

## CWA Occupational Safety and Health Fact Sheet #19

### HIV/AIDS and the Workplace

**Acquired Immune Deficiency Syndrome (AIDS)** is a major public health problem in the United States and throughout the world. The spread of AIDS has raised many workplace issues of concern to unions and employers. More than 1.2 million people are living with HIV/AIDS in the U.S. Further, experts believe that more than 37 million people are living with HIV/AIDS throughout the world.

AIDS is a bloodborne disease for which there is no known cure that is caused by the **human immuno-deficiency virus (HIV)**. HIV progressively destroys the body's ability to fight infections and certain cancers by damaging or killing cells within the body's immune system. HIV infection can be transmitted by the following body fluids:

- Blood,
- Blood products, like plasma,
- Fluid around joints, the heart, lungs, the chest, and abdomen,
- Vaginal secretions,
- Fluids in childbirth,
- Fluid in the brain and spinal column,
- Semen, and
- Certain other body fluids (especially those containing visible blood).

On the other hand, the following body fluids are not presently known to spread HIV (unless they contain visible blood):

- Urine,
- Sweat,
- Vomit,
- Feces,
- Tears,
- Saliva, and
- Nasal secretions.

HIV may be transmitted during or through:

- **Intimate sexual contact.**  
The virus can enter the body through the lining of the vagina, vulva, penis, rectum, or mouth during sex.
- **Contaminated needles and syringes.**  
HIV is also transmitted among injection drug users through the sharing of blood-contaminated needles or syringes with an HIV-infected person.
- **Pregnancy or birth.**  
During pregnancy, an HIV-infected woman can pass the HIV virus to the developing child

- **Contact with infected blood.**

Today, donated blood is adequately screened for evidence of HIV infection and heat-treating techniques are used to destroy HIV in blood products virtually eliminating the possibility of contracting HIV during the donation process. However, these procedures were not available until 1985. Thus, some individuals who donated blood before 1985 developed HIV through transfusions of contaminated blood or blood products.

- **At work through exposure to HIV-infected blood.**

Workers, especially health care workers, may come into contact with infected blood on the job as a result of being splashed with blood/body fluids or through a needle stick or puncture.

Much of the fear surrounding AIDS is due to misunderstanding and misinformation. There is no known risk of HIV transmission to co-workers, clients, or consumers through casual contact with AIDS victims through sweat, saliva, the air, from dishes or eating utensils, drinking fountains, bathroom facilities, office equipment, or sharing telephones. In addition, HIV is not transmitted through the preparation or handling of food or beverages.

Occupations of increased risk, i.e., those in which workers frequently come into contact with HIV-exposed persons/AIDS victims, include health care workers; laboratory workers; pathologists; housekeepers; laundry workers; janitors; dentists and dental assistants; social workers; hospice or home workers; correctional officers; public safety personnel such as police officers and firefighters; teachers, teacher assistants, and educational support personnel; funeral service workers, morticians, and embalmers; and personal service workers (hairdressers, barbers, cosmetologists, manicurists, pedicurists, and massage therapists).

All of these workers need to be or become familiar with and practice **universal precautions** (as noted below) by treating all blood and other body fluids as if they are potentially infectious with HIV (as well as hepatitis B and hepatitis C). **1**

**1** Hepatitis B (HBV) and hepatitis C (HCV) are transmitted through contact with blood from occurrences such as needle stick injuries; blood splashes to the eyes, nose, and mouth; and human bites that break the skin. Therefore, the same precautions/procedures for the prevention of HIV/AIDS should be used to prevent hepatitis. Regarding hepatitis B, OSHA requires that the hepatitis B vaccine be offered at no cost to all workers who risk exposure to blood on the job. Workers exposed to HBV and HCV should receive a blood test and be provided follow-up care by a physician.

### **Health Symptoms and Illnesses**

A person who has been exposed (to HIV) may not develop any health symptoms when they first

become infected with HIV. However, some people may experience a flu-like illness within a month or two after exposure to HIV. This illness may include fever, headache, tiredness, and enlarged lymph nodes. These symptoms usually disappear within one to four weeks. During this period, affected individuals are extremely infectious.

Among infected adults, more persistent health symptoms may not develop for ten years or more; whereas, children born with HIV infection may develop serious health symptoms within two years following their birth. As the HIV virus continues to attack the body's immune system, infected individuals may develop other health problems such as coughing or shortness of breath, seizures and lack of coordination, difficult/painful swallowing, severe and persistent diarrhea, fever, nausea and abdominal cramps, severe headaches, weight loss and extreme fatigue, loss of vision, and coma.

AIDS victims may also develop various cancers like Kaposi's Sarcoma, a form of skin cancer, and Pneumocystis Carinii Pneumonia, an infection of the lungs that is very rare among healthy individuals, as well as cervical cancer.

### **Diagnosis and Treatment**

Although initial HIV infection does not always cause immediate health symptoms, a health care provider can usually identify the HIV virus by conducting blood tests to determine the presence of antibodies. Presence of these antibodies only means that a person has been infected with the HIV virus. It does not indicate whether the person has or will develop AIDS. Individuals exposed to the HIV virus should have an HIV test within six weeks to 12 months, the period of time it takes to develop antibodies, after possible exposure to the virus. In turn, this would allow people with HIV infection to discuss with a health care provider when they should initiate treatment to help their immune systems fight HIV, prevent the emergence of early infections, and avoid high-risk behaviors that could spread the virus to others.

When the first cases of AIDS were identified in the U.S., there were not any medical procedures/medicines to combat the underlying immune deficiency and few treatments existed to fight related diseases. However, since that time, drugs have been developed to fight both HIV infection as well as related infections and diseases. Approved by the U.S. Food and Drug Administration (FDA), a first group of drugs known as nucleoside reverse transcriptase (RT) inhibitors interrupt the HIV virus from replicating itself. Included in this class of drugs are AZT, ddC (zalcitabine), ddl (dideoxyinosine), d4T (stavudine), 3TC (lamivudine), abacavir (ziagen), and tenofovir (viread).

The FDA has also approved additional for treating HIV infection. These drugs, known as protease inhibitors, interrupt HIV virus replication during a later step in the cycle of the virus. Such drugs include Ritonavir (Norvir), Saquinavir (Invirase), Indinavir (Crixivan), Amprenavir (Agenerase), Nelfinavir (Viracept), and Lopinavir (Kaletra). Use of a combination of RT inhibitors and protease inhibitors has been demonstrated to result in effective treatment both for individuals who are newly-infected with the HIV virus as well as people with AIDS.

It is important to remember that, at present, there is no available vaccine for HIV. Thus, outside of workers employed in high-risk occupations, the primary measures that can be taken to prevent HIV infection are to avoid behaviors that place an individual at risk of contracting the virus including having unprotected sex and sharing injection needles. Because many people with HIV have no health symptoms, there is no way of knowing whether a sexual partner is infected (unless she/he has repeatedly tested negative for HIV and has not engaged in risky behavior). Therefore, individuals should either abstain from having sex or use condoms: however, condoms only provide partial protection.

### **Workplace Issues and Policies**

In 1992, OSHA established the **Bloodborne Pathogens Standard, CFR 29 1910.1030**. Intended to provide necessary protection to affected workers, particularly those workers who are employed within the health care industry and some service occupations, the standard includes coverage of the following topics:

- **Exposure Control Plan.**  
Covered employers must develop a written exposure control plan to prevent and reduce the amount of contact that workers have with blood. The plan should include a listing of all occupations and tasks that involve contact with blood. The exposure control plan must be provided by the employer to requesting workers and their representatives.
- **Universal Precautions.**  
Universal protections must be practiced in the workplace. This means that workers are trained to and treat all blood and certain body fluids as potentially infectious for bloodborne pathogens such as HIV, HBV, and HCV.
- **Engineering and Work Practice Controls.**  
Engineering and work practice controls, i.e., work equipment and tools and design methods and procedures that prevent exposure to workplace bloodborne pathogens, must be used to eliminate or minimize worker exposure. Examples would include needles that recap themselves, IV line connections that do not use needles, needle and “sharps,” i.e., other sharp tools or items like scalpel blades, containers, ventilation systems, leak-proof storage bags, as well as isolation and equipment inspection methods and procedures.
- **Hand Washing.**  
Employers must train workers in proper hand-washing procedures as well as provide the appropriate (hand-washing) sinks.
- **Personal Protective Equipment.**  
Employers must provide affected workers with the appropriate personal protective equipment including gloves, goggles, masks, and gowns at no cost. It should be remembered that personal protective equipment is the least preferred method of protecting workers from harmful workplace exposures.

- **Hepatitis B Vaccine.**  
Employers must provide covered workers with the hepatitis B vaccine within ten (10) working days of starting the job. The vaccine must be made available at no cost and at a reasonable time and place to the affected workers. Workers can choose not to take the vaccine. However, if later they change their minds, the employer must still provide the vaccine at no charge.
- **Post-Exposure Evaluation and Follow-Up.**  
The employer must develop and implement a written post-exposure evaluation and follow-up plan that spells out how to care for workers after they have suffered a needle stick or been splashed with blood.
- **Communication and Training.**  
Employers must develop and provide communication, information, and training on the OSHA Bloodborne Pathogens Standard to all affected workers. Communication methods include warning labels that must be placed upon containers of regulated waste; refrigerators and freezers containing blood or other potentially hazardous material; other containers used to store, transport, or ship blood or other potentially hazardous materials; and warning signs posted at the entrance to HIV and HBV research laboratory and production facilities.

Regarding information and training, employers must provide information and training materials to workers at the time of initial assignment to tasks where occupational exposure may occur and every year thereafter. The information and training materials must cover topics such as the hazards associated with exposure to bloodborne pathogens as well as the methods and procedures to control against such exposure. In addition, this material must be presented in a language that the workers understand.

As noted, adherence to **universal precautions** is extremely important in avoiding exposure to HIV. **Universal precautions** focus upon issues such as the use of needles, sharps, and injections; proper handling of blood specimens; and handling of articles soiled with blood and body fluids; and disinfection and sterilization of medical instruments and other equipment. As listed below, employers should ensure that affected workers adhere to the **universal precautions**:

- Take care to avoid needle sticks or contact with “sharps” contaminated with the blood of an AIDS victim.
- Wear appropriate personal protective equipment, e.g., gloves, gowns, masks, or eye protection, whenever there is a possibility of coming into contact with blood or other body fluids.
- Use resuscitation equipment such as a mouthpiece or resuscitation bag when performing mouth-to-mouth resuscitation.

- Use leak-proof containers to store and transport patient specimens.
- Use leak-proof bags to store and transport linen. Bags that contain linens soiled with blood or body fluids should be color-coded (red) with a biohazard symbol.
- Clean up blood and body fluids with a chemical germicide, e.g., bleach and water.

Also, as part of standard infection-control practice, instruments and other re-useable equipment used in performing invasive procedures should be appropriately disinfected and sterilized. An invasive procedure is defined as surgical entry into tissues, cavities, or organs; or repair of major traumatic injuries associated with any of the following:

- An operating or delivery room, emergency department, or outpatient setting, including both physicians' and dentists' offices.
- Cardiac catheterization and angiographic procedures.
- A vaginal or caesarean delivery or other obstetric procedures during which bleeding may occur.
- The manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists.

Further, disinfecting and sterilizing instruments and re-useable equipment should be conducted as follows:

- Equipment and devices that enter the patient's vascular system or other normally sterile areas of the body should be sterilized before being used for each patient.
- Equipment and devices that touch intact mucous membranes, but do not penetrate the patient's body surfaces, should be sterilized when possible or undergo a high-level disinfection if they cannot be sterilized before being used for each patient.
- Equipment and devices that do not touch the patient or that only touch intact skin of the patient need only be cleaned with a detergent or as indicated by the manufacturer.

Compliance with "universal precautions" and recommendations for disinfection and sterilization of medical equipment and devices should be carefully monitored in all health care settings. Training of health care workers in proper infection-control techniques should begin in professional and vocational schools and continue as an ongoing process. Also, employers should provide all health care workers with appropriate in-service education regarding infection-control and safety and should establish procedures for monitoring compliance with infection-control policies.

The Occupational Safety and Health Act of 1970 requires that employers provide workers with safe and healthful workplaces. Although HIV/AIDS is not primarily a workplace health problem,

CWA-represented employers, with support, input and/or review by union personnel, should be developing policies on HIV/AIDS. Such policies should be in line with technical and legal opinions determining that:

- Since HIV is a bloodborne contaminant, both OSHA and the Centers for Disease Control, U.S. Department of Health and Human Services do not recommend routine medical screening of workers to identify HIV/AIDS victims.
- AIDS is a physical handicap and thus covered by federal laws protecting the handicapped. Therefore, employers may not discriminate against, discipline, transfer, or discharge individuals with HIV and/or AIDS victims as a result of having the disease. Employers should adopt the same policies and treat AIDS victims the same as workers with other disabilities like epilepsy, diabetes, cancer, pulmonary or coronary diseases, and loss of limbs. Also, policies should include the availability of employer provided/paid health care to concerned and affected workers.

For additional information regarding HIV/AIDS, you might contact/obtain:

- The U.S. Centers for Disease Control (CDC) Business and Labor Resource Service, webpage: [www.cdc.gov](http://www.cdc.gov); telephone: 1-800-458-5231; 1-800-243-7012 (TDD).
- CDC National AIDS Hotline, webpage: [www.cdc.gov](http://www.cdc.gov); telephone: 1-800-458-5231; 1-800-344-7432 (Spanish); 1-800-243-7889 (TTY for deaf access).
- CDC National AIDS Clearinghouse, webpage: [www.cdc.gov](http://www.cdc.gov); telephone: 1-800-458-5231 (includes Spanish access); 1-800-243-7012 (TTY for deaf access); 301-217-0023 (international).
- Occupational Safety and Health Administration (OSHA), Publications Office, webpage: [www.osha.gov](http://www.osha.gov); telephone: 202-219-4667.

### **What Can You Do?**

All CWA members should make sure that their employer is maintaining a safe and healthful workplace. The key to making the workplace safe for all CWA members is strong, active local safety and health committees. The committee can identify dangerous conditions at the workplace and discuss them with management. If the employer refuses to cooperate, the committee can request an OSHA inspection. The committee should always coordinate its activities through the local officers, the CWA Representatives, and negotiated safety and health committees.

In addition, CWA members may obtain information and assistance by contacting the:

CWA Occupational Safety and Health Department

501 Third Street, NW

Washington, D.C. 20001-2797

Webpage: [cwasafetyandhealth.org](http://cwasafetyandhealth.org),

Telephone: (202) 434-1160, or Fax: 202-434-1467.

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