

# **Policy on inclusion with special focus on Leprosy and HIV AIDS**

## **1.1 Purpose**

- a. It is a known fact that, today, leprosy and HIV infections are identifiable, preventable and manageable/curable with the current medical know-how and there is no reason why anyone should be discriminated due to these illnesses.
- b. We acknowledge that stigma creates and perpetuates gross inequities, wounding physically, socially, economically, psychologically and spiritually both the infected and the affected thus leading to discrimination. Prevailing stigma is responsible for people, infected and affected to hesitate to access counselling, testing and treatment services thus forcing them to withdraw from society.
- c. A policy on inclusion opens avenues for learning and strengthening our own understanding and initiatives. It states our approach to upholding the right to dignity of every human being, transforming a world challenged by stigma due to leprosy and HIV & AIDS.

## **1.2 Rationale**

One of the biggest barriers in the workplaces of organizations is the incorrect information and understanding about leprosy and HIV and AIDS. It is imperative for us to strive to be an inclusive community where people irrespective of their leprosy or HIV status get equal opportunity and support.

## **1.3 Objective**

- a. This Policy is intended to minimize the possibility of leprosy and HIV infection for employees, visitors, volunteers, trainees and any others who are engaged with the organization. It assures prospective candidates that their leprosy or HIV status will in no way influence their acceptance by the organization as staff or whether or not the person will continue in the service of the organization. It envisages a supportive work environment for employees affected by leprosy and HIV.
- b. It is a guiding frame of reference on how TLMTI deals with everything from its day-to-day operational problems and how to comply with legislation, regulation and codes of practice with regards leprosy and HIV AIDS.

## **1.4 Scope**

The provisions of this policy will apply to all staff of TLMTI both regular and contract and to visitors, volunteers, trainees, beneficiaries of field based projects and patients at the hospitals, as appropriate.

## **1.5 Non-discriminatory approach**

- a. We will not discriminate on the basis of actual or perceived leprosy or HIV AIDS status under any circumstances, including appointment and opportunities for career advancement.
- b. No employee will be isolated, or segregated, within the organizational premise, that is both at the office and at the field centres, on the grounds of being infected with leprosy or HIV AIDS.
- c. Employees or volunteers living with leprosy or HIV will be treated no less favourably than employees or volunteers with other serious illnesses.
- d. Employees or volunteers who discriminate against people living with leprosy or HIV will be subjected to disciplinary procedures in the event that counselling efforts fail.
- e. However, these policies and norms do not prevent the management and persons responsible for overall organizational direction and work, from taking appropriate disciplinary action in case of acts of misconduct, misappropriation, non-performance and irresponsibility on the part of any employee, man or woman.

## **1.6 Staff employment related**

### **a. Recruitment:**

- i. TLMTI will encourage non-discriminative recruitment of staff including persons affected with leprosy and HIV AIDS. All recruitment procedures would mention this as part of the organization's general principle of non-discrimination and equal opportunity in recruitment. TLMTI will provide an enabling environment for all staff without any discrimination.
- ii. Mandatory testing will not be imposed as a restrictive condition for recruitment with TLMTI. All new staff joining an area of work that places him/her, to Exposure Prone Procedures is required to do the HIV screening test along with HBV and HCV. The screening will be done at the point of entry as part of medical fitness. If a worker prior to employment is detected Sero positive, he/she will not be offered the job, if he/she is going to be working in an Exposure Prone Area. The decision to hire him/her also rests with the hospital management. All existing staff working in high-risk areas are recommended to take the HIV test.

- b. **Induction:** As part of induction, all new staff will be inducted to issues of stigmatised illnesses such as leprosy and HIV/AIDS to get a better understanding of and sensitivity to the issues of persons affected by leprosy and HIV/AIDS. All staff will be briefed on the universal precautions regarding infectious diseases including leprosy and HIV AIDS.

c. **Leave rules:** Leave rules are common for permanent and contract staff as per rules. However, if the staff has observed Universal Precautions and becomes infected by HIV AIDS after an accidental exposure, such staff shall have 20 days special sick leave with half pay every calendar year in addition to the existing leave benefits. This cannot be accumulated.

d. **Medical Benefits:**

- i. All medical benefits will be as per the policy for permanent and contract staff. In addition, all staff affected by HIV AIDS will be supported to receive ART through government health care system.
- ii. If a staff member has not observed Universal Precautions / Pre Exposure Protocols he/she will bear the expenses of labs and treatment cost. If the staff has observed UP and becomes infected after an accidental exposure, his treatment will be supported by the management.

e. **Work assignment:**

- i. If a leprosy or HIV AIDS infected employee shall find difficulty in conducting normal duties, then after seeking qualified medical opinion, alternative terms and conditions of work shall be explored with the employee, including change of working hours or the work site.
- ii. A HIV AIDS positive person will be offered a job in a non- Exposure Prone Area provided there is a vacancy, and the person fulfils necessary conditions to executing the work for which he/she is taken. For example, an infected doctor can still look after IP rounds; see cases in the OPD, teaching and research and other procedures where risk of transmission to others is negligible.

f. **Disciplinary action/Termination of Employment:**

- i. In the event of a staff refusing to treat a positive patient the management has to be notified of such behaviour. If after adequate counselling the staff does not change his/her attitude appropriate actions will be taken by the management.
- ii. Leprosy or HIV AIDS infection shall not be a cause for termination of services of the employee. They shall continue in employment as long as they are medically fit for available, appropriate work. If an employee infected with leprosy or HIV/AIDS or by any other long-term illness and is unfit to carry out the assigned duties and there are no grounds to indicate that improvement is likely in the foreseeable future, then after seeking expert medical opinion, the services shall be terminated as per service rules. All interviews and actions agreed are confirmed in writing to the employee.

**g. Staff Discrimination / harassment Redressal Mechanism:**

- i. Any discrimination experienced by staff on account of leprosy or HIV AIDS will be treated as misconduct by the perpetrator under the staff service rules and the redressal process will be the same as that of in other matters. This shall be one of the items in the list of misconduct.
- ii. Any grievance related to discrimination experienced by the staff can be represented to the grievance committee for necessary redressal through the procedure of handling misconduct.

**1.7 Knowledge and awareness among staff**

- a. All staff and their family members will be provided with sufficient updated information periodically to protect them from or / and cope with leprosy and HIV AIDS. The information provided should be on mode of transmission, prevention, symptoms, care and where to find help and so on. This information will be in a form of a handout, which will be updated from time to time and distributed to the staff and their families.
- b. Yearly refresher courses will be conducted for all staff on the causes, consequences and management of issues faced by people disadvantaged by leprosy and HIV AIDS.

**1.8 Pastoral care**

- a. For those staff disadvantaged by leprosy or HIV AIDS necessary support, spiritual or otherwise will be provided through TLMTI counsellors or local Church.
- b. Dedicated morning devotions and celebration of special days will be held for sensitizing staff and their families to the issues of stigma and discrimination due to leprosy and HIV AIDS.
- c. The theological response to the preconceived notion that these illnesses are caused by sin and it is a curse of God will be provided with the help of people who have such sound understanding. Support of NCCI will be sought in this regard.

**1.9 Confidentiality**

- a. All staff must understand the policy, the law & the meaning of assured confidentiality.
- b. Employees or volunteers will have to notify the organization on their status of leprosy or HIV AIDS if they are active/positive carriers so the organization takes necessary action on assignment of responsibilities to minimize spread of infection to others in the organization.
- c. Where employees and volunteers disclose that they, or their spouse and/or dependents are living with leprosy or HIV AIDS, confidence in the information provided will be respected. Disclosure under all circumstances will be treated as shared confidentiality between the parties, unless

expressly stated to the contrary. If there is any doubt, the person living with leprosy or HIV AIDS should be consulted before further disclosure takes place.

- d. All medical information including leprosy and HIV AIDS status will be confidential unless disclosure is legally required.
- e. Long term absence from work necessitates the management to obtain the employee's medical status. In cases where the employee discloses his or her leprosy or HIV status as reason for absence, then the management will ensure absolute confidentiality of this information and make every effort to protect that person from stigmatization and discrimination.

#### **1.10 Facilities and treatment related**

- a. Mandatory leprosy or HIV AIDS testing will not be imposed as a precondition for providing health care to any health care seeker. It can be provided on request and on payment basis with the report shared only with the Health Care Seeker.
- b. However, testing for HIV will be done with pre-test counselling, informed consent and assured confidentiality in the following cases:
- c. Patients with sexually transmitted diseases/Hepatitis B/Genital Ulcers; T.B. Patients since NACO recommendation is that this is the commonest OI (Opportunistic Infection) seen in HIV; commercial sex workers; all patients who give a history of exposure to STDs (especially Truck drivers, Army personnel, those living away from spouse (especially in high prevalence cities like Mumbai); all blood donors; recipients of blood/blood products; all ANC (pregnant) patients; patients who are severely emaciated; patients with signs/symptoms suggestive of an AIDS related illness infections/malignancies/generalized lymphadenopathy/unexplained fever etc; Intravenous Drug Users; homosexuals; mentally retarded patients, post-pubertal age group and alcoholics. This list will be periodically revised as per needs.
- d. The patients, if tested positive will be provided counselling by the Counsellor and the Medical Officer designated for the purpose.
- e. No patient shall be refused treatment of any form- medical or surgical, curative or palliative in the Hospitals, on the basis of the patient being HIV sero-positive. Treatment offered or referral made may be modified depending on cost effectiveness, quality of life and anticipated life expectancy of the patient.
- f. It is imperative that all staff handling sharps, blood, and other potentially infectious material observe Universal precautions notified and displayed at every hospital on the notice board.
- g. A random ward check, on waste disposal, Universal precautions, sharp disposal etc., and continued education to new and old staff needs to be

done on a quarterly basis by the Superintendent and Business office head of the hospital.

- h. Any employee who is exposed to a needle prick injury or mucosal exposure needs to follow the first aid measures and report to the immediate supervisor and then the duty doctor for testing and PEP.
- i. It is not imperative to write the diagnosis of patient leprosy or HIV status on the discharge summary. However, if the patient is being referred to another hospital for further treatment the necessary noting may be made to help in the further treatment of the patient. The patient should also be informed that his positive status is mentioned in the discharge summary.
- j. If a patient is found to be HIV positive, that information is made known only to the patient and the Health Care Worker actively involved in caring for him. This information will not be disclosed in the normal course of events to anyone without obtaining the patient's consent. In treatment areas and wards there will be no visible indication of the patient's leprosy or HIV status apart from the medical chart itself, which contains privileged and confidential information.

#### **1.11 Universal/Standard Precautions**

- a. The advent of HIV / AIDS in the early 1980s was the catalyst for many changes in the way in which health care is practiced throughout the world. There are documented cases of health care workers acquiring HIV infection from workplace exposure to blood, most commonly following needle stick injury, and also as a consequence of inadequate sterilization of surgical equipment and instruments.
- b. Standard Precautions apply to all patients regardless of their diagnosis. The fundamentals of Standard Precautions include hand washing, personal protective equipment (gloves, masks, eye wear, face shields, gowns and protective apparel), and prevention of injury with sharps, routine cleaning / disinfection / sterilization / decontamination of spills, waste disposal, reporting & management of accidental injuries/exposure.
- c. Every TLMTI hospital will adhere to the Infection Control Policy covering prevention of transmission of hospital acquired infections, protecting both staff & patients.

#### **1.12 Waste Management**

Waste disposal is as per relevant guidelines. Monthly monitoring of waste disposal and other infection control activities need to be strictly conducted to make sure staff are complying with the guidelines.

#### **1.13 Monitoring the Policy**

Maintenance of a Universal Precaution Register should be done by the head of the hospital.

**I.14 Electives, Students, Trainees, Visitors**

They should be aware of all aspects of Universal precautions and Post Exposure Prophylaxis. Medical, lab and nursing students need to have taken their Hepatitis B vaccination before they start working in the lab or with patients.

**I.15 Review of the Policy**

A designated committee shall review the implementation and relevance of this policy once every year. Membership of the Committee shall be mostly from within the organization but shall have experts from outside as advisors.