



**Government of Trinidad and Tobago
Ministry of Health**

Health Sector - HIV Workplace Policy

August 2010

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Foreword

The health workplace provides an active environment for HIV prevention, treatment, care, and support. It is an ideal setting for an HIV response as it reaches those at risk, is conducive to intervention strategies and provides conditions for measuring impact and effectiveness. Such interventions also contribute to continued productivity by workers infected with and affected by HIV.

At present, there is an inadequate response to the HIV epidemic in the Trinidad and Tobago work environment. The 2005 survey of organizations conducted by the National AIDS Coordinating Committee (NACC) revealed that only 11% of the organizations surveyed had implemented an HIV workplace policy. Similarly, the International Labour Organization (ILO) 2006 review of existing HIV workplace policies found that the key principles of the ILO Code of Practice on HIV and the world of work, herein after referred to as the ILO Code of Practice, were insufficiently addressed. The ILO has since piloted an HIV Workplace Education Programme and developed workplace policies in 12 private sector companies in Trinidad and Tobago increasing the number of companies, which have established workplace policies.

In April 2008, a National Workplace Policy on HIV for Trinidad and Tobago was launched. It provides a framework for an effective workplace response to HIV and is intended to guide and support all stakeholders/social partners in their policy development and implementation process. In 2006, the Ministry of Education also developed its education sector workplace policy. In keeping with this premise, the Ministry of Health (MOH/RHAs) has developed this Workplace Policy on HIV designed to address the peculiarities of the health sector. This policy is to be implemented by all departments of the Ministry of Health (MOH/RHAs) and the Regional Health Authorities (RHAs) as well as the private health sector.

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Signatories to the Policy

This Policy becomes effective from the date of signature by the duly authorized persons. It is proposed that this Policy should be reviewed every three years from the effective date.

Signature: *Programme Director, HIV/AIDS Coordinating Unit*

Signature: *Director, Health Policy, Research and Planning*

Signature: *Chief Medical Officer*

Signature: *Permanent Secretary*

Signature: *Minister of Health*

Definition of Terms

AIDS	Acquired Immunodeficiency Syndrome (AIDS). AIDS is a fatal disease caused by HIV, the human immunodeficiency virus. HIV destroys the body's ability to fight off infection and disease, which can ultimately lead to death. Currently, antiretroviral drugs slow down replication of the virus and can greatly enhance quality of life, but they do not eliminate HIV infection.
Affected by	Persons whose lives are changed in any way by HIV due to the broader impact of this epidemic.
Anti-retroviral Drugs	Medications used to kill or inhibit the multiplication of HIV. Specific combinations are used in the treatment of HIV infection.
Discrimination	The unjust and unfair treatment of an individual based on the (HIV) status or perceived (HIV) status of the individual, including discrimination practiced by an organization or by other workers related to an individual's sexual orientation.
Health Sector	This sector comprises a private and public sector, and that associated with voluntary/NGO/charitable sector
Gender	Differences in the social roles and relations between men and women.
HIV	The Human Immunodeficiency Virus attacks and weakens the body's immune system. It may ultimately lead to AIDS.

HIV-Negative	Showing no evidence of infection with HIV (e.g. absence of antibodies against HIV) in a blood or oral fluid test. An HIV-negative person can be infected if he or she is in the window period between HIV exposure and detection of antibodies.
HIV-Positive	Showing indications of infection with HIV (e.g. presence of antibodies against HIV) in a blood or oral fluid test. Results may occasionally be false positive.
Reasonable Accommodation	Modifications or adjustments to a job or to the work environment that is reasonably practicable so as to enable people living with HIV (PLHIV) and those affected to have access to, or participate and advance in employment.
Screening	Measures either direct (HIV testing), indirect, assessment of risk taking behaviour, or asking questions about tests already taken, or about medication or any other (indirect) method designed to ascertain the HIV status of an employee or job applicant.
Social Dialogue	The process of consultation and negotiation between management and workers on any work-related issue, including the effective management of HIV in the workplace.
Stigma	A process of devaluation of persons, either living with, affected by or even associated with HIV.
Tripartite	This term is used to describe equal participation and representation of government, and employers' and worker representative organizations at the national, sectoral and organizational levels.

**Universal
Precautions**

A protocol for infection prevention and control to be used universally in all healthcare settings to minimize the risk of exposure to pathogens. For example, the use of gloves, barrier clothing, masks and goggles to prevent exposure to human tissue, blood and body fluids.

Vulnerability

Socio-economic disempowerment, cultural context or work situations that make workers more susceptible to the risk of infection of HIV.

List of Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retroviral medication
CAREC	Caribbean Epidemiology Centre
CTC	Caribbean Tripartite Council
GORTT	Government of the Republic of Trinidad and Tobago
HIV	Human Immunodeficiency Virus
HR	Human Resources
ILO	International Labour Organization
NACC	National AIDS Coordinating Committee
NSP	National HIV/AIDS Strategic Plan
NGO	Non-Governmental Organization
PAHO/WHO	Pan American Health Organization/World Health Organization
PANCAP	Pan Caribbean Partnership Against HIV/AIDS
PLHIV	Persons Living With HIV
UNAIDS	Joint United Nations Programme on HIV/AIDS

1.0 Background

- 1.1 The 2006 United Nations General Assembly Special Session on HIV and a follow-up meeting on the outcome of the twenty-sixth special session, identified that globally, HIV prevention programmes were failing to reach those at greatest risk. Interventions were needed to address stigma and discrimination, which remain key barriers to the uptake of prevention, treatment and support programmes.

The Workplace Policy on HIV for the health sector was developed to provide the framework for action to reduce the spread of HIV and to manage its impact on the health workforce, including the care and support of Health Care Workers Living with HIV. It describes the sector's position and practice for the effective prevention and control of HIV. It is a roadmap, which outlines the course that this organization should use in addressing HIV-related issues in the workplace.

2.0 Policy Statement

2.1 The Minister of Health acknowledges that there are HIV workplace issues faced by the staff employed in the Health Sector; therefore the Health Sector will provide, as far as is reasonably practicable, a safe working environment which is free of stigma and discrimination for employees living with (or affected by) HIV and also make reasonable accommodation for such persons.

3.0 Policy Objectives

Specifically, this health sector policy aims to:

- Set minimum standards for support and management for persons infected with or affected by HIV in the work environment;
- Promote structures and programmes to eliminate stigma and discrimination against persons infected with or affected by HIV;
- Raise awareness and contribute to halting the spread of HIV and also to mitigate the impact of the epidemic; and
- Inform and train managers, and employees on their rights and obligations regarding HIV.

4.0 Policy Scope

This policy is applicable to workers in both the public (MOH/RHAs) and private health sectors.

5.0 Policy Outcomes

The expected outcomes of this work place Policy on HIV include:

- A supportive work environment in all health facilities for persons infected with or affected by HIV;
- Reduction in stigma and discrimination in the workplace;
- Strengthened institutional capacity for planning and management of comprehensive work place programmes to address HIV in the workplace thus minimising the social, economic and developmental consequences to the organisation and its employees; and
- Contribution to the reduction of new infections.

6.0 Key Indicators

- Increased job satisfaction among persons infected with and affected by HIV;
- An increase in the number of programmes aimed at addressing workplace stigma and discrimination and the prevention and spread of HIV among staff who work in the health sector.

7.0 Roles and Responsibilities

7.1 The Ministry of Health

7.1.1 Implementation of prevention, treatment, care and support mechanisms

7.1.2 *Policy review and revision,*

7.1.3 Monitoring and Evaluation of this health sector policy

7.2 In order to carry out this role, the MOH shall:

7.2.1 Establish a HIV Committee to coordinate and implement the workplace policy on HIV. The Committee will consist of cross-functional representations.

7.2.2 Undertake an initial survey (to establish baseline data) and regular risk and impact assessment studies in order to plan and evaluate its HIV policy and programme effectively. The studies will include knowledge, attitude and behaviour/practices. Studies will be carried out in consultation and with the consent of employees and in conditions of complete confidentiality.

7.2.3 Communicate this policy and related information on HIV to all Health Sector employees and wider public using the full range of communication methods available to the Ministry.

7.2.4 Undertake reviews of this policy every three years and revise the policy as necessary in light of changing conditions and findings of surveys/studies.

7.3 The Role of the Employers in the Health Sector

- **Workplace policy** – *Employers shall* consult with workers and their representatives to develop and implement an appropriate workplace policy on HIV, designed to prevent the spread of infection and to protect all workers from HIV related stigma and discrimination.
- **Workplace agreements** – *Employers shall* adhere to national practices with respect to HIV issues when negotiating terms and conditions of employment with workers and their representatives, and should include provisions for HIV prevention and management in the workplace agreements.
- **Education and Training** - The employers shall consult with workers and their representatives, to initiate and support workplace programmes designed to inform, educate, and train workers about HIV prevention, care and support and the organization’s policy on HIV. This should include measures to reduce discrimination against people infected with or affected by HIV and specific staff benefits and entitlements.
- **Economic impact** – *Employer, employees and their representatives, shall* work together to develop appropriate strategies to assess and appropriately respond to the economic impact of HIV on the workplace and sector.
- **Human Resources (HR) policies** – *Employers shall* not engage in or permit any HR policy or practice that discriminates against workers infected with or affected by HIV. In particular, employers will:
 - ▶ Not require HIV screening or testing in accordance with the National Workplace Policy on HIV, and the *ILO Code of Practice on HIV and the World of Work*.
 - ▶ Ensure that work is performed free of discrimination and/or stigmatization based on HIV status or perceived HIV status.

- ▶ Encourage persons with HIV-related illnesses to work as long as they are medically fit.
 - ▶ Where a health sector worker living with a HIV-related condition is too ill to continue working and where alternative working arrangements including extended sick leave are exhausted, the employer should make provisions for ceasing the employment relationship in accordance with anti-discrimination and labour laws, paying respect to negotiated terms and conditions.
 - ▶ Establish or provide access to a workplace Employee Assistance Programme to facilitate health sector workers wishing to seek advice on health and safety issues related to HIV in the workplace. This programme should act as a liaison point between health sector employers and their employees.
- ***Grievance and disciplinary procedures*** – Employers shall provide procedures for use by workers and their representatives for addressing work-related grievances. These procedures should specify circumstances for disciplinary proceedings against any employee who discriminates on the grounds of real or perceived HIV status or who violates the Workplace Policy on HIV inclusive of breaches in confidentiality of employees infected with or affected by HIV.
- ***Confidentiality*** – HIV-related information on workers should be kept strictly confidential. This information should be accessed in compliance with national laws and regulations regarding disclosure of medical information.
- ***Risk reduction and management*** – The employer shall ensure a healthy, safe working environment, with measures such as the provision and maintenance of protective equipment and first aid in keeping with the practice of Universal Precautions. In support of behavioural change by individuals, the employer should also provide/facilitate, where appropriate, opportunities for education, access to male and

female condoms, counselling, care, support, and referral services.

- **Contact with human blood and/or body fluids** – In such areas the employers shall take additional measures, and provide facilities to ensure that all workers are trained in Universal Precautions and provided with post exposure prophylaxis in the event of actual or possible exposure to human blood and/or body fluids.
- **Reasonable Accommodation** – The employer, in consultation with the worker(s) and their representatives, will take measures to reasonably accommodate the worker(s) with HIV-related illnesses
- **Advocacy** – *The employer* shall take the lead to encourage fellow employers to contribute to the prevention and management of HIV in the workplace, placing particular attention on prevention and stigma and discrimination against persons infected with or affected by HIV.
- **Support for confidential voluntary HIV counselling and testing** – The employers will encourage support for and access to confidential voluntary HIV counseling and testing provided by appropriately certified personnel.
- **International Partnerships** – The MOH will collaborate, where appropriate, with international partners with respect to best practices responses to HIV in the work place.

7.4 The Role of the Employee

7.4.1 The responsibilities outlined in this Policy apply to all health sector workers in Trinidad and Tobago, in both the public and private sectors, irrespective of their HIV status, actual or presumed, including visiting health sector workers in any health care setting and students in training for whom there may be implications for future career options. This policy document endorses the ethical guidance in the statements from the professional regulatory bodies and clarifies the duties

of HIV infected health sector workers, their medical advisers and employers. These rights and responsibilities are equally applicable to all other professional and non-professional groups not covered by regulatory bodies.

7.4.2 Workplace Policy

- All health sector workers must at all times adhere to the prescribed Universal Precautions. This is aimed at mitigating the risk of transmission of HIV from an infected health sector worker to a patient and vice versa in the health care setting;
- Workers and their representatives should consult with their employers on the implementation of an appropriate workplace policy designed to prevent the spread of the HIV and to protect all workers from stigma and discrimination related to HIV.

7.4.3 National, Sectoral and Workplace/Organizational Agreements

- Workers and their representatives should adhere to national law and practice when negotiating terms and conditions of employment relating to HIV to include provisions for HIV prevention and control in national, workplace agreements.

7.4.4 Information and Education

- All healthcare professionals who are involved in direct clinical care of patients, have a duty to keep themselves informed and updated on the codes of professional conduct and guidelines on HIV infection laid down by their regulatory bodies and any relevant guidance issued by the Ministry of Health. In addition, students should be made aware of the implications of these statements and of the contents of these guidelines.

- Workers and/or their representatives should continue to utilize existing trade union structures and facilities to provide information on HIV in the workplace.

7.4.5 *Economic Impact*

- Workers and/or their representatives should work together with employers to develop appropriate strategies to assess and appropriately respond to the economic impact of HIV in the workplace and sector.

7.4.6 *Advocacy*

- Workers and/or their representatives should continue to work with employers, and government to raise awareness of HIV prevention and management.

7.4.7 *Human Resources (HR) Policies*

- Workers and/or their representatives should support and encourage employers in creating and implementing personnel policy and practices that do not discriminate against workers with HIV.
- All health sector workers wishing to seek advice on health and safety issues related to HIV in the workplace may do so through the Employee Assistance Programme or other supportive systems made available.
- HIV infected health sector workers must promptly seek and follow appropriate expert medical and occupational health advice where available.

7.4.8 *Monitoring of Compliance*

- Workers' representatives have the right to take up issues at their workplaces through grievance and disciplinary procedures and/or should report all discrimination on the basis of HIV to the appropriate legal authorities.

7.4.9 Training

- Employees should participate in training courses arranged by their employers on workplace issues (including confidentiality issues) related to the HIV epidemic, on appropriate responses, and on the general needs of PLHIV and their careers.

7.5 Risk-reduction and Management

- (i) Healthcare workers must be aware of and practice universal precautions and all other aseptic techniques designed to prevent the transmission of infection from themselves to the patients and from the patients to themselves and to other patients.
- (ii) All HIV infected health care workers have a legal and ethical duty not to perform any exposure prone procedures. Those who perform or who may perform exposure prone procedures must obtain further expert advice about modification or limitation of their working practices. Procedures, which are thought to be exposure prone, must **NOT** be performed whilst expert advice is being sought.
- (iii) If it is believed that any exposure prone procedures has been performed and that a patient notification exercise needs to be considered, then the infected health care worker or their chosen representative (e.g. the occupational health physician or the HIV physician) should inform the Medical Chief of Staff or equivalent on a strictly confidential basis. The MCS or a delegated colleague (e.g. Consultant in Infectious diseases) will in turn make an appraisal of the situation to decide whether a patient notification exercise is warranted. The health care worker, the occupational health physician or the HIV physician should not make the decision about whether a patient notification exercise needs to be considered
- (iv) Any health sector worker who has symptomatic HIV disease, should be exposed to closer and more frequent health

supervision and be provided with additional support and counseling. The aim of this is to detect at the earliest opportunity any physical or psychological impairment which may render a worker unfit to deliver excellent standards of practice, or may place their health or a client's health at risk.

- (v) Health sector workers who know or have good reason to believe that an HIV infected worker is practicing in a way which places patients at risk, or has done so in the past, must inform the worker's immediate supervisor. Wherever possible, the health care worker should be informed before information is passed to a supervisor.
- (vi) HIV infected or affected health care workers must not rely on their own assessment of the risk they pose to patients.
- (vii) A health care worker who has any reason to believe they may have been exposed to HIV infection, or a healthcare worker who has engaged in high risk behaviour as it relates to HIV, in whatever circumstances, must promptly seek and follow confidential professional advice on whether they should be tested for HIV. Failure to do so will breach the duty of care to patients.
- (viii) Workers and their representatives should advocate for and collaborate with employers to maintain a safe and healthy working environment.

7.6 Confidentiality

- (i) All health care workers, professional and non-professional are under ethical and legal duties to protect the health, safety and confidentiality of their patients.
- (ii) All HIV positive health care workers have a right to expect that their confidentiality will be respected and protected.
- (iii) All health care workers should:
 - a. Not disclose information on colleagues' HIV status if they are aware, except in cases where patients' safety is at risk

- b. Be non-judgmental and non-stigmatizing in their interactions with colleagues who they may know are HIV infected
- (iv) Workers and their representatives should work with employers to encourage and support access to confidential voluntary counselling and testing.

8.0 Conclusion

The Health Sector HIV Workplace Policy is a critical step towards the reduction of HIV-related stigma and discrimination in the workplace and contributes to the creation of an environment for prevention, care, and support. It is intended to provide the framework for an effective workplace response to HIV in the Health Sector and provides a platform to enable Health Sector workers living with HIV and those affected by HIV to continue to be productive in their places of employment

APPENDIX I

Reasonable Accommodation

Preamble

Recognising the special nature of the health workplace in relation to HIV, there will be a need for modifications /adjustments to be made to the work environment /job to enable a competent qualified HIV infected health care worker to perform his or her job and to enjoy privileges and opportunities equal to other employees.

Types of Reasonable Accommodation

- **Modified work schedules.** This may involve adjusting arrival or departure time, providing periodic breaks, or altering when certain jobs are performed.
- **Leave.** An employee may be allowed to use accrued paid leave and additional unpaid leave once the employee has exhausted all other forms of available leave.
- **Policy modifications.** In some circumstances, a workplace rule may be modified because of an employee's disability.
- **Reassignment.** Reassignment may be necessary where an employee can no longer perform his or her job because of a disability.
 - The employee must be qualified for the new position.
 - It is not necessary to displace another employee, promote an employee living with HIV or create a position for the individual.
 - Reassignment should be to a position that is equal in pay and status to one held or as close as possible if an equivalent position is vacant.
 - The employee should be given time off for medical appointments
 - The employee may be allowed to work flexible hours and/or to work from home

When a worker with an AIDS-related condition is too ill to continue work, and where reasonable accommodation has been provided, the employment relationship may cease in accordance with contractual obligation, including

disability and pension schemes and applicable labour laws. The employer should commit to facilitating a speedy payment of such benefits as may be due to a staff member.

Appendix II

The virus is spread when infected body fluids such as blood, vaginal or seminal secretions enter another person's blood stream.

Some examples of how persons may have been exposed to HIV infection include:

- Engaging in unprotected sexual intercourse with HIV infected person
- Exposure from and infected mother to her unborn infant
- Sharing injecting equipment for the purpose of substance abuse
- Exposure to HIV infected material in circumstances such as body piercing.

Appendix III

Universal Precautions

Universal blood and body fluid precautions (referred to as Universal Precautions) are simple standards of infection control practice used at all times to minimize the risk of blood-borne pathogens. These precautions as practiced are to be applied by staff to all persons, regardless of their presumed infectious status.

All blood, open wounds, sores, cuts, breaks in the skin, grazes and open skin lesions as well as all body fluids and secretions should be treated as potentially infectious. Universal Precautions are applicable not only for the prevention of HIV infection but for all fluid and blood-borne infections and include the following:

- a) Wherever there is a risk of contact with blood or other body fluids, rubber/PVC gloves, and goggles should be used;
- b) If blood or body fluids get on the skin, thoroughly wash skin with soap and water, without using bleach. Practice hand washing as a component of personal hygiene;
- c) Wear plastic airways (Laedal) to reduce the risk of contamination from direct oral contact when mouth-to-mouth resuscitation is required;
- d) Cover cuts or grazes with a waterproof dressing until scab forms;
- e) Clean spilt blood and other body fluids with strong household bleach diluted in water (1 part bleach in 10 parts water];
- f) Tissues, dressings, and other contaminated materials, disposal should be in keeping with biomedical waste guidelines and should be tied up in heavy plastic bags for disposal by incineration;
- g) Wash soiled sheets and clothing separately at a high temperature setting. When handling soiled articles wear rubber/PVC gloves;
- h) Sterilize non-disposable instruments or receptacles before re-use. Wash crockery and cutlery in hot water with detergent; and
- i) Safely dispose of disposable needles or other 'sharps' by placing in appropriate containers and incinerate. Razors should not be re-used/shared.

In cases where workers are required to travel overseas on work-related assignments, they should be provided with information on unprotected sex, condom use, and protection against body fluids exposure.

For further details, please refer the Ministry of Health's Manual on Infection Prevention and Control Policies and Guidelines for the Health Care Services – 2006.

Appendix IV

General Principles for the protection of workers' personal data: An ILO code of practice 1977

- a) Personal data should be processed lawfully and fairly, and only for reasons directly relevant to the employment of the worker.
- b) Personal data should, in principle, be used only for the purposes for which they were originally collected.
- c) If personal data are to be processed for purposes other than those for which they were collected, the employer should ensure that they are not used in a manner incompatible with the original purpose, and should take the necessary measures to avoid any misinterpretations caused by the change of context.
- d) Personal data collected in connection with technical or organizational measures, to ensure the security and proper operation of automated information systems, should not be used to control the behaviour of workers.
- e) Decisions concerning a worker should not be based solely on the automated processing of that worker's personal data.
- f) Personal data collected by electronic monitoring should not be the only factors in evaluating worker performance.
- g) Employers should regularly assess their data processing practices:
 - *To reduce as far as possible the kind and amount of personal data collected; and*
 - *To improve ways of protecting the privacy of workers.*
- h) Workers and their representatives should be kept informed of any data collection process, the rules that govern that process, and their rights.
- i) Persons who process personal data should be regularly trained to ensure an understanding of the data collection process and their role in the application of the principles in this code.
- j) The processing of personal data should not have the effect of unlawfully discriminating in employment or occupation.

- k) Employers, workers, and their representatives should cooperate in protecting personal data and in developing policies on workers' privacy consistent with the principles in this code.
- l) All persons, including employers, workers' representatives, employment agencies and workers, who have access to personal data, should be bound to a rule of confidentiality consistent with the performance of their duties and the principles in this code.
- m) Workers may not waive their privacy rights.