Jamaica Fire Brigade

WORKPLACE POLICY ON HIV/AIDS 2013
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td>8</td>
</tr>
<tr>
<td>Introduction</td>
<td>13</td>
</tr>
<tr>
<td>Background</td>
<td>18</td>
</tr>
<tr>
<td>Purpose of the Policy</td>
<td>21</td>
</tr>
<tr>
<td>Goals</td>
<td>21</td>
</tr>
<tr>
<td>Vision Statement</td>
<td>21</td>
</tr>
<tr>
<td>Mission Statement</td>
<td>28</td>
</tr>
<tr>
<td>Scope of Application</td>
<td>28</td>
</tr>
<tr>
<td>Objectives</td>
<td>28</td>
</tr>
<tr>
<td>Strategies</td>
<td>27</td>
</tr>
<tr>
<td>Outcomes</td>
<td>23</td>
</tr>
<tr>
<td>Rights &amp; Responsibilities</td>
<td></td>
</tr>
<tr>
<td>Brigade</td>
<td>25</td>
</tr>
<tr>
<td>Employees</td>
<td>25</td>
</tr>
<tr>
<td>Policy Provisions/Guiding Principles</td>
<td></td>
</tr>
<tr>
<td>Recognition of HIV and AIDS as A Workplace Issue</td>
<td>26</td>
</tr>
<tr>
<td>Non-Discrimination</td>
<td>26</td>
</tr>
<tr>
<td>Stigma and Discrimination</td>
<td>26</td>
</tr>
<tr>
<td>Gender Equality</td>
<td>27</td>
</tr>
<tr>
<td>Creating a Healthy Work Environment</td>
<td></td>
</tr>
<tr>
<td>Endorsement of the Occupational Safety &amp; Health Act (Draft)</td>
<td>27</td>
</tr>
<tr>
<td>Promotion of Universal Precautions</td>
<td>27</td>
</tr>
<tr>
<td>Social Dialogue</td>
<td>27</td>
</tr>
<tr>
<td>None HIV Screening for Recruitment and Employment</td>
<td>28</td>
</tr>
<tr>
<td>Confidentiality and non-disclosure</td>
<td>28</td>
</tr>
<tr>
<td>Continuation of Employment</td>
<td>28</td>
</tr>
<tr>
<td>Prevention</td>
<td>28</td>
</tr>
</tbody>
</table>
Care and Support ...........................................................................................................29
Occupational or other Exposure .................................................................................30
Protection against victimization ................................................................................30
Grievance and Disciplinary procedures ..................................................................31
Counseling ..................................................................................................................31

Implementation

Dissemination and Sensitization of the Policy ..........................................................32
How activities from Objectives can be measured ......................................................34

Monitoring and Evaluation .......................................................................................38

Appendix

Appendix I
Universal Precautions ..............................................................................................40

Appendix II
Universal Precautions in the Work Setting for Emergency workers ......................42

Appendix III
Universal Precautions in the Work Setting For Emergency (Fire Fighters) workers ..44

Appendix IV
Basic HIV Facts .........................................................................................................45

APPENDIX V
GRIEVANCE PROCEDURES ...................................................................................55

APPENDIX VI
HIV/AIDS Steering Committee Jamaica Fire Brigade ..............................................57

APPENDIX VII
NATIONAL HIV-RELATED DISCRIMINATION REPORTING & REDRESS SYSTEM (NHDRRS) ........................................................................................................59

Appendix VIII
Care and Support Services .......................................................................................61

References ..................................................................................................................64
**ACRONYMS**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ARV</td>
<td>Anti-Retroviral (medication/ treatment)</td>
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<td>HIV</td>
<td>Human Immuno-Deficiency Virus</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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<td>NHP</td>
<td>National HIV/STI Programme</td>
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<td>PEP</td>
<td>Post Exposure Prophylaxis</td>
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<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
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<tr>
<td>CDA</td>
<td>Centre for Disease Control and Prevention</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>

**Tripartite Partners**  Government, Employers and Workers

**MTC**  Mother To-Child Transmission
The Jamaica Fire Brigade extends its gratitude to all the employees who participated in the development of these workplace policy guidelines. Special mention must be made of Miss Nicola Cousins Workplace Technical Officer from the Ministry of Health National HIV/STI Programme who provided technical support for the development of the policy guidelines; and Miss Zahra Miller Research Officer Monitoring and Evaluation Unit National HIV/STI Programme who provided statistical data on the incidence of HIV/AIDS in Jamaica. The Brigade would also like to thank those persons from the Ministry of Health and the Human Resources and Development Department of the Brigade who assisted in the preparation of the document and participated in sensitization of staff to the policy.

The Brigade completed this policy using a template provided by the National HIV/STI Programme. This document is guided by the National Workplace Policy on HIV and AIDS White Paper (2012), the ILO Code of Practice on HIV and the World of Work (2001) and ILO Recommendation 200.
Departments of the Jamaica Fire Brigade

ADMINISTRATIVE BRANCH

Human Resource Management and Development Department
  - Industrial Relations
  - Personnel

Registry and Records

Training Department

Stores Department

Communications Department

General Maintenance Department
  - Fleet Management
  - Vehicle Maintenance
  - Building Maintenance

Fire Prevention and Public Relations Department

Research and Development

Emergency Medical Service

Information Communication (ICT) Department

Internal Audit

Finance and Accounts

Hazardous Material
OPERATION BRANCH

Areas and Divisions

Area 1
Kingston and Saint Andrew Division
Saint Thomas Division

Area 2
Portland Division
Saint Mary Division
Saint Ann Division
Trelawny Division

Area 3
Manchester Division
Saint Catherin Division
Clarendon Division

Area 4
Saint James Division
Hanover Division
Westmoreland Division
Saint Elizabeth
EXECUTIVE SUMMARY

The Jamaica Fire Brigade is committed in playing its role as a partner in the prevention and control of HIV/AIDS epidemic in Jamaica. HIV/AIDS is one of the greatest challenges facing the world in the 21st century. This workplace policy on HIV/AIDS of the Jamaica Fire Brigade is the framework for action by the management and staff to deal effectively with HIV/AIDS in the work place. The policy takes into consideration the effects of HIV/AIDS on the most productive segment of the work force, as such the policy views the problem associated with HIV/AIDS in terms of the significant negative impact on productivity and national development. The brigade accepts that the proper management of the HIV epidemic will benefit all stakeholders in society by safeguarding production and national development. The policy outlines the Brigade’s response in relations to present and prospective employees both Uniformed and Non-uniformed staff who are affected or impacted by the epidemic. It is expected that the policy will:

- Assist in the development of a caring, supportive and responsible working environment that offers equal protection for all workers.
- Assist in the reduction of HIV/AIDS transmission
- Reduce related stigma and discrimination and
- Educate the staff on HIV/AIDS related issues.

The policy presents the case for dealing with HIV/AIDS as a workplace concern of the Brigade. The policy takes into consideration the effects of HIV/AIDS on the most productive segment of the workforce (the 15-49 age group)\(^1\) and as such, views the problems associated with HIV/AIDS in terms of the significant negative implications they hold for production and national development. The epidemic takes a toll on the rights of workers impacted and affected by HIV/AIDS primarily through stigma and discrimination. It further impacts workers through ignorance and prevailing myths that hinder corrective, preventative actions and access to treatment, care and support. The work place can play a critical role in preventing and controlling

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the spread of HIV/AIDS and in reducing significantly stigma and discrimination through education and training are supportive tools for attitude and behavior modification.

The policy seeks to facilitate the development of a working environment that protects the rights of workers regardless of their HIV status. It is expected that the HIV/AIDS workplace policy will provide the legal framework for dealing with HIV/AIDS and will ensure that mechanisms are in place to protect workers from stigma and discrimination. The policy is fully compliant with the International Labour Organization (ILO) Code of Practice on HIV/AIDS and grounded in the National Occupation Health and Safety regulations.

A summary of the HIV/AIDS situation from international, regional and national perspectives and surveillance data from the National HIV/STI Programme (NHP) are presented to illustrate the seriousness and the prevalence of the epidemic. Jamaica’s epidemic has features that are both generalized and concentrated; the national HIV/STI prevalence among adults as 1.7% in 2009.

This HIV/AIDS workplace policy outlines the responsibilities of the Jamaica Fire Brigade, the focal point of the policy being on HIV/AIDS, the workers and other stakeholders e.g. (Board of Directors, Ministry of Local and Community Development and Unions)

The ten guiding principles from the International Labour Organization (ILO) Code of Practice on HIV/AIDS and the World of Work are used as the foundation for the development of strategies and objectives of this workplace policy. The ILO Code of Practice on HIV/AIDS and the World of Work considers HIV/AIDS as a workplace issue and has the following tenets:

- Recognition of HIV as a workplace issue
- Non-discrimination
- Gender equality
- Healthy work environment
- Social dialogue
- Non-screening (for purposes of exclusion from employment or work processes)
- Confidentiality
- Continuation of employment
- Prevention
- Care and support

Jamaica Fire Brigade fully supports all ten principles. Strategies suggested for implementation in this policy are based on four key objectives that incorporate education and training, improved
awareness and counseling, care and support. The Brigade believe that if they are utilized effectively, these strategies will contribute to reduced transmission of HIV and improve acceptable attitudes towards persons living with and are affected by HIV/AIDS; while mitigating the impact of HIV/AIDS on the workforce. The Brigade additionally fully accepts the guidelines stated in the ILO Code of Practice on HIV/AIDS in the world of work, and supports the principle that there is no justification for not employing persons based on real or perceived HIV Status.

The workplace Policy on HIV/AIDS in the Jamaica Fire Brigade will be reviewed at two-year intervals. The Human Resource Management and Development Department in collaboration with the Brigade’s HIV Steering Committee will monitor the implementation of the policy.
Introduction

The Jamaica Fire Brigade recognizes the continuing seriousness of the global HIV/AIDS epidemic and its impact on the workplace and the communities where we live and work. We understand that, we can make an impact on our workforce, their families and communities. Based on our commitment to our employees, we have developed and implemented a HIV Workplace policy focused on non-discrimination and confidentiality, prevention education, access to treatment, and proactive organizational support. Through this approach, we hope to influence attitudes, change behaviors and make a difference in fighting this disease.

The policy comes from a desire to protect basic human rights, preserve the integrity of our labour force, reduce costs associated with HIV/AIDS, and respond to what we recognizes as a global challenge. We have adopted a holistic approach to the HIV/AIDS pandemic, from the dual perspective of an employer and that of a good corporate citizen, thereby providing valuable and sustainable contributions to fighting the spread of HIV/AIDS. Our policy reflects this comprehensive approach, including education, de-stigmatization, non-discrimination, reducing infections, promoting employees health and wellness, and improving the quality of lives for impacted and/or affected employees and their families.

This policy recognizes that an effective response to HIV/AIDS epidemic requires; respect for the protection and fulfillment of all rights (human, civil, political, economic, social and cultural), upholding the fundamental freedoms of all people, in accordance with the constitution of Jamaica and existing human rights principles, norms and standards. Additionally the policy recognizes that a part of the response is the change in behavioral factors, economic, and socio-cultural environments. Behavioural factors such as multiple sex partnerships, drug use, prostitution (which pervades the culture particularly among adults age 20 and 29 years), gender inequalities and female subservience in sexual decision-making influence choices that spread HIV; poverty, access to care, and access antiretroviral drugs are also major challenges to containing the epidemic.

The HIV/AIDS epidemic has become the greatest social challenge facing our generation and the worst public health disaster in recent times. The epidemic already is having a devastating impact on economies and markets, threatening the security and prosperity of our global society based on
the findings from UNAIDS annual global reports on HIV/AIDS epidemic for 2008-2011. For companies operating in hard-hit regions, HIV/AIDS have had major consequences on profitability and productivity. In Jamaica HIV/AIDS has become a generalized epidemic that affects the health and well-being of a large numbers of people from all social classes and occupational groups throughout the country. According to Ministry of Health National HIV/STI programme 2011 report, “Jamaica’s prevalence rate in 2009 stood at 1.7% (of the adult population (15-49 age groups) are living with HIV/AIDS); these figures represents the second highest prevalence rate for the Caribbean. During 2009 some 1,200 deaths occurred due to AIDS. HIV/AIDS is not only a health problem but also is a developmental issue that affects the social, cultural, political and economic fabric of the nation.”

In response to the epidemic a tripartite partnership representing government, workers and employers took the decision to establish an appropriate framework to address HIV/AIDS at the work place. This initiative which begun in 2002 adopted the ten (10) key principles offered by ILO in the Code of Practice on HIV/AIDS in the world of Work to develop National HIV/AIDS work place policy. This policy is aligned to the national HIV/AIDS policy framework, which are as follows,

1. Recognition of HIV as a Workplace Issue
2. Non-Discrimination
3. Gender Equality
4. Healthy Work Environment
5. Social Dialogue
6. No Screening for Exclusion
7. Confidentiality
8. Continuation of Employment
9. Prevention
10. Care and Support

The ILO believes that government and private enterprises not only have a responsibility to act, but an opportunity to play a crucial role in the global fight against the epidemic, particularly within their own workplace. Work establishments can do things faster and more effectively than anyone else and it is in their own interests as well as those of society as a whole. Experts believe

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that workplace awareness and prevention programs will be the only source of accurate information employees will have about HIV/AIDS. Company leadership distributing condoms, providing voluntary counseling, testing, access to care and treatment sends a strong message to employees and society. In addition, companies and government departments have an unparalleled opportunity to tackle head on the stigma and discrimination that has enabled this virus to spread.

Additionally the ILO posits that the world of work offers a valuable entry point to reach workers in the setting where they spend much of their lives, the workplace. The ILO believes that the development and implementation of workplace policies and programmes on HIV and AIDS should not only facilitates access to prevention, treatment, care and support services for workers but should include their families and dependants, thereby reaching out to the larger community. Despite this view and the development of the ten (10) key principles in the Code of Practice on HIV/AIDS in the world of Work; the ILO believes the important role of the world of work in addressing the pandemic has not been optimally utilized. In order to correct this the ILO believes that if the World of Work is going to make its full contribution to addressing the pandemic, it is essential for action in the world of work to form an integral part of national HIV and AIDS policies, programmes and strategies.

In 2001, the ILO adopted the Code of Practice on HIV/AIDS and the world of work, which has been widely accepted and used in many countries. In 2007, the Organization’s constituents decided that the time had come to raise the response of the world of work to HIV and AIDS to a different level through the development and adoption of an international labour standard. The resulting Recommendation No. 200 constitutes an unequivocal commitment by the ILO’s member States and the representatives of employers and workers, in close collaboration with organizations of people living with HIV and partnering international organizations, to tap into the immense contribution that the world of work can make to ensuring universal access to prevention, treatment, care and support.

The Recommendation reflects the need to strengthen workplace prevention efforts and to facilitate access to treatment for persons living with or affected by HIV and AIDS. It calls for the design and implementation of national tripartite workplace policies and programmes on HIV and AIDS to be integrated into overall national policies and strategies on HIV and AIDS and on
development and social protection. It calls for respect for the fundamental human rights of all workers, including observance of the principle of gender equality and the right to be free from compulsory testing and disclosure of HIV status, while encouraging everyone to undertake voluntary confidential HIV counselling and testing as early as possible. The Recommendation also invites member States to implement its provisions through amendment or adoption of national legislation where appropriate.

General Principles of ILO Recommendation 200

The following general principles should apply to all action involved in the national response to HIV and AIDS in the world of work:

(a) The response to HIV and AIDS should be recognised as contributing to the realisation of human rights and fundamental freedoms and gender equality for all, including workers, their families and their dependants;

(b) HIV and AIDS should be recognised and treated as a workplace issue, which should be included among the essential elements of the national, regional and international response to the pandemic with full participation of organisations of employers and workers;

(c) There should be no discrimination against or stigmatisation of workers, in particular jobseekers and job applicants, on the grounds of real or perceived HIV status or the fact that they belong to regions of the world or segments of the population perceived to be at greater risk of or more vulnerable to HIV infection;

(d) Prevention of all means of HIV transmission should be a fundamental priority;

(e) Workers, their families and their dependants should have access to and benefit from prevention, treatment, care and support in relation to HIV and AIDS, and the workplace should play a role in facilitating access to these services;

(f) Workers’ participation and engagement in the design, implementation and evaluation of national and workplace programmes should be recognised and reinforced;

(g) Workers should benefit from programmes to prevent specific risks of occupational transmission of HIV and related transmissible diseases, such as tuberculosis;

(h) Workers, their families and their dependants should enjoy protection of their privacy, including confidentiality related to HIV and AIDS, in particular with regard to their own HIV status;

(i) No workers should be required to undertake an HIV test or disclose their HIV status;
(j) Measures to address HIV and AIDS in the world of work should be part of national
development policies and programmes, including those related to labour, education, social
protection and health; and

(k) The protection of workers in occupations that are particularly exposed to the risk of HIV
transmission.
Background

“Beyond the suffering it imposes on individuals and their families, the HIV/AIDs epidemic is profoundly affecting the social and economic fabric of societies. HIV/AIDS is a major threat to the world of work. Statistics have shown that it is affecting the most productive segment of the labour force and reducing earnings, and it is imposing huge costs on enterprises in all sectors through declining productivity, increasing labour costs and loss of skills and experience.

In addition, HIV and AIDS is affecting fundamental rights at work, particularly with respect to discrimination and stigmatization aimed at workers and people living with and affected by HIV and AIDS. The epidemic and its impact strike hardest at vulnerable groups including women and children, thereby increasing existing gender inequalities and exacerbating the problem of child labour.”

Global statistics indicates that the threat posed to the world of work by the spread of HIV/AIDS is no less today than in the 1980s when the virus was discovered. Available evidence indicates that in our region the situation may even be worst than a decade ago. “In 2009 an estimated 17,000 people in the Caribbean became infected with HIV, and around 12,000 died of AIDS. After sub-Saharan Africa the Caribbean has a higher HIV prevalence than any other area of the world, with 1 percent of the adult population being infected.”

Jamaica has a 1.7 percent HIV prevalence of the adult population. Reflecting global patterns, heterosexual sex is now the main route of transmission throughout the region, and it has been established that women and young people are particularly vulnerable. It is estimated that more than half of people living with HIV in the Caribbean are women.

In Jamaica, it is estimated that 32,000 persons are living with HIV and as many as 50% are unaware of their status. Between January 1982 and December 2011, twenty nine thousand and sixty nine (29,069) cases of HIV were reported to the Ministry of Health. Of that number, 8,498

3 These are the words of Juan Somavia Director General of the International Labour Organisation (ILO) in the introduction to the ILO’s 2001 document How to deal with HIV and AIDS in the Workplace.

4 UNAIDS (2010) 'UNAIDS report on the global AIDS epidemic

are known to be deceased. Between the same periods, the number of reported cases of AIDS in Jamaica was 16,264. In 2011 there were one thousand two hundred and fifty (1250) persons with advanced HIV of this figure six hundred and sixty one (661) were males and five hundred and eighty nine (589) were females compared to 1503 in 2010. The statistics indicated that there is a male: female ratio of 1.33:1 of persons reported with AIDS. There is higher prevalence of AIDS among males compared to females. Cumulative AIDS case rate were males 689.3 cases (per 100,000) compared to females 504.9 cases (per 100, 000). Approximately 74% of all AIDS cases reported 1982-2011 are in the 20-49 years old age group and 86% of all AIDS cases reported 1982-2011 are between 20 and 60 years old. Despite figures showing greater prevalence among the male population more females over time are accounting for an increased proportion of AIDS cases that are reported annually.

Females account for the larger share of cases in the 10 – 29 and the 15-19 age groups, four times as many young women have been reported with AIDS than young men; Adult males account for a larger proportion of the cases reported in the 30-79 age group. Cumulatively, the number of AIDS cases reported among 20-24 years old (959 cases) is over 4.52 times the number of cases reported among 15-19 years old (212 cases). Such findings may be linked to the high rates of forced sex, sexual intercourse with HIV-infected older men and transactional sex.

In Jamaica, HIV is primarily transmitted through sexual intercourse. Among all reported adult HIV cases on whom data about sexual practices are available (77% of cases), heterosexual practice is reported by 95% of persons. Among reported HIV cases on whom risk data are available, the main risk factors are multiple sex partners, history of STIs, crack/cocaine use, and sex with sex workers. ‘No high risk behaviour’ was reported for a significant proportion of HIV cases and this may represent persons who have one sex partner who was HIV infected by another partner. Higher HIV prevalence has been recorded in key populations such as men who have sex with men (MSM) (31.8%), sex workers (SWs) and informal entertainment workers (4.9%),

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6 Ministry of Health National HIV/STI Program Jamaica HIV/AIDS epidemic update January to December 2011

7 Ibid

8 Ibid
inmates (3.3%), and crack/cocaine users (4.5%). Between 1982 and the end of December 2009, there were 14,354 persons reported to be living with AIDS in Jamaica with an estimated 32,000 persons living with HIV.

In Jamaica all 14 parishes are affected with the most urbanized parishes (Kingston & St. Andrew, St. James and St. Catherine) continuing to have the highest HIV and AIDS case rates. Although heterosexual transmission is reported by 90% of persons with HIV, the sexual practice of 40% of reported male AIDS cases in Jamaica is classified as unknown. This is due primarily to two reasons: late reporting and failure to disclose sexual practices due to fear of stigmatization.

Surveillance data confirms that the HIV epidemic in Jamaica is driven by behavioural, economic and socio-cultural factors. Behavioural factors include inadequate condom use, high levels of transactional sex, multiple partners and early sexual debut. These factors coupled with high levels of unemployment, and gender roles that encourage multiple partnerships among young men and inability to negotiate condom use among women provide fertile ground for HIV transmission. There are an expected 2100 new infections expected each year.9**

Experts believe that if not controlled, HIV/AIDS will impose huge cost on national economies through declining productivity and loss of skills and experience. In addition HIV/AIDS is impacting workers fundamental rights at work because of the stigma and discrimination against people living with and affected by HIV/AIDS or person perceived to be living with HIV/AIDS. The act of discrimination destabilizes the working environment, and jeopardizes the rights and performance of employees. Discrimination hampers effectiveness of strategies and interventions for HIV prevention and care, as people fearing discrimination and stigma associated with HIV/AIDS choose to remain anonymous as an HIV positive person. Increasing labour cost due to health and insurance expense, higher staff turnover and increased recruitment and training cost for additional personnel are resultant cost of the HIV/AIDS epidemic in the world of Work.

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**9** 2013-2017 National HIV/AIDS Strategic Plan from the Ministry of Health
Purpose of the Policy

This HIV/AIDS Workplace Policy is to facilitate the development of a working environment that protects the rights of workers including those perceived to be impacted and/or affected by HIV/AIDS. The Policy calls for a plan of action to:

- Develop a frame work of action in the workplace;
- Highlight the rights and responsibilities of workers, and the Brigade
- Increase awareness of both employees and employers of the effects of HIV/AIDS on individuals, productivity and output
- Improve prevention efforts, treatment, care and support for persons living with HIV/AIDS and their families.
- Establish guiding principles for the fair and equitable management of HIV/AIDS in the workplace
- Protect the human rights of all workers
- Intensify of workplace HIV/AIDS prevention strategies by articulating and establish education, training, improved awareness in the workplace; counsel, care and support in prevention, treatment and care efforts.

GOALS

This policy seeks to:

- Articulate an approach to the management of HIV/AIDS among all Brigade employees through the adoption of a comprehensive wellness approach to employee health.
- Prevent and minimize new HIV infections among workers through a strategy of continuous information, education and awareness, and their application to appropriate behaviour.
- Reduce HIV-related stigma and related acts of discrimination against workers infected or affected by HIV/AIDS, through the promotion of equity, fairness and respect for self and others.
- Provide access to care and support for employees impacted or affected by HIV/AIDS.

Vision Statement

A workplace staffed by people who are knowledgeable and sensitive to the impact of HIV/AIDS.
Mission Statement

At the Jamaica Fire Brigade, we aim to educate the staff in order to prevent and control the spread of HIV/AIDS, to protect the legal rights of our staff and to ensure the well being of all employees, by means of reasonable accommodations regardless of their HIV Status.

Scope of Application

This HIV/AIDS Workplace Policy applies to:

- All current and prospective workers including contractual and temporary employees in the Jamaica Fire Brigade
- All employees and/or contractors of labour providing goods and services to the Brigade.

Objectives

The objectives of the policy are:

- To provide a framework for providing training and awareness as well as prevention initiatives, in order to reduce the incidence of HIV/AIDS among the staff of the Jamaica Fire Brigade.
- To reduce HIV/AIDS related stigma and discrimination at the work place through continuous education, training and involvement of persons living with HIV/AIDS.
- To strengthen the capacities of the Jamaica Fire Brigade to facilitate access to care and support for persons living with or affected by HIV/AIDS.
- To manage and mitigate the impact of HIV/AIDS in the workplace through workplace based prevention and support programmes.

Strategies

The strategies that the Jamaica Fire Brigade will employ to achieve the objectives stated earlier are as follows:

- Sensitization and dissemination of the JFB HIV/AIDS Workplace Policy.
- Establishment of an appropriate environment for providing confidential counseling and referrals for those affected or impacted by HIV/AIDS.
Establishing a network to provide appropriate care and support for employees impacted or affected by HIV/AIDS by targeted training of influential persons (example Senior Officers, Heads of Department, Area Officer, Divisional Head, and Watch Commanders etc) as speakers /advocates on HIV/AIDS.

Integrate HIV/AIDS issues of prevention, treatment, care and support into existing training and staff development programmes and other human resource development programmes.

Utilize grievance mechanism to address incidents of discrimination.

Establishing of appropriate grievance procedure to deal specially with stigma and discrimination of person affected or infected by HIV/AIDS in order from them to get redress.

**Outcomes**

The following outcomes are expected from the implementation of the above strategies to achieve the objectives of the HIV/AIDS Workplace Policy:

- Increased knowledge and awareness among staff about HIV/AIDS.
- Reduction of HIV/AIDS related stigma and discrimination through the introduction of culturally appropriate and gender-sensitive education, training, and awareness sessions.
- Improved capacity to deliver HIV/AIDS education and awareness to staff.
- Reduction in the spread of HIV as a result of effective workplace policies and programmes among workers.
Rights and Responsibilities

The Jamaica Fire Brigade commits to respecting and upholding the rights of all workers and to treat each person fairly regardless of her/his HIV status. This policy will apply to all workers including management. Breaches will be met with sanctions in keeping with existing grievance procedures adhered to by the Brigade as well as all applicable national laws and policies. The reporting of grievances is encouraged. Grievance procedures are outlined in this document.

Rights and Responsibilities of the Brigade

The Responsibilities of the Jamaica Brigade are as follows:

- Ensure that all employees abide by the standards and provisions of the policy.
- The Brigade does not have the right to reveal a worker’s HIV status.
- The Brigade has the responsibility to promote a working environment free of discrimination and stigma.
- The Brigade will have procedures that can be used by workers and their representatives for work-related grievances. In relations to worker who discriminates on the grounds of real or perceived HIV status or who violates the workplace policy on HIV/AIDS.
- The Brigade shall not engage in nor permit any policy or programme that discriminates against workers impacted with or affected by HIV and AIDS. All workers have the right to keep data relating to their HIV status private.
- Disseminate information on HIV/AIDS in the workplace, and develop activities to educate workers and their families about HIV/AIDS.
- The Brigade shall ensure that clients are not stigmatized or suffer discrimination because of real or perceived HIV status.
- Ensure that all HIV positive workers shall not be dismissed on the basis of their HIV status. However, as with any other chronic/life threatening illness where a worker has become too ill to perform adequately on the job, suitable and appropriate, alternative duties should be identified for him or her. Where such alternatives are unavailable and job performance is significantly affected to a point where the employee is deemed
medically unfit to perform his or her job, such a person would be referred to the Brigade’s Medical Practitioner for further assessment to determine the fitness for continued employment. For person infected with HIV/AIDS who are continuously ill for period of time special sick leave will be granted subject to provisions 6.15 of the Non-uniform Staff Terms and Conditions of employment and Section 6.30 of the Uniformed Staff Terms and Conditions of Employment.

- The Brigade will promote HIV/AIDS-related rights and responsibilities in the workplace.

**Rights & Responsibilities of Employees**

- All employees must abide by the standards and provisions of the policy.
- No employee has the right to refuse to work with another who is infected with or affected by HIV/AIDS.
- All employees must adhere to the rules and regulations governing safety in the workplace.
- Employees have the responsibility to adopt healthy lifestyle practices and participate in workplace programmes, which promote positive living.
- Workers should report all discrimination on the basis of HIV/AIDS through established grievance and disciplinary procedures and to the appropriate legal authorities.
POLICY PROVISIONS/GUIDING PRINCIPLES

In keeping with the ILO code of practice on HIV/AIDS and the world of work (2001), the following are the tenets of the HIV Workplace Policy for the Jamaica Fire Brigade.

RECOGNITION OF HIV AND AIDS AS A WORKPLACE ISSUE

The Jamaica Fire Brigade is cognizant that HIV/AIDS is a workplace issue and has accepted its role and responsibility in responding to the epidemic. The Brigade believes that an informed workforce, in a safe working environment, can prevent the spread of and contribute to the effective management of HIV and AIDS.

Non-Discrimination

The Jamaica Fire Brigade accepts that there should be no discrimination against workers based on real or perceived HIV status. The management of the Brigade is cognizant that stigma and discrimination inhibit HIV prevention services as well as care and support efforts.

Real or perceived HIV status should not be a ground for discrimination preventing the recruitment or continued employment, or the pursuit of equal opportunities consistent with the provisions of the Discrimination (Employment and Occupation) Convention, 1958.

There should be no discrimination against workers or their dependents based on real or perceived HIV status in access to social security systems and occupational insurance schemes, or in relation to benefits under such schemes, including for health care and disability, death and survivors’ benefits.

Stigma and Discrimination

The Jamaica Fire Brigade has a zero tolerance policy on stigmatization and discrimination against persons known or perceived to be affected or impacted by HIV and AIDS. The Brigade will, through an aggressive education and training programmes promote the need to protect employees from stigma, discrimination and harassment based on real or perceived HIV or AIDS status. The Board and Management of the Brigade guarantees that job access, status, promotion, security and training will not be influenced by the HIV status of any employee. Redress shall be available for persons who have been stigmatized and discriminated against through grievance.
procedure, or other appropriate mechanism. Acts of discrimination will be addressed swiftly, fairly and thoroughly, while promoting a culture of respect; for human rights, self and others.

**Gender Equality**
The Jamaica Fire Brigade accepts that the gender dimensions of HIV should be recognized. The physical/biological, social, cultural, emotional and economic impacts of HIV may differ between men and women and must therefore be addressed from a gender sensitive perspective.

**Creating a Healthy Work Environment**

**Endorsement of the Occupational Safety & Health Act (Draft)**
The Jamaica Fire Brigade has a responsibility for providing a healthy work environment for all employees, consistent with the proposed Jamaica Occupational Safety & Health Act and in accordance with the provisions of the Occupational Safety and Health Convention, 1981 (No. 155).

**Promotion of Universal Precautions**
The Brigade shall promote the adoption and use of universal precautions in medical emergencies both on Brigade premises and on emergency scenes; this will be achieved through adequate training sessions for all staff. The department shall provide to emergency response personnel all the necessary appropriate safety gears, adequate instructions, safety equipment for employees’ safety and emergency response procedures. The Brigade shall conduct regular maintenance on all machinery and equipment, which may pose a threat to workers.

For the purpose of this policy “Universal Precautions” means protecting oneself from exposure to blood or body fluids through the use of latex glove, masks, or eye goggles; cleaning blood and body fluid spills with soap and bleach solution and water; and disinfecting and incinerating or decontaminating infected waste before disposal.

**Social Dialogue**
The Jamaica Fire Brigade accepts that the principle of social dialogue, trust and cooperation among government, employers, workers and their representatives should be recognized and sustained to ensure the effective implementation of any HIV policy and programme.
Organization of employers and workers should promote awareness of HIV and AIDS, including prevention and non-discrimination, through the provision of education and information to their members. These should be sensitive to gender and cultural concerns.

**None HIV Screening for Exclusion for Recruitment and Employment**

Section 4.6 of the ILO code of practice on HIV/AIDS and the world of work (2001) states that; “HIV/AIDS screening should not be required of job applicants or persons in employment.” Therefore in conformity to international conventions the Brigade will not compel an employee or a job applicant to disclose his/her HIV/AIDS status or that of any other person. The Brigade will provide equal employment opportunities for qualified candidates on a non-discriminatory basis, and will not conduct any tests to screen job applicants or employees for HIV/AIDS as a condition of employment, promotion or training. However, where possible the Brigade shall promote and facilitate access to voluntary confidential counseling and testing for all employees.

**Confidentiality and non-disclosure**

The Jamaica Fire Brigade accepts that an individual’s health condition is private and confidential. Where an employee with HIV or AIDS discloses his or her status to management, the identity of that person will be kept confidential, and that information shall not be used to discriminate against in any way by the management or other staff members. Any person who breaches the confidentiality and non-disclosure of information relative to HIV and AIDS shall be sanctioned in accordance with the grievance disciplinary procedure, set out in this policy.

**Continuation of Employment**

The Jamaica Fire Brigade accepts that HIV infection is not a cause for termination of employment. HIV should be treated like any other medical/health condition. Persons who are HIV positive or have HIV-related illnesses should be allowed to work with reasonable accommodation as necessary, for as long as they are medically fit in available, appropriate work.

**Prevention**

The Jamaica Fire Brigade accepts that the workplace is an appropriate setting for interventions related to the prevention of HIV. These interventions should be appropriately targeted to local
conditions, culturally sensitive and involve all the social partners. Changing attitudes and behaviour through education and training is important to promoting prevention.

Prevention programmes should ensure:
(a) That accurate, up to date, relevant and timely information is made available and accessible to all in a culturally sensitive format and language through the different channels of communication available;
(b) Comprehensive education programmes to help women and men understand and reduce the risk of all modes of HIV transmission, including mother-to-child transmission, and understand the importance of changing risk behaviours related to infection;
(c) Effective occupational safety and health measures;
(d) Measures to encourage workers to know their own status through voluntary counselling and testing;
(e) Access to all means of prevention, including but not limited to guaranteeing the availability of necessary supplies, in particular male and female condoms and, where appropriate, information about their correct use, and the availability of post exposure prophylaxis;
(f) Effective measures to reduce high-risk behaviours, including for the most-at-risk groups, with the view to decreasing the incidence of HIV; and
(g) Harm reduction strategies based on guidelines published by the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Office on Drugs and Crime (UNODC) and other relevant guidelines.

**Care and Support**
Employees living with HIV/AIDS will be treated, as would any other employee with a life threatening illness. Persons who are living with HIV will be allowed to perform their duties until a medical board has diagnose him/her to be living with AIDS at a stage where he/she is medically unfit to work. The Brigade will endeavor to foster a caring and supportive working environment for persons living with HIV/AIDS; the organization believes that it is an essential element to the response to HIV/AIDS. The organization recognizes that persons who are impacted or affected by HIV or AIDS should be treated with compassion and care and should be accepted and supported in the work place without fear of stigmatization and discrimination.
The Brigade will ensure that all employees will be given the relevant information or directed to the National Agencies, Departments/Ministries that offer support for persons who are impacted or affected by HIV/AIDS, the Brigade will also provide access to counseling and other forms of social support. The Human Resource Department through the Commissioner’s office in collaboration with the Ministry of Health will seek to train interested employees to become peer HIV/AIDS counselors at the workplace at no extra cost to the employee. The Brigade will also design programmes and interventions that will incorporate the training of appropriate resource persons to direct access to voluntary testing as well as referrals by the Welfare Officer for counseling and treatment. The Brigade is cognizant that all workers are entitled to affordable health care and through its health scheme will ensure that all workers will have full access to benefits. This is in keeping with the Caribbean Workplace policy on HIV.

The Brigade will adopt the concept of flexi-time; where an employee with a life threatening illness may not be able to work regularly scheduled work times, that employee will be given staggered schedule to facilitate the employee seeking medical treatment.

**Occupational or other Exposure**

The Brigade is committed to providing a safe place of work for its employees. In keeping with this commitment, the management will ensure that all necessary health and safety systems and practices are in place to protect employees from any undue exposure to anything that poses a threat to their health and safety while on the job. The Brigade will provide the appropriate protective equipment such as; body substance isolation devices (latex/rubber gloves, face shield, disposable medical aprons, protective eyewear/goggles etc.), and emergency medical care/first-aid kits to employees in the conduct of their duties, and will also provide training for employees in universal precautions, to ensure they are knowledgeable about the procedures to be followed in the event of an occupational incident, particularly those in which there are high risk exposure. The Brigade will facilitate referral for counseling, assessment and medical treatment for employees exposed to the risk of HIV infection whether in the workplace or elsewhere.

**Protection against victimization**

Discrimination or harassment by any employees, of persons impacted or affected by HIV and AIDS shall not be tolerated. To this end the management team of the Brigade and its employees
shall not victimize or refuse to work with a fellow employee or supervisor persons impacted or affected by HIV/AIDS whether perceived or real.

**Grievance and Disciplinary procedures**
In the event that a work-related grievance arises, the matter is to be reported immediately to the Deputy Commissioner in Charge of Administration, who will employ special procedure for grievance relating to discrimination/victimization. He will establish an arbitration panel comprising; the OIC Administration, the Welfare Officer, Industrial Relations Officer, Director of Human Resource Management and Development and an independent member to investigate and hear cases. These members will sign confidentiality Clause. Additionally the Grievance Procedures as set out in the HIV Unit of the Ministry of Labour and Social Security HIV Workplace programme Grievance Procedure will be employed. (See Appendix VI)

Employees may also make complaints to the National HIV-Related Discrimination reporting and redress system. (See appendix VII)

**Counseling**
The Brigade will facilitate and promotes access to voluntary confidential counseling and testing for all employees, through its Welfare Officer / Chaplain in collaboration with any other relevant national entity that offers HIV/AIDS testing and counseling.
Implementation

Dissemination and Sensitization of the Policy

The Jamaica Fire Brigade HIV/AIDS Workplace Policy will be made available to all employees and policy implementation will be a joint effort between the Brigade’s management and its employees. The Human Resources and Development Department will conduct sensitization sessions within all Divisions, and Departments of the Brigade in order to educate all categories of employee on the policy provisions of the HIV Workplace policy; all Divisional Heads, Heads of Departments and Supervisors are to be involved in the dissemination and implementation of the policy. They will be trained as HIV/AIDS peer educators and will be required to conduct regular training sessions with all categories of staff that they supervise to educate them on the HIV/AIDS workplace policy. The Brigade will reduce most of the implementation costs, by integrating policy implementation into existing training programmes.

The policy implementation plan will seek to promote within the Brigade:

- Education and training on HIV/AIDS
- Improved awareness about HIV/AIDS
- Reduction of stigma and discrimination for those affected by or impacted by HIV/AIDS.

In this regards the Brigade will ensure that the following are done to ensure that Senior Officers, and Departmental/Divisional Heads, understand and support the HIV/AIDS workplace policy:

1. Ensure that all Senior Officers, Divisional Heads and Heads of Department are sensitized about HIV/AIDS.
2. Ensure that the management team is introduced to the HIV/AIDS Workplace Policy, so that they understand it and are prepared to support it.
3. Ensure that adequate resources are allocated for the implementation of the HIV/AIDS Workplace policy.
4. Designate the Welfare Officer/Chaplain as the Official HIV/AIDS Coordinator for the Brigade.
Checklist for policy development and implementation:

1. Every Division/Department should designate a HIV/AIDS training Coordinator and establish a HIV/AIDS Committee to coordinate and implement the HIV/AIDS workplace policy within their Division/Department. This committee should be representative of all categories of workers within Division/Department.

2. The HIV/AIDS Committee/Coordinator should lead the process of developing and implementing annual work plans to implement the policy. The activities/interventions should be based on the strategies created from the objectives. The committee/coordinator will also evaluate and report on the progress of implementation.

3. The Human Resources and Development Department will provide technical support to Divisions/Departments for policy implementation in collaboration with expertise from National Health System and Community Health Workers.

4. The Brigade will set up a HIV/AIDS steering committee with board representation to ensure that the policy guides in HIV/AIDS are responsive to the needs of all staff.
How activities from Objectives can be measured:

**Objective 1:** To provide a framework for training and awareness as well as prevention initiatives, in order to reduce the incidence of HIV/AIDS among the staff of the Jamaica Fire Brigade

<table>
<thead>
<tr>
<th>Activities</th>
<th>Indicator</th>
<th>Expected Outputs</th>
<th>Measurement Mechanism</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| 1. Conduct sanitization secessions with all categories of staff through workshops and seminars | - Number of workshops conducted each quarter  
- Number and categories of employees sensitized | Improved knowledge of HIV/AIDS by employees and management | Quarterly Reports                     | Human Resource Department/JFB HIV Steering Committee  
Departmental/Divisional HIV/AIDS Steering Committee/Coordinator |
| 2. Integrate HIV/AIDS information existing training programmes and other staff developmental activities | Training Module developed and integrated | Improvement of attitude and skills to deal with people living with HIV/AIDS | Quarterly Reports                     | JFB HIV Steering Committee  
Training Department  
Departmental/Divisional HIV/AIDS Steering Committee/Coordinator |
| 3. Conduct workshops with person identified as potential trainers.         | Number of persons trained                                                  | Trainers trained and conducting sensitization sessions | Quarterly Reports                     | Human Resource Department / JFB HIV Steering Committee |
**Objective 2:** To reduce HIV/AIDS related stigma and discrimination at the work place through continuous education, training and involvement of persons living with HIV and AIDS

<table>
<thead>
<tr>
<th>Activities</th>
<th>Indicator</th>
<th>Expected Outputs</th>
<th>Measurement Mechanism</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Use video, caricatures dealing with discrimination reduction in all workshop and sensitization sessions</td>
<td>Number of training sessions that use videos that speaks to discrimination</td>
<td>Improved attitude among staff toward persons living with HIV</td>
<td>Quarterly Reports</td>
<td>Human Resource Department / JFB HIV Steering Committee</td>
</tr>
<tr>
<td>2. Engage persons living with HIV in Workshops and sensitization sessions</td>
<td>Number of workshops involving persons living HIV</td>
<td>Improved attitude towards persons living with HIV</td>
<td>Quarterly Reports</td>
<td>Departmental / Divisional HIV/AIDS Steering Committee / Coordinator / Trainers</td>
</tr>
</tbody>
</table>

JFB WORKPLACE POLICY ON HIV/AIDS 2013
### Objective 3: To strengthen the capacity of the Jamaica Fire Brigade to facilitate access to care and support for persons living with or affected by HIV/AIDS.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Indicator</th>
<th>Expected Outputs</th>
<th>Measurement Mechanism</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Train Senior Managers and Head of Departments or designated staff in understanding and delivery of basic information on the HIV AIDS</td>
<td>Number and type of staff trained and the number of presentations delivered</td>
<td>Staff trained in delivery of HIV/AIDS basic information and the Workplace policy on HIV/AIDS</td>
<td>Quarterly reports</td>
<td>Welfare Officer (JFB HIV Coordinator) JFB HIV Steering Committee Departmental/Divisional HIV/AIDS Steering Committee/Coordinator</td>
</tr>
<tr>
<td>2. Develop peer educator manual</td>
<td>Manual developed and distributed</td>
<td>Peer education strategies and a document approach to peer education</td>
<td>Report</td>
<td>JFB HIV Steering Committee Training Department Welfare Officer (JFB HIV Coordinator)</td>
</tr>
<tr>
<td>3. Conduct workshops to train teams of peer educators</td>
<td>• Number of peer educators trained • Number of persons involved in peer education</td>
<td>Improved knowledge among the staff in relations to risk assessment and prevention</td>
<td>Quarterly Reports</td>
<td>Human Resource Department / JFB HIV Steering Committee Welfare Officer (JFB HIV Coordinator) Departmental/Divisional HIV/AIDS Steering Committee/Coordinator</td>
</tr>
<tr>
<td>4. Provide counseling referral for persons living with or affected by HIV/AIDS</td>
<td>Number of persons who have been referred for counseling</td>
<td>Improved mental health of persons living with or affected by HIV/AIDS</td>
<td>Quarterly Reports</td>
<td>Human Resource Department/ JFB HIV Steering Committee Welfare Officer (JFB HIV Coordinator)</td>
</tr>
</tbody>
</table>
### Objective 4: manage and mitigate the impact of HIV/AIDS in the workplace through workplace-based prevention and support programmes

<table>
<thead>
<tr>
<th>Activities</th>
<th>Indicator</th>
<th>Expected Outputs</th>
<th>Measurement Mechanism</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| 1. Establish HIV workplace principles code of conduct guidelines | Develop and distribute Code of conduct guidelines | Improved appropriate behaviour among staff for people living with HIV and discrimination reduction | Annual report | Human Resource Department/ JFB HIV Steering Committee  
Welfare Officer ( JFB HIV Coordinator)  
Departmental/ Divisional HIV/AIDS Steering Committee/Coordinator |
| 2. Finalize, approve and get management support for wide promotion and disseminate of workplace policy and action plan | Distribution of printed copies of the Workplace Policy and action plan to Divisions and Departments | Approved workplace policy and action plan | Report | Human Resource Department/ JFB HIV Steering Committee  
Welfare Officer ( JFB HIV Coordinator)  
Departmental/ Divisional HIV/AIDS Steering Committee/Coordinator |
| 3. Organize events to commemorate special days including World AIDS day and Safer Sex Week.  
Provide voluntary testing. | Number and types of events held  
Number of staff attending and participating in events  
Number of voluntary testing conducted | Improved awareness of condom-use skills, prevention methods, accepting attitudes to person living with HIV and Voluntary testing | Annual report | Human Resource Department/ JFB HIV Steering Committee  
Welfare Officer ( JFB HIV Coordinator)  
Departmental/ Divisional HIV/AIDS Steering Committee/Coordinator |
Monitoring and Evaluation

The Human Resource Management and Development Department will continuously monitor the implementation of the policy. However the Brigade’s HIV Steering Committee and the Brigade’s HIV Coordinator will ensure that they policy is implemented, strategic, initiatives and programmes are implemented and functional. They will also ensure that each Division/Department has a functional HIV Coordinator and Steering Committee. Every two (2) years the policy will be reviewed by a team (made of the Director of Human Resource Management and Development, Welfare Officer/Chaplin (JFB HIV Coordinator), Commissioner’s Staff Officer, Training Commandant, Research and Development Officer, Industrial Relations Officer and Employee Union Representative) to assess the effectiveness of the policy and to take note of any new information or imitative concerning the HIV/AIDS and the Workplace, update statistics contained in the policy and offer policy prescriptions where policy provisions are ineffective. Monitoring and evaluation of the implementation process should be carried out in accordance with indicators developed by this policy.

Departmental/ Divisional HIV/AIDS Steering Committees will submit quarterly reports on their activities as well as their annual work plans and budget to the Brigade’s HIV Steering Committee, which will in turn submit to the Board and the Commissioner through the Officer in Charge of Administration.
APPENDIX I

Universal Precautions

Definition:
The Centre for Disease Control defines universal precautions as:
"A set of precautions designed to prevent the transmission of HIV, hepatitis B virus (HBV), and other bloodborne pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV and other bloodborne pathogens"\textsuperscript{10}

Universal precautions apply to:

• blood
• bodily fluids containing visible blood
• semen
• vaginal fluid
• cerebrospinal fluid
• synovial, pleural, peritoneal, pericardial, and amniotic fluids
• needles, scalpels and other sharp instruments

Universal precautions do not apply to unless they contain blood:

• faeces
• nasal secretions
• sputum
• sweat
• tears
• urine
• vomits

\textsuperscript{10} The information adapted by UNESCO from the following publications:

JFB WORKPLACE POLICY ON HIV/AIDS 2013
APPENDIX II

Measures to prevent the transmission of HIV infections among Emergency Medical Service (EMS) Workers

- **Personal Protective Equipment:** Emergency Medical Technicians (EMTS) must be taught to always use protective clothing when treating HIV positive patients. Protective gear such as face masks, gowns, gloves and goggles must be used during occasions where chances of accidental splashing of blood and bodily fluids are high. It is essential to change gloves between patients and establish procedures to avoid contamination. Make sure all gloves and gowns are in good condition without any holes or tears.

- **Equipments and Instruments:** Needles and sharp instruments must be used carefully while using them on HIV patients. In cases where an EMT is accidentally cut or prick while treating a patient, immediate Post-exposure prophylaxis (PEP) treatment should commence. Gloves are essential as they provide protection and must be worn at all times when treating patients. Despite wearing gloves, all sharps must be handled with special care and later disposed in a sharps-container.

- **Mouth-to-mouth breathing:** Sometimes an HIV positive patient may have a sudden cardiac arrest and require administration of artificial respiration. Even though there is only a negligible chance of the spread of the virus through the saliva, it is still good to be careful. Because there is a greater chance of transmission if the patient has developed a wound in the mouth which is not visible to the EMT. Therefore EMTs must wear gloves and give rescue breaths through respiratory devices at all times.

- **Hygiene:** Good hygiene habits must be practiced at all times even while dealing with HIV negative patients. Gloves must be donned before treating a patient and afterwards must be taken off carefully and placed in marked containers. Hand washing with antiseptic soap is a must after handling any patient. In the event of any body fluid touching your skin, a disinfectant must be used.

- **Injuries:** A general rule is that any EMTs with personal injuries like open wounds or broken skin must avoid treating patients especially with HIV positive patients. In case they have to, they must properly cover the injured area to decrease the chances of contracting an infection or infecting their patient.
HIV infection results in AIDS, which is a fatal disease. There is no absolute cure for it and therefore great emphasis must be placed on strict adherence to precautionary measures to prevent new HIV infections or the spread of HIV. Other than the above measures, all EMTs must stay aware of the latest protective measures used. Following these simple universal precautions can save lives and must not be taken lightly.\textsuperscript{11}

\footnotesize\textsuperscript{11} Universal Precaution Measures to Prevent HIV Transmission - Article: 1650179 at Isnare.com
Free Articles Published at: http://www.isnare.com
APPENDIX III

Universal Precautions in the Work Setting for Emergency (Fire Fighters) workers 12

Reduce risk of exposure to blood borne pathogens by using universal precautions to prevent contact with blood and body fluids.

Attending to the injured person:

- Whenever blood and body fluids are present, a barrier device (latex/rubber gloves) should be used to minimize exposure of the attending person while emergency care or extrication is being undertaken.
- Place waste in a plastic bag for disposal; remove gloves and dispose in plastic bag.
- Thoroughly wash hands with soap.

Clean and disinfect environmental surfaces and Equipment:

- Whenever cleaning and disinfecting environmental surfaces or equipment in which blood and body fluids are present, a barrier device (rubber utility gloves durable enough to withstand environmental cleaning and disinfecting, thick layer of paper towels, or cloth) should be placed between the blood and the person cleaning.
- Disinfect the affected area(s) and cleaning tools with a commercial tuberculocidal disinfectant (mixed according to manufacturer’s specifications) or bleach solution (approximately 1/4 cup common household bleach per gallon of tap water, mixed fresh daily).
- The affected surface being disinfected should remain wet for several minutes.
- Use disposable paper towels or other disposable materials to remove blood and body fluids.
- Secure all waste in a plastic bag for disposal.

Clean up for attending person:

- Remove gloves, dispose and secure in a plastic bag.
- Immediately apply soap. Thoroughly wash hands with soap by rubbing hands together (avoid scrubbing hands). Pay particular attention to fingertips, nails and jewelry. Rinse with fingers pointing downward.
- If running water and soap are not immediately available, a waterless antiseptic cleaner or moist towelette may be used until hands can be thoroughly washed (use of antiseptic cleaner or towelette is NOT a substitute for handwashing). WASH HANDS AS SOON AS POSSIBLE.
APPENDIX IV

Basic HIV Facts

Facts about HIV/AIDS

*What is HIV?*

HIV is the abbreviation for Human Immunodeficiency Virus. This virus attacks the immune system and slowly weakens a person’s ability to fight off other diseases, by attaching itself to and destroying important cells that control and support the human immune system. It is the virus that causes AIDS.

*What is AIDS?*

The Acquired Immune Deficiency Syndrome, a cluster of medical conditions, often referred to as opportunistic infections and cancers and for which, to date, there is no cure.

*How is HIV transmitted?*

The human immunodeficiency virus (HIV) can pass from one person to another in the following ways:

- by unprotected sexual intercourse with infected persons
- by using contaminated needles
- via transfusion of infected blood or blood products
- from an infected mother to her infant before or during birth
- via organ transplant from an infected donor

HIV is not found in vomit, faeces, nasal secretions, tears or urine unless these fluids are visibly contaminated with blood.

HIV is not spread by casual contact. There is no risk of becoming infected with HIV by working in the same space with a HIV positive person, using the same equipment, sharing showers, or toilet facilities or being in the same office as someone with HIV infection or AIDS. Mosquitoes and other insects do NOT spread this virus. A person CANNOT get HIV from the air, from food and from water.

To get HIV:

- The HIV virus must be present;
The HIV virus must be present in enough quantities to infect blood, semen, vaginal fluid, breast milk;
HIV must go directly into the blood stream.

Who are the workers at risk?
All workers who are in contact with contaminated blood or other bodily fluids are at risk. Exposure to HIV in the workplace occurs through:
- skin and mucous membrane contact with blood and other body fluids of an infected person
- accidents with needles or other sharp instruments contaminated with the blood of an infected person

How is transmission in the workplace prevented?
The Centers for Disease Control recommend using routine practices to protect workers at risk from HIV exposure. This approach stresses that all situations involving contact with blood and certain other body fluids present a risk. Universal precautions outline the use of barriers to prevent workplace exposure to HIV and other viruses. These barriers include the use of:
- engineering controls such as retractable needles
- safe work practices and administrative controls
- Protective equipment such as gloves, gowns or aprons, masks, and protective eye wear.

The Human Immunodeficiency Virus (HIV) causes AIDS (Acquired Immune Deficiency Syndrome). HIV only affects humans. It does so by gradually weakening the immune system making it difficult for the body to fight infection. HIV is microscopic and can only survive in cells that are living; however the virus eventually destroys the host cells.

Modes of Transmission
HIV is transmitted from an infected person to another through blood and blood products, semen (and pre-ejaculation fluid), vaginal fluids and breast milk. Transmission of HIV takes place in four main ways:
- Unprotected sexual intercourse with an infected partner - anal (high-risk), vaginal (high-risk), oral (low-risk)
- Blood and blood products (through for example, infected transfusions, organ or tissue transplants)
- Sharing contaminated intravenous needles with an HIV infected person (high risk) and accidental exposure to injection or other skin piercing equipment used by an HIV infected person (lower-risk)
- From infected mother to child in the womb or at birth (25% to 50% chance of transmission to child without treatment)/through breast-feeding (less than 5% with Antiretroviral treatment and substitutes for breast milk)

HIV is NOT spread during everyday casual contact. HIV CANNOT be transmitted during casual, physical contact with an HIV positive person such as coughing, sneezing, kissing, hugging, sharing utensils, toilets and washing facilities or consuming food or beverages handled by the person. Mosquitoes and other insects do NOT spread this virus. A person CANNOT get HIV from the air, from food and from water.

**To get HIV:**
- The HIV virus must be present;
- The HIV virus must be present in enough quantities to infect blood, semen, vaginal fluid, breast milk;
- HIV must go directly to the blood stream.

A person cannot get HIV by handling or coming into contact with the tears, sweat, saliva or urine of an HIV infected person. The concentration of HIV in these body fluids is not high enough to cause infection.

**Prevention**

HIV is fragile and is only able to survive in a limited range of conditions. It can only enter the body through naturally moist places and cannot penetrate unbroken skin. To prevent transmission of HIV, it is recommended that all sexually active persons use a barrier to the virus such as a latex male condom during every episode of sex. The female condom is also recommended. To prevent transmission through accidental exposure to blood and other body fluids, universal precautions should be adopted.

This requires the use of protective equipment such as rubber masks and gloves in situations involving exposure to blood and other body fluids from an infected person. Skin-piercing
equipment can be contaminated by re-use without proper sterilization. Bleach, strong detergents and very hot water kill the virus rapidly, which is unable to survive outside of a living human body. Persons who are exposed to blood accidentally through skin puncture by an injection needle, or persons who have been raped, are required to undergo HIV testing and post exposure prophylaxis.

**Preventing Sexual Transmission**
- Abstain - This method of prevention is strongly recommended for anyone deciding to delay sex until “the right time”.
- Be faithful to one sexual partner who is uninfected and mutually faithful.
- Correct and consistent condom use
- Do get an HIV test

**Prevention of Blood Transmission**
- Universal Precautions
- Post Exposure Prophylaxis
- Protected national blood supply
- Advocacy to prevent sharing of IV drug needles including provision of sterilized needles

**Prevention of Mother - To-Child (MTC) Transmission**
- Universal HIV Testing of Pregnant Women
- ARV treatment for all HIV positive pregnant women
- Counselling for all HIV positive pregnant women on treatment
- Access to information, counselling and follow-up care and support for all HIV positive pregnant women, including family planning services and nutritional support
- Advocacy for the provision of specific guidance and support to ensure adequate replacement feeding

**How to Tell Your HIV Status**
- Get tested.
- A Rapid Test (for HIV) is used for screening blood samples. Confirmation of samples found to be positive is necessary. The process of confirmation is usually carried out in a laboratory setting while screening tests may be conducted in the field at designated
outreach points. Authorised persons conduct the screening using the Rapid Test (usually a finger prick). Confirmation of positive results is undertaken at the National Public Health Laboratory (NPHL) and at regional laboratories. Persons opting for the Rapid Test are able to know the results within 20 minutes.

- VCT (Voluntary Counselling & Testing) – HIV testing should be voluntary or with informed written consent. It should be preceded (pre-test) and followed (post-test) by counselling. Through counselling the client is able to understand what the negative test result means and what the positive test result means. The appropriate sexual behaviour for any kind of result should be discussed with the client during counselling. Group education may be provided in lieu of individual pre-test counselling. However, all post-test counselling should be conducted without breaching the privacy and confidentiality of the client.

Window Period
- When a person is exposed initially to HIV – that is becomes infected through contact with an infected person – it may take between six weeks and up to three months before antibodies to HIV are detected in the blood. Antibodies are created as the immune system tries to fight off the infection from the virus.
- The HIV test looks for antibodies. When these antibodies are detected the person is diagnosed HIV positive.
- A person can be positive and the test shows negative because the test was carried out during the window period.

Who Needs To Take an HIV TEST?
- Sexually active people – This includes even those who are currently abstaining who were sexually active up to 10 years ago.
- People with more than 1 sex partner – This applies also to those who have been engaged in serial monogamy.
- People who have unprotected sex.
- People who use condoms inconsistently and incorrectly.
- People who have doubts that their sex partner is faithful.
- Anyone who was raped should get tested for HIV.
Anyone who got accidentally stuck by an injection needle while attending to a client/patient.

**Taking the HIV Test**

- The client should:
  - Know what the test results mean before and after taking the test.
  - Get counselling before and after taking the test.
  - Use condoms during every sexual encounter or abstain.

**How to Use the Male (Latex) Condom**

- Ensure there are sufficient latex condoms within easy reach. Check the expiry date and the manufacturer’s date on the package. Feel the package before opening to detect air, which means the product, is not damaged. The penis must be erect before putting on the condom.
- Open the package carefully to avoid damage to the condom. Avoid the use of sharp openers such as teeth or nails. After removing the outer package, hold the tip of the condom between the thumb, middle and index fingers and expel the air.
- Ensure that the condom is on the side that will roll out naturally. Roll the condom two notches down to allow for sufficient space at the tip. While holding the tip of the condom unroll it onto the penis keeping the position until your hand reaches the base of the penis.
- Use a water-based lubricant with the condom. Some condoms are already lubricated.
- After the male partner ejaculates (cum) pull out the penis while it is still hard in order to prevent the spillage of semen. Remove the condom carefully ensuring that your fingers do not come in contact with the semen in the tip of the condom. Take note of the colour of the semen in the condom. Discoloured semen may indicate the presence of another sexually transmitted infection (STI). Once the condom is removed tie the end of it and dispose of it in the garbage bin. Wash hands.
- If the couple desires to continue having sex, wait until the penis gets hard again and put on a new condom.

**How to Use the Female Condom**

- The female condom can be inserted up to eight hours before sex. Most women insert between 2 to 20 minutes before sex.
The female condom is for one-time use and should be removed before the woman stands.

Practice using the female condom without having sex.

To insert the condom, the woman should find a comfortable position such as standing with one leg up on a chair, or sitting with knees apart or lying on her back.

Ensure that the inner ring is at the bottom, closed end of the pouch. Though the condom is lubricated, extra lubricant may be added to the tip of the pouch and to the outer ring.

Hold the pouch with the open end hanging down. While holding the outside of the pouch, squeeze the inner ring with the thumb and middle finger. Place the index finger between the thumb and the middle finger and keep squeezing the inner ring.

While squeezing the female condom with three fingers, use the other hand to spread the lips of the vagina and insert the squeezed female condom.

If the female condom is slippery during insertion, let it go and start over.

Use the index finger to push the inner ring and the rest of the pouch into the vagina.

The inner ring should go just past the pubic bone, which a woman can feel with the index finger.

Ensure that the female condom is not twisted when it enters the vagina.

About one inch of the open end of the female condom will remain outside of the body. Once the penis enters, the vagina will expand and the slack will decrease. Use your hand to guide the penis into the vagina.

To remove the female condom, squeeze and twist the outer ring to keep the seminal fluids inside the pouch. Pull out gently. Discard the used condom in the trash bin.

**Dental Dam**

Dental dams are small, thin, square pieces of latex that are used for oral-vaginal or oral-anal sex. Dental dams help to reduce the transmission of STIs during oral sex by acting as a barrier to vaginal and anal secretions that contain bacteria and viruses. Many STIs, such as herpes, genital warts and HIV, can be transmitted through oral sex. Like condoms, dental dams must be used correctly and consistently in order to be effective. Although it may seem a little awkward to use them at first, dental dams are extremely easy to use.

Before using the dam you may want to rinse off any powder that's on the dam and check the dam to make sure there are no holes or perforations.
● The partner performing oral sex will hold the dam against the vulva or anus of the receiving partner.

● You can opt to apply a lubricant on the vulva or anus before using the dam. The lubricant can help increase the sensation for the recipient. Just make sure the lubricant is a water-based lube because oil-based lubes and lotions can degrade the latex and decrease the dam's effectiveness.

● When you use the dental dam, be sure to ONLY use one side. Don't flip the dam over for another round because you will expose yourself to the very fluids you're trying to avoid! And do not re-use a dam on another body part (e.g. from anus to vulva or vice-versa) because you can transfer germs from one body area to another. Do not re-use a dam for another act of oral sex later on either. Dams are for one-time use only.

**Sexually Transmitted Infections and HIV Transmission**

People who have been diagnosed with another sexually transmitted infection (STI) are at risk for HIV. Persons with STIs are more likely to have sores and small breaks in the skin and lining of their genitals. It is easier for HIV to enter the body through these breaks. If a person has an STI or has had one, he/she could have contracted HIV because of unprotected sex.
**Risk Assessment for Sexual Transmission of HIV**

Answer YES or NO to each of the following questions. If the answer to all or most questions is NO your risk for contracting HIV is high.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am sure that my partner does not have other sex partners</td>
<td></td>
</tr>
<tr>
<td>I know that my partner uses a condom every time he/she has sex with other partners</td>
<td></td>
</tr>
<tr>
<td>I have had a sexually transmitted infection</td>
<td></td>
</tr>
<tr>
<td>The last 3 times I had sex I used a condom every time</td>
<td></td>
</tr>
<tr>
<td>IN the last 4 weeks, I had sex with more than one person</td>
<td></td>
</tr>
</tbody>
</table>

If your answers to ANY of the above put you in the GRAY, you are at risk for contracting HIV. You should therefore:

- Get an HIV test.
- Use a condom correctly next time and every time you have sex.
APPENDIX V

GRIEVANCE PROCEDURES

- The following is the suggested Grievance Procedure for the HIV Workplace Programme provided by the HIV Unit of the Ministry of Labour and Social Security

- The best practice for resolving complaints of HIV-related discrimination in the workplace will include the following.

- Entities that do not have an existing Grievance Procedure can elect to solely use the NHDRRS (or the Ministries of Labour or Health) as the means of handling complaints of HIV-related discrimination (see appendix 3 for the NHDRRS). This is to be clearly stated in the HIV Workplace Policy and the workforce informed.

- Entities with an existing grievance procedure and prefer to utilise this mechanism for complaints of HIV-related discrimination, must be prepared to modify it as outlined.

- The internal Grievance Procedure (GP) will convene at the highest level to hear the complaint of the aggrieved worker. The GP will recognize a category of complaints known as "Imminent Danger to Personal Well-being" or "Imminent Threat to industrial Peace" or some similar applicable title that will cover issues that are highly confidential and require expediency. The executive core of the GP committee at the highest level will hear this category. The committee will comprise no more than four persons including the Human Resource Manager, the most senior manager in the GP process and the union representative, if there is one. Committee members will all read and sign a confidentiality clause.

- The complaint is made directly to the Human Resource Manager.

- The matter is heard before by the GP committee and decisions or actions taken to resolve it. [This may require multiple / mediation type sittings of the committee].

- Where the committee does not satisfactorily or cannot resolve the matter, the Human Resource Manager or the worker respectively, refers or reports it to the NHDRRS.

- All workers are informed of the GP and the National systems that exist, namely, the NHDRRS, the Ministry of Labour and the Ministry of Health.
The entity/Ministry clearly states that workers have the option to choose the internal or external mechanism to seek redress.

The entity/Ministry clearly states that it will cooperate with and support the national systems in assisting the aggrieved worker in getting redress.
## APPENDIX VI

### HIV/AIDS Steering Committee Jamaica Fire Brigade

<table>
<thead>
<tr>
<th>Names</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Senior Officer Representative (Committee Chairman)</td>
</tr>
<tr>
<td></td>
<td>Divisional Head Representative</td>
</tr>
<tr>
<td></td>
<td>Welfare Officer /Chaplin (JFB HIV Coordinator)</td>
</tr>
<tr>
<td></td>
<td>Industrial Relations Officer</td>
</tr>
<tr>
<td></td>
<td>Training Department Representative</td>
</tr>
<tr>
<td></td>
<td>Fire Prevention Representative</td>
</tr>
<tr>
<td></td>
<td>General Maintenance/Stores/Communications Representative</td>
</tr>
<tr>
<td></td>
<td>Administrative Staff (Brigade Headquarters Representatives)</td>
</tr>
<tr>
<td></td>
<td>Area1,2,3,4 Representatives</td>
</tr>
<tr>
<td></td>
<td>Auxiliary Staff Representative</td>
</tr>
<tr>
<td></td>
<td>EMS Representative</td>
</tr>
<tr>
<td></td>
<td>Union Representative (UAWU, JALGO, NWU, JCSA)</td>
</tr>
</tbody>
</table>
APPENDIX VII

NATIONAL HIV-RELATED DISCRIMINATION REPORTING & REDRESS SYSTEM
(NHDRRS)

The National HIV-related Discrimination Reporting & Redress System (NHDRRS) serves as the focal point for the investigation and redress of HIV-related discrimination cases. The system has five steps and deals exclusively with cases of HIV-related discrimination. It is facilitated by the Jamaican Network of Seropositives (JNPlus).

Step 1 – Submit Complaint Report
An initial complaint may be submitted to the JNPlus via telephone (929-7340), on-line (www.jnplus.org) or by completing a complaint form. Anyone can file a complaint whether they have experienced the discrimination first hand or witnessed it. Each report is assigned a code to ensure confidentiality.

Step 2 – Interview
An interview is conducted with the complainant to ascertain detailed information about the act of discrimination, names of witnesses, how the alleged discriminator knew the Complainant’s HIV status, etc. The System is client centred and is therefore guided by the wishes of the Complainant.

Step 3 – Investigation
An investigation of the complaint is conducted to verify the validity of the accusations made in the case. Based on the findings of the investigation, recommendations for redress are developed.

Step 4 – Redress
The outcome may take many forms depending on the nature of the complaint. Examples of redress include sensitisation, one-on-one mediation, legal action and disciplinary action. Redress is more effective through partnership with established redress entities such as Jamaica Red Cross, JNPlus, The Independent Jamaican Council for Human Rights and Ministries of Labour and Health.
Step 5 – Closure

The case can be closed at 3 junctures:

- On the Complainant’s request
- Based on the recommendations of investigative team; or
- At the conclusion of the redress intervention.

Contact JNPlus at 929-7340 or www.jnplus.org for further information.
APPENDIX VII
Care and Support Services

ACOSTRAD
C/O National Public Health Laboratory
21 Slipe Pen Road, Kingston
Tel: (876) 967-0169
Fax: (876) 978-1532
Email: gram@kasnet.com

Beth Jacobs Clinic
14 King Street
St Ann's Bay St. Ann
Tel: (876) 972-2259/0647
Fax: 972-2224
Email: famplan@cwjamaica.com

Bureau of Women's Affairs
5-9 South Odeon Avenue
Kingston 10
Tel: (876) 754-8576-8 / 929-6660
Fax: (876) 929-0549
Email: webster@micys.gov.jm
info@bwa-jamaica.gov.jm

Caribbean HIV/AIDS Research Training Network (CHART)
55 Slipe Pen Road, Kingston 5
Tel: 948-8002
Fax: 948-8695
Website: www.chartcaribbean.org

Center of HIV/AIDS Research, Education and Services, (CHARES)
University Hospital, Mona
Kingston
Tel: (876) 977-6921 Fax: (876) 977-6921
E-mail: racquelbrown1@gmail.com

Children First
9 Monk Street
Spanish Town, St Catherine
Tel: (876) 984-0367
Fax: (876) 984-0367
Email: childrenfirst93@yahoo.com

Comprehensive Health Centre
55 Slipe Pen Road, Kingston 5
Tel: (876) 922-2095 / 3042

Corpus Christi
3 North Street
Kingston
Tel: (876) 922-2218 / 2676
(876) 967-0341

Dare to Care
3 Windsor Road
Spanish Town, St. Catherine
Tel: (876) 749-3979
Email: dare.to.care@mustardseed.com

Faith Centre
7 Laws Street
Kingston
Tel: (876) 922-2996
Fax: (876) 922-1380

Family Counseling Centre
56 Windsor Road
St Ann's Bay
Tel: 972-1805

Fax: 972-7598
Email: fccjam@yahoo.com
Website: csalt.com

Guidance and Counseling
Ministry of Education
Caenwood Centre
37 Arnold Road
Kingston 5
Tel: (876) 922-9370 / 967-5193
Fax: (876) 967-5193

HIV/AIDS Helpline
Tel: (876) 967-3830 / 3764
Free Tel: 1-888-991-4444

Hope Hospice
1st Street Albion
Montego Bay St. James
Tel: (876) 979-5555
Email: hopehospicegsf@gmail.com

Ionic Whorms Innercity Counselling Centre (IWICC)
155 Church Street
Kingston
Tel: (876) 948-2948 (Mon.-Fri. 9AM-5PM)
Tel: (876) 948-3805 (after 5PM)
Email: iwick@yahoo.com

Jacob's well
74 Hanover Street
Kingston
Tel: 922-4414
Fax: 922-3180

Jamaica AIDS Support
4 Upper Musgrave Road
Kingston 5
Tel: (876) 978-2345
Fax: (876) 978-7876
Email: info@jamaicaaidssupport.com

16 East Street
1st Floor Van Haze Building
Montego Bay, St. James
Tel: (876) 952-9817
Fax: (876) 940-7386
Email: montegobay@jamaicaaidssupport.com
Website: www.jamaicaaidssupport.com

2 Douglas Close
Off 104 Main Street
Ocho Rios St. Ann
Tel: (876) 974-7236
Fax: (876) 974-6461
Email: ochorios@jamaicaaidssupport.com

Jamaica Business Council on HIV&AIDS
2a Ruthven Road, Kingston 10
Tel: 920-2937 / 926-6762
Fax: 754-2135
E-mail: jabcha@jamaicaemployers.com
Website: www.jabcha.org

Jamaica Employers Federation (JEF)
2a Ruthven Road, Kingston 5
Tel.: (876) 926-6908/6762/5524
Fax: (876) 754-2132/968-4576
Email: info@jamaicaemployers.com
Website: www.jamaicaemployers.com

Jamaica Forum for Lesbians, All-Sexuals and Gays (JFLAG)
PO Box 1152, Kingston 8
Tel: (876) 978-8988/379-9834 (digi)
Fax: (876) 946-3244
Email: admin@jflag.org
Website: www.jflag.org

Jamaica Red Cross
Central Village, St. Catherine
Tel: (876) 984-7860-2
Fax: (876) 984-8272
Email: IRCs@infochan.com
www.jamaicaredcross.org

Jamaica Network of Seropositives (JN+)
3 Trevennion Park Road
Kingston 5
Tel: (876) 929-7340
Email: admin@jnplus.org
Website: www.jnplus.org

Lord’s Place/ Bethlehem’s Home
34-36 Higholborn Street
Kingston
Tel: (876) 967-3133

Missionaries of the Poor Hospice Services
E-mail: mopja@cwjamaica.com
Website: missionairiesofthepoor.org

Mustard Seed Communities
1 Mahoe Drive
Kingston 11
Tel: (876) 923-2165/6488 / 937-2010
Fax: (876) 923-6000
E-mail: mscsec@mustardseed.com

Website: www.mustardseed.com

National AIDS Committee
5th Floor
2-4 King Street, Kingston
Tel no: (876) 967-1100/1103/1105/1092
Fax: (876) 967-1280
Website: http://www.jamaicanap.org

National Council on Drug Abuse
2-6 Melmac Avenue,
Kingston 5
Tel.: (876) 926-9002-4
Fax: 960-1820
Email: ncda@cwjamaica.com
Website: www.ncda.org.jm

National Family Planning Board
5 Sylvan Avenue, Kingston 5
Tel: (876) 968-1629-36; 906-9707 / 754-4557
Fax: 968-1626
Marge Roper Hotline
Tel: (876) 968-1634-5

National HIV/STI Programme
Ministry of Health
4th Floor
2-4 King Street, Kingston
Tel no: (876) 967-1100 / 1103/1105/1092
Fax: (876) 967-1280
Website: http://www.jamaicanap.org

National HIV Related Discrimination Reporting and Redress System
3 Trevennion Park Road
Kingston 5
Tel: (876) 929-7340
E-mail: complaints@jnplus.org

**Missionaries of the Poor**  
7 Laws Street  
Kingston  
Tel: (876) 922-2996  
Fax: 876 922-1380  
E-mail: mopmusicministry@yahoo.com

**The Salvation Army**  
3 Waterloo Road  
Kingston 10  
Tel: (876) 929-6190-2  
Fax: (876) 929-7560  
Website: [www.salvationarmycarib.org](http://www.salvationarmycarib.org)

**Victim Support Group**  
9 Eureka Crescent  
Kingston 5  
Tel: (876) 906-8554  
Fax: (876) 922-5236

**West Help and VIP**  
C/O St James Health Department  
Montego Bay St James  
Tel: (876) 979-7820  
Fax: (876) 979-7802

**Windward Road Health Centre**  
18 Paradise Street  
Kingston 16  
Tel: (876) 938-3910/ 928-3333

**Youth at the Cross Roads**  
Campus Crusade for Christ  
11 Earls Court  
PO Box 1308  
Kingston 8  
Tel.: (876) 931-4269  
Fax: (876) 931-4264  
Email: cccj@cwjamaica.com

**Youth Now**  
The Ministry of Health  
5th Floor, 2-4 King Street  
Kingston  
Tel: (876) 967-1100 / 1103 / 1105 Ex: 2045  
Fax: (876) 967-1280
References


Universal Precaution Measures to Prevent HIV Transmission - Article: 1650179 at Isnare.com Free Articles published at: http://www.isnare.com
Ratified by the Jamaica Fire Brigade Board on:

_________________________________________

_________________________________________

Jalil Dabdoub (Jnr.)
Chairman Board of Directors
Jamaica Fire Brigade

Implementation Date: