

**National  
HIV/AIDS  
Workplace Policy**

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## ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti retro viral
CARICOM	Caribbean Community
CAREC	Caribbean Epidemiology Center
CMH	Commission on Macroeconomics and Health
EU	European Union
GNIC	Guyana National Industrial Company, Inc.
GNSC	Guyana National Shipping Corporation
GUM	Genito-Urinary Medicine Clinic
GuySuCo	Guyana Sugar Corporation
GWJ	Guyana Water Inc.
HIV	Human Immunodeficiency Virus
IEC	Information, Education, and Communication
ICRW	International Center for Research on Women
ILO	International Labor Organization
M&CC	Mayor & City Council
MOLHSSS	Ministry of Labor, Human Services, and Social Security
NAC	National AIDS Committee
NAPS	National AIDS Program Secretariat
NBTS	National Blood Transfusion Service
NLID	National Laboratory for Infectious Disease
OSH	Occupational Safety and Health
PAHO	Pan American Health Organization
PANCAP	Pan American Caribbean Partnership
PLWHA	Persons Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
SPSS	Statistical Package for the Social Sciences
STI	Sexually Transmitted Infection
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
VCT	Voluntary Counseling and Testing.
WHO	World Health Organization

## **Definitions**

### ***Anti-Retroviral:***

Are drugs used to inhibit the multiplication of retroviruses such as HIV.

### ***Decent Work:***

An ILO concept covering the minimum desired content of jobs and occupation, which includes respect for fundamental principles and rights at work and international labour standards, employment and income opportunities for workers, social protection and social security, social dialogue and tripartism at work.

### ***Legal Age:***

The age at which an individual is considered an adult and legally responsible for his/her own decisions in accordance with the Laws of Guyana.

### ***Peer Educator or Counselor:***

A trained employee who develops or implements a developmental counseling programme to meet the social, psychosocial and educational or training needs of employees in relation to HIV and AIDS.

### ***Physician:***

A medical doctor licensed, by the competent authority in accordance with Guyana's Laws and Regulations.

### ***Post-Exposure Prophylaxis (PEP):***

Measures to be instituted after possible accidental exposure to HIV infections.

### ***Sex and Gender:***

There are both biological and social differences between males and females. The term 'sex' refers to the biologically determined differences, while the term 'gender' refers to differences in social roles and relations between males and females. Gender roles are learned through socialisation and are affected by age, class, race, ethnicity and religion, and by geographical, economic and political environment.

### ***Sharps:***

Objects such as needles or other instruments used in health care that are able to penetrate the skin and potentially cause infection.

### ***HIV***

HIV is the abbreviation for Human ImmunoDeficiency Virus. This virus attacks the immune system and slowly weakens a person's ability to fight off other diseases, by attaching itself to and destroying important cells that control and support the human immune system. It is the virus that causes AIDS.

AIDS is the abbreviation for Acquired Immune Deficiency Syndrome. It is a term used to describe a set of opportunistic infections and cancers, which would not otherwise be life-threatening, if HIV had not destroyed the body's immune system.

The average period of infection with HIV and developing AIDS is seven (7) to nine (9) years in the absence of treatment. However, there are antiretroviral drug combinations which, when properly used, have been significantly prolonging the life of persons with HIV and AIDS.

***Affected persons:***

Affected persons are people whose lives are changed in any way by HIV and AIDS due to the broader impact of the epidemic. These groups of affected persons include but are not exclusive to persons who are infected by HIV for example, family, friends, and the wider community. (ILO Code of Practice)

***Sexually Transmitted Infections (STI's):***

Sexually transmitted infections are infections, which include, among others, syphilis, chancroid, chlamydia and gonorrhoea, also includes conditions commonly known as sexually transmitted diseases (STDs). (ILO Code of Practice)

***Opportunistic infections.(O.I):***

OIs are illnesses caused by various organisms, some of which do not cause disease in persons with healthy immune systems. Persons living with advanced HIV infection may suffer opportunistic infections of the lung, brain, eyes and other organs. Opportunistic illnesses common in persons diagnosed with AIDS include pneumocystis, carinii, pneumonia, cryptosporidiosis, histoplasmosis, other parasitic, viral and fungal infections and some types of cancers. (ILO Code of Practice)

***Reasonable accommodation:***

This refers to any modification or adjustment to a job or to the workplace that is reasonably practicable and will enable a person with HIV/AIDS to have access to or participate or advance in employment. Reasonable accommodation may include, but not limited to, flexible schedules, job sharing, leave of absence, transfers, and working from home.

***Discrimination***

In the context of an organisation, acts of discrimination include screening people for HIV infection as a pre-requisite to employment, asking job applicants or workers to disclose HIV-related personal information, disclosing privileged, confidential information about a person's HIV or AIDS status, or refusal to establish reasonable accommodation for employees with HIV or AIDS. Discrimination can also be defined as the negative practices that stem from stigma.

***Stigma:***

"Stigma" is defined as the social process that marginalises and labels those who are different, including their loved ones and/or associates. It can take the form of blame, rejection, exclusion, repulsion, ostracism and degradation.

In organizations, employees may suffer from health related (including HIV or AIDS related) stigma from their coworkers and managers and this can have a negative impact

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on national efforts to combat HIV and AIDS by forcing those infected or affected to go underground.

### ***Screening:***

Measures, whether direct (HIV) testing or indirect (assessment of risk taking behaviours), or asking questions about tests already taken or about medication.

### ***Universal blood and body-fluid precautions:***

Universal blood and body-fluid precautions (known as “Universal Precautions” or “Standard Precautions”) were originally devised by the United States Centers for Disease Control and Prevention (CDC) in 1985, largely due to the HIV/AIDS epidemic and an urgent need for new strategies to protect hospital personnel from blood-borne infections. The new approach placed emphasis for the first time on applying blood and body-fluid precautions universally to all persons regardless of their presumed infectious status.

Universal Precautions are standards of infection control practices to be used in the care of all patients, at all times, to minimize the risk of blood-borne pathogens. Universal Precautions include:

- Careful handling and disposal of sharps (needles or other sharp objects);
- Hand-washing before and after a procedure;
- Use of protective barriers – such as gloves, gowns, masks, lotions and antiseptic washes, to avoid direct contact with blood and other body fluids;
- Safe disposal of waste contaminated with body fluids and blood;
- Proper disinfection and sterilization of instruments and other contaminated equipment; and
- proper handling of soiled linen.

## **NATIONAL TRIPARTITE HIV/AIDS WORKPLACE POLICY**

### **PREAMBLE**

This national workplace policy on HIV/AIDS is to be adopted, as the minimum standards that must be implemented, by all employers, trade unions and employee representatives and government,. The policy concerns prevention measures for occupational safety and health, protection and support for employees already living with and affected by HIV/AIDS, and use of the workplace as a forum to disseminate information and awareness on HIV/AIDS.

### **1. Objectives**

. The objectives of this policy are:

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- i. To protect PLWHA from discrimination and unfair judgment at their workplace.
- ii. To manage and prevent HIV and AIDS in the world of work.
- iii. To promote information, education, communication, and general awareness on HIV and AIDS.
- iv. To ensure universal infection control procedures.
- v. To detail employer/employee responsibilities.
- vi. To promote cooperation among Government, employers, trade unions, and workers.
- vii. To ensure compliance with statutory and constitutional provisions.

### 2. Scope

- 2.1 Employers, trade unions and government shall use this Policy as the basis for their workplace policies on HIV/AIDS
- 2.2. This Policy shall not carry any legal obligation beyond those encapsulated in the Statutes, Constitutional provisions and common law.
- 2.3. Non-compliance with this Policy shall not make any employer liable barring violations of other laws, but the Policy may be used as evidence of good practice and available information.
- 2.4. The Policy shall be interpreted in association with other stipulations and best practices produced by the MOLHSSS and other National Authorities.

### 3. Legal Framework

This Policy shall be read in tandem with the following Statutes and Constitutional provisions enacted to prevent discrimination and stigmatization of actual and perceived PLWHA. These Provisions include, but are not limited to:

- (i) **Article 22** Constitution of Guyana - Every citizen has the right to work.
- (ii) **Article 24 Constitution of Guyana** - Every citizen has a right to free medical attention, including old age and disability assistance.
- (iii) **Prevention of Discrimination Act 1997**. This law prohibits discrimination.
- (iv) **Article 149 Constitution of Guyana with Amendments Inserted 2002**. This Article prohibits discrimination on the ground of 'disability'; 'disability' in modern human rights law is interpreted as inclusive of HIV and AIDS. HIV is categorized as a 'disability', inasmuch as other diseases are so classified.
- (v) **Occupational Health and Safety Act 1997**.  
This law mandates the provision of suitable materials, and protective devices and clothing; provision of information, instruction, supervision, and training of workers to protect their safety and health.

- (vi) **Termination of Employment and Severance Pay Act 1997** This law determines how an employee's services may be terminated. It prohibits termination on the grounds of ill health.
- (vii) **National Insurance and Social Security Act** – this law provides for a mandatory insurance scheme established for employed persons aged between 16 and 60; PLWHA if incapacitated, while a contributor, can receive benefits from this insurance scheme.
- (viii) **Public Health Ordinance (1934)** – was enacted to **provide for the reporting of infectious diseases.**

#### 4. Policy Principles

##### 1. ILO

Parties adopting this policy also agree that actions to reduce the impact of HIV/AIDS in the workplace would also be guided by the ten key principles of the ILO Code of Practice on HIV/AIDS in the World of Work which are:

(i) Recognition of HIV/AIDS as a work place issue – 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 workplace, but also because the workplace, being part of the local community, has a role to play in the wider struggle to limit the spread and effects of the epidemic.

(ii) Non-discrimination – In the spirit of decent work and respect for human rights and dignity of persons infected or affected by HIV/AIDS, there should be no discrimination against workers on the basis of real or perceived HIV status. Discrimination and stigmatization of people living with HIV/AIDS inhibits efforts aimed at promoting HIV/AIDS prevention.

(iii) Gender equality – The gender dimensions of HIV/AIDS should be recognized. Women are more likely to become infected and are more often adversely affected by the HIV/AIDS epidemic than men due to 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.

(iv) Healthy work environment – The work environment should be healthy and safe, so far as is practicable, for all concerned parties, in order to prevent transmission of HIV, in accordance with the provisions of the Occupational Safety and Health Convention, 1981 (No. 155)

(v) Social dialogue – The successful implementation of an HIV/AIDS policy and programme requires cooperation and trust between employers, workers and their representatives and government, where appropriate, with the active involvement of workers infected and affected by HIV/AIDS.



(vi) Screening for purposes of exclusion from employment or work process – HIV/AIDS screening should not be required of job applications or persons in employment.

(vii) Confidentiality – There is no justification for asking job applicants or workers to disclose HIV-related personal information. Nor should co-workers be obliged to reveal such personal 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's code of practice on the protection of workers personal data, 1997.

(viii) Continuation of employment relationship – HIV infection must not be a cause for termination of employment. As with many other conditions, persons with HIV-related illnesses should be able to work for as long as medically fit, in available, appropriate work.

(ix) Prevention – HIV infection is preventable. Prevention of all means of transmission can be achieved through a variety of strategies which are appropriately targeted to national conditions and which are culturally sensitive. Prevention can be furthered through changes in behaviour, knowledge, treatment and the creation of a non-discriminatory environment.

The social partners are in a unique position to promote prevention efforts particularly in relation to changing attitudes and behaviours through the provision of information and education, and in addressing socio-economic factors.

(x) Care and support – Solidarity, care and support should guide the response to HIV/AIDS in the world of work. All workers, including workers with HIV, are entitled to affordable health services. There should be no discrimination against them and their dependents in access to and receipt of benefits from statutory social security programmes and occupational schemes.

**2 National AIDS Policy (1998/2006)** – enables people to have Voluntary Counseling and Testing for HIV and AIDS, and provides rejection of isolation and detention treatment, and universal access to treatment.

## **5. Employers responsibilities**

### ***5.1. Prevention Education***

5.1.1. Employers in consultation with the relevant national agencies, employees and union representatives, shall provide updated preventive information, education, training, and general awareness programmes to all age groups within their employment units on how HIV is transmitted and prevented

5.1.2. Employers are required to understand the social and psychological concerns related to HIV and AIDS.

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5.1.3. Employers shall ensure that prevention information and education are constantly updated.

5.1.4. Employers are encouraged to invest in community programs to further worker family education.

### ***5.2. Non-discrimination and absence of stigma at the workplace:***

5.2.1. Employers shall not discriminate against workers with actual or perceived HIV/AIDS status, on matters **relating** to service, appointment, transfer, promotion, training, and termination of employment contract or any other employment decision.

5.2.2. Employers shall not require workers or potential workers to either have an antibody test, diagnostic or any other test related to HIV/AIDS, or to disclose the results of any such test already taken (to the employer or anyone else), as a condition of employment.

5.2.3. Employers shall continue to employ PLWHA as long as they are medically fit for such employment.

5.2.4. Employers shall treat HIV and AIDS in the same way as other illnesses with regard to their workers' policies and benefits, inclusive of health and life insurance, disability benefits, leave of absence and termination of contract on medical grounds.

5.2.5. HIV-infected workers shall have time-entitlement to access treatment and other services.

5.2.6. Employers shall not discriminate or segregate an employee based on real or perceived HIV status..

5.2.7 Employers shall ensure that workers comply with the enterprise HIV and AIDS policy.

5.2.8 Employers shall establish procedures and disciplinary measures to address HIV and AIDS related complaints, which persons discriminated against may use in addition to the legal system.

5.2.9 Employers are encouraged to make reasonable work accommodation for PLWHA

### **5.3. Healthy work environment.**

5.3.1. Employers shall provide and sustain, as far as is reasonably practical, a safe workplace free from health risks to employees, in order to prevent the transmission of HIV.

5.3.2. Employers shall comply with the Occupational Safety and Health Act and other legal provisions in the interest of protecting employees, particularly in industries and sectors, for example first aid and health care workers, exposed to blood and other bodily fluids.

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5.3.3 Employers shall adopt the Ministry of Health National Policy on HIV/AIDS guidelines for:

- (i) Protection of health personnel and care-givers who care and attend individuals who may be infected or are infected with HIV
- (iii) Precautions to be taken by personnel, who handle blood, bodily fluids, sharps, Syringes, instruments, clothing, linen and other such materials.
- (iv) Precautions to be taken to prevent HIV transmission in medical Centres, care facilities, laboratories and other such institutions.
- (v) Precautions to be taken by personnel who handle corpses.
- (vi) Personnel who do laboratory testing for HIV.
- (vii) The sterilization and disposal of syringes, needles, lancets, other skin piercing instruments as well as surgical and dental equipment.
- (viii) Management of HIV-infected and HIV-exposed adults and children. Counselling (pre- and post-test).
- (ix) Condom storage and quality control.
- (x) Prevention of Mother-to-Child Transmission (PMTCT) of HIV.
- (xi) ARV treatment for adults and children (to be in conformity with WHO guidelines)
- (xii) Post-exposure prophylaxis (PEP) for occupational exposure in a healthcare setting and sexual assaults.

Employers must also comply with these guidelines and provide training for employees to ensure that they also comply.

5.3.4 Employers must ensure that.

i. Health care workers take precautions to protect themselves and patients from transmission of the HIV. These precautions must include satisfactory hand washing, proper handling of specimens, the use of appropriate protective apparel and the proper disposal of needles and other sharp instruments.

ii. Health care workers who have exudative lesions or weeping dermatitis refrain from all direct patient care and from handling patient care equipment and devices used in performing invasive procedures until the condition resolves.

iii Health care workers whose duties entail a high risk of injury take the necessary precautions in protecting themselves and their patients from any transfer of blood

and bodily fluids. While they are encouraged to determine their HIV status, they shall not be subjected to mandatory testing.

iv. Staff involved in accidental exposure to blood or bodily fluids from any patient or client must immediately complete an accident form and inform the relevant authorities within the institution and the Ministry of Health. Referring to the Georgetown Public Hospital Corporation (GPHC) *Policy on Management of Exposure to Blood and Bodily Fluids by the Health Care Worker* (issued in 2003), post-exposure prophylaxis must be started within two (2) hours of the injury. In addition, the health care worker must be followed up for at least six months, and referral to the GUM clinic for follow-up management. Care is mandatory. Also according to the GPHC policy, post-exposure management should be provided to any staff exposed to infection, including repeat tests, advice to abstain from sexual intercourse or to use condoms for six months, and a copy of the Reporting Form to be sent to the GUM clinic.

v. Health care workers/providers do not refuse to attend to a person with HIV/AIDS.

vi. Health care workers with HIV do not perform procedures in which they may be injured and inadvertently infect another person.

5.3.5. This policy also shall address the following:

(i) The establishment of workplace prevention measures for those engaged in high-risk activities, as part of their work, such as health care workers, and where a possible transmission risk exists. Such preventive measures are to take the form of universal infection control precautions, to prevent discriminatory practices, and shall be guided by norms and standards issued by the relevant national agencies.

(ii) The provision of education and training on universal infection control procedures and measures to recognize, address, and reduce HIV transmission risk at the workplace.

(iii) As a universal infection control measure, the provision to employees of protective equipment.

#### ***5.4. HIV Voluntary Confidential Counselling Testing and Informed Consent***

5.4.1. Voluntary testing with appropriate pre and post-test counselling and informed consent can only be administered by qualified and trained healthcare providers in compliance with statutes and national policies..

5.4.2. Informed consent means that the individual receives information, understands that information, and on the basis of this understanding, has agreed to take the HIV test.

5.4.3. Employers shall facilitate workers' requests for HIV testing in any circumstances. In non-health care settings where the facilities listed in section 5.4.1 are not available on site, this shall involve allowing time off to attend testing and assistance in locating a free testing centre. Confidentiality must be ensured as per section 5.5 below.

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5.4.4. Employers shall ensure immediate and follow up testing to every employee involved in any occupational accident with a risk of exposure to blood or other body fluids.

### *5.5 Confidentiality*

5.5.1 Employers shall comply with privacy, confidentiality, and informed consent provisions

5.5.2. Employers are encouraged to provide support and care services for PLWHA who voluntarily disclose their status.

5.5.3. Employers shall ensure that a PLWHA does not have to disclose his/her status to anyone at the workplace.

5.5.4. Employers shall ensure that an employee's HIV status is not disclosed without that employee's written consent in cases where the PLWHA may voluntarily make a disclosure of his/her status.

5.5.5 Employers shall designate a Focal Person at the workplace to address HIV/AIDS-related matters.

5.5.6 Employers shall review and update the implementation status of their HIV and AIDS policies and programmes.

5.5.7 Employers shall be responsible for compiling data on occupational accidents associated with exposure to blood and other blood-borne pathogens using the documentary records and procedures as outlined for all occupational accidents.

### ***5.6. Impact Assessment of HIV/AIDS at the Workplace***

5.6.1. Employers, employees, trade unions, and government shall respond to HIV/AIDS impact assessment at the workplace through risk profiles and measurement of direct and indirect costs of HIV/AIDS.

5.6.2. Risk profiles shall contain a review of the following:

- (i) employee vulnerability to HIV/AIDS;
- (ii) link between nature of business and increased susceptibility to HIV;
- (iii) community profile of workers.

5.6.3. HIV/AIDS impact assessments shall focus on direct costs – employee benefits, medical costs, staff turnover costs, and implementation costs of HIV/AIDS program and projects.

5.6.4. HIV/AIDS impact assessments shall also focus on indirect costs – rising absences due to ill health, rising morbidity, declining productivity, and falling morale.

## **6. Trade Unions Responsibilities**

6.1 Trade Unions in consultation with the Ministry of Labour, Human Services & Social Security and other relevant national agencies, shall provide updated, preventive information, education, training, and general awareness programmes to all age groups within their unions on how HIV is transmitted and prevented.

6.2 Trade Unions shall acquire an understanding of the social and psychological concerns of their members as it relates to HIV and AIDS.

6.4 Trade Unions shall be encouraged to develop programs to further workers' family education.

6.5 Trade Unions shall ensure that there exist procedures and disciplinary measures to address HIV-related complaints and these may be used in addition to the legal mechanisms.

6.7 Trade Unions can ensure that Employers comply with the occupational safety and health law and other legal provisions in the interest of protecting employees particularly in industries/practices involving exposure to blood/bodily fluids, e.g. first aid, and health care work.

6.8 Trade Unions shall encourage their members to take voluntary HIV tests, this shall involve ensuring that their members are granted time off. Confidentiality must be ensured.

6.9 Trade unions are encouraged to include HIV/AIDS policies in the negotiations with employers and have these reflected in the collective labour agreements.

6.10 Trade unions shall represent workers rights with respect to Employers compliance with privacy, confidentiality, and informed consent provisions.

6.11 Trade Unions shall be encouraged to establish support and care or referral services at the trade union level for PLWHA who voluntarily disclose their status.

6.12 Trade Unions shall designate a Focal Person within their respective unions to address HIV/AIDS-related matters.

6.13 The Focal Person shall co-ordinate and review the implementation status of HIV and AIDS policies, programmes and projects and training within their unions.

6.14 Trade unions shall ensure that HIV/AIDS is included in their training and educational programmes.

## **7. Employees' Responsibilities**

7.1 Employees shall be under no obligation to inform their employer of their HIV and AIDS status.

7.2 Employees, who are selected, shall participate in training in universal infection control procedures at the workplace, for example. *training and provision of equipment in all settings involving exposure to blood/bodily fluid, and first aid.*

7.3 Employees share a mutual responsibility with employers to prevent stigma and discrimination on the basis of actual and perceived HIV status in the workplace.

7.4 Any employee coming into contact with the personal data of another person, including HIV status, shall keep that information confidential. Failure to do so will lead to disciplinary action (see section 5.5 above).

7.5 Employees shall commit to be part of HIV/AIDS programs and projects.

7.6 Employees/health care workers/care givers must use the protective equipment provided by their employers.

## **8. Enforcing the workplace policy**

The LOSH Department of MOLHSSSS shall be charged with the responsibility to advise and monitor the implementation of the national HIV/AIDS workplace policy

5.2.9. Tripartite stakeholders shall work together for the institution of appropriate human rights laws to protect the dignity of workers.