participating in HIV-prevention interventions at the workplace.

For many people, a decision is not an individual action, but a product of their cultural and societal environment. Cultural diversity at the workplace also means divergence of perceptions about how HIV is transmitted, leading to different responses regarding involvement and participation in HIV-prevention interventions at the workplace. For example, employees whose social and cultural norms overtly or tacitly accept sexual risk taking, or those whose religious beliefs were against the use of condoms would find it difficult to get involved and to participate in the promotion and distribution of condoms. Individual employees who come from a cultural background characterized by cultural barriers and gender norms that discourage open discussions of the behavioural risks of HIV may find it difficult to get involved and to participate in HIV-prevention interventions at the workplace.



Convincing people to change their behaviour is difficult if it is against their belief to do so, or if they believe that they are not personally at risk. By the same token, it would be difficult for employees to get involved and participate in condom promotion and distribution if they believe they are not personally at risk. Nor would they get involved and participate in any HIV-prevention activities if they believe that HIV is a result of witchcraft or is a form of punishment from God.

In a similar vein, gender inequality also works against the involvement and participation, particularly of female employees, in HIV-prevention interventions at the workplace. In much of Africa, women and girls who carry condoms are regarded as 'loose' and are frowned upon by the society.

As the United Nations Development Fund for Women (UNIFEM) states, they are expected to passively submit to their partners' demands for sex. The implications of these gender inequalities are that even when a woman is informed and has accurate knowledge about sex and HIV- prevention, the societal expectations that a 'good' woman should be naïve would make it difficult for her to get involved and to participate actively in HIV-prevention interventions at the workplace. This gender inequality also manifests itself in the distribution of decision-making power between men and women at the workplace. Here, gender-linked cultural and economic inequalities mean that female employees have less decision-making power, responsibilities and access to company resources. Under such circumstances it is more likely for female employees to be sidelined in decision-making processes, making it difficult for them to get involved and to participate in the planning, designing and implementation of HIV-prevention interventions at the workplace.

In addition, prevailing norms of masculinity expect men to be more knowledgeable and experienced about sex. Such norms prevent men from seeking information or admitting their lack of knowledge about sex or protection from contracting HIV. Men who get involved and participate in HIVprevention education often find themselves discriminated against by other men for failure to live up to the masculine ideals. They are regarded as effeminate, weak or immature. As a result of this failure of male employees to get involved and participate in HIV-prevention interventions at the workplace, the spread of HIV transmission is likely to continue among employees.

Relevant national, industry and company policies and procedures for dealing with HIV/AIDS in the workplace are applied.



The UN Global Compact Policy Dialogues

The Global Compact was launched in July 2000 to encourage collaboration between the UN system and the private sector in addressing the challenges of globalization, and promote the application of nine core principles.

It convenes thematic multistakeholder Policy Dialogues to give practical meaning to these principles by creating an international platform for mutual understanding and problem-solving among business, labour, civil society organizations, government, UN agencies and leading commentators.

The Dialogue process is designed to assist the identification of new and emerging issues, promote multistakeholder trust and interaction, and support advocacy with policy makers.

The Global Compact Policy Dialogue on HIV/AIDS, convened on 12-13

May at the ILO in Geneva with the support of UNAIDS, aimed to identify policy issues that could benefit from the problem-solving approach of the Global Compact. The meeting explored key challenges companies face and examples of effective responses to HIV/AIDS in the workplace.

The ILO and HIV/AIDS in the world of work

The ILO is the UN agency with primary responsibility for the world of work.

The HIV epidemic mainly affects adults of working age - the active population of a nation. It has now spread to the extent that socio-economic security and development are being undermined by the incapacity and loss of government officials, business people, trade union activists and community leaders.

In June 2000, following a Resolution on HIV/AIDS passed at the International Labour Conference, ILO Director-General Juan Somavia requested all Programmes and units - at headquarters and in the field – to mainstream the issue in their work. In November 2000 the ILO's

Programme on HIV/AIDS and the World of Work (ILO/AIDS) was formally established.

Since that time the ILO has developed a Code of Practice on HIV/AIDS and the world of work, has worked to mobilize its tripartite constituents and strengthen their capacity to respond to the epidemic, and has provided advisory services and technical assistance at country level.



The business and labour response

Employers and workers have a vital role to play in the fight against HIV/AIDS, starting in their own workplaces but also offering leadership in the wider community. The recognition that HIV/AIDS is an issue of enlightened self-interest as well as corporate responsibility is driving companies to engage. There are examples across the world of businesses working together to establish effective workplace programmes and policies, often in close collaboration with government and workers' organizations.

The challenge is to find and replicate efficient and cost-effective interventions that limit the spread of infection and mitigate its impact.

Examples of action increase daily, ranging from the provision of antiretroviral treatment by multinational companies such as

DaimlerChrysler and de Beers to the training of thousands of peer educators by companies as diverse as Tata Tea in South India and the Zambia Revenue Authority.

Decisions about the provision of care, including antiretroviral treatment, are made in the context of growing concern about the human and socioeconomic consequences of the epidemic on the one hand and on the other new opportunities created by the lowering of drug prices and increased resource availability. Concerted efforts are being made to increase funding through mechanisms such as the World Bank's Multi-country AIDS Programs (MAP) and the Global Fund to Fight AIDS, TB and Malaria.

The imperative for the world of work is to contribute to national and international efforts that both prevent the spread of HIV and also manage and mitigate its impact.

A policy framework

The ILO Code of Practice on HIV/AIDS and the world of work provides a framework agreed through tripartite and inter-regional consultations for programme and policy development. It helps the workplace partners implement:

Policies that oppose discrimination and promote an environment of open and constructive discussion of HIV issues

Programmes based on participatory and gender-sensitive education methods that enable individuals to assess their risk and make changes to their behaviour that include practical measures to support behaviour change, from VCT and STI treatment to condom availability that offer care and support to those affected by the epidemic, from reasonable accommodation and advice on healthy living to treatment of the virus and/or associated infections (e.g. tuberculosis)



Guidelines for employers on practical measures to minimize disruption to production, from the use of teams and restructuring of training to new models of medical insurance
 Decision-making to ensure effective implementation and monitoring and support structures

Public-private that bring support from the private sector and labour partnerships organizations for government and UN efforts, especially in increasing access to treatment



In welcoming delegates to the Policy Dialogue, Georg Kell, Executive Head of the Global Compact, and Juan Somavia, Director-General of the ILO, stressed the importance and value of sustained dialogue, close collaboration and, above all, concrete action in fighting HIV/AIDS in the world of work.

The key objectives of the IOE's response are to protect those who have not been infected, to manage HIV/AIDS in the workplace and to support community initiatives. The IOE is involving and supporting employers in the region through:

- Mobilization seminars
- developing workplace policies and time-bound action plans
- Encouraging collaboration with trade unions and other partners
- Advice for companies on prevention programmes, including peer education and the promotion of behaviour change
- 'domesticating' the ILO Code of Practice and tailoring it to local needs





- working with companies on the provision of care, support and treatment
- disseminating examples of successful workplace action
- Helping companies remove stigma and discrimination and create a supportive workplace environment

As part of a multisectoral response to HIV/AIDS, the IOE collaborates with National AIDS Coordinating Committees (NACC), as well as working with unions and organizations of PLWHA, and supporting business coalitions on HIV/AIDS. It uses the ILO Code of Practice to guide actions and develop workplace policies, and has produced a handbook for employers on HIV/AIDS. The IOE recently took part in an ICFTU workshop on workplace strategies and programmes in Nairobi.

All companies are encouraged to make a contribution - even small and medium-sized enterprises (SMEs) who may lack resources and expertise.

Frederick Muia stressed the importance of involving all stakeholders in committing to participation in workplace programmes including care and support, to help ensure that initiatives are financially sustainable over a long period

The HIV pandemic has become one of the most critical workplace issues of our time. In addition to its devastating impact on working women and men and their families and dependents, HIV affects the world of work in many ways. Stigma and discrimination against people living with and affected by HIV and AIDS threatens fundamental rights at work, undermining opportunities for people to obtain decent work and sustainable employment.

By adopting the Recommendation concerning HIV and AIDS and the World of Work (No. 200) in 2010, the ILO's member States reaffirmed their commitment to prevent HIV and address discrimination in the workplace. Recommendation No. 200 builds on the ILO Code of practice on HIV/AIDS. It is the first international labour standard for the protection of human rights at work for persons living with and affected by HIV and AIDS. The Recommendation calls for the development and adoption of national tripartite HIV workplace policies and programmes through an inclusive dialogue process involving governments, organizations of employers and workers, organizations representing persons living with HIV and taking into account the views of relevant sectors, including the health sector.



Legislation and policies

This collection contains national legislation and policies adopted by ILO member States relevant to the issue of HIV/AIDS and the world of work. The entry for each Member State provides a section on legislation, which encompasses a wide range of legislative texts, such as constitutional law, public health, discrimination/equality, labour, occupational safety and health, etc. There is also a section for each member State containing national policies and strategies, as well as a range of documents adopted by governments, employers' organizations, workers' organizations, business coalitions, as well as relevant policy and strategy documents drafted by civil society associations and networks, such as networks of persons living with HIV (PLHIV).

This collection is provided for information purposes only and is not intended to replace consultation with authentic texts. While the collection is updated regularly, the ILO cannot guarantee that it contains all the most recent information.

National legislation and policies related to HIV/AIDS and the world of work				
Africa	Americas	Arab States	Asia and the Pacific	Europe and Central Asia
Algeria	Antigua and Barbuda	Bahrain	Afghanistan	Albania
Angola	Argentina	Iraq	Australia	Armenia
Benin	Bahamas	Jordan	Bangladesh	Austria
Botswana	Barbados	Kuwait	Brunei Darussalam	Azerbaijan
Burkina Faso	Belize	Lebanon	Cambodia	Belarus
Burundi	Bolivia	Oman	China	Belgium
Cameroon	Brazil	Qatar	Fiji	Bosnia and Herzegovina
Cape Verde	Canada	Saudi Arabia	India	Bulgaria
Central African Republic	Chile	Syrian Arab Republic	Indonesia	Croatia
Chad	Colombia	United Arab Emirates	Iran, Islamic Republic of	Cyprus
Comoros	Costa Rica	Yemen	Japan	Czech Republic
Congo	Cuba		Kiribati	Denmark



Côte d'Ivoire	Dominica		Korea, Republic of	Estonia
Democratic Republic of the Congo	Dominican Republic		Lao People's Democratic Republic	Finland
Djibouti	Ecuador		Malaysia	France
Egypt	El Salvador		Maldives	Georgia
Equatorial Guinea	Grenada		Marshall Islands	Germany
Eritrea	Guatemala		Mongolia	Greece
Ethiopia	Guyana		Myanmar	Hungary
Gabon	Haiti		Nepal	Iceland
Gambia	Honduras		New Zealand	Ireland
Ghana	Jamaica		Pakistan	Israel
Guinea	Mexico		Papua New Guinea	Italy
Guinea-Bissau	Nicaragua		Philippines	Kazakhstan
Kenya	Panama		Samoa	Kyrgyzstan
Lesotho	Paraguay		Singapore	Latvia
Liberia	Peru		Solomon Islands	Lithuania
Libyan Arab Jamahiriya	Saint Kitts and Nevis		Sri Lanka	Luxembourg
Madagascar	Saint Lucia		Thailand	Macedonia, The Former Yugoslav Republic of
Malawi	Saint Vincent and the Grenadines		Timor-Leste	Malta
Mali	Suriname		Tuvalu	Moldova, Republic of
Mauritania	Trinidad and Tobago		Vanuatu	Montenegro
Mauritius	United States		Viet Nam	Netherlands
Morocco	Uruguay			Norway
Mozambique	Venezuela, Bolivarian Republic of			Poland
Namibia				Portugal
Niger				Romania
Nigeria				Russian Federation
Rwanda				San Marino
Sao Tome and Principe				Serbia

Senegal				Slovakia
Seychelles				Slovenia
Sierra Leone				Spain
Somalia				Sweden
South Africa				Switzerland
Sudan				Tajikistan
Swaziland				Turkey
Tanzania, United Republic of				Turkmenistan
Togo				Ukraine
Tunisia				United Kingdom
Uganda				Uzbekistan
Zambia				
Zimbabwe				

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ILO constituents and HIV/AIDS

Ministries of Labour, employers, workers and their organizations have a vital role to play in the HIV/AIDS response.

With its overall responsibility for the national workforce and labour legislation, the Ministry of Labour is a key partner in the national HIV/AIDS response. Employers' and workers' organizations can also be a major force in civil society. They can play a significant leadership role at national level by mobilizing their constituencies and extensive networks.

The ILO Recommendation concerning HIV and AIDS and the World of Work, 2010 and the ILO code of practice on HIV/AIDS and the world of work define a broad range of rights and responsibilities for each of the constituents of the ILO to guide their complementary or joint actions.



Tripartite structures are in place in many countries; they have often taken HIV/AIDS onto their agendas. The three partners have come together to develop laws, national workplace policies or commitments on HIV/AIDS.

1. Governments: Ministries of Labour
2. Employers and their organizations
3. Workers and their organizations

“Mainstreaming HIV/AIDS is a key priority in the Ministry of Labour”

Mr. Trevor Thomas, Permanent Secretary, Ministry of Labour, Human Services and Social Security, Guyana

“With the help of the International Labour Organization and the National AIDS Control Organization, it is the first time that we are developing a national policy on HIV/AIDS and the world of work.”

Mr. S. K. Srivastava, Additional Secretary, Ministry of Labour and Employment, India

“When I was first appointed as Director of Health and Safety and counterpart to the project, very little was happening regarding HIV/AIDS. The capacity of the Ministry, especially labour inspectors, was very minimal. However, the ILO project has managed to train our inspectors and I am proud that we have now incorporated HIV/AIDS into the labour inspectors' checklist.”

Ms Ntseketsi Mohale, Director Occupational Health and Safety, Ministry of Labour and Employment, Lesotho

Building a multisectoral response: Working with ministries of Labour

Governments are at the frontline of the HIV/AIDS response. Strong political commitment is essential to the success of any HIV programme. With their overall responsibility for the national workforce and labour legislation, ministries of Labour can play a key role in national HIV/AIDS responses.

The integration of HIV/AIDS responses into the administration, structures and programmes of ministries of Labour brings the double advantage that HIV/AIDS interventions are informed and supported by experienced officials as well as rooted in structures that can be sustained over the longer term. Their actions include:



- Taking the lead in developing national HIV/AIDS workplace legislation and policies in collaboration with employers' and workers' organizations and national AIDS programmes;
- Integrating HIV/AIDS into training programmes of the ministry and its institutions to reach employers, unions, labour inspectors, labour judges, occupational safety and health officials, etc.;
- Incorporating HIV/AIDS training within workers' education, vocational training/apprenticeship, skills development and migrants workers programmes;
- Ensuring that government programmes promoting gender equality, women's entrepreneurship, youth employment, and the elimination of child labour take HIV/AIDS into account and address related issues;
- Making sure that the social protection systems in place addresses vulnerabilities which could put workers more at risk of becoming infected and do not discriminate against people living with HIV and their family members;
- Integrating HIV/AIDS training into small-enterprise development and cooperative-development programmes while ensuring that micro-finance schemes do not discriminate against people living with HIV/AIDS.

The government is the largest employer in many countries. HIV/AIDS creates extra demand for many public services, especially health and social services. Not only are many hospitals overwhelmed, but so are orphanages, social security schemes, and the education system. HIV/AIDS policies and programmes need to be developed and implemented to ensure access to employees of public services to HIV prevention, care and support.

In addition to the ILO Code of Practice on HIV/AIDS and its Education and Training Manual, the ILO has developed a number of policy guidelines and tools to support the ministries of Labour in their initiatives including:

- A handbook on HIV/AIDS for labour and factory inspectors
- Guidelines on addressing HIV/AIDS in the workplace through employment and labour law
- Joint ILO/WHO guidelines on health services and HIV/AIDS
- Implementing the ILO code of practice on HIV/AIDS and the world of work. An education and training manual
- An HIV/AIDS Workplace Policy for the Education Sector in the Caribbean
- An HIV/AIDS Workplace Policy for the Education Sector in Southern Africa



KEY PRINCIPLES

The adoption of this policy implies commitment to the following key principles.

Recognition of HIV and AIDS as an issue affecting the education sector

HIV/AIDS is an issue for all education institutions and services, not only because the virus affects employees and students/learners, but also because education institutions can play a vital role in limiting the spread and effects of the infection.

Non-discrimination and reduction of stigma

In the interests of an effective teaching and learning environment and respect for human rights, there should be no discrimination against an employee or student who has, is perceived to have, or who is affected by HIV and AIDS. Discrimination and stigmatization inhibit efforts for prevention, care, treatment and support. Education institutions and services should adopt a pro-active approach to avoiding and eliminating stigma and discrimination as part of this Policy.

Gender equality

HIV and AIDS impact on men and women differently. Women and girls are often more adversely affected by the epidemic, due to physiological, socio-cultural and economic reasons. Women and girls may also be more vulnerable due to unequal gender relations. Sexual harassment in the educational setting should be addressed. Any discrimination and/or action that may put an employee or student of either sex at risk of HIV because of their sex strictly violates the basic principles of this policy, should be reported and may be sanctioned in accordance with relevant disciplinary policies.

Education programmes should address the roles and responsibilities of men and boys in promoting gender equality as well as the rights of women and girls.

Application of this policy is designed to take account of these unequal gender relations and enable all employees and students to successfully avoid risks, the spread of HIV infection and to cope with the impact of HIV and AIDS.



Caring and supportive environment

The employee or student who has contracted HIV needs empathy, care, treatment and support. There should be no discrimination against employees or their families in access to affordable health services and statutory or occupational benefits. There should be no discrimination against students with respect to the normal health benefits accessed and enjoyed by other students. Education institutions should setup programmes of care and support that guarantee access to treatment, and provide for reasonable accommodation, provision of or referral to counseling, healthy living information (on nutrition, positive living, and sexual behaviour), including life skills education where relevant, and consider the extension of employee and student assistance programmes where available.

Healthy work environment

The teaching/learning and work environment should be healthy and safe, so far as is practicable, for all concerned parties in order to reduce risk of HIV infection and transmission. While there is no risk of HIV transmission through normal casual contact, universal precautions should be applied to avoid transmission in the event of accidents in the education setting, and risks reduced or eliminated.

Screening for purposes of exclusion from employment or studies

HIV screening should not be required of job applicants, students who wish to enroll, or current employees or students. Testing for HIV should not be carried out at the education institution except as specified in section 11 of this policy.

Continuation of employment relationship

HIV infection is not a cause for the termination, suspension, involuntary transfer or denial of career advancement of an employee or the expulsion or suspension of a student. Persons living with HIV-related illnesses should be able to work or study for as long as medically fit in appropriate work or studies and be provided with reasonable accommodation.



Confidentiality

All personal medical information, whether oral, written, or in electronic format, obtained from an individual or third parties will be treated as confidential. No employee, student, or parent on behalf of the student, is compelled to disclose HIV status to authorities at the education institution or service.

The ILO's Code of practice on the protection of workers' personal data, 1997, provides guidelines on confidentiality rules

HIV infection is preventable through information, education, and the creation of a climate that gives assistance and encouragement to all individuals in assessing and reducing their risk to HIV. Educational institutions should set up programmes for all staff and students to provide information and behaviour change communication, promote voluntary (and confidential) testing with counseling (VCT), and provide information on practical means of prevention, including abstinence, behaviour change, access to condoms, disposable syringes, etc, in accordance with national guidelines.

Social dialogue

A successful HIV/AIDS policy and programme requires cooperation, trust and dialogue between government officials, the governing body of the education institution, administrators, employees, education union representatives, students, and parents, and other relevant stakeholders. **RIGHTS AND RESPONSIBILITIES**

Respect for rights

Education authorities, the governing body, administrators, teachers and other employees and their representatives, students and their representatives and parents of students in the institution are expected to respect the rights of all members of the education institution, regardless of their actual or perceived HIV status.

Public education authorities

The public education authorities should monitor and evaluate the implementation of this policy in all public and private education institutions, and assist institutions with capacity building, training and implementation of the Policy. The education authorities should also



provide all institutions access to items necessary for implementation of universal precautions.

Public education authorities should especially ensure:

- The compulsory integration of education and training on HIV and AIDS within the formal national or institutional curriculum;
- Effective human resource (HR) strategies to deal with the impact of HIV and

AIDS throughout the education system, including HIV and AIDS-relevant information in the education management and information system (EMIS) for purposes of planning, recruitment, deployment and replacement of staff, with particular attention to prevalence and risk, geographical impact, subject shortages, vulnerability (newly qualified teachers and spouses) and the provision of qualified teachers. The EMIS should also serve the purpose of planning demand side issues such as increases in OVCs and decreases in enrolment.

Application of an EMIS would need to be in the context of commitment to maintaining confidentiality in the use of statistics for planning.

The institutional governing body

The governing body of the education institution where applicable should ensure that the institution develops or adopts a policy on HIV and AIDS - based on the principles set out in section 6, that the process includes consultation between the representatives of employers, employees, students and parents, and that appropriate measures are taken for its implementation, including making it known to all staff and students and the development of a continuous training programme for management and staff.

The governing body is expected to promote an educational climate that protects the rights of every student and employee living with HIV or affected by HIV and AIDS.

Administrators

The administrators should:

- Advise the governing body of the implications of HIV and AIDS for the institution, to enable governing body members to develop successful strategies to reduce stigmatization and eliminate discrimination against those living with and/or



affected by HIV and AIDS, and prevent the spread and mitigate the effects of HIV in the institution and create a supportive and caring environment for employees and students;

- Take the necessary steps to develop or adopt, through social dialogue, a policy on HIV and AIDS, a plan for its implementation and a programme for prevention, care and support;
- Agree on the appointment of an HIV/AIDS focal point or committee (in larger institutions), in consultation with the representatives of the employees and the students, in accordance with section 5 of this Policy;
- Ensure a safe and healthy work and study environment, including the application of universal precautions as part of first aid provisions.

Teachers/Educators

Teachers are expected to adhere to the Policy, and support its implementation. They are responsible for the provision of accurate and up-to-date information on HIV and AIDS, as provided to them. They are also responsible for the promotion of caring and supportive relationships between students -, and ensuring the identification of children with special needs, in accordance with the agreed programme and subject to adequate training and working time provided for these responsibilities.

Employee and student/learner representatives

Representatives of employees and (where they exist) representatives of student bodies have a responsibility to protect those they represent from any form of discrimination related to HIV status, and to help implement the institution's HIV/AIDS policy and programme by monitoring and promoting the information

PREVENTION: EDUCATION, INFORMATION

AND TRAINING

To ensure that employees and students develop the comprehensive understanding and skills needed to cope with or avoid infection through the necessary risk-reducing behavioural changes, it is essential that the educational institution allocate sufficient time within the work hours and the curriculum to assist employees and students to gain the knowledge and skills needed to prevent HIV, and if infected, to live with HIV in a safe, secure and supportive working and learning environment. The HIV and



AIDS education programme should be sensitive to cultural, developmental and socioeconomic contexts, be gender and age sensitive, and involve people living with HIV and form part of an integrated life skills curriculum where this exists. Furthermore, it should fit within an education sector conceptual framework for dealing with HIV and AIDS.

Employees

All employees will be given the opportunity to participate during working time in a planned HIV and AIDS education programme that addresses their concerns concerning coping strategies with regard to risk, as well as care, treatment and support, and:

- provides factual and current information on HIV transmission and prevention
- Helps employees assess their own risk and understand means of prevention and universal precautions
- provides guidance on behaviour change
- addresses psychosocial issues linked to HIV and AIDS in the workplace
- assists staff to maintain productive, non-discriminatory and stigma-free staff, student, parent and community relations
- informs employees on rights and benefits of care, treatment and support provided in the institution or education service as well as in the local community environment.
- includes means for monitoring, evaluation and annual review sessions
- is an integral part of a coordinated educational institution life skills curriculum where relevant
- is taught by well-prepared instructors, with adequate management support
- is part of required, ongoing professional development at all levels
- is the subject of consultations or negotiation between employers and employees and their representatives, and appropriate government and other stakeholders such as students, in accordance with the social dialogue provisions in section 5 of this Policy

PREVENTION: A SUPPORTIVE, SAFE AND HEALTHYWORK ENVIRONMENT

The environment at the education institution should be safe in order to prevent the transmission of HIV and be supportive to those living with HIV and/or affected by HIV and AIDS. Every education institution should also foster and maintain a social climate wherein health, physical and emotional well-being, non-violence and safety are an important part of everyday work and learning.



1 Non-violence

Employees will make all reasonable attempts to maintain an environment free of violence and intimidation.

2 A Code of conduct

A Code of conduct should be developed for employees, students by means of social dialogue mechanisms, which addresses ethical behaviour at the educational institution, including the unacceptability of violence and other abuse and behaviour that discriminates against students and employees on any basis, including HIV/AIDS.

3 First Aid

Employers should ensure that first aid kits and necessary protective equipment (for example latex and heavy-duty gloves) are available for emergency use and for routine protection against the risk of HIV transmission at the educational institution at all times according to universal precautions.

4 Exposure to blood and body fluids

Administrators, other employees and students will be trained in and will follow universal precautions, as described in order to avoid accidental exposure to blood or body fluids.

5 Management of sharps/sharp instruments

Where sharps or sharp instruments must be used for work or educational purposes, use of these items should be carefully monitored and controlled.

6 Employees with open wounds

Any wound that is bleeding or discharging should be kept covered and universal precautions should be observed.

7. Hygiene

Institutions should promote and implement rigorous procedures relating to hygiene and workplace health in accordance with national or international norms.

8 Practical measures to support risk reduction

In addition to education, information and training on risk reduction in accordance with section 9 of this policy, latex condoms will be available at the educational institutions free or at affordable prices to employees and to secondary and tertiary level students, in accordance with national guidelines.



TESTING, CONFIDENTIALITY AND DISCLOSURE

Testing and medical advice

Institution or service will not engage in the mandatory testing for HIV of employees as a condition for employment, for continued employment, or for purposes of work assignments, benefits activities. Routine fitness testing related to employment activities will not include HIV testing.

Ensuring confidentiality

All health records, notes, and other documents that make reference to an employee or student living with HIV, including those with AIDS, should be kept confidentially a secure place accessible only in accordance with provisions of the International Labour Organization code of practice on the protection of workers' personal data

Disclosure

Although disclosure should always be voluntary, it should be encouraged for purposes of support. If information on the HIV status of an employee or student needs to be communicated by anyone other than the person concerned it should be only on the basis of their written and informed consent.

<p>SPECIFIC OUTCOME 2:</p> <p>Identify behaviors that may create a risk of HIV transmission</p>
<p>Learning Outcomes</p>
<ul style="list-style-type: none"> • An understanding of HIV/AIDS issues affecting employees personally and in the workplace is demonstrated. • Relevant national, industry and company policies and procedures for dealing with HIV/AIDS in the workplace are applied.

An understanding of HIV/AIDS issues affecting employees personally and in the workplace is demonstrated.

Major Behavioral Risks

Research to date has identified the key risk behaviors for HIV transmission to be unprotected anal and vaginal intercourse, having multiple sex partners, and using nonsterile drug injection equipment. Although there are some documented cases of transmission through oral-genital sexual contact, methodological issues make it difficult to precisely determine risk. At the present time, oral-genital sexual contact is considered to be a somewhat less risky behavior for contracting HIV than anal or vaginal intercourse.

Contexts That Influence Risk

Important social and biological contexts and cofactors increase or decrease the likelihood of risk behaviors. A major contextual influence is the prevalence of HIV itself in the local population, which greatly influences the impact of any risk behavior. Other contextual influences include: individual factors such as age and developmental stage, early initiation of sexual behavior, sexual identity, self-esteem, untreated sexually transmitted diseases, use of alcohol, and use of other drugs; interpersonal factors such as sex with a partner of unknown HIV status, partner commitment, and negotiation of safe sex; social norms and values such as cultural and religious beliefs, gender role norms, and social inclusion versus marginalization of gay men, ethnic minorities, people of color, sex workers, women, and drug users; and political, economic, and health policy factors such as laws and regulations, employment opportunities, poverty,



sexism, racism, homophobia, and availability of basic public health tools for protective behavior, such as condoms and sterile injection equipment.

Although many of the behavioral risk factors are quite well known, the contextual risk factors are only beginning to be understood. For example, intervention programs with younger gay men need to address the fact that some of them consider HIV to be a threat mainly to older men. Negotiation about safe sex practices is much more difficult for women in populations where there are cultural barriers to doing so. Programs targeting sex workers have been highly efficacious in other countries, but in this country would encounter cultural and political barriers. The impact of poverty on seeking treatment for sexually transmitted diseases is much greater in countries without access to universal medical care. These contextual factors combine in dynamic ways to increase behavioral risk.

Means of Identifying Behaviors and Contexts

Behavioral risks have been identified by combining data from epidemiological studies and data from studies of homosexual and heterosexual couples with only one HIV-positive partner. Ongoing measurement of biomedical transmission factors will continue to be important as the epidemic changes. Because contextual factors are more numerous and more difficult to measure than biomedical factors, a wide variety of methods have been used to identify and measure them, including qualitative, ethnographic, and observational techniques. This work is multidisciplinary and requires ongoing consultation with local community groups. Contextual information is essential for designing tailored interventions that respond to the needs and preferences of people in particular communities. In addition, if a particular intervention is not effective for some participants, this information could guide development of the next generation of interventions.



Relevant national, industry and company policies and procedures for dealing with HIV/AIDS in the workplace are applied.

Vision Statement

Formal and informal work sites will develop and implement HIV/AIDS workplace policies and programmes to protect workers living with or affected by HIV and AIDS, assist in reducing the spread of HIV and the prevention of HIV/AIDS-related stigma and discrimination.



The foundation of the National Workplace Policy on HIV/AIDS is the ten (10) key principles identified in the International Labour Organization Code of Practice on HIV/AIDS and the World of Work. The Ministry of Labour and Social Security and its stakeholders fully support these ten (10) key principles and urge all workplaces to use them as a basis for developing and implementing HIV/AIDS workplace programmes and policies.



1. HIV/AIDS as a Workplace Issue

South Africa recognizes HIV/AIDS as a workplace issue that impacts on productivity and the country's development and also recognizes that it should be treated like any other serious illness or condition in the workplace. It is also a workplace issue, not only because it affects the workforce but also because the workplace can play a vital role in limiting the spread and effect of the HIV/AIDS epidemic.

2. Non-Discrimination

There should be no discrimination against workers based on real or perceived HIV status. Discrimination and stigma inhibit prevention and support efforts.

3. Gender Equality

The gender dimensions of HIV/AIDS should be recognized. The physical/biological, social, cultural, emotional and economic impacts of HIV/AIDS may differ between men and women and must therefore be addressed from a gender sensitive perspective.

4. Healthy Work Environment

The work environment must be as healthy and as safe as possible for all concerned parties, in order to prevent transmission of HIV, in accordance with the provisions of the Occupational Safety and Health

5. Social Dialogue

The principle of social dialogue, trust and cooperation between employers, workers, their representatives and government should be recognized and sustained to ensure the effective implementation of any HIV/AIDS policy and programme.

6. Non-Screening for purposes of exclusion from employment and work processes

There is no justification for any HIV/AIDS screening for purposes of exclusion from employment or work processes. HIV/AIDS screening must not be required of job applicants or employees. This does not preclude informed consent between an employer and (potential) employee. Each person (employer and employee) should endeavor to know his/her HIV status through voluntary National Workplace Policy on HIV and AIDS counseling and testing (VCT).

Clause 8.1 on Testing from the ILO code of practice on

HIV/AIDS and the world of work state "HIV testing should not be required at the time of recruitment or as a condition of continued employment. Any routine medical testing, such as testing for fitness carried out prior to the commencement of employment or on a regular basis for workers, should not include mandatory HIV testing". According

to Clause 8.2 "(a) HIV testing should not be required as a condition of eligibility



for national insurance schemes, insurance policies, occupational schemes and health insurance. (b) Insurance companies should not require HIV testing before agreeing to provide coverage for a given workplace. They may base their cost and revenue estimates and their actuarial calculations on available epidemiological data for the general population. (c)

Employers should not facilitate any testing for insurance purposes and all information that they already have should remain confidential.

7. Confidentiality

Confidentiality should be maintained. No job applicant or worker should be asked to disclose his or her HIV status or HIV-related information and no co-worker should be asked to reveal such information about fellow workers. Access to personal data relating to a worker's HIV status should be bound by the rules of confidentiality consistent with the ILO Code of Practice on the Protection of Workers' Personal Data, 1997.

8. Continuation of Employment

HIV infection cannot be a cause for termination of employment. HIV/AIDS should be treated like any other medical/health condition – persons who are HIV positive or have HIV related illnesses should be able to work for as long as they are medically fit in available, appropriate work.

9. Prevention

The workplace is an appropriate setting for interventions and strategies related to the prevention of HIV, which are appropriately targeted to local conditions and are culturally sensitive and involve all the social partners.

Changing attitudes and behaviour through education and training is important to promote prevention.

10. Care and Support

The workplace is appropriate to promote care and support for all workers, including those affected or infected by HIV/AIDS, and their entitlement to affordable health care. All workers should have full access to benefits from any relevant social security programmes and occupational schemes.



SPECIFIC OUTCOME 3: Explain the rights and responsibilities of employees in the workplace with regard to HIV/AIDS
Learning Outcomes
<ul style="list-style-type: none"> • An understanding of HIV/AIDS issues affecting employees personally and in the workplace is demonstrated. • Relevant national, industry and company policies and procedures for dealing with HIV/AIDS in the workplace are applied.
SPECIFIC OUTCOME 4: Identify and apply relevant policies and procedures for dealing with HIV/AIDS in the workplace
Learning Outcomes
<ul style="list-style-type: none"> • An understanding of HIV/AIDS issues affecting employees personally and in the workplace is demonstrated. • Relevant national, industry and company policies and procedures for dealing with HIV/AIDS in the workplace are applied

An understanding of HIV/AIDS issues affecting employees personally and in the workplace is demonstrated.

Principles

The Parties recognize that:

1. HIV/AIDS is a global crisis and that South Africa is experiencing a devastating HIV/AIDS pandemic. The parties further acknowledge the seriousness of this pandemic and the significant impact it holds for the employees of the company, members of the Union and their families
2. HIV/AIDS is a workplace issue, and should be treated like any other serious illness/condition in the workplace. This is necessary not only because it affects the



workforce, but also because the workplace, being part of the local community, has a role to play in the wider struggles to limit the spread and effects of the epidemic.

3. The successful implementation of an HIV/AIDS policy and programme requires cooperation and trust between employers, workers and their representatives, with the active involvement of workers infected and affected by HIV/AIDS.
4. This policy is regarded as a living document that will be further enriched as more clarity emerges surrounding the disease, the management of the disease and medical, academic, occupational and employment developments regarding HIV/AIDS. The parties will accordingly monitor developments and adjust or amend this policy as appropriate
5. HIV/AIDS affects the profitability of companies and the efficient functioning of organizations; it is in the interests of employers to reduce its effect on their organizations.

The parties agree that their workplace HIV policy and programme will be based on the following principles:

1. A desire to promote equality and non-discrimination between individuals with HIV infection and those without, and between HIV/AIDS and other comparable health/medical conditions.
2. A desire to create a supportive environment so that HIV infected employees are able to continue working under normal conditions in their current employment for as long as they are medically fit to do so.
3. Recognition that the protection of human rights and dignity of people living with HIV or AIDS is essential to the prevention and control of HIV/AIDS.
4. A recognition that HIV/AIDS impacts disproportionately on women and this should be taken into account in the development of workplace policies and programmes. Women are more likely to become infected and are more often adversely affected by the HIV/AIDS epidemic than men for biological, socio-cultural and economic reasons. The greater the gender discrimination in societies and the lower the position of women, the more negatively they



are affected by HIV. Therefore, more equal gender relations and the empowerment of women are vital to successfully prevent the spread of HIV infection and enable women to cope with HIV/AIDS.

Aims and Objectives

The company's HIV / AIDS policy and programme aim to:

1. Build consensus on how to deal with HIV and AIDS in the workplace
2. Develop strategies to assess and reduce the impact of the epidemic on the workplace.
3. Reduce the number of new infections among employees and their families
4. Strengthen education on and prevention of HIV
5. Support those individuals who are infected or affected by HIV/AIDS so that they may continue to work productively for as long as possible.
6. Build solidarity amongst workers in dealing with HIV, preventing unfair discrimination, and creating a supportive environment
7. Ensure that conditions of employment meet the needs of people with HIV without imposing undue burdens on the workforce
8. Take into account the special needs of women arising out of the HIV/AIDS pandemic
9. Provide guidelines for employers, employees and trade unions on how to manage HIV/AIDS within the workplace.
10. Provide clarity with regard to the extent and source of assistance available to those infected and/or affected by HIV/AIDS.



Application And Scope

1. This policy covers all workers including casuals in the employ of the company.

Education and Training

Reasons for a Programme:

The parties acknowledge that workplace information and education programmes are essential to combat the spread of the epidemic and to foster greater tolerance for workers with HIV/AIDS. Effective education can contribute to the capacity of workers to protect themselves against HIV infection, significantly reduce HIV-related anxiety and stigmatisation, minimise disruption in the workplace, and bring about changes in attitude and behaviour.

Control of the Process:

1. The parties further acknowledge that unilaterally imposed or designed education and training programmes do not achieve their objectives. Therefore all education and training programmes, including the designation of trainers, will be developed and implemented under the joint control of the employer and trade union representatives, and integrated into the Workplace Skills Plan.
2. The parties therefore agree to set up appropriate structures for design and implementation of the workplace HIV/AIDS programme.
3. All HIV/AIDS workplace structures will contain equal representation from management and unions.



Objectives of Education

The parties agree that the objectives of education programmes are to:

1. Create awareness on HIV/AIDS
2. Promote safer sex
3. Strengthen respect for women's rights
4. Promote solidarity with people with HIV and AIDS
5. Encourage people to get tested for HIV and to get counselling
6. Ensure people know about basic options for treatment for HIV and AIDS, including for opportunistic diseases and STDs
7. Promote understanding of workers' rights, including around health care, testing and conditions of employment.
8. Remove the stigma and discrimination by co-workers, unions or employers against those infected.

Peer Educators and People Living with AIDS

1. The parties accept the general consensus amongst HIV/AIDS practitioners that peer educators play a crucial role in any education process, as do people living with HIV or AIDS in any awareness programme.
2. The parties will endeavour to encourage an appropriate number of employees to volunteer as peer educators; it is accepted that the appropriate number is in the region of 1 peer educator to every 50 employees, or less in the case of smaller workplaces.
3. Peer educators will receive appropriate and relevant training as outlined above
4. The parties will encourage people openly living with HIV or AIDS to conduct or participate in education, prevention and awareness programmes



Education and Training Targets

The parties agree that education and training will be provided to:

- Workers
- Shop stewards
- Members of the Health and Safety Committee
- Managers
- Supervisors
- Peer educators

All Management and Employees will receive education and training on:

- Company policy on HIV / AIDS
- The provisions of the employment codes on HIV/AIDS and the rights and duties of persons living with HIV/AIDS.
- Current information regarding HIV/AIDS, including information about transmission, prevention, risk reduction, testing resources, workplace rights and responsibilities, other resources, services and referrals
- How to assess personal risk and formulate behaviour change plans;
- The vulnerability of women to HIV and prevention strategies that can lessen this vulnerability
- The need to support and accommodate people who are HIV-positive and to prevent stigmatization
- The prevention and management of STIs and tuberculosis
- Hygiene and proper nutrition



- Safer sex practices, including instructions on the use of male and female condoms
- The higher risk of infection for women and the rights of women both in the workplace and outside it
- Testing facilities and processes
- The rights of infected and affected employees (including confidentiality);
- The rights of employees to health, safety and compensation in the context of occupational exposure to HIV
- How to treat a co-worker with HIV/AIDS;
- Treatment, care and support for infected employees
- Specific staff benefits and entitlements
- Processes and procedures to be followed in the event of exposure to human blood or body fluids, including:
 - The provision of first aid
 - Universal Precautions to reduce the risk of exposure to human blood and other body fluids
The use of protective equipment
 - Rights to compensation in the event of an occupational incident



In addition, education and training will be targeted at, and adapted to, the different groups being trained as follows:

Managers, Supervisors and Shop Stewards

- Counsel workers to identify and reduce risk factors in their personal lives
- Explain and respond to questions about the HIV/AIDS workplace policy
- Understand and comply with legal requirements (such as those relating to testing and confidentiality)
- Deal with infected and affected employees;
- Identify and manage behaviour, conductor practices that discriminate against infected and affected employees;
- Advise about health services and social benefits;
- Promote the different aspects of the workplace HIV/AIDS programme
- Explain reasonable accommodation options to workers with HIV/AIDS so as to enable them to continue to work as long as possible;
- Ensure that any information that they acquire about workers with HIV/AIDS in the course of performing their functions is kept confidential

Members of the Health and Safety Committee

- assess working conditions for people with HIV and where appropriate, require the use of universal precautions
- be sufficiently knowledgeable about the content and methods of HIV/AIDS prevention so that they can deliver information and education programmes to workers;
- be able to assess the working environment and identify working methods or conditions which could be changed or improved in order to lessen the vulnerability of workers with HIV/AIDS;
- verify whether the employer provides and maintains a healthy and safe working environment and processes for the workers, including safe first-aid procedures;
- ensure that HIV/AIDS-related information, if any, is maintained under conditions of strict confidentiality as with other medical data pertinent to workers
- counsel workers to identify and reduce risk factors in their personal lives;
- refer workers to in-house medical services or those outside the workplace which can effectively respond to their needs.

Peer Educators and People Living with AIDS

1. The parties accept the general consensus amongst HIV/AIDS practitioners that peer educators play a crucial role in any education process, as do people living with HIV or AIDS in any awareness programme.
2. The parties will endeavour to encourage an appropriate number of employees to volunteer as peer educators; it is accepted that the appropriate number is in the region of 1 peer educator to every 50 employees, or less in the case of smaller workplaces.
3. Peer educators will receive appropriate and relevant training as outlined above
4. The parties will encourage people openly living with HIV or AIDS to conduct or participate in education, prevention and awareness programmes

Education and Training Targets

The parties agree that education and training will be provided to:

- Workers
- Shop stewards
- Members of the Health and Safety Committee
- Managers
- Supervisors
- Peer educators



All Management and Employees will receive education and training on:

- Company policy on HIV / AIDS
- The provisions of the employment codes on HIV/AIDS and the rights and duties of persons living with HIV/AIDS.
- Current information regarding HIV/AIDS, including information about transmission, prevention, risk reduction, testing resources, workplace rights and responsibilities, other resources, services and referrals
- How to assess personal risk and formulate behaviour change plans;
- The vulnerability of women to HIV and prevention strategies that can lessen this vulnerability
- The need to support and accommodate people who are HIV-positive and to prevent stigmatization
- The prevention and management of STIs and tuberculosis
- Hygiene and proper nutrition
- Safer sex practices, including instructions on the use of male and female condoms
- The higher risk of infection for women and the rights of women both in the workplace and outside it
- Testing facilities and processes
- The rights of infected and affected employees (including confidentiality);
- The rights of employees to health, safety and compensation in the context of occupational exposure to HIV
- How to treat a co-worker with HIV/AIDS;
- Treatment, care and support for infected employees



- Specific staff benefits and entitlements
- Processes and procedures to be followed in the event of exposure to human blood or body fluids, including:
 1. The provision of first aid
 2. Universal Precautions to reduce the risk of exposure to human blood and other body fluids
 3. The use of protective equipment
 4. Rights to compensation in the event of an occupational incident

In addition, education and training will be targeted at, and adapted to, the different groups being trained as follows:

Managers, Supervisors and Shop Stewards

- Counsel workers to identify and reduce risk factors in their personal lives
- Explain and respond to questions about the HIV/AIDS workplace policy
- Understand and comply with legal requirements (such as those relating to testing and confidentiality)
- Deal with infected and affected employees;
- Identify and manage behaviour, conductor practices that discriminate against infected and affected employees;
- Advise about health services and social benefits;
- Promote the different aspects of the workplace HIV/AIDS programme
- Explain reasonable accommodation options to workers with HIV/AIDS so as to enable them to continue to work as long as possible;
- Ensure that any information that they acquire about workers with HIV/AIDS in the course of performing their functions is kept confidential



Members of the Health and Safety Committee

- assess working conditions for people with HIV and where appropriate, require the use of universal precautions
- be sufficiently knowledgeable about the content and methods of HIV/AIDS prevention so that they can deliver information and education programmes to workers;
- be able to assess the working environment and identify working methods or conditions which could be changed or improved in order to lessen the vulnerability of workers with HIV/AIDS;
- verify whether the employer provides and maintains a healthy and safe working environment and processes for the workers, including safe first-aid procedures;
- ensure that HIV/AIDS-related information, if any, is maintained under conditions of strict confidentiality as with other medical data pertinent to workers
- counsel workers to identify and reduce risk factors in their personal lives;
- Refer workers to in-house medical services or those outside the workplace which can effectively respond to their needs.

Peer Educators

Peer educators should receive specialized training so as to:

- be sufficiently knowledgeable about the content and methods of HIV/AIDS prevention so that they can deliver, in whole or in part, the information and education programme to the workforce;
- be sensitive to race, sexual orientation, gender and culture in developing and delivering their training;
- link into and draw from other existing workplace policies, such as those on sexual harassment or for persons with disabilities in the workplace;



- enable their co-workers to identify factors in their lives that lead to increased risk of infection;
- be able to counsel workers living with HIV/AIDS about coping with their condition and its implications

When / where / who pays - the logistics and resources

1. The employer will fund all education and training on HIV and AIDS outlined in this agreement.
2. Education and training shall take place during working hours, and the employer will provide paid time off, with a minimum allocation as follows:
 - 8 hours a year for every worker
 - 30 hours a year for every shop steward, supervisor, manager and peer educator
1. Attendance at education and training programmes will be compulsory.
2. Management will ensure the availability at all times of accurate and easily understandable educational material on HIV in the workplace for all employees.

Protection against Workplace Accidents

1. The workplace must be equipped to prevent infection in case an accident leads to spills of blood or bodily fluids. (Note: this will differ with different types of workplace).
2. The employer shall ensure that all protective clothing and equipment required by law is present at all times
3. The employer shall ensure that all employees are educated and trained in the use of universal precautions and provided with all necessary resources (see Clause 4) The employer shall ensure that if an employee is exposed to HIV infection in the course of his or her work, the employee will receive immediate counseling, with the option of voluntary anti-retroviral treatment, paid for by the employer, as post-exposure prophylaxis within 72 hours.

4. Emergency care and treatment for medical personnel and people performing First Aid in and after medical HIV exposure will be provided.

Voluntary Counseling and Testing and Confidentiality

1. All Testing and Disclosure must be Voluntary and Confidential
2. No actual or prospective employee may be required to take an HIV test, and no employee may be tested without his or her knowledge and informed consent. There will be nothing in any pre-employment examination that requires an applicant to declare his/her HIV / AIDS status.
3. The employer will not facilitate any testing for insurance purposes
4. No employee will be required to disclose his or her HIV status to their employer or to other employees.
5. Where an employee or prospective employee chooses to voluntarily disclose his or her HIV status to the employer or to other employees, this information may not be disclosed to others without the employee's express written consent.
6. Where an employee volunteers to be tested, the test results will be kept only on medical files and will remain accessible only to medical personnel and fully confidential. Files related to HIV will not be marked or flagged in ways that indicate HIV status. The employer will ensure that health workers performing HIV-associated work on behalf of the company do not communicate an employee's HIV status to anyone without the employee's written permission.
7. Trustees and administrators of retirement, provident and medical scheme funds may not disclose the identity of an employee living with HIV / AIDS to the company or the Union without the member's / employee's written permission.
8. Testing will be Encouraged
9. The parties will encourage all employees to get tested for HIV
10. The employer will pay for counseling and testing for all employees.
11. Ensuring Access to Testing facilities and Opportunities
12. The employer will either provide a voluntary HIV testing and counseling



programme in the workplace or will ensure that employees have access to a community facility by providing:

- Paid time off
- Transport

Where a testing programme is offered in the workplace it will abide by the rules of confidentiality in Clause 6.1

Counseling Provision

- All employees who get tested will receive gender-sensitive counseling by a trained counselor, preferably a shop steward, before and after the test. This counseling will include:
- an understanding of the nature and purpose of the HIV tests the advantages and disadvantages of the tests the effect of the result upon the worker

Counseling will also be provided to all employees following risk of exposure to potentially infected material (human blood, body fluids, tissue) at the workplace as part of the procedure outlined in clause 5.4.

People Living with HIV or AIDS

The HIV/AIDS programme will:

- Encourage workers openly living with HIV or AIDS to conduct and participate in education, prevention and awareness programmes. The employer will allocate paid time off for this activity.
- Promote the development of support groups for workers living with HIV, including by giving space and paid time off for them to meet
- Ensure that workers who are open about their HIV status are not unfairly discriminated against or stigmatized.



Testing for Research

Anonymous, unlinked surveillance or HIV testing in the workplace may occur provided that:

- It is conducted by a reputable research organisation acceptable to both parties
- Where such research is done, the information obtained may not be used to unfairly discriminate against individuals or groups of persons.
- Testing will not be considered anonymous if there is a reasonable possibility that a person's HIV status can be deduced from the results.

Discrimination

The parties will work together to end unfair discrimination and stigmatization against people on the basis of real or perceived HIV status.

The parties will ensure that no employee or employment applicant with HIV experiences unfair discrimination in:

- recruitment procedures, advertising and selection criteria;
- appointments, and the appointment process, including job placement;
- job classification or grading;
- remuneration, employment benefits and terms and conditions of employment;
- accommodation
- employee assistance programmes;
- job assignments;
- training and development;
- performance evaluation systems;
- promotion, transfer and demotion;



- Termination of services.
- 1. A manager, supervisor or other employee who discriminates, harasses or otherwise mistreats an employee with HIV shall face normal disciplinary procedures.
- 2. Co-employees are expected to continue working relationships with employees living with HIV/AIDS. Employees who refuse to work with a fellow employee with HIV/AIDS shall be counseled and provided with adequate access to information on HIV/AIDS transmission. Following such education and counseling, if an employee continues to refuse to work with an HIV/AIDS infected employee, that employee may be subject to disciplinary action.
- 3. The parties will work together to create a supportive environment to ensure that employees with HIV are able to continue working for as long as they are able to do so and to ensure that employees living with HIV / AIDS are protected from victimization and harassment.

Employment Security, Leave and Duty to Accommodate

1. No employee may be dismissed or retrenched because of their HIV status.
2. All employees living with Aids will receive 10 days annual sick leave and six weeks disability leave in addition to their normal entitlement.
3. All employees who must care for a person with HIV shall receive ten days' family leave a year in addition to their normal entitlement.
4. If an employee with HIV cannot perform his or her normal duties because of opportunistic diseases, the employer must attempt to find reasonable alternative accommodation for him or her. Reasonable accommodation may include, but is not limited to:
 - flexible or part-time working schedules
 - leave of absence,
 - work restructuring



- Adapting existing equipment or acquiring new equipment including computer hardware and software;
 - Adapting existing facilities to make them more accessible
 - Re-organizing workstations
 - Re-structuring jobs so that non-essential functions are re-assigned
 - opportunities for additional rest breaks
 - time off for medical appointments
 - Time off for medical appointments
 - flexible sick leave
 - part-time work
 - Reassignment.
1. The employer will explain reasonable accommodation options to workers with HIV/AIDS so as to enable them to continue to work as long as possible
 2. If HIV permanently disables an employee, and all possibilities of reasonable accommodation have been exhausted, the employer shall apply standard company procedures for termination of employment due to disability, without unfair discrimination.

Grievance and Discipline

1. The parties agree to negotiate the integration of the rights of employees with regard to HIV/AIDS, and the remedies available to them in the event of a breach of such rights, into existing grievance and discipline procedures. The parties will publicise the new procedure among all employees.
2. The grievance procedure shall be the same for an employee with HIV as for all other employees, without discrimination
3. The parties agree to assist vulnerable employees, particularly women to use grievance procedures.



4. If an employee's HIV status is at issue in a grievance procedure, the proceedings will be held in private, the parties to the grievance procedure shall not communicate the HIV status to anyone who does not need to know it as part of the grievance procedure.
5. If a party to a grievance procedure communicates an employee's HIV status unnecessarily, she or he shall be subject to disciplinary action.

Wellness Programme

The employer will support adequate healthcare for all employees with HIV and their families, including:

- General assistance to help people with HIV stay healthy, by providing nutritional support and immune boosters
 - Assistance with primary health care and referrals for treatment for opportunistic diseases, including Sexually Transmitted Illnesses (STIs) and TB
 - Access to provision of anti-retroviral treatment for infected employees and their spouses or life partners on an affordable and sustainable basis.
1. The employer will ensure that an employee with HIV is protected from unhealthy working conditions.
 2. The employer will not discriminate against the use of accepted traditional medical practitioners in symptomatic relief.
 3. The employer will make freely available at the workplace both male and female condoms.

Benefits

1. All benefit schemes will be reviewed jointly by the parties to ensure that they:
2. do not discriminate against people living with AIDS
3. make provision for the specific needs of infected people and their families, including:
 - anti-retroviral treatment



- disability and retirement support
 - benefits for widows and orphans
1. are economically viable schemes
 2. The employer will assist any employee who is infected with HIV as a result of an occupational exposure to infected blood or bodily fluids:
 3. to apply for benefits in terms of Section 22(1) of the Compensation for Occupational Injuries and Diseases Act, No. 130 of 1993.
 4. To collect information which will assist with proving that the employee was occupationally exposed to HIV infected blood.

Design and Implementation Process

The parties agree to be guided by the following process in developing and implementing an HIV and AIDS policy and programme:

1. Establish an interim workplace HIV / AIDS structure comprising equal representation from management and workers.
2. Identify and understand the risk posed by HIV/AIDS by conducting an impact assessment of HIV and AIDS on your organisation
3. Establish commitment from management and employee representatives for workplace responses
4. Appoint a company AIDS Champion from amongst senior management.
5. Draft an HIV/AIDS policy
6. Establish an implementation structure that comprises equal representation from management and employees.
7. Ensure good internal and external company communication and create an environment that minimises the fear, stigma and discrimination surrounding HIV/AIDS
8. Ensure compliance with all legal obligations



9. Establish partnerships with NGOs, government and other groups able to assist the workplace programme
10. Establish plan of action, with timetable, lines of responsibility and budget to implement the workplace programme, seeking funds from outside the enterprise if necessary
11. Run awareness and education interventions
12. Encourage and assist behavioural change that will prevent HIV infection
13. Encourage voluntary HIV testing and provide counselling
14. Facilitate access to wellness programmes, HIV/AIDS treatment and care
15. Extend relevant programmes to the families of employees and the community
16. Monitor, evaluate and review the company programme.

Monitoring and evaluation

A baseline prevalence study will be conducted to establish the present impact of HIV in the company as soon as possible, in consultation with the union; periodic risk assessment and Knowledge, Attitudes, Practice/Behavior Studies (KAPB) studies will continue to be conducted on a regular basis:

- to ensure that the objectives and principles in the policy remain relevant to new research and approaches in respect of HIV/AIDS
- to ascertain if the programmes have the desired effects in changing behaviour, attitude and perceptions regarding HIV/AIDS

The parties will evaluate progress in implementing the workplace policy and programme at least every three months.

Definitions

Affected employee

an employee who is affected in any way by HIV/AIDS e.g. if they have a partner or a family member who is HIV positive



AIDS

AIDS is the acronym for 'acquired immune deficiency syndrome'. AIDS is the clinical definition given to the onset of certain life-threatening infections in persons whose immune systems have ceased to function properly as a result of infection with HIV.

Counseling

Counseling is defined as a confidential dialogue between a client and a trained counselor aimed at enabling the client to cope with stress and take personal decisions related to HIV/AIDS. Counseling may be provided by a professional or a lay counselor.

HIV

HIV is the acronym for 'human immuno deficiency virus'. HIV is a virus which attacks and may ultimately destroy the body's natural immune system.

HIV testing

taking a medical test to determine a person's HIV status. This may include written or verbal questions inquiring about previous HIV tests; questions related to the assessment of 'risk behaviour' (for example questions regarding sexual practices, the number of sexual partners or sexual orientation); and any other indirect methods designed to ascertain an employee's or job applicant's HIV status.

HIV positive

Having tested positive for HIV infection

Infected employee

An employee who has tested positive for HIV or who has been diagnosed as having HIV/AIDS.

Informed consent

A process of obtaining consent from a patient which ensures that the person fully understands the nature and implications of the test before giving his or her agreement to it



Occupational Exposure

Exposure to blood or other body fluids, which may be HIV infected, during the course of carrying out working duties

Opportunistic infections

Infections that occur because a person's immune system is so weak that it cannot fight the infections

Peer education

Sharing of information by people of similar backgrounds and experiences (for example, similar ages, occupations or life experiences)

Policy

A document setting out an organization's position on a particular issue

Reasonable Accommodation

Means any modification or adjustment to a job or to the workplace that is reasonably practicable and will enable a person living with HIV or AIDS to have access to or participate or advance in employment.

STDs

acronym for 'sexually transmitted diseases' these are infections passed from one person to another during sexual intercourse, including syphilis, gonorrhoea and HIV.

Surveillance Testing

This is anonymous, unlinked testing which is done in order to determine the incidence and prevalence of disease within a particular community or group to provide information to control prevent and manage the disease.



Relevant national, industry and company policies and procedures for dealing with HIV/AIDS in the workplace are applied.

Business experience demonstrates that employees with HIV disease can continue to be productive, contributing members of the workforce in a supportive workplace. Employee and management HIV training and a sound HIV policy can prevent disrupted productivity and discrimination. Misunderstandings, interruptions in productivity and even lawsuits can result when HIV-infected colleagues are viewed as having only rights and managers as having only responsibilities. Employees and employers have both responsibilities and rights. Based on the laws governing the employment of people with disabilities and the experience of businesses that have managed cases of HIV disease well, these guidelines offer a map for the territory of HIV in the workplace. They describe best practices and sound policy, based on experiences in workplaces of all sizes.

For Employers

Implement reliable HIV/AIDS training. Most Americans have acquired a patchwork of fact, myth and rumor about HIV from years of headlines and sound bites. Just as you would not rely on a similar patchwork of ideas to govern employees' behavior in sexual harassment situations, it would not be in your best interest to allow it to inform their behavior around HIV disease, which is still so widely misunderstood. Your long-term and short-term responsibility to all your employees is to provide education about how HIV is and is not transmitted, even if such training is not required in your industry or area. All decisions about health and safety precautions must reflect a clear, thorough understanding of how HIV is transmitted and prevented. Reliable, effective workplace HIV/AIDS training:

- reviews the medical facts
- explains how HIV affects the immune system
- explains why an HIV-infected person does not present a threat to the health of others
- accurately states the principles of the Americans with Disabilities Act and other nondiscrimination laws
- applies those principles to situations the company is likely to face
- includes training in universal precautions to prevent exposure to bloodborne pathogens



Employers' Frequently-Asked Questions

"I understand that medical information is confidential, but don't I have a duty to warn employees and customers?"

Be very cautious before concluding that you must violate an employee's medical privacy. No, there is no duty to warn others. Co-workers and customers have no right to know an employee's status in the normal course of business because normal business relations do not transmit HIV. **Remember, HIV is blood borne, not airborne.** Your responsibility to other employees is to provide reliable HIV education so that they understand how HIV is and is not transmitted, and how to use universal precautions. Only having unprotected sex at work or sharing needles at work could put co-workers at risk -- and these behaviors already are prohibited at work.

"One of my employees who has disclosed HIV infection to me is dating someone who works here. Don't I have a duty to warn the other person?"

Partner notification is not the employer's right or responsibility. States vary in their partner notification practices. In general, partner notification -- advising any sexual partner or needle-sharing partner of an individual's HIV status -- is the responsibility of the HIV-infected individual. If you believe that employees are having sex or sharing needles with each other, consult with your local health department, and do not disclose the names to the health department until they advise you to do so. **Do not** warn any other party yourself. Even if you believe that another of your employees is engaging in one or both of these activities with the employee known or believed to have HIV infection, you should not disclose the employee's medical information yourself. You can provide company-wide HIV prevention education and stress the importance of HIV testing.

"Someone here with HIV disease is going to bankrupt my medical plan. Can I alter my benefit plan to limit coverage for HIV disease?"

Do not discriminate in benefit plans for employees. There is no reason to make sudden changes in your insurance coverage to protect the company's assets. A well-managed case of HIV disease is no more costly than most forms of cancer and much less costly than premature birth or paraplegia resulting from an accident. If the employee has a pre-existing condition excluded under your health insurance contract, you may deny coverage for that condition for the period of the exclusion. That period should be consistent for all pre-existing conditions, so the exclusion period for HIV infection cannot be longer than, for example, the exclusion period for cancer. You invite a lawsuit if you make a disability-based distinction that excludes or substantially reduces all coverage for HIV disease.



For Employees Who Live With HIV

Inform the employer that you have a disabling condition if you require reasonable accommodation. Your employer needs to know that you are disabled if you are requesting reasonable accommodation from your employer. However, your employer does *not* necessarily need to know the nature of your disability. You can begin the process by saying simply, "I have a disability and it's causing me problems doing my job," or perhaps by providing a note from the treating health care provider. If you need a reasonable accommodation, ask your health care provider to give your employer a written description of your *functional limitations*. *The note must specify that the limitations are the result of a physical impairment.* The letter need not state your diagnosis. This may be sufficient for your employer. If it is not, the employer has a right to demand the diagnosis, but then incurs a legal obligation to keep your diagnosis confidential.

For Co-Workers

Treat all human blood as if it is infectious. You are responsible for protecting yourself from exposure to bloodborne pathogens in handling blood spills or workplace accidents. Your employer is under no obligation to inform you when one of your co-workers has HIV disease. Your employer *is* obligated to maintain confidentiality of every employee's medical information. Your protection from exposure is your own behavior, including using universal precautions in first aid. Universal precautions in first aid include always using a barrier between yourself and human blood, and treating *all* blood as if it is infectious.

Tips for Managing the HIV-Positive Employee

Whatever your personal feelings about HIV disease or people who live with HIV disease, focus on your responsibility to prevent both overt and covert discrimination. These are some possible problem areas to be aware of:

- refusal to use the same lunch room, drinking fountain, bathroom, equipment, tools or transportation as someone known or believed to have HIV disease
- request for a transfer to another department when an employee discloses HIV disease
- "shunning" or other isolating behavior
- Treat any incident of discrimination as a disciplinary issue: counsel the employee,



reinforce accurate HIV disease information, set goals for behavior change, document the incident and follow up to make certain the goals are met.

- Refuse to tolerate "AIDS jokes" just as you would refuse to tolerate racial, gender-based or ethnic jokes.
- Model in your own behavior the kind of response you want your employees to have toward someone with HIV disease.

