



MINISTER OF  
MANPOWER AND TRANSMIGRATION  
REPUBLIC OF INDONESIA

**THE DECREE OF MINISTER OF MANPOWER  
AND TRANSMIGRATION**

**AND**

**TECHNICAL GUIDANCE**

**ON**

**HIV/AIDS PREVENTION AND CONTROL  
IN THE WORKPLACE**



THE MINISTER OF  
MANPOWER AND TRANSMIGRATION  
REPUBLIC OF INDONESIA

Published by:

**ILO Jakarta Office**

Menara Thamrin, Level 22,

Jl. M.H. Thamrin, Kav. 3

Jakarta 10250

Phone : (021) 391 3112

Fax. : (021) 310 0766

Email : [jakarta@ilo.org](mailto:jakarta@ilo.org)

Website: [www.ilo-jakarta.or.id](http://www.ilo-jakarta.or.id)

THE DECREE OF  
THE MINISTER OF MANPOWER AND  
TRANSMIGRATION  
REPUBLIC OF INDONESIA

NUMBER: KEP. 68/MEN/2004

ON

HIV/AIDS PREVENTION AND CONTROL  
IN THE WORKPLACE

MINISTER OF  
MANPOWER AND TRANSMIGRATION  
REPUBLIC OF INDONESIA

**Considering:**

- a. that HIV/AIDS cases in Indonesia are increasing over time.
- b. that the majority of people with HIV/AIDS are those of productive working age; this adversely impacts the enterprise's productivity.
- c. that in order to anticipate the negative impact of HIV/ AIDS cases in the workplace, prevention and control efforts needs to be made optimally.
- d. that efforts to prevent and control the transmission of HIV/ AIDS in the workplace needs to be regulated with a ministerial decree.

**Mindful of:**

1. Act No. 1 of the year 1970 on Occupational Safety (State Gazette No. 1 of the year 1970, Additional State Gazette No. 1818);
2. Act No. 13 of the year 2003 on Employment (State Gazette No. 39 of the year 2003, Additional State Gazette No. 4279);
3. Presidential Decision No. 36 of the year 1994 on National AIDS Commission in Indonesia
4. Presidential Decision No. 228/M of the year 2001 on HIV/ AIDS control in Indonesia.

5. Minister of Manpower Regulation No. Per. 02/MEN/1980 on Examination of the Worker's Health in Administering Occupational Safety.
6. Minister of Manpower Regulation No. Per. 03/MEN/1982 on Occupational Health Service.

**Paying attention to:**

1. The Declaration of the U.N. General Assembly Special Session No. 526/2001.
2. The ASEAN Declaration on HIV/AIDS Control, 2001
3. The National Strategy for HIV / AIDS Control for the 2003-2008 Period, which was established by the National AIDS Commission.
4. Guideline for HIV/AIDS Control in the Workplace, Ministry of Manpower and Transmigration of the year 2003.
5. ILO Code of Practice on HIV / AIDS and The World of Work which has been translated into Indonesian, together with its supplementary description titled ILO Code of Practice on HIV/ AIDS in the World of Work of the year 2003 (*Kaidah ILO tentang HIV / AIDS di Dunia Kerja 2003*).
6. The National Tripartite Declaration Commitment to Combat HIV/AIDS in The World of Work of the year 2003.

## DECIDES

**To adopt:**

### DECREE OF MINISTER OF MANPOWER AND TRANSMIGRATION, REPUBLIC OF INDONESIA, ON HIV/AIDS PREVENTION AND CONTROL IN THE WORKPLACE

#### Article 1

Under this ministerial decision, the following definitions shall apply:

1. “Human Immunodeficiency Virus” (HIV) is a virus that attacks the human immune system and later on may develop into AIDS.
2. “Acquired Immune Deficiency Syndrome” (AIDS) is a medical condition marked by a collection of signs and symptoms resulting in a reduction or loss of the body’s immunity due to HIV infection, frequently taking the form of opportunistic infections and still incurable.
3. “HIV/AIDS Prevention and Control” refers to an effort made to prevent the transmission of HIV/AIDS and to cope with the negative impact of HIV/AIDS.
4. “HIV test” refers to blood test used to determine whether a person has been infected with HIV or not.

5. “Workers/Laborers” refers to every person who works or are employed and receives wages or other forms of remuneration in exchange of the work.
6. “Employers” refers to:
  - a. Individuals, partnerships, or legal bodies that run an enterprise that they own;
  - b. Individuals, partnerships, or legal bodies that independently run enterprises that do not belong to them;
  - c. Individuals, partnerships, or legal bodies that are situated in Indonesia representing enterprises, as referred to under points a and b, that are domiciled outside of Indonesia’s territory.
7. “Officials” (*pengurus*) refers to persons whose duty is to directly lead a workplace or part of it that stands alone.
8. “Enterprises” refers to:
  - a. Every form of business, which is a legal entity or not, which is owned by an individual, a partnership, or a legal body, either belonging to the private sector or the State, which employs workers/ laborers by paying them wages or other forms of remuneration;
  - b. Social undertakings and other undertakings with officials to manage them, and which employ other people, by paying them wages and other forms of remuneration.
9. “Workers with HIV/AIDS” are workers/ laborers who have been infected with HIV.
10. “Counseling” is a consultation activity that is aimed at helping workers/laborers’ tackling problems faced.



## Article 2

- (1) Employers are obliged to take steps to prevent and control the spread of HIV/AIDS in the workplace.
- (2) In order to prevent and control the spread of HIV/AIDS in the workplace, employers and workers/ laborers are obliged to:
  - a. Develop policies on HIV/AIDS prevention and control in the workplace, which may be put into the Enterprise Regulations or Collective Bargaining Agreements.
  - b. Communicate efforts to prevent and control the spread of HIV/AIDS by disseminating information and organizing education and training.
  - c. Protect Workers with HIV/AIDS from discriminatory action and treatment.
  - d. Establish occupational safety and health (OSH) schemes for HIV/AIDS prevention and control that is in accordance with valid regulations and standards.

## Article 3

Workers with HIV/AIDS have the right to occupational health service and employment opportunity equal to that which other workers/ laborers are entitled to.

## Article 4

- (1) The Government is obliged to provide advisory and supervisory assistance to help develop HIV/AIDS prevention and control programs in the workplace.

- (2) The Government, the employer and the trade/labor union, alone or together, are obliged to implement HIV/AIDS prevention programs in the workplace,
- (3) Efforts to prevent and control the spread of HIV/AIDS in the workplace as referred to under subsection (2) above may be made by involving parties who are concerned with, or are experts in, HIV/AIDS.

## Article 5

- (1) Employers or officials are prohibited to perform HIV tests as part of recruitment requirements or working status of workers/laborers or as a compulsory regular medical check up.
- (2) HIV tests can only be performed on the basis of a written agreement from workers/laborers concerned, with a condition that the result will not be used as mentioned in Article (1).
- (3) If an HIV test is needed as referred to under subsection (2) of Article 6, the employer or the official must provide counseling service to workers/ laborers before and after the HIV test is performed.
- (4) HIV tests as mentioned in the Article (2) should only be performed by specialized medical doctors in accordance with valid standard requirements and provisions.

## Article 6

Any information obtained from counseling activities, HIV tests, medical treatment, medical care and other related activities must be kept confidential just like any medical records.

## Article 7

- (1) Technical matters concerning the implementation of this decision shall be determined and elaborated in the form of guidelines, technical instructions, and implementing regulations.
- (2) This decision shall come into force upon the date of its adoption.

**Adopted in Jakarta**

**On 28 April 2004**

**MINISTER OF  
MANPOWER AND TRANSMIGRATION  
REPUBLIC OF INDONESIA,**

**JACOB NUWA WEA**

MINISTRY OF MANPOWER AND TRANSMIGRATION OF  
REPUBLIC OF INDONESIA

GENERAL DIRECTORATE OF MANPOWER  
MANAGEMENT AND MONITORING

Jl. Jend.Gatot Subroto Kav.51 – JAKARTA  
Kotak Pos 4872 Jak. 12048  
Telp. 5255733 Pes. 600 –  
(021) 5253913

DECISION  
DIRECTOR GENERAL OF MANPOWER  
MANAGEMENT AND MONITORING

DECISION NUMBER 20/DJPPK/VI/2005

ON  
TECHNICAL GUIDANCE ON HIV/AIDS  
PREVENTION AND CONTROL IN THE  
WORKPLACE



## **DIRECTOR GENERAL OF MANPOWER MANAGEMENT AND MONITORING**

### **Considering :**

Following on Article 7 Decision of Minister of Manpower and Transmigration of Republic of Indonesia Number 68/Men/IV/2003 on HIV/AIDS Prevention and Control in the Workplace, the Director General of Manpower Management and Monitoring has laid out the following technical guidelines.

### **In view of:**

1. Act Number 3 Year 1951 on the Application of Act Year 1947 concerning Labor Inspection;
2. Act Number 1 Year 1970 concerning Work Safety ;
3. Act Number 13 Year 2003 concerning Manpower;
4. Presidential Decision Number 36 Year 1994 concerning the National AIDS Commission in Indonesia;
5. Decision of Coordinating Minister for People's Welfare of Republic of Indonesia Number 8/KEP/Menko/Kesra/VI/1994 concerning Tasks and Structure of the National AIDS Commission in Indonesia.

### **Observing:**

1. National Strategy on AIDS Eradication Year 2003-2008 formulated by the National AIDS Commission;
2. National Tripartite Agreement concerning Commitment on HIV/AIDS Prevention and Control in the Workplace 2003

## ATTACHMENT:

### Decision of General Director of Manpower Management and Monitoring

Number : Kep. 20/DJPPK/VI/2005

Date : June 16, 2005

## TECHNICAL GUIDANCE

### OF HIV/AIDS PREVENTION AND TREATMENT AT THE WORKPLACE

#### I. INTRODUCTION

At the moment, HIV/AIDS is not only a health problem but also workplace problem, which affects productivity and profitability of companies. The Department of Manpower and Transmigration has issued Ministerial Decision Number 68/Men 2004, HIV/AIDS Prevention and Treatment in the Workplace.

The Decision of Minister of Manpower and Transmigration requires employers to take steps to prevent and control HIV/AIDS at the workplace through:

1. Policy development on HIV/AIDS prevention and control in the workplace, which can be formulated through a specific company policy or through a memorandum of understanding;
2. Policy communication by disseminating information and conducting education and training on HIV/AIDS prevention;
3. Protection to workers/laborers with HIV/AIDS from discrimination;

4. Application of safe working procedures to prevent and control HIV/AIDS according to prevailing regulations;

Referring to subsection (1) of Article 7 of the Decision of the Minister of Manpower and Transmigration No. Kep. 68/Men/IV/2004, the following technical guidance has been developed to guide implementation.

## OBJECTIVE

To provide clarification to employers and workers/laborers in carrying out HIV/AIDS prevention and control in the workplace.

## COVERAGE OF THE TECHNICAL GUIDANCE

The technical guidance on the implementation of HIV/AIDS prevention and control in the workplace covers:

- A. Policy
- B. Education
- C. Protection of workers/laborers rights related to HIV/AIDS
- D. Special Working Safety and Health Procedures
- E. Control program



# EXPLANATION OF THE TECHNICAL GUIDANCE

## **A. POLICY ON HIV/AIDS PREVENTION AND TREATMENT**

### **1. Formation of Policy**

Policy on HIV/AIDS prevention and treatment can be integrated into existing policy on safety and health or developed as a separate policy

### **2. Policy Content**

- a. Statement of commitment from employer/committee to educate workers/laborers about HIV/AIDS
- b. Develop strategy for promoting HIV/AIDS prevention in the workplace
- c. Provide education to workers/laborers to increase understanding on HIV/AIDS, including prevention measures
- d. Provide information to workers/laborers about where workers/laborers can obtain testing, counseling services as well as other required services
- e. Prohibit mandatory HIV/AIDS testing as part of screening for recruitment, promotion or opportunities to obtain education and employment extension
- f. Prohibit of any form of stigmatization and discrimination against workers/laborers with HIV/AIDS
- g. Identity of workers/laborers with HIV/AIDS must be kept confidential

### **3. Application of HIV/AIDS Program Policy in the Workplace**

- a. Create written policy to apply HIV/AIDS prevention and

control program in the workplace

- b. Communicate policy to all workers/laborers
- c. Design a plan to implement HIV/AIDS prevention education in the workplace through the existing Committee of Working Safety and Health or through the Health Services division
- d. Implement HIV/AIDS prevention and control in the workplace
- e. Evaluate implementation of HIV/AIDS prevention and control in the workplace

#### 4. Samples of HIV/AIDS Prevention and Control Policy

a. Policy Title:

**— Policy of HIV/AIDS Prevention and Control in the  
Workplace of Company X —**

b. Policy Content:

- 1). Provide HIV/AIDS education program to all workers/laborers through the Committee of Work Safety and Health
- 2). No mandatory HIV/AIDS testing for workers/laborers candidate as prerequisites to employment, promotion and employment extension
- 3). Company will equally treat workers/laborers with HIV/AIDS in terms of getting employment opportunities, rights to promotion, rights to training and/or other special conditions
- 4). Company will allow workers/laborers living with HIV/AIDS to continue working as long as the workers/laborers are physically fit to fulfill working standards (including condition and presence of the workers/laborers in the workplace and does not affect their performance or that of other workers/laborers)
- 5). Company will maintain confidentiality of all medical

- information, medical records or other related information
- 6). Workers/laborers are not obliged to notify the employer of their HIV/AIDS status
- c. Signed by employers/committee

## **B. EDUCATION OF HIV/AIDS PREVENTION AND CONTROL FOR WORKERS/LABORERS AT THE WORKPLACE**

### **1. Education Strategy**

- a. Design HIV/AIDS education program
- b. Conduct continuing workers/laborers education
- c. Use Committee of Working Safety and Health and/or Health Service at Work in conducting HIV/AIDS prevention and control program in the workplace

### **2. Education Coverage**

- a. Explanation about HIV/AIDS, contracting measures and prevention measures
- b. Explanation about Sexually Transmitted Infections (STIs) as one of the risk factors of HIV/AIDS infection
- c. Provision of information about STI control services, HIV/AIDS Voluntary Counseling and Testing and HIV/AIDS treatment through the local health referral system (hospital, etc)
- d. Explanation about government regulations pertaining to HIV/AIDS programs in the workplace and ILO code of practice on HIV/AIDS in the workplace
- e. Education methods should be interactive and participatory

### **3. Education implementation**

- a. Employer/committee may form a subcommittee within the Committee of Working Safety and Health or Health Service

at Work in a company to be responsible for implementing HIV/AIDS prevention and control in the workplace for workers/laborers

- b. Employer/committee should provide required knowledge to members of Committee of Working Safety and Health or Health Service at Work, who serve as HIV/AIDS focal points
- c. Chosen members of Committee of Working Safety and Health or personnel of Health Service at Work, as well as workers/laborers who have acquired HIV/AIDS education must convey their knowledge to other workers/laborers
- d. Chosen workers/laborers who have received education must disseminate information to coworkers

#### **4. Participants, Materials, Methods and Qualifications of Instructors for HIV/AIDS Prevention and Control in the Workplace Program**

##### a. Participants:

- 1). Manager
- 2). Supervisor
- 3). Committee and members of P2K3
- 4). Company general practitioner (GP)
- 5). Company paramedics
- 6). Committee and members of Trade/Labor Union

##### b. Materials:

Minimum required materials:

- 1). Education materials for Manager, Supervisor, Committee and Members of P2K3, Paramedics, GP, Trade/Labor Union Committee are as follows:

No	Material	Class duration (@ 45 minutes)
1	Basic knowledge of HIV/AIDS and its impact on work	2
2	Regulations on working safety and health and government policy on HIV/AIDS prevention and control at the workplace	1
3	HIV/AIDS and human rights	1
4	Roles of employers in HIV/AIDS prevention and control in the workplace	1
5	Roles of trade/labor union and workers/laborers in HIV/AIDS prevention and control in the workplace	2
6	Dimensions of gender at the workplace in relation to HIV/AIDS	1
7	HIV/AIDS prevention programs in the workplace	2
8	Working safety and health procedures in HIV/AIDS prevention and control in the workplace	2
9	Voluntary Counseling and Testing	3
10	Group discussion	2
11	Evaluation	1
Total		18

2). Education materials for Workers/Laborers are as follows:

No	Material	Class duration (@ 45 minutes)
1	Basic knowledge of HIV/AIDS and its impact on work	2
2	Explanation on Voluntary Counseling and Testing, HIV/AIDS Treatment and referral system	1
3	Company policy, roles and responsibilities of workers/laborers in HIV/AIDS prevention and control in the workplace	1
4	Working safety and health procedures in HIV/AIDS prevention and control in the workplace	2
Total		6

Education materials shall be developed according to needs of the workplace

a. Methods:

- 1). Presentation
- 2). Discussion
- 3). Simulation
- 4). Case studies and Role Plays

b. Instructor qualifications:

Have taken part in HIV/AIDS prevention and control in the workplace education program

## **C. PROTECTION OF WORKERS/LABORERS RIGHTS RELATED TO HIV/AIDS**

### **1. Memorandum of Understanding**

- a. In designing and concluding a policy on HIV/AIDS prevention and control in the workplace, employers must consult with representatives of workers/laborers and/or trade/labor unions
- b. Representatives of workers/laborers and/or trade/labor union together with employers/committee include principles of protection and HIV/AIDS prevention into company regulations or in memorandum of understanding

### **2. Voluntary Counseling and Testing**

- a. Employer/Committee is prohibited to make HIV test mandatory as prerequisite of a recruitment process or employment extension of a worker/labor or mandatory health check up for insurance purpose
- b. HIV test can only be carried out to worker/laborer on voluntary bases with written consent from respective worker/laborer. Again, the voluntary test must not be used for purposes in article (a)
- c. Test can be carried out for workers who will be hired into a working environment that may cause exposure to HIV such as: laboratory, health facilities and to patients who will receive medical control from health workers with indications of HIV infection
- d. Test can be carried out for epidemiology monitoring survey purposes with the following prerequisites: anonymity, complying with principles of research and professional ethics and maintaining confidentiality and rights of individuals

- e. Should tests in article (a), (b) and (c) above is being carried out, a worker should receive:
  - 1) Pre counseling (counseling before test is taken)
  - 2) Written informed consent
  - 3) Direct test result communication to the respective worker
  - 4) Post counseling (counseling after test result is communicated to the test taker)
- f. Counseling assistance shall be given by health workers in the workplace and/or other health workers
- g. HIV tests can only be carried out by physicians with special expertise according to standard regulations

### **3. Discrimination and Stigmatization**

- a. Employer/committee and workers/laborers shall not conduct any discriminating acts to workers/laborers with HIV/AIDS
- b. Employer/labor and workers/laborers shall work efforts to eliminate stigma to workers/laborers with HIV/AIDS
- c. Employer/labor and workers/laborers shall respect human rights and dignity of workers/laborers with HIV/AIDS
- d. Employer/labor and workers/laborers shall apply disciplinary acts to other workers/laborers who discriminate and stigmatize workers/laborers with HIV/AIDS or those suspected of living with HIV/AIDS
- e. Workers/laborers with HIV/AIDS shall work as long as they are physically fit and not causing dangers to him/herself, to coworkers and to other individuals in the workplace
- f. Workers/laborers with HIV/AIDS should act responsibly and take general precautions to prevent HIV exposure to his/her coworkers



- g. Workers/laborers with HIV/AIDS should be encouraged to inform their HIV status to employer/committee, when their work bears the potential risk of HIV exposure

#### **4. Working Health Services for Workers/Laborers with HIV/AIDS**

- a. Workers/laborers living with HIV/AIDS should receive health services at work equal to other workers/laborers according to prevailing regulations
  - 1). Workers/laborers who have contracted HIV but have not progressed into AIDS with symptoms of general illness are entitled to receive health services in the workplace and/or health insurance such as “Jamsostek”
  - 2). Workers/laborers living with HIV/AIDS whose exposure to HIV is due to working hazards are entitled to health insurance according to prevailing regulations
  - 3). Workers/laborers who have progressed into AIDS and whose exposure to HIV is not due to working hazards are not entitled to health insurance according to prevailing regulations
  - 4). Health services to workers/laborers with HIV/AIDS are not obliged to provide antiretroviral drugs
- b. Determination of HIV/AIDS phase is carried out by physicians with special expertise according to prevailing regulations and standards

### **D. SPECIAL SAFE AND HEALTHY WORKING PROCEDURES FOR HIV/AIDS PREVENTION AND TREATMENT**

#### **1. Prevention and Control Measures**

- a. Employer/workers are obliged to ensure safety and health in

the workplace, including application of working safety and health requirements such as use of protection tools and first aid

- b. Employer/workers are obliged to identify duties or activities at work that may risk of exposure to HIV. Should there is a risk of HIV exposure, employer/workers must implement steps to reduce contraction risk:
  - 1). Eliminate duties that may cause risk to HIV exposure
  - 2). Reduce risks by replacing, redesigning the process or improving working methods such as: needle-free intravenous systems
  - 3). Adjust processes to reduce numbers of contracted workers/laborers, such as: blood handling, waste disposal system at health clinics
  - 4). Apply safe working measures
  - 5). Educate workers/laborers on risk and prevention measures
  - 6). Management of waste disposal systems
  - 7). Protection tools
- c. Each worker/laborer must follow all HIV/AIDS prevention and control instructions and procedures ruled by employer/committee, including use of protection tools (APD) to reduce HIV exposure
- d. Companies with workplace transmission risks should assess workplace transmission risks as follows:
  - 1). Hazards identification
    - a). The objective is to introduce and determine all activities at work and duties of workers/laborers at the workplace carrying possibilities of HIV/AIDS exposure

- b). Hazards identification shall be carried out by ways of:
    - i. consultation with workers/laborers
    - ii. direct observation
    - iii. analyzing exposure reports
  - c). Identification of hazards in an effort to identify duties and activities that require measures to reduce transmission risk. If potential risks are identified, a risk assessment should be conducted
- 2). Risk assessment
- a). The objective is to evaluate safety and health risks of workers/laborers due to blood exposure at work and to determine steps to minimize these risks
  - b). Risk assessment should consider the following:
    - i. Source of risks. Consider means of exposure to HIV/AIDS in the workplace
    - ii. Frequency of exposure to blood
    - iii. How workers/laborers receive exposure
    - iv. Exposure risks are related to lay outs and duties at work
    - v. Potential health impact of each risk
    - vi. Assessment of knowledge and training on HIV/AIDS to workers/laborers
    - vii. Health check up
    - viii. Adequate control requirements
    - ix. Assessment of equipment that may cause blood potential blood exposure. Assessment is an important as prerequisite to control measurement
- 3). Risk control
- a). The objective is to prevent HIV/AIDS exposure at work

- b). Risk control should be carried out through the following risk control hierarchy:
- i. Elimination  
Activities potential to cause exposure to risks of HIV/AIDS transmission should be eliminated, such as prohibiting the use of used needles
  - ii. Substitution  
Under the conditions where elimination cannot be carried out, employer/committee must replace methods of work that bear less risk to HIV/AIDS exposure, such as drugs administration through needles should be replaced with oral administration
  - iii. Engineering control  
Examples: isolation process, closed process, use of mechanical equipments or automatization as well as modification of working tools and equipment
  - iv. Enforcement of safe working methods  
Employer/committee should guarantee enforcement of safe working methods in the workplace to minimize exposure to blood, such as personal hygiene, sterilization, infection control program. Should there be accidents at work then employer/committees must conduct First Aid procedures
  - v. Education, training and information dissemination to workers/laborers
  - vi. Protection tools  
Appropriate protection tools must be available in the workplace to protect workers/laborers from HIV/AIDS exposure through duties bearing risks of exposure to HIV/AIDS, such as duties that

are related to blood or related to First Aid provision

- 4). Monitoring and evaluation
  - a). Employer must regularly monitor and evaluate control measures which have been carried out and take improvement actions as necessary
  - b). Monitoring and evaluation should consider the following:
    - i. Policy effectiveness and procedures in the workplace
    - ii. Levels of fulfillment to requirements and other prevailing regulations
    - iii. Effectiveness of information dissemination program and education programs
    - iv. Causes of exposure to HIV/AIDS risks
    - v. Evaluation to cases potential to HIV/AIDS exposure
    - vi. Effectiveness of post-exposure handling measures
  - c). There must be certain individual/groups who are assigned to conduct monitoring and evaluation
  - d). Identity of individual/groups that conduct monitoring and evaluation must be made known to all workers/laborers

## **2. Monitoring on Infection in the Workplace**

- a. Universal Precautions to Blood and Body Fluids

Universal Precautions to blood or body fluids is also known as Universal Precautions or Standard Precautions. This approach is a reaction increasing spread of blood born diseases throughout the world which have given rise to the need to protect hospital workers from these blood infections. This

approach emphasizes application of precautions to blood and body fluids and is implemented universally with all patients regardless of known infection status.

Universal Precautions is a standard and simple monitoring practice applied treatment to patients, to reduce risks of various diseases carried in or related to blood. The precautions are:

- 1). Careful handling to collection and disposal of sharp objects (needles or other sharp objects), according to prevailing regulations
  - 2). Washing hands before and after using running water procedures and applying detergent or soap or 70% alcohol
  - 3). Using various protection tools such as gloves, robe, masks, on every direct contacts with blood or other body fluid
  - 4). Disposing remaining of exposed blood and other body fluids safely
  - 5). All exposed equipments must be specifically sterilized using proper disinfectants
  - 6). Exposed cloths must be washed with detergents and disinfectants with 80 degrees temperature
- b. HIV/AIDS Needle Exposure
- 1). Needle Exposure risks  
All exposure involve blood, body fluids that contains blood  
Exposure risks are affected by:
    - i. Depth of wound
    - ii. Blood seen on needle
    - iii. Placement of needle in blood venous/artery of the patient
    - iv. Sources of exposure is infected with advanced-phase HIV (related to high level of virus within the source)

## 2). Post Exposure Prophylaxis (PEP)

### Post Exposure Prophylaxis for Percutaneous Wound

Exposure	Status of Exposure Source		
	Source is HIV+ and Risk is Low*	Source is HIV+ and Risk is High*	HIV Status is Unknown
Light: small needle, superficial	2 PEP drugs	3 PEP drugs	Usually is not treated; consider 2 PEP drugs
Heavy: big needle, deep wound, blood is seen on needle, needle is used to blood venous/ artery of the patient	3 PEP drugs	3 PEP drugs	Usually is not treated; consider 2 PEP drugs

### Post Exposure Prophylaxis for Exposure Through Mucous Membrane and Broken Skins (Dermatitis, Abrasions, Wounds)

Exposure	Status of Exposure Source		
	Source is HIV+ and Risk is Low*	Source is HIV+ and Risk is High*	HIV Status is Unknown
Small volume (drops)	2 PEP drugs	3 PEP drugs	Usually is not treated; consider 2 PEP drugs
Big volume (blood spills in big volume)	3 PEP drugs	3 PEP drugs	Usually is not treated; consider 2 PEP drugs

Notes \*:

*Low risk: Asymptomatic HIV or virus level < 1,500 c/ml*

*High risk: HIV/AIDS symptomatic, acute seroconversion, and/or high level of virus*

*When the HIV/AIDS status of a source/patient is not known, a rapid test can be carried out and the result will be acquired in less than one hour. The result of this test should be trusted and is very effective to avoid using unnecessary prophylaxis drugs.*

### 3). Monitoring and Counseling

HIV serology test must be carried out at the time of incident, and then repeated on week 6, month 3 and month 6. This is important due to research findings that there are some workers who were detected positive after 6 months after the exposure. This test must be repeated at month 12 for workers who have Hepatitis C because it may slow down the formulation of HIV sero-conversion. Workers



with HIV+ will experience acute symptomatic syndromes on week 2-6 after the exposure.

Workers must receive counseling to do safe sexual intercourse or must be abstinent until the serology test is proven negative 6 months after the exposure. The biggest risk is at the first week 6-12.

Administration of Post Exposure Prophylaxis drugs has to be at the soonest, preferably in 1-2 hours until 36 hours after the exposure.

Health workers/laborers living with HIV+, according to United States Centers for Diseases Control and Prevention can still handle patients in surgeon procedure as long as:

- i. patient is aware of the HIV status of the worker
- ii. there is a written agreement of medical execution from the patient

### **3. Emergency and First Aid Program**

- a. An employer/committee who consults with a professional medical worker with expertise in HIV/AIDS, should develop program to handle workers/labor that may be exposed to blood or body fluids while working. This program covers procedures for:
  - 1). Report to persons in charge to conduct investigation and the persons in charge must keep records of accidents caused by blood or body fluids exposure
  - 2). Refer to a physician as soon as a worker/labor is exposed to HIV, so that risk assessment in HIV/AIDS transmission can take place and discussion on whether to conduct counseling and VCT and treatment can take place
- b. Employer/committee should guarantee that Emergency procedures and First Aid as well as carry out prevention

measures to avoid the risk of exposure to HIV in handling victims of accidents in the workplace that cause bleedings and/or require cardio pulmonary resuscitation (CPR)

Stipulated in: Jakarta

On: June, 16, 2005

**General Director of Manpower  
Management and Monitoring**

**MSM. Simanihuruk, SH, MM**  
NIP. 130353033

## **Tripartite Declaration Commitment to Combat HIV/AIDS in the World of Work**

We, the Government of Indonesia, Coordinating Ministry for People's Welfare and Ministry of Manpower and Transmigration, Indonesian Chambers of Commerce and Industry (KADIN), Indonesia Employers' Association (APINDO) and Workers' Organization representative: SBSI (Indonesian Prosperous Trade Union), KSPI (Indonesian Trade Union Congress), and KSPSI (Confederation of the All Indonesian Worker Union) hereby:

- RECOGNIZE that the transmission of HIV/AIDS in Indonesia will potentially threaten business' profitability and productivity, workers' occupational health and society;
- EXPRESS our deep concern that the threat of HIV/AIDS impacts on sustainable national development;
- URGE all parties to collaborate with other efforts among the society especially in the private sector to prevent the spread of HIV/AIDS;
- URGE all parties at the workplace to work together under a tripartite framework with emphasis on the following:
  1. To use the principles of the **ILO Code of Practice on HIV/AIDS and the World of Work** as a basis for implementing workplace programme on prevention, care and support;
  2. To give priority to prevention programmes on HIV/AIDS including encouraging business and unions to support these programmes;
  3. To encourage and support an effort to deal with stigma and discrimination against workers with HIV/AIDS.

Jakarta, 25 February 2003



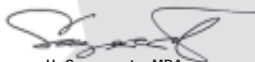
**M. Jusuf Kalla**  
Coordinating Minister for People's Welfare



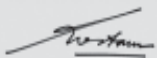
**Jacob Nuwa Wea**  
Minister of Manpower and Transmigration



**Ir. Aburizal Bakrie**  
Chairman of Indonesian Chamber  
of Commerce and Industry



**H. Suparwanto, MBA**  
Chairman of Indonesian Employers  
Association (APINDO)



**Rustam Aksam**  
Chairman of KSPI



**Arief Sudjito**  
Chairman of KSPSI



**Mughtar Pakpahan**  
Chairman of SBSI

## The ILO Code of Practice on HIV/AIDS and the World of Work

The ILO has adopted a *Code of Practice on HIV/AIDS and the World of Work*. It is the product of collaborative efforts between the tripartite constituents of the ILO, namely governments, employers' and workers' representatives. The objective of the Code is to provide guidance to help reduce the spread and impact of HIV/AIDS. The Code contains principles for policy development and practical guidelines from which concrete responses can be developed at the enterprise, sectoral and national levels.

### The 10 key principles of the ILO Code of Practice on HIV/AIDS and the World of Work

#### 1. Recognition of HIV/AIDS as a workplace issue:

HIV/AIDS is a workplace issue and it should be treated like any other serious illness/ condition in the workplace.

#### 2. Nondiscrimination:

There should be no discrimination against workers on the basis of real or perceived HIV status. Discrimination and stigmatization of people living with HIV/AIDS inhibits efforts aimed at promoting HIV/AIDS prevention.

#### 3. Gender Equality:

The Gender dimension of HIV/AIDS should be recognized. Women are more likely to become infected and are more often adversely affected by the HIV/AIDS epidemic than men. Therefore, more equal gender relations and the empowerment of women are vital to successfully prevent

the spread of HIV infection and enable women to scope with HIV/AIDS.

**4. Healthy Work Environment:**

The work environment should be healthy and safe, as far as is practicable, for all concerned parties, to prevent transmission of HIV, in accordance with provisions of the ILO Convention No. 155 of 1988 on Occupational Health and Safety.

**5. Social Dialogue:**

The successful implementation of an HIV/AIDS policy and program requires cooperation and trust between employers, workers and their representatives and government, where appropriate, with their active involvement of workers infected and affected by HIV/AIDS.

**6. No Screening for purposes of exclusion from employment or Work Processes:**

HIV/AIDS screening should not be required of job applicants or persons in employment.

**7. Confidentiality:**

There is no justification for asking job applicants or workers to disclose HIV-related personal information. Access to personal data relating to a worker's HIV status should be bound by rules of confidentiality consistent with the ILO's code of practice on the protection of workers' personal data, 1977.

**8. Continuation of Employment Relationship:**

HIV infection is not a cause for termination of employment. As with many other conditions, persons with HIV-related

illness should be able to work as long as medically fit in available, appropriate work.

**9. Prevention:**

HIV infection is preventable. Prevention of all means of transmission can be achieved through a variety of strategies which are appropriately targeted to national conditions and which are culturally sensitive. Prevention can be furthered through changes in behaviour, knowledge, treatment and the creation of non discriminatory environment.

**10. Care and Support:**

Solidarity, care and support should guide the response to HIV/AIDS in the world of work. All workers, including workers with HIV, are entitled to affordable health services. There should be no discrimination against them and their dependents in access to and receipt of benefits from statutory social security programs and occupational scheme.