



FIJI NATIONAL UNIVERSITY

HIV & AIDS POLICY.

PREVENTION OF OCCUPATIONAL DISEASES

HUMAN RESOURCE POLICY.

1/1/2014



FNU HIV & AIDS POLICY.

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POLICY ON HIV & AIDS

Implementation date: 1st January 2014

Review date: 31st Dec 2014

1. Purpose of the document

Fiji National University covers a broad range of disciplines as far as higher education and technical & vocational training is concerned. It covers not only academia but also work sectors that statistics show that are very susceptible to high rates of HIV & AIDS like seafarers and health workers.

To provide guidelines to the University with regard to the institution's response to HIV and AIDS with specific reference to its ability to continue functioning thereby preventing HIV and AIDS from undermining its potential to operate and deliver mandated services.

The objectives of the policy are:

Prevention through information, education and training.

- a) through the provision of education and information, to reduce the transmission of HIV
- b) to seek to maintain a safe environment which empowers both men and women to resist coercive sex
- c) to raise the level of understanding of HIV & AIDS throughout the University
- d) to identify and disseminate the available resources to be used in the fight against HIV & AIDS
- e) to equip students and staff to be able to live and work in societies with increasing rates of HIV infection and AIDS
- f) to provide HIV & AIDS counseling

To protect the rights of those affected by HIV & AIDS

- a) To create an environment where people living with HIV & AIDS are safe to reveal their status and seek appropriate support and counseling.

To ensure care and support for workers.

- b) To facilitate access to care and treatment where appropriate, and
- c) To arrange referral where appropriate, for those living with and affected by HIV & AIDS

2. Rationale for policy

The HIV pandemic continues to undermine development thus reversing gains and reforms that have taken place in the Higher Education Sector. The Higher Education Sector may be disproportionately more affected by the pandemic than any other sector as the majority of those who form the Higher Education Community are young and in the age category with the highest prevalence of HIV infection.

The University, as a higher education institution is a critical pillar of human development. It provides not only the high level skills necessary for the labour market, but also produces individuals who have the capacity and analytical skills to drive local economies, support civil society and lead effective government.

The Fiji National University has responded to the developmental needs of the society by offering relevant programmes at its Medical College (CMNHS). It is hoped that through these programmes, individuals who will shape Fiji's future economy, communities and government will be developed. This ideal can be achieved through the University's core business i.e. teaching, research and community engagement.



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The negative impact of HIV & AIDS is not only confined to students and staffs but has the ability to impact on the business of the University at all levels within its core mandate. Increased mortality through HIV & AIDS affects personnel thereby depleting human capital and reducing the accumulation of knowledge and skills. As the potential pool for highly skilled declines, the University would have fewer incentives to invest in education and training. The University has a responsibility to respond to fight the pandemic and mitigate its impact. This is in response to the policies from the Ministry of Education (MOE) which aim at ensuring that the national education system plays its part in stemming the pandemic and to ensure that the rights of all those infected with the disease are fully protected. This is an attempt of the university to support the national efforts to reduce the spread of infection and minimize the impact of the HIV disease.

3. Scope of the Policy

The Fiji National University upholds the right to “Equal opportunity employer” and one’s entitlement to equality and freedom from unfair discrimination. The University treats HIV infection and AIDS like any other life threatening condition, in accordance with the Code of Practice. In respect of employment capacity, risk of workplace transmission and entitlement to employment benefits, no special burdens placed on employees with HIV & AIDS. The policy shall operate in tandem with specific policies of the University. The provisions of the policy shall apply to both students and members of staff (i.e. both academic and support staff)

PROCESS, AVAILABILITY AND REVIEW OF POLICY

Social dialogue

In accordance with the key principles set out in section 6 of this Policy, its provisions have been decided in consultation or negotiation, as appropriate, between the public education authorities as public employers, or private education employers, and worker representatives acting on behalf of employees. This Policy, resulting from such agreement, has been established in accordance with national law or practice and education service provisions for information sharing, consultation or negotiation between employers and employees and their representatives, as well as relevant HIV/AIDS policies.

In view of its importance within education institutions, agreement on this Policy, its application and its revision should involve representatives of students and parents or the community in the most appropriate manner.

The education institution will appoint an HIV/AIDS coordinator and where practicable establish an HIV/AIDS committee, as appropriate to its size and resources, in order to help apply and monitor this Policy. A committee should be composed of at least one representative each of the management, teachers, other employees, students and a community-based HIV/AIDS association. The committee or coordinator should:

- be responsible for promoting the HIV/AIDS policy in the institution
- support the implementation of the education programme
- access and develop resources and partnerships for assistance and support
- work with the wider community to disseminate information about HIV and AIDS and combat HIV- and AIDS-related stigma and discrimination
- adhere strictly to the confidentiality issues of this policy (see Article 11);
- help evaluate the objectives, processes and outcomes of the HIV/AIDS programme.



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Availability of Policy

A copy of this Policy is to be kept on display in the institution and made available to all employees and students for reading and for reproduction. All forms of communication normally used in the institution - for example, posters, circulars to employees, staff meetings, notice boards, student body meetings, institution assemblies and electronic mail - should be used to make the Policy known and help ensure its application.

Review of Policy

The management should provide opportunities at staff meetings, Student Association meetings, institutional assemblies or other meetings as appropriate to discuss the policies and the effectiveness of their application.

4. Implementation guidelines

The guidelines are a basis for action and a technical reference. These reflect the key principles of the International Labour Organisation's code of practice on HIV & AIDS in the workplace.

- The University recognizes HIV & AIDS as a **workplace issue** because it affects the workforce. The University as a workplace can play a vital role in limiting the transmission and the effects of the epidemic
- There should be **no discrimination** or stigma against individuals on the basis of real or perceived HIV status. Workers with HIV related illnesses should be able to work in appropriate conditions for as long as they are medically fit.
- There should be **no screening** for the purposes of employment or student admission. Testing for HIV should be voluntary and confidential and should never be used to screen applicants.
- The University upholds the right to **confidentiality** of employees and students living with HIV & AIDS as well as others affected by this status
- **Prevention:** The University affirms to identify social partners and involve them in preventive efforts. Social partners are in a unique position to promote prevention efforts through information, education and support for behaviour change.
- **Social dialogue:** A successful HIV & AIDS policy and programme needs cooperation and trust between the management and the employees. A social dialogue among the various sectors of the University should be promoted in order to achieve the objectives of this policy.
- **Care and support:** The University affirms to create a working and learning environment that is supportive, sensitive and responsive to employees and students living with HIV& AIDS and that encourages employees and students to take personal responsibility for preventing the further spread of HIV. It would also be ensured that workers are entitled to affordable health services and to benefits from statutory and occupational schemes.
- **Gender equality:** More equal gender relations and the empowerment of women are vital aspects in the prevention of HIV transmission and helping people manage the pandemic. Gender relations and programmes aimed at women empowerment will be fostered.
- Create a **healthy environment** by actively promoting good health and positive living on campus

Social dialogue: a successful HIV/AIDS policy and program requires cooperation, trust and dialogue between government officials, the board of the university, administration, employees and students.

5. Implementation of Code of Good Practice.

The Fiji National University upholds every employee's right to privacy and confidentiality. An employee does not have a legal duty to inform the management of their HIV status. No health worker should



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disclose an employee's HIV status without their consent. Employees living with HIV&AIDS will have the same rights, duties and obligations as any other employee.

5.1 Employee specific policy

5.1.1 Employment conditions

- Employees with HIV&AIDS will be governed by the same contractual obligations as all other employees according to the University's conditions of service, including appropriate promotion, work alternatives and training opportunities
- HIV&AIDS will not be used as a justification for the non-performance of duties in terms of the employment contract
- No employee will be dismissed or have their employment terminated merely on the basis of HIV&AIDS, nor will HIV&AIDS status influence retrenchment procedures HIV&AIDS will not in itself be a reason for unilateral medical "boarding" of an employee The University Management in consultation with the trade union will decide on the criteria that should be used to determine when an employee is too sick to work. An employee is under no legal duty to disclose their HIV status even during an incapacity dismissal.
- No employee will be discriminated against on the grounds of their HIV positive status. Any employee who happens to be a victim of discrimination should lodge a complaint by following University's grievance procedure.

5.1.2 Performance management

Employees living with HIV&AIDS will be productive for a longer period if they receive the support they need. The University undertakes to support employees in the following areas:

- facilitating their access to health services internally as well as outside the campus
- giving the employees time off to attend clinics or counseling
- transferring the employee to lighter or less stressful duties where it is both necessary and possible The University will develop procedures for performance assessment and management so that all supervisors and managers are clear on the criteria for dealing with:
 - absenteeism
 - sick leave
 - transfer to lighter duties
 - ill-health
 - employee counseling

5.1.3 Benefits

Employees living with HIV&AIDS are entitled to the same benefits as all other University staff. FNU commits itself to reviewing restrictions of benefits, which specifically discriminate against those with any infection or AIDS and to reconsidering its contract with the schemes.

Similarly, FNU commits itself to scrutinising provident fund, pension, group and spouse life insurance cover for restrictions of benefits which specifically discriminate against those living with the HIV infection or AIDS and to reconsidering its contract with the insurers. FNU will inform all employees of any limitations of medical or insurance benefits, as well as changes to medical or insurance benefits with regard to HIV&AIDS.



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5.1.4 Support services

FNU will provide the following services and support:

- pre- and post-test counseling
- referral to appropriate professionals, institutions/organisations within the community, for further management
- provision of training and refresher courses for support personnel who deal with HIV&AIDS

5.2 Student-specific policy

1. Medical Care

Special precautions to protect the health of individuals with HIV or AIDS should be considered during periods of prevalence of certain contagious diseases, such as measles or chicken pox. Individuals with HIV or AIDS may be excused from any institutional requirements as medically indicated.

2. Support Services

The University's health policy encourages regular and follow-up counseling for those who have HIV or AIDS. The University will make counseling available through Health/Counseling Services and/or Campus Counselors for persons who:

- are HIV positive or have AIDS;
- are concerned about HIV exposure; are experiencing stress because someone close to them is HIV positive or has AIDS;
- Have suffered the loss of someone close to them as a result of AIDS.

3. Safety Precautions

The University must follow the Ministry of Health Safety Precautions as proposed by the Public Health Service for the handling of the blood and body fluids of all persons. Teaching laboratories requiring exposure to blood will use only disposable equipment, and no lancets or other bloodletting devices will be shared or reused. No students, except those in health care profession schools, will be required to obtain or process the blood of others.

4. Harassment

FNU condemns all forms of discrimination and considers verbal or physical manifestation of such discrimination intolerable. Violators will be quickly dealt with according to University disciplinary policies.

5.2.1 Conditions of study

Students who are living with HIV or AIDS will not be prevented from attending lectures, living in residences or being involved with campus activities on account of their HIV&AIDS status.

Students who refuse to study or work with any fellow student or staff member who is, or who is perceived to be, living with HIV&AIDS, will be subject to the following:

1. Education
2. Counseling
3. Disciplinary action

5.2.2 Grievances and Disciplinary Procedures

A student living with HIV&AIDS has the same rights, duties and obligations as all other students. Where discrimination occurs as a result of HIV &AIDS status, the student will have recourse to existing University mechanisms for redress.



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HIV & AIDS status may not be used to evade University rules and regulations. Standard disciplinary procedures will apply for infringement of University rules, regardless of HIV&AIDS status.

6. Procedures and processes

6.1 Awareness strategies

Continuous HIV&AIDS information, education and communication will be facilitated in the following ways:

- Integration of HIV & AIDS issues in the orientation programme for the new coming students.
- Awareness campaigns on particular days (i.e. valentines and STI week, International Candle-lighting Memorial Day, International World AIDS Day)
- Provision of material for peer educators so that these can be used as a source of reference when persuading peers to act towards risk reduction.
- Ongoing promotion of services provided on site particularly the voluntary counseling and testing service and peer education.
- Advice on treatment, including alternative therapy, for opportunistic infections.

6.2 Prevention strategies

The University will take every opportunity to promote creative and innovative HIV&AIDS preventive programmes. The intuition is to ensure that individuals who have tested HIV negative maintain that status. Preventive services will include:

- Promotion of abstinence to ensure that the large portion of youth delay the initiation of sex (secondary abstinence will also be promoted)
- Treatment and control of sexually transmitted infections in accordance with the provisions of the Department of Health's Policy on the treatment of Sexually Transmitted Infections.
- Increased access to a comprehensive package for post exposure prophylaxis and ensuring that protocols for dealing with the exposure are in place.
- Provision and promotion of voluntary confidential counseling and testing (VCCT) services including ongoing psychosocial care and support. Peer educators (both staff and student) will motivate individuals to test for HIV. The Campus Health clinic will provide pre-test and post-test counseling. A test for CD 4 count will be administered to those individuals who have tested HIV positive
- Ensuring that the services at the VCCT are rendered with strict confidentiality.
- promotion of proper condom / femodom use and access to these barrier devices
- preventive action for reducing risk that is likely to happen as a result of HIV and AIDS
- ensuring that the universal precautions are available at all times

6.3 HIV& AIDS in the Curriculum

Higher Education is a critical pillar of human development especially in the creation of both tacit and tangible knowledge. With the Higher Education sector likely to be so adversely affected, and given its key role as a driver of social and economic development, it is clear that our graduates must be equipped to manage the pandemic, whilst at university and, possibly even more importantly, after they have left. This would be achieved by:

- Including HIV&AIDS education as part of the core curriculum. Each faculty should design an HIV & AIDS specific module to develop knowledge and competence in students as to how they should manage HIV within their disciplines.
- Preparing students to be able to best support national responses to HIV & AIDS.



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- Promoting student-conducted surveys on such topics as the impact of social and sexual practice on the epidemic and investigating ways of positively changing attitudes towards those who are HIV positive.

6.3.1 The HIV & AIDS programme manager will facilitate the process of curriculum development and liaise with various faculties and or departments. The incumbent will present suggested modules at the various faculty board meetings and then ensure that submissions are made to SMG for approval.

6.3.2 Members of staff within the various Departments will ensure that issues of HIV and AIDS are integrated in their teaching and that study guides and course outlines do reflect such integration.

6.3.3 Heads of Departments to report to the Executive Deans at the end of every semester on the integration of HIV & AIDS.

6.3.4 Annual faculty reports should reflect the extent to which students, particularly those graduating in the ensuing year, have been prepared to manage HIV & AIDS within their respective disciplines or fields of practice.

6.4 Providing informal education and information

Continuous HIV & AIDS information dissemination and education will be facilitated by establishing peer education programme for students and staff

6.4.1 The HIV & AIDS programme will be integrated into the students orientation programme. This will help introduce new coming students to the resources and activities that are available

6.4.2 The Health Promotion Officer will be responsible for the recruitment and the supervision of student peer educators

6.4.3 The HIV & AIDS office will coordinate the training of peer educators for both staff members and students Staff and students at FNU will be apprised of human rights policies under the Fiji Constitution with special reference to the rights of women, sexual preference, and people living with HIV & AIDS. Training in the use of universal precautions will be provided to students and members of staff.

6.5 Treatment, Care and Support

All staff and students with living with HIV&AIDS will be treated in life-affirming ways, without any discrimination. Symptomatic treatment, e.g. treatment for opportunistic infections, will be provided at the University at the level of primary health care.

6.5.1 Treatment

The University will create the conditions for access to a comprehensive package of treatment by incorporating the guidelines of the HAST (HIV AIDS Sexually transmitted illnesses and Tuberculosis) programme.

6.5.2 Counseling

The University pledges to:

- * strengthen and expand the existing counseling and guidance services to include HIV&AIDS.
- * ensure that all students and staff, who have been subjected to rape and sexual violence, have access to counseling and support provided by the University
- * develop protocol for dealing with instances of rape and sexual violence.



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6.5.3 Care and support

The University pledges to:

- Provide voluntary HIV Testing for employees and students
- Provide confidential pre and post VCCT
- Encourage the formation of support groups for both students and staff, after appropriate counseling training has been offered.
- Expand the services of the Campus Health Clinic in order to provide the CD 4 count services and the anti-retroviral therapy
- Provide immune boost supplements for the infected
- Ensure that when appropriate, referrals are made to relevant institutions and organisations within the area, for further assessment, treatment and management.
- Provide wellness program
- Ensure condoms are available in easily accessible locations
- In terms of Compensation for occupational injuries, HIV may be regarded as an accident if such infection is acquired as a result of accident that arises out of and in the course of the person work and study provided that the date, time, place and circumstances surrounding the incident is ascertained and reported as prescribed through approved through National Infection Control Protocol.
- Employees, students or patients who have been exposed to infection in the course of their official duties and studies or as a patient will receive the appropriate assistance from the University in accordance with other relevant National Guidelines. This may include anti-retroviral medications and VCCT under medical advice. This provision may also cover post exposure care and support.

6.6. Strategy for Top-Management

The University will strive to ensure that:

- There is ongoing support of Top-Management in the strategic planning and the implementation of HIV & AIDS Programme
- Voluntary Counselling and Testing (VCCT) is promoted and Top Management leads by example.
- Special events days appearing in the prospectus are used for social dialogues on issues related to HIV & AIDS and that Top-Management becomes part of such dialogues. If and when time allows, brief presentations on HIV & AIDS are part of the agenda for Senate meetings.

6.7 Research

The University will promote research into all aspects of HIV&AIDS. These will include:

- operational research to improve the efficiency in the implementation and effectiveness of programmes
- policy research to keep up with scientific developments e.g. anti-retroviral therapy, traditional medicines, nutrition and other areas
- Establishment of an HIV Research Interest group to support and strengthen knowledge generation, assimilation and dissemination with respect to HIV & AIDS. The University's staff and students should benefit from any research and community activity undertaken within the institution through relevant focusing and participation.



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6.8 Management of sharp instruments

Where sharp instruments must be used for work or educational purposes, use of these items should be carefully monitored and controlled. The administrators are responsible for ensuring that there is no unauthorized or unsupervised use of sharps, and that any found on institution property are removed and safely stored. (Annex)

7. Responsibilities

It is important that all sectors of the University are involved in the implementation of the policy.

7.1 Responsibilities of employees

- Employees should take responsibility for own health.
- They should not only participate in the programme but also own it.
- They should respect the privacy and confidentiality of those living with HIV
- They should respect the rights of those who are not HIV positive
- They have a responsibility to take the lessons they have learnt at the workplace to their homes and or communities
- Participate in collaborative partnerships

7.2 Responsibilities of heads of sections (academic & non-academic)

- Ensure that the process of consultation takes place
- Show commitment to the HIV & AIDS programme
- Allow time for employees to take part in the HIV & AIDS programme including attending clinics, other health services and educational / awareness programmes
- Assess the performance of employees taking into cognizance the effect of factors like ill-health, sick leave
- Ensure that sick leave forms are completed and timely submitted to the human Resources Department for monitoring purposes
- Consider the transfer of employee to lighter duties as and when the need arise
- Ensure that their sections or departments participate in collaborative partnerships

7.3 Responsibilities of academic heads of departments

- Ensure the integration of HIV and AIDS aspects in the various modules and that this is reflected in the study guides and the course outlines
- Report quarterly to the Executive Deans on the extent to which issues of HIV & AIDS have been integrated
- Annual reports should reflect the extent to which graduates have been prepared to manage HIV & AIDS within their respective fields/ disciplines.

7.4 Responsibilities of shop stewards and trade unions

- Ensure that the process of consultation throughout the workplace takes place
- Show commitment to the programme
- Encourage employees to be involved in the programme
- Feed comments up from the shop floor
- Participate in collaborative partnerships



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Responsibility of peer educators

The institution should identify, train and support at least two groups of HIV/AIDS peer educators:

- (i) for employees and
- (ii) for students. Peer educators should receive training in accordance with their roles and responsibilities in this Policy and reasonable release time from other duties so as to carry out their responsibilities. The following are broad principles for HIV-related education/counselling:

- The peer educator is well acquainted with the following information: how the transmission of HIV occurs and may be prevented; the attitudes and behaviour choices that put people at risk for HIV; universal precautions; accurate information that dispels myths and combats AIDS-related stigma and discrimination; and services and benefits available within the institution or the community generally that enable employees and students to cope with HIV and AIDS, including V(C)CT and other forms of support, among which, means of risk reduction such as condoms. The educator should be knowledgeable and available to provide information, and counselling if trained to do so, for anyone concerned with or affected by HIV and AIDS;
- Counselling (where appropriate) is offered in a private and confidential setting, with sufficient time available and by a trained professional;
- The peer educators support but are not solely responsible for the implementation of the institution's HIV/AIDS education programme;

8. Monitoring and evaluation

An assessment of the institution is essential in determining the risk survey will be conducted to establish baseline and develop needs-based interventions. There has to be improved HIV surveillance screening and diagnosis through VCCT to ascertain the incidence of HIV infection. In order for the policy to be a success, an operational plan should be in place. The plan should incorporate specific indicators so that interventions can be measurable. Ongoing monitoring will assist in determining a need for change in the programme. Conduct surveillance on HIV and STI risk behaviours. The Human resources section will have to maintain records on sickness or absence and looking at the causes of absence will be important in monitoring the impact of HIV and AIDS. Records connected to health and counseling will be kept confidential. Records and reports related to the programme will be kept as evidence of the programme roll-out.

9. FNU HIV & AIDS Committee

The University will establish an HIV&AIDS Committee, residing under the University Council in accordance with the Act of the University.

The HIV& AIDS Committee will meet to:

- ensure that the Policy is implemented
- consider new submissions to the Policy
- implement changes in legislation, regulations and/or codes of good practice
- Plan and discuss any activity to further the intention of this Policy.
- Ensure continual improvement of the Policy and such a process will take place during the month of September of each year.



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Annex

WHO Fact Sheet - management of occupational exposure to blood-borne pathogens

Provide immediate care to the exposure site:

- Wash wounds and skin with soap and water.
- Flush mucous membranes with water.

Determine risk associated with exposure by:

- Type of fluid (e.g. blood, visibly bloody fluid, other potentially infectious fluid or tissue and concentrated virus).
- Type of exposure (i.e. percutaneous injury, mucous membrane or non-intact skin exposure and bites resulting in blood exposure).

Evaluate exposure source:

- Assess the risk of infection using available information.
- Test known sources for HBs Ag, anti-HCV and HIV antibody (consider using rapid testing).
- For unknown sources, assess risk of exposure to HBV, HCV or HIV infection.
- Do not test discarded needles or syringes for virus contamination.

Evaluate the exposed person:

- Assess immune status for HBV infection (i.e. by history of hepatitis B vaccination and vaccine response).

Give PEP for exposures posing risk of infection transmission:

- HBV: PEP dependant on vaccination status:
 - unvaccinated: HBIG + HB vaccination;
 - Previously vaccinated, known responder: no treatment;
 - Previously vaccinated, known non-responder: HBIG + HB vaccination;
 - Antibody response unknown: test and administer HBIG + HB vaccination if results are inadequate.
- HCV: PEP not recommended.
- HIV: Initiate PEP as soon as possible, preferably within hours of exposure. Offer pregnancy testing to all women of childbearing age not known to be pregnant:
 - seek expert consultation if viral resistance is suspected;
 - administer PEP for four weeks if tolerated.

Perform follow-up testing and provide counselling:

- Advise exposed persons to seek medical evaluation for any acute illness occurring during follow-up.

HBV exposures:

- Perform follow-up anti-HBs testing in persons who receive hepatitis B vaccine:
 - Test for anti-HBs one to two months after last dose of vaccine;
 - Anti-HBs response to vaccine cannot be ascertained if HBIG was received in the previous three to four months.

HCV exposures:

- Perform baseline and follow-up testing for anti-HCV and alanine aminotransferase (ALT) four to six months after exposure.
- Perform HCV RNA at four to six weeks if earlier diagnosis of HCV infection desired.
- Confirm repeatedly reactive anti-HCV enzyme immunoassays (EIAs) with supplemental tests.

HIV exposures:

- Perform HIV-antibody testing for at least six months post-exposure (e.g. at baseline, six weeks, three months, and six months).
- Perform HIV antibody testing if illness compatible with an acute retroviral syndrome occurs.
- Advise exposed persons to use precautions to prevent secondary transmission during the follow-up period.
- Evaluate exposed persons taking PEP within 72 hours after exposure and monitor for drug toxicity for at least two weeks.



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Source: *Joint ILO/WHO guidelines on health services and HIV/AIDS, 2005, Fact Sheet No. 10*

Safe handling of disposable sharps and injection equipment

Employers should develop procedures for the safe handling and disposal of sharps, including injection equipment, and ensure training, monitoring and evaluation. The procedures should cover:

- (a) Placement of clearly marked puncture-resistant containers for the disposal of sharps as close as practicable to the areas where sharps are being used or are found;
- (b) Regular replacement of sharps containers before they reach the manufacturer's fill line or when they are half full; containers should be sealed before they are removed;
- (c) The disposal of non-reusable sharps in safely positioned containers that comply with relevant national regulations and technical guidelines;
- (d) Avoiding recapping and other hand manipulations of needles, and, if recapping is necessary, using a single-handed scoop technique;
- (e) Responsibility for proper disposal by the person using the sharp;
- (f) Responsibility for the proper disposal and for reporting the incident by any person finding a sharp.

Source: *Joint ILO/WHO guidelines on health services and HIV/AIDS, 2005, paragraph 43*

Examples of discrimination against employees and students based on actual or perceived HIV status

Discriminatory Action

Employee

Denial of employment

Dismissal

Denial of promotion opportunities

Not given access to employee benefits

Not given access to professional development or work-related social activities

Compulsory transfer from a job function in which the person with HIV does not pose any form of medical threat to other employees "is not incapable of performing work to a reasonable standard, and is not afforded reasonable accommodation in an alternative work assignment"

Students

Denial of admission to study

Expulsion, suspension, denial of student privileges

Not given the opportunity to advance to the next grade/level

Not given the opportunity to engage in social activities sponsored by the education institution

Breach of privacy or confidentiality

Not receiving protection from physical and verbal

Recommended content for employee and student education programmes

Employees

- The HIV epidemic, how HIV is contracted and prevented, what is AIDS, risk assessment and reduction, including reference to other STIs, available ARV treatment medication
- Differences in risk between men and women, unequal power relations in education institutions particularly affecting girls and young women, and rights and responsibilities of both men and women
- How to communicate with other employees and students about HIV and AIDS
- How to communicate with other employees and students living with HIV
- How to communicate with parents, guardians and other relatives of students living with HIV



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- How to dispel myths relating to HIV and AIDS and avoid discriminatory practices and stigmatisation of those living with HIV
- Basic occupational health and safety and first aid procedures, the application of universal precautions, and strategies on creation of a safe, enabling environment
- How to cope with an HIV-positive diagnosis, healthy living (wellness) management programmes, rights, care, treatment and support benefits and responsibilities arising from HIV infection or diagnosis, including continuing means of preventing transmission.

Students

- Accurate and up-to-date information about HIV and AIDS (transmission, prevention (including abstinence), care, treatment, support)
- The links between HIV, AIDS and other STIs
- The rights of persons living with HIV/AIDS
- How to support fellow students living with HIV and other illnesses
- How to live a healthy life through an HFLE or comparable programme
- Basic first aid procedures and the use of universal precautions
- How to cope, lead a healthy life, receive treatment and support if living with and/or affected by HIV.

Protection of workers' personal data

General principles from the *Protection of workers' personal data: An ILO code of practice (1997)*

5. General principles

- 5.1.** Personal data should be processed lawfully and fairly, and only for reasons directly relevant to the employment of the worker.
- 5.2.** Personal data should, in principle, be used only for the purposes for which they were originally collected.
- 5.3.** 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 a change of context.
- 5.4.** 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.
- 5.5.** Decisions concerning a worker should not be based solely on the automated processing of that worker's personal data.
- 5.6.** Personal data collected by electronic monitoring should not be the only factors in evaluating worker performance.
- 5.7.** Employers should regularly assess their data processing practices:
 - (a) To reduce as far as possible the kind and amount of personal data collected; and
 - (b) To improve ways of protecting the privacy of workers.
- 5.8.** Workers and their representatives should be kept informed of any data collection process, the rules that govern that process, and their rights.
- 5.9.** 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.
- 5.10.** The processing of personal data should not have the effect of unlawfully discriminating in employment or occupation.
- 5.11.** 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.
- 5.12.** 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.
- 5.13.** Workers may not waive their privacy rights.