



**CODE OF PRACTICE ON  
PREVENTION AND MANAGEMENT OF HIV/AIDS  
AT THE WORKPLACE**

*DEPARTMENT OF OCCUPATIONAL AND HEALTH  
MINISTRY OF HUMAN RESOURCES, MALAYSIA  
2001*

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MINISTRY OF HUMAN RESOURCES  
MALAYSIA  
2001**



## MENTERI SUMBER MANUSIA MALAYSIA

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### MESSAGE FROM MINISTER OF HUMAN RESOURCES

I would like to congratulate the Department of Occupational Safety and Health for the initiative they have taken in preparing the "Code of Practice on Prevention and Management of HIV/AIDS at the Workplace". This Code of Practice has been prepared through the joint effort of various government agencies, non-governmental organisations (NGOs) and international organisations including UNDP, UNAIDS and ILO.

The Code is a result of one of the resolutions made at the national seminar titled "HIV/AIDS in the Context of the World of Work" held at Hyatt Regency Saujana Hotel, Subang, on 30 October 2000. That seminar highlighted the necessity for some guidelines for employers and employees in dealing with HIV/AIDS issues at the workplace. Employers should recognise that HIV/AIDS is also a workplace issue and that as a disease it should be treated as any other disease. The main aim of the Code is to curb the spread of the disease and to provide guidance to employers and employees in managing HIV/AIDS issues at the workplace. This is necessary not only because it affects the workforce, but also because the workplace, being an integral part of the local community, has a very significant role to play in the wider struggle to limit the spread and impact of the disease.

Proactive role-play by employers to plan and develop effective prevention and management of HIV/AIDS at the workplace will enable employers and employees to respond to the problem in ways that are mature, responsible and economically feasible. Employers should develop their own workplace policy and programmes on HIV/AIDS. The establishment and implementation of a policy and programmes on HIV/AIDS will promote awareness and prevent discrimination and stigmatisation towards People Living with HIV/AIDS (PLWHA). I fervently hope that this Code of Practice will carve new inroads into our common battle against HIV/AIDS, especially in the context of the workplace, and thereby make a very significant and valuable contribution to it. Therefore, I strongly encourage employers and employees to use this Code of Practice and implement its recommendations.

A handwritten signature in black ink, appearing to read 'Fong Chan Onn', written over a horizontal line.

DATUK DR. FONG CHAN ONN

4 September, 2001.

## ACKNOWLEDGEMENTS

The "Code of Practice on Prevention and Management of HIV/AIDS at the Workplace" have been prepared through the joint effort of the Department of Occupational Safety and Health and representatives from various government agencies, non-governmental organisations (NGOs) and international organisations including UNDP, UNAIDS and ILO.

The Department of Occupational Safety and Health would particularly like to thank the following organisations and distinguished individuals for their most valuable contributions during the drafting of the Code.

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Director General  
Department of Occupational Safety and Health  
Malaysia  
September, 2001

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## FOREWORD

The HIV/AIDS epidemic is now a global crisis posing one of the most formidable challenges to economic development and social progress. HIV/AIDS is a disease that recognises no territorial, social, political and economic boundaries, and for which there is to date no known cure. Large numbers of people with HIV/AIDS live in developing countries and infection rates continue to rise due to poverty, poor health systems, and limited resources for HIV/AIDS prevention and care. Most of the people infected HIV/AIDS are reported to be in their most productive years, i.e. between the ages of 15 and 49.

Beyond the suffering it imposes on individuals and their families, HIV/AIDS is profoundly affecting the social and economic fabrics of societies in many countries. The HIV/AIDS epidemic will affect the workplace with prolonged staff illnesses, absenteeism, and deaths, which would all have a direct impact on productivity, employee benefits, occupational safety and health, production costs and workplace morale. Increased labour turnover could lead to a less experienced and thereby less productive labour force. The social, economic, ethical, legal and technical implications of HIV infection are extensive. It would not only affect the infected individuals and their families but could also significantly affect society and the country as a whole. Therefore, every effort must be made to contain it and prevent an epidemic of catastrophic proportions from occurring in this country.

A survey carried out by the Department of Occupational Safety and Health in 2000, covering 154 enterprises representing a wide range of industries, showed that the level of awareness among employers on HIV/AIDS and its potential destructive impact on business and the economy is still very low. Presently, only a few organisations or enterprises in Malaysia have developed their own policy and workplace programmes on HIV/AIDS. Resolutions made during the national seminar on "HIV/AIDS in the Context of World of Work" held at Hyatt Regency Saujana Hotel, Subang, on 30 October 2000 highlighted the need for guidelines for employers and employees in dealing with HIV/AIDS issues in the workplace.

The Code of Practice on Prevention and Management of HIV/AIDS at the Workplace has been prepared by the Department of Occupational Safety and Health with the joint effort of representatives from various government agencies, non governmental organisations (NGOs) and international organisations including the United Nations Development Programme (UNDP), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the International Labour Organisation (ILO). The aims of this Code are to reduce the spread of the disease and guide employers and employees in managing HIV/AIDS issues at the workplace. The Code highlights the key principles in effective management of HIV/AIDS at the workplace. Effective management of HIV/AIDS at the workplace will enable employers and employees to respond to the problem in ways that are mature, responsible, economically feasible and proactive. Employers, employees and their respective organisations are encouraged to use this Code to develop, implement and continually refine their HIV/AIDS policies and programmes to suit the needs of their workplace.

Director General  
Department of Occupational Safety and Health  
Malaysia  
September 2001

## GLOSSARY

***Acquired Immune Deficiency Syndrome (AIDS)*** is a condition in which the body's immune system loses its ability to fight off infection and thus becomes vulnerable to opportunistic infections, and certain cancers. This condition is caused by infection with HIV.

***Contract of service*** means any agreement, whether oral or in writing and whether express or implied, whereby one person agrees to employ another as an employee and that other agrees to serve his/her employer as an employee and includes an apprenticeship contract.

***Discrimination*** means any distinction, exclusion or preference made on the basis of real or perceived HIV status that has the effect of nullifying or impairing equality of opportunity and treatment in employment or occupation. It covers access to training, access to employment and job security, and terms and conditions and employment. However, any distinction, exclusion or preference in respect of a specific job based on the inherent requirements of that job is not considered as discrimination.

***Employee*** means a person who is employed for wages under a contract of service.

***Employer*** means the owner of an industry or the person with whom an employee has entered into a contract of service.

***Human Immune Deficiency Virus (HIV)*** refers to the virus that weakens the body's immune system thereby ultimately causing AIDS.

***HIV-positive employee*** refers to an employee whose HIV-antibody test indicates, that he/she is infected with HIV.

***HIV transmission*** refers to the transfer of HIV from the infected person to an uninfected individual, most commonly through unprotected sexual intercourse, blood transfusion, sharing of intravenous needles and during pregnancy.

***Incubation period*** is the time span when the virus enters the body and lies dormant, without causing any visible harm to the patient until the collapse of the immune system.

***Sharp object*** means needles, cannulas, scalpels or blades, end of dental wires, edges of instruments, broken glassware, bone fragments or any other item that might penetrate the skin or mucous membranes.

***Universal precaution*** involves the routine use of safe work practices and protective barriers to minimise the spread of infectious diseases.

***Workplace*** means premises where persons work.

## EXPLANATORY NOTES

### HIV and AIDS

Human Immune Deficiency Virus (HIV) causes Acquired Immune Deficiency Syndrome (AIDS). This virus attacks the immune system of the body and eventually causes failure of the immune system to protect the body from various infections and cancers. Its presence can be detected with HIV-antibody test. HIV is transmitted through unprotected sexual intercourse with an infected partner, through the sharing of contaminated needles and syringes, or through transfusion or direct contact with infected blood. The virus can also be passed from an infected mother to her unborn baby. To date there is no cure for AIDS and so far no vaccine has been developed to protect against infection. Hence, prevention of acquiring the disease is of utmost importance because a person who is infected with the virus remains infectious throughout life.

### What is HIV infection?

HIV infection refers to the entry and multiplication of the HIV virus in the human body. The time period from the exposure to HIV to the onset of the acute clinical illness ranges from 21 days to 6 months. However, an incubation period between 2 and 4 weeks has been most commonly reported. The period from infection to developing AIDS is long. With HIV infection, the incubation period can be between 5 – 11 years, or even longer, and the infected person can look and feel healthy (HIV healthy carrier). However, the person is carrying the virus and can pass on the virus to other persons. The signs and symptoms at this stage of acute illness are flu-like rashes on the trunk, fever, irritability, lack of appetite, weight loss, night sweats, headache and chronic tiredness.

### What is AIDS?

The word “Acquired” means that AIDS is contracted or passed from person to person; and not inherited from parents. The term “Immune Deficiency” describes the condition when the body’s natural ability to protect itself against diseases and infections is weakened; that is the body’s immunity is so reduced that it is unable to defend itself against infections and cancers. The word “Syndrome” represents a group of signs and symptoms, which result from a common cause or appear in combination to present a clinical picture of a disease. AIDS is the end stage of the spectrum of HIV infection. AIDS is a condition when HIV has destroyed a person’s immune system so that it is unable to defend the body from opportunistic infections and cancers.



## Transmission of HIV

HIV is present in all body tissues, organs, and cerebrospinal fluid in the spinal cord and brain of the infected person. However, it is found in abundance in blood, semen, and vaginal fluids of infected persons. It has also been isolated but in low quantities from tears, urine, saliva, ear secretion, and breast milk of the infected person. However, only blood, semen, vaginal fluids, and breast milk have been implicated in the transmission of HIV.

The HIV virus is transmitted through:

- i) Unprotected sexual intercourse with an infected partner where there is exposure to semen, vaginal, or cervical secretions;
- ii) Contaminated needles and syringes used by injecting drug users (IDU);
- iii) Contaminated blood or blood products from an infected person;
- iv) Infected mother to infant (prenatal transmission);
- v) Infected body organ, semen or other body tissue of an infected donor; and
- vi) Contaminated and unsterilised skin piercing equipment such as those used for ear piercing, acupuncture, tattooing and hair removing.

The HIV virus is not transmitted:

- i) Through casual physical contact;
- ii) Through coughing, sneezing and kissing;
- iii) By sharing toilets and washing facilities;
- iv) By using eating utensils or consuming food and beverages handled by someone who has HIV; and
- v) By insect bites such as mosquitoes and head lice.

## **1. OBJECTIVES**

1.1 The objectives of this Code of Practice are to:

- i. Provide guidelines to employers and employees on appropriate and effective ways of preventing and managing HIV/AIDS at the workplace.
- ii. Promote education and awareness on HIV/AIDS.
- iii. Promote a non-judgemental, non-discriminatory work environment.

## **2. SCOPE OF APPLICATION**

2.1 The Code of Practice applies to all employers and employees in any workplace.

## **3. MANAGING HIV/AIDS IN THE WORKPLACE**

### **3.1. General**

3.1.1. Every employer should adopt appropriate measures to prevent the spread of HIV infection and ensure that HIV positive employees are not discriminated. The key principles of these measures are:

- i) Development of HIV/AIDS policies and programmes at the workplace;
- ii) Education, training and awareness programme;
- iii) Non-judgemental, non-discriminatory working environment;
- iv) Safety and health aspects;
- v) Confidentiality and privacy;
- vi) Prevention and control measures;
- vii) Counselling and social support; and
- viii) Gender equality.

3.1.2. The workplace programme on HIV/AIDS should take into account ethical, social and economic dimensions of HIV/AIDS. The programme may vary according to company size, resources, structure and employee culture, as well as public policy.

### **3.2. Developing A Workplace Policy on HIV/AIDS**

3.2.1 An employer, in consultation with key stakeholders within the workplace including, but not necessarily limited to, trade unions or employee representatives, medical doctors, safety and health committee members, safety and health officers, employer representatives and HIV positive employees (if applicable) should develop consistent policies and procedures on HIV/AIDS at the workplace. The policy should outline the responsibilities of employers and employees and should reflect the nature and needs of the particular workplace. The policy should be:

- i) communicated to all concerned in simple, clear and unambiguous terms;
- ii) continually reviewed and updated in the light of epidemiological and other scientific information;
- iii) monitored for its successful implementation; and
- iv) evaluated for its effectiveness.

### **3.3. Responsibilities of Employers**

#### **3.3.1. Employer's Commitment**

A workplace policy on HIV/AIDS should define the employer's position and practices related to HIV/AIDS issues. A written policy should clearly state the employer's commitment in preventing the spread of the virus as well as discrimination or stigmatisation of HIV positive employees in the workplace.

#### **3.3.2. Information, Education and Training Programmes**

Employers, in consultation with employees, should provide information, training, and education programme related to HIV/AIDS and preventive measures to their employees with view to promote awareness in order to prevent the spread of the disease and discrimination or stigmatisation of HIV positive employees. Such information and education should be an integral part of employee development and induction programmes and should be made accessible to all employees.

#### **3.3.3. Safety and Health Aspects**

Employers should provide and maintain, as far as is practicable, a working environment that is safe and without risk to the health of its employees. Every workplace should ensure that its policy deals with:

- i) The risk, if any, of occupational transmission of HIV within the particular workplace;

- ii) Appropriate education, training, and awareness on the use of universal infection control procedures in order to reduce the risk of HIV transmission at work;
- iii) Providing appropriate equipment and materials to protect employees from the risk of exposure to HIV;
- iv) The steps that must be taken following an occupational accident including the appropriate management of occupational exposure to HIV; and
- v) The reporting procedures of occupational accidents related with exposures to HIV.

#### 3.3.4. Non-judgemental, Non-discriminatory Employment Practices

An employer should ensure that:

- i) Employment practices should be based on the scientific and epidemiological evidence that people with HIV/AIDS do not pose a risk of transmission of the virus to co-workers through ordinary workplace contact.
- ii) HIV-positive status should not be the sole criterion for disqualification from any form of employment.
- iii) HIV-positive employees should have the right to continue in employment as long as they are able to work and as long as they do not pose any danger to themselves, their co-workers and other individuals in the workplace.
- iv) The procedure for termination of employment on medical grounds for HIV-positive employees should be the same as for any other disease.
- v) Disciplinary action should be taken against any employee who discriminates or stigmatises HIV-positive or perceived HIV-positive employees.

#### 3.3.5. Confidentiality and Privacy

An employer should ensure that HIV-positive employee is not required to disclose his/her HIV status to the employer or anyone at work. In situations where the employee needs to reveal his/her status, confidentiality and privacy regarding all medical information related to his/her HIV/AIDS status should be maintained at all times.

### 3.3.6. Screening/HIV-antibody Testing

Employers should not practice screening or HIV-antibody testing as a precondition to employment, promotion, or other employee benefits.

### 3.4. Responsibilities of Employees

- a. An HIV-positive employee should act in a responsible manner so as not to expose to his/her co-workers to unnecessary risks by taking precautionary steps to prevent transmissions of the virus.
- b. An HIV positive employee should be encouraged to inform his/her employer of his/her status if his/her occupation or work activities pose potential risks of HIV transmission.
- c. All employees should work together and participate in all HIV/AIDS programmes.
- d. Employees should not discriminate against or stigmatise co-workers who are HIV-positive or perceived to be HIV-positive. Disciplinary action should be taken against any employee who discriminates against or stigmatises a co-worker who is HIV-positive or perceived to be HIV-positive.
- e. Every employee should comply with all instructions and procedures on control measures instituted by the employer, which includes but may not necessarily be limited to wearing or using any protective equipment or clothing for the purpose of preventing risk of exposure and transmission.

### 3.5. Developing a Workplace HIV/AIDS Programme

#### 3.5.1 General

- (a) An employer, in developing and implementing a workplace HIV/AIDS programme, should aim at:
  - i) Promoting education and awareness among employers and employees on HIV/AIDS;
  - ii) Creating an understanding environment towards HIV-positive employees in order to avoid discrimination and stigmatisation;
  - iii) Preventing transmission and providing care and support for employees who are infected or affected by HIV/AIDS; and

- iv) Managing the impact of the HIV/AIDS on the organisation.
- (b) An employer should be guided by the needs and capacity of his workplace in establishing the nature and extent of a workplace HIV/AIDS programme. The key components of the programme may include the following elements:
- i) Education, training, and awareness;
  - ii) Prevention and control measures;
  - iii) Emergency and first aid; and
  - iv) Counselling and social support.

### 3.5.2. Education, Training and Awareness Programme

- i) An employer should implement a workplace education, training and awareness programmes in order to fight the spread of the disease and to foster greater tolerance for HIV-positive employees. Effective education can contribute to the capacity of employees to protect them against HIV infection, reduce HIV-related anxiety and stigmatisation, minimise disruption in the workplace, and bring about attitudinal and behavioural change.
- ii) An employer should developed the programmes through consultation with employees and their representatives, and where appropriate, government and non-governmental organisations with expertise in HIV/AIDS education, counselling and care to ensure support at the highest levels and the fullest participation of all concerned. The programmes should be based on correct and up-to-date information about how HIV is and is not transmitted, the facts and myths of the disease, the impact of AIDS on individuals, and possibilities for care and alleviation of symptoms. The programmes should be:
  - integrated into existing education and human resource programmes as well as occupational safety and health;
  - conducted as part of an orientation or induction programme for new employees;
  - regularly repeated to employees as an on-going basis;
  - related to the work activities in the workplace; and
  - regularly monitored, evaluated, reviewed and revised as necessary.
- iii) An employee should also be provided with standardised basic information and instruction on HIV/AIDS in order to improve understanding of

HIV/AIDS issues, which may include but may not necessarily be limited to the following topics:

- The company's policies, practices and guidelines concerning HIV/AIDS;
- Universal precautions and measures;
- Application of safe working procedures;
- Confidentiality and privacy requirements regarding the medical condition of an employee;
- Where to go for additional confidential information; and
- Attitude towards HIV-positive employees

### 3.5.3. Prevention and Control Measures

- i) An employer should ensure a safe and healthy working environment, including the application of universal precautions and measures such as provision of protective equipment and first aid.
- ii) An employer should identify occupations or work activities in his workplace, which put the employee at risk of transmission of HIV. If there is potential risk of exposure to HIV, employers should develop practical prevention and control programmes appropriate to their workplace to reduce the risk. The programmes should include but may not necessarily be limited to the following methods (where applicable):
  - Eliminating work practices that involve unnecessary exposure;
  - Reducing risk by substitution, redesign of process, or improved work methods, e.g. needle-free intravenous system;
  - Segregation of a process to reduce the number of people exposed, e.g. handling blood products in the laboratory, using clinical waste disposal systems;
  - Safe work practices;
  - Information and training;
  - Good housekeeping;
  - Waste management; and
  - Personal protective equipment.
- iii) In occupations or work activities where there may be a potential risk of occupationally exposure to HIV, employers should provide a specific education and training programme as well as necessary equipment to reinforce appropriate infection control procedures and ensure that they are implemented. Details of the control programme are given in Appendix I.

#### 3.5.4. Emergency and First Aid Programme

- i) An employer, in consultation with medical professionals familiar with HIV/AIDS, should develop a programme for managing employee who may be exposed to blood or body fluid during work. The programme should include procedures for:
  - Reporting to a 'designated person' who will carry out investigation and record keeping of an accident where an employee has been exposed to blood or body fluid; and
  - Referring immediately to a doctor an employee at risk of exposure to HIV in order to assess the risk of transmission and discuss options for testing, counselling and treatment
- ii) An employer should ensure that emergency and first aid procedures for management of bleeding and cardiopulmonary resuscitation (CPR) to workplace accident victims include precautionary measures to avoid risk of transmission of HIV.

#### 3.5.5. Counselling and Social Support

- i) An employer should establish a mechanism to encourage openness, acceptance, and support for those employees who voluntarily disclose their HIV status, which should include but may not necessarily be limited to:
  - Encouraging persons living with HIV/AIDS to be involved in education and awareness programmes;
  - Ensuring that there is no discrimination or stigmatisation toward HIV-positive employees, and
  - Encouraging the development of support groups for HIV-positive employees.
- ii) An employer, where applicable, should provide counselling services and facilities in the workplace. If this is not possible, then the employer should encourage his employees to utilise outside expertise and assistance for counselling by providing information on professionals, self-help groups, and services within the local community or region that specialise in HIV/AIDS-related matters and treatment of HIV/AIDS. Appendix II lists a few of these agencies or non-governmental organisations that provide these services.



iii) A workplace counsellor appointed by the employer should be able to:

- Provide counselling on HIV/AIDS;
- Develop a trusting relationship with an employee receiving the counselling; and
- Identify and offer solutions to personal and work related problems.

#### **4. DESIGNATED 'PERSON IN CHARGE'**

4.1 An employer should designate a 'person-in-charge' in the workplace to deal with HIV/AIDS-related issues. The identity of this 'person-in-charge' should be made known to all employees. The designated 'person-in-charge' has to attend appropriate training related to HIV/AIDS. Duties of the 'person-in-charge' should include but may not necessarily be limited to:

- i) Co-ordinating and monitoring the implementation of HIV/AIDS policies and programmes;
- ii) Being a resource person for education and training and any other workplace programme related to HIV/AIDS;
- iii) Being a workplace counsellor if qualified or capable;
- iv) Investigating and keeping records of any accidents related to occupational exposure to blood;
- v) Maintaining confidentiality of the identity of HIV-positive employees; and
- vi) Evaluating and reporting the progress of the HIV/AIDS programme to management.

#### **5. ROLES OF SAFETY AND HEALTH COMMITTEE (if applicable)**

5.1 An employer should encourage the safety and health committee (if applicable) to assist the employer in the implementation of HIV/AIDS policies and programmes. HIV-positive employees should, as far as possible, be invited to actively participate in any discussion on the implementation of HIV/AIDS policies and programmes. The roles of the safety and health committee should include but may not necessarily be limited to:

- The development, implementation and review of policies and programmes on HIV/AIDS;
- Investigation of any accidents involving exposure to blood;
- Recommendation of prevention and control measures to reduce risk of transmission; and
- Discussion of any complaints related to HIV/AIDS issues.

In order for the safety and health committee to perform its role, members of the committee should be trained in the management of HIV/AIDS.

## **6. GENDER EQUALITY**

- 6.1. An employer should practice gender equality at the workplace in order to ensure that all employees are able to cope with HIV/AIDS issues. The practice should include but not limited to the following;
- i) Accesibility to information on HIV/AIDS
  - ii) Equal opportunity to attend training on HIV/AIDS
  - iii) No discrimination to employee based on gender
  - iv) Equal oppourtinity for employment or promotion; and
  - v) Equal employment benefits and social support

## **7. BENEFITS OF HIV/AIDS PROGRAMMES IN THE WORKPLACE**

- 7.1. An employer should realise that a major impact of HIV/AIDS in the workplace would be the potential loss of skilled personnel and labour with prolonged employee illnesses, absenteeism, and deaths which will affect productivity, employee benefits, occupational safety and health, production costs and workplace morale. Proactive role-play by the employers to plan and develop HIV/AIDS programmes in the workplace will reflect the employer's response towards the disease. Implementation of the programmes will help to:

- Reduce employee fear;
- Provide accurate information on HIV/AIDS;
- Prevent work disruption;
- Ensure a healthy workforce; and
- Reduce stigmatisation and discrimination.

- 7.2 An employer should recognise that HIV/AIDS are workplace issue and be treated like any other serious illness in the workplace. This is necessary not only because it affects the workforce, but also because the workplace, being an integral part of the local community, has a very significant role to play in the wider struggle to limit the spread and impact of the problem.

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## **CONTROL PROGRAMME FOR PREVENTION OF TRANSMISSION OF HIV/AIDS**

Employers should develop a four-stage control programme to prevent transmission of HIV at the workplace.

### **1. FIRST STAGE: RISK IDENTIFICATION**

- a. The purpose of risk identification is to identify the activities and tasks in the workplace that put employees at risk of transmission of HIV. It can be done through:
  - i) Consultation with employees;
  - ii) Direct workplace observation; and
  - iii) Analysis of exposure reports.
- b. The process of risk identification involves identifying and placing in order of priority, the activities or tasks that require action to reduce the risk of transmission of HIV. If a likely risk to health and safety is identified, risk assessment should be carried out.

### **2. SECOND STAGE: RISK ASSESSMENT**

- a. The purpose of risk assessment is to evaluate the safety and health risks to employees arising from exposure to blood in the workplace, and to determine the measures necessary to minimise those risks.
- b. Risk assessment should include consideration of:
  - i) The nature of the risk – consider modes of transmission of HIV/AIDS which may occur in the workplace;
  - ii) Frequency of exposures to blood;
  - iii) How employees are exposed to risks;
  - iv) Risk of exposure associated with current workplace layout and work practices;
  - v) Potential health effects of each risk;

APPENDIX I

- vi) Assessment of knowledge and training of employers, supervisors and employees regarding HIV/AIDS;
- vii) Medical assessment; and
- viii) Adequacy of and need for control measures – assessment of the suitability of equipment for the tasks for which it is being used, whether the use of the equipment is likely to lead to exposure to blood; assessment of the need for control measures.

**3. THIRD STAGE: RISK CONTROL**

- a. The purpose of risk control is to minimise employee exposure to HIV/AIDS at the workplace.
- b. Risk control can be achieved by applying the risk control hierarchy, where appropriate:
  - i) **Elimination-**  
Work practices associated with exposures to HIV/AIDS risk that have been assessed as unnecessary should be eliminated;
  - ii) **Substitution-**  
Where elimination of a certain higher-risk work practice is not practicable, the employer should substitute the work practice with a suitable practice that presents a lesser risk of exposure;
  - iii) **Engineering control-**  
Engineering control may include isolation of the process, enclosure of the process, use of mechanical equipment or automation, or modification of tools and equipment;
  - iv) **Safe Work Practices-**  
Employer should ensure that safe work practices are in place to minimise exposure to blood, which should include personal hygiene, universal precautions and infection control programmes. If accidents occur in the workplace, employers should establish a procedure for safe first aid;

**v) Information and Training-**

Enable employers to:

- Ensure that employees at risk are informed about the transmission of HIV/AIDS;
- Identify and anticipate situations where employees may be exposed to HIV /AIDS;
- Uphold universal precautions and other workplace policies and practices;
- Be aware of their legal obligations regarding occupational safety and health;
- Report any incident where potential exposures to HIV may have occurred; and
- Know where to refer employees for counselling and support when they have concerns about exposure.

And enable employees to:

- Understand modes of transmission of HIV;
- Identify and anticipate situations where they may be exposed to HIV;
- Follow universal precautions and other workplace practices;
- Use and handle equipment and personal protective equipment;
- Be aware of their legal obligations regarding occupational safety and health; and
- Report promptly and accurately to the 'identified person' in the workplace any exposures to blood.

**vi) Personal Protective Equipment-**

Suitable personal protective equipment should be made available to protect employees from exposure to HIV/AIDS.

**4. FOURTH STAGE: MONITORING AND EVALUATION**

Employers should regularly monitor and evaluate work practices and ensure that action is taken to modify practices if necessary (or when needed). The following should be considered:

- i) Effectiveness of workplace policies and procedures;
- ii) Level of compliance with universal precautions;

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- iii) Effectiveness of information and training programmes;
- iv) Causes of exposures to HIV/AIDS risk;
- v) Evaluation of incident debriefing; and
- vi) Effectiveness of post-exposure follow-up.

There should be an identified person or group of people in the workplace to carry out monitoring and evaluation. The identity of this person, or group of people, should be made known to all employees.

(Adopted from the National Occupational Health and Safety Commission (Commonwealth of Australia) publication, "The National Code of Practice for Health Care Workers and Other People at Risk of the Transmission of Human Immunodeficiency Virus and Hepatitis B".)

**LIST OF AGENCIES AND NON-GOVERNMENTAL ORGANISATIONS WHICH PROVIDE SERVICES RELATED WITH HIV/AIDS.**

- The **Malaysian AIDS Council (MAC)** is a non-profit organisation that facilitates the activities of 32 affiliate non-governmental organisations (NGOs) working in AIDS education, care and support for People Living with HIV/AIDS, and that runs programmes intended to help prevent the spread of HIV/AIDS in Malaysia. MAC is the avenue for liaison between the government and NGOs in HIV/AIDS advocacy and other related work and through which the government provides financial support. The programmes, activities and services provided by MAC and its affiliates fall into three main areas, namely:
  - Training and education
  - General AIDS campaigns
  - Treatment, care and support

**Organisations affiliated to the Malaysian Aids Council**

**1. AIDS Action and Research Group (AARG)**

AARG comprises of lecturers and personnel of Universiti Sains Malaysia, Penang. Activities carried out include awareness campaigns, seminars/workshops, training courses, research and counselling that caters to the people in the northern region of Peninsular Malaysia.

Tel: 04-860 3356

E-mail: [aargusm@po.jaring.my](mailto:aargusm@po.jaring.my)

**2. All Women's Action Society (AWAM)**

AWAM's main programme is education and awareness raising as well as lobbying on domestic violence issues. Within its Women and Health Committee, the focus is on women and AIDS. Occasionally, AWAM organises public forums on HIV/AIDS.

Tel: 03-7957 0221

E-mail: [awam@po.jaring.my](mailto:awam@po.jaring.my)

**3. Association of Malaysian Medical Assistants**

The Association of Malaysian Medical Assistants conducts HIV/AIDS talks/seminars/workshops for its members and the general public

Tel: 03-2690 5050

E-mail: [perumal@tm.net.my](mailto:perumal@tm.net.my)



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**4. Bar Council**

The Bar Council works on HIV/AIDS issues through its involvement with the Law and Ethics Sub-Committee of the Malaysian Aids Council, the Legal Aid Clinic and individual lawyers committed to HIV/AIDS issues.

Tel: 03-2691 1366/698/367/512/312

E-mail: [chackov@pd.jaring.my](mailto:chackov@pd.jaring.my)

**5. Buddhist Missionary Society Malaysia (BMSM)**

BMSM holds basic HIV/AIDS seminars/workshops with the aim of strengthening the Buddhist community's understanding of the AIDS pandemic. It also holds sessions on discrimination of people living with HIV/AIDS (PLWHA) and how the community could help the PLWHA.

Tel: 03-2274 1886

**6. Community AIDS Service Penang (CASP)**

CASP involved in public education, counselling, training of volunteers, outreach work with sex worker, provision of emotional/psychological support to PLWHA via the "Buddy Programme" and many other activities. Targeted at the northern Region State of Peninsular Malaysia. CASP also organises World AIDS Day as a major event every year to publicise as well as gather support for their AIDS activities.

Tel: 04-229 9566/229 7412

E-mail: [casp@tm.nct.my](mailto:casp@tm.nct.my)

**7. Federation of Family Planning Associations Malaysia (FFPAM)**

FFPAM's involvement extends to the development of AIDS/STD Module for Family Life Education. Their seminars/workshops/youth camps etc. which targets youths and the general public are incorporated with the 'healthy lifestyle' message which include HIV/AIDS education. It also provides information on HIV/AIDS at its state outlets via the youth clinics and youth advisory centres

Tel: 03-5633 7514/516/528

E-mail: [ffpam@po.jaring.my](mailto:ffpam@po.jaring.my)

**8. Islamic Medical Association of Malaysia**

The Islamic Medical Association of Malaysia, comprising Muslim doctors, nurses, paramedics and medical students, established a halfway house called "Rumah Soleha" for HIV-positive women in June 1998. It aims to provide assistance and temporary shelter for HIV-positive women who have been abandoned by their families.

Tel: 03-712 2692

E-mail: [abdhaq@pl.jaring.my](mailto:abdhaq@pl.jaring.my)

**9. Malaysian CARE**

Malaysian CARE provides care and support services for drug users through its Drug Rehabilitation and Prison Services as well as their Drop-in Centre. Outreach work is also conducted in prisons, streets and drug rehabilitation centres through dissemination of information, which covers spiritual and educational dimensions.

Tel: 03-456 8715/03 – 795 4541

E-mail: [mcare@po.jaring.my](mailto:mcare@po.jaring.my)

**10. Malaysian Consultative Council of Buddhism, Christianity, Hinduism and Sikhism**

Since 1995, the Consultative Council has held several national HIV/AIDS seminars/workshops with the aim of educating and creating awareness. HIV/AIDS-related issues/topics are discussed/presented in the context of the respective religious perspectives

Tel: 03-206 6472

**11. Malaysian Dental Association (MDA)**

MDA is involved in educational work among its members. It conducts AIDS updates for dentists, dental nurses and dental surgical assistants. Through its branches in the northern, southern and east-coast regions of Peninsular Malaysia, a number of HIV/AIDS seminars/workshops have been held to educate the dental community.

Tel: 03-255 1532/03-750 2590

E-mail: [mda@po.jaring.my](mailto:mda@po.jaring.my)

**12. Malaysian Indian Youth Club Council (MIYC)**

MIYC conducts AIDS awareness seminars/workshops in the outskirts of Kuala Lumpur, e.g. Sepang, Ampang, Kajang, Cheras, Bangi etc. The target group is mainly youths from colleges/schools/institutions of higher learning.

Tel: 03-494 9414

E-mail: [miyhq@hotmail.com](mailto:miyhq@hotmail.com)

**13. Malaysian Medical Association (MMA)**

MMA activities concentrate on educating and updating the medical community on recent advances in HIV/AIDS, e.g. epidemiology, clinical diagnosis, new drugs etc.

Tel: 03-4042 0617/4043 1743

E-mail: [mma@tm.net.my](mailto:mma@tm.net.my)

**14. Malaysian Mental Health Association (MMHA)**

MMHA is involved in education, awareness raising and counselling on HIV/AIDS. It is involved in organising teenage development and adventure camps with the objective of helping teenagers to lead a healthy lifestyle.

Tel: 03-792 5499/ 793 5432

E-mail: [mmha@tm.nct.my](mailto:mmha@tm.nct.my)

**15. Malaysian Red Crescent Society (MRCS)**

MRCS is involved in raising awareness on HIV/AIDS with youth leaders, young people and members of the society. One of the programmes, called "Program Remaja Sihat dan Sejahtera", aims to create a pool of peer group educators from its branches throughout Malaysia.

Tel: 03-457 8122

E-mail: [mrcs@po.jaring.my](mailto:mrcs@po.jaring.my)

**16. Malaysian Youth Council**

The Malaysian Youth Council promotes the involvement of young people in community work. HIV/AIDS information is disseminated through its various activities.

Tel: 03-973 2761/ 63

E-mail: [mbm97@po.jaring.my](mailto:mbm97@po.jaring.my)

**17. National Council of Women's Organisations (NCWO)**

NCWO's projects include conducting workshops for women leaders at national and district levels, organising conferences on women as well as raising funds for educational work for women and HIV/AIDS

Tel: 03-2692 8696

**18. National Therapy Centre (NTC) – AIDS Service Centre**

Services provided by NTC include alternative treatment, counselling, talks and courses on HIV/AIDS

Tel: 03-782 0996

E-mail: [karsim@pc.jaring.my](mailto:karsim@pc.jaring.my)

**19. Obstetrics and Gynaecology Society of Malaysia**

The Obstetrics and Gynaecology Society of Malaysia is involved in education on HIV/AIDS, particularly in maternity hospitals.

Tel: 03-253 0200/717 7066

**20. Persatuan Pengasih Malaysia (PENGASIH)**

PENGASIH runs a drug rehabilitation programme based on the concept of the therapeutic community programme. Services include day-care facilities,

referrals for detoxification, individual and group motivational counselling and aftercare referrals. AIDS education and counselling has been added on to the drug rehabilitation programme in response to the rapid spread of HIV amongst intravenous drug users.

Tel: 03-651 3179

E-mail: [kasih@po.jaring.my](mailto:kasih@po.jaring.my) or [khidmat@pengasih.hikmah.net](mailto:khidmat@pengasih.hikmah.net)

**21. Pertubuhan Bimbingan Pesakit Kelantan (PENAWAR)**

PENAWAR operates as a halfway house for drug dependants and ex-prisoners who are HIV-positive. Religious programmes are conducted as part of rehabilitation for drug users. PENAWAR is based in Kelantan.

Tel: 09-765 5613

**22. Pink Triangle**

Pink Triangle is involved in community-based work on HIV/AIDS and sexuality. Its programmes include telephone counselling, HIV/AIDS education and support for the marginalised communities, support groups for People Living with HIV/AIDS, a street outreach programme for drug users, sex workers and transsexuals as well as a drop-in centre (IKHLAS) that provides AIDS information, basic medical treatment, temporary shelter and nutrition.

Tel: 03-4044 4611

E-mail: [isham@pop7.jaring.my](mailto:isham@pop7.jaring.my)

**23. Rumah Lanjutan Pemulihan Kinta, Perak**

Rumah Lanjutan Pemulihan Kinta is involved in the treatment and rehabilitation of drug users. It has extended its services to promoting HIV/AIDS awareness and providing support group and counselling services and providing shelter to those in need.

Tel: 05-2142 1022

**24. Sarawak AIDS Concern Society (SACS)**

SACS is involved in educating the people of Sarawak on HIV/AIDS issues via public education talks/seminars, which include general knowledge, attitude and behaviour information.

Tel: 082-671 000 ext 302 (after 3.00 p.m)

E-mail: [gchong@fss.unimas.my](mailto:gchong@fss.unimas.my)

**25. Selangor Chinese Assembly Hall**

The Selangor Chinese Assembly Hall conducts talks/seminars/exhibitions (in Mandarin) for its members with the aim of creating awareness of the vast influence of the epidemic.

Tel: 03 - 2274 664

E-mail: [tscah@tm.net.my](mailto:tscah@tm.net.my)

- 26. Selangor and Federal Territory Family Planning Association**  
Activities offered are in line with those carried out by FFPAM. In addition, activities on educational and awareness raising with young people are also included in their agenda for action.  
Tel: 03-2274 3489/ 2272 5817  
E-mail: [ycr@tm.net.my](mailto:ycr@tm.net.my)

- 27. Shekinah Home Berhad, Melaka**  
Shekinah Home provides therapeutic community programmes and professional counselling for drug dependents and People Living with HIV/AIDS.  
Tel: 06-335 6345

- 28. Soroptimist International Club of Bangsar (SICB)**  
SICB focuses on preventive education. It also conducts the "AIDS Education for Teenagers" project, targeting adolescents 12-17 years old. SICB have compiled a Training Manual, which serves as an operations manual and guides facilitators at each workshop  
Tel: 03-206 2128  
E-mail: [sitrac@po.jaring.my](mailto:sitrac@po.jaring.my)

- 29. St. John's Ambulance Malaysia**  
The Nursing Technical Wing of St. John's Ambulance Malaysia in consultation with the National Training Wing has embarked on educating its members on HIV/AIDS.  
Tel: 03-333 4625

- 30. Tenaganita Sdn. Bhd.**  
Tenaganita is a women workers' organisation running various programmes and activities with women and migrant workers in the plantation and factories. HIV/AIDS programmes include outreach work and support services for sex workers, a halfway house for HIV-positive women, counselling and education on HIV/AIDS.  
Tel: 03-2691 3691/ 2691 3681  
E-mail: [tenaganita@hotmail.com](mailto:tenaganita@hotmail.com)

- 31. The Estate Hospital Assistant Association (EHAA)**  
Members of the association provide HIV/AIDS information by organising talks or seminars to the estate population, including the foreign workers as well as FELDA settlers in the country. The estate

management and state officers provide support and participate in the seminars.

Tel: 03-344 0691

**32. Women's AIDS Organisation (WAO)**

WAO provides refuge/shelter for abused women and children. HIV/AIDS information is incorporated in its education sessions for the women.

Telephone no: 03 – 756 3488

E-mail: [wao@po.jaring.my](mailto:wao@po.jaring.my)

- **The Malaysian Business Coalition on AIDS (MBCA)** was formed on 29 August 1996. The MBCA management council consists of Malaysian businesses or multinational companies, such as Rampai Niaga Sdn. Bhd. (The Body Shop), SEA Insurance Bhd., Aetna Universal Insurance Bhd., The Regent Kuala Lumpur and Shahreen Corporate Communications Sdn. Bhd. One of the activities of MBCA is conducting "Train the Trainer" courses on awareness of HIV/AIDS.

MBCA's aims are to:

- a) Create awareness on and understanding of HIV/AIDS and related issues amongst the Malaysian business community in and beyond the workplace.
- b) Engage the Malaysian business community actively in HIV/AIDS prevention and care, including development and implementation of sound HIV/AIDS policies in the workplace.

Address: Malaysian Business Coalition on AIDS  
5, Jalan USJ 10/1C, 47620 Subang Jaya,  
Selangor Darul Ehsan.

Telephone: 603-5636 0788

E-mail: [mbca\\_malaysia@hotmail.com](mailto:mbca_malaysia@hotmail.com)

- **Joint United Nations Programme on HIV/AIDS (UNAIDS)**

As the leading advocate for worldwide action against HIV/AIDS, the global mission of UNAIDS is to lead, strengthen and support an expanded response to the epidemic that will:

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- prevent the spread of HIV;
- provide care and support for those infected and affected by the disease;
- reduce the vulnerability of individuals and communities to HIV/AIDS;  
and
- alleviate the socioeconomic and human impact of the epidemic.

UNAIDS in Malaysia can be contacted at:

WISMA UN, Block C  
Kompleks Pejabat Damansara  
Jalan Dungun, Damansara Heights  
50490 Kuala Lumpur  
Tel: 03-2559122  
Fax: 2552870  
Email: [registry.my@undp.org](mailto:registry.my@undp.org)  
Website: <http://www.unaids.org>

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