Guidelines on Managing HIV/AIDS at the workplace
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Foreword

According to the United Nations Programme on HIV/AIDS (UNAIDS), an estimated number of 270,000 adults and children were newly infected with HIV in South and South-East Asia in 2010. The social and economic consequences of the epidemic have had a severe impact on individuals, their communities and the workplaces.

Since the first case of HIV was detected in 1985, the number of Singaporeans reported to have HIV/AIDS has increased steadily to 5,045 as of 30 June 2011. 58% of them were diagnosed when they were aged between 30 and 49 years.

Given the fact that HIV/AIDS affects Singapore residents in their prime working age, companies which invest in HIV and AIDS workplace policies and education programmes are better able to reduce the impact of HIV/AIDS and consequently maintain their productivity.

The Business sector plays a crucial role in managing HIV/AIDS in the workplace. Businesses possess valuable resources that can be utilised such as human resource management skills to develop the HIV/AIDS workplace policies, financial resources to implement the HIV/AIDS education programmes, and business networks to share their best practices.

HIV/AIDS workplace policies provide the fundamental framework for a company’s endeavour to reduce the spread of HIV/AIDS and to manage its impact. The efforts of Singapore National Employers Federation (SNEF) on the HIV Workplace Guidelines are commendable.

These SNEF guidelines have been updated with the latest statistics and policies. They describe how companies can protect their economic, social and human resource interests by responding to the potential impact of HIV/AIDS in the workplace.

I hope that these guidelines will pave the way for sustainable HIV/AIDS workplace education programmes and policies among Singapore’s businesses. I continue to appeal to all business leaders and management to implement the recommendations in the guidelines.

Zulkifli Bin Baharudin
Chairman
AIDS Business Alliance
Message From SNEF

Dear Members,

The report from the SNEF Review Committee on HIV and AIDS at the workplace was last reviewed in 2001. The report contained the guidelines for employers to manage the incidence of HIV and AIDS at workplaces in Singapore. In 2011/2012, SNEF worked with HPB and MOH to update the report and guidelines.

From January to June 2011, 200 Singapore residents were newly reported with HIV infection. This brings the total number of Singaporeans reported with HIV/AIDS to 5,045 as of 30 June 2011, up from 1,707 reported as at 30 June 2002.

HIV and AIDS affects diverse work categories among Singapore businesses including workers in professional, managerial, executive and business positions, production craftsmen, technical, clerical workers, and also workers in the sales and service sectors.

As the number of people living with HIV/AIDS in Singapore comes mainly from the working age population group, SNEF has updated the guidelines and decided to reprint them to make them more widely available to employers.

I encourage members to customise the reports by making them relevant to their companies and workforce.

Singapore National Employers Federation

Koh Juan Kat
Executive Director
Singapore National Employers Federation

Report Of SNEF Review Committee On HIV And AIDS At The Workplace

1. INTRODUCTION

The Singapore National Employers Federation formed a Committee in July 1992 to identify the problems and issues arising from the occurrence of HIV and AIDS at the workplace. In March 1993, the Committee issued a report which contained guidelines for employers to manage the incidence of HIV and AIDS at the workplace and a Review Committee reviewed the guidelines in November 2001. SNEF has worked with HPB and MOH to update the report and guidelines in 2011.

1.1 HIV and AIDS

Human Immunodeficiency Virus (HIV) is the virus that causes Acquired Immunodeficiency Syndrome or AIDS. AIDS is the advanced stage of HIV infection. The HIV virus damages the body’s protective immune system and makes it vulnerable against opportunistic infections.

Without treatment, HIV progresses to AIDS in 8 to 10 years. It is important to note that while there is still no cure, much progress has been made in the last 15 years for the treatment of HIV. The lifespan of a person living with HIV who is on treatment is comparable to someone without HIV.

1.2 Mode of Transmission

HIV is transmitted by direct contact with body fluids containing HIV. There are three modes of transmission:

(i) Unprotected sexual intercourse with an individual with HIV (heterosexual or homosexual). The majority of HIV cases in Singapore are acquired by sexual exposure.

(ii) Exposure to blood, blood products or donated organs with HIV. Exposure to blood with HIV is primarily through transfusion of contaminated blood or the use of contaminated syringes and needles by intravenous drug users.

(iii) From a pregnant mother with HIV to her unborn baby during pregnancy and delivery. After birth, it is also possible to transmit the HIV virus from the mother to her baby through breastfeeding.

HIV is not easily transmitted. HIV cannot be transmitted by the respiratory route (coughs and sneezes), gastro-intestinal route or by casual person-to-person contact (e.g. handshakes). HIV also cannot be transmitted via insects, food, water, toilets, swimming pools, sweat, tears, shared eating and drinking utensils or other agents such as clothing and telephone.
1.3 HIV Treatment

For more than 15 years now, there is available treatment for HIV. While it is not a cure, it has dramatically changed the lives of people living with HIV. The treatment prevents their immune system from being damaged by the HIV virus and protects them from getting infections. It prevents them from developing advanced HIV or AIDS.

As a result, the lifespan of a person living with HIV who is on treatment is comparable to someone without HIV. Both can lead productive lives.

The available treatment for HIV requires medication to be taken on a regular basis and it is important that the regimen is adhered to. The person living with HIV also needs to have medical check-ups 2-4 times a year to ensure the medications are still effective and to manage any side effects. Additionally, the person living with HIV may also receive up-to-date vaccinations such as the influenza vaccine to guard against opportunistic infections.

There is no evidence to show that HIV has been transmitted in a workplace setting.

Even in the healthcare setting where the likelihood of exposure of a healthcare worker to HIV infected blood and fluids are higher than in the general public, the risk of transmission is very low with proper precautions and it is rare to acquire HIV in such settings.

2. THE HIV SITUATION IN SINGAPORE

2.1 Epidemiology of HIV and AIDS in Singapore

Of the 200 Singapore residents newly diagnosed in the first six months of 2011, 58% of them already had late-stage HIV infection when they were diagnosed. More than half (60%) had their HIV detected during the course of some form of medical care, while another 14% were detected as a result of some form of health screening. Only 14% were detected as a result of voluntary HIV screening.

The number of notifications in 2010 was 117 per one million Singaporeans, compared to 124 per million population in 2009. In 1985, the Ministry of Health (MOH) adopted a multi-pronged strategy for HIV, slowing down the spread of HIV. The annual increase in the number of HIV/AIDS notifications has declined over the years to 1.5% in 2009.

2.2 Characteristics of all newly diagnosed Singaporeans with HIV (in 2010)

Sexual contact constituted 98% of all modes of transmission. Transmission through intravenous drug abuse, pre-natal, blood transfusion, etc contributed to 2% of infections.

91% of the people living with HIV were males, of whom 66% were single, 27% were married and 7% were divorced or widowed.

9% of the people living with HIV were females, of whom 21% were single, 53% were married and 26% were separated or divorced.

16% were aged between 20-29 years, 26% between 30-39 years, 29% between 40-49 years and 27% were above 50 years of age.
2.3 National AIDS Control Programme

Since 1985, MOH instituted a multi-pronged strategy to control the spread of HIV/AIDS. This strategy included health education, legislative measures, immigration and labour policies, management of the infected, counselling and surveillance.

In 2006, MOH formed a new National HIV/AIDS Policy Committee, comprising representatives from seven ministries (Health; Defence; Home Affairs; Community, Youth and Sports; Manpower; Education; Information, Communication and the Arts), the Communicable Disease Centre (CDC), the National Skin Centre, the Health Promotion Board (HPB), the AIDS Business Alliance and Action for AIDS (AFA). The Committee provides guidance on all policy matters relating to HIV/AIDS, including public health, legal, ethical, social and economic issues, and coordinates a broad-based multi-sectoral approach to the prevention and control of HIV/AIDS in Singapore.

2.4 Health Education

The key message in the education process is the ABC message – abstinence, being faithful to one partner without HIV, consistent and correct condom use, as well as early detection of HIV. Mass media, person to person counselling and an AIDS Helpline are among the methods used to educate the public. The annual AIDS awareness month further strengthens the message.

2.5 HIV Testing and Surveillance

In 2007, in an effort to increase the availability and accessibility of HIV testing, MOH allowed HIV screening to be carried out in medical clinics using rapid HIV test kits, which were previously not allowed. Clinics offering rapid HIV testing would have attended an MOH training workshop prior to offering the service. MOH has since increased the availability of anonymous HIV testing. Since 2008, a total of 6 general practitioner (GP) clinics offer anonymous HIV testing in addition to the long-standing AFA anonymous test site.

Screening for HIV is also offered to all pregnant women as part of routine antenatal screening on an opt-out basis.

Since 2008, acute public sector hospitals offer voluntary opt-out HIV screening for inpatients aged 21 years and above. The objective of this programme is to give inpatients an opportunity to have HIV screening done as part of routine medical care during their stay in hospitals. Such screening will facilitate earlier detection of HIV, which improves health outcomes. The majority of persons who are aware of their HIV status has also substantially reduced their sexual behaviours that might transmit HIV, thereby helping to control the spread of HIV.
The HIV Care and Treatment Programme at the Communicable Disease Centre is an integrated and comprehensive programme supporting people living with HIV. It is comprised of a multi-specialty group including HIV specialists, nurses, pharmacists, and medical social workers. Other health professionals such as psychiatrists, dieticians, ophthalmologists, dermatologists and physiotherapists also contribute to the care of the person living with HIV. There is also a community-based centre (Patient Care Centre) which runs support groups and rehabilitation for people living with HIV.

3.1 Current Costs of Treatment

The cost of antiretroviral drugs has reduced substantially at CDC. The cost of a first line regimen has decreased from about $1000 per month to $250 to $300 per month. The second line regimen costs around $650 or more a month (March 2011).

Early detection and treatment of HIV can prevent opportunistic infections. As there is yet to be a cure for HIV and AIDS, people living with HIV must maintain continuous treatment to prevent progression of HIV to AIDS. With the onset of AIDS, the management of opportunistic infections may prove to be more challenging.

3.2 Funding for Treatment

While the inpatient and outpatient care at hospitals as well as standard medication is subsidised by the Government, antiretroviral drugs and non-standard drugs are not.

People living with HIV may draw up to $550 a month from his/her Medisave to pay for antiretroviral drugs. They may transfer funds from their CPF Ordinary account to Medisave account if funds in their Medisave accounts are depleted. Applications for transfer of funds are considered on a case by case basis. People living with HIV who are certified by the doctor to be permanently incapacitated from working may apply for withdrawal of funds from their CPF accounts. They may also make claims from the Dependents’ Protection Scheme (DPS) if they are insured.

Medisave may be used to cover hospitalisation costs for HIV and AIDS. However, MediShield excludes coverage for HIV and AIDS.

In 2010, MOH extended Medifund assistance to needy Singaporeans who require HIV treatment. People living with HIV who qualify for Medifund may apply for additional assistance for HIV treatment which includes outpatient consultations, laboratory tests and cost of drugs. In addition, the TTSH Endowment Fund and the Patient Care Centre at the CDC raises funds to assist needy people living with HIV with cost of medical treatment, living expenses as well as educational expenses of their children.

3.3 Medical Benefits and Insurance

Generally, employers do not provide medical benefits for the treatment of HIV infection and AIDS. While insurance companies do not cover HIV and AIDS in medical benefits insurance, they do provide insurance coverage for advance disability payment for the condition if it is contracted through blood transfusion or through accidental exposure in the course of employment as a medical staff. Pre-insurance health screening, including screening for HIV/AIDS, with the consent of the insured, is normally required for life insurance policies of $500,000 and above.
3.4 Financial and Social Issues

The Communicable Disease Centre (CDC) conducted a study among 82 people living with HIV/AIDS who first presented at the centre in the first 6 months of 2010. The results of the study indicated that HIV/AIDS is not solely a health issue. There are multiple social issues as well.

The respondents in the study were generally young, with 60% of them 39 years of age and below. 67% of the respondents were single, 28% were married and 4% were separated, divorced or widowed. A third of the respondents earned less than $1000 a month and only a third were still employed on a full-time basis.

SNEF notes that a significant proportion of the cohorts are in the economically active age-group. In order to support themselves, their families, and to maintain medical treatment, there is a need to continue to be employed. However, many of the people living with HIV were anxious about social discrimination and had expressed fear that they would lose their jobs if their employers came to know of their status. This is apparent as only 1 out of 82 had informed their employers about their medical condition.

4. LEGISLATION & POLICIES WITH REGARD TO EMPLOYMENT ISSUES RELATING TO HIV AND AIDS

Singapore has no specific employment legislation regarding HIV/AIDS at the workplace. The employment and industrial relations issues arising from HIV/AIDS at work are subject to contractual terms agreed between the employer and the employee, and the general legal regime established under common law and statutes like the Employment Act, the Industrial Relations Act and the Infectious Diseases Act. SNEF sets out in this section the general legal position in regard to some of the major employment issues arising from HIV and AIDS at the workplace. While it is a summary, it is not a definitive statement of the legal position on the issues mentioned. Employers should consult their lawyers for more detailed and precise position in regard to specific issues should the need arise.
4.1 The Infectious Diseases Act

The Infectious Diseases Act (IDA) was amended in 1992, 1999 and 2008 to include specific measures to control HIV/AIDS and penalties for non-compliance. The amendments were aimed at protecting the identity of the person with HIV so that they will come forward for counselling and treatment and prevent transmission. The IDA:

(i) Requires a person living with HIV to undergo counselling and comply with specified precautions and safety measures

(ii) Makes it an offence for a person living with HIV to have sexual intercourse without informing and obtaining consent from the partner

(iii) Makes it an offence to donate blood or to do any act which can spread AIDS or HIV to another person

(iv) Specifies the conditions that allow persons, receiving information regarding a person living with HIV in the course of their duties under the Act, to divulge such information

(v) Allows the Director of Medical Services to disclose information regarding a person living with HIV to any medical practitioner, medical staff or any person exposed to a risk of infection from AIDS and HIV

(vi) Specifies the conditions that allow medical practitioners to divulge information regarding an infected person living with HIV to persons who are at risk of being infected by the patient

(vii) Prohibits the recipient of information regarding a person living with HIV to disclose such information unless with the approval of the Director of Medical Services

In 2008, the IDA was further amended to shift greater responsibility to individuals whose sexual behaviours put their spouses and partners at risk of contracting HIV/AIDS. The IDA now requires that a person who has reason to believe that he/she has, or has been exposed to a significant risk of contracting HIV/AIDS, to take reasonable precautions to protect their sexual partner even if he/she is ignorant of their HIV-positive status. Alternatively, he/she can go for a HIV test to confirm that he/she is HIV-negative. Otherwise, he/she must inform their partner of the risk of contracting HIV from him/her, leaving the partner to voluntarily accept the risk, if he or she so wishes. The objective of this amendment was to help promote condom use and regular HIV testing, while also sending a strong message that individuals should not put others at risk through irresponsible behaviour. The penalties for contravening this section of the IDA were also increased during the 2008 amendment, to reflect the seriousness with which society views such offences.

4.2 Immigration and Labour Policies

As part of the measures to strengthen the control of infectious diseases of public health importance, such as HIV/AIDS and tuberculosis, the Government requires all foreigners who are granted long term stay, including those issued with work passes, to be medically screened to ensure they are HIV negative.

4.3 The Laws Applicable to Employment Relationship

The relationship between an employer and the employee is essentially a contractual one. However, it is subject to the provisions of the Employment Act and the Industrial Relations Act with respect to those employees covered by these laws. Those who are not covered by the Employment Act (e.g. those employed in managerial, executive or confidential positions) or the Industrial Relations Act, their employment relationships are governed by common law and their individual contracts.
4.3.1 Pre-Employment and Continuing Employment Medical Screening for HIV/AIDS

The Infectious Diseases Act (IDA) was amended in 1992, 1999 and 2008 to tighten control over HIV and AIDS. Part IV of the IDA - “Control of AIDS and HIV Infection” stipulates provisions to protect the identity of persons with AIDS, HIV or other sexually transmitted diseases.

Disclosure by medical practitioners to prospective or existing employers that a prospective or existing employee is living with HIV is not an expressed exception to the confidentiality requirements under the IDA. However, SNEF understands that medical practitioners may nevertheless make such disclosure if:

(i) The examination is conducted as a condition of employment (or, in the case of existing employees, continuing employment)

(ii) The examination is paid for entirely by the employer

(iii) There is no existing doctor-patient relationship between the medical practitioner performing the medical examination and the prospective employee or existing employee

In the case of pre-employment medical examinations made under the above conditions, SNEF understands that medical practitioners owe no duty of confidentiality to the person examined as the medical practitioners are performing the examination on behalf of the prospective employers.

In the case of a continuing medical examination conducted by the same medical practitioner whom an existing employee has been consulting for medical care, the medical practitioner may owe a duty of confidentiality to the existing employee (as a doctor-patient relationship may have been established). In such a case, the medical practitioner may be prevented to disclose results of the medical examination to the employer.

4.3.2 Confidentiality

Employers and their employees, who receive information regarding the HIV status of an employee, may incur civil liabilities if they disclose such information to other individuals.

4.3.3 Responsibility Towards Employees, Customers and Suppliers

Employers have the responsibility under common law to provide a reasonably safe and healthy work environment. Since HIV/AIDS is not transmitted through normal work contacts, employers may not need to take any special measure in regard to protecting employees, customers and suppliers from HIV/AIDS in normal work context. However, employees should be educated on measures to be taken to prevent transmission.

Employers have to take special precautions in the case of healthcare employees like doctors and nurses, and employees who are first aiders. These employees need to be provided with information on measures to be taken to prevent HIV. Appropriate protective equipment like masks, gloves and protective mouthpiece for cardiopulmonary resuscitation should be provided.

There must be evidence that HIV/AIDS was contracted at the employer’s workplace or in dealings with his/her employees before a person living with HIV can institute action against the employer.

In the event it is confirmed that an employee has contracted HIV in the course of and arising from his/her employment, he/she may be eligible for compensation under the Work Injury Compensation Act if he/she is covered by the Act. If the employee is not covered by the Work Injury Compensation Act, he/she would have to seek redress under common law.
4.3.4 Termination of Service of Employees Living with HIV

A contract of service in the private sector can be terminated by the employer or employee without giving any reason provided notice of termination is given in accordance with the contract. In the absence of a provision for notice in the contract, the minimum period of notice required under Section 10 of the Employment Act must be given in respect of employees subject to the Act.

For those not covered by the Employment Act, reasonable notice must be given if the contract of service does not provide for the length of such notice. It appears that the normal notice period in Singapore is one month but can extend from three to six months in cases of highly qualified employees.

However, it should be pointed out that an employee whose services has been terminated may appeal to the Minister for Manpower under Section 14 of the Employment Act if he/she feels that he/she has been dismissed without just cause or excuse. Likewise, in the case of a unionised employee, a union may appeal to the Minister under Section 35(2) of the Industrial Relations Act.

The services of an employee living with HIV may be terminated if:

(i) He/she is incapable of performing his/her duties

(ii) All statutory or contractual medical leave to which he/she may be entitled to has been exhausted

As HIV is not transmitted through normal work contacts, generally, there are no valid grounds for terminating the services of an employee who is living with HIV just because his/her colleagues refuse to work with him/her; or for fear of damaging the image of the enterprise; or for fear of adverse reactions from customers.

4.3.5 Transfer of Employees Living with HIV to Other Work

Under Section 17 (2)(b) of the Industrial Relations Act, employers have the right to transfer an employee to other work provided it does not entail a change to the detriment of his/her terms of employment. Thus an employer who transfers an employee living with HIV who is able to do his/her work to another work position must continue to give the employee concerned the same terms of employment as have been granted in his/her previous work position.

When an employee living with HIV is unable to perform in his/her current work position, an employer may consider transferring him/her to another work position subject to the terms of employment applying to such new work positions.

4.4 Refusal to Work with an Employee Living with HIV

Since there is no risk of HIV through casual contact between employees, an employee may not legally refuse to work with a colleague who is living with HIV or AIDS. Such refusal may render the employee liable to the employer for breach of his/her contract of service. An employee likewise cannot invoke Section 15 of the Employment Act to terminate his/her contract without notice on the ground that he/she is threatened by HIV.
5. RECOMMENDATIONS OF SNEF

The report from the SNEF Review Committee on HIV and AIDS at the workplace was reviewed in 2001. SNEF has worked with HPB and MOH to update the report and guidelines. SNEF urges employers to use the following updated guidelines in managing HIV/AIDS in their enterprises.

5.1 Guiding Principles

SNEF makes the following general observations in respect to people living with HIV:

(i) HIV infection does not arise by reason only of age, gender or occupation

(ii) HIV infection is generally preventable. Since it is normally contracted outside the workplace mainly through sexual exposure, it is the responsibility of the individual to prevent infection. However, companies can educate their employees on preventing HIV infection as part of their usual workplace health initiatives

(iii) HIV can be treated but currently cannot be cured. It has been clinically established that early detection and treatment will halt the progression of the disease. Voluntary periodic blood testing for HIV infection by those with at-risk behaviours would allow for early detection and treatment, thus, helping to curb the spread of the infection

(iv) With early diagnosis and treatment, the person with HIV can remain economically active and self-supporting with the appropriate treatment

(v) HIV is not transmitted through normal workplace contacts. Therefore, employees should not discriminate against colleagues who are living with HIV. The exception is the healthcare industry where there is some risk of workplace infection arising from exposure to blood and body fluids with HIV. Even then, the risk is low and exceedingly rare (reference: Chua A, et al. Health Care Workers and HIV Health Issues, Ann Acad Med Singapore 2008;37: 576-9)

Based on these principles, SNEF recommends the following guidelines.

5.2 A Policy on HIV/AIDS at the Workplace

In view of the changes in the progression, prognosis, infectivity and the availability of highly effective medication for the treatment of HIV, employers could formalise their approach on managing the occurrence of HIV/AIDS into a company’s policy.

The policy should aim to manage HIV by removing workplace prejudices and discrimination by treating the employee living with HIV in the same manner as any other employee with an illness.

The policy could make reasonable accommodation where possible for the medical condition of an employee living with HIV/AIDS. However, employees living with HIV should not be treated more favourably than any other employee with an illness. The employee living with HIV is expected to perform the duties required in his contract of service. The policy on HIV/AIDS should focus on assisting and supporting the employee living with HIV to maintain an economically active and productive life.
The policy must have the support of the chief executive officer, managers and the union in unionised companies, or employees’ representative in non-unionised companies. The policy should be communicated effectively to all employees so that the enterprise’s stand regarding HIV/AIDS is clear.

This policy should be made easily available to employees or prospective employees.

5.3 Education of Employees on the Prevention of HIV/AIDS

Employers should provide education and information on HIV/AIDS as part of normal workplace health initiatives. This is to educate employees that they cannot get HIV from casual contact and to raise their awareness about measures on how to prevent HIV transmission especially if they have risk factors.

Companies should focus on the prevention of HIV/AIDS and provide updated information on the nature and modes of transmission of the disease. Emphasis must be placed on making known that the disease is preventable, that early detection and early treatment can halt the progression of the disease and help the employee living with HIV to remain economically active and productive.

For companies’ efforts on preventing HIV/AIDS to be effective, managers and supervisors should be educated about HIV/AIDS in order to hold effective discussions on sensitive issues relating to the condition with their staff.

5.4 Pre-Employment and Continuing Employment Medical Screening for HIV/AIDS

Pre-employment and continuing employment medical screening for HIV/AIDS are not recommended for the following reasons:

(i) The incidence of HIV/AIDS in Singapore is relatively low and HIV cannot be transmitted through casual contact at the workplace. Therefore, pre-employment and continuing employment screening of HIV/AIDS is neither cost effective nor necessary.

(ii) Section 25(6) of the IDA does not provide an expressed exception to its confidentiality requirements to permit the disclosure of medical examination results of HIV/AIDS by medical practitioners to a prospective or existing employer. SNEF understands that such disclosure may be permitted if the following conditions are satisfied:

(a) The pre-employment medical examination of a prospective employee or continuing employment medical examination of an existing employee is conducted as a condition of employment or continuing employment as the case may be.

(b) The entire cost of the medical examination, as a condition of pre-employment or continuing employment, is borne by the employer and in the case of existing employees, there is no co-payment by the employees as may apply to other medical treatment.

(c) There is no doctor-patient relationship between the medical practitioner and the person undergoing the pre-employment or continuing employment medical examination.

SNEF notes that most employers already require prospective employees to declare that they are free from diseases. Therefore, it does not see any need for a specific declaration by prospective employees that they are free of HIV/AIDS.

5.5 Confidentiality

No employee is under any general obligation to tell anyone in the enterprise that he/she is living with HIV. Such obligation can only arise if he/she is contractually obliged to provide such information.

Information acquired by employers regarding the HIV status of their employees is normally given in confidence. SNEF recommends that employers maintain such confidentiality. Maintaining confidentiality will encourage employees living with HIV to disclose their infection to their employers. Employers will then be able to help the employees concerned and deal with any problems which may arise should other employees come to know or suspect an employee of living with HIV.

5.6 Termination of Service of Employees Living with HIV

SNEF does not recommend that an employer terminate the services of an employee just because he/she is living with HIV. It must be emphasised that HIV/AIDS is treatable with the availability of effective medications against HIV. Early detection and treatment will halt progression and maintain the person living with HIV at the asymptomatic stage. By maintaining employment, the employer is assisting the employee living with HIV to afford treatment and remain asymptomatic and economically active.

Termination of an employee’s services should only be considered if the employee living with HIV is certified unfit to work.

The services of an employee living with HIV should not be terminated just because his/her colleagues do not want to work with him/her out of unfounded fear of the risk of contracting HIV. Employers, therefore, should make efforts to educate their employees that there is no risk of infection through casual contact at the workplace.

If necessary, the assistance of SNEF, HPB and the unions (in the case of unionised companies) should be enlisted in the educational programme.

5.7 Transfer of Employees Living with HIV to Other Work

SNEF recommends that an employee living with HIV should be allowed to continue in his/her present work position as long as he/she is able to work.

Employers, who transfer an employee living with HIV to another position even though he/she is able to work, will have to continue to give the employee concerned the same terms of employment of his/her original position. However, if an employee living with HIV becomes unable to work and is transferred to another work position, he/she can legally be granted the terms of employment of the new work position. Employers could offer the option of alternative work position with different terms of employment to an employee living with HIV who is unable to work in his/her current position.

If an employer has the practice of allowing employees with major illnesses to continue to be given the benefits of their original terms of employment although they have been transferred to lighter work, then SNEF recommends that the employer consider according similar treatment to an employee living with HIV who has been given lighter duties. Such sympathetic consideration may be considered on the basis of factors such as the extent of the contribution of the employee to the enterprise.
5.8 Medical Benefits

It is noted that employees living with HIV are entitled to sick and hospitalisation leave in accordance with the Employment Act if they are covered by the Act. For those employees not covered by the Employment Act, SNEF recommends that they be given similar sick and hospitalisation leave benefits.

SNEF notes that, generally, companies do not bear the following medical expenses:

(i) the cost of medical, surgical, optical and dental appliances including spectacles, eyes glasses, dentures and other similar appliances
(ii) optical charges
(iii) any expenses in respect of pregnancy, confinement or miscarriage
(iv) any expenses arising out of self-inflicted injury or illness or disease caused by misconduct
(v) any expenses for treatment in mental cases which have been certified by a doctor in a public institution
(vi) cosmetic treatment or plastic surgery
(vii) any expense in respect of illness or disablement arising from attempted suicide, the performance of an unlawful act, exposure to any unjustifiable hazard except when endeavouring to save human life, provoked assault, abortifacient measures, the misuse of drug, any breach of the peace or disorderly conduct

Nevertheless, employers may want to sympathetically consider payment on a co-sharing basis of some of the cost of the medical treatment of an employee living with HIV. Such payment may be considered on the basis of factors such as the extent of the employee’s contribution to the enterprise.

5.9 Long Term Illness/Medical Boarding Out

Where enterprises currently have long-term illness leave and medical boarding out benefits, they may wish to consider sympathetically the extension of such benefits to employees living with HIV. The criteria to be used for sympathetic consideration should be the same as that for payment of expenses for medical treatment of HIV/AIDS as spelt out in Section 8.2.6

5.10 Life Insurance

Employees at the terminal stage of AIDS may have their services terminated because of their inability to work. In such an eventuality, employers with group life insurance policies may wish to extend their insurance coverage to these employees for another year after cessation of their employment.

5.11 Liability to Employees/Customer/Suppliers for Normal Workplace Contacts

Since HIV is not transmitted through normal workplace contacts, employers do not need to take additional measures to prevent HIV in normal workplace contacts other than providing a safe and healthy work environment.

5.12 Protection of Healthcare Employees

SNEF recommends that employers with healthcare employees such as doctors and nurses should follow the “Guidelines for Preventing Transmission Of Bloodborne Infections in a Healthcare Setting” laid down by the Ministry of Health, Singapore.

5.13 Protecting Employees who are First Aiders

Enterprises should provide information on ways to prevent HIV and other infectious conditions to employees who are first aiders. In addition, they should provide protective equipment such as masks, gloves and protective mouthpiece for cardiopulmonary resuscitation and make them readily available in first aid boxes on the premises.
5.14 **Labour-Management Relations**

Management should work together with unions in their enterprises in regard to issues arising from HIV/AIDS. Such co-operation helps prevent irrational fears and prejudices arising and avoid any souring of labour-management relations.

5.15 **Support Facilities/Services**

SNEF recommends that information on support facilities/services for people living with HIV be made known to employees as part of the company’s on-going workplace health education programme.

(i) **Ministry of Health**

MOH provides the following services:

(a) Treatment of people living with HIV at the Communicable Disease Centre (CDC)

(b) Counselling of people living with HIV, their families and relatives and their contacts at the CDC

(c) Support to people living with HIV and their family members at the CDC

(d) A hospital-based community project which organises numerous activities to support people living with HIV. Activities include work support projects, educational talks, nutrition and exercise programmes as well as support groups. A comprehensive booklet is available on the activities and services provided.

(ii) The Health Promotion Board offers HIV education programmes to workplaces to increase HIV/AIDS awareness. The Board also provides the Workplace Infectious Disease Education folder to support HR personnel in managing infectious diseases at the workplace including HIV. Supporting materials such as exhibition panels, videos and printed materials are available free of charge.

(iii) **Action for AIDS, Singapore**, a voluntary organisation of the Council of Social Services, provides the following services:

(a) Counselling and emotional support by medical and trained non-medical volunteers

(b) Medication assistance for some people living with HIV/AIDS

(c) Free legal assistance with the help of volunteer lawyers

(d) Administrative support for HIV/AIDS self-help group

(e) Seminars and lectures on HIV/AIDS for organisations and companies. A package specific to the management of HIV/AIDS in the workplace is available to enterprises
Recognising that the disease can ultimately affect a company’s bottom line, this section provides practical steps for developing and implementing workplace prevention and management of HIV/AIDS, tiered to allow progressive development of a comprehensive HIV/AIDS workplace programme.

3-TIER APPLICATION OF SNEF RECOMMENDATIONS

The number of Singaporeans reported with HIV/AIDS, as of 30 June 2011, is 5,045. The prevention and control of HIV infection can be achieved through the multi-pronged strategy under the National AIDS Control Programme. This includes increasing awareness, education, early diagnosis, and combating HIV-related stigma and discrimination. In some of these areas, employers can play a key role in changing the social attitude towards HIV/AIDS by providing education to their employees, removing discrimination at the workplace as well as helping employees living with HIV to remain economically active.

6. CONCLUSION

The number of Singaporeans reported with HIV/AIDS, as of 30 June 2011, is 5,045. The prevention and control of HIV infection can be achieved through the multi-pronged strategy under the National AIDS Control Programme. This includes increasing awareness, education, early diagnosis, and combating HIV-related stigma and discrimination. In some of these areas, employers can play a key role in changing the social attitude towards HIV/AIDS by providing education to their employees, removing discrimination at the workplace as well as helping employees living with HIV to remain economically active.
TIER 1 IMPLEMENTING WORKPLACE EDUCATION

Objective: Integrating HIV education into workplace health initiatives

To the general public, HIV remains a much feared and little understood disease. There remains much misconceptions surrounding the disease and its transmission. Educating your employees on HIV/AIDS enhances their understanding of HIV and its prevention, thereby mitigating fear as well as behaviours that put them at risk of contracting HIV.

As a result, no special precautions need to be taken to prevent HIV infection in normal workplace contacts, other than providing a safe and healthy work environment.

KEY MESSAGES

In helping employees to understand their risks for HIV and AIDS, a basic HIV workplace education programme should include information on transmission and risks.

HIV CAN BE ACQUIRED THROUGH:

(i) Unprotected sexual intercourse with a person living with HIV/AIDS
(ii) Receiving HIV infected blood or blood products
(iii) Exposure to HIV infected blood through the sharing of injection needles
(iv) Mother to child transmission through pregnancy, delivery or breastfeeding – if the mother is HIV positive

HIV CANNOT BE ACQUIRED THROUGH:

(i) Normal workplace settings and casual contact (e.g. shaking hands)
(ii) Sharing of utensils and common surfaces

As a result, no special precautions need to be taken to prevent HIV infection in normal workplace contacts, other than providing a safe and healthy work environment.

• Refer to section 2.4 and 5.3 of the guidelines for education of employees on the prevention of HIV/AIDS

APPLICATION

Various ways in which HIV education can be instituted at workplaces:

(i) Distribution of education materials
(ii) Lunchtime workplace talks and workshops
(iii) Interactive road shows and edutainment (for migrant workers)
(iv) Integration of HIV education component into orientation induction programmes
**APPLICATION**

A supportive environment for employees with HIV can be achieved by:

(i) Mitigating fear of HIV in the workplace through intensive education programmes (interactive workshops, edutainment shows)

(ii) Adjusting internal work processes to accommodate needs of employee with HIV where possible

(iii) Maintaining the confidentiality of the employee’s HIV status as of other chronic medical conditions
An employee is generally not obliged to disclose his/her HIV status unless there is a contractual obligation to do so.

If such information is disclosed to employers:

(i) This is normally given in confidence and employers should maintain strict confidentiality of this information

(ii) Employers may incur civil liabilities if they disclose such information

**DISCLOSURE OF MEDICAL STATUS**

At this point, it is important to highlight that all employees’ health records are deemed confidential, regardless of their condition.

- Refer to section 5.5 for the maintenance of confidentiality of the employee’s medical condition

**ACTION**

For more in-depth understanding of HIV/AIDS, treatment and services, visit:

(i) **Action for AIDS** – information on local HIV clinical services and workplace consultation
    http://www.afa.org.sg/support.php

(ii) **Centers for Disease Control and Prevention** – detailed information on HIV infection and treatment
    http://www.cdc.gov/hiv/resources/

**TIER 3 ESTABLISHING WORKPLACE POLICIES**

**Objective: Establishing workplace policies that promote equality**

The hallmark of every company’s commitment to eliminate workplace prejudices and discrimination is the institution of policies to view HIV/AIDS the same as any other chronic illness, with reasonable accommodation.
TERMINATING THE SERVICES OF AN EMPLOYEE LIVING WITH HIV/AIDS

An employer should not terminate the services of an employee living with HIV/AIDS simply because he/she is living with HIV/AIDS. Highly active HIV antiretroviral therapy allows people living with HIV to lead normal, healthy and productive lives for many years. By maintaining employment, the employer will be helping the employee with HIV/AIDS to afford treatment and remain healthy and economically active.

- Refer to section 5.9 and 5.15 for the available care and support for employees with HIV

APPLICATION

Company policies should aim to:

(i) Treat HIV/AIDS as any other chronic medical condition
(ii) Focus on assisting and supporting the employee living with HIV to maintain an economically active and productive life
(iii) Include the support of the chief executive officer and higher level management
(iv) Be communicated effectively to all employees so that the enterprise’s stand regarding HIV/AIDS is clear

KEY MESSAGES

Legal position regarding employment issues relating to HIV/AIDS

There is no specific employment legislation regarding HIV infection/AIDS in the workplace however issues arising from HIV infection/AIDS at work are subject to:

(i) Employment Act
(ii) Industrial Relations Act
(iii) Infectious Diseases Act

If there is reasonable risk of contracting HIV during the course of work, then reasonable precautions need to be established to protect employees from accidental exposure to HIV.

- Refer to section 4 in guidelines for more information relating to laws and statutes regarding employment issues relating to HIV and AIDS
- Refer to section 5.12 of the guidelines for healthcare employees such as doctors and nurses

ACTION

The following resources may assist you in formulating workplace policies:

(i) Action for AIDS – consultation services for workplace matters relating to HIV
  info@afa.org.sg
  Tel: 6254 0212

(ii) International Labour Organization (ILO) code of practice –
  international recommendations to assist in formulating workplace policies