Personnel Department
Office of the Chief Personnel Officer

Guidelines for Managing HIV and AIDS in the Public Service

December 2009

TABLE OF CONTENTS

FOREWORD ii

LIST OF ABBREVIATIONS iii

1. INTRODUCTION 1

2. POLICY STATEMENT 2

3. OBJECTIVES 2

4. SCOPE 3

5. GUIDING PRINCIPLES - FRAMEWORK FOR ACTION 3

5.1 Recognition of HIV and AIDS as a workplace issue *3*

5.2 Non-discrimination *3*

5.3 Gender-Related Issues *4*

5.4 HIV Testing *4*

5.5 Disclosure and confidentiality *4*

5.6 Reasonable accommodation *5*

5.8 Care and Support *5*

5.9 Continuation of employment relationship *6*

5.10 Social Dialogue *6*

6. ROLES AND RESPONSIBILITIES 6

6.1 Personnel Department *6*

6.2 Managers/supervisors in Public Service Organizations *6*

6.3 AIDS Co-ordinating Teams *7*

6.4 Representative Bodies *8*

7. MONITORING AND EVALUATION 9

Appendix I DEFINITION OF TERMS ..... **I-i**

Appendix II UNIVERSAL BLOOD AND BODY-FLUID PRECAUTIONS ..... **II-i**

Appendix III PROTOCOL/GUIDELINES FOR THE ADMINISTRATION OF POST EXPOSURE PROPHYLAXIS (PEP) ..... **III-i**

FOREWORD

The Government of the Republic of Trinidad and Tobago (GORTT) recognizes that the achievement of VISION 2020 is dependent on a healthy, well developed and productive workforce. It also realizes that the spread of HIV in Trinidad and Tobago poses a threat to the workforce and the achievement of developed country status by 2020.

As the single, largest employer in the economy, GORTT has a key role in responding to the challenge of protecting some 80,000+ employees in its attempt to address HIV and AIDS in the Public Service. On behalf of GORTT, the Personnel Department has risen to this challenge and is pleased to offer ***Guidelines for Managing HIV and AIDS in the Public Service*** *to support the efforts being made to prevent and treat HIV and AIDS, as well as those persons who are living with HIV and those affected by the disease in public service organizations.*

In preparing these guidelines, a broad-based and collaborative approach was used. The views of all major stakeholders which included all Ministries, Departments, Statutory Authorities that are subject to the Statutory Authorities Act, Chapter 24:01; the Tobago House of Assembly and the several Public Service associations/unions were sought. Guidance and expert advice were also obtained from key organizations such as the International Labour Organization (ILO) and National AIDS Coordinating Committee (NACC). Very importantly also, the guidelines have been shaped by internationally agreed principles as defined in the ***ILO Code of Practice on HIV/AIDS*** *as well as local authorities such as the National Surveillance Unit.*

It is my hope that the document ***Guidelines for Managing HIV and AIDS in the Public Service*** *will become an invaluable tool for all our managers/supervisors, employees and all those who have a role in the management of HIV and AIDS in the workplace.*

I invite you therefore to use this resource as a first step in addressing the challenge of HIV and AIDS in the workplace: the focal point being implementation of the measures therein. To date, there is no cure for the virus and so, prevention assumes special significance as the only way to limit its spread. I appeal to all employees of government to make the best use of these guidelines in the continuing thrust for self awareness and education about HIV and AIDS.

I sincerely thank all the persons and organizations who have worked with the Personnel Department in providing advice, insight and guidance and who have made contributions towards bringing these Guidelines to fruition.

Chief Personnel Officer

December 05, 2008

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ACT	AIDS Coordinating Team
GORTT	Government of the Republic of Trinidad and Tobago
HIV	Human Immunodeficiency Virus
IhRIS	Integrated Human Resource Information System
ILO	International Labour Organization
NACC	National AIDS Coordinating Committee
PEP	Post Exposure Prophylaxis
PLWHA	Persons Living With HIV/AIDS
VCT	Voluntary Counselling and Testing
OSHA, 2004	Occupational Safety and Health Act, 2004
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

GUIDELINES FOR MANAGING HIVAND AIDS IN THE PUBLIC SERVICE

1. Introduction

1.1 The Government of the Republic of Trinidad and Tobago (GORTT) recognizes the seriousness of the HIV/AIDS epidemic and its potential negative impact on the workplace, including the Public Service, which may be reflected in increased absenteeism, loss of valuable skills and experience and falling productivity.

In Trinidad and Tobago, the epidemic is concentrated in the 15-49 age group from which 71% of new infections have occurred. Cumulative HIV cases as at the end of 2007 were 18,378.[1] The International Labour Organization (ILO) estimates that, globally, at least 37 million persons[2] aged 15-49, which represents the most productive segment of the labour force, are living with HIV. The increasing number of HIV-positive persons threatens the economic, social and developmental progress of all sectors in the country.

1.2 In addressing this threat, one of the initiatives undertaken by GORTT has been the establishment of the Trinidad and Tobago National AIDS Co-ordinating Committee (NACC), which is responsible for providing leadership and co-ordination of the strategic response to this epidemic. NACC, which falls under the aegis of the Office of the Prime Minister, has developed the *National HIV/AIDS Strategic Plan 2004 – 2008* and the overarching goals of this plan are to:

(i) reduce the incidence of HIV infections in Trinidad and Tobago; and

(ii) mitigate the negative impact of persons living with HIV and those affected by the virus in Trinidad and Tobago.

1.3 The Personnel Department has undertaken to support public service organizations in treating with the challenge of HIV in the workplace through the provision of *Guidelines for Managing HIV and AIDS in the Public Service.*

1.4 Definitions of HIV and AIDS, and other related terms are listed in Appendix I.

---

[1] Ministry of Health, National Surveillance Unit's Annual HIV/AIDS Report 2007
[2] UNAIDS and WHO, epidemic Update, 2007

2. Policy Statement

The Chief Personnel Officer (CPO) in the role as Employer supports national efforts to reduce the spread of HIV infection and minimize the impact of the disease and is committed to:

(i) providing and maintaining a safe and healthy work environment for all government employees;[3]

(ii) eliminating stigma and discrimination on the basis of real or perceived HIV status;

(iii) providing equal opportunity to all employees including employees who are living with HIV;

(iv) ensuring that the impact of HIV and AIDS in the Public Service is managed in a manner that is consistent with existing relevant legislation;

(v) treating employees who are HIV-positive with empathy and care; and

(vi) fostering an awareness that HIV prevention is the responsibility of all employees including senior management and supervisors.

Consequently, employees who are living with HIV will be treated like all other employees as long as they are medically fit to function in an available, appropriate position.

These Guidelines have been developed in accordance with the *ILO Code of Practice on HIV/AIDS and the World of Work* and the *National Workplace Policy on HIV and AIDS.*

3. Objectives

The Guidelines are intended to:

3.1 help to prevent the spread of HIV and to minimize the fear and anxiety associated with the virus;

3.2 encourage and guide public service organizations to develop appropriate HIV and AIDS strategies and programmes to inform and educate employees on the disease. This is intended to foster greater understanding, compassion and tolerance for employees living with HIV and increase employees' capacity to refrain from behaviours that put themselves and others at risk;

[3] 'Government employees' include monthly, daily-rated and contract employees in all Ministries, Departments, those Statutory Authorities subject to the Statutory Authorities Act, Chapter 24:01 and the Tobago House of Assembly.

3.3 protect and safeguard the rights and human dignity of all employees living with HIV;

3.4 prevent discrimination in all forms by preserving the right to work of all HIV- positive employees who are capable of performing their duties;

3.5 reduce stigmatization by providing information and education to all employees including those living with HIV so as to promote acceptance and openness about the disease; and

3.6 ensure that confidentiality is maintained with regard to information relating to employees who are living with HIV.

4. Scope

Unless otherwise stated, these Guidelines cover all categories of government employees, that is, monthly-paid, daily-rated and contract employees in all Ministries, Departments, those Statutory Authorities subject to the Statutory Authorities Act, Chapter 24:01 and the Tobago House of Assembly (THA).

5. Guiding Principles - Framework for Action

5.1 *Recognition of HIV and AIDS as a workplace issue*

GORTT recognizes that HIV and AIDS is a workplace issue that must be treated like any other serious illness/condition in an organization. This environment can play a vital role in limiting the spread and effects of the HIV/AIDS epidemic by prevention education, care and support, treatment and protection of fundamental rights.

5.2 *Non-discrimination*

The Public Service must ensure a working environment in which employees living with HIV or who are perceived to be HIV- positive:

- enjoy and exercise the same rights and have the same contractual obligations as other members of staff;
- are protected against any form of discrimination and stigmatization in the workplace;
- are not denied employment, transfer or promotion nor are subjected to retrenchment procedures unfairly;
- have access to medical and other support services in accordance with existing policies; and
- have access to the same type, level and form of employee benefits as all other employees.

5.3 *Gender-Related Issues*

GORTT is committed to providing an environment in which the equality of men and women is respected and where sexist behaviour and gender-based discrimination are not acceptable.

In recognition of the different ways and degrees of risk of infection regarding the disease, all educational programmes will be gender-sensitive and will target men and women explicitly by addressing them either together or separately.

5.4 *HIV Testing*

HIV screening cannot be required of job applicants or persons in employment. Further, HIV testing must not be used as a prerequisite for recruitment, promotion or access to training sponsored by GORTT. However, employees should be encouraged to undergo voluntary and confidential HIV Testing.

5.5 *Disclosure and confidentiality*

- Employees have the right to confidentiality and privacy regarding their health status. Employees are under no legal obligation to inform co-workers and management if they contract HIV.
- If the employee informs the manager/supervisor[4] that he/she is HIV- positive, the manager/supervisor must regard the information as confidential, unless the employee specifically indicates otherwise in writing. Any unauthorized reference to the employee's status would be considered a breach of confidentiality. Where there is a breach of confidentiality, disciplinary proceedings will be initiated in accordance with existing legislation and grievance procedures.
- Access to personal data relating to an employee's HIV status should be bound by the rules of confidentiality which are specific to the particulars of each public service organization. Such medical information will be kept at a designated location to be determined by Heads of public service organizations[5] and accessible only to persons with special authority. Only the information that is required to make a decision should be disclosed and not necessarily the whole clinical diagnosis. A mechanism for tracking persons who access an employee's restricted information should be implemented, for example, signing in before viewing. In light of the Integrated Human Resource Information System (IhRIS), provision should also be made for the protection of all medical information stored

[4] 'Manager/supervisor' is an employee assigned the responsibility for observing and directing the work of another employee or group of employees

[5] 'Heads of public service organizations' include Permanent Secretaries, Heads of Department, Heads of Statutory Authorities & Chief Administrator, Tobago House of Assembly (THA)

electronically. These medical records will be kept for the duration of time as specified by the Occupational Safety and Health Act, 2004 *(Section 75.1 refers)*.

5.6 *Reasonable accommodation*

Wherever possible and feasible, the Head of the organization should make reasonable accommodation (e.g. adjusting work hours, restructuring of work) to enable an employee living with HIV to continue working as long as his/her health allows. Work modifications will be specific to the individual circumstance and subject to the exigencies of the normal work operations. Such changes should follow the recommendations of a medical professional as to the employee's ability to perform and not be based solely on the request of the employee.

5.7 *Prevention*

Heads of public service organizations must undertake and make accessible to all employees appropriate awareness, education and training initiatives to:

- empower them to protect themselves and others against infection;
- emphasize the importance of avoiding risky sexual behaviour; and
- encourage adherence to the Universal Blood and Body-Fluid Precautions[6] for handling workplace accidents which may result in the exposure of employees to blood or other body fluids (These precautions are attached to this document as Appendix II).

5.8 *Care and Support*

Managers/supervisors in the Public Service must treat employees who are living with HIV or who are perceived to have the disease, with empathy and care.

Consequently, they should provide information relating to appropriate professional treatment and support services offered by Government-run facilities. Reasonable time-off to access such services should be mutually agreed between manager/supervisor and employee.

Where accidental exposure to the virus occurs at the workplace, Post Exposure Prophylaxis (PEP) should be offered and initiated ideally within twenty-four (24) hours and no later than within seventy-two (72) hours of exposure and should continue for approximately four (4) weeks.

Protocol/Guidelines for the administration of PEP are attached as Appendix III.

[6] *Appendix II of An ILO Code of Practice on HIV/AIDS and the World of Work (2001)*

5.9 *Continuation of employment relationship*

HIV infection should not be the basis for an employee to suffer adverse consequences, whether dismissal or denial of appropriate alternative employment opportunities where available. HIV-positive employees should be able to work under normal conditions in their current employment for as long as they meet agreed performance standards and are medically fit. When an employee becomes too ill to perform his/her agreed functions, standard procedures for termination of service that would normally apply for other illnesses should also apply without discrimination.

5.10 *Social Dialogue*

The successful implementation of these Guidelines depends upon co-operation and trust among managers/supervisors, employees and their representative bodies. The active involvement of employees living with HIV in this process must also be encouraged. Participation among these social partners in HIV and AIDS strategy formulation, programme development, implementation and evaluation in the Public Service will improve prevention efforts at all levels.

6. Roles and Responsibilities

6.1 *Personnel Department*

The Personnel Department has responsibility for the development of policies, systems and mechanisms for improving and/or modernizing the practice of Human Resource Management including health and safety in the Public Service. The Department has a mandate not only to develop guidelines for managing HIV and AIDS in the Public Service but is also required to:

- serve as consultants and facilitators by communicating and promoting the guidelines to public service organizations;
- monitor and solicit feedback on the implementation of the guidelines; and
- evaluate and review the Guidelines.

6.2 *Managers/supervisors in Public Service Organizations*

Managers/Supervisors in the Public Service are required to:

- make available copies of these guidelines to all employees;
- participate in training programmes/workshops/seminars that would enable them to explain and respond to questions on HIV and AIDS and workplace policy;

- ensure that appropriate awareness and education programmes are conducted to inform employees about HIV and AIDS.
- ensure that employees are able to treat with all situations in which a co-worker is injured and there is exposure to blood, in accordance with the standard Universal Blood and Body-Fluid Precautions and the Protocol/Guidelines for the administration of PEP as set out at Appendices II and III respectively;
- inform all employees of available resources, and access to care and support facilities;
- maintain the employee's desire for confidentiality;
- monitor work performance of employees living with HIV to ensure that agreed standards are met;
- make reasonable accommodation in terms of work, scheduled time-off due to illness and/or treatment as necessary;
- seek guidance through consultation with available resources e.g. Employee Assistance Programmes (EAPs);
- respond to employees' concerns through continuous dialogue, communication and consultation;
- encourage peer support where disclosure is made; and
- discourage gossip.

6.3 *AIDS Co-ordinating Teams*

In the absence of an AIDS Co-ordinator / Co-ordinating Unit, each public service organization is required to establish an AIDS Co-ordinating Team (ACT) to coordinate, facilitate, monitor and evaluate all activities pertaining to the management of HIV and AIDS. The Human Resource Management Division/Unit of each public service organization is responsible for establishing these teams. The ACT will comprise representatives of top management, supervisors, employees, representatives of public service unions/associations, HR personnel, occupational safety and health committee members and persons living with HIV, if they agree. One member of the Team should be designated the HIV Focal Point.

The ACT will be required to:

- plan and implement strategies and programmes to educate, guide and promote behaviour change;
- organize and co-ordinate sensitization programmes for all employees;
- identify potential peer educators from within the organization;

- establish systems for collaborating with other stakeholders to obtain relevant resource personnel and financial aid e.g. NACC, ILO; and
- prepare an annual budget for HIV and AIDS related activities.

However, in those organizations where an HIV/AIDS Co-ordinator is employed, that person will be responsible for the above-mentioned activities.

All Government Employees

All government employees are required to:

- adhere to the Universal Blood and Body-Fluid Precautions and the Protocol/Guidelines for the administration of PEP for handling work-place accidents which may result in an exposure to blood and other body fluids;
- safeguard co-workers by refraining from behaviour that is detrimental to the health and safety of others; and
- treat all co-workers with respect and dignity regardless of their status.

Further, all government employees should take advantage of opportunities offered by managers/supervisors to participate in any programme designed to provide information on all aspects of HIV and AIDS.

6.4 *Representative Bodies*

Public Service unions/associations are expected to:

- collaborate with management to sensitize employees, develop and implement HIV and AIDS workplace strategies and programmes and maintain the confidentiality of employees living with HIV;
- encourage employees to access confidential voluntary counselling and testing; and
- support management's efforts to maintain a safe and healthy working environment.

7. Monitoring and Evaluation

The Personnel Department has the responsibility for the dissemination, periodic review and facilitation of the process by which the *Guidelines for Managing HIV and AIDS in the Public Service* become integrated into each public service organization.

These Guidelines will be under continuous review by the Personnel Department and will be adjusted, as necessary, in the light of changing conditions and as more information emerges surrounding HIV and AIDS and their management.

Appendix I

DEFINITION OF TERMS

Accidental Exposure	Puncture or break of the skin with a sharp object such as a needle or a blade which has been contaminated by blood or other body fluid such as plasma or cerebrospinal fluid; or a splash of blood or other body fluid such as plasma or cerebrospinal fluid in the eye, mouth or on broken skin.
Affected Person	A person whose life is impacted in any way by HIV and AIDS, such as a worker/employee who may be the primary care giver to a family member living with HIV.
AIDS	Acquired Immune Deficiency Syndrome – a cluster of specific illnesses and medical conditions often referred to as opportunistic infections such as pneumonia and some types of cancers which occur due to the destruction of the body's immune system.
AIDS Co-ordinating Team	A group of persons with responsibility for co-ordinating, monitoring and evaluating the delivery of HIV and AIDS related programmes and activities for a particular Ministry, Department, Statutory Authority or the Tobago House of Assembly.
Counselling	The provision of information, advice and support given by a professional counsellor to workers who are living with HIV.
Disclosure	A fact or secret that is made known voluntarily.
Discrimination	The unfair and unjust treatment of an individual in the workplace based on his/her real or perceived HIV status.
Epidemic	A sudden, unusual increase in an illness that exceeds the number expected on the basis of experience.

Gender	Refers to differences in social roles, relations and social expectations between male and female.
HIV	Human Immunodeficiency Virus, which attacks and may ultimately destroy the body's natural immune system, leading to the development of AIDS.
HIV/AIDS Co-ordinator	Person responsible for building institutional capacity for HIV and AIDS related activities in a Ministry, Department, Statutory Authority or the Tobago House of Assembly.
HIV Testing	Taking a medical test to determine a person's HIV status.
Incidence	The number of cases recorded in a specific time period.
Infected Person	A person living with HIV.
Opportunistic diseases/infections	Diseases/infections which occur when the T-4 (CD-4) cells (blood cells that are required to protect an individual's body from other infections and which indicate the strength of the immune system) of an HIV infected person are destroyed by the HIV virus thereby causing the body to become more susceptible to infections by other germs. Some common opportunistic infections are Pneumocystis Pneumonia (PCP), Tuberculosis (TB), Toxoplasmosis and Candidiasis (oral thrush).
Peer Educator	An employee in the workplace who is similar to another by virtue of age, background, job roles, experience, and interest, who listens to and provides information to his/her peers.
Post-Exposure Prophylaxis	An emergency medical response that can be used to protect individuals exposed to HIV, consisting of medication, laboratory tests and counselling.

Reasonable Accommodation	Modifications or adjustments to a job or work environment that enable an otherwise qualified/ competent person living with HIV to have access to a job, to perform the essential functions of a job, or to enjoy benefits and privileges of employment equal to those enjoyed by other employees. Reasonable accommodation must not impose undue hardship on the organization's operations.
Representative Body	• A recognised majority union certified under Part 3 of the Industrial Relations Act, Chapter 88:01 as the agent for workers comprised in a bargaining unit. • Public Service Associations recognized by the Minister of Finance or a Statutory Authority as the bargaining body, for officers employed in the Civil, Teaching, Protective Services or any other service in the Public Service of Trinidad and Tobago and in Statutory Authorities under the Statutory Authorities Act.
Screening	Measures whether direct (HIV testing), indirect (assessment of risk-taking behaviour) or asking questions about tests already taken or about medication or any other (indirect) method designed to ascertain an employee's or job applicant's HIV status.
Stigma	A process of devaluation of people, either living with, affected by or associated with HIV.
Treatment	Steps taken to care for and manage an illness.
Universal Precautions	Simple standards of infection control practice to be used to minimize the risk of blood-borne pathogens.
Voluntary Counselling and Testing	Also known as 'client-initiated testing' which is conducted in an environment which adheres to and implements the 'Three Cs': confidentiality, informed consent, and counselling.

Appendix II

UNIVERSAL BLOOD AND BODY-FLUID PRECAUTIONS

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

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

(a) Blood, especially in large spills such as from nosebleeds and old blood or blood stains, should be handled with extreme caution.

(b) Skin exposed accidentally to blood should be washed immediately with soap and running water.

(c) All bleeding wounds, sores, breaks in the skin, grazes and open skin lesions, should ideally be cleaned immediately with running water and/or antiseptics.

(d) If there is a biting or scratching incident where the skin is broken, the wound should be washed and cleansed under running water, dried, treated with antiseptic and covered with a waterproof dressing.

(e) Blood splashes to the face (mucous membranes of eyes, nose or mouth) should be flushed with running water for at least three minutes.

(f) Proper facilities should be made available for the disposal of infected waste.

(g) All open wounds, sores, breaks in the skin, grazes and open skin lesions, should at all times be covered completely and securely with a non-porous or waterproof dressing or plaster so that there is no risk of exposure to blood.

(h) Cleansing and washing should always be done with running water; the water should not be poured over the area to be cleansed. Areas without running water should keep a supply on hand specifically for use in emergencies, e.g., in a 25-litre drum. This water can be kept fresh for a long period of time by adding bleach.

(i) All persons attending to blood spills, open wounds, sores, breaks in the skin, grazes and open skin lesions, body fluids and excretions should wear protective latex gloves or plastic bags over their hands to eliminate effectively the risk of HIV transmission. Bleeding can be managed by compression with material that will absorb the blood, e.g., a towel.

(j) If a surface has been contaminated with blood, tears, saliva, mucus, phlegm, urine, vomit, faeces or pus, that surface should be cleaned with running water, fresh, clean household bleach *(1.10 solution)* and paper or disposable cloths. The person doing the cleaning must wear protective gloves or plastic bags.

(k) Blood-contaminated material should be sealed in a plastic bag and incinerated. Tissues and toilet paper can be readily flushed down a toilet.

(l) If instruments (for instance scissors) become contaminated with blood or other body fluids, they should be washed and placed in a strong household bleach solution for at least one hour before drying and re-using.

(m) Needles and syringes should not be re-used, but should be safely destroyed.

Training in first aid for all employees should be provided. First aid kits should be maintained at strategic locations and made available when necessary. Gloves should be taken to every sporting event by the person in charge, as well as a fully equipped first aid kit.

Appendix III

PROTOCOL/GUIDELINES FOR THE ADMINISTRATION OF POST EXPOSURE PROPHYLAXIS (PEP)

Post Exposure Prophylaxis (PEP) is an emergency medical response that can be used to prevent HIV transmission and protect individuals who have been exposed to HIV, and which consists of medication, laboratory tests and counselling. The protocol/guidelines emanate from medical expertise from the Ministry of Health and are similar to the procedures for PEP used by Health Care Workers. The objective of the protocol/guidelines is to establish standardized, systematic and medically approved procedures for all government employees to follow in the event that accidental exposure to blood and body fluids occurs. PEP works best within the first two (2) to twenty four (24) hours after the accident/incident has occurred, but may not be effective if started after seventy two (72) hours after the accident/incident.

General Recommendation

All Ministries, Departments, Statutory Authorities and the THA must assign an officer whose responsibility is to co-ordinate PEP procedures in his/her organization. This officer may be the designated HIV Focal Point, that is, the person whose primary role is to support the organization's efforts at addressing the challenge of HIV and AIDS in the workplace, or the Safety and Health Officer or any other officer who is assigned to manage PEP procedures.

Steps to follow where an employee is exposed to blood and body fluids at his/her workplace:

(1) The person in charge of the Section / Unit where exposure occurred is notified.

(2) First-Aid is to be administered, where necessary, by employees trained in such procedures. Site bleeding should be encouraged immediately while the wound and skin sites exposed to blood and body fluids are being washed. Wash with soap and water or other antiseptics.

(3) The person at Step 1 is required to take a report of the incident from the affected employee and to notify the Safety and Health Officer or other designated officer at the relevant Ministry, Department, Statutory Authority or the THA. The employee should be transported to the nearest Health Centre or Institution within one (1) hour.

(4) The exposed person is to be assessed by the assigned Health Care Worker at the Health Centre/ Institution.

(5) At the Health Centre/Institution, treatment is to be administered using the referral guidelines for the management of PEP in Health Institutions and follow-up visits are to be arranged.

(6) The person at Step 1 is required to write and submit a status report to the Safety and Health Officer or designated officer in the relevant Ministry, Department, Statutory Authority or the THA.

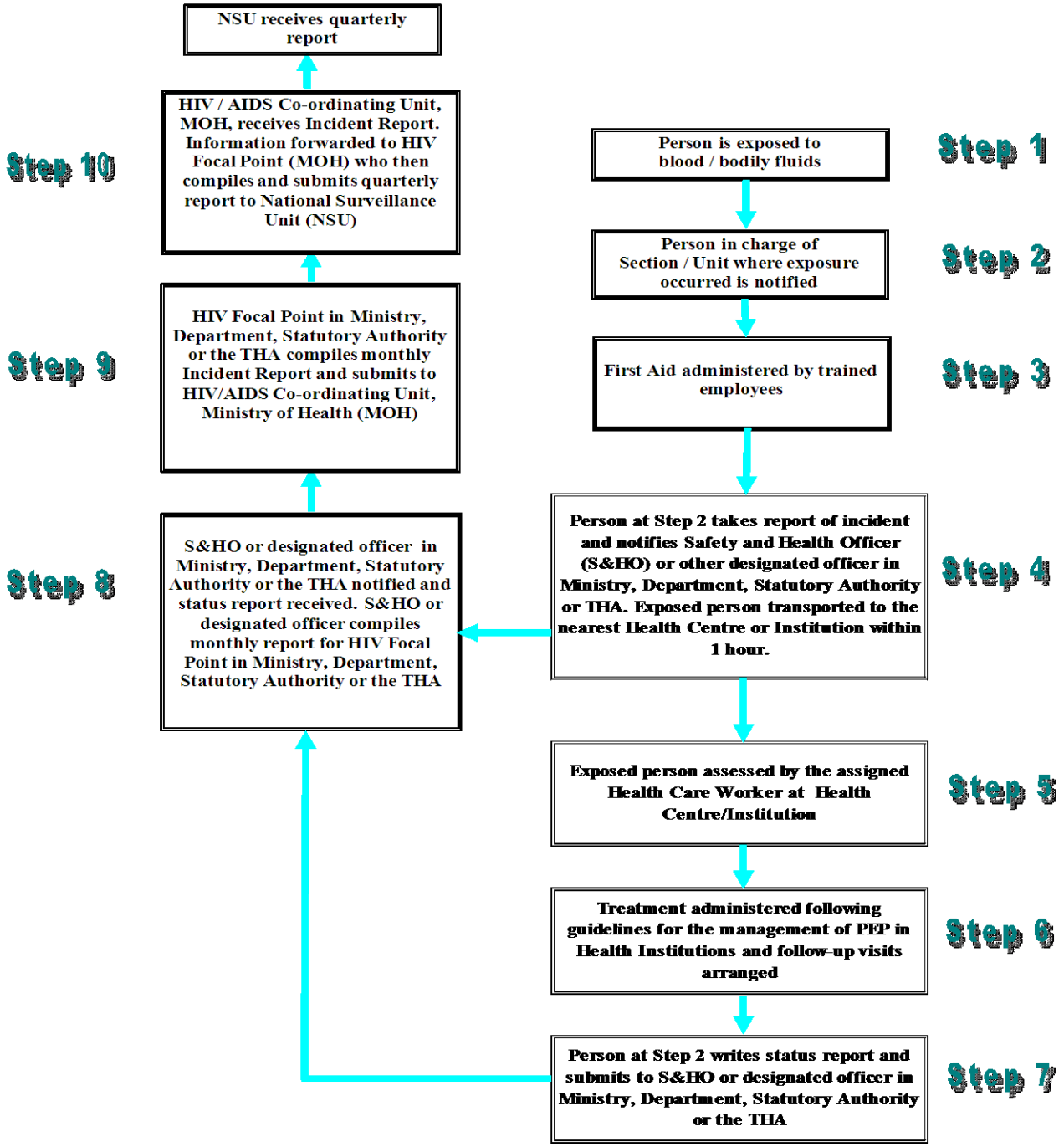
(7) The Safety and Health Officer or designated officer is required to compile a monthly report for submission to the HIV Focal Point in that Ministry, Department, Statutory Authority or the THA.

(8) The HIV Focal Point in the Ministry, Department, Statutory Authority or the THA is required to compile a monthly Incident Report to be submitted to the HIV/AIDS Coordinating Unit, Ministry of Health.

(9) Information from the HIV/AIDS Coordinating Unit is forwarded to the HIV Focal Point in the Ministry of Health and that person is required to compile a quarterly report for submission to the National Surveillance Unit (NSU).

FLOW CHART

Steps to be taken when a person is exposed to blood / bodily fluids



This document was prepared by the Personnel Department (*Office of the Chief Personnel Officer*)
for use in the Public Service of Trinidad and Tobago