

QUEENSLAND INDEPENDENT EDUCATION UNION

POLICY 98.03 QIEU POLICY ON HIV/AIDS

1. **Objective**
2. **Application of the Policy**
3. **Overview**
 - 3.1 Introduction
 - 3.2 National HIV/AIDS Strategy
4. **Key principles**
 - 4.1. Recognition of HIV/AIDS as a workplace issue
 - 4.2. Non-discrimination
 - 4.3. Healthy work environment
 - 4.4. Social dialogue
 - 4.5. Screening for purposes of exclusion from work or work processes
 - 4.6. Confidentiality
 - 4.7. Continuation of employment relationship
 - 4.8. Prevention
 - 4.9 Care and Support
5. **Rights and Responsibilities**
 - 5.1. Employers and their organizations
 - 5.2. Employees and their organizations
6. **Education and Training Programmes**
 - 6.1. Educational programmes
 - 6.2 Training

Appendices

- I Infection control in the workplace
- II A checklist for planning and implementing a workplace policy on HIV/AIDS
- III Selected educational and training materials and other information

1. Objective

The objective of this policy is to provide a set of guidelines to address the issue of HIV/AIDS in the workplace, within a framework of the promotion of applying human rights principles to the problem of HIV and AIDS.

The guidelines cover the following key areas of action:

- (a) prevention of HIV/AIDS;
- (b) management and mitigation of the impact of HIV/AIDS in the workplace;
- (c) elimination of stigma and discrimination on the basis of real or perceived HIV status.

2. Application of the Policy

This policy should be used to:

- (a) guide concrete responses at local and sectoral levels;
- (b) promote processes of dialogue, consultations, and negotiations between employers and employees and their representatives.
- (c) give effect to its contents in consultation with the social partners:
 - in workplace/enterprise agreements, and
 - in workplace policies and plans of action.

3. Overview

3.1 Introduction

Infection with the human immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS) represent urgent worldwide problems with broad social, cultural, economic, political, ethical and legal dimensions and impact.

Today a substantial proportion of the people in all countries of the world are between the ages of five and eighteen years. A large number of them are in school systems or are in communication with those who are. Information, values and skills conveyed in schools have considerable impact on the lives of these young people. Active involvement of teachers through their representative organisation in planning, implementing and evaluating school health promotion programs to deal with issues of AIDS and other sexually transmitted diseases (STD) is a necessity if knowledge is to be increased and risk behaviour reduced among young people. In addition, their involvement is critical in initiatives to combat ignorance and to prevent discrimination against both their colleagues and student who are HIV-infected.

To date, epidemiological studies from throughout the world have documented that the human immunodeficiency virus (HIV) may be transmitted in three ways:

1. Unprotected anal or vaginal intercourse with an HIV-infected person;
2. Exposure to HIV-infected human tissues, such as blood, blood products, or donated organs and semen. (Exposure to blood principally involves the transfusion of HIV-infected blood or the use of HIV-contaminated syringes and needles and other unsterilized skin piercing instruments);
3. From an infected woman to a foetus or infant before, during or shortly after birth (perinatal transmission).

HIV is not transmitted by casual person-to-person contact in any setting. There is no evidence to show that HIV is transmitted by insects, food, water, sneezing, coughing, toilets, urinals, swimming pools, sweat, tears, shared eating and drinking utensils or other items such as protective clothing, telephones, shared toys, books, furniture or athletic clothing.

It is important that everyone involved in school settings understands and communicates to others that ordinary contact between students, between teachers, between students and teachers does not involve a risk of acquiring or transmitting HIV.

3.2 National HIV/AIDS Strategy

3.2.1 QIEU endorses the National HIV/AIDS strategy which was established by the Federal and State Governments for the positive initiatives that have already been achieved.

3.2.2 In particular, QIEU endorses the following guiding principles of the Strategy:

- a. transmission of HIV can be prevented by changes in individual behaviour that require education and prevention programs that are adequately funded by State and Federal Governments;
- b. individuals must accept responsibility for protecting themselves becoming infected through sexual behaviour or through the use of intravenous non-prescription drugs;
- c. the community has a right to expect that the appropriate public health and education strategies will be put into place to combat the HIV epidemic;
- d. the law should complement and assist the public health and education programs;
- e. public health objectives will be most effective if there is co-operation from those with HIV infection or the most at risk;
- f. no HIV testing should occur without the consent of the individual. Appropriate pre and post test counselling should occur and the result should remain confidential;
- g. those infected with HIV have the right to full participation in community activities without discrimination and are entitled to appropriate comprehensive health care, income support and other community services as other community members;
- h. professional care givers have a duty to care for individuals with HIV;
- i. governments, employers and unions have a responsibility to provide safe working conditions and training programs that minimise the risk of occupational HIV transmission;
- j. adequately funded research is essential to the management of the HIV epidemic.

4. Key principles

QIEU acknowledges it has a role to play within the HIV/AIDS Strategy by promoting the following key principles:

4.1. Recognition of HIV/AIDS as a workplace issue

HIV/AIDS is a workplace issue, and should be treated like any other illness/condition in the workplace. 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 disease.

4.2. Non-discrimination

There should be no discrimination against employees 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.

Employees in the school who are HIV-infected or perceived to be HIV-infected must be protected from stigmatisation and discrimination by co-workers, employer, students, parents and the community. Information and education are essential to maintain the climate of mutual understanding necessary to ensure this protection.

Safeguarding the rights of the people in the educational community is paramount. QIEU will strongly promote the following rights of people in the education community in relation to HIV/AIDS:

- i. Students should not be excluded from education because of their actual or inferred HIV/AIDS status;
- ii. Students or educational workers should not be exposed to HIV infection because of inadequate education and prevention programs;
- iii. No student or education worker should face discrimination in educational institutions because of preferred sexuality, race, gender, or inferred HIV/AIDS status;
- iv. No student or education worker should have mandatory HIV/AIDS testing to gain admittance to courses or employment in education institutions.

4.3. Healthy work environment

A healthy work environment facilitates optimal physical and mental health in relation to work and adaptation of work to the capabilities of employees in light of their state of physical and mental health.

HIV-infection by itself is not associated with any limitation in fitness to work or attend school. If fitness to work or to school is impaired by HIV-related issues, reasonable alternative working or schooling arrangements should be made. Decisions about impairment should be based on medical criteria.

HIV infection is not a cause for termination of employment or assignment. As with many other illnesses, persons with HIV-related illnesses should be able to work or attend school so long as medically fit for available, appropriate work or activities.

4.4. Social dialogue

The successful implementation of an HIV/AIDS policy and programme requires cooperation and trust between employers, employees and their representatives and government.

4.5. Screening for purposes of exclusion from employment or work processes

HIV/AIDS screening should not be required of job applicants or persons in employment. HIV/AIDS screening, whether direct (HIV testing), indirect (assessment of risk behaviours) or the seeking of information about tests already taken, is not necessary and should not be required.

4.6. Confidentiality

Access to personal data relating to a worker's HIV status should be bound by the rules of confidentiality consistent with national privacy laws.

Confidentiality regarding all medical information including HIV/AIDS status and sexuality must be maintained. There should be no obligation on the teacher, other school staff member or pupil to inform the school administration regarding his or her HIV/AIDS status.

4.7. Continuation of employment relationship

HIV infection is not a cause for termination of employment, and to do so would be a breach of Anti-Discrimination Laws relative to employment.

4.8. Prevention

Prevention can be promoted through changes in behaviour, knowledge, treatment and the creation of a non-discriminatory environment.

4.9. Care and support

It is important that education workers and students who have HIV/AIDS:

1. have access to workers' compensation when that is appropriate;
2. receive free and accessible treatment when it becomes available;
3. are protected from discrimination, intolerance and homophobia;

5. Rights and Responsibilities

5.1. Employers and their organizations

(a) Workplace policy.

Employers should consult with employees and their representatives to develop and implement an appropriate policy for their workplace, designed to educate about HIV/AIDS, prevent the spread of the infection and protect all workers from discrimination related to HIV/AIDS.

(b) Education and training.

Employers should initiate programmes at their workplaces to inform, educate and train employees about HIV/AIDS prevention, care and support and the enterprise's policy on HIV/AIDS.

(c) Personnel policies.

Employers should not engage in nor permit any personnel policy or practice that discriminates against employees infected with or affected by HIV/AIDS.

(d) Confidentiality.

HIV/AIDS-related information regarding employees should be kept strictly confidential to ensure that such information complies with privacy laws and practices. Access to such information should be strictly limited to medical personnel and only disclosed if legally required or with the consent of the person concerned.

(e) Risk reduction and management.

Employers should ensure a safe and healthy working environment, including the application of accepted risk assessment and risk management measures.

(f) Reasonable accommodation.

Take measures to reasonably accommodate employees with AIDS-related illnesses, including rearrangement of working time, special equipment, opportunities for rest breaks, time off for medical appointments, flexible sick leave, part-time work and return-to-work arrangements.

5.2. Employees and their organizations

(a) Workplace policy.

Employees and their representatives should consult with employers on the implementation of an appropriate policy for their workplace.

(b) Information and education.

Employees and their representatives should use existing union structures and facilities to provide information on HIV/AIDS in the workplace, and develop educational materials and activities appropriate for employees including information on employees' rights and benefits.

(c) Personnel policies.

Support and encourage employers in creating and implementing personnel policy and practices that do not discriminate against employees with HIV/AIDS.

(d) Risk reduction and management.

Advocate for, and cooperate with, employers to maintain a safe and healthy working environment.

6. Education and Training

6.1. Education Programmes

1. Comprehensive HIV/AIDS health promotion programs should take place within school settings as an integrated part of the curriculum. Programs should give students the information and skills they need to make responsible choices about behaviours which will reduce the risk of HIV transmission or infection. Programs should recognise that some students will be homosexual and may be homosexually active.
2. Teachers and all other education personnel should be involved in every stage of planning, implementation and evaluation of HIV/AIDS health promotion programs for students and for education personnel.
3. Teachers must be protected against loss of employment or benefits and any other measures which may be taken against them in the context of their teaching of curricula covering the transmission and prevention of HIV infection, including discussion of human sexuality as appropriate to the students' age group.

6.2. Training

All staff should be made aware of and trained in regard to infection control in the workplace. (See Appendix 1). Such information should be included in the school's health and safety policy.

Appendix I

Infection control in the workplace

A. 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 a simple standard of infection control practice to be used in the care of all patients at all times to minimize the risk of blood-borne pathogens. Universal Precautions consist of:

- 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 – for direct contact with blood and other body fluids;
- safe disposal of waste contaminated with body fluids and blood;
- proper disinfection of instruments and other contaminated equipment; and
- proper handling of soiled linen.

B. Selected guidelines and Universal Precautions on infection control

Bednarsh, H.S.; Eklund, K.J.: “Infection control: Universal Precautions reconsidered”, in American Dental Hygienists’ Association: Access (Chicago, 1995) Vol. 11, No. 1.

Centers for Disease Control and Prevention (CDC)/National Center for HIV, STD and TB Prevention/Division of HIV/AIDS Prevention: Preventing occupational HIV transmission to health care workers (updated June, 1999).

South African Law Commission: Aspects of the law relating to AIDS (Project No. 85): Universal workplace infection control measures (Universal Precautions) (1997).

WHO: WHO guidelines on AIDS and first aid in the workplace, WHO AIDS series 7 (Geneva, 1990).

WHO/UNAIDS/ICN (International Council of Nurses): HIV and the workplace and Universal Precautions, Fact sheets on HIV/AIDS for nurses and midwives (Geneva, 2000).

Appendix II

A checklist for planning and implementing a workplace policy on HIV/AIDS

QIEU believes that a workplace policy, addressing HIV/AIDS should be put in place in all schools and associated workplaces.

In particular, it believes that the issues to be addressed in such a policy include:

- a. Statement of Intent. The commitment of the organisation or institution to provide a healthy and safe working environment for students and employees.
- b. Management responsibilities
 - i. to provide education, training and guidance for managers, supervisors, principals, employees and students about HIV/AIDS
 - ii. to apply the principles of occupational health and safety to the problem of HIV/AIDS
 - to identify work procedures where this is potential occupational exposure;
 - to assess the extent of the hazard;
 - to implement control procedures to prevent occupational exposure to HIV.
 - iii. to maintain confidentiality of medical information.
- c. Employee Responsibility
 - i. to carry out their duties in a responsible manner that does not put their colleagues or students at risk;
 - ii. to observe any reasonable instruction of the employer in relation to safe working procedures;
- d. First Aid
Safe First Aid procedures are adopted including protocols associated with universal blood and body precautions (see Appendix 1).

All members of the wider school community should cooperate in a positive, caring manner to develop a policy on HIV/AIDS that responds to, and balances the needs of, employers and employees. Backed by commitment at the highest level, the policy should offer an example to the community in general of how to manage HIV/AIDS. The core elements of any policy should include information about HIV/AIDS and how it is transmitted; educational measures to enhance understanding of personal risk and promote enabling strategies; practical prevention measures which encourage and support behavioural change and the principle of zero tolerance for any form of vilification or discrimination at the workplace.

The following steps may be used as a checklist for developing a policy and programme:

- HIV/AIDS committee is set up with representatives from the school community.
- committee decides its terms of reference and decision-making powers and responsibilities
- committee researches the topic, formulates a draft policy; draft circulated for comment then revised and adopted;
- committee establishes plan of action, with timetable and lines of responsibility, to implement policy;
- policy and plan of action are widely disseminated through, for example, notice boards, mailings, pay slip inserts, special meetings, induction courses, training sessions;
- committee monitors the impact of the policy;
- committee regularly reviews the policy in the light of internal monitoring and external information about the virus and its workplace implications.

Appendix III

Selected educational and training materials and other information

American Federation of Government Employees: An AFGE guide: Women and HIV/AIDS (Washington, DC, undated).

American Federation of Labor and Congress of Industrial Organizations (AFL-CIO): AIDS in the workplace: Labor's concern (Washington, DC, undated).

American Federation of Teachers: HIV/AIDS education project (Washington, DC, undated).

Canadian AIDS Society/Canadian Union of Public Employees: ACT NOW: Managing HIV/AIDS in the Canadian workplace – A policy development and education manual (1990).

Canadian Union of Public Employees: Information kit on HIV/AIDS and the workplace (Ontario, 2000).

Leather, S.: "Why AIDS is a trade union issue", in Scientific World, 1992, Vol. 36, No. 2.

Roskam, E.: AIDS and the workplace, one module of Your health and safety at work: A modular training package (ILO, Geneva, 1996).

Public Services International: Focus (Ferney-Voltaire), Vol. 8, No. 1.

Queensland Aids Council. <http://www.quac.org.au>

Service Employees International Union: AIDS education project (undated).

Service Employees International Union: HIV/AIDS book: Information for workers (1991).

The Building Trades Group of Unions Drug and Alcohol Committee: AIDS: Get real, get safe (Sydney, undated).

UNAIDS: HIV/AIDS and the workplace: Forging innovative business responses, UNAIDS Best Practice Collection (Geneva, 1998).

United Nations Department of Peacekeeping Operations: "Module 1: Defining HIV and its impact on the military", in HIV prevention and behaviour change in international military populations (New York, 1999).