Confidentiality and HIV/AIDS

1 Confidentiality – a key issue

1.1 It is essentially a key issue for two prime reasons:

- the consequences on the individual and their rights.
- the wider public interest of helping stop the spread of infection.

1.2 The need for especially strict rules of confidentiality in relation to HIV infection/disease derives from the intense atmosphere of fear, misunderstanding and prejudice that characterises may people's response to the virus. It is important that Waltham Forest local authority responds to the challenge of HIV infection and disease in a humane and compassionate way. The consequences of a person's HIV status becoming known can be, and has been, frequently disastrous for them. Many have lost their jobs and their homes and have been rejected and isolated by family, friends, colleagues and society in general. Insensitive or even brutal treatment in both personal and professional relationships is only too common. Because of this there is an urgent need to ensure that both policies and practice are designed to protect the privacy of both employees and service users with HIV infection and disease.

1.3 Although the importance of confidentiality is frequently argued in individual terms, it should not be divorced from the wider public interest. Stopping the spread of infection particularly involves engaging people who are, or who could become, infected in considering and implementing specific behaviour change both to protect themselves and others. A lack of confidentiality only alienates people and means they have less confidence in presenting themselves to statutory and non-statutory agencies. Maintaining confidentiality is therefore an important component in preventing the spread of further infection.

2 The Legal Position

2.1 HIV infection/disease is covered by the 1974 Venereal Disease Regulations, which oblige Health Authorities to maintain strict confidentiality of information regarding people with sexually transmitted diseases.

The DHSS have subsequently stated that this should also be considered as applying to local authorities.

2.2 Further advice to local authorities is incorporated in DHSS Circular LASSL 86/8, which states:
"There remains potential for Social Isolation if it becomes generally known that a person has AIDS and AIDS related infections. It is particularly important therefore that information identifying such individuals is strictly confined to those people who really must know in order to provide proper care and services. Where such disclosure in these circumstances is required, it should be with the consent of the person concerned save only and exceptionally where medical advice indicated that disclosure is essential to proper care or to prevent a serious risk to the health of others. In the case of disclosure relating to children, parental consent should be sought unless the child is of sufficient age and understanding to be capable of giving the consent him/herself...”

2.3 The provision in the DHSS circular which refers to disclosure without consent in exceptional circumstances needs to be interpreted with great care and in the light of the known infection characteristics of HIV. It is primarily relevant to medical case management and will almost never apply in a local authority context. In the strictest sense of the term, there are no people in a local authority sense, who have an absolute 'need to know' that a service user or colleague have HIV infection or disease. This is because good, hygienic working practice is sufficient to protect staff from any minimal risk of infection. Given the limited methods of transmission (via sexual intercourse, the exchange or transfusion of blood or blood products and from mother to baby) HIV is particularly difficult to transmit in a work setting even in close physical contact, dealing with body fluids. Additionally, since the majority of people currently infected by HIV are so far unidentified - even to themselves - it would be imprudent to rely on knowledge of a person's infection as a basis of employing safe working practices. Good infection control procedures must be standard practice at all times and will protect staff against a whole range of infections with which they may come in contact.

3 Principles of Disclosure
3.1 There are however, situations when knowledge that a service user or employee has HIV infection/disease be essential or desirable for the provision of good services or support. It is in these situations that it will be appropriate to seek the permission of the person with HIV infection/disease for disclosure of their infection to specified others. Examples of this more limited "need to know" could include:

3.1.1 When knowledge of infection influences eligibility or priority for a particular service.

3.1.2 When sharing this information will enable a service to be more sensitively provided or support more effectively given. This is particularly relevant if staff have received appropriate awareness training and are able to recognise and respond to the special needs of the person with HIV infection/disease.

3.1.3 To enable management to be accountable for service delivery and quality or to provide the necessary support for staff. In this case, it would be appropriate to consider whether disclosure of identity is really necessary or whether advice and monitoring could be done on an anonymous basis.

3.1.4 Where it is customary for responsibility for service delivery to be shared on a teamwork basis and effectiveness of the team would be jeopardised if information was not shared.
3.1.5 In some cases it will be safe to assume that a person’s HIV infection/disease status will be obvious just by the nature of service provided.

3.1.6 Where there are legal requirements for full disclosure of information arising from other governing legislation, e.g. in relation to work with children.

3.2 Being knowingly in contact with a person who has HIV infection or disease is often a worrying and anxiety-provoking experience, particularly for a member of staff who is not fully aware of the nature and direct implications of the virus. Such staff may well feel over burdened by the knowledge and will feel that they need to share it with others both for their own peace of mind and also to check out implications and possible risks to third parties, particularly colleagues. In these circumstances, staff should be advised to discuss the situation in general terms without revealing the identity of the person concerned. It is important that all staff in this situation should be aware of whom they can approach for accurate, sensitive and confidential advice on the subject of HIV infection and disease.

3.3 The key features that should govern the controlled disclosure of information are:

3.3.1 The informed consent of the person with HIV infection or disease should be sought in each instance.

3.3.2 The number of people to be informed of a person’s HIV infection or disease status should be kept to a minimum.

3.3.3 Disclosure should only be considered and consent sought, where there are clear operational reasons why this should happen.

3.3.4 Staff who receive information (either directly or indirectly) need to be fully aware of the need to maintain the strictest confidentiality when they receive such information.

3.3.5 The possibility of sharing information in general terms without disclosing identity should always be considered.

4 The Need for Permission to Disclose

4.1 The DHSS guidance quoted at para 2.2 makes it clear that consent is required before information is disclosed in the interests of proper care and services.

4.2 In view of the potentially demoralising effect of a diagnosis of HIV infection or disease, it is an important feature of a sensitive and responsive service that the right of the person with HIV infection/disease to retain maximum control over decisions made about their care and support is acknowledged and honoured in both policy and practice.
Disclosure of information about a person's infection should only take place with the informed consent of that person. For consent to be informed, it is necessary to share with the person concerned why there is a need to share information, with whom, and what are the likely consequences of their agreeing to or not agreeing to disclosure. In some instances, for example, non-disclosure could mean that the person would not gain access to a service or support to which they might otherwise have been entitled. It is important to be honest about this and to acknowledge the person's right to decide. Equally the person should be advised of whether and how the information about their infection may be recorded and who would be likely to have access to it. People are not always clear about the extent to which information needs to be shared in large organisations and this too must be explained.

Once consent has been obtained, it must be the responsibility of the person passing on any information to ensure that disclosure only takes place on the terms agreed with the person with HIV infection/disease. It is therefore important to ensure that the requirement for strict confidentiality and any supporting departmental guidelines are fully explained to, and understood by, the recipient of the information.

On rare occasions, the requirements of other legislation may make the withholding of information difficult or impossible. Good practice and the safeguarding of the relationship of trust developed between the authority and employees and residents with HIV infection/disease demands that consent should still be sought. If it is withheld, it must be fully explained why and in what circumstances disclosure may be unavoidable before this occurs.

The importance of the person with HIV infection/disease themselves receiving advice and counselling on self-disclosure cannot be over emphasised. Shock and uncertainty following diagnosis can lead to the person inappropriately disclosing information and then subsequently regretting this. Even the best practice of confidentiality within the Authority can be undermined and lead to significant problems. The provision of advice and counselling for the person concerned can significantly reduce the possibility of disruption and the likelihood of service provision/delivery problems.

Within Waltham Forest confidential HIV counselling is available from an HIV Counsellor, Tim O'Keefe, Tel: 0208 520 3766.

There are no hard and fast rules about the recording or not of information relating to a person's HIV infection or related illnesses. It will be for individual departments to examine their own practice in the light of such questions as:

- Does this information need to be recorded and why?
- If it must be recorded, is it necessary for it to be accessible on an open file?
- Who will have access to this information and is this acceptable?
- Who will type the documents, process or record the information?
• Has the person concerned been informed about what is being recorded and who will have access? (This should be standard practice).

6.2 All departments should produce clear guidelines for the recording of information about an individual's HIV infection/disease status.

6.3 Obviously it is important not to create systems that by demanding special treatment of particular information, make a nonsense of confidentiality. If this seems to be a problem, it is worthwhile to consider whether or not other 'medical' information is appropriately recorded. If all medical data is kept in 'restricted access' records, the particular safeguarding of information about HIV infection/disease may be less of an issue.

7 Enforcement and Training

7.1 It is important that the Authority as an employer, as well as individual managers, is clear and explicit about the standards of confidentiality expected from staff. This needs to involve not only formal guidance and statements of policy but also active intervention when workplace information exchange or gossip appears to be in danger of breaching confidentiality.

7.2 This Authority may regard any breaches of confidentiality as a disciplinary offence for consideration through the normal recognised procedures.

7.3 The media attention that HIV and AIDS has received with the accompanying misinformation means that many Council employees are reluctant to provide a service as they lack accurate information about HIV transmission.

In such instances staff would be provided with training and information about HIV. In addition their partners would also be able to attend the training course if they wished to.

It is not in the interests of any client with HIV to receive services from staff who do not wish to work with them. As far as possible only staff who have expressed willingness to work with people with HIV infection/disease would be asked to do so.

7.4 Most breaches of confidentiality occur, not out of malice but through thoughtlessness, lack of awareness of the consequences or a misguided wish to protect others perceived to be at risk. Sometimes information is disclosed, not deliberately, but through the inferences drawn by others from unnecessary or elaborate precautions or other untypical behaviour. In such instances education may be a more appropriate and effective management response than coercion, so that staff are generally aware of the nature of the virus and of its potential social and emotional impact on people. The importance of awareness training as a back up to any confidentiality policy is recognised by the Authority.
Children and Young Families

Guidelines for the Provision of Services to Children and Young People with HIV Infection/Disease and their Families

Glossary

- **HIV** – the virus that can damage the immune system and sometimes leads to AIDS
- **AIDS** – Acquired Immune Deficiency Syndrome. A clinical definition indication that a person’s immune system is severely damaged by HIV
- **HIV Infection** – term used to indicate that a person is infected with HIV, but has no obvious signs or symptoms to show this
- **HIV disease** – illness resulting from HIV infection. It can range on a spectrum from mildly swollen glands to severe life threatening illness, characteristic of AIDS

1 Paediatric HIV Infection and Disease

1.1 Knowledge and information about Paediatric HIV Infection is constantly changing as more experience is had in dealing with HIV Infection in children and young people. While the way HIV treatment is constant (the 3 routes of infection apply equally to children as to adults) the spectrum of illness and the recommended ways of treating the infections are constantly changing.

1.2 Initial concerns that children with HIV should be isolated from other children to protect the HIV infected child from infection are now dismissed and current (June 1990) medical opinion is that children with HIV should receive all their vaccinations and lead as normal a lifestyle as possible.

1.3 The pattern of illness differs between children who acquire HIV infection from their mothers during pregnancy and children who become infected after birth.

1.4 Children who acquire HIV from their mothers tend to exhibit one of 2 patterns of illness. Some children become ill within the first months of life, the prognosis for these children is poor and they often die within their first or second year.

1.5 The second group of children do not develop symptoms early in their lives and may grow up being well. The oldest surviving child is now eleven years old. Some of this group of children may develop symptoms, but whether these symptoms are likely to progress to fatal illness is as yet unknown.

1.6 Children who acquire HIV infection later in life, for example, haemophiliac boys or children who have had sex with someone with HIV or shared infected syringe and needles, as yet are showing patterns of illness similar to those in adults.

1.7 It is clear that HIV infection raises many issues for Social Services in our work with children and young people.
2 Philosophy

2.1 The service provided to HIV positive children and young people will be in line with the principle of normal living and equality of access to services with other groups of children and young people. There will be no discrimination in the provision of services to this client group.

3 Testing

3.1 Background The blood test that is available is not a test for AIDS. A person or child will only be diagnosed as having AIDS if they have an opportunistic infection for which there is no other known cause.

3.2 The test that is available is a test for antibodies to HIV. HIV is the virus that in some people or children can cause AIDS. Antibodies are special chemicals that are produced by the body if it is infected by HIV.

3.3 Young children (below fifteen months old) cannot be reliably tested for HIV: A child below fifteen months of age 'might develop AIDS. Children who develop AIDS early in life currently have a very poor prognosis.

3.4 Being tested for HIV has enormous implications for the child or young person concerned. There is coping with the feelings you may have after being told that you are infected with a virus for which there is no effective treatment or cure. In addition people who have HIV are not currently eligible for life insurance or mortgages and an increasing number of countries around the world have travel restrictions of varying degrees of severity.

3.5 Children with HIV infection are able to take part in the activities that ordinary children do. There is no reason to exclude them from any activity on the grounds of their HIV infection. They do not need special provision made for them on the grounds of their physical health. Information about a child's HIV status does not help carers to provide a 'safer' environment for either the child with HIV or the children around them.

4 Policy and Criteria for Testing for HIV Infection

4.1 There will be no testing of any children or young people looked after by, or using the services of Waltham Forest Social Services Department, unless there is a clearly established need and benefit for the child of a test. Under NO circumstances will service provision be conditional on a child or young person being tested for HIV.

4.2 The informed consent of an individual must be sought before a test is taken. If the child or young person is not old enough or able to give informed consent then the local authority has a responsibility to ensure that it is itself in a position to give informed consent on that child's behalf. This is only the case where children are subject to an Emergency Protection Order or a Care Order. It should be noted that the view of even very young children should be sought.

4.3 If a child or young person requests an HIV antibody test, the child or young person must have an opportunity to have counselling from an experienced HIV Counsellor about the implications of being tested for HIV. In Waltham Forest Tim O'Keefe, provides a confidential counselling service. Tel: 0208 520 3766.
4.4 HIV Counselling should be confidential. No worker should automatically be present during the young person’s counselling session.

4.5 A young person may specifically request that their worker be present. In this instance the young person must be made aware that any disclosure may have Child Protection implications that the worker will have a statutory duty to follow up.

4.6 Some young people may disclose the fact that they are lesbian or gay during the counselling. This authority does not regard consensual sex between young people as abusive.

4.7 Children Under Sixteen or unable to give informed consent. For children and young people in care, testing should only be carried out if there is evidence that the health care and management of the child will be adversely affected if the test is not done.

4.8 Children under sixteen who request a test should receive counselling (see 4.3). If the child still wishes to proceed with testing the Assistant Directors (Children & Families), must be informed and their consent sought.

4.9 A child or young person unable to give informed consent. The decision to start the testing procedure can only be made by the Assistant Director (Children & Families). Consent will only be given if the Key Worker can show that it is of benefit to the child or young person to be tested. The decision will be made taking into account the advice of the HIV Co-Ordinator, the Key Worker and whenever possible the child or young person concerned.

4.10 For children and young people accommodated on behalf of parents, consent for HIV testing as of other forms of medical treatment may only be given by the parents, persons with parental responsibility or guardians.

4.11 Specialist medical referrals can be arranged through the HIV unit. It should be remembered that it is not at present possible to test children under 15 months of age for HIV antibodies. An HIV test on a child under 15 months of age will provide information about the mother not the child. As such NO tests on children under the age of 15 months will be carried out.

5 Practice Guidelines on the Testing Procedure

5.1 (1) A meeting should be held in order to consider whether a recommendation should be made to the Assistant Director (Children & Families), that the testing procedure should be started.

5.2 The meeting should be chaired by a Principal Officer (Children & Families). The meeting should be attended by:

- The child’s Social Worker
- The current carer and parent(s)
- The Manager of the HIV team
- Resource Centre Manager of their nominee
- Community paediatrician
• The child/young person (the child/young person only to be excluded if there are exceptional and clear reasons).

5.3 (2) If a test is recommended then it will be the responsibility of the Chair of the meeting to prepare and pass a report to the Assistant Director (Children & Families). The report should contain the following information:

• Background history
• Legal status
• Presenting medical problems and medical advice (including the source of the medical advice)
• Reason why the request is being made
• What purpose the test would serve in terms of future planning and care and management of the child or young person
• A list of people present at the meeting
• The views of the people with parental responsibility and if there is disagreement, the reasons why the local authority view is being pursued

5.4 If a child or young person becomes seriously ill very quickly then advice from a Specialist HIV Doctor, such as in the HIV team at Great Ormond Street Hospital, would be sufficient without a case conference. The Assistant Director (Children & Families) and the Manager of the HIV team should be kept informed.

5.5 It should be remembered that a form signed by parents regarding medical consent when a child is looked after by the local authority does not cover consent to HIV testing.

5.6 In the event of the Assistant Director (Children & Families) giving their agreement to a test being carried out on a child or young person, the Social Worker or Key Worker for that child will make the appropriate arrangements for pre-test counselling given appropriate age and understanding of the child. For local counselling service see section 4.3.

6 The Test Result

6.1 The test result will be sent to the Assistant Director (Children & Families). A meeting will then be arranged as soon as possible to discuss how the test result should be shared with the young person concerned, what level of support, advice and counselling is required and by whom it will be given.

6.2 The meeting should be attended by a medical adviser, the Manager of the HIV team, and the care plan must contain details of the medical support which will be offered to the child or young person and the carers.
7 Care and Management of Children and Young People with HIV Infection/Disease

7.1 No child or young person will enter care or be accommodated on the grounds of HIV infection alone.

7.2 Decisions about placement of young children with HIV infection/disease will be based on good practice, meeting the needs of the child or young person as a whole, covering cultural, emotional and social aspects.

7.3 Carers do not have the automatic right to know a child's HIV status. Any decisions to pass on this information must be made in line with the procedures outlined in Sections 9 and 10 of this policy.

7.4 All carers, ie adoptive, foster carers and residential staff will be offered appropriate relevant training. Training will also be offered to fieldwork staff, such as family placement workers.

8 Support for HIV Positive Children, Young People and Their Carers

8.1 For the reasons outlined in paragraph 3.4 all young people of an appropriate age and understanding who are expressing the desire to be tested for HIV must receive counselling about the implications of an HIV test result, be it positive or negative.

8.2 Should the test prove positive considerable support will need to be offered to the young person to enable them to live well with the implications of being HIV positive and to maintain confidentiality.

8.3 HIV is primarily a sexually transmitted disease. It is important, therefore, in terms of further prevention of the spread of the virus that all young people in the care of the Council are aware of safe sex practices and receive the necessary support to enable them to implement them in their lives if they choose to.

8.4 Courses on safer sex and counselling will be developed for the staff working with young people.

8.5 HIV is also transmitted through unsafe drug using practices. Young people will be made aware of safe injecting practices where necessary in order that they can protect themselves.

8.6 Carers of children or young people who have HIV infection/disease are under particular stress. The prognosis for the child or young person is uncertain and they will also have to deal with unpredictable community attitudes if the prognosis becomes known.

8.7 In addition many carers are unhappy using normal facilities for respite care for these children for fear of the reactions of the friends or relatives who they would normally use should they find out the child’s HIV status. Thought must therefore be given to providing appropriate resources and systems to support these placements.
8.8 A key support to carers will be the provision of good information. Knowledge about HIV infection in children and young people is developing every day. Carers should be introduced to the Social Services HIV Unit as one potential source of up-to-date information about Paediatric HIV infection. In addition carers should have access to up-to-date training and information events.

9 Child Protection

9.1 All child protection discussions and plans are to prevent abuse of the child or children involved. The relevant routes of transmission of HIV are:

- penetrative sexual intercourse anal or vaginal with penis
- HIV infected blood getting into blood stream of uninfected person (sharing needles and syringes, infected blood transfusions/products)

9.2 In both of the above cases if the child was at risk of HIV infection from the abuser then the child would, irrespective of the HIV status of the abuser, be seen as at risk from, or experiencing abuse. (There have been no cases worldwide of HIV being transmitted through biting).

9.3 It is important to remember that the HIV status of an actual or alleged abuser is not of relevance in child protection conferences.

9.4 In Child Protection Child Conferences no information about HIV status should be disclosed in any way.

9.5 The HIV status of an adult will not be seen as a contributory factor towards registration.

9.6 Other agencies may raise HIV. It is the responsibility of Social Services representatives to ensure that the issues about HIV do not become the focus of discussion. The protection of the child is always the issue.

9.7 The HIV testing of a child or young person is not an appropriate response to their actual or alleged abuse irrespective of the HIV status of the abuser.

9.8 If a child or young person requests an HIV antibody test, the child or young person must have an opportunity to have counselling from an experienced HIV Counsellor about the implications of being tested for HIV: In Waltham Forest Tim O’Keefe, provides a confidential counselling service. Tel: 0208 520 3766.

9.9 HIV counselling should be confidential. No worker should automatically be present during the young person's counselling session. SAME AS 4.4.

9.10 A young person may specifically request that their worker be present. In this instance the young person must be made aware that any disclosures may have Child Protection implications that the worker will have a statutory duty to follow up.
10 Confidentiality

10.1 The implications of a breach of confidentiality for a child with HIV infection/disease and their carers are potentially devastating. Peoples reactions to HIV infection are often irrational and based on inaccurate information about the routes of HIV transmission. Information that a child has HIV infection does not assist the carer(s) to provide a safer environment for that child or for other children. It is therefore ESSENTIAL that the number of people who are aware of a child’s or young person's HIV status be kept to a minimum.

10.2 If a carer or young person chooses to disclose information about their HIV status it is the responsibility of the person to whom it is disclosed to pass on the information to their senior manager (for example the Officer in charge). The member of staff should not disclose this information to any other person.

10.3 The Officer in Charge should then work with that member of staff to identify if the carer or child/young person has any specific needs around HIV infection. For example a need for increased support or specialist information.

10.4 The HIV unit can be contacted to provide specialist advice if necessary. It is not necessary to disclose the identity of the specific service user or users when seeking this advice.

10.5 If the Senior Manager wishes to share the information further then they need to ask the following set of questions:

- What information needs to be shared? Why?
- Has the young person/carer(s) given their informed consent for this information to be shared?
- Who will have access to this information? Is this acceptable?
- What are the clear operational reasons for sharing this information?
- What are the advantages to the child/young person of sharing this information?
- What are the disadvantages to the child/young person of sharing this information?
- What are the advantages to the carer(s) of sharing this information?
- What are the disadvantages to the carer(s) of sharing this information?
- Is there any way to enable the child/young person and or carer(s) to get the advantages already outlined without disclosing the information and/or identity
- Why not?

10.6 If there are clear benefits to the child/young person or their carer(s) of the information being shared further and the carer(s) or young person agree then the information may be shared according to the procedures outlined below in 11.1.

10.7 If there is thought to be a need to share the information with an organisation or individual not covered in these guidelines the Senior Manager must discuss the reason for that referral or disclosure with either the manager of the HIV team or the Assistant Director (Children & Families) BEFORE disclosing the information.
11 Assessing Other Services

11.1 Normally there is no need to disclose the HIV status of the child or those with parental responsibilities.

11.2 A worker may consider that it is in the interests of the child that their HIV status be disclosed. In this case the worker with their Manager must meet with the Assistant Director (Children & Families), and adviser from the HIV Unit. The Assistant Director (Children & Families) will decide whether the HIV status of the child may be disclosed and to whom.

11.3 In making permanent placements the HIV status of the child should be disclosed to the parental carer(s).

11.4 All referrals for permanence will be treated anonymously and the names and addresses deleted. The name and address of the child must not be referred to in professional discussions and referral meetings.
HIV Infection/AIDS

1 Introduction

1.1 AIDS is short for Acquired Immune Deficiency Syndrome. It refers to the destruction - by a virus known as HIV (Human Immuno - Deficiency Virus) of the body's natural ability to fend off infections. Not everyone infected with the virus develops AIDS, although the virus remains in their body for the rest of their lives.

1.2 Waltham Forest Council recognises that the seriousness of HIV infection and AIDS requires a clear statement of the authority's position on related issues which affect the local authority as an employer, service provider and promoter of public health.

1.3 The purpose of this document is to provide a statement of the Council's policy on HIV infection/AIDS, in pursuance of the protection and promotion of health in the Borough, and the welfare of the authority’s employees and the wider public it serves.

1.4 The council will keep under review and monitor the effectiveness of its policy on HIV infection/AIDS, in order to implement any revisions necessary to achieve objectives of this policy, in light of new information and other nation-international experience and guidance. Any amendments to the Policy arising from a review will be made subject to consultation with appropriate Trade Unions.

2 Recruitment and Selection

2.1 The council will adhere to the Equal Opportunities Policy in all recruitment and selection of staff.

2.2 The medical fitness of applicants who meet all other appointment criteria shall be determined through the normal process of consideration by the Council's Medical Adviser.

2.3 The council will ensure that internal or external candidates for posts in the authority's services are not discriminated against in recruitment and selection on the grounds that they are HIV anti-body positive.

2.4 The council will not require current or future employees, or applicants for posts in the authority's services to be tested for HIV anti-body.

2.5 If an applicant is known to have AIDS then the council will need to take a reasoned view based on all circumstances such as medical advice, the person's ability to work satisfactory at the time of appointment, nature of the post applied for, etc., before offering employment. The medical adviser may, at his/her discretion, pass an applicant as fit for employment whilst at the same time advise against that employee's entry to the superannuation.
3 **Sickness and Continuing Employment**

3.1 People with HIV infection/AIDS will be entitled to the same conditions of employment in respect of sickness absence and pay as all other employees.

3.2 Employees will be given every opportunity to discuss redeployment to alternative jobs but will not be prevented from continuing work, except where, through the standard procedures, they are not deemed medically fit to do so.

3.3 Sympathetic consideration will be given to requests from employees for special leave, in accordance with normal arrangements, in order to care for people for whom they have responsibility who are ill as a consequence of HIV infection.

4 **Counselling and Support**

4.1 If it becomes known that an employee has HIV infection/AIDS the council will ensure that resources are available to provide adequate support and any reasonable arrangements to enable work to be continued.

4.2 The council’s staff welfare officer will be available to employees for initial counselling on a confidential basis, as a route to more specialist counselling and support. The council accepts that employees with HIV infection/AIDS may prefer such counselling to be provided by an external specialist service. Time-off with pay will be granted as necessary to attend for counselling.

5 **Confidentiality**

5.1 The local authority will take all steps to ensure that strict confidentiality is maintained where an employee or receiver of the authority’s services has HIV infection/or AIDS. Only those with a need to know will be informed, and normally only with the consent of the person with AIDS.

5.2 The local authority will regard any breach of confidentiality in such circumstances as a disciplinary offence to be dealt with through the Council’s procedures.

5.3 An employee who discriminates against another employee or user of a service because she/he has HIV infection or AIDS, shall be potentially guilty of a disciplinary offence which may be dealt with through disciplinary procedures recognised under the council’s Equal Opportunities Policy.

6 **Education and Training**

6.1 The council recognises that its employees may have fears and uncertainties about HIV infection/AIDS. The council will take all necessary steps to ensure:

- the development of appropriate education and training which will promote a better understanding about AIDS related matters:

- that HIV infection/AIDS related training is included within its central and departmental training programme:

- that appropriate employees receive clear guidelines on health and safety procedures on how to avoid accidental cross-infection with HIV and other infectious diseases.
all council employees will be expected to take advantage of special training and equipment offered in relation to providing services for people with HIV infection/AIDS.

7 **Service Provision**

7.1 The council will ensure that no individual will be denied a service to which they are entitled to on the grounds that they have HIV infection/AIDS. However, if a person is not prepared to have this information shared with those who need to know, it may be necessary to advise that person that some Council services will be more difficult to provide.

7.2 The council will require all relevant departments to produce plans relevant to the needs of people with HIV infection/AIDS, following the broad principles of the Policy Statement.

8 **Collaboration**

8.1 The council will seek to cooperate with local Health Authorities and other relevant organisations, or groups to ensure the development of a co-ordinated approach to:

- prevent the spread of HIV infection in the Borough
- the provision of advice and counselling to those concerned about HIV infection/AIDS related matters; and
- training and education

9 **Public Health Legislation**

9.1 Waltham Forest Council will endeavour to avoid having recourse to Sections 37, 38 and other related sections of the 1984 Public Health (Control of Diseases) Act for people with AIDS.

9.2 The council recognises its primary responsibility to protect the general public from infectious disease. However, in enforcing the provisions of the legislation, the District Medical Officer and Chief Environment Health Officer, as duly appointed Proper Officers, will normally ensure that the Director of Social Services and Director of Housing, together with such other senior officers as may be pertinent, shall be consulted.

9.3 If the use of the Act becomes necessary the council will ensure that this is done wisely and with compassion.

10 **Implementation of the Policy**

10.1 All departments of the council will be required to produce clear guidelines on how they will implement this policy, within the broad framework as employers and as providers of services (in respect of which other policy statements will apply).

10.2 All managers will be responsible for the implementation of this and other equal opportunities policies. Within each department, a lead officer shall act as liaison officer with central personnel and other agencies dealing with employment and all other aspects of the Council’s responsibilities on HIV infection/AIDS.
10.3 The council will ensure that the various employees' trade unions are consulted on the details of implementation of this policy and its further development. It recognises that their support and understanding of the issues involved will play an important part in the educational process.