

Module 3

Developing Workplace HIV/AIDS Policies

The Value of HIV/AIDS Policies

Need for Workplace Policies

Experience in countries heavily impacted by the epidemic has demonstrated the importance of workplace HIV/AIDS policies. Both employers and workers need such policies. Unions are likely to be particularly concerned with ensuring the following protections for workers, through workplace policies and union agreements:¹

1. **Prevention of HIV/AIDS-related discrimination in the workplace and protection of worker civil rights**, including:
 - Compliance with laws and regulations that prevent discrimination and provide protections for workers with serious illness or disability; and
 - Protection of the confidentiality of medical information, including a worker's HIV status.
2. **Protection and enhancement of worker benefits**, including:
 - Access to health care through health insurance or direct health services;
 - Access to HIV-specific services, including prevention education, care, and support services; and
 - Access to current advanced HIV/AIDS treatment therapies where possible.

3. Promotion of workplace health and safety, including:

- Adoption and enforcement of infection control procedures called **Universal Precautions** to minimize the risk of infection for workers who may be exposed to blood borne pathogens. For example, health care workers are often exposed to blood on the job and therefore may be exposed to hepatitis B, hepatitis C, or HIV.

There are established procedures for post-exposure follow up for workers who have been exposed to blood, or injured on the job, from a needle stick injury, splash of human blood to the eyes, nose or mouth, or other similar event.

Immediate post exposure procedures in sequence should include:

- Wear protective gloves and clean the wound (or washing the area splashed with blood);
- Notify the supervisor;
- Go to the emergency room or employee health clinic and receive medical treatment for possible exposure to hepatitis B and C and HIV infection (**Note:** You do not want to wait to see if the injury causes an infection to get treatment. Getting treatment that ultimately was unneeded is much safer and prudent than waiting to see if you are infected with hepatitis or HIV.);
- Document the needle stick or blood splash in detail; and
- Contact the union representative (provide them with incident documentation).

Workplace HIV/AIDS programs are of limited effectiveness without policies to guide and reinforce them. Workers are unlikely to participate actively in educational programs, seek STI diagnosis or treatment, or request voluntary testing if they fear stigma, workplace discrimination, or job loss. In the absence of worker protections reflected in either employer policies or collective bargaining agreements, union representatives are likely to focus on these worker fears and concerns. Much anxiety about HIV/AIDS at the workplace can be eliminated through having workplace policies that define the employer's position and practices for preventing HIV transmission and addressing HIV/AIDS among employees. Such policies may also provide the basis for language in collective bargaining agreements.

Addressing Stigma and Discrimination through the Workplace Policy

Of particular importance are provisions to address stigma and discrimination. Following are some examples of stigma and discrimination that a workplace policy can help prevent.

Individuals who have or are believed to have HIV/AIDS may be stigmatized.

For example:²

- Co-workers may refuse to work with the person;
- Co-workers may harass the person;
- The individual may be isolated during meal and break times; and
- The individual may be asked to use separate restroom or other facilities.

Such individuals may also face job discrimination. For example:

- They may be fired;
- They may be passed up for a promotion or denied a raise;
- Unfair job restrictions may be placed on them;
- The organization may refuse to make reasonable accommodations for their condition, when it would make such accommodations for individuals with another serious disease;
- They may be denied health insurance or other benefits; and
- Uninformed union representatives may not treat such individuals fairly and equitably with regard to services and representation;

The workplace offers a unique opportunity to confront societal discrimination and stigma. By teaching that there is no need to fear people living with HIV/AIDS, and providing a guarantee of job security, you send a powerful message. It is more than just an educational message. Workplace-based anti-discrimination policies provide visible guarantees that people can live and work with HIV/AIDS, often for many years, without fear of loss of income or isolation. Once anti-discrimination measures are in place in the workplace, people will be much more likely to seek testing to learn their status, take to heart educational messages about how HIV can and cannot be transmitted, and ultimately seek to modify high-risk behavior. A workplace policy should directly address stigma, forbid discrimination, and ensure confidentiality of information.

What is a Workplace HIV/AIDS policy?

A workplace HIV/AIDS policy defines an organization's position and practices for preventing the transmission of HIV and for handling cases of HIV infection or AIDS among employees.

Managers and labor leaders experienced in dealing with HIV/AIDS in the workplace have learned the value of policies that state the employer's position—and often specify procedures to guide managers, labor leaders, and employees at all levels.

Ideally, the policy is written, formally adopted by top management and labor leaders, communicated consistently to employees at all levels, and used to guide workplace behavior and activities designed to prevent and treat HIV/AIDS.

Free copies of the written policy should be made available to any staff member, manager, or union representative upon request.

Benefits of Written Policies

Some employers, especially smaller ones, do not have formal written policies. Instead, they follow unwritten practices that are established over time. Eventually, standard practices emerge that guide managers, labor leaders, and workers and usually lead to consistent, predictable, desired results. However, because these standard practices are created only through repeated experience, they do not exist the first few times an issue arises and the first few times the employer addresses HIV/AIDS. This means some workers may have very negative experiences before the standard practices have been established.

Sometimes a small employer's only written policies with regard to workplace health policies and worker rights are those stated in a collective bargaining agreement. Workers, labor leaders, and unions place great importance on the written collective bargaining agreement because it is binding, and enforceable. In other words, it is a legal document. Written contract language can inform the development of company policy or vice versa. Workplace policies may be similarly useful because they are written, agreed upon, and provide a basis for consistent implementation and enforcement.

Written policies have advantages over unwritten practice. They:

- Provide a philosophy and framework for addressing HIV/AIDS (and sometimes other life-threatening illnesses) consistently, across work sites and work areas;
- Specify procedures for addressing HIV/AIDS that avoid confusion and uncertainty;
- Make it easier to outline the duties (requirements and standards) of labor and management, follow laws related to HIV/AIDS, and ensure action consistent with policy.

- Establish employee responsibilities not only with regard to safety and health issues, but also for avoiding stigma and discrimination against HIV-infected workers;
- Inform workers of their rights and protections;
- Establish a way for workers to pursue resources and claim protections; and
- Affirm workers' right to preserve confidentiality.

Types of Employer Policies

Employer policies are sometimes HIV/AIDS-specific, and sometimes a part of overall policies addressing life-threatening illnesses or disabilities. Collective bargaining agreements can also be general or specific with regard to HIV/AIDS.

Life-threatening Illness Policies: Some employers choose not to have a HIV/AIDS-specific policy in order to emphasize that HIV/AIDS will be treated like any other illness. These employers typically include HIV/AIDS within general policies on life-threatening illnesses and disabilities, such as cancer and tuberculosis (TB). This approach ensures a consistency of approach for all major illnesses and disabilities. The European Statement of Employment Principles for HIV/AIDS includes calls for “consistency with policies for other serious and potentially progressive medical conditions.” (For a copy of these principles, see the National AIDS Trust website: www.nat.org.uk/publications/employers.html.)

HIV/AIDS-specific Policies: Some employers develop policies specifically for HIV/AIDS to demonstrate employer social responsibility and concern about workers' health and safety. This approach acknowledges that HIV/AIDS is a major preventable health issue and highlights the employer's commitment to addressing it in appropriate, responsible ways. Such policies typically address—and therefore help avoid—stigma and discrimination. Compared to more general policies, HIV/AIDS-specific policies often provide clearer action steps for employers and more clearly defined protections for workers infected with HIV/AIDS. They also acknowledge the uniqueness of the pandemic and its implications for employers, trade unions, workers, and the general public.

Basic Principles for HIV/AIDS Policies

Scope of a Workplace HIV/AIDS Policy

Some workplace HIV/AIDS policies cover many pages, while others are only a few paragraphs. Usually the length depends on whether the policy simply outlines broad guidelines or provides detailed instructions and implementation procedures.

A comprehensive HIV/AIDS policy:

- Offers a framework for consistent practice in a workplace;
- Expresses the standards of behavior expected of all employees, with specific attention to preventing stigma and discrimination;
- Lets all employees know what assistance is available to them and their families, and where to go for it;
- Instructs supervisors on how to manage HIV/AIDS in their work groups;
- Often provides a basis for and/or ensures consistency with collective bargaining agreements;
- Often mirrors protections provided in the union's collective bargaining agreement;
- Ensures consistency with relevant local and national laws or regulations;
- Sets a foundation for HIV/AIDS prevention, care, and support programs;
- Promises confidentiality of information about employees; and
- Specifies any requirements that may be placed on suppliers and/or contractors to provide HIV/AIDS programs and/or protection to their employees.

In addition, a workplace HIV/AIDS policy should answer these basic questions, which are likely to be of special interest to labor leaders and workers:

- Who is covered by the policy?
- Who implements the policy?
- How are decisions made about implementation and enforcement?
- Who reviews the policy?

Basic Principles for HIV/AIDS Policies

Successful HIV/AIDS policies used by employers around the world share a number of basic principles. These principles are recommended by international organizations such as the ILO and UNAIDS as well as by many business groups in Africa, Europe, North America, Latin America, and Asia. They build on *Ten Principles for the Workplace*, developed in 1988 in the United States, by the Citizens Commission on AIDS of New York City and Northern New Jersey (See Appendix 3). The most widely used principles are those included in the ILO Guidelines on HIV/AIDS in the Workplace as *Key Principles of the ILO Code of Practice on HIV/AIDS and the World of Work* (See Appendix 4).

Among the business coalitions that have adopted these or similar basic principles are the:

- Global Business Coalition on HIV/AIDS;
- Federation of Kenyan Employers;
- United Kingdom-based Business Exchange on AIDS & Development (BEAD);
- Asian Business Coalition on AIDS; and
- Thailand Business Coalition on AIDS.

The Southern African Development Community (SADC), in consultation with its tripartite structures of employer, labor, and government, has also developed a code of practice for its 14 member countries in sub-Saharan Africa. The Asian Business Coalition on HIV/AIDS includes a number of corporations—large and small—that have adopted policies consistent with these basic principles, such as Angkor Beer of Cambodia, the Body Shop, Levi Strauss, Hai Ha Kotobuki of Vietnam, Unilever, IBM, Nike Thailand, Northwest Airlines, Xerox, and Levi Strauss. (Appendices 2 and 4 provide copies of the policies of several companies and labor organizations.)

The *Key Principles* have specific value to labor unions and employers, as summarized below. **The principles as stated come directly from the ILO Code of Practice.**

1. Recognition of HIV/AIDS as a workplace issue

Principle: “HIV/AIDS is a workplace issue, and should be treated like any other serious illness/condition in the workplace. This is necessary not only because it affects the workforce, but also because the workplace, being part of the local community, has a role to play in the wider struggles to limit the spread and effects of the epidemic.”

Rationale: There are no medical or other reasons to treat people with HIV/AIDS differently from anyone else with a serious or life-threatening illness. Following this principle helps ensure a loyal and productive workforce and reduces turnover. Moreover, consistency in policy and practice is typically sound management.

2. Non-discrimination

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

Rationale: Good employment practices are based on sound, established facts. The scientific and epidemiological facts are that people with HIV/AIDS do not pose a risk of transmission to co-workers through ordinary workplace contact. There is no risk of HIV from shaking hands or sharing utensils and other objects in the workplace. Because people living with HIV/AIDS pose no risk to co-workers in ordinary workplace contact, there is no reason for differential treatment by the employer or co-workers. Such equal treatment can be accomplished only by overcoming stigma and preventing discrimination against individuals who are assumed to be HIV-positive.

Employee misinformation often leads to discrimination, which in turn can result in work stoppages and disruption. Promoting non-discrimination and a supportive, non-stigmatizing work environment are important in assuring a productive worksite. Workplace disruption can be avoided by ensuring that education and prevention programs are provided early and regularly for all workers.

Senior managers, union leaders, and other worker representatives should be encouraged to use their positions of leadership to set the standard of non-discrimination in the workplace and promote HIV/AIDS prevention education. Endorsement of workplace programs by labor leaders and managers can have a strong influence on the effectiveness of these programs.

3. Gender equality

Principle: “The gender dimensions of HIV/AIDS should be recognized. Women are more likely to become infected and are more often adversely affected by the HIV/AIDS epidemic than men due to biological, socio-cultural, and economic reasons. The greater the gender discrimination in societies and the lower the position of women, the more negatively they are affected by HIV. Therefore, more equal gender relations and the empowerment of women are vital to successfully prevent the spread of HIV infection and enable women to cope with HIV/AIDS.”

Rationale: Women are an increasing part of the formal workforce in developing countries. Sadly, in many countries, they are also a growing share of the population becoming infected with the HIV virus—women comprise 47% of people living with

HIV/AIDS worldwide, and comprise the majority of cases in sub-Saharan Africa. Women are often infected with HIV at an earlier age than men are. They are sometimes infected as a result of gender-based violence in the home, school, or workplace.

Employers need to be concerned about gender equity in HIV prevention education and care, both because gender inequities can undermine effectiveness of prevention services for women workers if not properly delivered, and because women carry the primary burden of caring for ill family members. Workplace education programs need to include gender-balanced and gender-sensitive information sometimes provided through separate sessions. Female workers should have equal access to prevention education, care, and support programs. Efforts to attain gender equity in all aspects of the workplace will also contribute to a reduction in HIV transmission.

4. Healthy work environment

Principle: “The work environment should be healthy and safe, so far as is practicable, for all concerned parties, in order to prevent transmission of HIV, in accordance with the provisions of the Occupational Safety and Health Convention, 1981 (No. 155). A healthy work environment facilitates optimal physical and mental health in relation to work and adaptation of work to the capabilities of workers in light of their state of physical and mental health.”

Rationale: A healthy work environment can help prevent the spread of HIV and encourage behaviors that help HIV-positive individuals stay productive workers. Individuals with impaired immune systems are more negatively affected by negative workforce conditions, and may become ill sooner. A safe and healthy work environment contributes to high worker morale and trust, increasing the credibility of workplace prevention education messages.

In addition, while there is no risk of HIV transmission in normal workplace settings, some special types of work settings do pose a risk of possible HIV transmission. Workers who have contact with blood, body fluids (blood, semen, vaginal secretions, and breast-milk), and tissues should have adequate protective equipment to minimize the risk of exposure to blood borne pathogens. Minimal equipment should include latex or vinyl gloves, face masks, eye protection, and needle disposal boxes at point of use. Adequate personal protective equipment (PPE) should be supplied by management at no cost to the worker. These workers should receive comprehensive and periodic training in the necessary infection control procedures; including the use of universal precautions. These procedures prevent the transmission of all blood-borne diseases, including hepatitis B, hepatitis C, and HIV. In addition, such preventive measures may be a part of national, regional, and local laws and regulations and required by the employer.

5. Social dialogue

Principle: “The successful implementation of a HIV/AIDS policy and programme requires cooperation and trust between employers, workers and their representatives and government, where appropriate, with the active involvement of workers infected and affected by HIV/AIDS.”

Rationale: The SMARTWork model is based on recognition of the value of collaboration for dealing with HIV/AIDS in the workplace. Various categories of employer personnel, labor unions, government agencies, and nongovernmental organizations, business associations and multi-sector collaboratives all have knowledge and experience to contribute to the development and successful implementation of workplace HIV/AIDS policies and programs.

Most important, workplace policies and programs need to be built on shared knowledge, joint planning, and trust. This makes Joint Management–Labor HIV/AIDS Workplace Planning Committees the most appropriate mechanism for developing policies and programs. Labor support for a HIV/AIDS policy is most likely to be strong and active where union shop stewards and other labor leaders have been active members of the planning committee.

Labor leaders can identify policy-related areas that relate to collective bargaining agreements and help ensure that employer policies are as consistent as possible with current agreements. Similarly important is whether the proposed policy responds to HIV/AIDS issues and concerns among workers. Labor leaders can assist with efforts to understand worker attitudes and needs. They can identify ways unions can work with management to be supportive of HIV-infected workers, including keeping them productive as long as possible.

Similarly, policies need to be communicated to workers by both labor and management, and programs implementing these policies need to reflect strong labor participation. Peer educators are especially effective as prevention educators and communicators with other workers. Especially valuable are workers who are HIV-positive. They can speak from experience about, for example, the importance of condom use and reducing other risk behaviors.

6. Screening for purposes of exclusion from employment or work processes

Principle: “HIV/AIDS screening should not be required of job applicants or persons in employment.”

Rationale: HIV screening or testing for HIV will not ensure a workplace without HIV/AIDS. A worker who tests negative today could become infected in the future. In addition, testing without follow-up such as appropriate support and care does not benefit the worker. HIV screening will not identify workers who are unfit for work, because many workers remain productive for many years after infection. Studies show that voluntary counseling combined with testing can be effective in reducing risk behaviors, but only when the testing is voluntary. Prevention programs that teach workers about ways to avoid becoming infected with HIV are likely to be more cost-effective than testing. Moreover, HIV screening or testing required for job applicants and/or employees is contrary to international labor guidelines and may be unlawful or inconsistent with national, regional, or local regulations.

7. Confidentiality

Principle: “There is no justification for asking job applicants or workers to disclose HIV-related personal information. Nor should co-workers be obliged to reveal such personal information about fellow workers. Access to personal data relating to a worker’s HIV status should be bound by the rules of confidentiality consistent with the ILO’s code of practice on the protection of workers’ personal data, 1997.”

Rationale: Employees have the right to privacy, including maintaining confidentiality of medical conditions. Moreover, such confidentiality has practical benefits. It encourages employees to seek services. Respect for privacy rights is consistent with sound employer practices.

8. Continuation of employment relationship

Principle: “HIV infection is not a cause for termination of employment. As with many other conditions, persons with HIV-related illnesses should be able to work for as long as medically fit in available, appropriate work.”

Rationale: One of the greatest challenges facing employers in countries with high HIV/AIDS prevalence rates is maintaining a trained, experienced workforce. Most people with HIV can be productive for years after infection. Employers can save money on recruitment and training and maintain productivity by helping current employees with HIV/AIDS stay on the job as long as possible. It is “good business” to make reasonable accommodations in the work responsibilities and schedules of employees with HIV/AIDS, using the same procedures applied to workers with other serious illnesses.

9. Prevention

Principle: “HIV infection is preventable. Prevention of all means of transmission can be achieved through a variety of strategies which are appropriately targeted to national conditions and which are culturally sensitive. Prevention can be furthered through changes in behaviour, knowledge, treatment and the creation of a non-discriminatory environment. The social partners are in a unique position to promote prevention efforts particularly in relation to changing attitudes and behaviours through the provision of information and education, and in addressing socio-economic factors.”

Rationale: It is in the best interests of both employees and employers to offer clear, up-to-date prevention education programs that will reduce the risk of HIV/AIDS transmission. Successful HIV/AIDS prevention programs not only provide accurate information about HIV transmission, but also focus on risk reduction in an individual’s personal life by encouraging safe behaviors.

10. Care and support

Principle: “Solidarity, care and support should guide the response to HIV/AIDS in the world of work. All workers, including workers with HIV, are entitled to affordable health services. There should be no discrimination against them and their dependants in access to and receipt of benefits from statutory social security programmes and occupational schemes.”

Rationale: Employers vary in the extent to which they provide direct health care or health insurance for their workers. In some countries, employer-based health clinics are needed because of a lack of other health care infrastructure. At a minimum, workers with HIV are entitled to the same preventive care and treatment as other workers.

Because of the tremendous impact of HIV/AIDS in the workforce, many employers go beyond equitable access to care and provide additional care and support for workers, their partners, and family members who have HIV/AIDS. Often the negative impact of HIV/AIDS on an enterprise can be reduced through services as the diagnosis and treatment of STIs and OIs, and through helping employees and their families’ access available HIV/AIDS-related services in the community. As costs of advanced treatments go down, employers are finding that they can afford to provide such treatment for infected employees. Such expenditures are cost-effective because they reduce absenteeism and keep trained, experienced workers productive.

Relevance of Union Policies and Collective Bargaining Agreements

Unions and labor organizations often have several types of documents that relate directly to workplace HIV/AIDS policies. These documents need to be reviewed and understood before workplace policies are developed, and can help in their development. They include:

- **Collective bargaining agreements** that specify worker rights protections, benefits, and right to a safe and healthy workplace. A workplace policy needs to be as consistent as possible with the current contract language of any existing collective bargaining agreement. The workplace policy may also provide language that will become part of a future agreement, or contract language may help direct the development of workplace policy.
- **Sample codes developed by unions or labor federation** that identify desired components of a workplace HIV/AIDS policy. For example, the Code on HIV/AIDS and Employment in the Southern African Development Community (SADC) provides detailed recommendations for workplace policies tailored to the region. Similarly, the American Federation of State, County and Municipal Employees (AFSCME) has developed sample HIV/AIDS policies that may have relevance to many other governmental employers.³
- **HIV/AIDS policies that cover the unions themselves**, and are designed to guide their own conduct. For example, the Congress of South African Trade Unions (COSATU) Declaration on HIV/AIDS⁴ indicates action the unions will take to address HIV/AIDS in the workplace. Such declarations suggest appropriate labor roles in prevention education and other aspects of a workplace HIV/AIDS program, and may indicate areas of special labor expertise.

As you begin planning for development of your workplace policy, consider how you can review, integrate, and learn from the language and experience reflected in these union documents.

Developing HIV/AIDS Policies

Steps in HIV/AIDS Policy Development

The process of developing a workplace HIV/AIDS policy is similar to developing any other employer policy. What broad tasks are typically needed to develop policies?

- Define and understand the issues;
- Consider policy options for addressing the issue;
- Select an option—agree on the policy; and
- Implement the policy.

Listed below are suggested steps for developing and adopting a workplace HIV/AIDS policy. They refer to work to be completed by a Joint Labor–Management HIV/AIDS Workplace Planning Committee, as discussed in Module 2. This is just one approach. You will need to refine the steps and tasks to fit your own organization and needs.

To implement these steps, develop a detailed checklist that defines major steps, key activities, and the desired outcomes from those steps and activities. Use the sample checklist below as a starting point. Make needed revisions and additions, and then decide who will be responsible for each step and the timeline for their completion.

The rest of this module helps guide you through the five main steps in policy development and implementation.

Step 1. Do initial planning

Information gathering should occur both within and outside the organization.

A. Obtain labor and management support

Although final approval of your workplace policy will come later, you want to begin your work knowing you have the support of key managers and labor leaders. If the leadership of your organization is already involved in addressing HIV/AIDS in the workplace, they may be initiating this policy development effort. They may not have been deeply involved, but may already recognize the need for written policies and support the process. However, if the impetus for this effort does not come from senior managers and labor leaders, be prepared to brief them about the need for policies, the benefit of an inclusive process, and the potential workplace benefit of a comprehensive HIV/AIDS prevention education, care, and support program. The information provided in Modules 1 and 2 of this Guide should help you with this effort. Be prepared not only to demonstrate the importance of your effort, but also to lay out a basic action plan (see Module 2) and a checklist that will guide your policy development process.

Sample Policy Development Checklist

MAJOR STEP	KEY ACTIVITIES/OUTCOMES	PERSON(S) RESPONSIBLE	TIMELINE
1. Do initial planning	<ul style="list-style-type: none"> A. Obtain labor and management support for developing a policy B. Organize a HIV/AIDS planning committee (if one does not already exist) C. Agree on an action plan with assignments and timetable, a scope of effort, and a focus to guide your work 		
2. Gain needed knowledge and understanding	<ul style="list-style-type: none"> A. Learn about HIV/AIDS and how it affects your community B. Learn about applicable laws C. Review existing workplace policies D. Review existing labor contracts E. Learn about worker needs F. Agree on use of a rationale for each recommended policy component 		
3. Write the HIV/AIDS policy	Draft: <ul style="list-style-type: none"> Part 1. Summary rationale Part 2. Policy statements Part 3. Workplace guidelines Part 4. Outline of HIV/AIDS prevention education, care, and support activities 		
4. Obtain approval of the policy	<ul style="list-style-type: none"> A. Complete and revise the draft policy B. Reach committee agreement on the final draft policy C. Obtain labor approval and support D. Obtain top management approval and support 		
5. Implement the policy	<ul style="list-style-type: none"> A. Provide appropriate initial messenger(s) and messages B. Carry out sequenced additional communication C. Implement the policy D. Periodically monitor, review, and revise the policy 		

B. Organize a Joint Labor–Management HIV/AIDS Workplace Planning Committee

If you do not already have a Joint Labor-Management HIV/AIDS Workplace Planning Committee, you will need to establish a diverse committee to guide the policy development process. For guidance in this process, see Module 2. If you already have a committee, be sure it includes the needed diversity in perspective, skills, experience, and interests. A balanced and committed committee will help ensure that there is an organized process and a sound workplace policy.

C. Agree on an action plan

Once your committee is selected, spend some time agreeing on the scope of its work, its specific roles and responsibilities, the process to be used for policy development, and the expectations for individual members. Agree on how you will operate. Discuss whether the same committee will take responsibility for program development (see Module 4) and if so, how the timeline for that effort will link to the policy development process. Some topics for discussion by the committee:

- A meeting schedule
- Expectations for attendance and participation
- Expected time requirements
- Timeline for completion of the policies
- Specific roles and responsibilities for all committee members
- Desired smaller work groups, if needed, and their responsibilities
- Process to be used in decision making
- How and when information will be shared with people outside the committee

Once you have done this “process” planning, establish the scope of your policy work and agree on an action plan. To decide the scope of the policy, agree on a set of questions that the policy must address to be beneficial. Use the Policy Topics Checklist as a starting point.

To prepare for writing the organization’s HIV/AIDS policy, your committee will need to work through the items on the checklist. How quickly it does so may depend on the number and complexity of existing and proposed policies, as well as how much prior experience committee members have in policy development.

Policy Topics Checklist

- Will the policy be HIV/AIDS-specific or address all life-threatening illnesses?
- Who will be covered by the policy?
- What practices will be outlined for hiring, promotion, and termination?
- What accommodations will be made for employees with HIV, or for employees with other illnesses and disabilities?
- What will be the policy related to HIV testing?
- What worker HIV/AIDS prevention education, care, and support services will be provided?
- What must be done to the policy and programs to ensure medical confidentiality and privacy?
- What policy language and action are needed to prevent discrimination?
- What practices will be included to ensure a safe and healthy workplace?
- How can co-worker concerns about working with persons with HIV/AIDS be addressed?
- What prevention education or other services will be provided to families/partners?
- Who will be responsible for implementing and enforcing the policy?
- What policies are needed to ensure that relevant laws and regulations are followed?
- What policies are needed to ensure consistency with collective bargaining agreements or other labor-related agreements?
- To what extent will key provisions be included of the policy become a part of the collective bargaining agreement?
- To what extent can key provisions of the existing collective bargaining agreement be used to frame new workplace policies?
- How will the policy be monitored, reviewed, and revised?

For complex situations, the committee may want to follow this sequence of steps:

1. Assign specific items on the Policy Topics Checklist to committee members most able to research them.
2. Agree to a plan of action and a timetable (perhaps weekly) when the committee will meet to discuss the findings and to make decisions about how to proceed.

3. Agree on a series of questions to guide your discussions. For example:
 - What are the main issues that should be considered in deciding whether this particular policy should be adopted?
 - Are there other secondary factors that should also be considered in making a decision about the policy?
 - Are there existing procedures or precedents for decision making about the policy?
 - What is the best way for the planning committee to make a decision on the issue or policy?
 - How does the policy reflect the concerns of labor leaders and workers?
 - Once adopted, how can the policy be written to state the employer's position accurately?

In addition to addressing the policy topics, you may find it helpful to agree on a set of criteria for identifying and evaluating the relevance of proposed components of the policy. This can help you make specific policy decisions—deciding whether a policy is needed and whether the suggested policy statement is appropriate. Use the following criteria as a starting point, then modify as desired:

Criteria for Evaluating Policy Options

- The existing organizational policy (if any) does not provide sufficient guidance—something else is needed
- The issue or concern has not previously been raised
- Other organizations have adopted the policy
- The policy would meet more than one need
- The policy is clear and unambiguous
- Organization and employee rights and responsibilities are represented and/or specified
- The policy addresses or is consistent with applicable laws and regulations
- The policy is as consistent as possible with collective bargaining agreements

Now you are ready to finalize your action plan, using the checklist provided above as a starting point. This will be your organizing tool for the policy development process.

Step 2. Gain needed knowledge and understanding

The next step in development of a workplace HIV/AIDS policy is initial information gathering to provide knowledge and understanding of HIV/AIDS in your workplace. This provides the foundation for your decision-making.

A. Learn about HIV/AIDS

Before you establish a policy related to HIV/AIDS in the workplace, you need to be sure the committee shares a common understanding of HIV/AIDS and its impact on your workplace, employees, and community. Sometimes members of the planning committee responsible for developing a workplace HIV/AIDS policy do not know a lot about the disease or how it can affect a workplace. Think carefully about your committee's HIV/AIDS understanding and experience.

If most planning committee members do not feel confident about their knowledge, get help. You may want to begin by accessing websites that provide needed information (many are identified in Appendix 11). Perhaps members of the committee or employees elsewhere in the organization are experts. There may be an employee living with HIV/AIDS who is especially knowledgeable. Another option is to identify organizations and individuals in the local area who are very familiar with specific aspects of HIV/AIDS, who you can ask to train or brief your planning committee. Sometimes area NGOs or government agencies have experience in providing employer workshops. Perhaps individuals knowledgeable about HIV/AIDS will agree to attend meetings and serve as formal or informal consultants to the planning committee. After the initial training and education, continue to consult with the experts when necessary, as you build internal capacity.

B. Learn about applicable laws and regulations

Each country is different in its laws and regulations affecting HIV/AIDS, and worker rights and protections that are relevant to HIV/AIDS. For example, you will want experts on your committee, or experts from knowledgeable outside organizations, to tell you about laws and regulations related to at least the following:

- Workplace health and safety;
- General worker rights;
- Required worker benefits;
- Protections for workers with disabilities;
- Confidentiality of medical information;
- Right to privacy;
- Requirements for partner notification in the case of HIV and other STIs;

- HIV testing; and
- Access to medications and other medical care.

You will need to be sure your policy is consistent with these laws and regulations.

C. Review existing workplace HIV/AIDS policies

Your committee will need to review several types of policies (when they exist):

Policies of this employer: Review any existing employer policies related to HIV/AIDS or other life-threatening illnesses. Identify other relevant policies such as employee benefit policies. Also, review some employer policies that may be unrelated but are considered particularly clear and effective, to understand their format, level of detail, and approach. Many employers find it useful to relate their HIV/AIDS policy to other policies to ensure that they are consistent (e.g., employee benefits). Also, review the collective bargaining agreement or other labor policies or agreements. They may include worker protections or program access guarantees that must be included in the policy.

Current collective bargaining agreements or other labor contracts: Identify language from the agreements that needs to be included in the policy.

Policies of other employers: Reviewing the policies of other employees or associations, especially ones in your country or within your sector. Consider both their content and their format, organization, and level of detail. See if you can find an existing policy or policies that might serve as a model for your planning committee. (Appendix 2 contains several sample policies that may be helpful as guides.)

Sample policies from employer or labor organizations: Review the ILO Code of Conduct and other sample HIV/AIDS policies from employer or union groups. Often they reflect experience gained from numerous individual employer policies. (Appendix 2 and 4 contain sample policies.)

D. Review existing labor contracts

One of the most important benefits of planning committee participation from the perspective of organized labor is the influence it can have on the adoption of workplace policies that truly protect the workers. In addition, if the labor union does not have strong contract language on responding to HIV/AIDS in the workplace, it can use participation on the planning committee to gain experience on the essentials that should be covered in the collective bargaining agreement. Committee experience can give labor leaders a head start on what contract provisions they will want to “put on the table” in their next contract negotiations.

As the policy is being developed, current labor contracts should be reviewed to ensure that similar provisions are found in the existing contract. If not, similar or stronger provisions can be incorporated into future collective bargaining agreements. Minimally the workplace policy and the collective bargaining agreement should:

- Protect the right of HIV-infected workers to the same treatment as employees with other severe or life-threatening illnesses;
- Protect the right to privacy and guarantee the confidentiality of medical records;
- Provide other guarantees of non-discrimination;
- Expand worker benefits, such as guaranteed access to low-cost condoms, VCT, diagnosis and treatment of STIs, and other care and support services; and
- Provide for workplace safety and health, such as use of the Universal Precautions to protect workers who may come in contact with blood.

Additional Labor Guidelines and Policies

In addition to the sample labor union and labor organization codes, guidelines, and policies provided in the appendices, the following may provide useful input to the policy development process:

- Canadian Labour Congress, *National Policy Statement on AIDS and the Workplace. A Guide for Unions and Union Members*. Ottawa, 1990.
- International Confederation of Free Trade Unions (ICFTU), *Congress Statement on Fighting HIV/AIDS (Revised)*. Doc. 17GA/8.14, 1 April, 2000.
- ICFTU/Botswana Federation of Trade Unions, *The Gaborone Trade Union Declaration on Involving Workers in Fighting HIV/AIDS in the Workplace*. Gaborone, September, 2000.
- Labor Responds to AIDS, “Workplace Policy,” and “Labor Contracts,” in *Labor Leader’s Kit*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (undated).
- National Amalgamated Local and Central Government and Parastatal Manual Workers’ Union (NALCGPMWU), Botswana, *Policy and Workplace Guidelines* (undated).

The comparison should lead to a list of components that strengthens either the policy or the contract language, whichever is least strong. This information should be shared with the entire planning committee, and its support for full implementation of these policies affirmed.

After provisions of interest have been identified, labor leaders should include them in negotiations for future collective bargaining agreements. However, if policy language can be improved management should concur with these new provisions immediately. Both management and labor should demonstrate a commitment to full implementation of the workplace HIV/AIDS policy.

E. Learn about worker needs

Your policy should reflect an understanding of worker needs related to HIV/AIDS prevention education, care, and support. If you have already learned about the impact of HIV/AIDS in the surrounding community, this provides an excellent framework for thinking about your workers.

Some employers want direct information about how their employees are being affected by HIV/AIDS and their greatest concerns and perceived needs. To gain this information, you may want to arrange for a confidential worker survey or perhaps conduct focus groups of workers led by an outsider who will keep information confidential. If you decide on a survey—often most efficient for obtaining information for program planning and policy development—review Module 4 for questions you may want to have answered. In addition, the list of questions provided in Step 1 about the scope and content of your HIV/AIDS workplace policy may help identify some questions to include in a worker survey or focus groups.

F. Agree on use of a rationale for each recommended policy

As you begin to formulate or clarify policy recommendations on various issues, consider drafting a clear rationale for each policy recommendation. These can then be provided to management or other stakeholders to explain the sound reasons for each policy component. If desired, this rationale can also be written into organizational policy. For example, the committee is likely to support a policy of not testing employees or applicants for HIV. The following rationale could be used to explain the policy decision:

Rationale: HIV screening or testing for HIV is an expensive, unwarranted, and unethical practice, and cannot ensure a workplace without HIV/AIDS. A worker who tests negative when tested could become infected in the future. In addition, testing without appropriate support and care would not benefit the worker. HIV screening would not identify workers who may be unfit for work because many workers remain productive for many years after becoming infected. Studies show that voluntary counseling combined with testing can be effective in reducing risk behaviors, but only when the testing is voluntary.

Step 3. Write the HIV/AIDS policy

After the committee has researched, discussed, and reached a decision on each of the issues from the checklist, it is time to lay out the components of the policy in written form. (Look at Appendix 2 for sample formats and approaches.)

This Guide recommends a structure for a comprehensive HIV/AIDS policy found to be effective for many organizations. It includes four parts:

Four-Part Structure for a Comprehensive Workplace HIV/AIDS Policy

- Part 1. A summary rationale for the adoption of a HIV/AIDS policy.
- Part 2. General policy statements that set forth the organization's position on workplace-related HIV/AIDS issues.
- Part 3. Specific guidelines to managers and employees about how to address HIV/AIDS in the workplace.
- Part 4. An outline of the HIV/AIDS prevention education, care, and support activities supported by the organization.

Each of these policy components is described below.

Part 1. Summary rationale

The first part of an employee policy provides the broad rationale for a HIV/AIDS policy and links the policy to other established, familiar employer policies and practices. A HIV/AIDS policy should be presented in a context that is understandable and acceptable to both managers and workers.

One way to tie familiar, acceptable organizational practices into a written policy is to introduce it by saying something like this:

[Employer name] is concerned about all its workers and wants to ensure a healthy and productive workforce. This has been the guiding principle in developing our policy and program on HIV/AIDS.

Some employers have chosen to present their HIV/AIDS policies as the appropriate actions of responsible employers. In this context, the policy might say:

The HIV/AIDS epidemic is everyone's concern, and we are developing our policy and program in order to deal with the epidemic responsibly and knowledgeably, and in a "businesslike" way.

Many other employers have chosen to address HIV/AIDS as a health and safety issue. The policy might say:

We are committed to providing a healthy and safe work environment for all employees. The HIV/AIDS policy and program in this organization are intended to assure that everyone can learn how to prevent the spread of HIV and be confident about health and safety in the workplace.

Part 2. Policy statements

The second part of the policy usually includes general policy statements setting forth the organization's position on HIV/AIDS and/or life-threatening illnesses. This section identifies and highlights the major issues—which will have been addressed by the planning committee by working through the Policy Topics Checklist presented earlier in this module—and broadly states what the policy is about.

Many employers have adopted or modified the following language to establish a life-threatening illness policy that includes HIV/AIDS:

[Employer name] does not discriminate against a qualified individual with a disability with regard to job applications, hiring, advancement, discharge, compensation, benefits, training, or other terms, conditions, or privileges of employment. We are committed to complying with all relevant laws, regulations, collective bargaining, and trade agreements.

Furthermore, [Employer name] recognizes that employees with life-threatening illnesses—including but not limited to heart disease, multiple sclerosis, cancer, and HIV disease—and other disabilities may wish to and be able to engage in as many of their normal pursuits as their conditions allow, including work.

[Employer name] firmly opposes discrimination, in general, including discrimination of employees with HIV, and will make every effort—including the provision of information, education, and communication about HIV/AIDS—to ensure that employees are not stigmatized.

[Employer name] will not oblige anyone to undergo a HIV test or treatment, and HIV testing is not a prerequisite for recruitment, continued employment, access to training, or for promotion. However, we do support and facilitate access to confidential, voluntary counseling and testing (VCT) for employees and their families or partners. Counseling includes pre- and post-test counseling.

[Employer name] seeks to accommodate employees with life-threatening illnesses or disabilities, as long as they are able to meet acceptable performance standards and medical evidence indicates that their conditions are not a threat to themselves or others.

While accommodating employees with life-threatening illnesses and disabilities, [Employer name] recognizes its obligation to provide a safe work environment for all employees and customers/clients. Every precaution should be taken to ensure that an employee's condition does not present a health and/or safety threat to other employees or customers/clients.

Part 3. Workplace guidelines

The third part of a HIV/AIDS policy usually contains guidance or instructions for managers, labor leaders and shop stewards, and other workers to clarify what is expected of them. This part of the policy expands on the issues identified in the general statements that begin the policy, states how the policy should be carried out, and provides systematic procedures and guidelines. The *Key Principles* from the ILO Code of Practice, and *Rationales* for each, may be used if desired.

A number of employers have adopted or modified the following for the guidelines section of their HIV/AIDS policy:

Managers, labor representatives, and any other staff with relevant human resource-related responsibilities should:

Remember that an employee's personnel records, including medical information, is personal and confidential, and take reasonable precautions to protect information regarding an employee's personnel records and medical condition.

Contact human resources if you believe that you or other employees need information about terminal illnesses or a specific life-threatening illness, or if you need further guidance in managing a situation that involves an employee with a life-threatening illness.

Contact human resources if you have any concerns about the possible contagious nature of an employee's illness.

Make reasonable accommodations, if warranted, for employees with life-threatening illnesses consistent with the needs of the department or division.

Make a reasonable attempt to transfer employees with life-threatening illnesses who request a transfer because they are experiencing undue stress.

Be sensitive and responsive to coworkers' concerns, and emphasize employee education available through human resources. No special consideration will be given beyond nor-

mal transfer requests for employees who feel threatened by a coworker's life-threatening illness.

Be sensitive to the fact that continued employment for a person with a life-threatening illness provides self-supporting income and other benefits, may be therapeutically important, may assist in the remission or recovery process, and may help to prolong an employee's life.

Encourage employees to seek appropriate medical treatment and counseling services. Information on these services can be requested through human resources.

Part 4. HIV/AIDS prevention education, support, and care activities

A fourth part of a comprehensive policy should explain the HIV/AIDS prevention education, care, and support programs offered by the organization. Although virtually all employers with a HIV/AIDS policy statement include the first three components—the rationale, the general policy, and the specific guidelines on addressing HIV/AIDS in the workplace—this fourth component is not always included. Although the planning committee, along with management and labor, need to determine what is most appropriate, this Guide recommends inclusion in the company's HIV/AIDS policy of this fourth component describing prevention, education and support programs to demonstrates the organization's commitment to preventing HIV/AIDS within the workforce.

If no prevention education, care, and support program exists, organizations are urged to initiate prevention activities in the workplace as soon as practical (Module 4 describes how to do this in more detail). Development of this section of the policy should not stand in the way of establishing a prevention education program. An organization should proceed with launching an HIV/AIDS workplace program, even if it has not yet adopted an HIV/AIDS policy.

HIV/AIDS prevention education activities and programs described in the policy might include any or all of the recommended program components:

Formal and informal education prevention activities for all staff, explained in the policy as necessary to educate employees and their families about HIV/AIDS and encourage changes in behavior that will reduce the spread of HIV/AIDS.

Prevention support, including condom distribution systems that make condoms readily and consistently available and, where appropriate, drug abuse programs. The policy could include a section about where and how condoms are available to employees. It might also specify some form of employer response to substance abuse or specifically to injection drug use, such as risk reduction, treatment options, and/or clean needles and syringes.

Diagnosis and treatment of STIs and OIs associated with HIV for employees and/or family members.

Access to VCT, either within or outside the workplace. Preferably, unless such conditions do not exist or cannot be reasonably created, VCT services should be conducted outside the workplace, at the employers' expense, and test results provided only to the person tested (unless their voluntary, fully informed, written consent has been provided to release the results to specified others).

Counseling, care, and other support programs for HIV-positive employees and/or family members.

When feasible, more advanced treatment therapies for employees and family members living with HIV/AIDS, such as ARV therapy or HAART.

Incorporating each of these prevention components into an organization policy might be done as follows:

To inform employees about HIV/AIDS and encourage employees to practice behaviors known to reduce the risk of HIV transmission, [Employer name] will offer a regular program of education about HIV/AIDS. Employees will receive formal prevention training sessions and have access to informal peer educators.

Voluntary counseling and testing for HIV (VCT) for all employees and their families is available at an off-site, health services center upon request, and at no expense to the employee. Confidentiality will be maintained for all clients, and test results will not be released to anyone other than the client without written, voluntary, and fully informed consent. Counseling is offered with confidential testing because it has been shown to be effective in risk reduction.

Counseling and support services help employees and their families cope with social, emotional, and other concerns associated with HIV/AIDS and sustain behavior changes that reduce the risk of HIV transmission. Confidential counseling and support services may be requested by employees and their families at the clinic or human resources department, or from peer educators.

Condoms are an effective barrier to sexually transmitted infections (STIs) and HIV transmission. To provide easy access to condoms for employees and partners who wish to use them, [Employer name] will make condoms available at reasonable cost in the restrooms and clinic.

Workplace use of illegal drugs or drugs not obtained through appropriate prescriptions is not permitted. Drug treatment is available through on-site counseling. During drug

treatment, based on the recommendation of counselors, clean needles and syringes are provided at no cost to employees through medical services.

Untreated STIs are injurious and increase the risk of HIV transmission. To reduce the number of cases of STIs and improve the general welfare of employees and their families, [Employer name] provides STI diagnosis and treatment at the health services center [or whatever method/location is consistent with health services delivery within the organization], ensuring that treatment is confidential and services meet medical standards. Such services will be provided at no cost to the worker. Workers with repeated cases of STIs will be counseled about the risks associated with unsafe sexual practices.

Basic treatment for STIs, TB, and opportunistic infections associated with HIV treatment will be made available for every affected employee and his/her spouse/partner. The health service center will provide and monitor treatment for TB and opportunistic infections.

Because we value all our employees, [Employer name] will offer highly active antiretroviral therapy (HAART) at no cost to all HIV-infected employees and family members. Adherence to therapy and routine monitoring will be available in conjunction with treatment.

Step 4. Obtain approval of the policy

The final phase in developing a HIV/AIDS policy requires reviewing and revising the various parts of the policy and making them into a complete draft, with agreement from committee members on the draft. Equally essential is winning senior management approval and support as well as the approval and support of the trade union or other labor entity.

A. Complete and revise the draft policy

At this point, all the components of the draft organizational policy are ready to be put together into one document, reviewed, and revised as needed to ensure a complete, consistent, understandable, and concise document. Organize the components of the policy in the four-part structure described above or in another logical, easy-to-follow arrangement.

To ensure that the final draft is complete, answer the following questions:

- Have all items included in the Policy Topics Checklist been addressed sufficiently?
- Have the basic principles (see page 3-6 of this module) been reviewed and included as desired by the planning committee?
- Are there written rationales to explain each recommended policy component and are they consistent with each other?

- Is the policy consistent with other employer and labor policies and practices and with national policies and laws?
- Is the draft well organized, clear, and easy to understand?

B. Reach committee agreement on the final draft policy

Now you are ready to have the planning committee review the draft—either individually or together. You will probably need to revise it to accommodate the comments and suggestions of the committee members. In this way, the final draft policy will be a document that the entire committee supports and feels confident about. Acceptance of the final draft by all committee members becomes the first step in obtaining approval for implementing the policy throughout the organization.

C. Obtain labor approval and support

Labor plays an essential role in the support of the implementation of a workplace HIV/AIDS policy. Hopefully, labor representatives will also have played an integral role in the development of the workplace policy, and have addressed the relevance of its provisions regarding worker protections, access to services, and other benefits to current and future collective bargaining agreements. Assuming such ongoing involvement, time must also be set aside for the draft policy to receive careful review and approval by labor. Labor support can also contribute to assuring approval from top management.

D. Obtain top management approval and support

A workplace HIV/AIDS policy needs to be approved by top management, and its successful implementation requires their active support. Arranging periodic reviews and approvals for components of the policy as they are developed can increase the likelihood of top management's approval and support for the final draft. Management involvement—both as part of the planning committee and in the review process—also helps create strong and vocal senior management support for the completed policy. A thorough explanation for each component of the policy—including a sound rationale—will also help you assure the support of management.

As with any employer matter, senior managers are concerned about costs. They are likely to be concerned not only about the costs of a HIV/AIDS prevention, support, and care program, but also about other employer costs related to HIV/AIDS. The planning committee will probably need to justify its request for management approval of a policy that involves commitment to a workplace program. Several modules of this Guide can help you build a case for support. In Module 1, “Why HIV/AIDS is a Workplace Issue” can help the committee prepare a justification for a HIV/AIDS prevention, support, and care program, as described in the fourth section of the policy.

Step 5. Implement the policy

Once approved, an organization's HIV/AIDS policy needs to be implemented throughout the organization. The employer should plan implementation of the policy so that it becomes the foundation of the entire HIV/AIDS program. Management, labor, and supervisors should be trained in the policies so that they can help other employees understand them.

The way in which the policy is introduced will set the tone for future communications about HIV/AIDS in the workplace and will introduce the other programs and activities to follow. Implementation of the HIV/AIDS policy calls for a thoughtfully planned communication strategy so that the policy will be implemented as carefully as it was developed. As with other communication systems within the organization, the employer's structure, size, and style will determine the best ways to communicate about HIV/AIDS. One approach to introducing a HIV/AIDS policy follows.

A. Provide appropriate initial messenger(s) and messages

A joint management and labor leader announcement of the new HIV/AIDS workplace policy is likely to provide maximum impact and credibility. Plan your message and your messengers carefully. Then introduce the policy from the highest levels of management—preferably by the most senior person in the organization or work site, such as the general manager, managing director, or other principal officer—in partnership with the top labor leader. Management can communicate commitment from the top down, while union shop stewards simultaneously begin to communicate the importance of the policy to each worker. When both labor and management introduce and support the policy, the policy is most likely to be “heard” throughout the workplace and viewed as important. The initial message should be presented so that all employees can learn about the employer's general position on HIV/AIDS at the same time.

What constitutes an appropriate message depends on many factors, among them:

- National and organizational cultures;
- Employee language, literacy, education and training levels;
- Existing levels of knowledge about HIV/AIDS;
- Other workforce characteristics;
- The employment sector; and
- Enterprise size and resources.

Another important factor is whether your employer has already been addressing HIV/AIDS directly, or whether this will be the first workplace communication on this topic. Be sure your communication messages, and who is chosen to deliver them, are appropriate.

B. Carry out sequenced additional communication

In addition to the initial communication about the policies to all employees, most organizations will need to provide a series of carefully planned communications that provide more depth and address the needs and responsibilities of specific groups of employees. Some suggested approaches follow.

Supervisors and managers. Supervisors and managers need to understand not only the overall policy, but also their responsibilities regarding policy implementation and enforcement. Plan the sequence of communication so that it begins with people whose job functions require more information (i.e., human resource managers and supervisors likely to be addressing situations such as a person living with HIV/AIDS in a work group, or health care professionals or other senior managers who might be expected to advise other supervisors and managers about how to address HIV/AIDS). Provide clear information about how to administer the policy and about the specific roles and responsibilities of each group, with the expectation that they will serve as resources within the organization. If individuals have little knowledge about HIV/AIDS, also plan to provide basic education about HIV/AIDS.

Labor leaders. Union shop stewards can carry the message about HIV/AIDS policies and their implications for workers at every level. They can emphasize the provisions that protect worker rights and the guarantees of access to testing and care, and can also play an important role in identifying or serving as peer educators for HIV/AIDS prevention education. Labor leaders are likely to be especially interested in the practical implications of the policy for worker rights and services and the possible inclusion of similar language in future collective bargaining agreements. They will need detailed understanding of policy provisions that directly affect workers with HIV/AIDS and those that affect all workers. Plan your communications to provide this information and prepare them to pass on their knowledge to workers at all levels. Where a workplace is not unionized, the active involvement of respected leaders among the workers is similarly important. They should participate in communications about the content and implications of new policies.

Workers. Determine how and when to communicate the policy to workers, and the level of detail such communication should contain. The initial organization-wide communication introduces the policy and will prepare workers for future HIV/AIDS education and prevention, care, and support programs. Although workers do not usually need to know a lot about administration of a policy, they will need to know its main provisions and how the policy affects them. Workers will need to understand the benefits of a HIV/AIDS policy and be aware of expectations regarding worker protections and treatment of HIV-infected workers. Often, such information best comes from labor leaders and management working together. The content of the communication will be different for non-supervisory staff than for supervisors and managers. Use a variety of methods and channels to communicate to

all workers, such as notice boards, mailings, pay slip inserts, special meetings, training sessions, and informal question-and-answer sessions. If there is special concern about particular aspects of the policy—such as confidentiality guarantees or non-discrimination provisions—plan specific sessions and flyers or other materials explaining them.

C. Implement the policy

Once the policy has been widely and clearly explained, move quickly to implement it fully. Provide needed training for shop stewards, supervisors, and managers with specific implementation responsibility. Establish a process for answering questions and addressing concerns that may arise. Be sure there are individuals and workplace unit(s) take charge of ensuring efficient and consistent implementation. The committee should remain available to address concerns, clarify policy intent, and monitor implementation. You may want to ask union leaders to help with feedback sessions to be sure the message has gotten out and the policy is being appropriately implemented.

D. Periodically review, monitor, and revise the policy

Once the policy has been implemented, the planning committee will transfer its primary attention to other activities such as program development. However, the committee should also encourage the development of a plan and schedule for reviewing and if necessary revising the policy after it has been in place for several years. You may need to refine your policy based on experience, new treatments, or a plan to change your program. You will want to ensure that your workforce policy remains consistent with the refined program (as described in what is usually the fourth section of the policy) and with collective bargaining agreements where applicable.

References

¹ For additional discussion of these issues and the entire role of labor in HIV/AIDS in the workplace, see CDC. Workplace Policy. *Labor Leader's Kit*. Labor Responds to AIDS Program. U.S. Department of Health and Human Services. Available: www.brta-lrta.org.

² Many of these examples come from: CDC. Workplace Policy. *Labor Leader's Kit* (see previous reference).

³ Both of these documents are included in Appendix 4.

⁴ See Appendix 4 for the text of the Declaration.

