

**Tripartite Meeting of Experts to Develop
Joint ILO/WHO Guidelines on
Health Services and HIV/AIDS**

Geneva
19-21 April 2005

Final report of the discussion

Introduction

1. At its 290th Session (June 2004) the Governing Body decided to convene a Tripartite Meeting of Experts to Develop Joint ILO/WHO Guidelines on Health Services and HIV/AIDS. The Meeting was held in Geneva from 19 to 21 April 2005.
2. The agenda of the Meeting was to draw up and adopt guidelines on health services and HIV/AIDS.

Participants

3. Fourteen experts attended the Meeting, four of them appointed by the Governments of Cameroon, Chile, Indonesia and the Russian Federation, five after consultation with the Employers' group and five after consultation with the Workers' group of the Governing Body.
4. Several observers also attended the Meeting, representing: the United Nations Office on Drugs and Crime; the International Council of Nurses; the International Confederation of Free Trade Unions; the International Co-operative Alliance; the International Organisation of Employers; the International Pharmaceutical Federation; Public Services International; the World Confederation of Labour and the World Economic Forum.
5. A list of participants is annexed to this report.

Opening addresses

6. The Chairperson of the Meeting, Dr. Lester Wright, opened the Meeting, welcoming the participants. He noted that, over time, the gap between countries that could offer access to HIV treatments and those countries that lacked the resources to provide this access had widened. Therefore, the challenge facing the Meeting was to develop guidelines that could be meaningful to all countries but also realistic to every setting, recognizing that the availability of resources varied greatly from country to country.

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7. The ILO Joint Secretary-General of the Meeting, Mr. Norman Jennings, welcomed participants on behalf of the Director-General of the ILO, the Executive Director of the Social Protection Sector and the Executive Director of the Social Dialogue Sector. There were an estimated 100 million people in the global health-care workforce. Developing guidelines on HIV/AIDS specifically for this sector would contribute to better working conditions for health-care workers which, in turn, would translate to better health care for all. By engaging in a joint effort, the WHO and the ILO would be able to reach key national actors who would not usually be part of their traditional target groups, thus accelerating and deepening the reach and impact of the guidelines. The guidelines, which were not a Convention and therefore not legally binding, were an ILO instrument and, as such, had weight, credibility and legitimacy as practical tools for implementation, developed by acknowledged experts, and applicable in all member States.
 8. The WHO Director of HIV/AIDS, Dr. Jim Kim, welcomed participants on behalf of the WHO. The challenges faced by the health-care sector were great and the growing impact of HIV/AIDS exacerbated an already difficult situation. The “3 by 5” initiative, a target to provide antiretroviral treatment to 3 million people by the end of 2005, would increase access to treatment. Treatment, together with prevention, would help reverse some of the negative effects of HIV/AIDS on service delivery and on human resources. The work accomplished by the Meeting also had the potential to create significant impact. Ultimately, these guidelines could provide a road map for scaling up the health sector work response to HIV/AIDS.

General discussion

9. The spokesperson for the Employer experts acknowledged the need for guidelines in the area of HIV/AIDS that went beyond the ILO code of practice on HIV/AIDS and the world of work to recognize the specific concerns of the health-care sector.
10. The spokesperson for the Worker experts stated that addressing the issue of HIV/AIDS in the workplace would require social dialogue and the active involvement of workers. This principle needed to remain clear in the guidelines.
11. The Government Vice-Chairperson highlighted the importance of follow-up and promotion at the local and national level, to ensure the principles found in the guidelines were put into practice.
12. The representative of Public Services International (PSI), speaking on behalf of the World Confederation of Labour (WCL), stated that over the last two decades health-care workers had had an increasingly difficult task. However, occupational safety and health regimes could mitigate some of these difficulties. These guidelines could have a significant impact for health-care workers, provided there was well-developed follow-up action. The Meeting needed to consider how this follow-up action could be achieved.
13. The representative of the International Council of Nurses (ICN) indicated concern that there were few references in the draft to health professional associations. Mobilizing these associations would assist in achieving more effective outcomes and, as such, the guidelines needed to be strengthened to better reflect the role of the health-care professional associations.
14. The representative of the International Pharmaceutical Federation (FIP) agreed and he noted the importance of collaborating with health profession associations, as many of them had already developed tools for use at the international and national level.

Preface

15. The Employer experts suggested, for reasons of consistency, that the term “blood-borne pathogens” be used in the preface and throughout the guidelines, rather than referring to both “blood-borne viruses” and “blood-borne pathogens”. The Meeting agreed to this proposal.

Introduction

16. In order to emphasize the impact of HIV/AIDS on workers and the workplace, the Worker experts suggested changing the third sentence of paragraph 1 to read “This undermines the capacity of the vast majority of persons ...” and deleting the words “are adults”. The Meeting agreed to this suggestion, along with some minor drafting changes.
17. Following a suggestion from the Worker experts, the Meeting agreed to add the phrase “in a supportive environment” to the second sentence of paragraph 2.
18. In paragraph 3, the Worker experts proposed replacing “low motivation” with “demoralization”. The Meeting agreed to this suggestion. The Meeting also agreed to amend all references to “health workers” to read “health-care workers”. The Worker experts also proposed adding a sentence to the end of paragraph 3 noting the need for additional education and training. After some discussion, the Meeting agreed to add the sentence: “There is a need to provide education, training and support in order to effect this home-based care role.”
19. Following a suggestion from the Government experts, the Meeting agreed to delete the first sentence of paragraph 4, since limited surveillance on the risk of contracting HIV in the workplace made risk levels difficult to ascertain. For the same reason, the next two sentences were also amended to remove the mention of low risk and combined to read “..., in providing care to patients with HIV, can also be at risk from transmission, especially where basic rules of occupational safety and health are not implemented”. The Meeting agreed to amend the sentence on psychological and physical burdens to read: “... health-care workers suffer an enormous psychological and physical stress”.
20. At the suggestion of the Employer experts, subsequent references to stress in this paragraph were deleted. The word “often” was added to the next sentence. At the suggestion of the Worker experts, the Meeting agreed to change the sentence on migration to read: “Under these pressures many are forced to leave the health profession, leave the public sector or migrate ...”.
21. The Meeting agreed to the Worker experts’ proposal to amend the sentence on stigma to read: “Because of the fear of stigma attached ...”. The last sentence of the paragraph was amended to read: “This compounds the lack of capacity to address HIV in the health system.”
22. In the first sentence of paragraph 5, the Worker experts proposed that the words “, adequately resourced” should be added. The Meeting agreed to this proposal. The Meeting also agreed to the Worker experts’ proposal to move the last sentence of paragraph 5 to the end of paragraph 1, as it was felt this sentence encapsulated the main issues and should therefore appear earlier in the text.

Purpose

23. Following a proposal from the Worker experts intended to draw attention to the need for prevention, the Meeting agreed to add the phrase “including the prevention of occupational exposure” in the first sentence of paragraph 6. The Meeting also agreed to the Worker experts’ proposal to amend the second half of the first sentence to read: “Furthermore, the purpose is to ensure that health-care workers have decent ...”. Following a proposal by the Worker experts, the Meeting agreed to add a phrase at the end of the last sentence which would read: “, expanding on ILO and WHO HIV/AIDS and occupational safety and health instruments”.

Scope and contents

24. The Meeting agreed to the Worker experts’ proposal to delete “organizations” from the first sentence of paragraph 7 and to refer rather to “workers and their representatives”, in keeping with standard ILO terminology. The Chairperson noted the Office would ensure correct reference was made to employers’ organizations, workers’ representatives and professional associations throughout the text.
25. Paragraph 8 was not changed.

Principles

26. The Employer experts suggested changing the first sentence of paragraph 9 to allow the guidelines to go beyond the principles contained in the ILO code of practice on HIV/AIDS and the world of work, and reflect the specificities of the health sector. The secretariat indicated that this paragraph had been drafted to reflect only the provisions found in the ILO code of practice on HIV/AIDS and the world of work and that the ILO principles should not be amended by this Meeting. It was agreed however that new text could be added to this section to reflect the specificities of the health sector as long as it was made clear that this text was not in the code.
27. The Employer experts proposed amending paragraph 9(f) to reflect the specific risks to HIV-positive health-care workers working in areas such as multi-drug-resistant tuberculosis wards. This amendment was not intended to advocate pre-employment screening, but rather reflected the employer’s responsibility to HIV-positive workers when allocating their duties. The ILO Joint Secretary-General reminded the Meeting that this was a contentious issue that had been thoroughly discussed during the Meeting that adopted the ILO code of practice on HIV/AIDS and the world of work. It was decided to include this point as a separate paragraph at the end of the section.

Legal policy and framework

28. The Meeting agreed to the Worker experts’ suggestion to insert a reference to “occupational safety and health standards and regulations” in the second sentence of paragraph 10.

Role of government

29. The Meeting supported the Worker experts' suggestion to add the words "including funding" at the end of the first sentence of paragraph 11 to ensure that "resources" would be understood to also mean financial resources.
30. The Meeting accepted the Worker experts' recommendation to add "– especially where workers' organizations are not recognized" at the end of the second sentence of paragraph 12.
31. In paragraph 12(b) the words "regulations and" were placed before "guidelines".
32. The Worker experts wished to ensure that occupational exposure was treated the same as other workplace injuries, and that compensation was not only available in the event of a positive HIV test but in the event of an injury where there had been the possibility of HIV transmission. Two Government experts requested clarification of the implications of "exposure". The Meeting accepted the Employer experts suggestion to add a reference in paragraph 12(b) to treating an HIV/AIDS occupational exposure incident in a manner consistent with other occupational injuries.
33. The reference in paragraph 12(c)(iii) to post-exposure management systems was expanded to include reference to confidentiality, as set out in ILO instruments, and counselling as well as prophylaxis. In response to a question by the Worker experts, the WHO Joint Secretary-General explained that global standards for prophylaxis would be discussed in a meeting to be held in July 2005, which would lead to an update of the technical annexes.
34. Paragraph 12(c)(iv) was amended to reflect that HIV testing might be offered to health-care workers being posted to high-risk areas such as multi-drug-resistant tuberculosis wards.
35. The term "workplace accommodation" in paragraph 12(c)(v) was replaced by the recognized ILO term "reasonable accommodation".
36. The Meeting agreed to add reference to national laws and regulations in paragraph 12(c)(ix).
37. The Meeting changed paragraph 12(c)(x) to indicate that grievance procedures should be gender-sensitive as well as accessible to all staff. The reference to disciplinary procedures in the same paragraph was made into a new subparagraph (c)(xi).
38. The Meeting approved changes to paragraph 13 so that it included reference to the ILO *Guidelines on OSH management systems*, and specified that it applied to both public and private employers. The Meeting agreed to add "and their representatives" after "supply technical information and advice to employers and workers".

Policy for the development and management of national health systems

39. Following a request for clarification by a Government expert, the Meeting agreed to add "to respond to HIV/AIDS" after "national health systems" in the title of this section.
40. The Government experts did not object to the Worker experts' suggestion to remove "endeavour to" at the beginning of paragraph 14, but nevertheless expressed concern that subparagraph (d) might require governments to allocate resources that were simply

unavailable. The Meeting agreed to start the sentence with: “Prioritize”, thus giving governments the responsibility and the right to decide their own priorities.

41. The Meeting accepted the recommendations of the Worker experts to divide the first sentence of paragraph 14(a) into three subparagraphs, each covering one action by government. The second sentence of subparagraph (a) was moved to form an introduction. The Meeting agreed to add “therefore” after “Governments should”, as well as “and implement” after “develop” in relation to plans and strategies for human capacity building in subparagraph (c).
42. The Employer experts recommended that paragraph 14(c) end at “strategies and plans”, on the grounds that details regarding gender balance depended on the national situation. The Meeting agreed, and accepted a Worker experts’ amendment in order to clarify and strengthen the point.

Role of employers’ and workers’ organizations

43. The Meeting agreed that paragraph 15 was out of place, being an overview of the social and economic impact of HIV/AIDS, and agreed that it should be incorporated into the introduction as a new paragraph.
44. The Worker experts felt that paragraph 16 should be divided in order to address the roles of employers’ and workers’ organizations separately. The Meeting agreed. The spokesperson for the Employer experts urged the Meeting to recognize that employer-worker collaboration was essential in order to tackle HIV/AIDS effectively in the world of work. After much discussion, the Meeting agreed to an amended joint paragraph on the roles of employers’ and workers’ organizations.
45. The Meeting agreed to add a sentence in paragraph 17 on the funding of labour inspectorates and the enforcement of OSH legislation in order to provide clear guidance for government in its roles as regulator and as employer. It was further decided to move this paragraph to the section on the role of government.

The health sector as workplace

46. The Worker experts said the sentence in paragraph 18 referring to HIV transmission through sexual intercourse did not contribute to the discussion of prevention of occupational risk. Following advice by a WHO expert that there should be some reference to non-occupational risk, the Meeting agreed with the Office proposal to insert a sentence in paragraph 5 to establish clearly that the primary mode of acquiring HIV infection was associated with individual behaviours, and then continue with a discussion of occupational risk. This covered the point originally made in paragraph 18, which had caused problems in the context of OSH-specific prevention.
47. Government experts requested clarification of the reference in paragraph 19 to care “regardless of the mode of transmission”, and the Meeting agreed to delete the first sentence of the paragraph, and incorporate the point about transmission or acquisition of infection in the new first sentence. The Government expert from Indonesia expressed the hope that the paragraph did not imply that health-care workers could not be given priority access to treatment of care, if this was national policy; a WHO expert advised that this would not be the implication. The Employer experts expressed the view that at some point – in this paragraph or elsewhere – it would be necessary to address the issue of the

placement of HIV-positive staff, especially in the context of invasive procedures such as surgery.

48. The point made in the last sentence of paragraph 19 about the involvement of workers living with HIV/AIDS was felt to be sufficiently important to merit a separate paragraph. Following written comments submitted by the Governments of Austria, Finland, Netherlands and Norway, a new paragraph to be inserted after paragraph 10 was proposed by the Office setting out the role of health-care workers living with HIV/AIDS in helping develop, implement and monitor policies and programmes at national and workplace levels. The Meeting accepted the text.
49. Paragraph 20 was accepted without any changes.

Recognition of HIV/AIDS as a workplace issue

50. Paragraph 21 was accepted without any changes.

Stigma and discrimination in the health sector

51. At the request of the Workers, the Meeting added a reference to discrimination by employers towards health-care workers in the first sentence of paragraph 22 where mention is made of stigma and discrimination by health-care workers towards each other and towards patients.
52. It was agreed that paragraph 23(b) should not only cite the provision of ART, but include reference to comprehensive care, including wellness clinics and ART. The Meeting agreed to the revised paragraph 23(b) with the phrase “to improve the quality of life” instead of “to save lives” in relation to ART provision.
53. Following the Government expert from Indonesia’s suggestion to move subparagraph (c) on training to the later section on knowledge management, the Meeting preferred to retain it with a cross-reference to the later section.
54. In paragraph 23(c)(i), the Meeting agreed to take out “precise” in front of “information”, add “and the level of occupational risk” after “modes of transmission of HIV”, and add “, and provide a platform for continuous learning” at the end of the sentence, following “patients”.
55. In paragraph 23(c)(ii), the Meeting agreed to add “colleagues and others” after “patients”.
56. Discussion of stress and burnout in paragraph 23(c)(iii) brought out the possibility of cultural and translation issues in relation to the two terms. It was therefore agreed to use both terms: “techniques to manage stress and avoid burnout”. In response to concern expressed by Employer experts, the Meeting agreed to replace “by increasing staffing levels” with “through provision of appropriate staffing levels”, and to add “such as” before “through” to show that the measures indicated were indicative not comprehensive.
57. The Meeting agreed to the suggestion of the Worker experts that in paragraph 23(c)(iv) “and regulations” be inserted after “legislation”, and that the rest of the sentence be simplified to read: “that protects the rights of health workers and patients regardless of HIV status”.
58. The Meeting agreed that a definition of “workplace” should be added to the Glossary.

Gender: Issues for women and men

59. The Meeting agreed to a simplification proposed by the Worker experts to paragraph 24, whereby the second sentence was removed and “biological” added to the reasons why women are more likely to become infected by HIV than men. It was also agreed to remove “appropriate” in front of “information” in the final sentence.
60. In paragraph 25(a), it was agreed to replace “race” by “ethnicity”, and to add “age, disability, religion, socio-economic status” after “culture” as factors health sector programmes need to take into account. The words “separate” and “workers” were removed from the second sentence. In subparagraph (b) “the unequal power relations” was changed to “unequal power relations” in response to the Employer experts’ view that power relations between women and men in employment and personal situations were not universally unequal and the Worker experts’ view that the point should not be weakened.
61. The Meeting agreed to delete subparagraph (e) as sexual orientation had been mentioned in (a).
62. In the last part of subparagraph (f), “stigma, discrimination or” were added between “such as fear of” and “violence”.

Social dialogue

63. The Employer experts requested the deletion of the last sentence of paragraph 26, explaining that they saw it as repetitive and not adding value. The spokesperson for the Worker experts expressed the view that it did add value, especially in a document that would be used by stakeholders outside ILO networks who would not be familiar with ILO terminology. The Employer experts agreed to retain the sentence if “the main stakeholders” was replaced by “government and the social partners”. For the sake of consistency a minor alteration was made in the first sentence relating to representatives of the constituents. The Worker experts expressed concern at the second sentence which gave the impression of opening social dialogue to an unspecified range of professional and community associations. Their spokesperson accepted the suggestion by WHO experts to make specific reference to health professionals and people living with HIV/AIDS, and to move the whole sentence to the end of the paragraph.
64. Following discussion on the scope of the phrase “general labour relations” in paragraph 27, the Meeting agreed to retain it. In subparagraph (b) “evaluation” was added after “monitoring” and in (d) “employees” was changed to “workers”. The Worker experts recommended a new first sentence on labour standards and rights which the Employer experts felt was out of place in the document. The Worker spokesperson said that if workers were to be effective in contributing to OSH, their rights needed to be recognized.
65. The Worker experts submitted a new first sentence for paragraph 28, in accordance with the ILO Declaration on Fundamental Principles and Rights at Work (1998). The Meeting agreed to start the paragraph as follows: “In order to create an enabling environment for social dialogue, fundamental principles and rights should be recognized.” Reference would also be made at the end of the section on social dialogue to the ILO publication, *Social dialogue and health services*.

Occupational safety and health

66. The Employer experts submitted new text to replace paragraphs 29 and 30 on employer and worker roles in implementing occupational safety and health programmes; this drew on the ILO code of practice on safety and health in the non-ferrous metal industries. The Worker experts found that it lacked two main elements – an explicit reference to prevention, and language to encourage transparency and accountability. They accepted amendments which covered these points.

OSH management

67. A Government expert from Indonesia suggested adding “systems” to the title, in line with current practice; this was agreed. The Meeting replaced reference to the Deming cycle in paragraph 31 by reference to the ILO *Guidelines on OSH management systems*, as these take the same overall approach, and decided not to make any changes to subparagraphs (a) to (e) as these simply set out the steps that were included in those Guidelines.

Prevention and protection against infectious pathogens

68. Paragraph 32 was accepted without any changes.
69. The Meeting agreed that reference to hepatitis in paragraph 33 should specify that it concerned types B and C, and requested that the fact sheet be amended accordingly. The word “viral” before “pathogens” in the first sentence was taken out. The Meeting agreed to the addition of a sentence that would serve as a reminder that pathogens were also transmitted by respiratory, gastro-intestinal and other means.
70. The first word of paragraph 34 was changed from “Most” to “Many”. The Worker experts recommended strengthening the point about the risk of TB associated with HIV infection, and suggested two sentences which the Meeting accepted. These covered both risk to health-care workers and the need for TB exposure-control plans to complement HIV exposure-control plans.

Hazard and risk identification

71. A new second sentence was added to paragraph 35 on the risk of opportunistic infections for HIV-positive workers. A new final sentence was added to subparagraph (a) concerning the need to educate workers about the importance of reporting hazards, and how to do it. In subparagraph (c), “list” was changed to “survey” in the second sentence. Paragraph 36 was not changed.

Risk assessment

72. In paragraph 37(c) “adequacy” was inserted after “availability” with respect to protective clothing and equipment.

Risk control

73. The Worker experts felt that paragraph 35 suffered from a certain conceptual confusion, and suggested combining the subsection on risk identification (paragraph 35) with that on risk assessment (paragraph 37), and taking paragraph 36 to the later section on training.

The spokesperson for the Employer experts suggested that if paragraph 35 was simply entitled “Hazard identification”, followed by subsections on risk assessment and risk control, there would be a logical flow with a need for minor changes only. The Worker experts found this acceptable, provided an OSH expert could offer advice on any redrafting. The Government expert from Indonesia expressed the view that the three subsections should be combined in one called “Risk management”, and the points on training kept in.

74. The Meeting decided to accept a compromise structure, whereby the three subsections retained their individual headings – “Hazard identification”, “Risk assessment”, “Risk control” – under the general title of “Risk management”. This brought together paragraphs 35-48. The section on risk control was based on the hierarchy of control concept and strategy; the hierarchy related to the relative effectiveness of available measures in eliminating risk and preventing exposure to risk. In descending order, the principal elements of control were: (a) elimination of risk; (b) substitution (by practices that presented lesser risk); (c) engineering controls; (d) administrative controls; (e) work practice controls; (f) personal protective equipment. Substantive elements of Fact Sheet No. 4 were included, but a WHO expert felt that too much detail would date the guidelines more rapidly. The Meeting agreed to more general language at certain points, with a reference to the fact sheets where more details would be set out (and revised as necessary). The experts did, however, decide that it would be useful to give examples of administrative controls, such as scheduling, staff rotation, and limiting access to high-risk areas. There was some discussion of the appropriate place for standard precautions, but the Meeting agreed to the logic of them staying under (d) administrative controls.
75. The *chapeau* to the new section retained agreed points of substance related to the importance of involving workers and their representatives in the process, and the need to ensure that parallel risk-management processes are put in place for opportunistic infections, especially TB. After discussion on whether specific mention should be made on the risk of co-infection among HIV-positive health-care workers, the Meeting decided it was useful.

Workers’ health surveillance

76. The Worker experts proposed new text to replace paragraph 39 to emphasize that the aim of workers’ health surveillance was the protection of workers and the early detection and prompt treatment of occupational diseases; that special circumstances could exist with respect to HIV-positive health-care workers and invasive surgery; and that, while compensation should be expedited, this might reflect a failure of the occupational safety and health system. The Worker experts suggested adding a phrase indicating that the collective results of surveillance should be available to workers and their representatives, noting this information would not include any individual identifiers. They also suggested adding a reference to counselling on special circumstances. The Meeting agreed to these proposals.
77. Paragraph 40 was accepted without any changes.

Safe work practices in health services

78. The Meeting agreed to amend the second sentence of paragraph 41 by moving “personal hygiene” after “universal precautions” so as to not appear to suggest that personal hygiene was a more effective method of minimizing risk than universal precautions. A reference was also added to “good hand washing”. In the sentence on vaccination, the phrase “whenever possible” was deleted.

Immunization for hepatitis B

79. Following a suggestion from the Employer experts, the Meeting agreed to replace “provide” with “make available” in paragraph 42, and delete “pre-service” in keeping with the principle that vaccination was not compulsory. Following the suggestion made by the Government expert of Indonesia, the paragraph was moved under the heading “Prevention and protection against infectious pathogens”.

Personal hygiene

80. The Worker experts proposed adding a new sentence to the end of paragraph 43 to read: “Workers should be encouraged to report any reactions they may have to frequent hand washing and the substances used.” The Meeting agreed to this proposal, with a modification from the Employer experts to end the sentence with “for appropriate action by the employer”.

Standard precautions

81. Paragraph 44 was accepted without any changes. It was noted, however, that, while the term “standard precautions” was the correct, currently used terminology, the glossary should make a clear distinction between “standard precautions” and “universal protection”.

Safe handling of sharps and injection equipment

82. The Meeting agreed to amend the first two sentences of paragraph 45 to read: “... and ensure training, monitoring and evaluation. The procedures should cover: ...”. Subparagraph (a) was amended to read: “... clearly marked puncture-resistant containers ...”. Subparagraph (b) was amended to read: “replacement of sharps containers before they reach the manufacturer’s fill line or when they are half full; ...”.
83. The Meeting agreed to add the phrase “and for reporting the incident” at the end of paragraph 46(b). After much discussion on paragraph 46(c), the WHO proposed replacing the text with “avoid recapping and other hand manipulations of needles and, if recapping is necessary, use a single-handed scoop technique”.

Personal protective equipment

84. The Meeting agreed to add the phrase: “and know how to examine personal protective equipment for defects and the procedure for reporting and replacing these” at the end of paragraph 47(d).
85. In response to a concern expressed by Worker experts regarding latex allergies, the WHO proposed adding a footnote to paragraph 48(b), which would provide information on allergies to natural rubber latex, indicate alternative synthetic materials and provide guidance on use. Paragraph 48(c) was amended to read: “appropriate respiratory protection, including masks for mouth-to-mask resuscitation when bagging systems are not available or are ineffective”.

Cleaning, disinfection and sterilization of equipment

86. In order to capture the ideas expressed by the Meeting, the Office proposed amending paragraph 49 to read: “Depending upon its use, there are three levels on which decisions will be made to clean, disinfect or sterilize equipment: ...”.

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87. The Meeting agreed to delete the second sentence of paragraph 49(a). After much discussion, it was also agreed to add the phrase “or is contaminated with blood” to paragraph 49(b) and to qualify “disinfection” with the term “high-level”. The end of paragraph 49(c) was amended to read: “it requires cleaning and sterilization”.
88. In paragraph 50, the Meeting accepted the Worker experts’ suggestion to add the word “appropriate” in reference to detergent, to take account of the fact that some detergents might not be as effective as others.
89. In paragraph 51, “can be hazardous” was amended to read: “is potentially hazardous”.

Blood spills

90. The Meeting agreed to add the word “appropriate” before “gloves” in paragraph 52(a) and to delete the word “and” in paragraph 52(e). The Meeting also supported the Worker experts’ suggestion to add a new subparagraph (f) to read: “workers should be encouraged to report all incidents of exposure”.

Body handling and disposal

91. The Meeting accepted the Worker experts’ proposal to amend paragraph 53(b) as follows: “All bodies being despatched for storage ... should be examined to ensure ...”. In response to a comment that universal precaution was necessary for all dead bodies, not only those known or suspected to be infected, the Meeting agreed to collapse the subparagraphs into the main paragraph, indicating that all persons handling bodies after death should use standard precautions at all times.

Provision of first aid

92. Following discussion as to whether paragraph 54 was intended to deal with general first aid or first aid provided to health-care workers after exposure, the WHO clarified that this provision targeted first aid related to exposure. The word “accidents” was replaced by the word “incidents” in the first sentence, and “ensure compliance” was replaced by “comply” in the second sentence.

Laundry

93. The Meeting agreed to add: “If sharps are found or exposure occurs, it should be reported and recorded” at the end of paragraph 55.
94. For the sake of consistency with WHO documents and due to the vagueness of the term “high temperature”, the Meeting agreed to delete the phrase “at high temperature, or dry-cleaned cold and then steam pressed; or incinerated” in paragraph 56. In order to provide additional guidance for workers without access to modern laundry facilities, the Meeting agreed to add a footnote to this paragraph with specifications for soaking in bleach prior to washing.

Waste management

95. In paragraph 57, the Meeting agreed to change the phrase “hospitals and health-care establishments” to read: “health-care employers”.
96. Paragraph 58 was accepted without any changes.

Monitoring and evaluation

97. In paragraph 59(c), the Meeting agreed to replace “universal” by “standard”. In subparagraph (d), the Meeting decided to replace “satisfactory” with “accurate” and add the words “and analysis” after “recording”.

Post-exposure management

Immediate action and follow-up

Record keeping

98. In order to address concerns that paragraphs 60-66 on post-exposure management were separate from paragraph 54 on post-exposure first aid, the WHO proposed bringing together these paragraphs in a new section entitled “Exposure incident management” in an order that moved from management through to change. Several drafting changes were introduced for clarity and cohesion.

Care, treatment and support

99. The Meeting agreed to modify the first sentence of paragraph 67 as follows: “...to health workers infected or affected by HIV, reduces ...”. The Meeting also accepted the Employer experts’ proposal to replace the word “establish” in the third sentence by “facilitate access to”, in order to ensure that the scope of this provision was not overly broadened.

Voluntary counselling and testing

100. Following a suggestion by the WHO, the Meeting approved amending the last sentence of paragraph 68 to: “... referral and prevention messages should be an essential part ...”. The Meeting also agreed to add “Counselling to health-care workers may require additional information beyond that included in typical counselling” at the end of the paragraph. The WHO proposed possible questions to be considered at a subsequent ILO/WHO experts’ meeting on this subject and it was decided to add a footnote referring to that meeting.
101. The Employer experts suggested amending the first sentence of paragraph 69 to add reference to sections 10 (workers’ health surveillance) and 39 (health-care workers and surgery) of these guidelines and to the ILO code of practice. The Meeting also agreed that the paragraph reflect the fact that testing and counselling in health care workplaces would be acceptable, contrary to other workplaces.
102. Paragraph 70 was adopted without any changes.
103. The Meeting agreed to amend paragraph 71 to read “... status should be encouraged and made available”. It was also agreed to place this paragraph before paragraph 68.

Disclosure and confidentiality

104. After much discussion, the Meeting agreed to add a new third sentence to paragraph 72 stating: “Health-care workers should understand they have a right to confidentiality and

have no obligation to respond if asked about their sero-status by patients or their families.” The Meeting also agreed to add “dismissal or stigmatization” to the following sentence. The phrases “and absent” and “and attend prevention programmes” were added to the penultimate sentence. A reference to appropriate placements was added to the last sentence.

105. The Meeting amended the second sentence of paragraph 73 to make reference to workers and their representatives. It was also agreed to add “in accordance with national laws and regulations” at the end of the paragraph.

Treatment

106. The Meeting agreed to the Employer experts’ suggestion to begin paragraph 74 with “Wellness programmes and ART are an essential ...”. The last sentence was also amended to add a reference to wellness programmes. The Meeting agreed to make reference to the text on how treatment was provided as found in the ILO code of practice on HIV/AIDS and the world of work in order to allay the concern that ART, a very expensive treatment, would receive funding to the exclusion of treatments for other medical conditions. It was also decided that the term “wellness programme” should be defined in the glossary.

Job security and promotion

107. On the proposal of the Worker experts, the third sentence of paragraph 75 was amended to read “Employers should be aware that appropriate management ... including the provision and dispensation of anti-retroviral therapy ...”.

Terms and conditions of work

108. Following a suggestion from the Employer experts, the Meeting agreed to replace the first three sentences of paragraph 76 by: “In accordance with national law and practice, health workers employed by the public and private sector should be covered by sick pay, an insurance, social security and/or workers’ compensation scheme providing coverage at least equivalent to that enjoyed by workers in other sectors.”

Reasonable accommodation

109. The Meeting agreed to add text to paragraph 77 stating that workers with AIDS-related illnesses seeking accommodation should be treated like workers with any other chronic illness, in accordance with national laws and regulations. It was further agreed that measures to accommodate reasonably would be taken on a case by case basis. Text was added to the end of subparagraph (b) to include the case of HIV-positive workers who might be at risk or pose a risk to patients and to reference the respective paragraphs on these subjects in the guidelines. Subparagraph (d) was amended to read “provision of rest periods and adequate refreshment facilities”. The term “flexible” was added to subparagraph (g).
110. The Employer experts suggested deleting the first sentence of paragraph 78, as in some countries it might extend beyond the employer’s capacity to respond. The Worker experts objected to removing the sentence as these conditions were already the subject of collective bargaining in many countries. The Meeting agreed to delete “As with other working conditions”, and to indicate that it was the general conditions for reasonable accommodation that would be decided collaboratively, not the reasonable accommodation

itself. In the second sentence “It is important” was replaced by “Awareness-raising campaigns should be developed to ensure”.

Worker assistance programmes

111. The Meeting experts agreed with the proposal of the Government expert of Indonesia to change “Worker” to “Employee” in the section title and elsewhere in the text of this section to make it consistent with standard ILO terminology.
112. Paragraph 79 was accepted without any changes.
113. In paragraph 80, “workers’ organizations” was changed to “workers and their organizations”.

Social protection

114. Paragraph 81 was accepted without any changes.

Knowledge management

115. The Meeting followed the suggestion of the Government expert of Indonesia to change the title of this section to “Education and training”.
116. The Meeting agreed to add a sentence at the end of paragraph 82 stating that: “Workers and their representatives should be involved in this process so that the knowledge and expertise of workers can be considered.”
117. The Meeting agreed to revise the first sentence of paragraph 83, replacing the words “adapted to” with “designed to meet”. The words “with workers and their representatives, and professional associations” were added to the second sentence. The last sentence of the paragraph was amended to read: “They should seek up-to-date ... research institutions, including professional associations.”
118. The term “as required” was added to the end of the first sentence of paragraph 84. Following a suggestion from the Government expert of Indonesia, the Meeting agreed to reference the provisions in the guidelines which also covered workers’ training needs.
119. The Meeting considered that managers and supervisors would also benefit from the kind of training aimed at health workers, and therefore the introductory sentence in paragraph 85 was revised to begin with “In addition to the above”. The term “investigated” was added to subparagraph (d).
120. Paragraph 86 was accepted without any changes. However, the WHO underlined the importance of certification and accreditation of training, noting that work was under way at the WHO on the issue.
121. The Meeting accepted a proposal from the Employer experts to add a new final section entitled “Research and development”, which stated it was in the interest of employers, workers and society to facilitate, as far as possible, research and development in the area of HIV/AIDS.

Follow-up activities

122. The Meeting emphasized the need for follow-up activities in order to ensure broad dissemination and implementation of the guidelines. Suggestions for follow-up activities included:

- a. translation of the guidelines;
- b. ILO/WHO country visits to gain practical understanding of national settings;
- c. action on the part of the ILO and WHO to stimulate further scientific research in the areas under discussion, as this research was currently lacking; and
- d. holding expert meetings to supplement the recommendations found in the guidelines.

List of participants
Liste des participants
Lista de participantes

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