

Relevant Legislation/ Reference Document	Employment Relations Promulgation 2007, Fiji Human Rights Commission Decree, Ministry of Health -HIV Care and Antiretroviral Therapy Guidelines 2013
Commencement Date	18 January 2018
Review Date	The review date is 12 months after the commencement date and every three years after that.

POLICY STATEMENT

1 Intent

The Office of the Auditor General (OAG) recognizes that all staff have the responsibility of establishing a work environment that promotes equal opportunity and is free from discrimination.

In doing so, this policy is aimed to prevent and eliminate direct and indirect discrimination in employment on the basis of HIV/aids status.

2 Scope

This policy sets out the OAG's general approach to equal opportunity for employment in the Office of the Auditor General without any discrimination.

Aim is to provide equal opportunities in employment by prohibiting discrimination on particular grounds of actual or supposed personal characteristics or circumstances.

The policy applies to all staff and demonstrates OAG's commitment by eliminating inappropriate and disrespectful workplace behaviors.

3 Objective(s)

- To promote equal employment opportunity
- To protect the rights of confidentiality and freedom from any form of discrimination.
- To create awareness on HIV/Aids.
- To provide a caring perspective to people with HIV infection

4 Definitions and Acronyms

Policy Maker Auditor-General

Management Approval of Management Committee Meeting

5 Supporting Documents/References

Employment Relations Promulgation 2007,
Fiji Human Rights Commission Decree,
Ministry of Health -HIV Care and Antiretroviral Therapy Guidelines 2013

6 Keywords

HIV/Aids
Confidentiality
Direct Discrimination
Indirect Discrimination

7 Supporting Procedures and Guidelines

The guidelines to the policy are attached as Annexure I to this policy. This information will provide the background to the development of the policy should Officers need clarification.

RESPONSIBILITIES	
Implementation	The Supervisors and Directors are responsible for implementing the policy.
Compliance	All Staff are responsible for complying with the policy.
Monitoring and Evaluation	The Corporate Services are responsible for monitoring and evaluating the policy.
Development and/or Review	The Corporate Services division will be responsible for developing and/or reviewing the policy.
Interpretation and Advice	The Deputy Auditor General is responsible for interpreting and advice on the policy.

ANNEXURE 1

Definitions

1.0 HIV/ AIDS

HIV (Human Immunodeficiency Virus) is a virus that attacks the immune system, the body's natural defense system. Without a strong immune system, the body has trouble fighting off disease. White blood cells are an important part of the immune system. HIV infects and destroys certain white blood cells called CD4+ cells. If too many CD4+ cells are destroyed, the body can no longer defend itself against infection.

The last stage of HIV infection is AIDS (Acquired Immunodeficiency Syndrome). People with AIDS have a low number of CD4+ cells and get infections or cancers that rarely occur in healthy people. These can be deadly. But having HIV doesn't mean one has AIDS. Even without treatment, it takes a long time for HIV to progress to AIDS-on average of 10 to 12 years.

When HIV is diagnosed before it becomes AIDS, medicines can slow or stop the damage to the immune system. If AIDS does develop, medicines can often help the immune system return to a healthier state. With medicines, many people with HIV are able to live long and have active lives.

a) Cause of HIV

HIV infection is caused by the human immunodeficiency virus. One can get HIV from coming into contact with infected blood, and other means as mentioned below:

- Most people get the virus by having unprotected sex with someone who has HIV.
- Another common way of getting HIV is by sharing drug needles with someone who is infected with HIV.
- The virus can also be passed from a mother to her baby during pregnancy, birth, or breastfeeding.

So it cannot be spread by casual contact like kissing or sharing drinking glasses with an infected person.

b) Transmission of HIV

While the extent of the medical understanding of the virus has grown rapidly, there is a need for creating awareness. HIV doesn't survive well in the outside environment. As such, it is not spread by:

- toilet seats
- telephones
- sharing eating or drinking utensils
- hugging
- kissing
- coughing and sneezing
- shaking hands
- insects
- swimming pools

c) Symptoms

HIV symptoms don't appear for years, sometimes even after a decade of infection.

Symptoms of HIV are:

i) Fever

One of the first signs. The fever, if it occurs at all, is often accompanied by other usually mild symptoms, such as fatigue, swollen lymph glands, and a sore throat.

ii) Fatigue

The inflammatory response generated by one's overwhelmed immune system also can cause you to feel tired. Fatigue can be both an early and later sign of HIV.

iii) Achy muscles, joint pain, swollen lymph nodes

Many of the symptoms are the same, including pain in the joints and muscles and swollen lymph glands.

iv) Skin rash

Skin rashes can occur early or late in the course of HIV/AIDS.

v) Weight loss

Weight loss is a sign of more advanced illness and could be due in part to severe diarrhea.

vi) Pneumonia

The cough and the weight loss may also signal a serious infection caused by a germ that wouldn't bother one if the immune system was working properly.

vii) Night sweats

About half of people get night sweats during the early stages of HIV infection.

viii) Nail changes

Another sign of late HIV infection are nail changes, such as clubbing (thickening and curving of the nails), splitting of the nails, or discoloration (black or brown lines going either vertically or horizontally).

ix) Yeast infections

Another fungal infection that's common in later stages is thrush, a mouth infection caused by Candida, a type of yeast.

x) Confusion or difficulty concentrating

Cognitive problems could be a sign of HIV-related concerns, which usually occurs late in the course of the disease.

d) HIV Patient First Clinical Screening

The following clinical assessment and laboratory investigations will be conducted at the first clinical encounter of an HIV patient.

<p>Clinical Assessment Vital signs (blood pressure, pulse rate, respiratory rate, temperature, weight (kg), height (cm)) Physical examination, including eye check (i.e. visual acuity) and oral health assessment Screening for other sexually transmitted infections (STIs) Screening for opportunistic infections (OIs) and other HIV-related conditions Other medical conditions, e.g. jaundice, hypertension, diabetes mellitus, etc. Immunizations</p>
<p>Functional Status WRK (normally active: able to work, go to school, do housework) AMB (ambulatory but bedridden <50% of the day during the last month) BED (bedridden: >50% of the day during the last month)</p>
<p>Social History Prior history of taking ARV drugs or any other drugs HIV status of partner and/or children and history of ART Desire for family size , future pregnancies, family planning, contraception Sexual activity (including condom use) Options for infant feeding (in women desiring pregnancy) HIV diagnostic testing in infants and children</p>
<p>Tuberculosis (TB) Screening Coughing >2 weeks Persistent fever >2 weeks Night sweats >2 weeks Weight loss of >3 kg for >4 weeks</p>
<p>Investigations Full blood count (FBC) CD4 cell count/%CD4 Urea, creatinine and electrolytes (if required) Liver function tests (if required) Blood glucose Serum cholesterol, triglycerides Syphilis, hepatitis B and hepatitis C screening STI screening Pregnancy test Paps smear Urine dipstick for glycosuria Chest X-ray Sputum for acid-fast bacilli (if clinically indicated)</p>

Source: Ministry of Health -HIV Care and Antiretroviral Therapy Guidelines 2013

2.0 Confidentiality

The OAG agrees to uphold the rights of a staff who is, or becomes, HIV infected. They have the right to confidentiality and privacy, and will be treated fairly.

HIV infected staff are not obliged to inform management, or any other staff in the organization, of their HIV status. OAG understands that there is no justification for asking job applicants to disclose HIV-related personal information. Since, the precision is to treat applicants fairly and without any discrimination.

If staffs become aware, that a new recruit is HIV positive, the responsibility is with all staff to treat this information as confidential. Failure to do so will be regarded as a serious offence and can result in disciplinary action.

3.0 Equality

OAG provides equal opportunity, which means that everyone will be treated the same. Equality before the law, the principle of the Fiji Human Rights Commission Decree under which all grounds of non-discriminations are subject to investigation for allegations of breaches of human rights and allegations of unfair discrimination, of its own motion or on complaint by individuals, groups or institutions on their behalf or on behalf of others.

4.0 Non-discrimination

Office will not tolerate any form of unfair discrimination against those infected with HIV and takes all reasonable steps to respect their dignity and their individual human rights. All staff who know (or think they know) an individual's HIV status, must adhere to this policy, as any disclosure to third party may result in disciplinary action.

5.0 Working with HIV infected Staff

OAG aims to create discrimination free environment at all times. No staff may refuse to work with HIV infected or any other life –threatening disease if the infected staff poses no risk to the health of the other staffs.

6.0 Equal Employment Opportunity

The office promotes equal opportunity in all forms of paid employment and therefore rejects unfair discrimination on any grounds. This is protected through this policy and is promoted through having workplace policies and ethical behavioural practices. The office shall regard discrimination as unacceptable and has zero tolerance for it. Management is committed in helping redress any discrimination that may occur.

This policy acts as the framework which promotes the welfare and prosperity of all staff.

Direct Discrimination is defined as conduct at the workplace that treats a staff or other staff members differently from the treatment that the job requires to be given. The OAG respects the right of its staff to hold, vigorously defend, and express their ideas and opinions in an atmosphere of mutual respect, understanding, and sensitivity. However, the right to express should not cause any staff to engage in discrimination.

Indirect Discrimination means any situation or practice which results in unequal treatment of persons. There may be certain characteristics that occurs when the same conditions, treatment or criteria is applied to everyone. This may be unfair in respect of recruitment, training, promotion, terms and conditions of employment, termination of employment or other matters arising out of the employment relationship.

In recruitment and selection, including opportunities to undertake higher-level duties on a short term basis, the merit principle shall apply at all times. The open merit principle requires that decisions be based on the relative abilities of applicants to perform the duties required of the job. This principle acts to disallow discrimination, patronage and favoritism.

7.0 Discrimination in employment matters

If a staff or new recruit is competent for work, the office or the authorised personnel shall not:

- refuse or omit to employ the applicant on work of that description which is available;
- Offer or afford the applicant less favorable terms of employment, conditions of work, or other fringe benefits, and opportunities for training, promotion, and transfer that are made available to applicants of the similar capabilities employed within OAG.
- Terminate the employment, or subject the staff to any disadvantage.
- Retire the staff, or to require or cause the staff to retire or resign, subject to any written law or employment contract imposing a retirement age.

8.0 Unlawful discrimination in rates of remuneration

The Office will not refuse or omit to offer a staff the same rates of remuneration as made available to other staff of the same or substantially similar qualifications employed within OAG. Discrimination can be treated as grievance concerns, whereby a staff can lodge a grievance with the Senior Human Resources Officer and seek assistance in resolving the grievance issue.

9.0 Discrimination Handling Process

Upon receiving a complaint of Discrimination, the Senior Human Resource may investigate the complaint. The officer shall then determine if the complaint falls under the jurisdiction of this Policy. If the complaint does not fall under this Policy, the complaint will be dismissed. When complaints are dismissed, Directors will be advised accordingly.

When the complaint falls within the jurisdiction of this Policy, the Officer shall determine, based on the nature and/or severity of the complaint, whether the complaint should proceed as a formal counselling or as a disciplinary issue.

8 Review

This policy will be reviewed 12 months after implementation and every 3 years after that.

9 Monitoring

Any abuse of the policy will result in disciplinary action

10 Who to Contact About this Policy

Any queries is directed to Deputy Auditor-General.

11 Revision/Change Log

Version 1.0	
Policy endorsed by:	Executive Management Committee
Policy approved by:	Auditor-General
Policy effective from:	18 January 2018
Policy to be reviewed by:	18 January 2019
Manager responsible for policy:	Manager Corporate Services

