



HIV / AIDS Policy

Draft for Consultation

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1. INTRODUCTION

- 1.1 This policy outlines the approach taken by Metropolitan Housing Partnership (MHP) towards staff, customers and service users who are living with or affected by HIV / AIDS.

2. LEGISLATIVE/ REGULATORY CONTEXT

- 2.1 HIV / AIDS is recognised as a progressive condition under the Disability Discrimination Act 2005. Under the Act, people living with HIV / AIDS are protected from discrimination in employment, trade union membership and the provision of goods and services, including the letting and selling of property, *from the moment of diagnosis*. This means that an individual does not need to demonstrate any physical or mental impairment resulting from their HIV status in order to be protected under the Act.

3. SCOPE

- 3.1 This policy applies to all member organisations of Metropolitan Housing Partnership, and the protections which it offers are available to all staff, residents and service users.
- 3.2 This policy is not intended to give people living with HIV / AIDS different rights and entitlements to other staff and customers living with progressive conditions, but rather to ensure that they have equal access to existing provisions, free from fear of discrimination or other negative consequences of disclosure of their condition. It should therefore be read in conjunction with other relevant policies and procedures, including:
- MHP Aids and Adaptations Policy
 - MHP Allocations and Lettings Policy
 - MHP Anti-social Behaviour Policy
 - MHP Grievance Policy
 - MHP Disability Equality Scheme
 - MHP Equality and Diversity Policy and Strategy
 - MHP Contaminated Waste and Infectious Diseases Policy
 - MHP Reasonable Adjustments Policy
 - MHP Sickness Absence Policy

4. DEFINITIONS

- 4.1 **HIV** stands for **Human Immunodeficiency Virus**, a virus that weakens the body's immune system. HIV, in the absence of treatment, almost always progresses to **AIDS (Acquired Immune Deficiency Syndrome)**.
- 4.2 AIDS is a medical condition where one or more serious infections or cancers arising from the damage caused by HIV to the immune system has been diagnosed. A damaged immune system cannot protect the body against specific "opportunistic" infections or "opportunistic" tumours, so these conditions are known as "AIDS-defining" conditions.

4.3 There is currently no cure for HIV but treatments can keep people well and prevent them from developing advanced HIV infection for many years. Treatments consist of drugs that have to be taken every day at regular intervals, often in combination to prevent resistance to the drug developing (so-called “**combination therapies**”). The drugs have to be taken for the rest of a person’s life. People diagnosed with advanced HIV-related infections can often improve with treatment, and become asymptomatic again.

4.4 HIV treatments can have side-effects whose severity varies greatly from one person to another, and from one drug to another. Some of the side-effects include: blood problems, depression and mood swings, diarrhoea, fatigue, headache, nausea, and kidney problems:

5. TRANSMISSION AND RISK OF INFECTION

5.1 **HIV** is a **blood-borne virus** and **transmission** from one person to another can only occur by a very limited number of routes¹. These are:

- Through sex with an infected partner (male or female, gay or straight) where semen, vaginal secretions or blood enters the body. Condoms can prevent sexual transmission of HIV.
- Through sharing injecting equipment with someone who is HIV-positive, e.g. for drug use, or in very rare cases, through accidental or malicious skin puncture with a such a needle.
- From an HIV positive mother to her child during pregnancy, childbirth or breast-feeding – medical treatment and advice to mothers can considerably reduce this risk.

5.2 HIV **cannot be transmitted** through normal work or social contact, for example:

- Sharing cutlery, dishes, cups or drinking glasses
- Sharing food or water
- Sneezing
- Kissing or shaking hands
- Sharing toilets, bathroom or shower facilities
- Using a keyboard
- Etc.

5.3 The risks of infection in the workplace are very small. In general there is no risk in working with someone who is HIV positive or has AIDS. In a limited number of jobs, workers may face risk of HIV infection through accidental direct exposure to infected blood (for example, some healthcare workers and laboratory technicians). In almost every known case, exposure at work has resulted from an accident with a needle-stick or syringe. Outside of these contexts, normal health and safety precautions protect employees against infection at work. Staff who are concerned that they may be at risk of exposure to HIV should refer to the [Health and Safety] Policy.

¹ Although blood products were an early means of transmission of the virus, all such products in the UK are now routinely sterilised, and blood transfusions represent no risk.

6. POLICY STATEMENT

- 6.1 MHP recognises that its staff, agents, residents, and service users may experience concerns about HIV / AIDS. These may be directly related to concerns about their own and others' health and safety, or to fears about discrimination in employment, housing, or access to services.
- 6.2 MHP recognises that certain groups are disproportionately affected by HIV / AIDS: these include black and ethnic minority people, women, men who have sex with men, and refugees and asylum seekers. These groups are potentially subject to prejudiced and discriminatory attitudes, and therefore an HIV diagnosis carries with it the risk of compound forms of stigma, discrimination and exclusion. This policy has therefore been produced to demonstrate MHP's positive commitment towards people affected by HIV/AIDS and to ensure that no-one faces discrimination from MHP on the basis of their HIV status.
- 6.3 MHP will not tolerate any form of discrimination against staff residents or service users living with HIV / AIDS, and will afford them protections where it is able to do so.
- 6.4 MHP accepts that it has a role in educating and informing its staff, customers, and stakeholders about HIV / AIDS, and to counter misinformation, prejudice and discrimination that may attach to the condition. MHP will seek to fulfil its obligations under the Disability Discrimination Act 2005, and any forthcoming Equality legislation that may result from the current Equality Bill (2009).

7. PARTNERSHIP APPROACH

- 7.1 MHP will protect the rights of staff who are living with HIV / AIDS through its employment policies, procedures, and training. MHP will make reasonable adjustments to enable an employee to continue to function effectively at work (see [Reasonable Adjustments Policy](#)).
- 7.2 MHP will make reasonable adjustments in the housing and services that it provides to enable residents and service users to live as normally and independently as their condition allows, and to manage their medical condition effectively. MHP will protect the dignity of people living with HIV / AIDS, respect their right to confidentiality at all times, and will not tolerate discrimination or harassment from staff, agents, or other residents and service users.
- 7.3 Specific aspects of MHP's responsibilities as an employer, landlord and service provider are considered in turn in the following sections.

8. CONFIDENTIALITY

- 8.1 MHP accepts that people living with HIV / AIDS have a general right to confidentiality. No person is under any obligation to reveal their HIV status to MHP, and if they do so, MHP will not divulge their status to any third party without the person's express consent.
- 8.2 Where information about any person's HIV status is held in MHP's electronic systems, this will be held in accordance with the principles of the Data Protection Act. (For more information please refer to the [Confidentiality Policy](#))

9. EMPLOYMENT PRACTICES

Discrimination

- 9.1 Discrimination against job applicants/employees living with or affected by HIV and AIDS will not be permitted or condoned within MHP.
- 9.2 Acts of discrimination include harassment, spreading rumours about an employee's supposed HIV status or a refusal to associate or work with an employee living with or affected by HIV and AIDS.
- 9.3 Acts of harassment or discrimination will be dealt with through our disciplinary procedure.
- 9.4 Discrimination against employees on grounds of their race, sexual orientation, and/or gender will not be tolerated regardless of whether or not this is related to concerns about HIV.

HIV Testing

- 9.5 MHP will not require job applicants/employees to undergo a test for HIV unless such a requirement is imposed by another agency. Any such requirement will be evaluated on a case-by-case basis.
- 9.6 MHP employees in health care roles which entail the performance of exposure prone procedures (EPPs) must comply with the ethical practice requirements of their professional bodies with regard to testing and declaration, and should inform their manager if they are HIV positive, in order that a risk assessment can be undertaken in relation to their role by an appropriate occupational health advisor.
- 9.7 When HIV-testing is required, the test will be carried out with the informed consent of the individual and the results will remain confidential to the individual, HR and / or occupational health advisors. Counselling will be offered both before and after the test.

Confidentiality

- 9.8 The HIV status of an employee is personal information that, if declared, should not be recorded in any way that may be easily accessible and should not be shared without the employee's consent.
- 9.9 Sickness and medical certificates will be kept confidential to HR and Occupational Health advisors, unless the employee requests otherwise.
- 9.10 If an employee learns of an individual's HIV status through any other means (whether accidental or otherwise), they must not disclose this to a third party without the individual's explicit consent.
- 9.11 Any advice or information about HIV and AIDS sought by an employee should remain confidential.
- 9.12 Deliberate, negligent or persistent breaches of confidentiality will lead to disciplinary action.

Management of HIV-Positive Employees

- 9.13 MHP's management of employees living with HIV and AIDS will be consistent with the management of employees affected by other serious and potentially progressive medical conditions (e.g. Multiple Sclerosis).
- 9.14 MHP will offer support via counselling to all employees affected by HIV and AIDS, as directed by an occupational health advisor.
- 9.15 Within the terms of the [Reasonable Adjustments Policy](#), we will make every reasonable effort to enable HIV positive employees to remain in employment and for HIV-positive job applicants to avoid unfair disadvantage, as long as they remain able to work safely and to acceptable standards. Such adjustments may include flexible working hours, changes to the working environment, or the provision of equipment.

10. HOUSING SERVICES

- 10.1 The right to confidentiality of tenants, residents and leaseholders will be respected at all times. An individual's HIV status will never be disclosed to other residents, contractors or agents without their express consent. Any person who is exposed to a potential risk of infection should be advised to take an HIV test, irrespective of the actual or presumed status of any other party to an incident.

Allocations and Lettings

- 10.2 Where a prospective tenant's HIV status is known (or that of a member of their household), appropriate allowances should be made for their existing condition, and also that it may be progressive, within the [Allocations and Lettings Policy](#). Where their physical condition is already presenting substantive issues then this will be grounds for treating their application as a priority need.
- 10.3 Housing need assessments and allocations must be sensitive to the fact that some people living with HIV / AIDS experience a variety of conditions. E.g.:
- severe respiratory difficulties, requiring a warm and dry environment,
 - severe mobility problems such that, for example, stairs will be extremely challenging.
 - location may also be an issue, in terms of ensuring that they have ready access to employment, and medical and social support.

Aids and Adaptations

- 10.4 Existing tenants (and members of their household) will have access to the [Aids and Adaptations Policy](#) for works to be carried out within their home to enable them to continue living there and manage their condition effectively. Where it is clear that their existing home is fundamentally inappropriate to their condition, then this will be grounds for a priority application under the [Allocations and Lettings Policy](#).

Anti-Social Behaviour and Harassment

- 10.5 Allegations of HIV related harassment or abuse will be treated with the utmost seriousness under the [ASB and Harassment Policies](#), and MHP's housing teams will work closely with victims and perpetrators to ensure that situations are resolved satisfactorily. Where it is apparent that such resolution is not possible, this will be grounds for priority under the [Allocations and Lettings Policy](#). Tenant perpetrators who commit acts of harassment may be in breach of their tenancy agreement.

Tenancy Breaches

- 10.6 MHP recognises that people living with HIV / AIDS may find it difficult to stay in or find employment, or suffer other forms of financial exclusion which may make it difficult to pay their rent. The Current Tenant [Arrears Policy](#) will have regard to the tenant's personal circumstances when deciding the most appropriate method of rent arrears recovery. MHP will seek to involve people or agencies who are already involved with the vulnerable resident (where this is known) or who can give appropriate support.
- 10.7 A person's HIV condition may be a precipitating factor in other forms of breach of tenancy. While an HIV diagnosis does not of itself absolve tenants and residents of their tenancy obligations to MHP, or other residents, account should be taken of their condition in making an appropriate response, and in accordance with the provisions of the Disability Discrimination Act 2005.

11. SUPPORT SERVICES

- 11.1 People living with HIV / AIDS who also have other support needs may be especially vulnerable, and face specific issues if they are living in shared housing, or share communal areas. For example, in managing their condition, they may need to follow special dietary regimes, or cook food in particular ways that are conspicuous to other residents. They may also need to take medication according to a strict timetable, which may be difficult in communal situations. It is important that such requirements are adequately reflected in the support plan.
- 11.2 MHP will respect the right of individuals to confidentiality, and there will be no circumstances under which it is appropriate to disclose a person's HIV status to other residents. MHP will ensure that scheme-based staff are aware of the issues in managing HIV positive clients, and are supported to respond accordingly. MHP will make reasonable adjustments to ensure that clients living in supported housing are able to manage their condition appropriately, and with a suitable degree of privacy. Support workers should also be sensitive to the housing needs of clients in receipt of floating support.

12. REFUGEES AND ASYLUM SEEKERS

- 12.1 Incidences of HIV infection are particularly high in some immigrant communities, and many of those diagnosed in the UK will have contracted the infection before they arrived in this country. Refugees and Asylum Seekers may face particular difficulties, for example through lack of awareness and education about HIV and how to manage the condition, stigmatisation amongst their own national communities, and pre-existing anti-immigrant prejudice and discrimination. Affected individuals may need specific assistance in accessing appropriate health-care, or understanding their rights under the DDA.
- 12.2 Although UKBA procedures are intended to take account of an individual's HIV status in asylum seeker dispersal decisions, providers such as Refugee Support are not informed of a person's status in the referral. If Refugee Support becomes aware of an individual's status, either at the initial risk assessment or subsequently, an assessment shall be made as to the suitability of their accommodation. Where necessary, Refugee Support will assist the client to access a medical assessment of their needs, and assist with representations to UKBA, as well as providing sign-posting to local agencies which may be able to provide additional support.

- 12.3 Asylum Seekers who have been given leave to remain have more options over both their housing arrangements, access to employment, and entitlement to benefits and healthcare. However individuals who are HIV positive may have particular difficulties accessing suitable accommodation or ensuring continuity of healthcare. Refugee Support will assist such clients where it is able to ensure that the change in their immigration status does not unduly jeopardise their health.
- 12.4 Clients of refugee services will be extended the same consideration as other support service users (see above)

13. CUSTOMER COMPLAINTS

- 13.1 If any tenant, resident or service user feels that they have not been treated in accordance with this policy, or they are unhappy about anything related to the policy, they may complain through the appropriate Customer Feedback procedure. (Please refer to the [appropriate Customer Feedback Policy](#).) Under these procedures, the details of any complaint remain confidential to those parties required to be involved in order to resolve them.

14. EQUALITY AND DIVERSITY

- 14.1 In the implementation of this policy, MHP will adhere to the Equality and Diversity Policy, and as such will not discriminate against any member of staff, resident or service user on the grounds of their age, gender, race or ethnic origin, sexual orientation, religion or belief, or disability. (Please refer to the [Equality and Diversity Policy](#))
- 14.2 This policy has been developed in consultation with relevant stakeholders, including residents and service users, and will be subject to an Equality Impact Assessment in the 2010/11 EIA programme.

15. AWARENESS RAISING, TRAINING AND SUPPORT

- 15.1 Information or education about HIV and AIDS will be provided to all employees in order to ensure they understand the risks of HIV transmission and to discourage fearful or prejudiced reactions. Within the first year of the operation of this policy, MHP will develop an e-learning module for publication through MHP's Learning Zone, which will be accessible and promoted to all staff.
- 15.2 MHP's HIV / AIDS services are centres of excellence in the support of people living with HIV / AIDS, and will provide informal advice and support to any staff member who has concerns with HIV issues.
- 15.3 MHP will promote awareness of HIV issues to residents and service users through provision of advice and information, and sign-posting to appropriate agencies and local organisations (see further information, below).

16. MONITORING AND EVALUATION

- 16.1 Monitoring and evaluation of the policy will be undertaken by a variety of means, including Equality Impact assessment, monitoring of grievances and customer complaints, and feedback from the employee network groups.

17. FURTHER INFORMATION

17.1 There are many sources of information and advice on both HIV prevention, and living with HIV / AIDS.

- **NAM (www.aidsmap.com)**

A website dedicated to information and resources for people living with HIV.

- **National Aids Trust (www.nat.org.uk)**

NAT produce a wide range of information and advice, including extensive guidance on workplace issues. In particular they have published valuable guidance on HIV and Housing, practical advice for Housing Officers, HIV and Poverty, and HIV and Refugees and Asylum Seekers. Their web-site also contains links to local HIV support groups and services.

- **Terrence Higgins Trust (www.tht.org.uk)**

THT is the leading HIV and sexual health charity in the UK. They offer a range of services nationwide, many of them tailored to the diverse needs of specific communities, as well as a confidential help line for people who are living with or affected by HIV AIDS.

- **TUC (www.tuc.org.uk)**

The TUC has produced a guide on tackling HIV discrimination in the workplace (www.tuc.org.uk/equality/tuc-12059-f0.pdf). Further guidance including a searchable database of frequently asked questions, can be found at www.worksmart.org.uk.

- **Unison (www.unison.org.uk)**

Unison can provide advice and guidance for members who are living and working with HIV. Their website also contains information about their work at an international level to combat HIV discrimination.

18. AUTHOR

18.1 This policy was developed by a multi-disciplinary team of MHP staff drawn from across the member organisations, and with support from MHP's employee network groups.

18.2 The author gratefully acknowledges invaluable information and guidance from the National ADIS Trust, and their extensive catalogue of publications.

18.3 We always welcome comments and feedback. Please contact the author if you have any comments or suggestions:

Nigel Wrightson
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MHP Policy and Performance Team

19. DATE FOR REVIEW

19.1 This policy was approved by the [Operational Management Team] on [approval date].

19.2 The policy and procedure will be reviewed in **one year** after commencement, unless there is a significant change in legislation in which case it may be reviewed earlier.

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