WHO AIDS Series **7**

Guidelines on AIDS and first aid in the workplace

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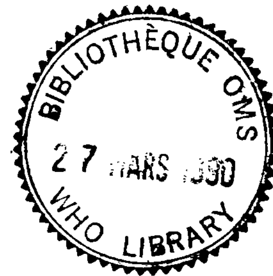

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Preface

These guidelines are for use in first aid training and by organizers of first aid in the workplace. They have been developed by the World Health Organization (WHO) in collaboration with the League of Red Cross and Red Crescent Societies and the International Labour Office (ILO).

The guidelines contain general information on the transmission of the human immunodeficiency virus (HIV), the causative agent of acquired immunodeficiency syndrome (AIDS), and on measures to prevent HIV transmission to people providing first aid in the workplace.

The guidelines provide principles and a general framework. They are intended to supplement existing first aid policies and practices in the workplace, and also to be useful to organizations or individuals involved in developing health and safety policies in other settings. Local circumstances should be taken into consideration in designing detailed policies for specific workplace settings.

HIV transmission

HIV has been isolated from many body fluids of infected persons. However, only blood, semen, vaginal and cervical fluids, and breast milk have been implicated in transmission of the virus. Epidemiological studies throughout the world have shown that there are three modes of transmission of HIV:

- sexual intercourse (heterosexual or homosexual) and use of donated semen;

- exposure to blood, blood products, or donated organs; exposure to blood is principally through the transfusion of unscreened blood or the use of unsterilized contaminated syringes and needles by intravenous drug users;

- from infected mother to fetus or infant, before, during, or shortly after birth (perinatal transmission).

There is considerable evidence that HIV cannot be transmitted by the respiratory or gastrointestinal routes or by casual person-to-person contact in any setting (such as school, household, social, work, or prison). Nor is HIV transmitted via insects, food, water, toilets, swimming-pools, sweat, tears, shared eating and drinking utensils, or other agents, such as clothing or telephones.

HIV has not been shown to be transmitted in the workplace except in health care or research laboratory settings. The few reported cases of HIV transmission to health care workers have resulted from exposure to the blood of an HIV-infected patient as a result of needlestick injury, blood on broken skin, or splashing of blood into the eyes or mouth (mucous membranes). Although accidents such as these occur with some frequency in health care settings, they have only rarely led to HIV infection of health care workers.

In addition to HIV, other serious infections, such as hepatitis B and non-A non-B hepatitis, can be transmitted by blood.

HIV transmission and the first aider

In relation to HIV transmission, the major concerns in first aid are mouth-to-mouth resuscitation and the management of bleeding, two situations where contact with the body fluids of another person may occur.

Mouth-to-mouth resuscitation

A worker who is unconscious and no longer breathing spontaneously (for example because of a heart attack, an electric shock, or a blow to the head) may require mouth-to-mouth resuscitation. Resuscitation must be started immediately. Mouth-to-mouth resuscitation is a life-saving procedure and should not be withheld through fear of contracting HIV or other infection.

HIV transmission from mouth-to-mouth resuscitation has not been reported. Although HIV has been found in saliva, it is present in extremely small quantities and no cases have been reported in which transmission has been shown to have occurred through saliva.

Although it has never been substantiated, there is a theoretical risk that HIV could be transmitted if the person in need of resuscitation is bleeding from the mouth. First aiders should use a clean cloth or handkerchief, when available, to wipe away any blood from the person's mouth.

Mouth-pieces, resuscitation bags, or other ventilation devices should only be used by people specially trained to use them. They are not recommended for use by general first aiders as incorrect use may lead to further injury and bleeding. The absence of such equipment should not be used as a reason to withhold mouth-to-mouth resuscitation.

Bleeding

Workers who are bleeding require immediate attention. The first aider must not hesitate to help them as some wounds may be life-threatening (e.g., a spurting artery).

Whenever feasible, the first aider should instruct the person bleeding to apply pressure to the wound himself or herself, using a clean thick cloth. If he or she is unconscious or uncooperative, or if the wound is too large or is located in a place the person cannot reach, the first aider should apply pressure to the wound with a clean cloth or another barrier, avoiding direct contact with blood. Gloves should be used if available; if not available, another barrier such as a cloth or clothes should be used to prevent skin contact with blood. However, since bleeding may be life-threatening, the absence of gloves should not be used as a reason to withhold first aid.

Special care should be taken to prevent blood from coming into contact with broken skin or the mucous membranes of the first aider. If the first aider's hands are contaminated with blood, he or she should take care not to touch his or her own eyes or mouth.

Hands should always be washed with soap and water as soon as possible after administering first aid.

Cleaning up blood spills

Spilt blood should be soaked up with absorbent material such as a cloth, rag, paper towel or sawdust, direct skin contact with the blood being avoided. The blood-soaked absorbent material should then be disposed of in a plastic bag, burnt in an incinerator, or buried. The area contaminated with the blood should then be washed with a disinfectant (preferably sodium hypochlorite (household bleach) diluted 1:10 with water, to give 0.1 – 0.5% available chlorine) to clean up remaining blood. Rubber household gloves should be worn if available when spilt blood is being cleaned up. If gloves are not available, another barrier such as a large wad of paper towels should be used to avoid direct skin contact with the blood. Hands should always be washed with soap and water after cleaning up blood or other body fluids.

Clothes or cloths that are visibly contaminated with blood should be handled as little as possible. Rubber household gloves should be worn if available, and the clothes or cloths should be placed in and transported in leakproof bags. They should be washed with detergent and hot water (at least 70 °C (160 °F)) for 25 minutes; or, if in cooler water (less than 70 °C (160 °F)), with a detergent suitable for cold water washing.

Additional measures

First aiders should be careful with broken glass and other sharp objects that may be in the accident area. They should also ensure that any open cuts or wounds they have are covered to prevent exposure to blood while they are providing first aid.

Workers who have been exposed to blood

If the guidelines given here are adhered to, the risk of acquiring bloodborne infection, including HIV, will be significantly reduced. Even so, it is not possible to guarantee that exposure will not occur. Workplaces should therefore develop policies to meet those situations where first aiders are injured or are exposed to blood while administering first aid.

If first aiders are exposed to blood on skin that is not intact, they should wash the affected area with soap and water as soon as possible. Exposed mucous membranes should be washed with water.

A first aider who is injured by a sharp object that is contaminated with blood (e.g., a used needle) should encourage bleeding, wash the wound thoroughly with soap and water and, if appropriate, apply a dressing. To determine whether further action is needed, the injury should be assessed for the type and severity of the wound – puncture, surface or deep laceration, contamination of non-intact skin or mucous membrane – and for the extent to which the wound may be contaminated with blood.

Obviously, the more severe the wound the greater the concern should be, not only for HIV infection but for all bloodborne infections. The decision whether additional evaluation is necessary should be made by the first aider jointly with the health care provider concerned.

In rare instances, a first aider may sustain injuries of sufficient severity to warrant further investigation, including assay of the first aider's blood for HIV and other infections such as hepatitis B.

If a first aider requests HIV antibody testing, this should be performed as soon as possible after the exposure. If the initial test is negative, follow-up testing should be performed three and six months later. In the interim, counselling should be available to the first aider and should deal with the low risk of acquiring infection as well as the first aider's concerns. He or she should be counselled on the need to prevent possible transmission of HIV during this period through, *inter alia*, sexual intercourse, the use of intravenous drugs, and pregnancy. If a worker becomes HIV antibody positive at any point, continuing counselling should be provided. If the test immediately after the exposure is positive, it cannot be a result of the exposure; the person must have been infected with HIV previously. He or she should be referred for counselling, which should include advice on how to prevent transmission of HIV.

Training in first aid

First aid training provides an opportunity to disseminate accurate information on HIV infection and AIDS to members of the community. People who receive training in first aid will subsequently be able further to disseminate accurate information within the community.

First aid training in the workplace should include clear instruction on the ways in which HIV is and is not transmitted. This is especially important, since the myths surrounding this topic may interfere with potentially life-saving first aid measures.

First aid training should emphasize that, even after parenteral exposure to HIV-infected blood, the risk of acquiring infection is extremely low, about 1 in 250 exposures. First aiders should be taught the precautions needed to avoid contact with blood or body fluids, since such precautions significantly reduce the risk of bloodborne infection.

First aid is generally given to alleviate suffering and in a spirit of compassion. This should be stressed. The first aider should be urged to weigh the extremely small and so far theoretical risk of acquiring HIV infection in providing first aid against the benefit gained by the person receiving first aid.

A number of organizations in many countries train large numbers of first aiders both within and outside the workplace. Employers should be encouraged to utilize the expertise of those organizations in planning first aid training courses or first aid interventions within the workplace.

Consensus statement on AIDS and the Workplace[a]

General statement

Infection with the human immunodeficiency virus and the acquired immunodeficiency syndrome represent an urgent worldwide problem with broad social, cultural, economic, political, ethical and legal dimensions and impact.

National and international AIDS prevention and control efforts have called upon the entire range of health and social services. In this process, in many countries, HIV/AIDS prevention and control problems and efforts have highlighted the weaknesses, inequities and imbalances in existing health and social systems. Therefore, in combating AIDS, an opportunity exists to re-examine and evaluate existing systems as well as assumptions and relationships.

Today there are 2.3×10^9 economically active people in the world. The workplace plays a central role in the lives of people everywhere. A consideration of HIV and AIDS and the workplace will strengthen the capacity to deal effectively with the problem of HIV and AIDS at the local, national and international levels.

In addition, concern about the spread of HIV provides an opportunity to re-examine the workplace environment. It provides workers, employers and their organizations, and where appropriate, governmental agencies and other organizations, with an opportunity to create an atmosphere conducive to caring for and promoting the health of all workers. This may involve a range of issues and concerns, including individual behaviour and matters of collective responsibility. It provides an opportunity to re-examine working relationships in a way that promotes human rights and dignity, ensures freedom from discrimination and stigmatization, and improves working practices and procedures.

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[a] This is an extract from a consensus statement developed by a Consultation on AIDS and the Workplace, convened by the World Health Organization and the International Labour Office from 27 to 29 June 1988. The Consultation dealt with occupations and occupational settings in which the work does not involve a risk of acquiring or transmitting HIV between workers, from worker to client, or from client to worker; it did not consider occupational situations of occupations, such as health worker, in which a recognized risk of acquiring or transmitting HIV may occur.

HIV infection and AIDS are global problems. At any point in time, the majority of HIV-infected persons are healthy; over time, they may develop AIDS or other HIV-related conditions or they may remain healthy. It is estimated that approximately 90% of the 5–10 million HIV-infected persons in the world are in the economically productive age group. Therefore, it is natural that questions are asked about the implications of HIV and AIDS for the workplace.

Policy principles

Protection of the human rights and dignity of HIV-infected persons, including those with AIDS, is essential to the prevention and control of the infection. Workers with HIV infection who are healthy should be treated the same as any other worker. Workers with HIV-related illness, including AIDS, should be treated the same as any other worker with an illness.

Most people with HIV infection want to continue working, which enhances their physical and mental well-being, and they should be entitled to do so. They should be enabled to contribute their creativity and productivity in a supportive occupational setting.

A resolution adopted by the Forty-first World Health Assembly (WHA41.24, "Avoidance of discrimination in relation to HIV-infected people and people with AIDS") urges Member States:

1. to foster a spirit of understanding and compassion for HIV-infected people and people with AIDS...;

2. to protect the human rights and dignity of HIV-infected people and people with AIDS... and to avoid discriminatory action against and stigmatization of them in the provision of services, employment and travel;

3. to ensure the confidentiality of HIV testing and to promote the availability of confidential counselling and other support services to HIV-infected people and people with AIDS.

The approach taken to HIV/AIDS and the workplace must take into account the existing social and legal context, as well as national health policies and the Global AIDS Strategy.

Policy development and implementation

Consistent policies and procedures should be developed at national and enterprise levels through consultations between workers, employers and their organizations, and where appropriate, governmental agencies and other organizations. It is recommended that such policies be developed and implemented before HIV-related questions arise in the workplace.

Policy development and implementation is a dynamic process, not a static event. Therefore, HIV/AIDS workplace policies should be:

(a) communicated to all concerned;

(b) continually reviewed in the light of epidemiological and other scientific information;

(c) monitored for their successful implementation;

(d) evaluated for their effectiveness.

Policy components

Persons applying for employment

Pre-employment HIV/AIDS screening as part of the assessment of fitness to work is unnecessary and should not be required. Screening of this kind includes direct methods (HIV testing), indirect methods (assessment of risk behaviour), and questions about HIV tests already taken. Pre-employment HIV/AIDS screening for insurance or other purposes raises serious concerns about discrimination and merits further close scrutiny.

Persons in employment

1. **HIV/AIDS screening.** HIV/AIDS screening, whether direct, indirect or asking questions about tests already taken, should not be required.

2. **Confidentiality.** Confidentiality regarding all medical information, including HIV/AIDS status, must be maintained.

3. **Informing the employer.** There should be no obligation for the employee to inform the employer regarding his or her HIV/AIDS status.

4. **Protection of employee.** Persons in the workplace affected by, or perceived to be affected by HIV/AIDS, must be protected from stigmatization and discrimination by co-workers, unions, employers or clients. Information and education are essential to maintain the climate of mutual understanding necessary to ensure this protection.

5. **Access to services for employees.** Employees and their families should have access to information and educational programmes on HIV/AIDS, as well as to relevant counselling and appropriate referral.

6. **Benefits.** HIV-infected employees should not be discriminated against, and should have access to and receive standard social security benefits and occupationally related benefits.

7. **Reasonable changes in working arrangements.** HIV infection by itself is not associated with any limitation in fitness to work. If fitness to work is impaired by HIV-related illness, reasonable alternative working arrangements should be made.

8. **Continuation of employment.** HIV infection is not a cause for termination of employment. As with many other illnesses, persons with HIV-related illnesses should be able to work as long as they are medically fit for available, appropriate work.

9. **First aid.** In any situation requiring first aid in the workplace, precautions need to be taken to reduce the risk of transmitting blood-borne infections, including hepatitis B. These standard precautions will be equally effective against HIV transmission.