HIV/AIDS

Workplace

Policy & Action Plan

With Basic Facts on HIV/AIDS

Ministry of Health

October 2009

Final Draft

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
BCC	Behaviour Change Communication
CBO	Community Based Organisation
CARICOM	Caribbean Community
CDC	Centers for Disease Control and Prevention
FBO	Faith Based Organisation
FP	Focal Point on HIV/AIDS
ELISA	Enzyme-linked Immunosorbent Assay
GOJ	Government of Jamaica
GIPA	Greater Involvement of People Living with HIV
HAART	Highly Active Antiretroviral Therapy
HFLE	Health and Family Life Education
HBC	Home Based Care
HIV	Human Immuno-deficiency Virus
HR Dept.	Human Resource Department
IBRD	International Bank for Reconstruction and Development
IEC	Information, Education and Communication
ILO	International Labour Organization
IOM	International Organisation on Migration
KABP	Knowledge, Attitude, Behaviour and Practice

ACRONYMS AND ABBREVIATIONS

LAC	Labour Advisory Committee
LRIDA	Labour Relations and Disputes Act
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MOH	Ministry of Health
NAC	National AIDS Committee
NHP	National HIV/STI Programme
NGO	Non Government Organisation
NIS	National Insurance Scheme
OSHA	Occupational Safety and Health Act (Draft)
OHS	Occupational Health Services
OI	Opportunistic Infection
PAC	Parish AIDS Committee
PEP	Post Exposure Prophylaxis
PLHIV	People Living With HIV and AIDS
PMTCT	Prevention of Mother To Child Transmission
RHA	Regional Health Authority
STI	Sexually Transmitted Infection
UNDP	United National Development Programme
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNTG	United Nations Theme Group on HIV/AIDS
VCT	Voluntary Counseling and Testing
WHO	World Health Organisation

INTRODUCTION

The Government of Jamaica directed the Ministry of Health (MOH) to lead the national HIV/AIDS response following the first reported case of AIDS in 1982. The national response began within the Epidemiology Unit of the Ministry of Health in 1986 and in later years it was managed by the National HIV/STI Programme (NHP).

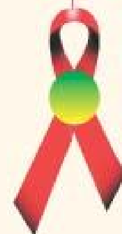
Through the Government of Jamaica, the National AIDS Committee (NAC) was established in 1988 to broaden the multisectoral involvement in the national HIV/AIDS response. Under the auspices of the NAC, over 170 organisations have collaborated with the NHP/MOH and are involved in some aspect of coordination and/or implementation of interventions. However, the bulk of the implementation is conducted through the NHP working in conjunction with the four regional health authorities (RHAs).

Jamaica's HIV/AIDS response is guided by the National HIV/AIDS Policy approved by Parliament in 2005. Prior to 2005, national strategic plans on HIV/AIDS guided the response and those five-year medium term plans have been approved by Parliament since 1988.

The National HIV Strategic Plan 2007 to 2012 provides the framework for management and implementation. This framework was developed within the context of the principle of the 'Three Ones' (One National Authority, One National Strategic Framework and One Monitoring Evaluation System) advocated by the Joint United Nations Programme on HIV/AIDS (UNAIDS). The National HIV/STI Programme located within the Ministry of Health with the National AIDS Committee represents the national authority. The National HIV Strategic Plan 2007 to 2012 is the foundation for the national strategic framework. The NHP's Monitoring and Evaluation Unit steers the national monitoring and evaluation system.

The 2007-2012 national strategic plan is based on four priority areas of (i) Prevention, (ii) Treatment, Care and Support, (iii) Enabling Environment and Human Rights, and (iv) Empowerment and Governance. The underlying theme of the plan is universal access. The plan is aimed at achieving universal access to prevention services and for treatment, care and support by 2012.

HIV/AIDS is also a priority concern of the National Healthy Lifestyle Policy approved by Parliament in 2001.



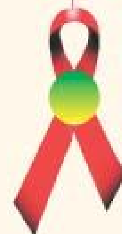
INTRODUCTION

Jamaica's HIV prevalence among the general adult population moved up marginally from 1.5% to 1.6% during 2008. The minimal increase occurred because people living with advanced HIV were able to enjoy longer and improved quality of life. This was achieved because of access to antiretroviral (ARV) medication and adherence to treatment by the people needing it beginning in 2004. Sentinel surveillance of women attending antenatal clinics revealed no significant change in the HIV adult prevalence within the general population over the past decade despite prevention efforts.

The HIV/AIDS epidemic in Jamaica is both generalised and concentrated. Higher prevalence rates have been found among group considered most-at-risk. A second generation survey conducted during 2005 showed a 9% HIV prevalence among sex workers (SW). Another study conducted among men who have sex with men (MSM) during 2007 revealed a 31.8% HIV prevalence. In addition, between 5% to 8% of crack cocaine users have been estimated to be HIV positive over the past decade as were 3.3% of prison inmates and 3.6% of attendees at clinics for sexually transmitted infections (STIs).

In addition, socio-cultural factors fuel the epidemic and influence the practice of certain high risk behaviours. High-risk behaviours combined with poverty and socio-cultural practices exacerbate the epidemic. A national Knowledge, Attitudes, Practices and Behaviour (KAPB) survey (conducted in 2008) revealed the persistence of multiple partners, inconsistent condom use and sexual initiation at a rapidly decreasing early age for both boys and girls.

Between 1982 and 2008, Jamaica recorded through the Ministry of Health's surveillance system, 23,972 cases of HIV, advanced HIV and AIDS. Of this number, 13,445 of the reported cases were of persons with AIDS. Reported AIDS cases have included persons with advance HIV (persons with CD4 count of <350) since June 2005. There were 6,993 AIDS deaths reported between 1982 and 2008. The number of reported AIDS deaths decreased in 2008 (401) by 40%compared to 2004 (665). At the end of 2008, about 69% of all persons reported with AIDS in Jamaica were between 20 and 49 years old while 86% were between 20 and 60 years old. This age range of persons with AIDS represent the trend over the past two decades.



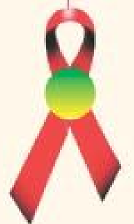
INTRODUCTION

HIV/AIDS is a major threat to the world of work, affecting the most productive sector—persons in the 15-49 age group. If not controlled, HIV/AIDS will impose huge costs on organisations through declining productivity and loss of skills and experiences. In addition, HIV/AIDS is affecting fundamental rights at work particularly stigma and discrimination against people living with and affected by HIV and AIDS.

The NHP uses the development and implementation of HIV/AIDS workplace policies and programmes as a strategy to mitigate the impact of HIV/AIDS in the workplace setting. By the end of 2008, all government ministries had created an adaptation of the National HIV/AIDS Policy including the Ministry of Health with a basic draft version of this document. More than 150 organisations within the private sector and civil society had also developed draft policies and had started implementation.

The strategy to include other government ministries began in 2002 when five key line ministries were included in the 2002 to 2006 National HIV/AIDS/STI Strategic Plan as sector ministries. Four ministries continued work as sector ministries under the Prevention Component and developed workplace policies and programmes. The Ministry of Labour and Social Security developed a manual on life threatening illnesses including HIV/AIDS during 2003 and drafted a National HIV/AIDS Workplace Policy which was submitted to Parliament as a Green Paper in 2008 and debated during 2009. The other ministries with sector policies are the Ministry of Tourism, the Ministry of Education and the Ministry of National Security.

In 2004, the NHP initiated its Policy/Advocacy Component and began the journey to encourage government and private sector organisations to develop an HIV/AIDS workplace policy adapted from the National HIV/AIDS Policy approved in 2005 and the draft National HIV/AIDS Workplace Policy. All policies including the National HIV/AIDS Policy are based on the ten principles advocated by the International Labour Organisation (ILO) in its Code of Practice on HIV/AIDS and the world of work adopted in 2001.



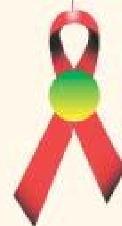
INTRODUCTION

The ILO regards HIV/AIDS as a workplace phenomenon because of its potential impact on labour and productivity and because the workplace has its own role in the HIV/AIDS response. The workplace is an appropriate setting to involve the working age population in efforts to prevent and control the spread of HIV, through education and training, counselling, care and support.

This Ministry of Health's workplace policy is an adaptation of the National HIV/AIDS Policy and refers to the National HIV/AIDS Workplace Policy. It provides guidelines for management and workers under the auspices of the Ministry of Health including its agencies and regional health authorities. The specific guidelines are the 10 principles recommended by the International Labour Organisation (ILO) in its Code of Practice regarding HIV/AIDS and the world of work. The policy guidelines cover non-discrimination, confidentiality, prevention, treatment of workers and clients including those living with HIV. They also provide strategies and suggested interventions for prevention education and the reduction of HIV-related discrimination.

Guidelines provided in this document apply to management and workers of the Ministry of Health, its four regional health authorities and its agencies. It is recommended that approval of the policy and its action plan be sought from the Permanent Secretary through the Chief Director of Human Resources Management and the designated Focal Point on HIV/AIDS.

The implementation of the policy is based on five key objectives which are further outlined in the section on implementation. Each objective is linked to the 10 guiding principles.



INTRODUCTION

The objectives of this policy are:

1. To provide a framework for education and training about HIV prevention.

2. To reduce HIV-related stigma and discrimination through involvement of PLHIV and including discrimination interventions in all education programmes.

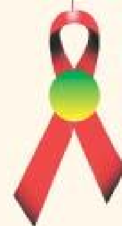
3. To strengthen the capacity of the ministry, its regional health authorities and its agencies in dealing with HIV/AIDS workplace issues.

4. To mitigate the impact of HIV/AIDS on the workplace through the HIV/AIDS workplace programme and its integration into the operational or corporate plan.

5. To support activities which enable revision and amendment of legislation.

These objectives are mentioned again in the section suggesting how the policy should be implemented.

Also included are appendices covering basic facts on HIV/AIDS, the National HIV-Related Discrimination Reporting and Redress System (NHDRRS), disciplinary procedures and a reference to other guidelines and support mechanisms.



GUIDING PRINCIPLES

The ten (10) key principles identified in the International Labour Organization (ILO) Code of Practice on HIV/AIDS and the world of work, are the guiding principles for the Ministry of Health's HIV/AIDS Workplace Policy. The National HIV/STI Programme (NHP) and its stakeholders fully support these ten principles and urge all workplaces to use them as a basis for developing and implementing HIV/AIDS workplace programmes and policies. Accordingly, the Ministry of Health endorses these principles and encourages management and workers to support them.

1. HIV/AIDS as a Workplace Issue

The Ministry of Health recognizes HIV/AIDS as a workplace issue that impacts on productivity and the country's development. HIV/AIDS should be treated like any other serious illness or condition in the workplace. The workplace is also an appropriate place to deal with HIV/AIDS as the workforce can play a vital role in limiting the spread and effect of the HIV/AIDS epidemic.

2. Non-Discrimination

The Ministry of Health accepts that there should be no discrimination against workers based on real or perceived HIV status. Discrimination inhibits prevention interventions as well as care and support efforts.

3. Gender Equality

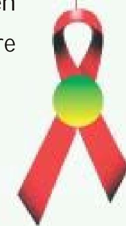
The Ministry of Health accepts that the gender dimensions of HIV/AIDS should be recognized. Women and girls are more vulnerable to HIV than men and boys due to biological, socio-cultural and economic reasons. Some men and boys are marginalized and also vulnerable to HIV infection. HIV and AIDS should therefore be discussed and treated with gender sensitivity.

4. Healthy Work Environment

The Ministry of Health accepts that the work atmosphere must be as healthy and as safe as possible for all concerned parties, in order to prevent transmission of HIV, in accordance with the provisions of the Occupational Safety and Health Convention, 1981 (No. 155) and Jamaica's proposed Occupational Safety and Health Act. Management and employees should have access to and apply the guidelines for accidental exposure to HIV and universal precautions.

5. Social Dialogue

The Ministry of Health accepts that the principle of social dialogue, trust and cooperation between employers, workers, their representatives and government should be upheld and sustained to ensure the effective implementation of this and other related guidelines.



6 No Screening For Exclusion From Employment or Other Work Processes

The Ministry of Health accepts that there is no justification for HIV screening for purposes of exclusion from employment or work processes. HIV screening should not be required of job applicants or employees.

7 Confidentiality

The Ministry of Health will ensure that confidentiality is maintained and will enforce measures to uphold privacy and confidentiality. Once such measures are in place sanctions will be enforced for any act considered a violation. No job applicant or employee should be asked to disclose his or her HIV status and no employee should be asked to reveal such information about fellow employees. Access to personal data relating to an employee's HIV status should be bound by the rules of confidentiality consistent with the ILO Code of Practice on the Protection of Workers' Personal Data, 1997.

8 Continuation of Employment

The Ministry of Health accepts that HIV infection is not a cause for termination of employment. HIV/AIDS should be treated like any other medical/health condition. Persons who are living with HIV should be able to work for as long as they are medically fit in available, appropriate work.

9 Prevention

The workplace is an appropriate setting for interventions and strategies related to HIV prevention. Such interventions and strategies should be appropriately targeted to local conditions and should be culturally appropriate. Emphasis must be placed on risk assessment for HIV/STI infection and skills building leading to behaviour modification. HIV-related stigma and discrimination together are the greatest obstacles to prevention. For this reason, non-discrimination strategies and interventions should be integrated into all sensitization and training sessions and involve the participation of persons living with and or affected by HIV and AIDS. The Ministry of Health recognizes prevention as an important component of an HIV/AIDS workplace programme.

10 Care and Support

Care and support is an important and key component of the mandate of the Ministry of Health. As such it accepts that the workplace is appropriate to promote care and support for all employees including those affected or infected by HIV and AIDS. No worker should be excluded from his or her entitlement to health care on the basis of HIV status. All workers should have full access to benefits from relevant health schemes.

RIGHTS AND RESPONSIBILITIES

Rights-Based Framework

Human rights are based on the idea that all persons are equal and should be treated with dignity and respect. A rights-based approach recognises that there is a shared responsibility to ensure that rights are fulfilled and upheld and duty bearers, especially, but not exclusively, government, must be held accountable for their responsibility. Government has a legal obligation to ensure that all persons, including persons living with HIV and AIDS are not denied their right to health, participation, confidentiality, freedom from discrimination, information, privacy and autonomy. In respect of HIV/AIDS the rights-based approach also recognises that human rights abuses contribute to the spread of HIV and undermine attempts to protect people from becoming infected, and once infected, from receiving needed treatment and care. The promotion and protection of human rights must therefore be at the centre of all aspects of an effective response to HIV and AIDS.

Within the workplace the basic rights and responsibilities of workers are captured in a number of policy approaches and documents. These include the 10 workplace principles advocated by the ILO as well as the Public Service Code of Conduct and the Staff Orders. The 10 workplace principles advocated by the ILO and explained in this document captures the essence of basic rights at the workplace. The rights and responsibilities of workers are based on the notion that no worker should be denied any basic right because of real or perceived HIV status. All workers regardless of real or perceived HIV status have the right to a safe place of work and a safe system of work. Within the public sector, management represents Government. Management therefore has the main responsibility to create the appropriate environment and mechanisms to teach, practise and promote adherence to the workplace guidelines by workers.

The Public Service Code of Conduct establishes the wider framework for equity and fairness, and outlines the rights, privileges and obligations of individuals within the organization.

The Staff Orders for public sector employees delineate behaviour expectations of all officers. Officers are expected to treat everyone, with courtesy, respect, fairness and objectivity. Managers must exercise their authority fairly, and even-handedly. Integration of the ILO workplace principles on HIV/AIDS into the standards for behaviour ensure that unfair treatment based on real or perceived HIV status renders an officer in breach of the Code of Conduct of the Public Service. In such a case the officer would be subject to disciplinary measures. The Ministry of Health will incorporate HIV/AIDS into its procedures for dealing with work-related grievances. These procedures will specify under what circumstances disciplinary proceedings can be commenced against any worker who discriminates on the grounds of real or perceived HIV status or who violates any other of the 10 workplace principles.

Privacy and Confidentiality

Management should promote and allow for discussions about privacy and confidentiality in relation to the workplace principles. Management and workers should adhere to any mechanisms and standards established to uphold privacy and confidentiality. Management should develop categories of sanctions for breaches and enforce them in accordance with national labour laws and the Code of Conduct for the Public Service. Workers should be informed about such sanctions. Management and workers alike have no obligation to disclose HIV-related personal information without the consent of the person infected, affected or perceived to be living with HIV or AIDS. Co-workers should not reveal personal information about fellow workers. Access to personal data relating to a fellow worker's HIV status shall be bound by the rules of confidentiality and shall be treated in line with the guiding principles of the National HIV/AIDS Policy (2005), or the National HIV/AIDS Workplace Policy (2009) and the ILO Code of Practice on HIV/ AIDS and the world of work.

Management will ensure that information relating to counselling, care, treatment and processing of benefits related to any worker living with HIV is kept confidential, as with other medical data pertinent to workers. Such information shall be accessed only with the consent of the concerned worker. No worker should be coerced to disclose his or her HIV status to anyone including supervisors, managers or human resources personnel without his or her consent. Disclosure of HIV status is voluntary. Workers are expected to respect the right to privacy and confidentiality of fellow workers.

Voluntary Counselling and Testing (VCT)

Management will encourage voluntary counselling and testing (VCT) during the continuous workplace education programme. Such testing shall be conducted in relation to the policy direction of the National HIV/STI Programme (NHP) and within approved health care settings by approved persons. Workers will be encouraged to seek VCT wherever it is available.

Management recognizes that every worker should seek to know his or her HIV status. Pre and post test counselling sessions are necessary to provide guidance for appropriate behaviour for treatment, and prevention of new HIV infection.

Management will support and promote VCT. Management will also promote and support testing with informed consent where this applies (Provider-Initiated Testing, testing among STI clinics attendees, testing for hospital admissions and testing related to the prevention of mother-to-child transmission). Management will also support and promote anonymous testing for surveillance purposes.

Universal Precautions

Workers have a right to have access to equipment and guidelines for the practice of universal precautions and risk reduction of HIV transmission during occupational exposure. It is the responsibility of workers and management to observe universal precautions at all times. Management will take all reasonable steps to ensure the provision of the appropriate equipment, guidelines and standards required for a safe workplace and a safe system of work.

Management will support and promote the adoption of universal precautions when dealing with blood and other body fluids including blood and when using sharps. Workers who come into contact with blood in emergency, health clinic and hospital settings should abide by the rules of universal precautions to reduce the risk of exposure to HIV and other blood borne pathogens.

Management will ensure that there is no unnecessary hysteria in regards to blood and ensure that protective gear and first aid are available for the use of workers and management. *HIV has to be transmitted directly to the blood stream for infection to occur among other specific conditions*.

Access to Treatment and Support Following Occupational Risks

Accidental exposure to HIV most often takes place within emergency and health care settings and in laboratories. Within such settings the adoption of universal precautions and post exposure prophylaxis (PEP) are advised and practised. If treatment is required, the worker would be tested for HIV (with his or her consent) and PEP would be administered as applicable.

The NHP through its Treatment, Care and Support Component has produced guidelines for occupational exposure to HIV. Management should ensure that the guidelines are promoted and circulated with easy access to post exposure prophylaxis (PEP) when necessary. Workers have a responsibility to know about the guidelines and apply them when appropriate.

Access to Benefits and Compensation

Management will ensure that social security schemes that apply to all chronic illnesses also include HIV/AIDS. Workers living with or affected by HIV and AIDS should not be discriminated against in terms of access to social security schemes and health plans.

Reduction of Stigma and Discrimination

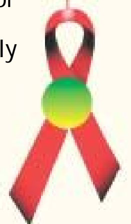
Management will ensure that discrimination reduction is integrated into all education interventions. In terms of workers perceived to be living with HIV or actually infected and affected, the condition shall be treated as other chronic illnesses within the workplace. Management will discourage any form of stigma and discrimination and will support all interventions to deal with discrimination reduction. Management will integrate the support and promotion of the National HIV-Related Discrimination Reporting and Redress System (NHDRRS) and the Greater Involvement of People Living with HIV and AIDS (GIPA) into the HIV/AIDS workplace education programme. Workers should participate in sensitization and training opportunities to discuss and influence the practise of acceptable behaviour to persons living with and affected by HIV and AIDS.

Recruitment, Continued Employment, Promotion, Termination

Real or perceived HIV status is not a reason to deny any worker access to new hire or continued employment or promotion. All applicants have a right to a fair and appropriate selection process which does not include HIV screening for exclusion. Real or perceived HIV status of a worker should not be used in severing employment ties. All workers regardless of perceived or real HIV status have a right to continued work with access to privileges outlined in their terms of employment and conditions. Continued employment or termination on medical grounds should be decided on the basis of fitness for work. Management will ensure that workers have equal access to job security and opportunities for advancement on the basis of performance. Management will put procedures in place to enforce sanctions against denial of job security and opportunities for advancement on the basis of real or perceived HIV status.

Reasonable Accommodation

Where a worker has become ill and is able to perform in a limited way, upon request, effort will be made to arrange suitable and appropriate, alternative duties. The Staff Orders make reference to the application of alternative work arrangements such as compressed work week and flexible work schedule, subject to the approval of the Minister responsible for the Public Service. Where such alternatives are unavailable and the employee is deemed medically unfit to perform his or her job, the worker will be advised of the standard procedure for persons diagnosed medically unfit to perform duties.



RIGHTS AND RESPONSIBILITIES

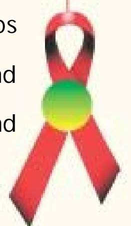
Gender Sensitivity

Management will support and promote the gender sensitive approach when dealing with the HIV/AIDS workplace education programme. This approach will enable discourses about HIV and AIDS to be dealt with from a gender-sensitive (both female and male perspectives) and thereby cover issues of risk and vulnerability without stigma and discrimination. Women are more vulnerable to HIV than men biologically, socio-culturally and economically. There are also men with vulnerability issues which require gender sensitivity.

Prevention

Prevention is of four key priorities of the national HIV/AIDS response in Jamaica. The practice of unprotected sex is the primary means of HIV transmission in Jamaica. For this reason, about 50% of the prevention education in the workplace is about motivating behaviour to reduce the risk of HIV/STI during sexual transmission. Another 30% of the education content is about discrimination reduction to persons living with or affected by HIV and AIDS. The remaining 20% of the education process relates to universal precautions, prevention of occupational exposure to HIV, protection of the national blood supply, prevention of mother-to-child transmission, positive health, dignity and prevention among persons living with HIV, and protection from other modes of HIV transmission. The appendix on Basic Facts provides further information on prevention.

Prevention of HIV transmission is action-oriented and therefore management must integration prevention education programmes into operational plans. Workers must seize every opportunity to get the facts about HIV and apply them to appropriate behaviour. Management will support the execution of the workplace implementation plan within the normal work hours. Management will also encourage the integration of HIV/AIDS workplace issues into special stand-alone workshops and existing meetings, interventions and appropriate departments and units. The Ministry of Health must also support the involvement of every worker and management in the implementation of the approved HIV/AIDS workplace implementation plan as is practicable. Management should facilitate sensitization workshops on a continuous basis in order to provide opportunities for management and workers to understand the mode of HIV transmission and the nature of antiretroviral (ARV) treatment. Participation in such workshops should offer insight into the role of ARVs in making an individual living with advanced HIV and AIDS fit for work. Support material to reinforce this have been developed by the Prevention and Treatment components.



Referral and Support

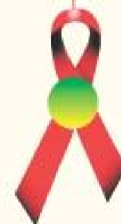
Management will provide information which will improve access to services needed by all workers. In this regard, no worker should be coerced into disclosing his or her status in order to access any kind of treatment or support. All workers should improve their knowledge of HIV and AIDS, and of the services and support points and mechanisms available within the Ministry of Health and at other sites in Jamaica.

Workers' Relationship to Clients

Clients should be made to feel protected and safe within an enabling environment. All clients should have access to prevention knowledge, skills-building instructions, prophylactics and counseling along with other treatment care and support regardless of age, gender, sexual orientation, religion or disability. This access includes voluntary counselling and testing (VCT). Management will support to right of access to any service needed by clients to reduce their risk of HIV/STI transmission as well as the right access voluntary counselling and testing. No client should be denied service or treatment or the basis of age, gender, sexual orientation, religion, or disability. Minors should be offered counselling about appropriate choices such as delaying sex until the "right time" but should not be denied the right of access to VCT for HIV nor condoms and condom-use skills.

Reporting HIV-Related Discrimination

Employees should be encouraged to report all HIV-related discrimination to the National HIV-Related Discrimination Reporting and Redress System (NHDRRS). Such reports or complaints may be made through the Focal Point on HIV/AIDS or to the Sub Focal Point on HIV/AIDS within a regional health authority or statutory agency. Reports may be submitted directly to the NHDRRS . (See Appendix IV)



HIV/AIDS WORK PLACE POLICY
IMPLENTATION PLAN

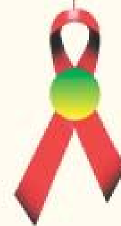
The Ministry of Health workplace policy on HIV/AIDS is designed to reinforce and motivate appropriate behaviour for HIV risk reduction and discrimination reduction. Implementation of the workplace policy objectives is therefore critical to the process. The Ministry of Health will implement its HIV/AIDS Workplace Policy and implementation plan by: (1) obtaining support and buy-in from the Permanent Secretary; (2) locating the Focal Point on HIV/AIDS within the Department of Human Resource Management and Corporate Services; (3) ensuring that the Focal Point on HIV/AIDS is at least a middle level manager with decision-making roles; (4) activating the workplace programme under the auspices of the Focal Point on HIV/ AIDS; and (5) coordinating the implementation of the action plan through an active steering committee.

Focal Point on HIV/AIDS

A Director within the Human Resources Management Department has been designated the Focal Point on HIV/AIDS within the Ministry of Health. The National HIV/STI Programme (NHP) through the Policy/Enabling Environment and Human Rights Component has provided the services of a Workplace Programme Officer to assist the Focal Point on HIV/AIDS in setting up and monitoring the HIV/AIDS workplace education programme.

Steering Committee

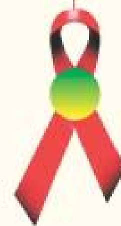
The Focal Point on HIV/AIDS has coordinated the preliminary process of establishing and activating a steering committee to assist in the implementation of the workplace policy/action plan (prevention education and discrimination reduction programme). The Steering Committee is made up of the Director of Human Resource Management & Corporate Services, the Focal Point on HIV/AIDS, the Directors of Human Resource Management and Industrial Relations within the Regional Health Authorities, a representative from each of the sub committees of the four Regional Health Authorities a technical team of five persons from the National HIV/STI Programme and representatives of agencies.



It is recommended that the HIV/AIDS workplace policy and implementation plan (education workplace programme) be incorporated into the corporate or operational plan).

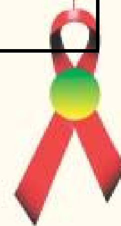
Workplace Policy Objectives:

1. To provide a framework for education and training about HIV prevention.
2. To reduce HIV-related stigma and discrimination through involvement of PLHIV and including discrimination interventions in all education programmes.
3. To strengthen the capacity of the ministry, its regional health authorities and its agencies in dealing with HIV/AIDS workplace issues.
4. To mitigate the impact of HIV/AIDS on the workplace through the HIV/AIDS workplace programme and its integration into the operational or corporate plan
5. To support activities which enable revision and amendment of legislation.

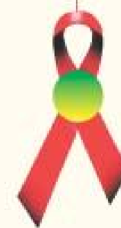


OBJECTIVE 1: To provide a framework for education and training about HIV prevention.				
	Activities	**Expected Outputs**	**Expected Outcomes**	**Responsibility**
1	Integrate HIV/AIDS workplace issues into HR training programmes including orientation	Training module developed and integrated	Improvement in HIV knowledge skills and accepting attitudes to PLHIV by training participants	Human Resources Director/Focal Point on HIV/AIDS (Liaise with BCC Officers)
2	Conduct sensitisation sessions for all categories of staff during work hours	Number and type of employees sensitised	Improvement in HIV knowledge and skills and accepting attitudes to PLHIV by all staff	Focal Point on HIV/ AIDS Workplace Programme Officer (WPO)
3	Conduct train-the-trainer workshop	Number of trainers	Trainers trained and conducting sessions	NHP/Focal Point on HIV/AIDS/WPO

OBJECTIVE 2: To reduce HIV/-related stigma and discrimination through the greater involvement of persons living with HIV and AIDS and including discrimination reduction in all education interventions				
	Activities	**Expected Outputs**	**Expected Outcomes**	**Responsibility**
1	Develop and use icebreakers dealing with discrimination reduction in all workshops and meetings	Number of meetings with discrimination reduction icebreakers	Improved accepting attitudes to PLHIV	Workplace Programme Officer/Steering Committee/Trainers
2	Engage PLHIV in workshops and meetings	Number of workshops and meetings with PLHIV	Improved accepting attitudes to PLHIV	Trainers/WPO/Steering Committee
3	Promote workplace principles through existing projects, media and dissemination points	Number of outlets which include workplace principles	Improved knowledge and application of workplace principles	Focal Point on HIV/ AIDS/Steering Committee/Trainers

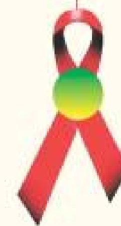


OBJECTIVE 3: To strengthen the capacity of the ministry its regional health authorities and its agencies to deal with HIV/AIDS workplace issues				
	Activities	**Expected Outputs**	**Expected Outcomes**	**Responsibility**
1	Train unit heads or designated staff in understanding and delivery of basic facts and workplace principles (workshop)	Number and type of staff trained and delivering presentations	Staff trained in delivery of HIV/ AIDS basics and workplace principles	Workplace Programme Officer/Focal Point on HIV/AIDS
2	Identify and train a cadre of senior managers as agents of change (workshop)	Number of senior management trained	Leadership advocates on HIV identified and trained	Focal Point on HIV/ AIDS/Workplace Programme Officer
3	Train peer educators and trainers in the use of the HIV/ AIDS workplace manual and other relevant available manuals	Number of trainers and peer educators trained in use of manual	Peer educators and trainers trained in workplace interventions strategies and approaches Improved risk assessment and prevention skills through peer education delivery	NHP/Workplace Programme Officer
4	Appoint and sensitise Sub Focal Points on HIV/AIDS for all agencies under ministry's purview	Number of sub focal points on HIV/AIDS identified and trained	Expanded management team for HIV/ AIDS workplace interventions	Focal Point on HIV/ AIDS/Steering Committee/Workplace Programme Officer



OBJECTIVE 4: To mitigate the impact of HIV/AIDS in the workplace through the integration of the HIV/AIDS education workplace programme into the operational or corporate plan.				
	Activities	**Expected Outputs**	**Expected Outcomes**	**Responsibility**
1	Integrate workplace principles into code of conduct guidelines	Code of conduct guidelines revised	Improved appropriate behaviour and discrimination reduction	Human Resources Department/focal point on HIV/AIDS/workplace programme officer
2	Finalise, approve and get management support for wide promotion and dissemi-nate of workplace policy and action plan	Signed commitment of Financial Secre-tary and Minister	Approved work-place policy and action plan	Focal Point on HIV/ AIDS/Workplace Programme Officer
3	Organise special events to promote STI/HIV policy and prevention methods during special days including World AIDS Day and Safer Sex Week	Number and types of events/Number of staff attending and participating in events	Improved aware-ness of condom-use skills, prevention methods, accepting attitudes to PLHIV, VCT	Steering Committee/ Workplace Programme Officer

OBJECTIVE 5: To support activities which enable revision and amendment of legislation				
	Activities	**Expected Outputs**	**Expected Outcomes**	**Responsibility**
1	Conduct event to launch workplace policy and plan officially	Number of attendees receiving copies of policy	Improved aware-ness and acceptance of HIV/AIDS work-place policy and action plan	Focal Point on HIV/ AIDS/Workplace Programme Officer
2	Lobby Minister to table HIV/ AIDS workplace policy and plan in Parliament as a private Bill	Policy approved by Parliament	Improved awareness of policy issues by wider stakeholder group	Focal Point on HIV/ AIDS/Senior Directors Secretary



FACTS ON HIV/AIDS

APPENDIX I

This section FACTS on HIV/AIDS is taken from the National Policy on HIV/AIDS, Appendix I, pp.29-33.

The Human Immunodeficiency Virus (HIV) causes AIDS (Acquired Immune Deficiency Syndrome). HIV affects humans only. It does so by gradually weakening the immune system making it difficult for the body to fight infection. HIV is microscopic and can only survive in cells that are living while destroying them.

Modes of Transmission

HIV is transmitted from an infected person to another through blood and blood products, semen (and pre-ejaculation fluid), vaginal fluids and breast milk. Transmission of HIV takes place in four main ways:

- Unprotected sexual intercourse with an infected partner - anal (high-risk), vaginal (high-risk), oral (low-risk)
- Blood and blood products (through for example, infected transfusions, organ or tissue transplants or the use of contaminated injection or other skin piercing equipment)
- From infected mother to child in the womb or at birth or during breast feeding (15% to 45% chance of transmission to child without treatment and as low as 5% chance of transmission with treatment and appropriate infant-feeding methods).
- By sharing intravenous drug needles with an HIV infected person

HIV is NOT spread during everyday casual contact

HIV CANNOT be transmitted during casual, physical contact with an HIV positive person such as coughing sneezing, kissing, hugging, sharing utensils, toilets and washing facilities or consuming food or beverages handled by the person. Mosquitoes and other insects do NOT spread this virus. A person CANNOT get HIV from the air, from food nor water.

FACTS ON HIV/AIDS

A person cannot get HIV by handling or coming into contact with the tears, sweat, saliva and urine of an HIV infected person. There is insufficient concentration of HIV in these body fluids to cause infection. It is not possible to determine someone's HIV status by just looking at the person. Someone infected with HIV can look and feel well for up to 10 or more years without showing signs or symptoms of illness. This person however, can transmit the virus to others especially during unprotected sexual intercourse.

Early symptoms of AIDS include chronic fatigue, diarrhea, fever, mental changes such as memory loss, weight loss, persistent cough, severe recurrent skin rashes, herpes and mouth infections and swelling of the lymph nodes. Opportunistic infections such as cancers, meningitis, pneumonia and tuberculosis may also take advantage of the body's weakened immune system. AIDS is fatal, although periods of illness may be interspersed with periods of remission. There is still no cure for AIDS. While researchers continues to develop a vaccine against HIV/AIDS, none is as yet viable. There is no user fee for antiretroviral (ARV) drugs in Jamaica. Public/private sector partnerships and grants from the Clinton Foundation and the Global Fund to Fight AIDS, Tuberculosis and Malaria, have helped to remove the cost of ARVs to persons living with HIV and AIDS.

HIV is fragile and is only able to survive in a limited range of conditions. It can only enter the body through naturally moist places and cannot penetrate unbroken skin. To prevent transmission of HIV, it is recommended that all sexually active persons use a barrier to the virus such as a latex male condom during every episode of sex. The female condom is also recommended.

To prevent transmission through occupational exposure to blood and other body fluids, universal precautions should be adopted. This requires the use of protective equipment such as rubber masks and gloves in situations involving exposure to blood and other body fluids from an infected person. Persons who are exposed to blood through skin puncture by an injection needle or other sharp instrument or those raped need to undergo HIV testing and post exposure prophylaxis (PEP). This should begin as soon as possible after exposure but up to 72 hours following the incident or exposure. Skin-piercing equipment should be sterilized after each use with one client to avoid contamination. Bleach, strong detergents and hot water will kill the virus, which is unable to survive outside of a living human body.

FACTS ON HIV/AIDS

Prevention of Sexual Transmission

HIV can be prevented during sexual transmission:

- **A**bstain—This method of prevention is strongly recommended for children and adolescents and is appropriate for anyone who practices delaying sex until "the right time".
- **B**e faithful to one sexual partner who is uninfected and mutually faithful.
- **C**orrect and consistent condom use.
- **D**o get tested for HIV.

Prevention of Blood Transmission

- ♦Universal Precautions
- ♦Availability of Post Exposure Prophylaxis (PEP)
- ♦Protected national blood supply
- ♦Advocacy to prevent sharing of IV drug needles including provision of sterilized needles

Prevention of Mother-To-Child Transmission (PMTCT)

The PMTCT programme is divided into two categories: primary and secondary prevention. The primary prevention interventions seek to avert new infections in women of childbearing age and unintended pregnancies of HIV infected women. These interventions empower women using knowledge and skills to prevent HIV/STI transmission (e.g. abstinence, correct and consistent condom use and reduction in the number of sexual partners) and early diagnosis and complete treatment of STIs. Secondary prevention interventions are aimed at preventing HIV transmission from infected women to their children. Secondary prevention includes:

- ♦ Universal HIV Testing of Pregnant Women
- ♦ ARV treatment for all HIV positive pregnant women
- ♦ Counseling for all HIV positive pregnant women on treatment

FACTS ON HIV/AIDS

- Access to information, counseling and follow-up care and support for all HIV positive pregnant women, including family planning services and nutritional support
- Advocacy for the provision of specific guidance and support to ensure that there is adherence to a safe infant feeding method

Approximately 1.5% to 2% of antenatal clinic attendees in Jamaica are estimated to be HIV positive. Without intervention mother-to-child transmission will occur in approximately 25% of these births. However, with appropriate interventions, mother-to-child transmission can be reduced. Therefore, an opportunity is missed when a woman of childbearing age is unaware of her risk for HIV. A woman of childbearing age needs to know her HIV status. Whenever an HIV infected pregnant woman does not receive antenatal care, she is unable to be tested for HIV and complete the ARV prophylaxis regimen.

Window Period

- When a person becomes infected with HIV it may take between six weeks and up to three months from initial exposure before antibodies to HIV are detected in the blood. Antibodies are special proteins created by the immune system as it tries to fight off the infection from the virus.
- HIV antibody tests are the most appropriate tests for routine diagnosis of HIV among the adult population. These tests are extremely accurate and sensitive for detecting even small amounts of HIV antibody. However, there is a small chance of a false positive result—i.e.— the rapid tests used for HIV screening as an example of these antibody tests.
- All positive test results are followed by a confirmatory test. Currently confirmation of an HIV screening test is undertaken by the National Public Health Laboratory (NPHL) or by laboratories located within the vicinity of a regional health authority.

FACTS ON HIV/AIDS

Know Your HIV Status

- Get tested.
- A rapid test (for HIV) is used for screening blood samples. Confirmation of samples found to be positive is necessary. The process of confirmation is usually carried out in a laboratory setting while screening tests may be conducted in the field at designated outreach points. Authorized persons conduct the screening using the Rapid Test. Confirmation of positive results is undertaken at the National Public Health Laboratory (NPHL) and at laboratories within regional health authorities. Persons opting for the Rapid Test are able to know the results within 20 minutes.
- "Negative" and "Positive" are terms used to describe the results of a HIV test. The H I V test looks for the antibodies to HIV and if none is found the result is labeled "negative", whereas, if the test detects HIV antibodies, the result is described as "positive."
- VCT (Voluntary Counseling & Testing) – HIV testing should be voluntary and with informed consent. It should be preceded (pre-test) and followed (post-test) by counseling. Through counseling the client is able to understand what the negative test result means and what the positive test result means. The appropriate sexual behaviour for any kind of result should be discussed with the client during counseling. Group education may be provided in lieu of individual pre-test counseling. However, all post-test counseling should be conducted individually without breaching the privacy and confidentiality of the client.

Who Needs To Take An HIV Test

- Sexually active people – This includes even those who are currently abstaining who were sexually active up to 10 years ago.
- People with more than 1 sex partner – This also applies to those who have been engaged in serial monogamy.
- People who have unprotected sex.
- People who use condoms inconsistently and incorrectly.
- People who have doubts that their sex partner is faithful.

- Anyone who was raped should get tested for HIV.
- Anyone who got injured accidentally by a sharp instrument while attending to a client/ patient/HIV positive relative under their care.

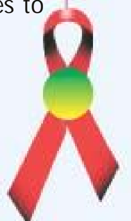
Taking the HIV Test

The client should:

- Know what the test results mean before and after taking the test.
- Get counseling before and after taking the test.
- Use condoms during every sexual encounter or abstain.

How To Use the Male (Latex) Condom

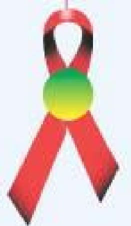
- The penis must be erect before putting on the condom. Ensure there are sufficient latex condoms within easy reach. Check the expiry date and the manufacturer's date on the package. Feel the package before opening to detect air or other damage. Exposure to sunlight or inappropriate storage can damage the condom. Open the package carefully to avoid damage to the condom. Avoid the use of sharp openers such as teeth or nails. After removing the outer package, squeeze the tip of the condom to expel the air.
- Ensure that the condom is on the side that will roll out naturally. Roll the condom two notches down to allow for sufficient space at the tip. While holding the tip of the condom, unroll the rest of it along the penis until your hand reaches the base of the penis.
- Always use a water-based lubricant with the condom. Some condoms are already lubricated.
- After ejaculation (*cum*), withdraw the penis while it is still hard. Remove the condom carefully ensuring that your fingers do not come in contact with the semen or vaginal fluids. If this happens just wash your hands. Take note of the colour of the semen in the condom or any discolouration on the outside from the vaginal fluids. Discoloured semen or discoloured vaginal fluids may indicate the presence of another sexually transmitted infection (STI). Once the condom is removed tie the end of it and dispose in the garbage bin. Wash hands.
- Each condom should be used one time only with each sex act. If the couple desires to continue having sex, wait until the penis gets hard again and put on a new condom.



FACTS ON HIV/AIDS

How To Use The Female Condom

- The female condom can be inserted up to eight hours before sex. In practice, it is inserted between 2 to 20 minutes before sex.
- The female condom should be used one time only with each sex act.
- Practise using the female condom without having sex.
- To insert the condom, find a comfortable position such as standing with one leg up on a chair, or sitting with knees apart or lying and facing the ceiling.
- Ensure that the inner ring is at the bottom, closed end of the pouch. The condom is lubricated, however, extra lubricant may be added to the tip of the pouch and to the outer ring.
- Hold the pouch with the open end hanging down. While holding the outside of the pouch, form the number eight with the inner ring.
- While holding the "eight" use the other hand to spread the lips of the vagina and insert the squeezed female condom.
- If the female condom is slippery during insertion, let it go and start over.
- Use the index finger to push the inner ring and the rest of the pouch into the vagina. Keep inserting the pouch until your finger feels the public bone.
- Ensure that the female condom is not twisted when it enters the vagina.
- About one inch of the open end of the female condom will remain outside of the body. Once the penis enters, the vagina will expand and the slack will decrease. Use your hand to guide the penis into the female condom which has been inserted into the vagina.
- To remove the female condom, close off the area with the seminal fluids by twisting the condom in a circular motion. Pull out gently. Discard the used condom in the garbage bin. Wash hands.



Sexually Transmitted Infections and HIV Transmission

People who have been diagnosed with another sexually transmitted infection (STI) are at high risk for HIV. Persons with STIs are more likely to have sores and small breaks in the skin and lining of their genitals. It is easier for HIV to enter the body through these breaks. (Herpes and other STIs with sores). If a person has an STI or has had one, he/she could have become infected with HIV because of unprotected sex.

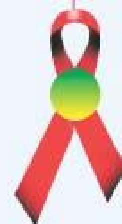
Risk Assessment for Sexual Transmission of HIV

Answer YES or NO to each of the following statements

Statement	YES	NO
Abstinence is appropriate and easy for me to sustain.		
I use a condom CORRECTLTY EVERYTIME I have sex.		
I have had or contracted a sexually transmitted infection.		
I know my HIV status.		
I know my partner's HIV status.		
I have only one sexual partner and I am sure I am his/her only sexual partner.		

If your answers to ANY of the above put you in the red, you are at risk of contracting HIV. You should therefore:

- Get an HIV test.
- Use a condom correctly the next time and every time you have sex.
- Call the AIDS/STI HELPLINE – 1-888-991-4444



FACTS ON HIV/AIDS

Universal Precautions

Universal precautions are the standard of practice applied by health providers and emergency workers when caring for patients and persons in emergency situations. They are a simple standard of infection control practice used in the care of all patients at all times to avoid coming in contact with blood or body fluids, or with sharp instruments, used needles and other materials that may be contaminated by blood, in order to avoid transmission of HIV, hepatitis B, C or other blood borne infections.

The occupational risk of a health worker becoming HIV infected from a patient in the health care settings is very low. The risk is approximately 0.2 to 0.5% compared with the risk of transmission of the Hepatitis B and Hepatitis C virus after a single percutaneous injury which is estimated at 2% to 40% for and 3 to 10% respectively. In most cases occupational transmission of HIV is associated with needle-stick injuries. Needle stick injuries frequently occur when needles are recapped, cleaned, disposed of, or inappropriately discarded.

The risk of infection varies with the type of exposure and factors such as the amount of blood involved in the exposure, the HIV status and the amount of virus in the patient's blood at the time of exposure, the severity of the injury, e.g. scalpel or large bore needle injury increases the risk, the anatomical site at which sharp was used, e.g. use in artery or vein poses greater risk than use in muscle or mucous membrane. To minimize the risk of occupational transmission of HIV, as well as other infectious diseases, all health care workers should adopt the appropriate infection control, risk assessment and accident prevention procedures. Universal Precautions are to be taken with respect to all persons regardless of their presumed infection status.

Universal precautions consist of:

- Careful handling and disposal of sharps (needles and 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.
- Proper handling of soiled linen.
- Post Exposure Prophylaxis

Universal Precautions

Each health care facility should adhere to standards, policies, procedures to be followed in case of "sharps" injury or other exposure. The accident form should be completed, so that follow-up counseling, testing, treatment and care (post exposure prophylaxis — a course of antiretroviral drugs which is thought to reduce the risk of sero-conversion after events with high risk of exposure to HIV) can be administered to the employee.

APPENDIX II

Check List For Policy Implementation

The following steps may be used for implementing an HIV/AIDS policy for the workplace and developing and implementing a programme of action:

- HIV/AIDS committee is established with representatives from management and supervisory levels, workers, trade unions, human resource departments, occupational health and safety departments, training department, industrial relations department, public relations/information and communication department and the health and safety committee;
- The committee decides on its terms of reference, decision-making powers and responsibilities;
- Review of the national HIV/AIDS policy and other relevant documents and tools and their application to the ministry's workplace policy;
- Draft or edit the ministry's policy in accordance with other guideline and standards;
- Committee assesses what health and information services are already available both at the workplace and in the local community – for example, the prevention behaviour change communication programme, the VCT programme, the adherence and home-based care programmes, other occupational health and safety interventions, employees who have attended training or sensitisation sessions on HIV/AIDS;
- Committee establishes a plan of action, with timetable and lines of responsibility to implement policy;
- Policy and plan are widely disseminated for review and discussion among staff and stakeholders; through for example notice boards, mailings, newsletter, pay slip inserts, special meetings, induction and orientation exercises; training sessions;
- Policy and plan are edited after review of feedback from staff and stakeholders;
- Policy and plan of action are approved by the Senior Medical Officer (HIV/STI), and AIDS, Permanent Secretary (Health), the Chief Medical Officer and the Minister of Health;
- Committee monitors the implementation of the policy through review of monitoring and evaluation interventions incorporated into the action plan

APPENDIX III

DISCIPLINARY PROCEDURE

A breach or infraction is deemed to have occurred if an employee violates any of the behaviour expectations established in the code of conduct or if it is deemed that an employee has discriminated on the grounds of real or perceived HIV status of another employee or has violated any other of the 10 workplace principles. The disciplinary procedures are to be followed in accordance with the Public Service Regulations. Disciplinary procedures shall adhere to the following criteria:

1. Consistent with the conditions of employment
2. Begin with a thorough investigation
3. Follow due process
4. Guarantee all parties the right to be heard and the right to representation
5. Guarantee the right of appeal
6. Be conducted as quickly as possible

STEPS IN DISCIPLINARY PROCEDURE

1. Reporting an infraction (the nature, time, location and any other information to facilitate an appropriate action in a timely manner)
2. Recording an infraction (care should be exercised to capture all the relevant details from all who may have been involved, including witnesses)
3. Investigations (scope and depth depends on the nature of the infraction, and must seek to establish the relevant facts.
4. Committee of Inquiry (serious infraction)

PENALTIES

If through an investigation or committee finding, it has been established that an infraction has occurred, the penalty imposed should be consistent with the nature and gravity of the infraction and should be progressive. The following progression may be considered:

1. Verbal warning and mandatory participation in a Stigma and Discrimination workshop
2. Written reprimand
3. A fine
4. Deferment or withholding of increment
5. Suspension without pay for a period not exceeding three (3) months

CONFIDENTIALITY: EMPLOYEE AND CLIENT INFORMATION

Any Situation

- Employee/client information are considered confidential. Employees with access to such information may only use or divulge the information for legitimate business purposes
- The principle of confidentiality regarding protected health information for employees and clients must be maintained
- Never discuss the employee's/client's case with anyone without the employee's/patient's permission (including family and friends during off-duty hours)
- Never leave hard copies of forms or records where unauthorized persons may access them
- Use only secure routes to send employee/client information (for example, official mail) and always mark this information confidential
- When using an interpreter, ensure that the interpreter understands the importance of patient confidentiality

When in an office, clinic, or institution

- At the time of hire, during the new hire orientation, HR can ensure that employees are well aware of the organization's expectations that confidentiality not be breached. The consequences of such a breach, if and when it is discovered, should be subject to disciplinary procedures
- HR can ensure that all employees sign off that they acknowledge, read, and understand the confidentiality policy
- Employee/client interviews should be conducted in private rooms or areas
- The Human Resource Department can ensure that employee medical records or information considered confidential are filed separately from personnel records
- Make sure that employees who deal with confidential records and information are informed and trained on how to secure the information.
- Never discuss cases or use employees'/clients' names in a public area
- If a staff member or health care worker requests an employee/client information, establish his or her authority to do so before disclosing anything
- Keep records that contain employee/client names and other identifying information in closed, locked files

CONFIDENTIALITY: EMPLOYEE AND CLIENT INFORMATION

When in an office, clinic, or institution

- Restrict access to electronic databases to designated staff. Carefully protect computer passwords or keys; never give them to unauthorized persons. Safeguard computer screens
- Keep computers in a locked or restricted area; physically or electronically lock the hard disk
- Keep printouts of electronic information in a restricted or locked area; printouts that are no longer needed should be destroyed
- Make a listing of where important confidential records are kept and who should be responsible for them.
- Employees with concerns related to the inappropriate access of their medical information should address those concerns to the designated Human Resources representative.

When in the field

- Be discreet when making client visits
- Conduct client interviews in private; never discuss the case in a public place
- Do not leave sensitive or confidential information in messages for the client on a door; but if a message must be left on the door, it should be left in a sealed envelope, marked confidential, and addressed to a specific person
- Do not leave sensitive or confidential information on an answering machine that other people can access
- Do not leave sensitive or confidential information with a neighbor or friend, and be careful not to disclose the client's condition when gathering information on his or her whereabouts
- When a disclosure occurs during the course of a field investigation, it is a good idea to document what information was given out and to whom, in case there are any follow-up questions from the client or the person who was informed of the client's health problem

Appendix IV—Summary National HIV-Related Discrimination Reporting & Redress System (NHDRRS)

HIV-related stigma begins as a prejudicial thought about someone considered to be of less value by another individual or by individuals within a society. **HIV-related discrimination** occurs when a distinction is made against a person that results in him or her being treated unfairly or unjustly on the basis of their actual or perceived HIV status. HIV-related stigma and discrimination together act as an enormous barrier to the national HIV/AIDS response. Fear of discrimination often prevents people from getting tested, seeking treatment or from admitting their health status publicly. Discriminatory treatment in the workplace can lead to loss of employment resulting in a loss of the productive and income earning capacity of the nation. There is no justification for discrimination as HIV cannot be transmitted through everyday casual contact.

Stigma and discrimination can be practiced unintentionally through HIV screening for purposes of exclusion for employment; through breach of confidentiality and privacy and within situations of limited or no education regarding HIV modes of transmission and methods of prevention.

The NHDRRS is a multisectoral system led by the Ministry of Health through the National HIV/STI Programme and involving the National AIDS Committee. It is designed to collect, investigate and be a focal point for redress for complaints of discrimination related to the real or perceived HIV status of an individual. The NHDRRS is being integrated progressively into existing reporting systems within government ministries, agencies and non-governmental organizations. Complaints may be made by or on behalf of any person who has experienced discrimination because of real or perceived HIV status or association with a person living with or affected by HIV. Complaints may also be made by any person who witnesses an incident of HIV-related discrimination.

The System is designed to operate within five steps:

(1) Submission of an initial complaint—to JN+ by telephone, on-line and recorded on a complaint form.

(2) An interview is conducted with the complainant to collect more information.

(3) An investigation of the complaint is conducted to verify/substantiate the information.

(4) Redress – Action such as referral, advice, counselling, community or industry-wide sensitization, professional sanctions or legal action designed to resolve the issues presented by the complaint.

(5) Closure.

A complaint should be submitted via telephone, e-mail or in person to the Advocacy Officer or to the Reporting and Redress Field Officer at the Jamaican Network of Seropositives (JN+), 3 Trevennion Park Road, Kingston 5, Telephone: 929-7340, E-mail: complaints@jnplus.org. Complaint forms are available at the JN+ Office, from Adherence Counsellors or at the website www.jnplus.org

References

Hope Enterprises Limited, 2008. HIV/AIDS 2008 Survey Presentation of Findings, Maxine Wedderburn, Deborah Bourne

International Labour Office, 2001. ILO Code of Practice on HIV/AIDS and the world of work—Geneva, Switzerland 2001

Ministry of Health, 2005**. National HIV/AIDS Policy**, Kingston, Jamaica (May 2005)

Ministry of Health, 2003. National HIV/STI Programme, Guidelines for the Prevention of Accidental Exposure to Body Fluids, Kingston, Jamaica (November 2003)

Ministry of Health, 2004. National HIV/STI Programme, PMTCT: Integrating Treatment Care and Support with Prevention of Mother-to-Child

Ministry of Health, 2006. Transmission of HIV, Implementation Guidelines for Health Care Workers (Revised: June 2006)

Ministry of Health, 2003. National HIV/STI Programme, HIV/AIDS Case Management, Home – Based Care Training Manual: Care and Support for persons living with advanced HIV/AIDS in Jamaica: Resource Manual for the training of caregivers

Ministry of Health—Jamaica, National HIV/STI Programme, Clinical Management Manual (January 2005)

Ministry of Labour and Social Security, 2008. Green Paper on the National HIV/AIDS Workplace Policy

Policy Guidelines for Health Providers regarding contraceptives for persons under 16 years old

The Staff Orders