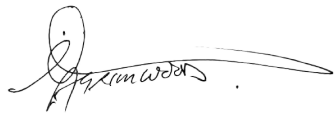




# HIV/AIDS IN THE WORKPLACE POLICY

EXCO REVIEW	
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## HIV/AIDS IN THE WORKPLACE POLICY

### INTRODUCTION

Kheth'Impilo acknowledges the seriousness of the HIV/AIDS epidemic and seeks to minimize the social, economic and developmental consequences to the organisation and its employees through comprehensive, proactive HIV/AIDS workplace programs, therefore committing itself to providing leadership in implementing such programs. KI is fully committed to protect its employees, create awareness, encourage behaviour changes where necessary as well as ensure that all employees are treated with the necessary dignity, fairness and equality.

### PURPOSE

The purpose of this policy is to provide clarity on KI's position and commitments with regard to HIV/AIDS and the comprehensive management of HIV positive employees. The Policy is also aimed at focusing on aspects of HIV/AIDS which, if not carefully addressed may impact negatively on KI's programmes and/or the well being of its employees. KI recognizes the seriousness and implications of HIV/AIDS for the individual employee, as well as co-workers of affected individuals.

**Scope:** The scope of this policy applies to all staff.

**Responsible persons:** Exco, all levels of Management, all employees

### IMPLEMENTATION

- KI commits itself to the following in as far as HIV and AIDS are concerned;
- HIV positive employees will be governed by the same contractual obligations as all other employees.
- HIV/AIDS education and awareness training is available to all employees.
- Pre and post-test counselling services will be provided for employees wishing to be tested or for those who are infected with the virus.
- KI will ensure that where necessary/appropriate, affected employees and their colleagues and or line managers receive appropriate advice and guidance should such a colleague wish to disclose their status.
- The organisation will also ensure that affected employees are referred to appropriate professionals for e.g. medical and or counselling services.
- Consultation with affected employees in managing their illness will also be ensured.

#### a) Confidentiality

- Persons with HIV or AIDS have the legal right to confidentiality and privacy concerning their health and HIV status. Under no circumstances will employees be obliged to disclose their HIV status.
- Where an employee chooses to voluntarily disclose his / her HIV status to the employer, this information may not be disclosed to any other party without the employee's expressed consent.
- All medical information regarding employees with HIV/AIDS will be kept strictly confidential, except where required by law to be disclosed to specified people or/ with the consent of the employee.
- Should any person within KI disclose such confidential medical information, without legal authority or relevant consent from the employee, appropriate disciplinary action will be instituted.

#### b) Testing

No KI staff member shall be required to undergo HIV testing, unless undertaken with the informed and explicit consent of the employee, and with the objective being to assist the employee in obtaining the appropriate support and care (Counselling). HIV testing will not form part of the recruitment and selection process.

#### c) Non-discrimination

HIV/AIDS is a disease that shows no racial, gender or class boundaries. KI believes that a person with HIV or AIDS must be treated on a similar basis to any other employee suffering from a life threatening disease. As such, employees who are HIV positive or those with AIDS will not be subjected to any form of victimisation or discrimination.

KI is committed to fair, sound and non-discriminatory employment practices. Employees who develop, choose to disclose, or are diagnosed as HIV/AIDS positive will not be prejudiced, victimised or discriminated against on account of their medical condition or status. The presence of HIV/AIDS does

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not justify termination of employment, demotion, or discrimination in employment. The compulsory conditions of service, including pension, group insurance, stated benefits, sick leave, training and development would continue, as amended from time to time. Employees living with HIV/AIDS, have the same rights and obligations as all staff.

### **d) Present Employees**

KI acknowledges that employees with HIV/AIDS as well as other life threatening diseases may sometimes need continued therapeutic assistance in order to continue performing their duties. KI commits itself to assisting employees wherever possible and necessary. Thus employees who are aware that they have a life threatening disease are encouraged to inform the organisation (through the organisation's structures.) as soon as possible to enable the organisation to assist. This information will be treated with the highest level of confidentiality. No employee will be victimised or discriminated against. All situation(s) will be handled in accordance to the organisation's Health & Safety Policy

### **e) Employees Identified as HIV positive**

It is not possible for colleagues of an HIV positive employee to become infected through normal contact in the workplace. Educational programmes in the workplace informing employees of the facts of AIDS should encourage the appropriate attitudes in this regard. Unless the HIV positive employee is acting in an inappropriate manner, it is not acceptable for colleagues to refuse to work or travel with that person.

Should an employee, after reassurance and with all appropriate safety and health precautions being taken and supplied by the organisation, remain unwilling to work with the HIV positive employee and this refusal affects productivity, he/she will be warned that his/her reaction is unreasonable, medically unjustified and that disciplinary action may be taken against him/her.

Any colleague of an HIV positive employee who embarks on any form of discrimination towards that particular employee may be subjected to the organisation's disciplinary procedure

### **f) Employees at risk**

Certain employees, such as Clinicians, Pharmacists/Assistance, Patient Advocates, Social workers and safety reps may be at a minimal risk of contracting a life threatening disease such as HIV/AIDS. However, this risk can be avoided by taking precautions or following infection control procedures. KI will ensure that correct equipment is provided where necessary.

There are no grounds for health care workers to refuse to treat an HIV positive employee and such refusal may lead to disciplinary action.

### **g) Definitions / Explanations**

Acquired Immune Deficiency Syndrome (AIDS) is a condition that follows an infection with HIV. which causes a breakdown of the body's natural defense mechanisms leaving the carrier increasingly vulnerable to opportunistic infections and malignant tumours. It is caused by our body being unable to fight infections. At present, there is neither vaccination nor cure for AIDS. HIV is transmitted mostly in four ways:

- Through unprotected sexual intercourse;
- From an infected mother to child during pregnancy, birth, or breast-feeding;
- Through contaminated (infected) blood products; and
- Through sharing contaminated instruments such as sex toys or needles/ injections.

Not all individuals who become infected with the HIV virus will develop AIDS, and some may experience no symptoms at all although they have the potential to infect others. HIV can live in our bodies without obvious effect. Most people with HIV feel healthy and are capable of living productive, healthy lives for many years. HIV does not usually cause immediate incapacity in a person.

### **h) Rights and Responsibilities**

This policy is in compliance with existing South African laws regarding HIV/AIDS\*, as well as with the Southern African Development Community (SADC) Code on HIV/AIDS and Employment\*.

- Constitution of the Republic of South Africa act No. 108 of 1996;
- Employment Equity Act, 55 of 1998
- Occupational Health and Safety Act, 85 of 1993;

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- Basic Conditions of Employment Act, 75 of 1997
- Labour Relation Act No.66 of 1995 arbitrary dismissal, ability to work of HIV+ staff
- The Commission for Employment Equity Code of Good Practice on key aspects of HIV/AIDS and Employment, 2000 adopted in 1997 by the SADC Council.

### i) Management of HIV/AIDS in the Workplace

Kheth'Impilo is committed to managing HIV/AIDS in the workplace to achieve the following:

- Reduction in the incidence of HIV infection within the workplace;
- Minimizing the psychosocial impact of HIV/AIDS at all levels of employment;
- Ensure non-discrimination of people living with HIV/AIDS within the workplace (Section 6 (1) of the Employment Equity Act);
- Ensure the efficient and effective utilization of the organization's resources in delivery of HIV/AIDS services;
- Providing resources and leadership within the organization to implement this policy;

Kheth'Impilo commits itself to providing a supportive work environment to all employees living with HIV/AIDS. The principle of non-discrimination is central to the organisation's response to, and management of, HIV/AIDS in the workplace. All persons with HIV/AIDS have the legal right to privacy and an employee is therefore not legally required to disclose his/her HIV status to the organisation or any other employee of the organisation.

Kheth'Impilo encourages and supports employees to know their HIV/AIDS status by seeking voluntary testing for HIV. Those employees who choose to disclose their HIV status to HR will be provided with supportive care in line with the Kheth'Impilo clinical care programme.

#### i. Needle-stick injury protocol

##### **Post-exposure management of an employee should include Immediate wound management:**

- Treat all types of exposures as though they were equally serious and manage them in the same way.
- Clean the exposed area immediately
- Puncture wounds and skin sites should be washed with soap and large volumes of water;
- Mucosal exposures involving the mouth and nose should be flushed vigorously with water; and
- Eyes should be irrigated with clean water or eye irrigates.
- Immediately inform the medical person in charge and HR:

##### **HR must record the incident;**

- The person in charge will institute management procedures and write up a detailed record of the incident;
- Medical person in charge must urgently arrange to take blood from the source patient and injured employee to test for HIV, HBV, HCV and syphilis;

##### **Exposure report:**

- All occupational exposures must be correctly reported to the clinic manager, district and/ or provincial manager and Head of Health Services and diligently documented.
- A confidential medical report must be completed and all employers must follow the correct requirements.
- Exposure to all body fluids and tissues, regardless of HIV risk, should be reported and evaluated to assess the risk of transmission and to determine the need for post-exposure prophylaxis (PEP).

##### **The exposed employee should provide accurate information about:**

- the date and time of exposure;
- the type of exposure experienced (puncture, laceration, mucous membrane splash etc);
- the mechanism of exposure and details of the procedure being performed (i.e. where, how, type of device);
- the source of exposure (i.e. material, patient history, stage of disease); the type and amount of body fluid to which the worker was exposed (i.e. blood, bloody saliva, other body fluids); and
- whether gloves, eye protection and masks were used at the time of exposure.

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### ii. Counselling and education

This is a critical component of the management of the occupational exposure event. Sustaining a needle-stick injury may cause considerable psychological distress, and every effort will be made to attend to the employee as quickly as possible and to provide appropriate follow-up and counselling.

Employees occupationally exposed to HIV should be counselled and tested for HIV antibodies as soon as possible after the exposure. The need for counselling should not be underestimated, and one is likely to encounter fear, anger, sadness, depression, anxiety and denial. The exposed person must be fully informed about the side effect and toxic profiles of the prescribed drugs as well as about the early and subtle signs of potential acute seroconversion. Advice regarding prevention of secondary transmission must be highlighted and the individual given the choice to consider 6 months usages of condoms.

### iii. Explanation of monitoring and safe sex procedures.

#### Counselling should include:

- The possibility of HIV seroconversion
- Information and advice on PEP,
- an explanation of monitoring,
- Partner notification
- The behavioural changes that will have to be made to prevent possible transmission of HIV to others.

#### HIV-exposed employees should, until otherwise advised:

- Practice sexual abstinence or use condoms;
- Avoid pregnancy;
- If breast feeding, to cease breastfeeding; and
- Refrain from donating blood, plasma, organs, tissues or semen

### iv. Risk Assessment

**A blood sample from both the exposed employee and source patient should be taken. A decision on whether to initiate PEP should be made guided by the following principles:**

- PEP is recommended only if the employee has been exposed to blood or other HIV-containing body fluids through percutaneous injury, or exposure to broken skin and mucous membranes.
- If the employee is HIV+, no prophylactic medication for HIV is required however a CD4 test should be requested for the employee.
- If the source patient is HIV-positive and the staff member is negative, it is highly recommended that prophylactic medication be taken.
- If the source patient's HIV status is unknown and the staff member is negative, it is recommended that prophylactic medication be taken.
- If the source patient is HIV negative, no prophylaxis is required although the injured party may request and be entitled to prophylaxis.

### v. Treatment

#### Recommended Prophylaxis:

- The PEP medication will be commenced as soon as possible after the exposure, ideally within one to two hours up to a maximum of 72 hours.
- PEP regimen will be provided as per the recommended provincial guidelines.
- A drug history should be taken from every source patient, as the prophylactic regimen may need to be modified if the patient has ever/is receiving ART
- PEP will be administered for four weeks.

**Monitoring and Follow-Ups will be done according to standard PEP protocols. Drug toxicity should be monitored at baseline and again two weeks after the commencement of treatment.**

#### Baseline screening should include:

- Haemoglobin
- Creatinine
- ALT
- If toxicity is noted, modification of the regimen should be considered after expert consultation.
- HIV antibody testing should be done at 6 weeks, 12 weeks and 6 months.

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### **vi. Conclusion**

The risk of occupation exposure to blood borne viruses remains a reality and precautionary measures need to be in place at the workplace.

Notwithstanding the availability of prophylaxis, a sound health and safety programme must be in place reviewing and emphasizing precautionary and preventative measures. This safety programme needs to consider continuous education and safety awareness programmes, the environment and work discipline of all employees.