
An HIV/AIDS Workplace Policy for the Education Sector in the Caribbean



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Organization



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and Cultural Organization

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
ART	Antiretroviral therapy
CDC	Centers for Disease Control (USA)
FBO	Faith-based organization
HFLE	Health and Family Life Education (HFLE)
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
NGO	Non-governmental organization
PEP	Post exposure prophylaxis
STD	Sexually transmitted disease
STI	Sexually transmitted infection
UNESCO	United Nations Educational, Scientific and Cultural Organization
V(C)CT	Voluntary (and Confidential) Counselling and Testing
WHO	World Health Organization

1. INTRODUCTION

Education institutions and services (hereafter the use of “institutions” is understood also to include “services”, unless otherwise stated) play a vital role in teaching employees and students about HIV and AIDS, shaping attitudes to HIV, AIDS and people living with HIV, and building skills for reducing risk of HIV, promoting care and opposing stigmatization. Infection rates are increasing in the Caribbean region – prevalence rates are the second highest among regions worldwide. At the same time, the education sector must take account of the fact that people who are HIV-positive can remain capable of normal work for many years. It is therefore critical for education services and institutions as workplaces to adopt and implement a policy, or, where such a policy already exists in the education sector or as a national workplace policy, to adapt it for use in education workplaces based on the principles and concepts of the present text. Either approach would enhance the education sector response in ways that protect the rights of all employees and students, prevent further HIV infection, and create a caring, safe and supportive learning environment.

This policy is based on the *ILO code of practice on HIV/AIDS and the world of work* (hereafter, “the ILO code of practice”), adopted by an international tripartite meeting convened by the ILO in 2001, and includes key concepts and principles of the ILO code of practice. Development of the policy has resulted from collaboration between ILO and UNESCO.

The policy was carefully reviewed and modified by representatives of Ministries of Education and Labour, teacher trade unions, private employers and National AIDS Councils/Commissions from five Caribbean countries¹ during a tripartite workshop held in Kingston, Jamaica, 28-30 September 2005.

2. PURPOSE

The purpose of this policy is to provide a framework for addressing HIV and AIDS as a workplace issue in education sector institutions and services through social dialogue processes, in complement of

¹ Barbados, Belize, Guyana, Jamaica and Trinidad and Tobago

other national workplace or overall education sector policies where they exist. It covers the following key areas of action:

- prevention of HIV
- elimination of stigma and discrimination on the basis of real or perceived HIV status
- care, treatment and support of staff and students who are infected and/or affected by HIV and AIDS
- management and mitigation of the impact of HIV/AIDS in education institutions
- safe, healthy and non-violent work and study environments

3. GLOSSARY OF TERMS

Administrator: Principal, Vice Principal, Dean or other officer who plays a managerial role at the education institution or services.

AIDS: the Acquired Immune Deficiency Syndrome, is a range of medical conditions that occurs when a person's immune system is seriously weakened by infection with the Human Immunodeficiency Virus (HIV). HIV injures cells in the immune system. This impairs the body's ability to fight the disease. People living with AIDS are susceptible to a wide range of unusual and potential life-threatening diseases and infections.

Antiretrovirals: drugs used to kill or inhibit the multiplication of retroviruses such as HIV

Board: the governing authority of an education institution, public or private

Community: local institutions outside the education institution which provide leadership or support on social, economic and political issues relevant to citizens, such as private employers or business, non-governmental social welfare organizations, health care providers, FBOs, cultural institutions, etc

Decent work: an ILO concept covering the minimum desired content of jobs and occupations, which includes respect for fundamental principles and rights at work and international labour standards, employment and income opportunities for workers, social protection and social security, and social dialogue and tripartism at work.

Discrimination: any distinction, exclusion or preference made on the basis of HIV status or perceived HIV status. Discrimination consists of actions or omissions that are derived from stigma and directed towards those individuals who are stigmatized. Discrimination is action, which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation, in accordance with the definition and principles of the ILO Discrimination (Employment and Occupation) Convention, 1958 (no. 111), and is understood to include for reasons of sexual orientation.

Education institution: the establishment or setting where the learning, whether formal or non-formal, takes place. For purposes of this policy, education institutions include pre-primary, primary and secondary schools, post-secondary vocational/technical training, further and higher education institutions, and places of adult and non-formal education.

Education service(s): other components of a nation's education and training system, public or private, other than an education institution.

Employee: an administrator, teacher or non-teaching support staff employed in an education institution or services.

Employees' representatives: in accordance with the ILO Workers' Representatives Convention, 1971 (No. 135), persons recognized as such by national law or practice whether they are: (a) trade union representatives, namely, representatives designated or elected by trade unions or by members of such unions; or (b) elected representatives, namely, representatives who are freely elected by the workers of the undertaking in accordance with provisions of national laws or regulations or of collective agreements and whose functions do not include activities which are recognized as the exclusive prerogative of trade unions in the country concerned.² For purposes of this policy, "undertaking" is understood to mean "education institution".

HIV: the Human Immunodeficiency Virus, a virus that infects cells of the human immune system, and destroys or impairs their function.

Legal age: the age at which an individual is considered a major and legally responsible for decisions according as defined by a country's legislation.

Non-teaching staff: a person engaged in support functions other than management or teaching in an education institution or service

Parent: the biological and adoptive parents or custodians, or legal guardians of children.

Peer educator or counsellor: the trained employee or student who develops or implements a developmental counselling programme to meet the social, psychosocial and educational or training needs of employees or students in relation to HIV and AIDS.

Physician: a medical doctor licensed in accordance with the regulations of the State or other competent health licensing authority.

Post-exposure prophylaxis (PEP): measures to be instituted after possible accidental exposure to HIV infection.

Reasonable accommodation: any modification or adjustment to a job or to the workplace that is reasonable, practicable and will enable a person living with HIV or AIDS to have access to or participate or advance in employment.³

Screening: measures to assess HIV status, whether direct (HIV testing) or indirect (assessment of risk-taking behaviour), asking questions about health or about medication used in this policy in the context of exclusion from employment or education

Sex and gender: there are both biological and social differences between males and females. The term 'sex' refers to biologically determined differences, while the term

² Definition from *An ILO code of practice on HIV/AIDS and the world of work*, 2001

³ Definition from *An ILO code of practice on HIV/AIDS and the world of work*, 2001

‘gender’ refers to differences in social roles and relations between males and females. 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.⁴

Sharps: objects such as a needle or other instruments used in health care that are able to penetrate the skin and potentially cause infection.

STI: sexually transmitted infections, which include, among others, syphilis, chancroid, chlamydia, gonorrhoea. They include conditions commonly known as sexually transmitted diseases (STDs).⁵

Social dialogue: any form of information sharing, consultation or negotiation (with or without formal agreements concluded) between educational authorities, public and private, and employees or their representatives (i.e., workers’ representatives as defined below). In the context of this policy social dialogue is applied to students and other stakeholders.

Social protection: social protection corresponds to a set of tools, instruments, policies which aim at ensuring that men and women enjoy safe and decent working conditions. Social protection therefore covers income security, health and safety at work and the environment, conditions of work and family issues, pensions and retirement

Stigma: a dynamic process of devaluation that significantly discredits an individual in the viewpoints of others

Student: a person attending formal or non-formal classes or pursuing studies at a school, training institution, college, university, or any other education institution.

Teacher: a person engaged part-time or full-time in education of students, formal or non-formal

Termination of employment: dismissal at the initiative of the employer.⁶

Universal precautions: a simple standard of infection control practice to be used to minimize the risk of blood-borne pathogens.⁷

Violence, verbal or physical: Any action, incident or behaviour that departs from reasonable conduct in which a person is assaulted, threatened, harmed, injured in the course of, or as a direct result of, his or her work.

⁴ Definition from *An ILO code of practice on HIV/AIDS and the world of work*, 2001

⁵ Definition from *An ILO code of practice on HIV/AIDS and the world of work*, 2001

⁶ Definition from *An ILO code of practice on HIV/AIDS and the world of work*, 2001

⁷ Definition from *An ILO code of practice on HIV/AIDS and the world of work*, 2001

4. APPLICATION AND SCOPE

This policy should be used as the basis for a national policy for the education sector and as the basis of policy for individual education and training institutions at all levels: early childhood, primary, secondary, tertiary, technical/vocational and adult education, except as otherwise stated in this policy.

5. PROCESS, AVAILABILITY AND REVIEW OF POLICY

5.1 Social dialogue

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

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

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

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

5.2 Availability of Policy

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

5.3 Review of Policy

This Policy should be reviewed regularly to take account of new developments in medical information or experience in the management and care of HIV and AIDS in educational institutions. The results of such reviews and changes in the Policy will be made known on the same basis as set out section 5.2 above.

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

6. KEY PRINCIPLES

The adoption of this policy implies commitment to the following key principles.

6.1 Recognition of HIV and AIDS as an issue affecting the education sector

HIV/AIDS is an issue for all education institutions, not only because the virus affects employees and students, but also because the education institution can play a vital role in limiting the spread and effects of the infection.

6.2 Non-discrimination and reduction of stigma

In the interests of decent work and respect for human rights, there should be no discrimination against an employee or student who has, is perceived to have, or who is affected by HIV/AIDS. Discrimination and stigmatization inhibit efforts for prevention, care, treatment and support.

6.3 Gender equality

HIV and AIDS impact on male and female employees and students differently, and women and girls are often more adversely affected by the epidemic, due to physiological, socio-cultural and economic reasons. Women and girls may also be more vulnerable due to unequal gender relations, in particular when faced with sexual harassment by the more influential males in the educational setting. Any discrimination and/or action that may put an employee or student of any sex at risk of HIV because of their sex strictly violates the basic principles of this policy. Education programmes should address the roles and responsibilities of men and boys in promoting gender equality as well as the rights of women and girls. Application of this policy is designed to take account of these unequal gender relations and enable all employees and students to successfully avoid risks, the spread of HIV infection and to cope with the impact of HIV and AIDS.

6.4 Supportive and caring environment

The employee or student who has contracted HIV needs compassion, care, treatment and support. There should be no discrimination against employees or their families in access to affordable health services and statutory or occupational benefits. There should be no discrimination against students with respect to the normal health benefits accessed and enjoyed by other students. Education institutions should set up programmes of care and support that guarantee access to treatment, and provide for reasonable accommodation, provision of or referral to counselling and healthy living information, notably HFLE.

6.5 Healthy work environment

The teaching/learning and work environment should be healthy and safe, so far as is practicable, for all concerned parties in order to reduce risk of HIV infection and transmission. While there is no risk of HIV transmission through normal casual contact, universal precautions should be applied to avoid transmission in the event of accidents, and risks reduced or eliminated.

6.6 Screening for purposes of exclusion from employment or studies

HIV screening should not be required of job applicants, students who wish to enrol, or current employees or students. Testing for HIV should not be carried out at the education institution except as specified in section 11 of this policy.

6.7 Continuation of employment relationship

HIV infection is not a cause for the termination, suspension, involuntary transfer or denial of career advancement of an employee or the expulsion or suspension of a student. Persons living with HIV-related illnesses should be able to work or study for as long as medically fit in appropriate work or studies.

6.8 Confidentiality

All personal medical information, whether oral, written, or in electronic format, obtained from an individual or third parties will be treated as confidential. No employee, student, or parent on behalf of the student, is compelled to disclose HIV status to authorities at the education institution.⁸

6.9 Prevention

HIV infection is preventable through information, education, and the creation of a climate that gives assistance and encouragement to all individuals in assessing and reducing their risk to HIV. Education institutions should set up programmes to provide information and behaviour change communication, promote voluntary (and confidential) testing with counselling (VCT), and provide practical means of prevention, including access to condoms, disposable syringes, etc.

6.10 Social dialogue

A successful HIV/AIDS policy and programme requires cooperation, trust and dialogue between government officials, the board of the education institution, administrators, employees, students, and parents.

⁸ The ILO's *Code of practice on the protection of workers' personal data*, 1997, provides guidelines on confidentiality rules; see Appendix 5.

7. RIGHTS AND RESPONSIBILITIES

7.1 Respect for rights

The rights of all members of education institutions must be respected. Education authorities, the board, administrators, teachers and other employees and their representatives, students and their representatives and parents of students in the institution are expected to respect the rights of all members of the education institution, regardless of their actual or perceived HIV status.

7.2 Public education authorities

The public education authorities should monitor and evaluate the implementation of this policy in all education institutions, and assist institutions with capacity building, training and implementation of the Policy.

The public education authorities should provide all institutions access to items necessary for implementation of universal precautions.

7.3 The institution board

The board of the education institution where applicable should ensure that the institution develops a policy on HIV/AIDS - based on the principles set out in section 6, that the process includes consultation between the representatives of managers, employees, students and parents, and that appropriate measures are taken for its implementation, including making it known to all staff and students. The board is expected to promote an educational climate that protects the rights of every student and employee living with or affected by HIV and AIDS.

7.4 Administrators

The administrators or management should:

- Advise the board of the implications of HIV and AIDS for the institution, and, in accordance with the social dialogue provisions of this Policy (Chapter 5), develop successful strategies to reduce stigmatization and eliminate discrimination against those infected and/or affected by HIV and AIDS, prevent the spread and mitigate the effects of HIV in the institution, and create a supportive and caring environment for employees and students;
- Take the necessary steps to develop, through social dialogue, a policy on HIV/AIDS, a plan for its implementation and a programme for prevention and care;
- Agree on the appointment of an HIV/AIDS focal point or committee (in larger institutions), in consultation with the representatives of the employees and the students, in accordance with section 5 of this Policy;
- Ensure a safe and healthy work and study environment, including the application of universal precautions as part of first aid provisions.

7.5 Teachers

Teachers are expected to adhere to the policy and support its implementation. They are responsible for the provision of accurate and up-to-date information on HIV and AIDS, the promotion of caring and

supportive relationships between students - especially where some are living with HIV, and the provision of pastoral and professional care and support to orphans and other children in the institution affected by HIV/AIDS, in accordance with the agreed programme and subject to adequate training and working time provided for these responsibilities.

7.6 Employee and student representatives

Representatives of employees and (where they exist) representatives of student bodies have a responsibility to protect those they represent from any form of discrimination related to HIV status, and to help implement the institution's HIV/AIDS policy and programme by monitoring and promoting the information, education, health and safety and other practices and provisions set out in the Policy.

8. EMPLOYEE-STUDENT RELATIONSHIPS

All education institutions must develop and adhere to a code of conduct that contains clear guidelines for staff/student interactions and relationships, and is consistent with the provisions of 10.2 of this Policy.

The underlying principles must be:

- mutual respect and trust;
- cognisance of unequal positions of authority and the increased risk or vulnerability to HIV;
- adherence to the principles of the International Convention on the Rights of Child.

9. PREVENTION: EDUCATION, INFORMATION AND TRAINING

A single presentation about HIV and AIDS is insufficient to ensure that employees and students develop the complex understanding and skills needed to cope with or avoid infection through the necessary risk-reducing behavioural changes. It is therefore essential that the education institution allocate sufficient time within the work hours and the curriculum to assist employees and students to gain the knowledge and skills needed to prevent HIV, and if infected, to live with HIV in a safe, secure and supportive working and learning environment. The HIV/AIDS education programme should be sensitive to cultural, developmental and socio-economic contexts, gender sensitive, involve people living with HIV if possible, form part of an integrated Health and Family Life Education (HFLE) programme and fit within an education sector conceptual framework for dealing with HIV/AIDS. It will require a coordinator and a cadre of peer educators/counsellors. Where possible, the HIV/AIDS education programmes should also be extended to parents of students.

9.1 Peer educators

The institution should identify, train and support at least two groups of HIV/AIDS peer educators: (i) for employees and (ii) for students. Peer educators should receive training in accordance with their roles and responsibilities in this Policy and reasonable release time from other duties so as to carry out their responsibilities.

The following are broad principles for HIV-related education/counselling:

- The peer educator is well acquainted with the following information: how the transmission of HIV occurs and may be prevented; the attitudes and behaviour choices that put people at risk for HIV; universal precautions; accurate information that dispels myths and combats AIDS-related stigma and discrimination; and services and benefits available within the institution or the community generally that enable employees and students to cope with HIV and AIDS, including V(C)CT and other forms of support, among which, means of risk reduction such as condoms. The educator

should be knowledgeable and available to provide information, and counselling if trained to do so, for anyone concerned with or affected by HIV and AIDS;

- Counselling (where appropriate) is offered in a private and confidential setting, with sufficient time available and by a trained professional;
- The peer educators support but are not solely responsible for the implementation of the institution's HIV/AIDS education programme;

9.2 Employees

All employees will be given the opportunity to participate during working time in a planned HIV/AIDS education programme that addresses their concerns concerning coping strategies with regard to risk, as well as care, treatment and support, and:

- provides factual and current information on HIV transmission and prevention
- helps employees assess their own risk and understand means of prevention and universal precautions
- provides guidance on behaviour change
- assists staff to maintain productive, non-discriminatory and stigma-free staff, student, parent and community relations
- informs employees on rights and benefits of care, treatment and support provided in the institution or education service as well as in the local community environment
- includes means for monitoring, evaluation and annual review sessions
- is part of required, ongoing professional development at all levels
- is the subject of consultations or negotiation between employers and employees and their representatives, and appropriate government and other stakeholders, in accordance with the social dialogue provisions in section 5 of this Policy.

The content will include, but will not be necessarily limited to, the elements listed in Appendix 2.

9.3 Students

All students in education institutions should have access to HIV/AIDS education programmes. The goals of HIV/AIDS education are to promote healthy living, provide a supportive and caring environment to those affected by HIV and AIDS, and discourage behaviours that place students at risk for HIV infection. The education programme for students will:

- be appropriate to student's developmental levels
- be gender responsive and in accordance with universal human rights
- annually build upon knowledge and skills developed previously
- use instructional methods known to be effective, participatory and culturally appropriate
- promote an understanding of basic human biology (including reproductive health and risks involved with drug use) and ARV treatment

-
- develop supportive attitudes towards those infected with and/or affected by HIV and work against stigma and discrimination
 - stress the benefits of abstinence and safe sex, including the use of condoms, and faithfulness to one partner, and avoidance of drug and alcohol abuse
 - address students' own concerns
 - include means for monitoring and evaluation
 - be an integral part of a coordinated education institution HFLE or comparable programme
 - provide information on health care, counselling and support services within and outside the education institution, notably from other education stakeholders, including FBOs
 - be taught by well-prepared instructors with adequate support
 - be sensitive to the psycho-social environment in which the learner lives and the context of their home life
 - involve parents and families as partners in education.

The programme for students will include culturally sensitive, gender responsive and developmentally appropriate information on (though not limited to) the elements listed in Appendix 2.

9.4 Parents

Parents will be given opportunities to preview HIV/AIDS programme prevention curricula and materials, and be provided with opportunities to discuss HIV infection issues with administrators, teachers, counsellors and peer educators.

10. PREVENTION: A SUPPORTIVE, SAFE AND HEALTHY WORK ENVIRONMENT

The environment at the education institution should be safe in order to prevent the transmission of HIV and be supportive to those living with or affected by HIV and AIDS. Every education institution should also foster and maintain a social climate wherein health, well-being, non-violence and safety are an important part of everyday work and learning.

10.1 Non-violence

Administrators and other employees (teaching and non-teaching staff) will make all reasonable attempts to maintain an environment free of violence and intimidation. No administrator, teaching or non-teaching staff employee or student should engage in or tolerate the physical or verbal abuse of persons living with HIV, a person associated with someone living with HIV, or a person perceived as living with HIV. Incidents of such behaviour should be subject to the rules governing behaviour at the education institution, contractual obligations of employees, and national law, and should be handled in accordance with sections 5 and 13 of this Policy with a view to improving respect for these provisions.

10.2 A Code of conduct

A Code of conduct consistent with the provisions of Chapter 8 of this Policy should be developed for employees and students by means of social dialogue mechanisms, which addresses ethical behaviour at the education institution, including the unacceptability of behaviour that discriminates against students on any basis, including HIV/AIDS.

10.3 First Aid

First Aid kits and necessary protective equipment (for example latex and heavy-duty gloves) should be available for emergency use and for routine protection against the risk of HIV transmission at the education institution at all times according to universal standards. All employees and students, especially physical education instructors and technical/vocational education teachers, must complete an approved first aid and injury prevention course that includes implementation of infection control guidelines (see Appendix 3 on universal precautions).

10.4 Exposure to blood

Administrators, other employees and students will follow universal precautions, as described in Appendix 3, in order to avoid accidental exposure to blood or body fluids. The institution must also have a post-exposure prophylaxis (PEP) procedure in place, including counselling and guidance for the employee or student and access to antiretroviral treatment (ART). A checklist for such a procedure applied in health services and of relevance to education sector workplaces is provided in Appendix 4

10.5 Management of sharp instruments

Where sharp instruments must be used for work or educational purposes, use of these items should be carefully monitored and controlled. The administrators are responsible for ensuring that there is no unauthorized or unsupervised use of sharps, and that any found on institution property are removed and safely stored. Guidelines are provided in Appendix 4.

10.6 Employees and students with open wounds

Any wound that is bleeding or discharging should be kept covered. Any employee or students with wounds which cannot be covered will, as a precaution, be asked to stay away from the education institution until the wound has been healed or may be covered, unless the education institution receives a certificate from a physician that states that the employee or student does not pose a risk and may return to the institution.

10.7. Hygiene

Education institutions should promote and implement rigorous procedures relating to hygiene and school health in accordance with national or international norms.⁹

⁹ For instance, *Teachers' Exercise Book for HIV Prevention*, WHO Information Series on School Health, 2004. The Focusing Resources on Effective School Health (FRESH) also provides a framework school health. www.unesco.org/education/fresh

10.8 Practical measures to support risk reduction

In addition to education, information and training on risk reduction in accordance with section 9 of this policy, latex condoms will be available at the education institutions free or at affordable prices to employees, or information provided on how to obtain them through local health providers. Risk reduction measures in relation to students will be determined in collaboration with parents, guardians and students of legal age in accordance with the social dialogue provisions of this Policy (Chapter 5),

11. TESTING, CONFIDENTIALITY AND DISCLOSURE

11.1 Testing and medical advice

The education institution will not engage in the mandatory testing for HIV of employees or students as a condition for employment or admission, for continued employment or enrolment, or for purposes of work assignments, benefits or educational activities. Routine fitness testing related to employment or educational activities will not include HIV testing.

Employees or students who wish to be tested as part of voluntary testing or 'Know your status' programmes should be provided with information on where to do so and on what the procedures entail. Such testing should normally be carried out by community health services and not in the education institution. If such programmes are organized by health services within the institution, testing should only be carried out at the request of and with the written consent of the employee or student (or parent or guardian on their behalf as appropriate), be performed by suitably qualified health personnel, adhere to strict confidentiality and disclosure requirements (as set out in this Policy), and be accompanied by gender-sensitive pre- and post-test counselling on the nature and purpose of the test, and on post-test options and services whether the result is positive or negative.

11.2 Ensuring confidentiality

All health records, notes, and other documents that make reference to an employee or student living with HIV, including those with AIDS, should be kept confidentially in a secure place accessible only in accordance with provisions of the International Labour Organisation code of practice on the protection of workers' personal data (Appendix 5). Only those persons who have received written permission from the employee, student, parent or emergency medical personnel may have access to those records. Information regarding HIV status will not be added to a student's permanent educational record.

Confidentiality should also be assured by providing a private environment for personal interviews, and by working out arrangements for care and support with the person concerned.

Medical certificates do not have to specify an employee or student's HIV status.

11.3 Disclosure

Disclosure should always be voluntary; if information on the HIV status of an employee or student needs to be communicated by anyone other than the person concerned it should be only on the basis of their written consent. Procedures should be established to ensure confidentiality on HIV status in the institution based on the social dialogue processes set out in section 5 of the Policy, and in accordance with national laws and education service regulations. Breaches of confidentiality will be the subject of sanctions in accordance with Chapter 13.

12. EMPLOYMENT, CARE, TREATMENT AND SUPPORT

12.1 Recruitment and admission

HIV infection should not be taken into consideration as part of the employment or admission procedure or decision for any individual applying to the education institution for work or studies.

12.2 Employee rights, careers and right to study

a) Employees

Employees living with HIV should not be discriminated against in decisions concerning their job security or tenure, renewal of fixed term contracts, opportunities for professional development or promotion. They may, however, be transferred from work positions that have been determined by their physician to be too strenuous for their condition [see provisions for reasonable accommodation, Section 12.4] or where specific duties may carry a risk of infection to the employee or to others. Such transfers should occur in consultation with the employee living with HIV, in accordance with the principles of social dialogue of this policy, and may be subject to the grievance procedure provisions of the Policy (Chapter 13).

b) Students

Administrators and teachers should follow established policies and procedures for students with chronic health problems. HIV or AIDS are not causes for denial of normal study opportunities or segregation in the education institution. Administrators and teachers, following consultations with the student and where not of legal age, parent as defined by this policy, must consult with and obtain the consent of the student's physician before the transfer or removal of a student from normal institutional activities. If a student becomes incapacitated and unable to follow normal education coursework, the education institution should apply the principles of reasonable accommodation to ease their workload as would be the case for any major illness, disability or incapacity, including - if possible and in cooperation with the education services and HIV/AIDS support networks in the community - making home study available to them.

12.3 Care and treatment

The education institution should facilitate access to medical services and healthy living programmes, including condom provision and ARVs, treatment to relieve HIV-related symptoms and common opportunistic infections, nutritional advice and supplements, and stress reduction measures. This may take the form of provision of such services, where possible, or referral to services in the community.

12.4 Statutory benefits and reasonable accommodation

Employees living with HIV and AIDS should enjoy the same social protection, including social security benefits under national law, education service regulations or education institution provisions, as employees with other chronic or serious illnesses. In accordance with national education service regulations, the education institution, or the human resource department of the education service if more appropriate, should also examine the sustainability of new benefits packages addressing the specific nature of HIV infection and AIDS as part of its human resource strategy.

Measures should be taken to reasonably accommodate employees with severe ARV side effects or AIDS-related illnesses to enable them to continue working as long as possible. Needs should be established by the administration of the education institution, or the human resource department of the education service if more appropriate, on a case-by-case basis, in consultation with the physician of the individual concerned. Reasonable accommodation may include: rearrangement of working hours; modified tasks or jobs; adapted work equipment; provision of rest periods; part-time or other flexible work arrangements; and leave provisions.

Employees living with HIV, including those with AIDS, may request sick leave without pay to have the appropriate medical care or recuperate from symptoms of their medical condition, in accordance with the relevant labour laws of the specific Caribbean country.

12.5 Employee, student and family assistance programmes

To reduce the impact of HIV and AIDS on work and study, education institutions should consult with representatives of employees and students to establish or extend employee, student and family services, in cooperation with education authorities at other levels and/or community-based organizations. Services may include: compassionate leave; referrals to support groups or to tutorial programmes for students; financial counselling, including advice on social security and other forms of financial support; and legal information and assistance. [See also section 9 of the *ILO Code of practice on HIV/AIDS and the world of work*].

Special attention should be paid to the needs of employees and students who assume a relatively larger burden for care of HIV-positive relatives, to employees of both sexes who are single parents and affected by HIV and AIDS, and to students who are orphans and/or vulnerable in other ways.

13. DISCIPLINARY PROCEDURES AND GRIEVANCE RESOLUTION

The procedures for discipline and grievance-resolution for employees in relation to HIV/AIDS should be carried out in accordance with the relevant legislation (criminal, discrimination and labour acts), institutional policy and regulations, and negotiated/collective bargaining agreements of [*insert name of relevant country*]. Complainants may have recourse to normal appeal procedures related to unfair dismissal, denial or unjustified restriction of employment or work related rights and benefits, and may refer in this regard to the provisions and related jurisprudence of the ILO Discrimination (Employment and Occupation) Convention, 1958 (No. 111). Similarly, the disciplinary procedures for students should be in line with the regulations of the education service.

13.1 Refusal to work or study with an individual living with HIV

There is no justification for refusing to work, study or be present in the education institution with HIV-positive individuals, since HIV cannot be transmitted through casual contact in a classroom or other learning environment. Employees or students who are not prepared to work or engage in learning activities with an HIV-positive individual will be offered education and counselling by the institution or from the community - major/key stakeholders in the school/education institutions, e.g., denominational boards, school boards, civic organizations, private sector - or education service.

If after counselling, the individual refuses to carry out contractual duties or to participate in the learning programmes of the education institution with HIV-positive employees or students, the education institution's disciplinary procedures concerning refusal to work or study should be followed.

Where discrimination occurs in the form of physical or verbal abuse, the employee or student who has experienced any form of discrimination will have recourse to existing mechanisms for redress, including regulations governing physical attacks and bullying. The appropriate representative of the Committee or Coordinator should be informed to ensure that proper measures are taken.

13.2 Violation of medical confidentiality

Employees or students who acquire personal information about the real or perceived HIV status of other employees or students must not disclose such information unless the person concerned has given her/his written consent. In accordance with section 11 of this Policy, the violation of medical privacy may be the cause for disciplinary action to be taken against an administrator, teacher, other employee, or student.

Appendix 1: Examples of discrimination against employees and students based on actual or perceived HIV status

Discriminatory Action	Against Whom
Denial of employment	Employee (candidate)
Dismissal	Employee
Denial of promotion opportunities	Employee
Not given access to employee benefits	Employee
Not given access to professional development or work-related social activities	Employee
Compulsory transfer from a job function in which the person with HIV does not pose any form of medical threat to other employees “is not incapable of performing work to a reasonable standard, and is not afforded reasonable accommodation in an alternative work assignment”	Employee
Denial of admission to study	Student (candidate)
Expulsion, suspension, denial of student privileges	Student
Not given the opportunity to advance to the next grade/level	Student
Not given the opportunity to engage in social activities sponsored by the education institution	Employee and student
Breach of privacy or confidentiality	Employee and student
Not receiving protection from physical and verbal abuse	Employee and student

Appendix 2: Recommended content for employee and student education programmes

Employees

- The HIV epidemic, how HIV is contracted and prevented, what is AIDS, risk assessment and reduction, including reference to other STIs, available ARV treatment medication
- Differences in risk between men and women, unequal power relations in education institutions - particularly affecting girls and young women, and rights and responsibilities of both men and women
- How to communicate with other employees and students about HIV and AIDS
- How to communicate with other employees and students living with HIV
- How to communicate with parents, guardians and other relatives of students living with HIV
- How to dispel myths relating to HIV and AIDS and avoid discriminatory practices and stigmatisation of those living with HIV
- Basic occupational health and safety and first aid procedures, the application of universal precautions, and strategies on creation of a safe, enabling environment
- How to cope with an HIV-positive diagnosis, healthy living (wellness) management programmes, rights, care, treatment and support benefits and responsibilities arising from HIV infection or diagnosis, including continuing means of preventing transmission.

Students

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

Appendix 3: Universal precautions and checklist of precautions to prevent HIV transmission

Universal precautions

(extract from the ILO code of practice, Appendix II)

A. Universal blood and body fluid precautions

Universal blood and body-fluid precautions (known as “Universal Precautions” or “Standard Precautions”) were originally devised by the United States Centers for Disease Control and Prevention (CDC) in 1985, largely due to the HIV/AIDS epidemic and an urgent need for new strategies to protect hospital personnel from blood-borne infections. The new approach placed emphasis for the first time on applying blood and body fluid precautions universally to all persons regardless of their presumed infectious status. Universal Precautions are a simple standard of infection control practice to be used in the care of all patients at all times to minimize the risk of blood-borne pathogens. Universal Precautions consist of:

- careful handling and disposal of sharps (needles or other sharp objects);
- hand-washing before and after a procedure;
- use of protective barriers – such as gloves, gowns, masks – for direct contact with blood and other body fluids;
- safe disposal of waste contaminated with body fluids and blood;
- proper disinfection of instruments and other contaminated equipment; and
- proper handling of soiled linen.

Additional checklist of precautions to prevent HIV transmission

1. First Aid Kits

- Store first aid kits in selected rooms in the education institution.
- Ensure that the first aid kits contain at least 4 disposable single-use latex - gloves, gauze, scissors, and materials to help heal the wound.
- Check the contents of first aid kits every week.
- Ensure that the responsible persons know where the first aid kits are stored.

2. Emergencies and Mouth-to-Mouth Resuscitation

- If you are trained to do so, perform mouth-to-mouth resuscitation in emergencies with persons living with HIV/AIDS.
- Although saliva has not been implicated in HIV transmission, to minimize the need for contact with the mouth, you may use mouthpieces, or other ventilation devices.

3. How to Manage Injuries Involving Blood

- Put on your gloves.
- Cover any abrasions or cuts on your arms with a waterproof dressing.
- Clean the wound.
- Remove the gloves and place in a resealable bag.
- Do not touch your eyes before washing up.
- Wash hands immediately after touching blood, body fluids, and contaminated items, whether or not gloves had been worn.
- Wash hands with soap and water for at least 15-20 seconds.
- Change any bloodstained clothes as quickly as possible.
- Immediately discard contaminated sharps and materials in resealable bags.

4. Disinfecting

- Prior to disinfecting, ensure that adherent blood is scraped from surfaces and objects.
- HIV does not survive in the environment. None the less, potentially contaminated spills should be disinfected by using household bleach, 1 part bleach to 10 parts water. Pour the solution around the periphery of the spill.
- Ensure that mops, buckets and other cleaning equipment are disinfected with fresh bleach solution.

5. Cleaning Staff

- Inform all cleaning staff about the universal precautions for handling bodily fluids.

Appendix 4: WHO Fact Sheet - management of occupational exposure to blood-borne pathogens

Provide immediate care to the exposure site:

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

Determine risk associated with exposure by:

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

Evaluate exposure source:

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

Evaluate the exposed person:

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

Give PEP for exposures posing risk of infection transmission:

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

Perform follow-up testing and provide counselling:

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

HBV exposures:

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

HCV exposures:

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

HIV exposures:

- Perform HIV-antibody testing for at least six months post-exposure (e.g. at baseline, six weeks, three months, and six months).
- Perform HIV antibody testing if illness compatible with an acute retroviral syndrome occurs.

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- Advise exposed persons to use precautions to prevent secondary transmission during the follow-up period.
 - Evaluate exposed persons taking PEP within 72 hours after exposure and monitor for drug toxicity for at least two weeks.

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

Safe handling of disposable sharps and injection equipment

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

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

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

Appendix 5: Protection of workers' personal data

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

5. General principles

5.1. Personal data should be processed lawfully and fairly, and only for reasons directly relevant to the employment of the worker.

5.2. Personal data should, in principle, be used only for the purposes for which they were originally collected.

5.3. If personal data are to be processed for purposes other than those for which they were collected, the employer should ensure that they are not used in a manner incompatible with the original purpose, and should take the necessary measures to avoid any misinterpretations caused by a change of context.

5.4. Personal data collected in connection with technical or organizational measures to ensure the security and proper operation of automated information systems should not be used to control the behaviour of workers.

5.5. Decisions concerning a worker should not be based solely on the automated processing of that worker's personal data.

5.6. Personal data collected by electronic monitoring should not be the only factors in evaluating worker performance.

5.7. Employers should regularly assess their data processing practices:

- (a) to reduce as far as possible the kind and amount of personal data collected; and
- (b) to improve ways of protecting the privacy of workers.

5.8. Workers and their representatives should be kept informed of any data collection process, the rules that govern that process, and their rights.

5.9. Persons who process personal data should be regularly trained to ensure an understanding of the data collection process and their role in the application of the principles in this code.

5.10. The processing of personal data should not have the effect of unlawfully discriminating in employment or occupation.

5.11. Employers, workers and their representatives should cooperate in protecting personal data and in developing policies on workers' privacy consistent with the principles in this code.

5.12. All persons, including employers, workers' representatives, employment agencies and workers, who have access to personal data, should be bound to a rule of confidentiality consistent with the performance of their duties and the principles in this code.

5.13. Workers may not waive their privacy rights.

Appendix 6: Checklist for implementation of an HIV/AIDS policy for education sector workplaces¹⁰

At national level

1. Ministry of Education and Labour jointly establish a review committee composed of representatives of government, education sector unions and private school employers/managers, and other stakeholders as agreed among the tripartite partners, to consider application of the policy's provisions at institutional level in accordance with existing national laws and the education sector strategic framework, regulations, policies and collective bargaining agreements, as well as human resource (HR) policies.
2. Employers' organizations and education sector unions review the policy framework in order to reflect its principles and guidelines into collective agreements.
3. Review committee revises the policy as needed and organizes distribution of the agreed policy to all education sector workplaces: schools, TVET and tertiary institutions, adult and non-formal learning centres, etc.
4. Review committee establishes implementation support mechanisms to assist institutions to apply the policy.

At education institution level

1. In consultation with other major stakeholders, the governing body or Principal [Director] of the institution appoints an HIV/AIDS coordinator/committee - depending on the size and resources of the institution - to coordinate the implementation of the policy and design a monitoring mechanism. Where a workplace committee already exists, this should be used (e.g. occupational safety and health or health advisory committees etc).
2. The HIV/AIDS coordinator/committee in consultation with the HR department of the institution and/or the education service, the governing body or Principal, students' and teachers and other education sector workers' representatives:
 - a. identifies specific institutional needs by reviewing the policy framework adopted at national level and considering how to adapt it to the specific workplace setting;
 - b. identifies the needs of students and educators, prior to planning the institutional programme.
3. The HIV/AIDS coordinator/committee assesses what health, social and support services, information services and other resources are already available in the education institution or in the surrounding community.
4. On the basis of the needs assessments and mapping of available services, the coordinator/committee drafts possible revisions of the policy framework and a work plan in

¹⁰ Checklist approved by the Joint ILO/UNESCO southern African sub-regional workshop: Improving responses to HIV/AIDS in Education Sector Workplaces, Maputo, Mozambique, 30 November – 2 December 2005, and proposed for use in the Caribbean by the ILO and UNESCO.

consultation with students' and teachers' and other education sector workers' representatives. The work plan should include: time frame and lines of responsibility.

5. The draft policy and plan are circulated for comments to the governing body and the Principal.

6. When the workplace policy and work plan are finalised, the coordinator/committee draws up a list of resources – human, financial and technical - that are necessary for implementation, in consultation with the governing body and principal.

7. The implementation of the workplace policy should happen through the established planning and budgeting cycles of the institution.

8. The Coordinator/committee organizes the dissemination of the policy and work plan through the governing body, teachers' assemblies and education sector union meetings, students' assemblies, induction courses and training sessions.

9. The Coordinator/committee, in consultation with representatives of teachers and other education sector workers and students, designs a monitoring mechanism to ensure the implementation of the work plan and review the impact of the policy as needed.

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