

HIV and AIDS health and safety fact sheet

The Human Immunodeficiency Virus (HIV) attacks and kills the cells of the immune system. HIV infections progress through different stages, and affect people in different ways.

When HIV kills too many immune cells the infection progresses into Acquired Immune Deficiency Syndrome (AIDS). With AIDS the body can no longer fight infections.

You can have HIV without knowing it. Some people may have flu-like symptoms when they first get infected (fever, sore throat, swollen glands), while others may have no symptoms at all, because the virus has not infected much of the immune system.

Although there are currently no cures for HIV, it can be treated and infection is preventable.

How is HIV transmitted?

To infect someone, HIV must get from the bloodstream of an infected person to another person's bloodstream. HIV cannot penetrate unbroken skin.

There are only five bodily fluids that contain enough HIV to infect someone: blood, semen (including pre-ejaculatory fluid), rectal fluid, vaginal fluid and breast milk. These fluids can enter another person's bloodstream by passing through broken skin and mucous membranes (including the eyes, the opening of the penis or the wet linings of the body such as the vagina, rectum, or foreskin).

HIV is most commonly transmitted through unprotected sex; sharing unsterilized needles for drug use; during pregnancy to a fetus; or while breastfeeding. Though not common, it is also possible to transmit HIV through tattoo application, acupuncture needles, or body piercing needles and jewelry.

How can HIV infections be detected?

The only way to detect HIV is through a blood test. If you think you may have been exposed to the virus, contact your health care practitioner immediately. Most large cities also have HIV clinics run by regional public health departments. These clinics offer HIV testing and support.

How is HIV prevented?

Outside of the workplace, simple practices can help prevent passing on HIV including safer sex and harm-reduction approaches with needles, which are scientifically proven to reduce risk of infection and reinfection.

Safer sex means protecting yourself and your partner(s) from HIV and other sexually transmitted infections (STIs) by using latex or polyurethane condoms correctly, water- or silicone-based lubricants, and getting tested regularly for STIs.

If you use needles for injections, protect yourself and others by using a clean, new needle and syringe at every use. Never share equipment with someone else. These practices are called harm-reduction approaches.

Are CUPE members at risk?

Most CUPE members are not at risk of becoming infected with HIV through exposure at work. HIV cannot be transmitted through cutlery or water fountains, public swimming pools or washrooms, coughing or sneezing. It cannot be transmitted through touching or caring for patients, unless direct contact with blood or bodily fluids is involved.

Workers most at risk of being exposed to HIV include health care workers; paramedics or other emergency medical workers; those involved with patient care and support (such as laundry, house-keeping and materials handling); and laboratory workers. Workers must recognize that all blood and bodily fluids they come into contact with are potentially infectious, and not just with HIV, but any number of diseases.

Examples of ways workers may be exposed to HIV in the workplace include but are not limited to needlestick injuries; an open wound that allows infected fluid to enter the body; or contact with infected fluids that touch mucous membranes such as the eyes, nose or mouth.

How can we protect workers at risk of exposure?

There are several measures employers can take to ensure that workers at risk of exposure to HIV are protected.

Establish an infection control program

Infection control programs are an important tool for controlling exposure to HIV and other blood pathogens. An infection control program may include, but is not limited to, the following:

- Protective clothing and equipment for jobs with potential blood or bodily fluid exposure, including cleaning processes that may involve blood or other bodily fluids.
- Facial protection for situations where there is a potential of blood or bodily fluid splattering or where procedures are being performed that can generate large droplets.
- Waterproof gowns for situations where clothing may be contaminated with blood, bodily fluid, or excretions.
- Waterproof gloves (i.e. nitrile) and one-way resuscitation devices for performing first aid and CPR. First aid training should include instruction in the use of disposable devices.
- Proper disposal procedures at the point-of-use must be followed by all users of sharps. Sharps must be placed in puncture resistant containers that can be sealed and disposed according to procedures for biohazardous wastes.

Develop an HIV and AIDS workplace policy

The key elements of a workplace policy on HIV and AIDS should be:

- Protection of persons with HIV and AIDS from harassment and discrimination.
- Fair and compassionate treatment for persons with HIV and AIDS.

- Reinforcement of the right for workers with HIV and AIDS to receive reasonable accommodations.
- Continuation of health benefits or access to group coverage.
- Protection of confidentiality about a person's HIV status.
- Prohibition of mandatory or workplace-imposed HIV testing for workers.
- The right of all workers to a safe and healthy workplace.

What should be done about a potential exposure to HIV?

The most important step for dealing with a potential exposure to HIV needs to occur long before any potential exposures. Workers must be trained to know what steps should be taken in the event of an accidental exposure to bodily fluids. Organizations must have procedures in place that ensure workers can find out what bloodborne pathogens, including HIV, the patient has so that appropriate preventative measures can be taken. However, some people who are HIV-positive may not know they are infected, and may not show symptoms. If you have been exposed to bodily fluids as discussed above, follow your workplace reporting procedures and ensure that you contact a physician immediately to discuss treatment options to protect your own health.

For example, if a needlestick injury occurs, workers need to know who to contact for medical treatment, and what steps to take to inform their supervisor of the incident. There is drug treatment called post-exposure prophylaxis (PEP) available to reduce the risk of developing HIV for individuals who think they may have been exposed to the virus. This treatment must be prescribed by a doctor and taken within 72 hours of a potential exposure.

How are HIV and AIDS treated? Can they be cured?

There is currently no cure for HIV or AIDS but there are treatments for people living with HIV that slow or prevent AIDS from developing.

HIV destroys CD4 cells that are most critical to the immune system. Blood tests measure CD4 counts and the viral load. Many other routine tests can spot potential health issues even if there are no noticeable symptoms.

Anti-retroviral treatment (ART) has been successful in keeping the amount of HIV in the body at a low level. In many cases, ART stops the weakening of the immune system and allows it to recover from any damage that HIV might have caused.

A physician who specializes in HIV and AIDS treatment can prescribe an appropriate treatment plan and provide further information to support the person with HIV and their partner(s). AIDS service organizations and committees, as well as other health and social supports are available in many communities. Online support and information is available, though it's important to use only reliable sources of information.

Developing an education and anti-discrimination program

All workers who run the risk of being exposed in the workplace should be informed about what HIV is, how it's transmitted, how they could be exposed to the virus in the workplace, and what workplace control measures are available.

Some workers will have to deal with HIV and AIDS not only as an issue for patient/client care, but also as source of harassment, potential job discrimination and human rights issue if they, their family or their coworkers are HIV-positive or develop AIDS. The program must address how one works with a person infected with the virus (either a client/patient or a co-worker) in a supportive manner. The program must also address the fears coworkers and caregivers.

Summary

Workers who are exposed to blood and bodily fluids run a risk of being exposed to HIV and AIDS primarily in accidental situations. Good infection control practices that protect against blood-transmitted diseases like HIV will significantly reduce the risk of possible exposure.

Education is important for the general public, but it's crucial for all workers who may come into contact with HIV or AIDS at work. Health and safety committees and infection control committees, where they exist, must be actively involved in the education and control of programs described above.

Workers have a legal right to be protected from occupational hazards such as infectious diseases. However, they must remember the right to protection from communicable diseases contracted in the workplace does not mean that other people's human rights can be overlooked. Open, rational discussions about HIV and AIDS, provisions for adequate safeguards, and education components of a workplace program that will guard the health and safety of workers, as well as the rights and dignity of patients and clients are key.

For additional resources check out

- **CUPE national policy on HIV and AIDS**
cupe.ca/hiv-aids-policy
- **Stop harassment: A guide for CUPE locals**
cupe.ca/stop-harassment



Educate. Defend. Mobilize.