Ministry Of Labour, Industrial Relations, Tourism & Environment

NATIONAL CODE OF PRACTICE

For

HIV/AIDS

IN THE WORKPLACE

2007

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Foreword

The Ministry of Labour, Industrial Relations, Tourism & Environment has recognized that HIV/AIDS epidemic is now a global crisis, and constitutes one of the most formidable challenges to development and social progress. In the most affected countries, the epidemic is eroding decades of development gains, undermining economies, threatening security and destabilizing societies. In Fiji today, reported cases of HIV/AID stands at 249 and this is just the tip of the iceberg since there are estimated to be around 1000 unreported cases.

HIV/AIDS is a major threat to the world of work; it is affecting the most productive segment of the labour force and reducing earning, and it is imposing huge costs on enterprises in all sectors through declining productivity, increasing labour costs and loss of skills and experience. In addition, HIV/AIDS is affecting fundamental rights of work, particularly with respect to discrimination and stigmatization aimed at workers and people living with and affected by HIV/AIDS.

This code will be instrumental in helping to prevent the spread of the epidemic, mitigate its impact on workers and their families and provide social protection to help cope with the disease. It covers key principles, such as the recognition of HIV/AIDS as a workplace issue, non-discrimination in employment, gender equality, screening and confidentiality, social dialogue, prevention and care and support, as the basis for addressing the epidemic in the workplace.

This code is the product of collaboration between the Ministry of Labour and its tripartite constituents, the Ministry of Health, as well as cooperation with its international partners to include the International Labour Organization. It provides invaluable practical guidance to policy-makers, employers' and workers' organization and other social partners for formulating and implementing appropriate workplace policy, prevention and care programs, and for establishing strategies to address workers in the informal sector.

The code will help to secure conditions of decent work in the face of a major humanitarian and development crisis. Best practices have been used globally to combat the spread of HIV/AIDS to include committed leadership, multi-sectoral approaches, partnership with civil societies, including people living with HIV/AIDS, and education. These elements are reflected in the key principles of the code and its reliance on the mobilization of the social partners for effective implementation.

This pioneering Code of Practice was adopted by the National Occupational Health and Advisory Board and under review at the Labour Advisory Board meeting of 17th September 2007 relative the provisions of the proposed Employment Relations Promulgation 2007. This Code is a forward-looking document which addresses present problems and anticipates future consequences of the epidemic and its impact on the world of work in Fiji workplaces. Through this code, the Ministry will increase it support for national commitment to protect the rights and dignity of workers and all people living with HIV/AIDS in Fiji.

Pax Vitia

[Bernadette G Rounds]
Minister for Labour, Industrial Relations, Tourism & Environment

Acknowledgement

The Ministry of Labour, Industrial Relations Tourism and Environment gratefully acknowledges the generosity of both the International Labour Organization (ILO) and the Australian Government's National Occupational Health and Safety Commission (NOHSC), whose work was used in the development of this code of practice.

To be consistent with both regional and international best practices in HIV/AIDS, this code of practice has been adapted from equivalent codes of practice developed by both the ILO and the Australian Government. As the source documents, relevant parts of this code are either based on the content of, or uses the exact words contained within the following publications:

1. The International Labour Organization's *An ILO Code of Practice on HIV/AIDS and the World of Work*, June 2001; and

2. The National Occupational Health and Safety Commission's *Code of Practice for the Control of Work-related exposure to Hepatitis and HIV (Blood-borne) Viruses* [NOHSC: 2010(2003)].

The Ministry would also like to thank the Australian Government for the services of Australian Youth Ambassador, Mr. Timothy Wilcox for his invaluable contribution to this Code.

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Preface

This code of practice is designed to advise employers and workers of acceptable preventive action for averting occupational deaths, injuries and related diseases from HIV/AIDS in the workplace, whilst respecting the fundamental principles and rights at work.

The expectation of the Ministry of Labour, Industrial Relations Tourism and Environment is that this national code of practice is suitable for adoption by all workplaces in Fiji. Such action will increase uniformity in the regulation of occupational health and safety throughout Fiji and further contribute to the enhanced efficiency of the Fiji economy through more productive workplaces.

Under the *Health and Safety at Work Act, 199*6 and the *Employment Relations Promulgations 2007* the Minister for Labour, Industrial Relations, Tourism and Environment has the authority to approve any code of practice for the purpose of providing practical guidance on any matter relating to those Acts respectively.

CODES OF PRACTICE

WHO DO THEY APPLY TO?

Approved codes of practice provide practical guidance to employers, self-employed persons, principal contractors, owners, occupiers, workers or any other person to whom duties of care may apply under the *Health and Safety at Work Act 1996* (the Act). The Code also applies to employers covered under the *Employment Relations Promulgation 2007.* Each approved code of practice will state the persons for whom guidance is intended to be given.

WHAT ARE THEY?

An approved code of practice may consist of any code, standard, rule, specification or provision relating to workplace health and safety. An approved code of practice may also apply, incorporate or refer to any document formulated or published by any body or authority. Generally, an approved code of practice contains various methods of work or courses of action, which are designed to achieve health and safety standards.

WHO DEVELOPS CODES?

Many codes of practice exist. National codes of practice on health and safety at work are developed by the National Occupational Health and Safety Service of the Ministry of Labour, Industrial Relations, Tourism & Environment for the deliberation of the tripartite National Occupational Health and Safety Advisory Board, and the Employment Relations Advisory Board. Other countries and organizations develop their own codes of practice such as New Zealand, Worksafe for Australia and Standards Australia. In Fiji, an approved code of practice, however, is one, which has been approved by the Minister for Labour, Industrial Relations, Tourism & Environment and the National Occupational Health and Safety Advisory Board under Section 63 of the *Health and Safety at Work Act 1996.* A notice of the approval of a code of practice is published in the Gazette while some code of practice may not be recommended to the Minister for formal approval under the Act, they may still provide useful advice regarding the prevention and control of health and safety risks. Alternatively, the Minister may promulgate the code under the Employment Relations Promulgation 2007.

LEGAL ASPECTS

No sanctions can be directly imposed for failure to observe a provision of an approved code of practice. Inspectors may, in certain circumstances, cite an employer's practice in the area of a relevant code of practice as grounds for the issue of a prohibition or improvement notice. However, an approved code is admissible in evidence in proceedings in which it is alleged that a person with a duty of care has contravened or failed to comply with the Act. A court may hold that a failure to comply with the approved code of practice constitutes proof of breach of the duty of care, unless the court is satisfied that the person adopted standards of care which were at least equivalent to those described in the approved code of practice.

SUMMARY

An approved code of practice:

- Provided practical guidance to persons with duties of care under the Act;
- Is admissible in evidence in proceedings under the Act;

- Should be followed, unless health and safety can be ensured by other practicable ways.

Title (Citation)

This national code of practice may be cited as the *National Code of Practice for HIV/AIDS in the Workplace*.

1. Objective

The objective of this code is to provide a set of guidelines to both employers and workers to address and prevent HIV/AIDS in the workplace in accordance with the *Health and Safety at Work Act, 1996* and the *Employment Relations Promulgations 2007.*

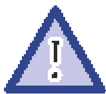
The guidelines cover the following key areas:

(a) Prevention of HIV/AIDS;
(b) Minimisation of the risk of infection resulting from work-related exposure to HIV;
(c) Management and mitigation of the impact of HIV/AIDS on workplaces;
(d) Care and support of workers infected and affected by HIV/AIDS;
(e) Elimination of stigma and discrimination on the basis of real or perceived HIV status; and
(f) To assist workplaces to respond appropriately and effectively to HIV/AIDS related workplace incidents.

The HIV/AIDS epidemic impacts upon the workplace and individuals at a number of different levels and requires a holistic response which takes all the above factors into account.

2. Use

IMPORTANT



This code of practice provides general practical guidance for the management of exposure to HIV in the workplace. It is designed to be applicable to all workplaces, and does not focus on the specific requirements of workers in health care settings. The management of exposure of health care workers to HIV requires an additional code of practice that addresses the specific work tasks unique to that industry.

This code is intended primarily for the use of duty of care holders – that is, employers (including the Fiji Government in its capacity as an employer), self-employed and other controllers of workplaces who have a duty of care to workers. It aims to provide guidance to the duty of care holders regarding their approaches to minimising the risk of infection from HIV as a result of work-related exposure.

Please read Part 1 of the code first as it outlines the principles that form the foundation for all work practices and procedures detailed in the remainder of the document. Reading and applying these principles is the key to understanding the issues related to HIV/AIDS in the workplace.

In addition, this code should be read and used in conjunction with any other relevant codes of practice that are issued by the Ministry of Labour, Industrial Relations, Tourism & Environment.

In addition, this code can also be used to:

(a) Assist in developing additional responses to HIV/AIDS in the workplace at all levels. All employers, employees and their respective organisations are encouraged to use this code to develop, implement and refine additional HIV/AIDS policies and programs to suit the needs of their workplaces;

(b) Promote processes of dialogue, consultations, negotiations and all forms of cooperation between governments, employers and workers and their representatives, occupational health personnel, specialists in HIV/AIDS issues, and all other relevant stakeholders (including relevant Civil Society Organisations); and

(c) Give effect to its contents (in consultation with key stakeholders):

- In national laws, policies and programs of action;
- In workplace/enterprise agreements; and
- In workplace policies and plans of action.

The code of practice is divided into four (4) main parts:

Part 1	HIV/AIDS and the Workplace	This part outlines what HIV/AIDS is, how it affects workplaces, employers and workers, outlines the key principles underpinning the code of practice and the responsibilities of the Government, employers and workers;
Part 2	Risk Management	This part outlines the legislative and best practice processes, procedures and OHS management principles workplaces shall adopt to prevent the transmission of HIV/AIDS in the workplace;
Part 3	Education and Training	This part outlines the importance of education and training of HIV/AIDS, what education and training courses should include and who should receive specific training in HIV/AIDS; and
Part 4	Care of Workers affected and infected with HIV/AIDS	This part outlines additional programs that workplaces and other relevant organisations and authorities can adopt to further support workers both infected and affected with HIV/AIDS.
Appendices		The appendices provide further detailed information on various parts of the code, a glossary, references and useful contact information of relevant organisations.

3. Scope

This code applies to:

(a) All workplaces, employers and workers (including applicants for work) in the public and private sectors; and

(b) All aspects of work both formal and informal, including duty of care.

Part 1 – HIV/AIDS and the Workplace

4. Introduction

The Human Immunodeficiency Virus (HIV) and the Acquired Immune Deficiency Syndrome (AIDS) are serious public health issues, which have significant socio-economic, employment and human rights implications. It is recognised that the HIV epidemic can affect every workplace, with prolonged staff illness, absenteeism and death impacting on productivity, employee benefits, occupational health and safety, production costs and workplace morale.

HIV is a disease surrounded by ignorance, prejudice, discrimination and stigma. In the workplace, unfair discrimination against people living with HIV/AIDS has been perpetuated through practices such as pre-employment testing for HIV, dismissals for being HIV positive and the denial of employee benefits.

One the most effective ways of reducing and managing the impact of HIV/AIDS in the workplace is through the implementation of HIV/AIDS workplace policies and programs. Addressing aspects of HIV/AIDS in the workplace will enable employers, workers, the government and relevant stakeholders to actively contribute towards local, national and international efforts to prevent and control the spread of HIV.

4.1 HIV/AIDS and its transmission

HIV can damage the body's immune system so that it is unable to fight off infection and this is the cause of AIDS. An important feature of HIV infection is that there is usually a long period after initial infection during which the person has few or no symptoms of the disease.

HIV usually progresses through several stages:

(a) In the initial weeks of infection, the person may experience flu like symptoms. Antibodies to the virus are usually formed at this time (three to twelve weeks after infection occurs).

(b) Following the initial infection, there is a long period during which the person has few or no symptoms, but HIV is detectable through the presence of antibodies in the blood. This period usually lasts up to eight years after the initial infection.

(c) As the virus begins to destroy the immune system, symptoms such as weight loss, fever, diarrhoea and lymph gland enlargement may commence. This usually progresses to the full AIDS, which develops when the immune system is severely damaged. The person may become terminally ill with infections, cancers or neurological disorders.

HIV is not as infectious as Hepatitis B (HBV) or Hepatitis C (HCV) but is spread by similar means. Infection with HIV can occur through the transfer of infected human blood or other body fluids/substances during anal or vaginal sexual intercourse, sharps injury (including needlesticks) and needle sharing related to drug use. It may also be transmitted from an infected mother to a baby during pregnancy, childbirth or breastfeeding. HIV is usually not transmitted through non-sexual, person-to-person contact. However, the virus can be transferred where infected materials such as blood or other body fluids/substances come into direct contact with broken skin or the mucous membranes of the eyes, nose or mouth.

Overall, it has been established that transmission can take place in four (4) ways:

1. Unprotected sexual intercourse (including oral and anal) with an infected partner;
2. Blood and blood products (eg: infected blood transfusions and organ or tissue transplants) or the use of contaminated injection or other skin-piercing equipment (e.g. tattooing equipment);
3. Transmission from infected mother to child in the womb or at birth; and
4. Breastfeeding.

There is no evidence that HIV is transmitted by:

- Using the same bilo, tanoa, eating and drinking utensils or consuming food and beverages handled by someone who has HIV;
- Mosquitoes and other insects;
- Sharing toilet and washing facilities; and
- Casual physical contact, coughing, sneezing, kissing, sweat, tears, shared clothing or telephone hand sets.

HIV weakens the human body's immune system, making it difficult to fight even ordinary infections that many people experience (e.g. pneumonia, bronchitis etc) and turns them into life threatening infections. A person may live for ten years or more after infection, much of this time without symptoms or sickness, although they can still transmit the infection to others. Early symptoms of AIDS can include:

- Chronic fatigue;
- Diarrhoea;
- Fever;
- Mental changes such as memory loss;
- Weight loss;
- Persistent cough;
- Severe recurrent skin rashes;
- Herpes and mouth infections; and
- Swelling of the lymph nodes.

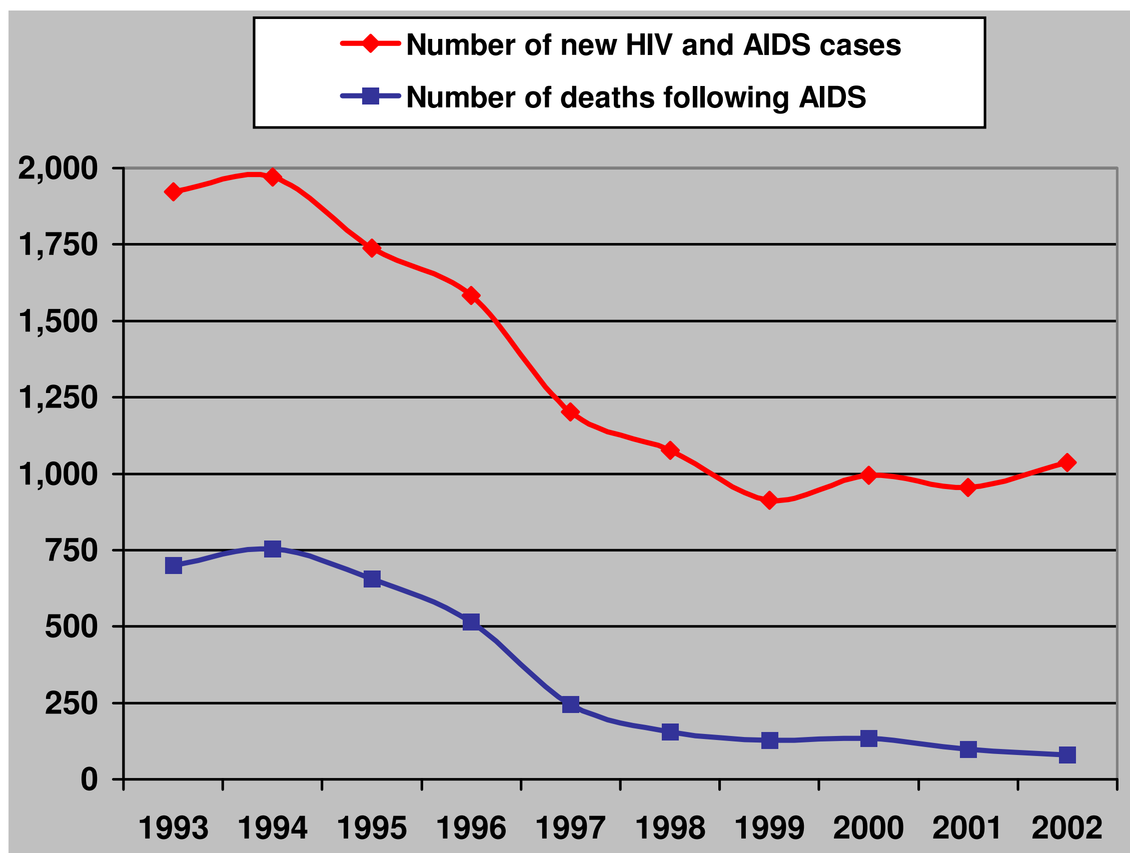
Opportunistic diseases such as cancers, meningitis, pneumonia and tuberculosis may also take advantage of the body's weakened immune system. Although periods of illness may be interspersed with periods of remission, AIDS is almost always fatal.

Research is currently under way into developing a vaccine for HIV, but no effective vaccine is available as yet. Antiretroviral drugs are available that can:

- Prevent a person exposed to HIV from becoming chronically infected by AIDS; and
- Slow the progression of the disease and help prolong life.

In Australia, where antiretroviral drugs have been more readily available to those living with HIV, the number of reported deaths following AIDS has decreased over the years despite many new cases of HIV infections being reported each year (see Table 1).

Table 1: Total number of new cases of HIV and AIDS versus the total number of deaths following AIDS reported in Australia from 1993 to 2002.



Source: Australian Government, Department of Health and Ageing, *Communicable Diseases Network Australia - National Notifiable Diseases Surveillance System*, personal communication (2004).

HIV is a fragile virus, which can only survive in a limited range of conditions. It can only enter the body through naturally moist places and cannot penetrate unbroken skin. Prevention therefore involves ensuring that there is a barrier to the virus, for example condoms or protective equipment such as gloves and masks (where appropriate), and

that skin-piercing equipment is not contaminated. The HIV virus can be removed from contaminated material (e.g. blood-stained sheets) by bleach, strong detergents and very hot water.

Occupational infection occurs mainly from mucosal contact (e.g. splashes of infected body fluids/substances to the mouth, nose, eyes or non-intact skin), or from transmission of infected body fluids/substances via contaminated needles and other sharp objects. HIV can only survive in body fluids/substances outside the body for brief periods as it is much more fragile than some other viruses (e.g. Hepatitis B).

The risk of infection from HIV after exposure of the mucous membranes of the eyes, nose or mouth to HIV infected blood is approximately 0.1 per cent (or 1 in 1000). The risk of infection after exposure of intact skin is below 0.1 per cent. However the risk may increase where broken/damaged skin is present, large areas of skin have been exposed or prolonged exposure has occurred. The risk of contracting HIV from a needlestick or sharps injury and exposure to HIV infected blood is approximately 0.3 per cent (or 1 in 333). Expressed otherwise, 99.7 per cent of needlestick or sharps injury exposures to HIV infected blood do not lead to infection[1].

4.2 Impact of HIV/AIDS on the workplace

According to the ILO, over 40 million people around the world are infected with HIV with at least 25 million of those living with HIV/AIDS being workers in the prime of their working lives aged 15 to 49.[2]

Overall, HIV affects workplaces in many ways and the consequences are felt by enterprises, national economies and particularly workers and their families. A number of these consequences include:

- Stigma and discrimination at the workplace;
- Reduced supply of labour;
- Loss of skilled and experienced workers;
- Increased labour costs for employers and reduced productivity;
- Slowing economic growth;
- Loss of family income and a growing burden of care, especially for women; and
- Early entry of children into active employment[3].

On a national level, it has been estimated that a nation can expect a decline of 1% in its Gross Domestic Product (GDP) per year when 20% or more of its population is living HIV/AIDS[4].

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[1] Australian Government, National Occupational Health and Safety Commission (2003) *National Code of Practice for the Control of Work-related Exposure to Hepatitis and HIV (Blood-borne) Viruses* [NOHSC: 2010 (2003)] 2nd Edition.
[2] ILO (2002) *Implementing the ILO Code of Practice on HIV/AIDS and the world of work: an education and training manual.*
[3] ILO (2002) *Implementing the ILO Code of Practice on HIV/AIDS and the world of work: an education and training manual*.
[4] Secretariat of the Pacific Community (2004) *The Pacific Regional Strategy and Key Actions on HIV/AIDS 2004-2008: 2nd Draft*.

4.3 Comparison with other serious illnesses in the workplace

When comparing HIV with other serious illnesses in workplaces:

(a) HIV infection and clinical AIDS shall be managed in the workplace no less favourably than any other serious illness or condition;

(b) Workers with HIV/AIDS shall be treated no less favourably than workers with other serious illnesses in terms of benefits, workers' compensation and reasonable accommodation; and

(c) As long as workers are medically fit for appropriate employment, they shall enjoy normal job security and opportunities for transfer and advancement.

4.4 HIV/AIDS Workplace Policies

As a strategy for minimising the risk of HIV transmission in the workplace, employers should develop an HIV workplace policy designed to prevent the spread of the HIV infection and protect all workers from discrimination related to HIV. A policy will also assist employers and workers to manage the issues associated with the prevention and management of HIV in the workplace.

Most workers are not exposed to an increased risk of transmission of HIV at work. However, increased risk may occur if a worker is exposed to infected blood, body tissues or fluids. A policy on HIV should provide guidelines for dealing with situations where there is an increased risk of transmission (for example, during first aid procedures). Specific issues regarding freedom from discrimination and the confidential treatment of medical information of workers infected or perceived to be infected with HIV need to be incorporated within the policy.

As with any other workplace health and safety policy and Section 9 of the *Health and Safety at Work Act, 1996* , employers shall consult with workers and other appropriate persons in developing an HIV workplace policy. The policy should also be consistent with the *Employment Relations Promulgation 2007*.

A suggested checklist to assist workplaces to plan, develop and implement an HIV/AIDS workplace policy appears in <u>Appendix A</u>.

4.5 Culture and religion

The significance and positive contributions of culture and religious beliefs to the communities of Fiji is acknowledged.

Some customary practices, cultural taboos and norms may often prevent the open discussion of sexual matters (e.g. the transmission and prevention of HIV). It is important that these practices and beliefs are recognised as potentially further compounding the current HIV situation and can contribute to the reduced impact of HIV/AIDS prevention programs[5]. As such, their impact and positive contributions should

[5] Secretariat of the Pacific Community (2004) *The Pacific Regional Strategy and Key Actions on HIV/AIDS 2004-2008: 2nd Draft.*

be considered during the development and implementation of HIV/AIDS workplace policies and programs.

4.6 Risk management process of HIV/AIDS in the workplace

There is the potential, within all workplaces, for persons to be exposed to blood-borne viruses including HIV. Exposure to HIV in the workplace can be prevented and managed by following the principles of the three-step risk management process, which are consecutively outlined in sections 7, 8 and 9 of this code of practice. The three steps are:

1. Hazard identification;
2. Risk assessment; and
3. Risk control.

5. Key principles

This section outlines the fundamental key principles that are the foundation of this code of practice and further reflect the ILOs principle of decent work and non-discrimination.

5.1 Recognition of HIV/AIDS as a workplace issue

HIV/AIDS is a workplace issue, and shall be treated like any other serious illness/condition in the workplace. This is necessary not only because it affects the workforce, 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.

5.2 Non-discrimination

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

The *Employment Relations Promulgations 2007* outlines the fundamental rights and principles of work. The Promulgation requires that *"no person shall discriminate against any employee or prospective employee on the grounds of…sexual orientation…state of health including real or perceived HIV status…or disability in respect of recruitment, training, promotion, terms and conditions of employment, termination of employment or other matters arising out of the employment relationship".*

The Fiji Bill of Rights (Chapter 4 of the Constitution of the Republic of the Fiji Islands) also legally protects the rights of individuals in Fiji, including the right not to be discriminated against.

The established legislative requirements of non-discrimination in Fiji workplaces are outlined further in Appendix B.

5.3 Gender equality

The gender dimensions of HIV/AIDS shall be recognised. 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 severely they are affected by HIV. For example: In 1994 a study revealed that 8 out of 10 domestic workers in Fiji reported that they were being abused by their employers and that as a result of this and a number of other issues, more women (often deserted wives) were engaging in sex work[6]. 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.

The *Employment Relations Promulgations 2007* legally protects workers from being discriminated against based on their gender, family status, marital status, pregnancy, sexual orientation and family responsibilities.

5.4 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 workers in light of their state of physical and mental health.

The work environment shall 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 *Health and Safety at Work Act, 1996* and the *Health and Safety at Work (General Workplace Conditions) Regulations*, 2003.

5.5 Social dialogue

The successful implementation of an HIV/AIDS policy and program requires co-operation and trust between employers, workers and their representatives and, where appropriate, the government and other relevant key stakeholders (e.g. Civil Society Organisations). There should also be the active involvement of workers infected and affected by HIV/AIDS.

5.6 Testing for purposes of exclusion from employment or work processes

Compulsory HIV/AIDS testing shall not be required of job applicants or persons in employment.

Under Section 6(2) of the *Employment Relations Promulgations 2007,* an employer is prohibited from discriminating against any worker or prospective worker on the grounds of their state of health including real or perceived HIV status in respect of recruitment and terms and conditions of employment.

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[6] Secretariat of the Pacific Community (2004) *The Pacific Regional Strategy and Key Actions on HIV/AIDS 2004-2008: 2nd Draft.*

Also, under Section 38(2) of the *Employment Relations Promulgation 2007*, it is prohibited and constitutes an offence where a contract of service specifies that medical examination is required in the course of a worker's employment, for the medical examination to comprise HIV/AIDS screening.

5.7 Privacy and Confidentiality

There is no justification for asking job applicants or workers to disclose HIV-related personal information. Nor shall co-workers be obliged to reveal such personal information about fellow workers. Access to personal data relating to a worker's HIV status shall be bound by the rules of confidentiality consistent with any Fiji legislation regarding medical confidentiality and the confidentiality of worker's records and the ILO's "Code of Practice on the Protection of Workers' Personal Data - 1997".

Governments, private insurance companies and employers shall ensure that information relating to counselling, care, treatment and receipt of benefits is kept confidential, as with medical data pertinent to workers, and accessed only in accordance with the Occupational Health Services Recommendation, 1985 (No. 171) of the ILO Occupational Health Services Convention, 1985 (No. 161).

Third parties, such as trustees and administrators of social security programs and occupational schemes, shall keep all HIV/AIDS-related information confidential, as with medical data pertinent to workers, in accordance with the ILO's code of practice on the protection of workers' personal data.

Further information on privacy and medial confidentiality is outlined in Appendix B.

5.8 Continuation of employment relationship

HIV infection is not a cause for termination of employment. As with many other medical conditions, people with HIV-related illnesses shall be able to work for as long as they are medically fit, in available and appropriate work.

The *Employment Relations Promulgations 2007* prevents employers from discriminating against and terminating the employment of a worker and changing the terms and conditions of employment of a worker based on the worker's real or perceived HIV status.

5.9 Prevention

HIV infection is preventable. Prevention of all means of HIV 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.

5.10 Care and support

Solidarity, care and support shall also guide the response to HIV/AIDS in the workplace. All workers, including workers with HIV, are entitled to any existing or proposed affordable health services provided by an employer. There shall be no discrimination against them and their dependants in access to and receipt of benefits from statutory social security programs and occupational schemes.

6. General rights and responsibilities

This section outlines the general rights and responsibilities that the Government, employers and workers should adopt in the national efforts to prevent HIV/AIDS in the workplace.

Section 6.2 is applicable to all employers in Fiji including the Fiji Government, which is also an employer. Section 6.1 outlines the additional roles of the Fiji Government.

6.1 The Fiji Government

(a) *Coherence*. The Government should ensure coherence in its national HIV/AIDS strategy and programs, recognising the importance of including workplaces in national plans (e.g. by ensuring that the composition of national AIDS councils includes representatives of employers, workers, people living with HIV/AIDS and of ministries responsible for labour and social matters).

(b) *Multi-sectoral participation*. The Government should mobilise and support broad partnerships for protection and prevention, including public agencies, the private sector, workers' and employers' organisations, and all relevant stakeholders so that the greatest number of partners in workplaces are involved.

(c) *Coordination*. The Government should facilitate and coordinate all interventions at the national level that provide an enabling environment for workplace interventions and capitalise on the presence of the social partners and all relevant stakeholders (e.g. Civil Society Organisations). Coordination should build on measures and support services already in place.

(d) *Prevention and health promotion*. The Government should instigate and work in partnership with other social partners to promote awareness and prevention programs, particularly in the workplace.

(e) *Clinical guidelines.* Where employers assume a primary responsibility for providing direct health-care services to workers, the Government should offer guidelines to assist employers in the care and clinical management of HIV/AIDS. These guidelines should take into account existing services.

(f) *Social protection*. The Government shall ensure that benefits under national laws and regulations apply to workers with HIV/AIDS no less favourably than to workers with other serious illnesses. In designing and implementing social security programs, the Government should take into account the progressive and intermittent nature of the disease and tailor schemes accordingly (e.g. by making benefits available as and when needed and by the expeditious treatment of claims).

(g) *Research*. In order to achieve coherence with the National HIV/AIDS Strategic Plan and any other relevant national HIV/AIDS plan, to mobilize the social partners, to evaluate the costs of the epidemic on workplaces, for the social security system and for the economy, and to facilitate planning to mitigate its socio-economic impact, the competent authorities should encourage, support, carry out and publish the findings of demographic projections, incidence and prevalence studies and case studies of best practice. The Government should endeavour to provide the institutional and regulatory framework to achieve this. The research should include gender-sensitive analyses that make use of research and data from employers and their organisations and workers' organisations. Data collection should, to the extent possible, be sector-specific and disaggregated by sex, race, sexual orientation, age, employment and occupational status and be done in a culturally sensitive manner. Where possible, permanent impact assessment mechanisms should exist in the research.

(h) *Financial resourcing*. The Government, where possible, in consultation with the social partners and other stakeholders (e.g. Civil Society Organisations), should estimate the financial implications of HIV/AIDS and seek to mobilize funding locally and internationally for its National HIV/AIDS Strategic Plan including, where relevant, for their social security systems.

(i) *Legislation*. In order to eliminate workplace discrimination and ensure workplace prevention and social protection, the Government, in consultation with the social partners and experts in the field of HIV/AIDS, should provide the relevant regulatory framework and where necessary, revise labour laws and other relevant legislation.

(j) *Conditionalities for government support*. When the Government provides start-up funding and incentives for national and international enterprises, they should require recipients to adhere to national laws and encourage recipients to adhere to this code, and policies or codes that give effect to the provisions of this code.

(k) *Enforcement*. The Government should supply technical information and advice to employers and workers concerning the most effective way of complying with legislation and regulations applicable to HIV/AIDS in the workplace. They should strengthen enforcement structures and procedures, such as factory/labour inspectorates and labour courts and tribunals.

(l) *Workers in informal activities (also known as informal sector).* The Government should extend and adapt their HIV/AIDS prevention programs to such workers including income generation and social protection. The Government should also design and develop new approaches using local communities where appropriate.

(m) *Mitigation*. The Government should promote care and support through public health-care programs, social security systems and/or other relevant government initiatives. The Government should also strive to ensure access to treatment and where appropriate to work in partnership with employers and workers' organisations.

(n) *Children and young persons*. In programs to eliminate child labour, the Government should ensure that attention is paid to the impact of the epidemic on children and young persons whose parent or parents are ill or have died as a result of HIV/AIDS.

(o) *Regional and international collaboration.* The Government should promote and support collaboration at regional and international levels, and through intergovernmental agencies and all relevant stakeholders, so as to focus regional and international attention on HIV/AIDS and the related needs of workplaces.

(p) *International assistance*. The Government should enlist international assistance where appropriate in support of national programs. It should encourage initiatives aimed at supporting international campaigns to reduce the cost of and improve access to antiretroviral drugs.

(q) *Vulnerability.* The Government should take measures to identify groups of workers who are vulnerable to infection and adopt strategies to overcome the factors that make these workers susceptible. The Government should also endeavour to ensure that appropriate prevention programs are in place for these workers.

6.2 Employers and their organisations

(a) *Workplace HIV/AIDS policy*. Employers shall consult with workers and their representatives to develop and implement an appropriate HIV/AIDS policy for their workplace, designed to prevent the spread of the infection and protect all workers from discrimination related to HIV/AIDS. A checklist for workplace HIV/AIDS policy planning and implementation appears in Appendix A.

(b) *National, sectoral and workplace/enterprise agreements.* Employers shall adhere to national laws and this code of practice in relation to negotiating terms and conditions of employment about HIV/AIDS issues with workers and their representatives, and endeavour to include provisions on HIV/AIDS protection and prevention in national, sectoral and workplace/enterprise agreements.

(c) *Education and training*. Employers and their organisations, in consultation with workers and their representatives, should initiate and support programs at their workplaces to inform, educate and train workers about HIV/AIDS prevention, care and support and the enterprise's policy on HIV/AIDS, including measures to reduce discrimination against people infected or affected by HIV/AIDS and specific staff benefits and entitlements.

(d) *Economic impact.* Employers, workers and their organisations, should work together to develop appropriate strategies to assess and appropriately respond to the economic impact of HIV/AIDS on their particular workplace and sector.

(e) *Workplace and Personnel policies*. Employers shall not engage in nor permit any workplace and personnel policy or practice that discriminates against workers infected with or affected by HIV/AIDS. In particular, employers shall:

- Not require HIV/AIDS screening or testing unless otherwise specified in section 10 of this code;
- Ensure that work is performed free of discrimination and stigmatisation based on perceived or real HIV status;
- Encourage persons with HIV and AIDS-related illnesses to work as long as medically fit for appropriate work; and
- Provide that, where a worker with an AIDS-related condition is too ill to continue to work and where alternative working arrangements including extended sick leave have been exhausted, the employment relationship may cease in accordance with anti-discrimination and labour laws and respect for general procedures and full benefits.

(f) *Grievance and disciplinary procedures*. Employers should have procedures that can be used by workers and their representatives for work-related grievances. These procedures should specify under what circumstances disciplinary proceedings can be commenced against any worker who discriminates on the grounds of real or perceived HIV status or who violates the workplace policy on HIV/AIDS.

(g) *Confidentiality*. HIV/AIDS-related information of workers shall be kept strictly confidential and kept only on medical files, whereby access to information complies with the Occupational Health Services Recommendation, 1985 (No. 171), and national laws and practices. Access to such information shall be strictly limited to authorised medical personnel and such information may only be disclosed if legally required or with the consent of the person concerned.

(h) *Risk reduction and management*. Employers shall ensure a safe and healthy working environment, including the application of universal precautions (see Appendix C) and measures such as the provision and maintenance of protective equipment and first aid. To support behavioural change by individuals, employers should also make available, where appropriate, male and female condoms, counselling, care, support and referral services. Where size and cost considerations make this difficult, employers and/or their organisations should seek support from the Government and other relevant institutions and organisations.

(i) *Workplaces where workers come into regular contact with human blood and body fluids.* In such workplaces, employers need to take additional measures to ensure that all workers are trained in universal precautions (see Appendix C) that they are knowledgeable about procedures to be followed in the event of an occupational incident and that universal precautions are always observed. Facilities in the workplace shall be provided for these measures.

(j) *Reasonable accommodation.* Employers, in consultation with the worker(s) and their representatives, should take measures to reasonably accommodate the worker(s) with AIDS-related illnesses. These could include 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.

(k) *Advocacy*. In the spirit of good corporate citizenship, employers and their organisations should, where appropriate, encourage fellow employers to contribute to the prevention and management of HIV/AIDS in the workplace, and encourage the Government to take all necessary action to stop the spread of HIV/AIDS and mitigate its

effects. Other partnerships can support this process such as joint business/trade union councils on HIV/AIDS.

(l) *Support for confidential voluntary HIV counselling and testing*. Employers, workers and their representatives should encourage support for and access to confidential voluntary counselling and testing that is provided by qualified health services.

(m) *Workers in informal activities (also known as informal sector)*. Employers of workers in informal activities should investigate and where appropriate develop prevention and care programs for these workers.

(n) *International partnerships*. Employers and their organisations should contribute where appropriate to international partnerships in the fight against HIV/AIDS.

6.3 Workers and their organisations

(a) *Workplace HIV/AIDS policy.* Workers and their representatives shall consult with their employers on the implementation of an appropriate HIV/AIDS policy for their workplace, designed to prevent the spread of the infection and protect all workers from discrimination related to HIV/AIDS. A checklist for workplace HIV/AIDS policy planning and implementation appears in Appendix A.

(b) *National, sectoral and workplace/enterprise agreements.* Workers and their organisations shall adhere to national laws and this code of practice when negotiating terms and conditions of employment relating to HIV/AIDS issues, and endeavour to include provisions on HIV/AIDS protection and prevention in national, sectoral and workplace/enterprise agreements.

(c) *Information and education*. Workers and their organisations should use existing union structures, other structures and facilities to provide information on HIV/AIDS in the workplace, and develop educational materials and activities appropriate for workers and their families including regularly updated information on workers' rights and benefits.

(d) *Economic impact*. Workers and their organisations should work together with employers to develop appropriate strategies to assess and appropriately respond to the economic impact of HIV/AIDS in their particular workplace and sector.

(e) *Advocacy*. Workers and their organisations should work with employers, their organisations and the Government to raise awareness of HIV/AIDS prevention and management.

(f) *Workplace and Personnel policies.* Workers and their representatives shall support and encourage employers in creating and implementing personnel policy and practices that do not discriminate against workers with HIV/AIDS.

(g) *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/AIDS to the appropriate legal authorities.

(h) *Training*. Workers' organisations should develop and carry out training courses for their representatives on workplace issues raised by the epidemic, on appropriate responses, and on the general needs of people living with HIV/AIDS and their carers.

(i) *Risk reduction and management*. Workers and their organisations shall advocate for and cooperate with employers to maintain a safe and healthy working environment, including the correct application and maintenance of protective equipment and first aid. Workers and their organisations shall assess the vulnerability of the working environment and promote tailored programs for workers as appropriate.

(j) *Confidentiality*. Workers have the right to access their own personal and medical files. Workers' organisations should not have access to personnel data relating to a worker's HIV status. In all cases, when carrying out trade union responsibilities and functions, the rules of confidentiality and the requirement for the concerned person's consent set out in the Occupational Health Services Recommendation, 1985 (No. 171) of the Occupational Health Services Convention, 1985 (No. 161), should apply.

(k) *Workers in informal activities* *(also known as informal sector).* Workers and their organisations should extend their activities to these workers in partnership with all other relevant stakeholders, where appropriate, and support new initiatives that help both to prevent the spread of HIV/AIDS and mitigate its impact.

(l) *Vulnerability*. Workers and their organisations should ensure that factors that increase the risk of infection for certain groups of workers are addressed in consultation with employers.

(m) *Support for confidential voluntary HIV counselling and testing*. Workers and their organisations shall work with employers to encourage and support access to confidential voluntary counselling and testing.

(n) *International partnerships*. Workers' organisations should build solidarity across national borders by using sectoral, national, regional and international groupings to highlight HIV/AIDS in the workplace and to include it in workers' rights campaigns.

Part 2 – Risk Management

7. Hazard Identification

Hazard identification is the first step in an overall risk management approach to HIV in the workplace and involves the development of safe systems of work to manage any significant hazard. Risk management is primarily the employer's responsibility and shall be conducted in consultation with workers (including part-time, casual, agency and contract workers, and volunteers) and/or their representatives. Hazard identification should identify activities in the workplace that may put workers or members of the public at risk of transmission of HIV as a result of work activities. Once a hazard is identified, a risk assessment can be carried out to assist the determination of control measures.

The two (2) stages in hazard identification are:

1. Identifying potential sources of HIV infection; and

2. Identifying activities and occupations where hazards exist, and potential means of transmission (e.g. during first aid and handling items or material contaminated with blood and body fluids/substances).

7.1 Activities and occupations where a hazard may exist

The greatest risk of HIV transmission occurs with unsafe sexual practices. However, in the workplace, occupations and their specific work tasks and activities may have a risk of exposure to HIV. These hazards shall be identified through:

(a) Consultation with workers to determine activities likely to result in the transmission of HIV;
(b) Consideration of transmission modes of HIV in the working environment. (See section 4.1 for information on how HIV is transmitted);
(c) Analysis of available reports of HIV exposures; and
(d) Workplace audits that include:

- Workplace layout;
- Work practices;
- Sources of exposure to blood and body fluids/substances (but not pinpointing workers identified with HIV); and
- Those occupations involving potential exposure to HIV.

Any occupation that involves potential exposure to HIV shall be included in any risk assessment. Employers of persons in occupations where inadvertent exposure to HIV is a risk shall make their workers aware of the exposure risks and preventive procedures.

8. Risk Assessment

Risk assessment follows hazard identification. The purpose of risk assessment is to evaluate the risks to workers arising from exposure to blood, and body fluids/substances or contaminated materials, as a result of work activities and the working environment.

Risk assessment shall take into account:

(a) The type and frequency of exposure to blood or body fluids/substances, or to contaminated materials, including:

- The probability of exposure;
- The amount of blood or body fluids/substances;
- The type of body fluid/substance encountered;
- The possible routes of transmission; and
- Consideration of multiple exposures including multiple sources.

(b) The volume and frequency of contact with discarded used needles and syringes, the factors contributing to exposures and their recurrence; and

(c) The risks of exposure to blood or body fluids/substances or contaminated materials, associated with workplace layout, design and work practices including:

- Poor lighting;

- Crevices that encourage concealment of used needles and syringes;
- Access to relevant medical and first aid services;
- The level of knowledge and training of workers regarding HIV, including safe work practices;
- The availability and use of personal protective equipment (PPE) (e.g. rubber gloves, eye goggles and face shields);
- The suitability of equipment for the task and whether or not the use of the equipment is likely to lead to exposures to blood or other body fluids/substances, or contaminated materials;
- Individual risk factors for each worker, such as damaged/broken skin;
- Current risk control measures and the potential need for new risk control measures;
- The number of workers and other persons at risk of exposure; and
- The availability of a vaccine(s) and post exposure prophylaxis (PEP).

9. Risk Control

Upon completion of a risk assessment, consideration must be given to controlling the risk(s). The three (3) main steps in risk control are:

1. The development and implementation of control policies and procedures in consultation with workers and/or their representatives;
2. Monitoring the effectiveness of control strategies; and
3. Reviewing as necessary.

Practical prevention and control strategies appropriate to the workplace shall include:

- Safe work procedures, incorporating universal and additional transmission based precautions where appropriate;
- Personal hygiene;
- An infection control program incorporating universal precautions (see Appendix B for further information)[7];
- Post-injury testing, counselling and follow-up;
- Supervision, particularly of new workers or workers transferred to a higher risk work environment;
- Training workers in the risk control measures;
- Well-designed equipment; and
- Well-designed work premises.

Where reasonably practicable, all work activities shall be designed to minimise the likelihood of exposure and of harm arising from exposure. This includes ensuring:

- Work practices are designed to minimise exposure to blood or other body fluids/substances and contaminated materials, through the implementation of universal precautions and other strategies;
- The isolation of processes to reduce the number of people exposed (e.g. when handling blood products in the laboratory and biological waste disposal systems);
- Relevant processes are totally enclosed (e.g. by using a biological safety cabinet);
- Availability and use of appropriate personal protective equipment (PPE);

[7] See also the Fiji National Infection Control Manual (2001) and its relevant updates for additional information.

- Equipment that is purchased minimises the risk of exposures;
- Good house-keeping in the workplace;
- Appropriate waste management, including sharps handling and disposal (e.g. Provision of sharps containers and colour coded bags for disposal of waste material);
- Supervision and monitoring;
- Workers are appropriately educated and trained; and
- Offer of vaccination for HIV (where applicable) to all at-risk workers

Procedures shall be developed for each component of the infection prevention and control strategy, including:

- Safe working practices;
- Purchasing policies;
- Interacting with members of the public or clients; and
- The non-discriminatory management of situations where the worker is known to be infected with HIV.

In addition, all workplaces are required by legislation to provide access to a first aid kit(s).

It is essential that the confidentiality of staff and clients be protected in all matters, including their HIV status in accordance with medical confidentiality (see Appendix B for further information).

9.1 Safe working procedures

In consultation with their workers and other relevant persons, employers shall use the principles of universal precautions (Appendix C) to develop safe working procedures appropriate to the work and the workplace. Universal and other transmission-based precautions are designed primarily to protect health care workers and health care consumers from infection, but many other workers and clients are at risk of exposure to blood or other body fluids/substances, or contaminated materials.

Regardless of the source, any material soiled with blood or body fluids/substances shall be treated as being potentially infectious and safe-working procedures shall be adopted (e.g. plumbers carrying out maintenance on sewers or waste pipes, and hotel cleaners dealing with sheets and towels stained with blood or other body fluids/substances, shall treat the material as potentially infectious).

Workers must be educated, trained and supervised to ensure the adopted safe working procedures are implemented and followed. Training needs relevant to safe working procedures shall be assessed in consultation with workers and their representatives.

Further guidance specific for HIV positive workers is provided at Appendix D.

9.2 Universal precautions

Universal precautions are work practices required for the basic level of infection prevention and (exposure) control. Universal precautions apply to the handling of blood and other body fluids/substances, regardless of whether they contain visible blood.

Universal precautions are described in detail in Appendix C.

9.2.1 Personal Protective Equipment (PPE)

Workers shall be provided with appropriate equipment to protect themselves from exposure to blood or other body fluids/substances. Adequate supplies of personal protective equipment shall be available for the use of all workers.

Enclosed, sturdy footwear shall be worn where there is a risk of standing on discarded sharps.

The workplace must make available any of the following appropriate personal protective equipment, as determined by the risk assessment (Note: the following is not an exhaustive list):

(a) Non-porous waterproof dressings for workers with chapped or broken skin;
(b) Water-impermeable gloves in a range of sizes and types, for example:

- Sterile and non-sterile gloves;
- Powder-free latex or vinyl gloves;
- Neoprene or nitrile gloves for those with latex allergies;
- Waterproof, leather and other puncture resistant gloves; and
- The use of polythene or similar gloves (i.e. standard food handling gloves) is not recommended for blood contact as these gloves are generally permeable and damage easily.

(c) Masks with filters for mouth-to-mouth resuscitation;
(d) Eye protection (i.e. goggles) and/or face shields;
(e) Plastic aprons;
(f) Waterproof gowns;
(g) Fluid resistant surgical masks;
(h) Overalls; and
(i) Over boots.

Appropriate gloves shall be worn whenever workers may come into contact with blood and other body fluids/substances or when handling contaminated materials. When selecting gloves, consideration shall be given to personal protection from other hazards at the workplace (e.g. liquid chemicals). Nitrile gloves should be used for cleaning involving chemical exposure. Gloves shall always be used in accordance with the recommendations of the manufacturer.

Education/instructions about the correct and appropriate use of personal protective clothing and equipment shall be provided.

9.3 Universal precautions for specific work tasks

Universal precautions specific to certain work tasks are outlined below. A high standard of personal hygiene is essential and the practical applications listed below apply to all contacts between workers and other persons. Personal hygiene standards are further outlined in Appendix C.

9.3.1 Cleaning, disinfection and sterilisation of equipment

Regardless of the workplace and setting, cleaning of equipment and other items that are, or are likely to be, contaminated with blood or other body fluids/substances should initially be done with detergent and warm water. Where automated, mechanised sterilisation processes are not available, washing of instruments may be undertaken by hand. When washing instruments by hand, care shall be taken to avoid handling sharp edges or points. A scrubbing brush may be suitable to prevent close contact of the hand and fingers with sharp edges or points of instruments.

Gloves shall be worn during cleaning. Items shall be washed to remove all visible contaminants and items shall be washed as soon as possible following contamination to prevent contaminants drying. Care shall be taken during cleaning to avoid splashing (i.e. immersing the entire instrument in the water). Eye protection and surgical masks should be worn. All cleaned items should be thoroughly dried prior to storage.

More specific approaches, such as disinfection and sterilisation, may be required in industries including the health sector, hairdressing, beauty therapy, funeral homes, tattooing and body piercing, but equipment shall always be cleaned before it is disinfected or sterilised. The use of some disinfectants, cleaning and sterilising agents can present risks. Labels and Material Safety Data Sheets provide information on safe use for those disinfectants classified as 'hazardous substances' and shall be followed.

9.3.2 Spills

Spilled blood and body fluids/substances may be encountered in many work settings. These spills shall be attended to immediately. The basic principles of spills management are:

- Universal precautions apply, including use of personal protective equipment (PPE) as applicable;
- Spills shall be cleared up before the area is cleaned (adding cleaning liquids to spills increases the size of the spill and should be avoided); and
- The creation of aerosols from spilled material shall be avoided.

Procedures for managing blood and other body fluid/substance spills are dependent on the nature and size of the spill, as well as the location. They include:

(a) Protective clothing [See Section 9.2.1 for further information on personal protective equipment (PPE)]

  - Workers involved in cleaning a spill must wear protective clothing including disposable gloves. If a spillage covers a large area, a waterproof apron (or gown) and overshoes will also be needed to prevent contamination of clothing.

(b) Cleaning

  - Confine and contain the spill;

- Cover the spill with paper towels or absorbent granules, depending on the size of the spill, to absorb the bulk of the blood or body fluid/substance;
- Treat debris as clinical waste where required (see Appendix E); and
- Contaminated areas should be cleaned thoroughly with warm water and neutral detergent (pH level of 7) or soap and water. If the spill is on carpet, clean with a neutral detergent (pH level of 7) or soap and water and arrange for the carpet to be shampooed with an industrial cleaner as soon as possible.

(c) Disposal

- Cloths and paper towels used in clean up shall be placed directly into a plastic bag and disposed of in a bin designated for contaminated waste; and
- Contact the relevant agency for appropriate disposal and any further action required (see Appendix E).

Spots or drops of blood or other small spills can easily be managed by wiping the area immediately with paper towelling and then cleaning with warm water and detergent. Large spills (i.e. greater than 10cm diameter) should be contained and the generation of aerosols should be avoided. A standard disinfectant can be used on the spill area after pre-cleaning. It is generally unnecessary to use sodium hypochlorite (chlorine bleach) for managing spills but it may be used in specific circumstances (e.g. where there is a likelihood of bare skin contact with the contaminated surface). Standard cleaning equipment, including a mop and cleaning bucket plus cleaning agents, should be readily available for spills management and should be stored in an area known to all workers. Granular formulations that produce high available chlorine concentrations can contain the spilled material and are useful for preventing aerosols. A scraper and pan should be used to remove the absorbed material. The area of the spill should then be cleaned with a mop and bucket of warm water and detergent. All re-useable cleaning equipment shall be thoroughly cleaned after use and stored dry.

For larger spills and spills in field situations, it may be advisable to have a spills kit prepared. For example: this could be in the form of a large (10 Litre) re-usable plastic container or bucket with fitted lid, containing materials such as:

- Impermeable plastic waste disposal bags;
- Granular disinfectant sachets containing 10,000 ppm available chlorine or equivalent (if available);
- Disposable impermeable rubber gloves suitable for cleaning;
- Eye protection;
- Plastic apron;
- A disposable, sturdy scraper and pan; and
- A full face surgical mask

A respiratory protection device (for protection against inhalation of powder from the disinfectant granules, or aerosols which may be generated from high-risk spills during the cleaning process).

With all spills management protocols, it is essential that the affected area is left clean and dry. Disposable items in the spills kit shall be replaced after each use of the kit.

9.3.3 Laundry

The risk of disease transmission from soiled linen is very small, especially outside a health care setting. However, accommodation providers, commercial linen services and other relevant workplaces shall have documented workplace policies and procedures for the collection, transport and storage of all linen. These shall cover:

(a) Distribution of clean linen;
(b) Bagging of used linen for collection;
(c) Storage and transport of used linen;
(d) Checking for sharps in used linen; and
(e) Laundering of used linen.

Universal precautions shall be followed when handling linen. The basic principles of linen management are as follows:

- All used linen shall be considered potentially infectious whether visibly contaminated or not;
- All linen visibly contaminated and wet with blood or other body fluids/substances shall be placed in an appropriate impermeable plastic bag. Used linen, not visibly contaminated or wet, may be placed in a standard linen bag;
- Linen shall be placed in appropriate bags at the point of collection/origin;
- Clean and contaminated linen shall be sorted, transported and stored separately. (for example: colour-coded bags could be used for sorting of linen);
- Linen bags should only be three-quarters filled and shall be secured prior to transport;
- Leather or puncture-resistant gloves should be worn when handling visibly contaminated linen in case of sharps. Other used linen should be handled while wearing standard impermeable gloves; and
- Sharps containers should be available for disposal of any sharps found in the linen.

A hot water and detergent solution is adequate for cleaning most laundry items and equipment.

9.3.4 Biological waste management

Non-health care establishments are unlikely to generate significant quantities of clinical or related waste, but relevant workplaces shall develop and implement procedures to ensure blood, other body fluids/substances and other potentially infectious material is disposed of safely.

Procedures shall cover:

- The initial segregation and disposal of waste in the area where waste is generated;
- Collection, transport and storage of waste at the workplace;
- Transport of waste for final disposal;
- Disposal of waste in accordance with the requirements of relevant authorities (e.g. the Ministry of Health and the Department of Environment); and

- Actions to follow in the event of a spill or other contamination during collection, transport, storage or disposal of waste.

For further information on the storage, transport and disposal of waste, see Appendix E.

9.4 First aid

All First Aid Officers and workers (regardless of their HIV status) providing first aid in the workplace shall adhere to universal precautions (Appendix C and D) while providing first aid.

All workplaces are required by legislation to provide access to a first aid kit(s). This legislation also requires these first aid kits to contain specific items depending on the size of the workplace. Among other items, they should contain disposable gloves, eye goggles, surgical facemasks and resuscitation masks to prevent the transmission of HIV between first aid providers and patients.

Further information on the content requirements of first aid kits can be obtained from the Ministry of Labour, Industrial Relations Tourism and Environment [see also the *Health and Safety at Work (General Workplace Conditions) Regulations,* 2003].

9.5 Risk control strategies for sharps and needlestick injuries

The risk of HIV infection from needlestick and sharps injuries is generally low[8]. However, even in non-health care sectors workers may be exposed to used needles and syringes and other sharps. In such circumstances, sharps should be handled with appropriately designed tongs (or similar equipment) if available. Otherwise, it is safer to dispose of the sharp by holding the barrel of the syringe with a gloved hand. The sharp should be placed in a sealable rigid-walled, puncture-resistant container[9] and the relevant health service should be contacted for collection/disposal information.

Where practicable, sharps bins/containers should be installed in workplace toilets and similar places to reduce the number of inappropriately discarded sharps. Sharps bins/containers installed in public areas shall be maintained for cleanliness and security, and shall not be placed in areas easily accessible by children (e.g. near items that can be used as a step such as a toilet seat). Sharps bins shall also be replaced/emptied regularly and their presence adequately signposted. The Ministry of Labour, Industrial Relations Tourism and Environment and Ministry of Health may provide further information regarding the placement of sharps disposal bins in public areas.

The following principles shall also apply to the use and handling of sharps:

- Sharps bins/containers should be positioned at the point of use;
- Sharps shall never be shared between people and only be used once;

[8] Centres for Disease Control. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis. MMWR 2001 (June 29) 50(RR11); 1-42.

[9] Appropriate container design specified in:
Australian Standards AS/NZS 4031 (1992) *Non-reusable containers for the collection of sharp medical items used in health care areas;* and
AS/NZS 4261 (1994) *Reusable containers for the collection of sharp items used in human and animal medical applications*.

- The person generating the sharp should be responsible for its safe disposal;
- Sharps should not be passed by hand between workers;
- Disposable sharps should be used where possible; and
- Sterilising of reusable sharp instruments should minimise exposure (e.g. by using automated mechanical sterilisation processes).

Where a risk assessment has determined that there is a risk of sharps injury in the workplace, written protocols for safe handling of sharps shall be provided and workers shall be fully trained in the recommended handling techniques.

Workers shall also be instructed <u>not to</u>:

- Bend, break, recap or otherwise manipulate needles;
- Place their hands into areas where their hands or fingers are not clearly visible (e.g. into garbage bags and crevices);
- Manually compress garbage bags;
- Hold garbage bags close to their body; and
- Hold garbage bags by the base of the bag.

9.6 Risk control strategies for certain occupations

Employers of workers in occupations known to be at risk of exposure to blood and other body fluids/substances shall take precautions to prevent and control the risk of HIV infection. The same requirements exist for self-employed persons in these occupations and other controllers of workplaces with workers in these occupations. The fundamental principle for all occupations and tasks is that all persons and all body fluids/substances shall be treated as infectious.

Some of these occupations include:

(a) *Acupuncture, tattooing, body piercing, hair removal by electrolysis and lasers.*

- People in this group have minimal risk from contact with the blood of clients when universal precautions are followed.

(b) *Body contact sports*.

People who officiate or participate in contact sports should follow any relevant recommendations outlined by the Fiji Sports Council, and/or any other relevant sporting associations on HIV/AIDS and sports. Further information can be obtained from the Sports Medicine Australia (SMA) Policy: *Infectious diseases: with particular reference to HIV (AIDS) and viral Hepatitis (B, C, etc) (1997)*.

(c) *Care workers, cleaners, hospitality workers, teachers, parks/beach and gardens workers*.

People in these groups may come into contact with blood or other body fluids/substances and shall use universal precautions in the course of their work. They may also come into contact with used syringes and needles either in the workplace or in the vicinity of where they work. They should be trained to be aware of the potential for contact with used syringes and needles, to understand

how to undertake the high-risk tasks as safely as practicable and how to deal with any used syringe or needle that is found.

(d) *Crash site and wreckage investigators*.

Universal precautions shall be used when people in this group are exposed to blood and body fluids/substances, or contaminated material. Investigators should avoid direct contact with any potentially infected material (i.e. wreckage, soil etc) and/or blood and body fluids/substances. Until properly protected, investigators should avoid any investigative procedure on potentially infected material and/or blood and body fluids/substances that might tend to splash, spray, generate droplets or otherwise disperse contaminated particulate matter. They should be trained to be aware of the potential for contact with infected materials and/or blood and body fluids/substances, to understand how to undertake the high-risk tasks as safely as practicable, and how to deal with contaminated infectious materials and/or blood and body fluids/substances.

(e) *Emergency first aid providers, pool attendants, life savers and life Guards*.

Universal precautions shall be used when people in this group are exposed to blood and body fluids/substances, or contaminated materials. Masks with filters for mouth-to-mouth resuscitation should be used, where available and practicable, and persons should be trained to use the masks appropriately. Resuscitation masks should be available in all first aid kits.

(f) *Workers engaged in work overseas and away from home*.

Workers should be careful not to share personal items such as toothbrushes and razors, to further reduce any risk of transmission of HIV. Universal precautions shall be used when exposed to blood and body fluids/substances, or contaminated material. Masks with filters for mouth-to-mouth resuscitation, and training in their use, should be provided. Resuscitation masks should be available in all first aid kits.

(g) *Police officers, fire fighters and ambulance personnel*.

Universal precautions shall be used when exposed to blood and other body fluids/substances or contaminated materials. Masks with filters for mouth-to-mouth resuscitation, and training in their use, should also be provided. Impermeable gloves should be carried by these workers at all times when on duty and resuscitation masks should be available in all first aid kits.

(h) *Prison officers, detention workers and security workers*.

Where there is a risk of contact with blood and body fluids/substances, or contaminated materials, universal precautions shall be used regardless of whether the HIV status of the prisoner or other person being treated is known. Masks with filters for mouth-to-mouth resuscitation, and training in their use, should also be provided. Impermeable gloves and resuscitation masks should be available in all first aid kits.

(i) *Sanitation or plumbing workers*.

Universal precautions are necessary as part of safe practice since people in these occupational groups frequently deal with body fluids/substances which may or may not contain blood. People in this group shall wear gloves and protective clothing, all cuts and scratches shall be covered and hands should be washed before eating, drinking, and smoking and upon completion of work. Long handled tools to pick up garbage etc should be used wherever possible by such workers. They should be trained to manage any potential for contact with any sharps, including used syringes and needles, to understand how to undertake high-risk tasks as safely as practicable and how to deal with any sharps found.

(j) *Sex industry workers*.

Sex industry workers shall require the use of condoms and dental dams at all times. Sex industry workers should be fully informed about the transmission risks of HIV and other sexually transmissible infections. They shall also have regular screening for sexually transmitted infections, including HIV.

(k) *Health care workers, hospital support staff and other care workers*.

In general, universal precautions and infection control procedures shall be used with workers in this group at all times. In addition, people in this group shall further follow the guidelines and recommendations for infection control as established by the Ministry of Health, the *National Infection Control Guidelines for Fiji* and any standards outlined by their profession.

Additional guidelines and recommendations for workers in the health care setting can be found in the Australian Government, Communicable Diseases Network of Australia (CDNA) *"Infection Control Guidelines for the Prevention of Transmission of Infectious Diseases in the Healthcare Setting"* (2004). (See: References).

9.7 Procedures for responding to workplace exposure incidents

Procedures should be developed to cover incidents of occupational exposure to blood or other body fluids/substances from a sharps injury or splashing onto mucous membranes or non-intact skin. These procedures shall cover:

- The immediate first aid response;
- Medical review and post-exposure counselling;
- Investigation required for monitoring and treatment, where appropriate;
- Prophylactic treatment;
- Reporting the incident to the employer, workers compensation insurer and relevant authority, where appropriate;
- Recording the incident and associated information; and
- Reviewing existing prevention procedures in order to prevent another similar incident.

For sample procedures see Appendix F, which provides a further guideline for managing exposure incidents.

9.7.1 Immediate first aid response

Using universal precautions (Appendix C and D), the immediate first aid response to a workplace incident involving blood or other body fluids/substances should be in line with Fiji's *National Infection Control Manual* and includes:

1. Removing any contaminated clothing;
2. Promptly flushing the wound under running water;
3. Washing the wound using warm water and liquid soap (except for the eyes, mouth and nose);
4. Rinsing the eyes, mouth and nose (if affected) thoroughly with warm water (without soap)[10];
5. Thoroughly pat-drying the area;
6. Applying a sterile waterproof dressing, as necessary, and applying pressure through the dressing if bleeding is still occurring; and
7. Report the incident immediately to Management or delegated first aid officer and obtain medical advice.

9.7.2 Medical assessment

After any exposure incident involving blood and other body fluids/substances or contaminated materials, medical advice shall be sought as soon as possible (where possible/required, prophylactic treatment is best given within two hours of exposure). A registered medical practitioner or other suitably qualified health worker shall undertake this review. An assessment of the risk of infection shall be made, based on factors such as the source and circumstances of the exposure, the affected person and the person from whom the blood or other body fluid/substance came (although in incidents not involving health care workers the source person would commonly not be known). Advice on the appropriateness and implications of monitoring and prophylactic treatment should also be provided.

9.7.3 Counselling

Exposures to blood, including needlestick injuries, can be a traumatic experience for the exposed person and counselling interventions should be made available to prevent stress reactions. (Further information on counselling is outlined in section 13.1).

Test results indicating infection have important implications for the affected person. Counselling is a necessary requirement for HIV and procedures shall cover the provision of appropriate pre-test and post-test counselling for all exposed persons. Counselling is usually offered as part of any medical assessment for HIV infection and will include information such as available testing procedures and treatments. Testing is a voluntary, but recommended option and the results of any testing is protected by the *Public Health Act* (Appendix B). People shall be encouraged to consult a medical practitioner for referral to a qualified counsellor.

[10] Medically sterile saline can also be used, if available, instead of warm water.

9.7.4 Post-exposure testing, monitoring and informed consent

Post-exposure procedures should cover when the testing should occur (i.e. As Soon As Possible - ASAP), what tests should be undertaken, who should conduct the tests and how the test results will be followed up and communicated to the affected persons. Informed consent and pre-test counselling, for all parties concerned, is required before any such testing is undertaken. (Further information on testing is outlined in Section 10).

As part of the post-exposure management process, it may be appropriate to offer voluntary testing to the exposed person, especially in circumstances where the source is unknown. Where accepted, testing should be conducted within 72 hours of the exposure incident. Depending upon the circumstances (i.e. an 'unknown source') and risk of the exposure, testing may provide similar benefits for HIV exposure since post-exposure antiretroviral intervention may be taken to modify or prevent spread of the virus. The need for testing will be linked to the outcome of any post-exposure medical assessment and the recommendation of the attending health professional. However, undergoing testing remains a voluntary option and the results are protected by medical confidentiality (Appendix B).

Further testing of the exposed person for acquisition of a blood-borne infection may be appropriate between six weeks and six months, depending on the nature and extent of the exposure, and will be recommended by the attending health professional.

9.7.5 Prophylaxis

After some exposure events, post exposure prophylaxis (PEP) treatment may be recommended by a health professional until the infectious status of the affected person is known. This is particularly the case in moderate or high-risk exposures (i.e. the source is unknown) where HIV exposure is suspected. In such cases prophylactic treatment is most successful if administered as close to the exposure incident as possible.

Treatment for exposure to HIV should begin as soon as possible after the exposure, preferably within 24 hours and no later than 7 days.

Prophylactic treatments change as new information becomes available and workplaces should encourage workers to consult appropriate health professionals who can provide up-to-date medical advice on the most appropriate prophylactic approach.

9.7.6 Record keeping and notification

Under the *Health and Safety at Work Act, 1996 and the Workmen's Compensation Act* , employers are required to keep records of all health and safety incidents. Workplaces should contact the Ministry of Labour, Industrial Relations Tourism and Environment for further information on record keeping requirements.

Appropriate records shall be kept in a secure place, with access only available to authorised persons. The records shall include:

(a) A register of incidents;

(b) Outcomes of and information from associated investigations;
(c) Recommendations for action (i.e. testing and counselling);
(d) Management response to recommendations, such as medical testing and counselling, and implemented changes to work practices and equipment etc.; and
(e) Evaluation of the effectiveness of the response.

Records shall only contain additional information regarding resulting disorders and required treatments if the persons involved disclose the information voluntarily. To do so without such permission may constitute a breach of medical confidentiality (see Appendix B for more information regarding discrimination, privacy and confidentiality). Records shall be kept for 30 years, since diseases such as HIV have a long latency.

Under the *Health and Safety at Work Act, 1996* , and the *Workmen's Compensation Act 1965* , employers shall give notice in the prescribed manner to the Chief Health and Safety Inspector in the event of an accident occurring in the workplace and/or where a worker suffers an injury or contracts an illness/disease (including HIV) in the course of their work. As with all other medical information, all HIV/AIDS-related information is strictly confidential and shall be handled by the workplace in accordance with the relevant legislation.

9.8 Vaccination

Should a vaccine become available to prevent HIV be developed workplaces shall consider an HIV vaccination program for their workers.

In this case, where a workplace risk assessment indicates there is unacceptable or substantial risk of workers contracting HIV at work, a vaccination protocol should be included in a policy for prevention and control of communicable disease in the workplace. Workplaces with at-risk workers should develop, maintain and regularly update immunisation/health screening cards and/or records for all at-risk workers during the period of their employment. These records shall be maintained in accordance with the establishment's policy for the retention of medical records. Workers shall have access to their individual medical screening records on request and extracts of these screening records shall be available to workers whenever they change their place of employment.

9.9 Monitoring and evaluation

Workplace practices shall be regularly monitored and evaluated to ensure that they are current and effective. Workers and their representatives shall also be involved in the monitoring and evaluation process.

The following shall be part of any monitoring and evaluation process:

(a) Effectiveness of workplace policies and procedures;
(b) Effectiveness of equipment;
(c) Level of compliance with universal precautions and other procedures;
(d) Effectiveness of information and training programs;
(e) Sources and causes of exposures to blood and body fluids/substances, or contaminated materials;
(f) Appropriate review and investigation of exposure incidents; and
(g) Effectiveness of post-exposure follow-up.

10. Testing for HIV/AIDS

If a worker is tested for HIV/AIDS then the results shall not be revealed to the employer, even if the test was performed for workplace purposes and paid for by the employer, without the informed and written consent of the worker.

Testing for HIV shall not be carried out at the workplace except as specified in this code. Testing is unnecessary and imperils the human rights and dignity of workers as test results may be revealed and misused, and the informed consent of workers may not always be fully free or based on an appreciation of all the facts and implications of testing. Even outside the workplace, confidential testing for HIV shall be the consequence of voluntary counselling and informed consent and performed by suitably qualified personnel only, in conditions of the strictest confidentiality.

Nothing in this code prevents employers from advising and assisting workers to obtain access to and information on HIV and voluntary HIV testing.

10.1 Prohibition in recruitment and employment

HIV testing shall not be required at the time of recruitment or as a condition of continued employment. Any routine medical testing, such as testing for fitness carried out prior to the commencement of employment or on a regular basis for workers, shall not include compulsory HIV testing.

10.2 Prohibition for insurance purposes

(a) HIV testing shall not be required as a condition of eligibility for national social security schemes, general insurance policies, occupational schemes and health insurance.

(b) Insurance companies shall not require HIV testing before agreeing to provide coverage for a given workplace. They may base their cost and revenue estimates and their actuarial calculations on available epidemiological data for the general population.

(c) Employers shall not facilitate any testing for insurance purposes and all information that they already have shall remain confidential.

10.3 Epidemiological surveillance

Anonymous, unlinked surveillance or epidemiological HIV testing in the workplace may occur provided it is undertaken in accordance with the ethical principles of scientific research, professional ethics and the protection of individual rights and confidentiality. Where such research is done, workers and employers shall be consulted and informed that it is occurring. The information obtained must not be used to discriminate against individuals or groups of persons.

Testing will not be considered anonymous if there is a reasonable possibility that a person's HIV status can be deduced from the results.

10.4 Voluntary testing

There may be situations where workers wish at their own initiative to be tested including as part of voluntary testing programs. Voluntary testing shall normally be carried out by the community health services and not at the workplace. Where adequate medical services exist, voluntary testing may be undertaken at the request and with the written informed consent of a worker, with advice from the workers' representative if so requested. It shall be performed by suitably qualified personnel with adherence to strict confidentiality and disclosure requirements. Gender-sensitive, pre-test and post-test counselling, which facilitates an understanding of the nature and purpose of the HIV tests, the advantages and disadvantages of the tests and the effect of the result upon the worker, shall form an essential part of any testing procedure.

10.5 Tests and treatment after occupational exposure

(a) Where there is a risk of exposure to human blood, body fluids or tissues, the workplace shall have procedures in place to manage the risk of such exposure and occupational incidents; and

(b) Following risk of exposure to potentially infected material (human blood, body fluids, and tissue) at the workplace, the worker shall be immediately counselled:

- To cope with the incident, about the medical consequences;
- The desirability of testing for HIV;
- The availability of post-exposure prophylaxis; and
- Referred to appropriate medical facilities.

Following the conclusion of a risk assessment, further guidance as to the worker's legal rights, including eligibility and required procedures for workers' compensation, shall be given to the worker.

Part 3 – Educations and Training

11. Prevention through information and education

Workplace information and education programs are essential to combat the spread of the epidemic and to foster greater tolerance for workers with HIV/AIDS. Effective education can contribute to the capacity of workers to protect themselves against HIV infection. It can significantly reduce HIV-related anxiety and stigmatisation, minimise disruption in the workplace, and bring about attitudinal and behavioural change.

Workplace programs shall be developed through consultations between employers and workers and their representatives (and any other relevant organisations) to ensure support at the highest levels and the fullest participation of all concerned. Information and education should be provided in a variety of forms, not relying exclusively on the written word and including distance learning where necessary. Programs shall be targeted and tailored to the age, gender, sexual orientation, sectoral characteristics and

behavioural risk factors of the workforce and its cultural context. They should be delivered by trusted and respected individuals. Peer education has been found to be particularly effective, as has the involvement of people living with HIV/AIDS in the design and implementation of programs.

All workers at risk of contact with blood and body fluids/substances, or contaminated materials in the course of their work shall be educated/trained with regard to HIV.

Overall, workplace education and training programs should:

(a) Form part of the induction program for new workers;
(b) Include refresher training to maintain and update knowledge;
(c) Relate to the activities of the workplace and be targeted to specific tasks;
(d) Provide updates when there are changes in information about blood-borne pathogens such as HIV;
(e) Provide updates when changes in work procedures and practices are introduced
(f) Provide updates when new equipment is introduced;
(g) Provide training for the provision of first aid;
(h) Inform workers of the post-exposure testing, counselling and follow-up process;
(i) Inform workers of any vaccination programs and encourage vaccination
(j) Train workers in correct procedures for exposure management;
(k) Utilise a variety of educational and training techniques involving the active participation of workers;
(l) Be provided in a manner appropriate to the workplace, taking disabilities, language and literacy issues into account;
(m) Inform workers about their legal rights and obligations regarding occupational health and safety and workers' compensation; and
(n) Direct workers to other reliable sources of information.

Employers should consult with the Ministry of Labour, Industrial Relations Tourism and Environment for further information regarding OHS training for workers.

11.1 Workplace educational programs

(a) Workplace educational strategies shall be based on consultation between employers and workers, and their representatives and, where appropriate, government and other relevant stakeholders with expertise in HIV/AIDS education, counselling and care. The methods should be as interactive and participatory as possible.

(b) Consideration shall be given to workplace educational programs taking place during paid working hours and developing educational materials to be used by workers outside workplaces. Where courses are offered, attendance should be considered as part of work obligations.

(c) Where practical and appropriate, programs should:

- Include activities to help individuals assess the risks that face them personally (both as individuals and as members of a group) and reduce these risks through decision-making, negotiation and communication skills, as well as educational, preventative and counselling programs;

- Give special emphasis to high-risk behaviour and other risk factors such as occupational mobility that expose certain groups of workers to increased risk of HIV infection;
- Provide information about transmission of HIV through drug injection and information about how to reduce the risk of such transmission;
- Encourage dialogue among governments and employers' and workers' organisations from neighbouring countries and at regional level;
- Promote HIV/AIDS awareness in vocational training programs carried out by governments and enterprises, in collaboration with workers' organisations;
- Highlight the vulnerability of women and young people to HIV and prevention strategies that can lessen this vulnerability;
- Emphasise that HIV cannot be contracted through casual contact, and that people who are HIV-positive do not need to be avoided or stigmatised, but rather shall be supported and accommodated in the workplace;
- Explain the debilitating effects of the virus and the need for all workers to be empathetic and non-discriminatory towards workers with HIV/AIDS;
- Give workers the opportunity to express and discuss their reactions and emotions caused by HIV/AIDS;
- Instruct workers (especially health-care workers) on the use of universal precautions and inform them of procedures to be followed in case of exposure;
- Provide education about the prevention and management of STIs and tuberculosis, not only because of the associated risk of HIV infection but also because these conditions are treatable, thus improving the workers' general health and immunity;
- Promote hygiene and proper nutrition;
- Promote safer sex practices, including instructions on the use of male and female condoms and dental dams;
- Encourage peer education and informal education activities; and
- Be regularly monitored, evaluated, reviewed and revised where necessary.

12. Training

There are a number of persons/groups that should receive specific training in HIV/AIDS to enable them to successfully undertake their work tasks and associated responsibilities. These groups include:

(a) Managers, supervisors and personnel officers;
(b) Workers who come into regular contact with human blood and other body fluids;
(c) Trainers of trainers (both male and female) and peer educators;
(d) Health and Safety Representatives and OHS Committee members;
(e) OHS and Labour Inspectors; and
(f) Labour-Management Consultation and Cooperation Committee members.

Such training should be targeted at, and adapted to, these different groups.

Innovative approaches could be adopted if appropriate (e.g. businesses could seek external support from international and national HIV/AIDS programs or other relevant stakeholders by borrowing instructors or having their own instructor trained).

Training materials can vary enormously, according to available resources. They can be adapted to be sensitive to sexual orientation, gender and culture.

Trainers should also be trained to deal with prejudices against minorities, especially in relation to ethnic origin or sexual orientation. They should draw on case studies and available good practice materials. The best trainers are often staff themselves and peer education is therefore recommended at all levels. It should become part of a workplace annual training plan.

12.1 Managers, supervisors and personnel officers

In addition to participating in information and education programs that are directed at all workers, supervisory and managerial personnel should receive training to:

- Enable them to explain and respond to questions about the workplace's HIV/AIDS policy;
- Be well informed about HIV/AIDS so as to help other workers overcome misconceptions about the spread of HIV/AIDS at the workplace;
- Explain reasonable options to workers with HIV/AIDS so as to enable them to continue to work as long as possible;
- Identify and manage workplace behaviour, conduct or practices, which discriminate against or alienate workers with HIV/AIDS; and
- Enable them to advise about the health services and social benefits, which are available.

12.2 Workers who come into regular contact with human blood and other body fluids

All workers who come into regular contact with human blood and other body fluids should receive training about infection control procedures in the context of workplace accidents and first aid. The programs should provide training:

- In the provision of first aid;
- About universal precautions to reduce the risk of exposure to human blood and other body fluids (see Appendix C);
- In the use of personal protective equipment;
- In the correct procedures to be followed in the event of exposure to human blood or body fluids; and
- Rights to compensation in the event of an occupational incident, and emphasise that the taking of precautions is not necessarily related to the perceived or actual HIV status of individuals.

12.3 Trainers and peer educators

Peer educators should receive specialised training so as to:

- Be sufficiently knowledgeable about the content and methods of HIV/AIDS prevention so that they can deliver, in whole or in part, the information and education program to the workforce;
- Be sensitive to race, sexual orientation, gender and culture in developing and delivering their training;
- Link into and draw from other existing workplace policies, such as those on sexual harassment or for persons with disabilities in the workplace;

- Enable their co-workers to identify factors in their lives that lead to increased risk of infection; and
- Be able to advise workers living with HIV/AIDS about coping with their condition and its implications.

12.4 Health and Safety Representatives and OHS Committee Members & Labour-Management Consultation and Cooperation Committee members.

Health and Safety representatives and relevant OHS Committee members should in accordance with the *Health and Safety at Work Act, 1996* receive training with members of the Labour-Management Consultation and Cooperation Committees under the *Employment Relations Promulgation 2007,* so as to:

- Enable them to explain and respond to questions about the workplace HIV/AIDS policy;
- Enable them to train other workers in trainer education programs;
- Identify individual workplace behaviour, conduct or practices which discriminate or alienate workers with HIV/AIDS, in order to effectively combat such conduct;
- Help and represent workers with AIDS-related illnesses to access reasonable services when so requested;
- Be able to counsel workers to identify and reduce risk factors in their personal lives;
- Be well instructed about HIV/AIDS in order to inform workers about the spread of HIV/AIDS; and
- Ensure that any information that they acquire about workers with HIV/AIDS in the course of performing their representative functions is kept confidential.

In addition to becoming familiar with the information and education programs that are directed at all workers, Health and Safety Representatives and relevant members of workplace OHS Committees, should receive specialised training in order to:

- Be sufficiently knowledgeable about the content and methods of HIV/AIDS prevention so that they can deliver information and education programs to workers;
- Be able to assess the working environment and identify working methods or conditions, which could be changed or improved in order to lessen the vulnerability of workers with HIV/AIDS;
- Verify whether the employer provides and maintains a healthy and safe working environment and processes for the workers, including safe first-aid procedures;
- Ensure that HIV/AIDS-related information, if any, is maintained under conditions of strict confidentiality as with other medical data pertinent to workers and disclosed only in accordance with the ILO's code of practice on the protection of workers' personal data; be able to counsel workers to identify and reduce risk factors in their personal lives; and
- Be able to refer workers to in-house medical services or those outside the workplace, which can effectively respond to their needs.

12.5 OHS and Labour Inspectors

OHS and Labour Inspectors should have sufficient means at their disposal to fulfill their supervisory, enforcement and advisory functions, in particular regarding HIV/AIDS prevention in enterprises. To achieve this, they should receive specialised training on HIV/AIDS prevention and protection strategies at the workplace. This training should include:

- Information on relevant international labour standards, especially the Discrimination (Employment and Occupation) Convention, 1958 (No. 111), and national laws and regulations;
- How to provide awareness about HIV/AIDS to workers and management;
- How to incorporate HIV/AIDS topics into their regular occupational health and safety briefings and workplace training;
- How to assist workers to access available benefits (such as how to complete benefit forms) and to exercise other legal rights;
- How to identify violations, or the lack of implementation of, workers' rights in respect of HIV status; and
- Skills to collect and analyse data relating to HIV/AIDS in workplaces when this is for epidemiological or social impact studies and in conformity with this code.

Part 4 – Care and Support

13. Care and support of workers affected and infected with HIV/AIDS

Solidarity, care and support are critical elements that should guide a workplace in responding to HIV/AIDS. Mechanisms should be created to encourage openness, acceptance and support for those workers who disclose their HIV status, and ensure that they are not discriminated against nor stigmatised. To mitigate the impact of the HIV/AIDS epidemic in the workplace, workplaces should endeavour to provide counselling and other forms of social support to workers infected and affected by HIV/AIDS. Where health-care services exist at the workplace, appropriate treatment should be provided. Where these services are not possible, workers should be informed about the location of available outside services. Linkages such as this have the advantage of reaching beyond the workers to cover their families, in particular their children. Partnership between governments, employers, workers and their organisations and other relevant stakeholders also ensures effective delivery of services and saves costs.

[*Note*: For further assistance on the care and support of workers affected and infected with HIV/AIDS the National Advisory Committee On AIDS (NACA) may be contacted]

13.1 Counselling

(a) Employers should encourage workers with HIV/AIDS to use expertise and assistance outside the enterprise for counselling or, where available, its own occupational health and safety unit or other workplace program, if specialised and confidential counselling is offered;

(b) To give effect to this, employers should consider the following actions:

- Identify professionals, self-help groups and services within the local community or region which specialise in HIV/AIDS-related counselling and the treatment of HIV/AIDS;

- Identify community-based organisations, both of a medical and non-medical character, that may be useful to workers with HIV/AIDS; and
- Suggest that the worker contact a registered medical practitioner or a qualified health-care provider for initial assessment and treatment if not already being treated, or help the worker locate a qualified health-care provider if he or she does not have one.

(c) As with any other chronic illness, employers should try and provide workers with HIV/AIDS with any reasonable additional time off for counselling and treatment that may be needed;

(d) Counselling support should be made accessible at no cost to the workers and adapted to be sensitive to sexual orientation, gender and culture. It may be appropriate to liaise with government, workers and their organisations and other relevant stakeholders in establishing and providing such support;

(e) Workers' representatives should, if requested, assist a worker with HIV/AIDS to obtain professional counselling;

(f) Counselling services should inform all workers of their rights and benefits in relation to any statutory social security programs and occupational schemes and any life-skills programs which may help workers cope with HIV/AIDS; and

(g) In the event of exposure to HIV in the workplace, employers should try and provide the worker(s) exposed with any reasonable additional time off for counselling and treatment that may be needed.

13.2 Occupational and other health services

(a) Some employers may be in a position to assist their workers with access to antiretroviral drugs. Any such access to antiretroviral drugs at the workplace shall be planned in consultation with the relevant government agency(s) as designated by the Ministry of Health.

(b) Workplace based health services could include the provision of antiretroviral drugs, treatment for the relief of HIV-related symptoms, nutritional counselling and supplements, stress reduction and treatment for the more common opportunistic infections including STIs and tuberculosis.

13.3 Linkages with self-help and community-based groups

Where appropriate, employers, workers' organisations and occupational health personnel should facilitate the establishment of self-help groups within the enterprise or the referral of workers affected by HIV/AIDS to self-help groups and support organisations in the local community.

13.4 Financial Benefits

(a) Governments, in consultation with the social partners, shall ensure that benefits under national laws and regulations apply to workers with HIV/AIDS no less favourably than to workers with other serious illnesses. They should also explore the

sustainability of new benefits specifically addressing the progressive and intermittent nature of HIV/AIDS; and

(b) Employers, employers' organisations, and workers' organisations should pursue with governments the adaptation of existing benefit mechanisms to the needs of workers with HIV/AIDS, including wage subsidy schemes.

13.5 Social security coverage

(a) Governments, employers and workers' organisations should take all steps necessary to ensure that workers with HIV/AIDS and their families are not excluded from the full protection and benefits of social security programs and occupational schemes. This should also apply to workers and their families from occupational and social groups perceived to be at risk of HIV/AIDS; and

(b) These programs and schemes should provide similar benefits for workers with HIV/AIDS as those for workers with other serious illnesses.

13.6 Worker and family assistance programs

(a) In the light of the nature of the epidemic, worker assistance programs may need to be established or extended appropriately to include a range of services for workers as members of families, and to support their family members. This shall be done in consultation with workers and their representatives, and can be done in collaboration with government and other relevant stakeholders in accordance with resources and needs;

(b) Such programs should recognise that women normally undertake the major part of caring for those with AIDS-related illnesses. They should also recognise the particular needs of pregnant women. They should respond to the needs of children who have lost one or both parents to AIDS, and who may then drop out of school, be forced to work, and become increasingly vulnerable to sexual exploitation. The programs may be in-house, or enterprises could support such programs collectively or contract out for such services from an independent enterprise; and

(c) Family assistance programs might include:

- Compassionate leave;
- Invitations to participate in information and education programs;
- Referrals to support groups, including self-help groups;
- Assistance to families of workers to obtain alternative employment for the worker or family members provided that the work does not interfere with schooling;
- Specific measures, such as support for formal education, vocational training and apprenticeships, to meet the needs of children and young persons who have lost one or both parents to AIDS;
- Coordination with all relevant stakeholders and community-based organisations including the schools attended by the workers' children;
- Direct or indirect financial assistance;
- Managing financial issues relating to sickness and the needs of dependants;
- Legal information, advice and assistance;

- Assistance in relation to understanding the legal processes of illness and death such as managing financial issues relating to sickness, preparation of wills and succession plans;
- Helping families to deal with social security programs and occupational schemes;
- Provision of advanced payments due to the worker; and
- Directing families to the relevant legal services, Ministry of Health, or providing a list of recommended government authorities.

Appendix A

Checklist for planning and implementing a workplace policy on HIV/AIDS

Employers, workers and their organisations shall cooperate in a positive, caring manner to develop a workplace policy on HIV/AIDS that responds to, and balances the needs of, employers and workers. Backed by commitment at the highest level of the workplace, the policy should offer an example to the community in general of how to manage HIV/AIDS. The core elements of a workplace policy shall include:

(a) Information about HIV/AIDS and how it is transmitted;
(b) Educational measures to enhance understanding of personal risk and promote enabling strategies;
(c) Practical prevention measures which encourage and support behavioural change;
(d) Measures for the care and support of affected workers, whether it is they or a family member who is living with HIV/AIDS; and
(e) The principle of zero tolerance for any form of stigmatisation or discrimination at the workplace.

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

1. An HIV/AIDS committee could be set up with representatives of top management, supervisors, workers, unions, human resources department, training department, industrial relations unit, occupational health unit, health and safety committee, and persons living with AIDS (if they agree);
2. Committee decides its terms of reference and decision-making powers and responsibilities;
3. Review of national laws and their implications for the enterprise;
4. Committee assesses the impact of the HIV epidemic on the workplace and the needs of workers infected and affected by HIV/AIDS. (Any surveys or studies carried out in the workplace to determine this impact and the needs of its workers shall be with the workers informed consent, undertaken in accordance with the criteria outlined in Section 10.3 and maintain the anonymity of workers and the confidentiality of their medical records at all times);
5. Committee establishes what health and information services are already available – both at the work-place and in the local community;
6. Committee formulates a draft policy; draft circulated for comment then revised and adopted;
7. Committee draws up a budget, seeking funds from outside the enterprise if necessary and identifies existing resources in the local community;
8. Committee establishes plan of action, with timetable and lines of responsibility, to implement policy;
9. Policy and plan of action are widely disseminated through, for example, notice boards, mailings, pay slip inserts, special meetings, induction courses, training sessions;
10. Committee monitors the impact of the policy; and
11. Committee regularly reviews the policy in the light of internal monitoring and external information about the virus and its workplace implications.

All steps described above should be integrated into a comprehensive enterprise policy that is planned, implemented and monitored in a sustained and ongoing manner.

Appendix B

Discrimination, Privacy and Confidentiality

The *Employment Relations Promulgations 2007* outlines the fundamental rights and principles of work. The Act states that *"no person shall discriminate against any employee or prospective employee on the grounds of…sexual orientation…state of health including real or perceived HIV status…or disability in respect of recruitment, training, promotion, terms and conditions of employment, termination of employment or other matters arising out of the employment relationship".*

The Fiji Bill of Rights (Chapter 4 of the Constitution of the Republic of the Fiji Islands) also legally protects the rights of individuals in Fiji, including the right not to be discriminated against.

Discrimination can be direct or indirect.

- Direct discrimination involves treatment that favours one person over another person in the same or similar circumstances (e.g. terminating the employment of someone because they have HIV or requiring patients who have HIV to wear identifying wristbands); and

- Indirect discrimination can occur if there are rules or requirements that apply to everyone, but which have the effect of disadvantaging one group and are not reasonable in the circumstances.

Employer responsibilities

With regard to HIV/AIDS in the workplace:

(a) Workers with HIV/AIDS shall be treated in the same manner as any worker with any other illness (e.g. cancer, heart disease);

(b) All employment decisions shall be based exclusively on criteria relating to merit and ability for work and have no reference to HIV infection;

(c) Pre-employment medical screening of workers for HIV shall not be carried out;

(d) Information pertaining to an individual's HIV status must be kept confidential;

(e) Unless the work poses a danger to the worker, other workers or the public, the employer need not be informed that a worker is infected with HIV. It is against the principles of medical confidentiality for an employer to inform anyone of a workers HIV status should the employer become aware that a worker is infected with HIV.

(f) Under the *Health and Safety at Work Act, 1996*, and the *Workmen's Compensation Act 1965* , employers shall give notice in the prescribed manner to the Chief Health and Safety Inspector/Chief Executive Officer for the Ministry of Labour, Industrial Relations Tourism and Environment in the event of an accident occurring in the workplace and/or where a worker suffers an injury or contracts an illness/disease (including HIV) in the course of their work. As with all other medical information, all HIV/AIDS-related information is strictly confidential and shall be handled by the

workplace in accordance with the principles of medical confidentiality and any relevant legislation.

(g) Health care workers and emergency service providers who become infected with HIV have responsibilities as professionals in relation to possible risks to others and may require specific advice on their obligations in the workplace. This advice should be obtained from the worker's medical practitioner, the Ministry of Health and any relevant professional organisation (e.g. Fiji Nursing Association).

(h) Employers who become aware of a prospective or existing worker with HIV/AIDS are obliged to make any needed reasonable adjustment, to ensure the worker can continue to carry out the essential requirements of the job, so long as the adjustment does not cause unjustifiable hardship in terms of cost, dislocation to work practices etc.

(i) Workers shall be entitled to sick leave and other leave entitlements for HIV/AIDS no less than for other illnesses. If HIV/AIDS is acquired in the workplace, a worker may be entitled to workers compensation benefits and the appropriate claim forms submitted to the Ministry of Labour, Industrial Relations Tourism and Environment for processing;

(j) Where practicable, a worker with HIV/AIDS shall not be required to work where there is risk of transmission of other diseases that may increase or aggravate that worker's ill-health.

Worker responsibilities

Section 13 of the *Health and Safety at Work Act, 1996* outlines the duty of workers to take all reasonable care at all times while at work.

Unless the worker's duties pose a danger to other workers or the public, workers are not obliged to inform their employer or other workers should they become aware that they, or another worker, are infected with HIV.

There shall be no denial of services to existing or potential clients on the grounds that those clients have, or are thought to have, HIV. Universal precautions shall be applied where the potential for exposure exists.

Confidentiality and the requirement to obtain consent to waive that confidentiality must be respected.

See also Appendix D for further advice for workers with HIV/AIDS.

Equal Employment Opportunity

Under both the Fiji Bill of Rights (Chapter 4 of the Constitution of the Republic of the Fiji Islands) and the *Employment Relations Promulgations 2007* it is illegal to discriminate on the grounds of a worker's sexual preferences and race. With regard to HIV/AIDS, this makes it illegal to discriminate in the following circumstances:

(a) A person's sexual preference: (e.g. discrimination against someone because of their homosexuality, or assumed homosexuality, and therefore the assumption that they may have HIV infection or AIDS); and

(b) A person's race: (e.g. if it is assumed that people from certain countries or ethnic backgrounds are likely to have an HIV infection or AIDS).

Appendix C

Universal Precautions

Principles of universal precautions

Universal blood and body-fluid precautions (known as “Universal Precautions” or “Standard Precautions”) are a simple standard of infection control practices designed to be used at all times to minimise the risk of exposure to blood-borne pathogens.

These 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.

Implementation of universal precautions is the primary strategy for successful control of infections relevant to all workplaces, and particularly in health services or from activities associated with medical treatment and surgery. As an approach to infection control, universal precautions are essential because:

- Blood and other body substances (or material contaminated with these) from unknown sources may be encountered in the course of normal work;
- People may not show any symptoms or signs of illness from infections;
- Infectious status is often determined only by laboratory tests that cannot be completed in time to provide emergency care;
- Patients may be infectious before laboratory tests are positive or signs of disease are manifested (the window period of disease); and
- People may be placed at risk of infection from those who are asymptomatic but infectious.

Universal precautions are intended to prevent infection by the following routes:

1. Percutaneous (e.g. cut) and parenteral (e.g. injection);
2. Mucous membrane (e.g. a splash onto the mouth);
3. Conjunctival (e.g. a spray into the eye); and
4. Non-intact skin (e.g. contamination of a cut on the hand).

Universal precautions

Universal precautions include:

(a) Care of intact, normal skin;
(b) Hand washing before and after;
(c) Protection of damaged skin by covering with a waterproof dressing and gloves;
(d) Careful handling and disposal of sharps (needles and other sharp objects);
(e) Safe disposal of waste contaminated with blood and/or body fluids;
(f) The use of protective barriers which may include gloves, gowns, plastic aprons, masks, eye/face shields or goggles;

(g) Containment of all blood and body fluids/substances (i.e. confining spills, splashes and contamination of the environment and workers to the smallest amount practicable);
(h) Regular cleaning of work areas;
(i) Cleaning and reprocessing of all re-usable equipment and instruments;
(j) Proper handling of soiled linen; and
(k) Proper disinfection of instruments and other contaminated equipment.

Personal hygiene and universal precautions

A high standard of personal hygiene is essential in applying universal precautions. Universal precautions includes the following personal hygiene procedures:

(a) Hands must be washed after contact with blood and body fluids/substances and before eating, drinking or smoking;
(b) A mild liquid handwash (with no added substances that may cause irritation or dryness) should be used for routine hand washing;
(c) To minimise chapping of hands, use warm water and pat hands dry rather than rubbing them;
(d) Liquid handwash dispensers with disposable cartridges, including a disposable dispensing nozzle, are preferable to refillable containers, which may predispose to bacterial colonization;
(e) Repeated hand washing and wearing of gloves can cause irritation or sensitivity, leading to dermatitis or allergic reactions. This can be minimised by early intervention, including assessment of hand-washing technique and the use of suitable individual-use hand creams;
(f) Aqueous-based hand creams should be used before wearing gloves. Oil-based preparations should be avoided as these may cause latex gloves to deteriorate;
(g) Water impermeable gloves shall be readily available to all workers and worn when likely to be exposed to blood or other body fluids/substances, or contaminated materials. The wearing of gloves substantially reduces the risk of hands being contaminated with blood or other body fluids/substance;
(h) Hands must be washed and dried immediately after removing gloves (gloves cannot be guaranteed to prevent skin contamination and may not remain intact during use);
(i) Gloves shall be removed and replaced (if needed) once the specific task is finished;
(j) Waterproof aprons or gowns should be worn when clothing may be contaminated with blood or other body fluids/substances;
(k) Surgical masks and/or protective eyewear shall be worn where eyes and/or mucous membranes may be exposed to splashed or sprayed blood or other body fluids/substances; and
(l) Cuts or abrasions on any part of a worker's body shall be covered with waterproof dressings at all times.

Universal precautions and workplaces

Conscientious use of universal precautions will minimise the risk of workers acquiring HIV and other blood-borne infections and transferring infections between persons.

All workers shall use universal precautions as a means of minimising any risk of HIV and other blood-borne infections. The precautions are recommended in the direct

and indirect handling of blood and all other body fluids/substances, regardless of whether it is visible or dried.

Precautions shall be applied in all relevant work situations, and to all persons being treated, in order to protect workers from known and unknown blood-borne pathogens in persons under their care or with whom they come into close contact.

Each workplace shall ensure appropriate and adequate equipment such as gloves, aprons etc, are available in a range of sizes at strategic points. Worker education and training in prevention measures shall be carried out and standard operating procedures developed for all activities having the potential for exposure. Supervision has an important role in maintaining procedures and workers have a duty to follow the agreed procedures.

Workplace hygiene facilities

As in the *Health and Safety at Work (General Workplace Conditions) Regulations,* 2003, all employers are required to provide appropriate hand washing facilities at the workplace for all workers. Hand washing facilities shall include running water, soap and single-use towels, preferably paper. Where running water is unavailable (i.e. in some field situations) alternative hand cleaning methods, such as alcohol-based hand rubs should be made available.

Appendix D

Workers with HIV/AIDS

General issues

It is essential that the confidentiality of staff be protected in all matters related to their HIV status. In non-health-care settings, workers who are HIV positive and healthy are able to undertake all their normal duties. However, they shall consult a suitably qualified medical practitioner to assess their risk of transmission of disease during the performance of normal duties. HIV positive workers shall also adhere to some general precautions to prevent transmission of the disease, most of which apply to all workers regardless of their HIV status. These precautions include:

- Covering any cuts or abrasions with a waterproof dressing or wearing gloves as required;
- Washing hands thoroughly after contact with blood and body fluids/substance;
- Not sharing needles and syringes;
- Not donating blood; and
- Having regular medical assessments.

First aid

HIV positive workers providing first aid in the workplace shall adhere to universal precautions at all times. First aid involving non-invasive procedures may be safely carried out providing universal precautions are strictly adhered to. Where practicable, HIV positive workers should not conduct invasive procedures while providing first aid (where invasive procedures are required professional medical help shall be sought).

Notification

Under section 13 of the *Health and Safety at Work Act, 1996* , workers have an obligation to cooperate with their employer to help the employer comply with occupational health and safety obligations, and to ensure the health and safety of others in the workplace who may be affected by the worker's acts or omissions. HIV positive workers shall notify their employer of incidents where they have potentially exposed a fellow worker to HIV.

All notifications of such incidents are subject to medical confidentiality (Appendix B). Further information regarding worker obligations can be obtained by consulting the Ministry of Labour,Industrial Relations, Tourism and Environment.

Appendix E

Principles of the Storage, Transport and Disposal of Clinical Waste

It is not expected that non-health care establishments would generate significant amounts of clinical waste. Nevertheless, small amounts of clinical waste may be generated at times, and establishments shall have policies and procedures in place to deal with it. Clinical waste includes blood-contaminated materials, potentially infectious waste and sharps including needles and syringes. Relevant government authorities (e.g. Ministry of Health and Department of Environment) strictly regulate clinical waste to protect human health and the environment and should be consulted in the first instance regarding the classification of materials potentially considered clinical waste. Each workplace shall ensure all applicable legislative requirements and guidelines are complied with. General waste management guidelines are set out below (further information can be obtained from the relevant government authorities).

Storage

Clinical and related waste shall be stored in a weatherproof secure location, isolated from other wastes and in such a manner that it does not represent a risk to persons or the environment.

All designated sharps disposal containers shall be rigid-walled, puncture resistant and labelled with the biohazard symbol recognised worldwide and adopted for use in Fiji.

Sharps shall not be cut, burnt or manipulated in such a way that would render them capable of piercing the skin.

The following precautions shall be adopted with respect to these containers:

- Clinical waste shall be stored in a clean, leak-proof, clearly labelled container suitable for transport to a disposal site;
- If required, persons responsible for collecting clinical waste must be authorised by the relevant government authority; and
- Reusable containers shall be thoroughly cleaned and disinfected prior to reuse.

Transport

Infectious waste is classed as Dangerous Goods Class 6.2 [11] and transporters of clinical waste may require authorization to do so by the relevant government authority (for example, the Land Transport Authority of Fiji).

Class 6.2 Infectious substances – substances containing viable micro-organisms that are known or believed to cause disease in humans or animals.
EXAMPLES: viruses, pathology specimens.

[11] See the Australian Federal Office of Road Safety (1997). Guidance Notes for the Transport of Class 6.2 (Infectious Substance) Dangerous Goods. Available at: http://www.dotrs.gov.au/transreg/guidnote-class62.pdf

The holding compartment of the transport vehicle(s) should be totally enclosed, weatherproof and lockable. Vehicles should carry equipment for managing spills, including driver safety kits (such as the spills kit suggested in section 9.3.2). Signage requirements for infectious substances should also apply (see image above). Clinical waste should not be held in the vehicle overnight and compartments used for the transport of clinical waste shall be regularly cleaned.

The relevant government authority must approve the disposal facility. The transporter should provide a signed statement giving details about the producer of the waste and obtain the signed acknowledgment of the disposal site operator that the waste was received in accordance with any applicable government requirements.

The transporter and waste producer must be aware of their responsibilities under any relevant legislation (e.g. *Public Health Act*), as the transport and production of such goods may also be subject to certain requirements under other Acts or Regulations.

Disposal

Methods of disposal approved by the relevant government authorities (e.g. Ministry of Health and Department of Environment) shall be used to dispose of clinical waste. These relevant government authorities shall be consulted on appropriate disposal methods and facilities for clinical or related wastes.

Where waste can be disposed of at an appropriate sanitary landfill site, the site operator shall be notified. It shall be off-loaded and covered with other site waste immediately.

Site operators shall comply with any requirements of any relevant government authority(s).

Appendix F

What to do in the event of a workplace HIV exposure

Workers at many workplaces can be at risk of a needlestick injury as a result of the careless disposal of a syringe in the workplace or in the handling of sharps in the normal course of their work (eg health care workers). Additional exposure may occur through splashes involving mucosal (i.e. eyes, mouth and nose) contact with blood or other body fluids/substances.

A needlestick injury or splash exposure is potentially a major health hazard that can also cause considerable stress to the worker and their family. The uncertainty of health outcomes of such an injury and the significant time (approximately six months) required to determine whether the worker's health has been compromised contribute to stress.

Sample Procedure for Splash Exposure

Where a **splash exposure** has occurred, **take immediate action** to provide support and perform first aid and medical treatment.

Step 1 Remove contaminated clothing.

Step 2 Promptly flush any exposed wound (i.e. cut or broken skin) under running water

Step 3 Wash the exposed wound using warm water and liquid soap (except for the eyes, mouth and nose).

Step 4 Rinse the eyes, mouth and nose (if affected) thoroughly with warm water (without soap).[12]

Step 5 Thoroughly pat-drying the area.

Step 6 Apply a sterile waterproof dressing (such as an adhesive plaster), as necessary, and apply pressure through the dressing if bleeding is still occurring.

Step 7 Ensure that the worker is provided with immediate medical advice by a registered health professional or other suitably qualified health worker and accompany the worker to the doctor.

Step 8 Offer the worker access to a trauma counselling service.

Step 9 The confidentiality of the incident and anonymity of the injured person shall be maintained.

Step 10 If a customer or non-worker has been exposed then follow Steps 1 through Step 6 and encourage the person to seek immediate medical advice.

Step 11 The appropriate workers' compensation, accident and incident report forms shall be completed and sent to the Ministry of Labour, Industrial Relations and Productivity.

[12] Medically sterile saline can also be used, if available, instead of warm water.

Sample Procedure for Needlestick or Sharps Injury

Where a **needlestick or sharps injury** has occurred, **take immediate action** to provide support and perform first aid and medical treatment.

Step 1 Promptly flush the wound under running water (where appropriate, encourage bleeding of the needlestick injury site).

Step 2 Wash the wound using warm water and liquid soap (soap should not be used for injuries to the eyes, mouth and nose).[13]

Step 3 Thoroughly pat-drying the area.

Step 4 Apply a sterile waterproof dressing (such as an adhesive plaster), as necessary, and applying pressure through the dressing if bleeding is still occurring.

Step 5 Follow the guidance provided in Section 9.5 and place the syringe in a sealed container.

Step 6 Ensure that the worker is provided with immediate medical advice by a registered health professional or other suitably qualified health worker and accompany the worker to the doctor. Also ensure that the doctor is provided with the sealed container with the syringe inside.

Step 7 Offer the worker access to a trauma counselling service.

Step 8 The confidentiality of the incident and anonymity of the injured person shall be maintained.

Step 9 If a customer or non-worker has received the needlestick injury, follow Steps 1 through Step 5 and give the sealed container, with the syringe inside, to the person and encourage them to seek immediate medical advice.

Step 10 If a worker has been exposed, then the appropriate workers' compensation and accident report forms shall be completed and sent to the Ministry of Labour, Industrial Relations and Productivity.

Benefit

Immediate intervention to provide medical treatment and counselling support to the worker will assist the worker in coming to terms with the potentially dangerous and health threatening event. Furthermore, immediate medical treatment may aid in the treatment of HIV. In the case of a needlestick injury, immediate intervention will also demonstrate to other workers the role they can play in alerting management and other workers to potential exposures (e.g. when a syringe has been discovered in the workplace).

[13] Medically sterile saline can also be used, if available, instead of warm water.

Appendix G

Glossary

Affected persons: persons whose lives are changed in any way by HIV/AIDS due to the broader impact of this epidemic.

AIDS: the Acquired Immune Deficiency Syndrome, a cluster of medical conditions, often referred to as opportunistic infections and cancers and for which, to date, there is no cure.

Antibody: substance in the blood counteracting the effect of a foreign substance. The presence of an antibody against an infectious organism means that a person has had contact with that organism - the person may have a clinical infection; or may have had infection in the past and be protected from re-infection, depending on the organism involved. Antibodies are not always protective eg HIV.

Antigen-antibody reaction: a process of the immune system where immunoglobulin-coated B cells recognise specific antigen and stimulate antibody production. Antigen-antibody reactions generally produce immunity.

Aseptic technique: any health care procedure in which added precautions, such as use of sterile gloves and instruments, are used to prevent contamination of a person, object or area by micro-organisms.

Asymptomatic: absence of any subjective evidence of disease or of a patient's condition (i.e. such evidence as perceived by the patient).

Body substances: includes any human bodily secretion, excluding sweat, or substance other than blood (i.e. amniotic, pericardial, peritoneal, pleural, synovial and cerebrospinal fluids, semen, vaginal secretions, tissues, urine and faeces).

Clinical and related waste: any waste contaminated with human or animal matter, originating from any patient care area, surgery, health or transport facility and any autopsy, surgical, pathological, dental or veterinary procedure.

Includes the following categories:

(a) Discarded sharps;
(b) Human tissues (see 'body substances'), including material or solutions containing free-flowing blood;
(c) Laboratory and related waste directly associated with specimen processing; and
(d) Animal tissue or carcasses used in research.

Communicable disease: a disease that can be transmitted to people from a source of disease-causing organisms. Also called an 'infectious' or 'contagious' disease.

Conjunctiva: the mucous membrane that lines the inner surface of the eyelid and the exposed surface of the eyeball.

Dental dam: for the purpose of this document a dental dam is considered as a small sheet of latex that acts as a barrier between the vagina or anus and the mouth during oral sex.

Discrimination is used in this code in accordance with the definition given in the Discrimination (Employment and Occupation) Convention, 1958 (No. 111), to include HIV status. It also includes discrimination on the basis of a worker's perceived HIV status, including discrimination on the ground of sexual orientation.

Disinfection: the act or process whereby disease-causing organisms, except for spores, are killed using either heat and water (thermal) or chemical means.

Employer: a person or organisation employing workers under a written or verbal contract of service or contract for service which establishes the rights and duties of both parties, in accordance with national law and practice. Governments, public authorities, private enterprises and individuals may be employers.

Exposure prone procedure: any situation where there is a potential for transmission of blood-borne disease from the health care worker to the patient (or vice versa) during medical or dental procedures.

Fiji Government: The Government of the Republic of the Fiji Islands and its respective statutory authorities and agencies.

FOHSA: Fiji Occupational Health and Safety Authority (previously known as the National Occupational Health and Safety Service - NOHSS).

Health care workers: all workers delivering health care services, including students, trainees, mortuary attendants, and hospital support staff (cleaners and launderers) who have contact with patients or with blood or body fluids/substances.

HIV: the Human Immunodeficiency Virus, a virus that weakens the body's immune system, ultimately causing AIDS.

ILO: International Labour Organisation;

Intact skin: skin that is normal or unbroken.

Intravenous: within a vein.

Invasive Procedure: A diagnostic or therapeutic technique that requires entry of a body cavity or interruption of normal body functions. It also includes any procedure that pierces skin or mucous membrane.

MLIRP: Ministry of Labour, Industrial Relations Tourism and Environment of the Republic of Fiji.

Mucous membrane: a membrane lining all body passages that communicate with the air, such as the respiratory and alimentary tracts (including the mouth and nose), which easily absorbs many substances which come into contact with it.

Neurological disorders: disturbance of the healthy working of the nervous system.

NOHSC: National Occupational Health and Safety Commission of the Australian Government;

NOHSS: National Occupational Health and Safety Service of the Republic of Fiji (now known as the Fiji Occupational Health and Safety Authority – FOHSA).

Occupational Health Services is used in this code in accordance with the description given in the Occupational Health Services Convention, 1985 (No. 161), namely health services which have an essentially preventative function and which are responsible for advising the employer, as well as workers and their representatives, on the requirements for establishing and maintaining a safe and healthy working environment and work methods to facilitate optimal physical and mental health in relation to work. The OHS also provide advice on the adaptation of work to the capabilities of workers in the light of their physical and mental health.

Parenteral: pertaining to treatment other than through the digestive system (alimentary canal) such as injection via some other route.

Pathogen: any micro-organisms capable of producing disease.

pH level: means a value representing how acidic or alkalinic a solution is and works on a scale from zero (0) to fourteen (14). On the scale (see below), a substance that measures less than seven (7) is an acid and an alkali measures greater than seven (7). The closer the substance is to zero (0) the stronger the acid (eg: concentrated hydrochloric acid) and the closer the substance is to fourteen (14) the stronger the alkali (eg: sodium hydroxide). A substance with a level of seven (7) is a neutral substance (eg: pure water).

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14

strong acid neutral strong alkali

PLWHA: People living with HIV/AIDS.

PEP: Post Exposure Prophylaxis.

Percutaneous: passed, done or effected through the skin.

Persons with disabilities is used in this code in accordance with the definition given in the Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159), namely individuals whose prospects of securing, retaining and advancing in suitable employment are substantially reduced as a result of a duly recognised physical or mental impairment.

Prophylaxis/prophylactic treatment: a measure, such as a device (i.e. condom), vaccine or drug, designed to preserve health or prevent disease.

Reasonable accommodation: any modification or adjustment to a job or to the workplace that is reasonably practicable and will enable a person living with HIV or AIDS to have access to or participate or advance in employment.

Saline: Saline is used in the health care setting for a range of purposes, principally to administer substances into a patient's bloodstream through the veins (i.e. intravenously).

Screening: measures whether direct (HIV testing), indirect (assessment of risk-taking behaviour) or asking questions about tests already taken or about medication.

Sex and gender: there are both biological and social differences between men and women. The term "sex" refers to biologically determined differences, while the term "gender" refers to differences in social roles and relations between men and women. Gender roles are learned through socialization and vary widely within and between cultures. Gender roles are affected by age, class, race, ethnicity and religion, and by the geographical, economic and political environment.

Serological Testing: testing of blood serum for evidence of infection by evaluating antigen-antibody reactions in an artificial environment outside the living organism.

Sharp(s): object or device having sharp points or protuberances capable of cutting or piercing the skin (including hyperdermic needles and syringes).

Sterile: free from living pathogens (organisms).

Sterilisation: complete destruction of all micro-organisms, including spores.

STI: sexually transmitted infection, which includes, among others, syphilis, chancroid, chlamydia, gonorrhoea. It also includes conditions commonly known as sexually transmitted diseases (STDs).

Termination of employment has the meaning attributed in the ILO "Termination of Employment Convention – 1982" (No. 158), namely dismissal at the initiative of the employer.

Universal Precautions are a simple standard of infection control practice to be used to minimize the risk of blood-borne pathogens (see full explanation in Appendix C).

Vulnerability refers to socio-economic disempowerment and cultural context, work situations that make workers more susceptible to the risk of infection and situations, which put children at greater risk of being involved in child labour.

Worker means a person who is employed under a contract of service or who works under a contract for service and includes an apprentice, learner, domestic worker, part-time worker, casual worker or outworker.

Appendix H

References

Note: At the time of preparing this code of practice, these referenced documents were considered to be relevant by the Ministry of Labour, Industrial Relations, Tourism and Environment. However, the future content and status of these references is beyond the control of the Ministry of Labour, Industrial Relations, Tourism and Environment.

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Fiji Bill of Rights (Chapter 4 of the Constitution of the Republic of the Fiji Islands)

Health and Safety at Work Act, 1996

Health and Safety at Work (General Workplace Conditions) Regulations, 2003

Employment Relations Promulgations 2007

Employment Relations (Administration) Regulations 2007

Employment Relations (Labour-Management Consultation and Cooperation) Committees 2007

Public Health Act

Workman's' Compensation Act, 1978

Australian/New Zealand Standards

AS/NZS 3816 (1998). *Management of clinical and related wastes.*

AS/NZS 4031 (1992). *Non-reusable containers for the collection of sharp medical items used in health care areas.*

AS/NZS 4146 (2000). *Laundry Practice*

AS 4187 (1998). *Cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities.*

AS/NZS 4261 (1994). *Reusable containers for the collection of sharp items used in human and animal medical applications.*

AS/NZS 4815 (2001). *Office-based health care facilities not involved in complex patient procedures and processes — Cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment and maintenance of the associated environment.*

Relevant ILO Conventions and Recommendations

Collective Bargaining Convention, 1981 (No. 154).

Discrimination (Employment and Occupation) Convention, 1958 (No. 111).

Employment Injury Benefits Convention, 1964 (No. 121).

Migration for Employment Convention (Revised), 1949 (No. 97).

Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143).

Nursing Personnel Convention, 1977 (No. 149).

Occupational Health Services Convention, 1985 (No. 161), and Recommendation (No. 171).

Occupational Safety and Health Convention, 1981 (No. 155), and Recommendation (No. 164).

Part-Time Work Convention, 1994 (No. 175).

Right to Organise and Collective Bargaining Convention, 1949 (No. 98).

Social Security (Minimum Standards) Convention, 1952 (No. 102).

Termination of Employment Convention, 1982 (No. 158), and Recommendation (No.166).

Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159).

Worst Forms of Child Labour Convention, 1999 (No. 182), and Recommendation (No. 190).

Relevant ILO Codes of Practice

Code of practice on managing disability in the workplace (forthcoming)

Management of alcohol and drug-related issues in the workplace: An ILO code of practice (Geneva, 1996).

Protection of workers' personal data: An ILO code of practice (Geneva, 1997).

Relevant ILO Guidelines

ILO: *Technical and ethical guidelines for workers' health surveillanc*e, Occupational Safety and Health Series No. 72 (Geneva, 1998).

Appendix I

Contact List

Fiji

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National Occupational Health and Safety Service (NOHSS)
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National Advisory Council on AIDS (NACA)
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Regional and International

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