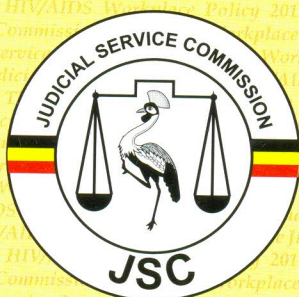




THE REPUBLIC UGANDA

The Judicial Service Commission HIV/AIDS Workplace Policy 2012



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Preface

The HIV/AIDS pandemic is of profound concern to the world of work as the current trend indicates that infections are shifting from the young to the older age group of between 30 – 35 years. It is also shifting from the singles to the married couples and persons in long term relationships. Micro Economic impact studies on HIV/AIDS also indicate negative effects on economic growth in Uganda. There is a likely fall in the Gross Domestic Product growth rate from a projected 6.5% a year without HIV/AIDS to about 5.3% with HIV/AIDS. By 2025, the economy will be 39% smaller than it would have been without HIV/AIDS.

There are risks that fuel HIV epidemic such as concurrent multiple sexual partners, discordance, non-disclosure, transactional sex, lack of condom use, lack of male circumcision, alcohol; drug abuse and complacency due to ART availability. The drivers for HIV prevalence include social cultural factors such as marriage, family values, poverty and wealth. Others are low status of women and girls, stigma, human rights violation, discrimination, poor access to prevention, care and treatment.

At the workplace, HIV/AIDS threatens the livelihoods of employees and manifests itself in stigma, silence, denial, lack of confidence, and discrimination. Signs of HIV/AIDS impact are also reflected in the loss of skilled human resources, loss of experienced workforce, increase in recruitment and training costs, distortions in man power planning, increased workload, increase in welfare expenditure, mediocre performance and interruptions in career progression.

The Judicial Service Commission spells out in this policy the principles that inform its implementation vis, Non discrimination, confidentiality, HIV testing at the workplace, involvement of people living with HIV/AIDS (GIPA), promotion of prevention, treatment, care, and support, gender concerns and mitigation of HIV/AIDS at the workplace.

This policy is complimentary to existing laws, regulations, guidelines and codes of conduct in relation to the response for HIV/AIDS. It is a product of wide consultations among stakeholders, other Ministries and consultants on HIV/AIDS with the view to provide a forum through which behavioral change can be achieved.

Background

For more than 30 years Uganda has had the HIV/AIDS epidemic which up to-date has no vaccine or cure for the infection and the number of people who are infected continue to rise relentlessly. There has been robust response to the epidemic characterized by open and participatory policy actions championed by the top most office in the land.

This policy is a by product of other broader policies such as the National Policy on HIV/AIDS and the world of work in Uganda, the Uganda Public Service HIV/AIDS Policy and other human resource policies in place. They all aim at creating an enabling environment for effective and efficient service delivery in this era of HIV/AIDS. HIV/AIDS has had a negative impact at the workplace in numerous ways. Professionals some of whom have taken long to train and groom have been lost. The other challenges include absenteeism in terms of sick leave; special leave of absence to take care of sick ones or attend funerals; reduction in average skills; performance and loss of experienced workforce.

The policy is the response to Government call to protect the health of its workforce in an equitable, affordable and suitable manner. The Judicial Service Commission is keen to ensure that the employers, employees and, the consumers of the services rendered and the immediate community are all healthy to ensure productivity and national development.

The Judicial Service Commission's activities include the following; recruiting judicial officers of various ranks, researching into the justice delivery system, carrying out monitoring and inspection of courts, investigating complaints brought against Judicial Officers, managing the public complaints system of the Judicial Service Commission, implementing the Judicial sector anti-corruption strategy, undertaking public awareness of the law and due process. While undertaking the above activities, the Judicial Service Commission recognizes the fact that staff travel to different parts of the country to perform their duties. This implies that such staff do not only become vulnerable in their home environs or the office but also in all those places that they travel to. It is therefore evident that an optimum response to HIV/AIDS should go beyond the immediate workplace to include the wider community.

1.0 THE JUDICIAL SERVICE COMMISSION STATEMENT.

The Commission values its workers and notes that while the HIV/AIDS epidemic is a national issue, it also impacts on individual members of staff and their families. Hence the Commission commits itself to the following undertakings while implementing this policy.

- 1.1. Provide Leadership to implement an HIV/AIDS workplace programme.
- 1.2. Protect the workers' rights and social protection including employment protection.
- 1.3. Develop and implement prevention interventions, care and support including confidential voluntary counseling and testing (VCT).
- 1.4. Provide treatment and care in health facilities allocated for the attention of public officers.
- 1.5. Uphold and promote the principles of non discrimination; confidentiality and gender equality while respecting the dignity of people affected by and infected with HIV/AIDS.
- 1.6. Maintain the social dialogue during the policy implementation process, involving everyone to act as change agent at the workplace.
- 1.7. Ensure that the workplace policy is in compliance with existing laws and regulations.

2.0 OUTPUTS OF POLICY IMPLEMENTATION.

The following are the expected outputs from the implementation of this policy.

- 2.1. HIV/AIDS prevention, management and mitigation activities undertaken at the Workplace.
- 2.2. Stigma and discrimination on the basis of HIV status at the workplace eliminated.
- 2.3. Care, treatment and support to people infected and affected by HIV/AIDS provided.
- 2.4. Implementation strategy of the workplace policy monitored.
- 2.5. Impact of HIV/AIDS mitigation evaluated.

- 2.6. Greater knowledge and awareness on HIV/AIDS registered.

3.0 SCOPE AND GENERAL PRINCIPLES OF THE POLICY

- 3.1 This policy shall apply to all Public Officers in the Judicial Service Commission irrespective of their status of employment.

- 3.2 The general principles of this policy are derived from the provision of the Constitution of the Republic of Uganda, Universal Declaration of Human Rights, the International Labour Organization (ILO) Code of Practice on HIV/AIDS and the World of Work (2001), the Uganda Public Service HIV/AIDS policy (2007), the National Policy on HIV/AIDS and the World of Work (2007), the Uganda Government Code of Conduct (2009) and the Uganda Government Standing Orders (2009).

Accordingly all interventions to mitigate the impact of HIV/AIDS at the workplace will act in accordance with the following general principles;

3.3 Equal Rights, opportunities and obligations

The Judicial Service Commission recognizes that all public officers shall be entitled to the same rights and employment obligations at the workplace. This will be irrespective of their HIV/AIDS status. Instead, Public officers with HIV/AIDS shall be treated with compassion and understanding.

3.4 Protection Against Discrimination

The JSC recognizes the fact that discrimination is a violation of one's human rights and is in contravention of the United Nations Universal Declaration of Human Rights (1948), the Constitution of the Republic of Uganda (1995) the International Labour Organisation Code of practice on HIV/AIDS and the World of Work (2001). It also contravenes the National Policy on HIV/AIDS and the World of Work (2007).

The JSC and all employees shall not discriminate anyone based on status, race, color, sex, gender, pregnancy, marital status, ethnic origin, age, disability, religion, conscience, belief, culture, language or birth. This shall especially apply to Human Resource Management Policies and practices related to recruitment, appointments, placements, assignment of duties remuneration, assessment, welfare, workplace tools, disciplinary procedures and managing the exit.

3.5 Information, Education and Communication

All the JSC workers will be issued with complete and updated information and educational programmes concerning HIV/AIDS. The JSC employees will be provided with regular information on HIV/AIDS at the workplace through the different communication media and methods such as circulars, talks, video shows, internet services, plays etc.

3.6 Confidentiality

The JSC Management undertakes to handle matters of confidentiality in discrete and private manner. Information provided by a public officer to management about HIV/AIDS status shall be treated with strict confidentiality. The Commission however in line with its core value of transparency, encourages staff to open up about their HIV/AIDS status. Otherwise a public officer is under no obligation to disclose her/his HIV/AIDS status or that of his/her colleagues.

The Commission guarantees confidentiality of personal data of any employee's HIV status. Breach of this principle of confidentiality will lead to disciplinary action in line with the Government Standing Orders and other administrative instructions in place.

3.7 Voluntary Testing for HIV at the Workplace

The JSC shall not carry out HIV testing as a prerequisite for appointment, or training or promotion or as part of periodic examination. However the Commission promotes and

facilitates access to Voluntary Confidential Testing (VCT) which takes place accompanied by pre and post appropriate counseling. The JSC guarantees that no employee will be unfairly discriminated against as a result of his/her disclosure of HIV status.

3.8 Promotion of prevention, treatment, care and support

The JSC acknowledges the fact that care, support and treatment are fundamental elements in response to HIV/AIDS at the Workplace. JSC is therefore to promote equitable and affordable access to HIV prevention, treatment care and support to all employees, their spouses and children in line with the Guidelines for accessing HIV/AIDS care, treatment, and support to Public Officers. (Circular Standing Instruction No. I of 2001).

3.9 Mitigation of HIV/AIDS at the Workplace

The JSC undertakes to mitigate the impact of HIV/AIDS at the workplace by integrating it in the mainstream development planning, budget allocation and prioritizing it in the sectoral development plans. Further mitigation measures against HIV/AIDS will be to encourage male circumcision of staff willing to undergo the operation. JSC will further undertake to protect all staff particularly female staff against sexual harassment at place of work.

4.0 WORKPLACE POLICY - PRIORITIES AND STRATEGIES

- 4.1 The JSC policy position is that HIV/AIDS prevention is the responsibility of all employees.
- 4.2 Management and representatives of staff at different levels shall take the lead in promotion HIV/AIDS prevention in the Commission.
- 4.3 All employees are enjoined to recognize the importance of involving staff and their representatives in the planning and implementation of awareness education and counseling programmes.

- 4.4 All employees shall be provided with timely and relevant information about HIV/AIDS prevention, treatment and general care activities.
- 4.5 HIV/AIDS training and sensitization shall be integrated into the existing induction/orientation and other related training programmes for new staff.
- 4.6 Information, Education and Communication (IEC) shall be provided through training courses, staff meetings, workshops, seminars and shall include lectures, presentations, videos, and other literature on HIV and AIDS.
- 4.7 The JSC employees shall be encouraged to participate in Peer Education Training activities as part of the broader IEC programme. This will be augmented by other related education programmes that will arise on demand
- 4.8 Particular attention will be paid to the training of key staff involved in the implementation of this policy. These include Heads of Department, Focal Point Officers, Taskforce Members and Special Interest groups.
- 4.9 The JSC is committed to maintaining a safe and healthy working environment for all staff. In this context, the Commission will provide for protective measures to staff against HIV exposure during the execution of their duties. This is during injuries that may expose them to blood. All blood will be treated as if it's infectious and to this effect, non-permeable barriers will be used for first aid in order to comply to universal safety precautions. First aid training will be carried out regularly including the provision of first aid kits. Proper handling of soiled linen.

5.0 CONDOM USE AND PROMOTION AND ACCESS TO TREATMENT

- 5.1 The JSC staff shall be given information on proper and safe use of condoms. They will also be provided with regular access to free male and female condoms from convenient private locations at the workplace and health facilities respectively.

- 5.2 Employees of the Judicial Service Commission shall take responsibility over their own health and seek necessary support.
- 5.3 The Judicial Service Commission encourages all employees to establish the HIV status timely so that those who are infected can have opportunity to access timely treatment.
- 5.4 Every employee with HIV/AIDS has a responsibility of preventing transmission to others.
- 5.5 While it is the policy of Government to provide free medical care to public servants and their immediate families, the Judicial Service Commission shall explore possibilities of introducing an HIV/AIDS unit to coordinate the medical treatment of staff affected with HIV/AIDS.
- 5.6 The Judicial Service Commission shall strive to support behavioral change and risk management including treatment of opportunistic infections such as sexually transmitted infections (STIs) and tuberculosis (TB).
- 5.7 The Judicial Service Commission shall offer access to ARVs from distribution centres recommended and accredited by Ministry of Health. All information about an employee's medical condition shall be treated as private and will be treated in a confidential manner including writing codes instead of names.
- 5.8 The HIV/AIDS treatment scheme shall be in accordance with the established and recognized best practices from the Uganda Government and the World Health Organisation (WHO).

6.0 HUMAN RESOURCES MANAGEMENT KEY POLICY.

6.1 Recruitment and selection.

In line with the Constitution of the Republic of Uganda, Article 21 (2) the Judicial Service shall ensure no restrictions to People Living With HIV/AIDS (PLWHA) to access employment as long as the applicant's health status enables him/her to perform the tasks stipulated in his/her employment contract.

6.2 Induction and Orientation.

As part of the induction training and orientation process, new staff will receive sensitization and awareness about HIV/AIDS at the workplace. Every new member of staff shall receive a copy of the Judicial Service Commission HIV/AIDS workplace policy and any other related literature available.

6.3 Deployment and Transfers.

While Public Service Regulations stipulate that Public Officers can be deployed in any part of Uganda by normal posting; in order to avoid spread/exposure to HIV/AIDS;

- (a) Separation of married couples through deployment/transfer should be minimized.
- (b) Consideration should be given to ensure that where they are transferred they can access medical care and the environmental conditions do not impact on them.
- (c) No employee shall be transferred from one station to another on account of his/her HIV status.

6.4 Promotions.

Appointments on promotion of Judicial Service Commission employees will be carried out on merit and no employee living with HIV will be discriminated against. Likewise no employee will be demoted on the basis of his/her HIV/AIDS status.

6.5 Staffing.

The Judicial Service Commission recognizes that HIV/AIDS leads to regular absence for those affected and this may result into increased workload for the available staff. Employees who take on extra workload will be paid duty facilitating allowances in accordance with the current regulations. In special cases where the regulations may not apply, the Commission will handle in consultations with Ministry of Public Service (MoPS).

6.6 Special Leave of Absence.

Employees living with HIV/AIDS shall be granted special leave of absence in accordance with Uganda Government Standing Orders (2010) where need arises.

6.7 Sick Leave.

An employee living with HIV/AIDS may be granted sick leave on full pay by the Secretary, Judicial Service Commission of up to 90 days in any period of 12 months on recommendation of a Government Medical Officer. This period can be extended to 180 days on full pay in any period of 12 months on the recommendation of the Director General of Health Service or any Government Medical Officers designated by him/her that the employee will be fit to resume duty within a reasonable time.

6.8 Retirement on Medical Grounds.

An employee infected with HIV/AIDS may initiate his/her retirement on medical grounds in accordance with the Uganda Government Standing Orders if he/she is unable to work.

6.9 Alcohol and Drug Abuse.

The Judicial Service Commission recognizes the relations between drug abuse and alcoholism to the transmission and spread of HIV. It also recognizes the prevalence of alcoholism at the workplace and how detrimental it can be to work performance.

The Judicial Service Commission shall rely on immediate supervisors and management to counsel the affected staff and seek specialist help. Judicial Service Commission shall enforce disciplinary action where abuse of alcohol or drugs affects performance or behavior.

7.0 POLICY IMPLEMENTATION STRATEGIES.

- 7.1 The Judicial Service Commission acknowledges the critical role the workplace plays to take lead and be proactive in creating awareness about HIV/AIDS. This is best done through social dialogue, encouragement, sharing of experiences and extension of support to employees in order to deal with the challenges posed by HIV/AIDS. Social dialogue can take the form of consultations and cooperation involving Government; the Justice, Law and Order Sector (JLOS), employers, and workers for collective bargaining in order to achieve common interest related to the response to HIV/AIDS at the Workplace.
- 7.2 This policy document shall be made available to all the staff of the Judicial Service Commission and implemented in accordance with Judicial Service Commission core values of impartiality, integrity, propriety, equity, competence and diligence, transparency, team work, accountability, professionalism and fairness.
- 7.3 The Implementation and review of the Workplace Policy shall be coordinated by the Human Resource Management Section.
- 7.4 HIV/AIDS Taskforce shall be formed and work together with the HIV and AIDS Coordinator who will be the Head of Human Resource Management in the Commission.
- 7.5 The Judicial Service Commission shall ensure the provision of counseling services with emphasis on establishment of sero status, positive living, community integration, abstinence, condom use, encouragement and moral regeneration.
- 7.6 The Secretary, Judicial Service Commission shall designate a lead counselor and where professional counseling is required, he/she shall refer the officer to a professional counseling agency.

- 7.7 The JSC HIV/AIDS Workplace shall be integrated in the JSC Strategic plan and all policy documents of the Commission to harmonise it with the rest of the undertakings as per the JSC mandate and strategic objectives.
- 7.8 The Judicial Service Commission HIV/AIDS Workplace Policy shall be reviewed and revised as and when required to suit the changing conditions and the new findings of surveys/studies conducted.

8.0 MONITORING AND EVALUATION

- 8.1 The successful implementation of the Judicial Service Commission HIV/AIDS Workplace Policy will be measured against data that will be produced to assess the effectiveness of the strategies and interventions contained in the policy.
- 8.2 Performance Indicators will be identified and used to analyse the data and information collected.
- 8.3 Participatory performance reviews will be carried out periodically to foster
transparency and accountability.
- 8.4 The same reviews will also assist the stakeholders to revise the policy in the
light of changing conditions and findings of surveys and studies conducted.

Annex 1: Proposed Indicators for Monitoring the Process

Development of a workplace HIV/AIDS programme is a process that can be monitored by using the indicators proposed in the table below:

Programme item	Description	Status Rating		
A. Policies and Guidelines		None	Draft	Available
1. Policy Guidelines	Policy guidelines outlining the establishment's position in relation to HIV/AIDS prevention, management care, mitigation.	0	1	2
2. HIV/AIDS committee	Committee responsible for planning and implementing the detail of policies and programmes; monitoring and evaluation of the response to HIV/AIDS.	0	1	2
3. Implementation Guidelines	The document that provides detail workplace response to HIV/AIDS. Outlines what should and should not be done with respect to workers at recruitment, their welfare and exit including those with HIV/AIDS.	0	1	2

A. Workplace HIV/AIDS Programmes		None	Sub-standard	Available
1. Prevention	Information, Education and Communication (IEC): Health educational materials like posters, leaflets, videos etc produced and or distributed for the workers. Workplace bi-partite dialogue and discussion fora.	0	1	2
	Condom distribution: Distribution of both male and female condoms either free of charge or at a nominal cost.	0	1	2
	Access to Voluntary Counseling and Testing for HIV (VCT) within the workplace and at a convenient site.	0	1	2
	Targeting high-risk groups: A special focus on groups at high risk within the workplace and putting in place safety interventions e.g. post-exposure prophylaxis.	0	1	2
	Training of HIV/AIDS peer educators and workers within the workplace.	0	1	2
	Greater involvement of people living with HIV/AIDS (GIPA) in workplace education programmes.	0	1	2
	Community HIV/AIDS intervention programmes as a spin-off from the workplace programme. This could be community groups, schools, churches etc.	0	1	2
	Advocacy through promoting the establishment of workplace HIV/AIDS programmes among the business partners.	0	1	2
B. Workplace HIV/AIDS Programmes		None	Sub-standard	Available
1. Treatment	Access to services for diagnosis and management of sexually Transmitted Infections (STI).	0	1	2
	Access to services for management of Opportunistic Infections (OI) for HIV infected workers.	0	1	2
	Access to Anti retroviral drugs and therapy in line with the workplace guidelines.	0	1	2

2. Care and Support	Nutritional programme for providing dietary supplements to support workers infected with HIV.	0	1	2
	Training of workers on care and support including counseling within the workplace.	0	1	2
	Psychosocial support to the workers to mitigate the impact of HIV/AIDS.	0	1	2
	Access to counseling services at the workplace or from a convenient service delivery point.	0	1	2
	Support to family members of workers who are infected with HIV.	0	1	2
	Home based care for workers with AIDS.			

Annex 2: Proposed Indicators for Monitoring the Impact

Monitoring the Impact

Monitoring of the socio-economic impact of HIV/AIDS in the world of work following implementation of the workplace policy can be monitored through periodic surveys that are conducted using indicators that could be adapted from the following:-

1. Openness about HIV/AIDS

Openness about one's sero-status is related to reduced stigma at the workplace and is a reflection of a strong prevention programme/effort at the workplace. With reduced stigma at the workplace, more workers will be expected to be open about their HIV sero-status and therefore a higher proportion. This may be indirectly related to the implementation of the Policy, which encourages social dialogue that involves cooperation between the employers, workers and government as well as the people living with HIV/AIDS.

Definition:

No of HIV infected workers receiving care and support in a year
Total number of workers officially known to be infected with HIV in a year

2. Care and Support of PLWHAs

The Policy promotes the principle that care and support should be made available to all workers including persons living with HIV/AIDS and their dependants without discrimination. If this principle is practiced then the proportion will be in line with the organization or institution's regulations.

3. Available HIV/AIDS workplace policies and guidelines

The Policy clearly stipulates that workplaces should put in place HIV/AIDS policies and guidelines. The policy guidelines will address the principles that are outlined within the National Policy. All principles are taken to be equally important and organizations will be categorized into three groups according to whether they have written documents referring to the principles.

Category	Index
a. No policies or guidelines	0
b. Some policies and guidelines exist	1-3
c. All policies and guidelines exist	4

Note: As the indicator is developed and dialogue continues between the employers and workers, the index will be modified to reflect the relative importance of the different guidelines or policies. This will be from the perspective of the employers and workers.

4. Availability of capacity for HIV/AIDS prevention, care and support

This indicator will monitor the capacity of the organization to implement HIV/AIDS prevention programmes because the more people trained, the more is likely for an organization to carry out and mainstream HIV/AIDS control activities in the workplace. The minimum prevention activities will include workplace education and condom distribution.

5. Workplace HIV/AIDS Control

This indicator will be used to monitor the adoption of the National Policy on HIV/AIDS and the world of work. It will be regularly monitored at national level by the Department of Health, Ministry of Public Service and Uganda AIDs Commission.

Definition:

Number of organization / institutions employing five or more people with workplace specific HIV/AIDS policies

Total number of organizations / institutions surveyed

6. Policy implementation

This indicator will monitor the rate of implementation of the policy on HIV/AIDS and the world of work and give general guidance on future HIV/AIDS interventions within the world of work.

Definition:

Number of organizations with HIV/AIDS workplace programmes in place Total number of organizations/institutions surveyed

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

Universal precautions

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

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

- Careful handling and disposal of sharps (needles or other sharp objects);
- Hand-washing before and after procedure;

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

Universal precautions

(Extract from the ILO code of practice, Appendix I)

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

- Careful handling and disposal of sharps (needles or other sharp objects);
- Hand-washing before and after 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 blood;
- Proper disinfections of instruments and other equipment; and
- Proper handling of soiled linen.

Additional checklist of precautions to prevent HIV transmission

1. First Aid Kits

- Store first aid kits in selected rooms in the institution.
- Ensure that the first aid kits contain at least one disposable gloves, masks-for direct contact with blood and other body fluids;

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

- Careful handling and disposal of sharps (needles or other sharp objects);

- Check the contents of the first aid kits every week
- Ensure that the responsible persons know where the first aid kits are stored.

2. Emergencies and Mouth to Mouth Resuscitation

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

3. How to Manage Injuries Involving Blood

- Put on your glove
- Cover any abrasions or cuts on your arms with waterproof dressing
- Clean the wound
- Do not touch your eyes before washing up
- Wash hands with soap and water for at least 15-20 seconds
- Change any blood stained clothes as quickly as possible
- Immediately discard contaminated sharps and materials in resalable bags.

4. Disinfection

- Prior to disinfecting, ensure that adherent blood is scrapped from surfaces and objects.
- HIV does not survive in the environment. Nonetheless, potentially contaminated spills should be disinfected by using household bleach, 1 part bleach to 10 parts water. Pour the solution around the periphery of the spill.
- Ensure that mops, buckets and other cleaning equipment are disinfected with 1:10 bleach solution.

- (d) Avoiding recapping and other hand manipulations of needles, and if, recapping is necessary, using a single-handed scoop technique;
- (e) Responsibility for proper disposal by the person using the sharp;
- (f) Responsibility for the proper disposal and for reporting the incident by any person finding a sharp object.