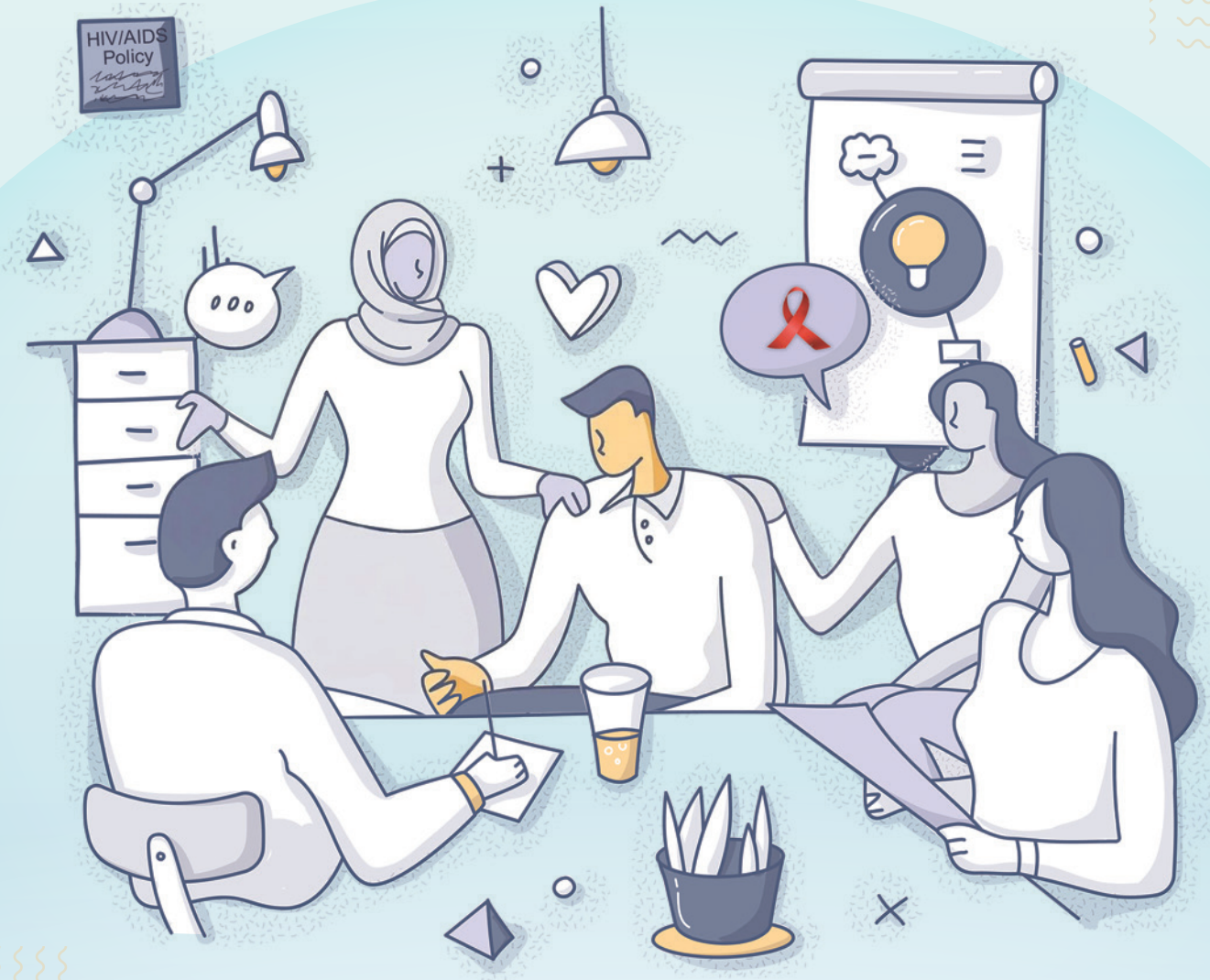
MINISTRY OF HUMAN RESOURCES
DEPARTMENT OF OCCUPATIONAL SAFETY AND HEALTH



GUIDELINES ON
PREVENTION AND MANAGEMENT OF HIV/AIDS
AT THE WORKPLACE 2026

MINISTRY OF HUMAN RESOURCES
DEPARTMENT OF OCCUPATIONAL SAFETY AND HEALTH

GUIDELINES ON PREVENTION AND MANAGEMENT OF HIV/AIDS AT THE WORKPLACE 2026

Guidelines on Prevention and Management of HIV/AIDS at The Workplace 2026

ISBN 978-629-94330-3-3

9 786299 433033

PUBLISHER

Department of Occupational Safety and Health, Malaysia
Ministry of Human Resources

Level 1, 3, 4 & 5 Setia Perkasa 4, Setia Perkasa Complex,
Federal Government Administrative Centre,
62530 Federal Territory of Putrajaya.

1.0 PREFACE

HIV/AIDS in the workplace poses significant challenges, affecting employee well-being, dignity and productivity through stigma, discrimination and health concerns. These issues often arise from misinformation and inadequate institutional support. In response, the Guidelines on Prevention and Management of HIV/AIDS at the Workplace 2026 has been developed to provide a comprehensive framework for employers. The guideline aims to strengthen prevention and management of HIV/AIDS within the workplace while safeguarding the rights, health and dignity of all employees, particularly those affected by HIV.

Employers across both public and private sectors have a fundamental responsibility to cultivate work environments free from stigma and discrimination. This includes ensuring employee confidentiality, promoting access to accurate information and facilitating prevention, testing and treatment services.

Adherence to these principles not only protects the health and human rights of employees but also yields substantial organizational benefits. Safe, healthy and inclusive workplaces are linked to reduced absenteeism, improved staff morale, enhanced productivity and greater social cohesion.

This guideline outlines key strategies focused on prevention, protection, promotion and support. Emphasis is placed on comprehensive organisational interventions, including targeted training for managers and staff, workplace education initiatives and individual support systems to ensure no employee is excluded or marginalised.

Workplaces are strongly encouraged to adopt and implement this guideline as an effective tool for creating safe and non-discriminatory environments. Doing so will protect the rights and dignity of all workers while mitigating the broader impact of HIV/AIDS.

Ir. Ts. Hajah Hazlina binti Yon
Director General
Department of Occupational Safety and Health
2026

2.0 TABLE OF CONTENT

3.0 ACKNOWLEDGEMENT

This guideline is the result of a collaborative effort involving the **Department of Occupational Safety and Health (DOSH),** government agencies, institutions of higher learning, civil society organizations, and occupational safety and health professionals. DOSH extends its sincere gratitude to all participating organizations and individuals for their invaluable contributions to this document.

NAME	ORGANIZATION
Dr. Ahmad Fitri bin Abdullah Hair	DOSH Malaysia
Dr. Ahmad Faiz bin Azhari Noor	DOSH Malaysia
Dr. Mohd Ridzuan bin Anuar	DOSH Malaysia
Dr. Pravind Kumar a/l Nagalingam	DOSH Malaysia
Dr. Rajinderjit Singh Hullon	DOSH Malaysia
Mazni binti Abd Rani	DOSH Malaysia
Ts. Mohd Zulhafiz bin Mohd Yajid	DOSH Malaysia
Dr. Merlinda Shazellenne a/p James Pillai	DOSH Malaysia
Musna binti Rappe	DOSH Malaysia
Dr. Abed bin Onn	Academy of Occupational & Environmental Medicine Malaysia (AOEMM)
Dr. Fazidah binti Yuswan	HIV/STI/Hepatitis C Control Sector, Disease Control Division, Ministry of Health (MOH)
Dr. Siti Nor binti Mat	HIV/STI/Hepatitis C Control Sector, Disease Control Division, Ministry of Health (MOH)
Dr. Nik Khairol Reza bin Md Yazin	Occupational and Environmental Health Sector, Disease Control Division, Ministry of Health (MOH)
Dr. Musalnizan binti Mustalkah	Occupational and Environmental Health Sector, Disease Control Division (MOH)
Andrew Tan Tze Tho	Kuala Lumpur AIDS Support Services Society (KLASS)
Chung Han Yang	Malaysian AIDS Council (MAC)
Dr. Dinesh Mahalingam	Malaysian AIDS Council (MAC)

NAME	ORGANIZATION
Jasmin bin Jalil	Malaysian AIDS Council (MAC)
Mohd Razif bin Zainuddin	Malaysian AIDS Council (MAC)
Abdullah bin Salam	Malaysian AIDS Council (MAC)
Noor Zahra bin Zamalik	Malaysian AIDS Council (MAC)
Dr. Zulkifli bin M. Yunus	PETRONAS
Bernard Paul	Sunway Berhad
Muzdalifah binti Mohd Nasir	Yayasan Sime Darby

4.0 LIST OF TABLES AND FIGURES

5.0 ABBREVIATIONS

AIDS	– Acquired Immune Deficiency Syndrome
ASEAN	– Association of Southeast Asian Nations
DOSH	– Department of Occupational Safety and Health
ELHIV	– Employees Living With HIV
FMS	– Family Medicine Specialist
GP	– General Practitioner
HIV	– Human Immunodeficiency Virus
ID Physician	– Infectious Disease Physician
ILO	– International Labour Organization
MAC	– Malaysian AIDS Council
MOH	– Ministry of Health
OHD	– Occupational Health Doctor
PLHIV	– People Living With HIV
PWID	– People Who Injected Drugs
RDT	– Rapid Diagnostic Testing
SHC	– Safety and Health Committee
SOP	– Standard Operating Procedure
VCT	– Voluntary Counselling and Testing
WHO	– World Health Organization

6.0 DEFINITION OF TERMS

1. HIV Confirmatory Test is a follow-up test to confirm a reactive result from the HIV screening test.
2. HIV Screening Test is an initial test conducted to detect the presence of HIV antibodies and/or antigen in blood or bodily fluid samples, to determine whether the individual's HIV status is reactive or non-reactive.
3. Opportunistic HIV testing is the practice of offering a HIV test to an individual when they attend a health facility for another reason (such as during a routine consultation, hospital admission, or when blood is being taken for another test) or individuals are tested without actively seeking testing services such as in blood donation.
4. Perceived HIV-positive employee is an individual's belief or assumption about an employee's HIV status, which may or may not reflect the employee's actual HIV serostatus (Infection status).
5. Rapid Diagnostic Testing (RDT) is a rapid screening test for HIV using a portable diagnostic kit that provides results within 15-20 minutes.
6. Voluntary Counselling and Testing (VCT) is the process by which an individual undergoes HIV counselling to enable him or her to make an informed choice about being tested for HIV. The decision to be tested must be entirely the choice of the individual and should always be accompanied by pre- and post-test counselling, informed consent and confidentiality.

7.0 INTRODUCTION

7.1 HIV Situation in Malaysia

The first HIV case in Malaysia was reported in 1986. As of December 2024, Malaysia recorded a total of 53,996 people living with HIV (PLHIV) and were aware of their status. Over the past decades, the HIV/AIDS landscape has changed significantly. The number of new HIV infections has generally declined, from a peak rate of 28.5 per 100,000 population in 2002 to 9.4 per 100,000 population in 2024. Most of HIV cases are among men (90%), predominantly within the 20 to 39 age group (75%). The primary mode of HIV transmission has shifted from needle-sharing to sexual transmission, which accounted for 96% of total HIV infections in 2024. Most of those infected (73%) were employed, with 60% having an employer.

> The number of new HIV infections has generally declined, from a peak rate of 28.5 per 100,000 population in 2002 to 9.4 per 100,000 population in 2024

Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome infection is an infectious disease caused by the Human Immunodeficiency Virus. This virus multiplies in the human body and attacks the immune system, eventually causing the immune system to fail in protecting the body from various infections and diseases.

The period from exposure to HIV to the onset of acute clinical illness ranges from 21 days to 6 months, with an incubation period of 2 to 4 weeks being most common. During this acute stage, infected individuals may appear healthy or exhibit mild flu-like symptoms such as rashes on the trunk, fever, irritability, loss of appetite, weight loss, night sweats, headaches, and chronic tiredness.

People living with HIV (PLHIV) are required to take antiretroviral (ARV) medication as prescribed to suppress the virus in their bodies, allowing them to remain healthy and non-infectious throughout their lives. Failure to adhere to the medication regiment can lead to the progression of the infection to acquired immunodeficiency syndrome (AIDS), the advanced stage of HIV.

HIV is present in all body tissues of an infected person, including the cerebrospinal fluid in the spinal cord and brain. Moreover, it is also found in abundance in blood, semen, and vaginal fluids of infected persons. It has also been isolated but in low quantities from tears, urine, saliva, ear secretions, and breast milk of the infected persons. However, the only bodily fluids linked to HIV transmission are blood, semen, vaginal fluid, and breast milk.

HIV is transmitted through:

- Unprotected sexual intercourse with an infected partner where there is exposure to semen, vaginal, or cervical secretions;
- Contaminated needles and syringes used by people who inject drugs (PWID);
- Contaminated blood or blood products from an infected person;
- Infected mother to child (during pregnancy, childbirth, and post-natal);
- Infected organs, semen, or other body tissues of an infected donor; and
- Contaminated and unsterilised skin piercing equipment such as those used for ear piercing, acupuncture, tattooing, and hair removal.

HIV is not transmitted:

- Through casual physical contact;
- Through coughing, sneezing, and kissing;
- By sharing toilets and washing facilities;
- By using eating utensils or consuming food and beverages handled by someone who has HIV; and
- By insect bites such as mosquitoes and head lices.

> Employers should recognise the significant impact of HIV/AIDS in the workplace, including potential loss of skilled personnel due to prolonged illness, absenteeism, and mortality

7.2 Objective

The objectives of this guideline are to provide employers and employees with appropriate and effective approaches to prevent and manage HIV/AIDS at the workplace through:

1. The establishment of policies, SOP and programmes related to HIV/AIDS prevention and management at the workplace (refer Appendix I and Appendix III);
2. Education and awareness on HIV/AIDS promotion;
3. Creating non-judgmental, non-discriminatory employment practices and working environments.

7.3 Scope and Application

This guideline is intended to fulfil the requirement to secure the safety, health and welfare of persons at work and applies to all workplaces as stipulated under the Occupational Safety & Health Act 1994 [Act 514].

7.4 Legal Requirements

Occupational Safety and Health Act 1994 (Act 514)

Section 15 (1) It shall be the duty of every employer to ensure so far as is practicable, the safety, health and welfare at work of all his employees.

Section 15 (2) Without prejudice to the generality of subsection (1), the matters to which the duty extends include in particular—

a. the making of arrangements for ensuring, so far as is practicable, safety and absence of risks to health in connection with the use or operation, handling, storage and transport of plant and substances;
b. the provision of such information, instruction, training and supervision as is necessary to ensure, so far as is practicable, the safety and health at work of his employees;
c. the provision and maintenance of a working environment for his employees that is, so far as is practicable, safe, without risks to health, and adequate as regards facilities for their welfare at work;
d. the development and implementation of

procedures for dealing with emergencies that may arise while his employees are at work.

Section 16 Except in such cases as may be prescribed, it shall be the duty of every employer to prepare and as often as may be appropriate revise a written statement of his general policy with respect to the safety and health at work of his employees and the organization and arrangements for the time being in force for carrying out that policy, and to bring the statement and any revision of it to the notice of all of his employees.

Section 18B (1) Every employer, self-employed person or principal shall conduct a risk assessment in relation to the safety and health risk posed to any person who may be affected by his undertaking at the place of work.

Section 18B (2) Where a risk assessment indicates that risk control is required to eliminate or reduce the safety and health risk, the employer, self-employed person or principal shall implement such control.

Section 24. (1) It shall be the duty of every employee while at work.

a. to take reasonable care for the safety and health of himself and of other persons who may be affected by his acts or omissions at work;
b. to co-operate with his employer or any other person in the discharge of any duty or requirement imposed on the employer or that other person by this Act or any regulation made thereunder;
c. to wear or use at all times any protective equipment or clothing provided by the employer for the purpose of preventing risks to his safety and health; and
d. to comply with any instruction or measure on occupational safety and health instituted by his employer or any other person by or under this Act or any regulation made thereunder.

8.0 BENEFIT OF HIV/AIDS PREVENTION PROGRAMME IN THE WORKPLACE

Employers should recognise the significant impact of HIV/AIDS in the workplace, including potential loss of skilled personnel due to prolonged illness, absenteeism, and mortality. These factors can negatively impact productivity, employee benefits, compliance with occupational safety and health legislations, production costs, and workplace morale. Proactive efforts by employers to establish HIV/AIDS management programmes demonstrate their commitment to addressing the disease. Implementing these programmes will benefit both the employers and employees as described in **Table 1.**

FOR EMPLOYERS	FOR EMPLOYEES
Protect human resources by providing accurate and comprehensive/ updated information about HIV/AIDS to employee.	Obtain accurate and comprehensive/ updated information about HIV/AIDS.
Enhance business reputation as a socially responsible organization.	Combat stigma and discrimination within the workplace.
Foster a safe and conducive work environment.	Safeguard equality among employees.
Reduce treatment costs by early intervention.	Build confidence among employees to contribute effectively to workplace productivity.
Retain skilled and productive employees to sustain organizational deliverables.	Confidentiality of personal medical information is protected.

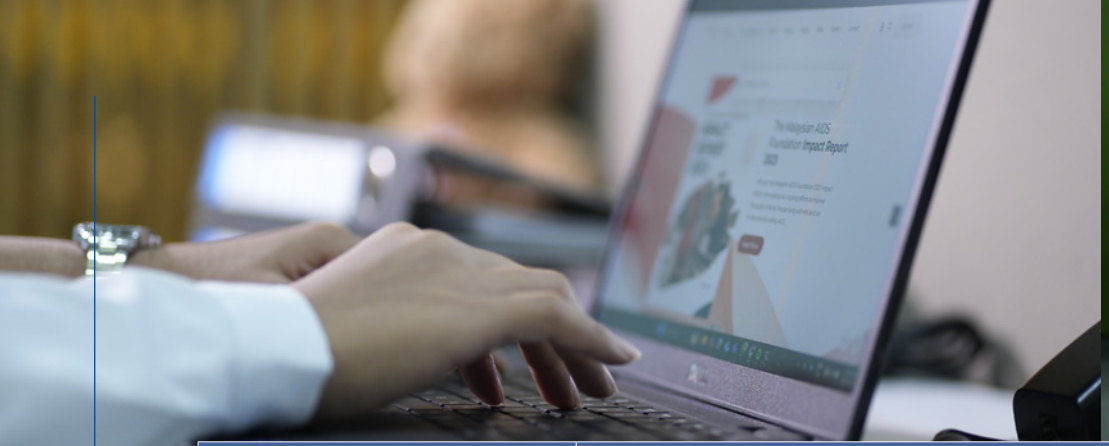
Table 1: Benefits of implementing HIV/AIDS programmes in the workplace for employers and employees

9.0 KEY PRINCIPLES IN MANAGEMENT OF HIV/AIDS AT THE WORKPLACE

9.1 Every employer should adopt appropriate measures to prevent the transmission of HIV and ensure that employees living with HIV/AIDS are managed appropriately, based on the following key principles:

i. Development of HIV/AIDS policies and programmes at the workplace;
ii. Education, training, and awareness programme;
iii. Non-judgmental, non-discriminatory employment practices work environment;
iv. Safety and health aspects;
v. Confidentiality and privacy;
vi. Prevention and control measures;
vii. Gender equality.

9.2 The workplace programme on HIV/AIDS should take into account the ethical, social, and economic dimensions of HIV/AIDS. The programme may vary depending on the company's needs, available resources, organizational structure, cultural sensitivity, and prevailing public policies. Key Principles and Responsibilities of Employers and Employees are outlined in **Table 2.**



KEY PRINCIPLE	EMPLOYER	EMPLOYEE
01 DEVELOPMENT OF HIV/AIDS POLICY, SAFE OPERATING PROCEDURE (SOP) AND PROGRAMMES AT THE WORKPLACE	**A. POLICY AND SAFE OPERATING PROCEDURE (SOP):** i. Organizations should establish comprehensive HIV/AIDS policy and SOP for the workplace and ensure their effective implementation. Refer to Appendix I and ii. The development of the policy and SOP should be in consultation with key stakeholders within the workplace including, trade unions or employee representatives, medical doctors, safety and health committee members, safety and health officers, employer representatives, and other relevant parties but not necessarily limited to the above. iii. The policy and SOP should outline the responsibilities of employers and employees and should reflect the nature and needs of the particular workplace. iv. The policy and SOP should be: a. Communicated to all concerned in simple, clear and unambiguous terms; b. Reviewed and revised in alignment with national authority recommendations, considering the latest epidemiological trends and relevant scientific evidence; c. Monitored for its successful implementation; and d. Evaluated for its effectiveness;	Representatives of the employees should be involved in the development of HIV/AIDS policy, SOP, and programmes at the workplace.

KEY PRINCIPLE	EMPLOYER	EMPLOYEE
01 DEVELOPMENT OF HIV/AIDS POLICY, SAFE OPERATING PROCEDURE (SOP) AND PROGRAMMES AT THE WORKPLACE	**B. PROGRAMME:** A. An employer should be guided by the needs and capacity of their workplace in establishing the nature and extent of a workplace HIV/AIDS programme. The key components of the programme may include the following elements: i. Prevention and control measures; ii. Education, training, and awareness; iii. Emergency and first aid; and iv. Counselling and social support. B. Develop and implement a workplace HIV/AIDS programme that covers: i. Education and awareness among employers and employees on HIV/AIDS; ii. Preventing transmission and creating a safe and conducive environment for employees living with HIV in order to avoid discrimination and stigmatisation; iii. Providing care and support for employees who are infected or affected by HIV/AIDS; and iv. Managing the impact of HIV/AIDS on the organization	**B. PROGRAMME:** i. Employees should actively participate in all HIV/AIDS programmes. ii. Employees are encouraged to collaborate with the employer in organising HIV/AIDS programmes to enhance their effectiveness and ensure successful implementation.

KEY PRINCIPLE	EMPLOYER	EMPLOYEE
02 EDUCATION, TRAINING AND AWARENESS PROGRAM	A. Implement workplace education, training, and awareness programmes to help prevent the spread of HIV and promote greater acceptance of ELHIV. Effective education can empower employees to protect themselves from infection, reduce anxiety and stigma related to HIV, minimise workplace disruptions, and encourage positive changes in attitudes and behaviour. B. Develop programmes in consultation with employees, their representatives, and where appropriate, government and non-governmental organizations with expertise in HIV/AIDS. The programmes should provide accurate, up-to-date information about HIV transmission, clear up myths, explain the effects of AIDS on individuals, and offer guidance on relevant care and support. C. The programmes should be: i. Conducted as part of an orientation or induction programme for new employees; ii. Integrated into existing education and continuous training programmes; iii. Designed with emphasis on the relevant activities with risk of HIV transmission at the workplace; and iv. Regularly monitored, reviewed and revised as necessary.	**A.** Employees should take the initiatives to learn and understand the following topics: • The company's HIV/AIDS policy and SOPs; • Universal precautions and measures; • Application of safe working procedures; • Confidentiality and privacy requirements concerning HIV/AIDS; • Know where to find more information on resources and support services.

KEY PRINCIPLE	EMPLOYERS	EMPLOYEES
03 NON-JUDGMENTAL, NON-DISCRIMINATORY EMPLOYMENT PRACTICES WORK ENVIRONMENT	A. Employment practices should be based on the scientific and epidemiological evidence that people with HIV/AIDS do not pose a risk of transmitting the virus to co-workers through ordinary workplace contact. B. HIV-positive status should not be the sole criterion for disqualification from any form of employment. C. Depending on the risk level of the job, the placement of employment for ELHIV should be determined based on a fitness-to-work assessment conducted by OHD. OHD can seek relevant information from the treating physician. D. Procedure for termination of employment for ELHIV should be based on the fundamentals of fitness to work and related legislation, as for any other diseases. E. Disciplinary action should be imposed on any non-compliance with company policies and procedures including acts of discrimination or stigmatisation towards HIV-positive or perceived HIV-positive employees.	A. ELHIV have the right to remain employed as long as they are fit to work and do not pose any risk to themselves, their colleagues, or others in the workplace. B. Treat HIV-positive co-workers with respect. Do not discriminate or judge them based on their real or perceived HIV status.

KEY PRINCIPLE	EMPLOYERS	EMPLOYEES
04 SAFETY AND HEALTH ASPECTS	A. Employers should provide and maintain, as far as is practicable, a safe working environment for their employees, and it starts with a risk assessment. B. Every workplace should ensure that its policy addresses: i. The risk, if any, of occupational transmission of HIV within the workplace; ii. Appropriate education, training, and awareness on the use of universal infection control procedures to reduce the risk of HIV transmission at work; iii. Providing appropriate personal protective equipment (PPE) based on risk assessment to protect employees from the risk of exposure to HIV and ensuring accessibility at all times. iv. The steps that must be taken following an occupational accident, including the appropriate management of occupational exposure to HIV. In such an event, the exposed worker and the individual who was the source of the exposure should be evaluated by a health care provider* to determine the possible need for HIV Screen Test, with the confidentiality of both persons protected at all times. v. HIV Screen Test (RDT or HIV Confirmatory Test) should be conducted voluntarily after the employee has undergone a proper counselling session with a health care provider* (VCT). C. The reporting procedure of occupational accidents will follow the standard reporting as per DOSH requirement. D. Individuals exposed to the occupational accident with risk of blood-borne pathogen must be referred to a health care provider* for early assessment and timely management in accordance with the latest MOH guidelines.	A. Employees must attend the training provided by the employers in relation to safety and health. B. Employees must report any workplace incidents immediately to avoid delays in treatment, management and mitigation efforts. C. Employees must use the provided PPE to reduce the risk of exposure in an unforeseen event. D. ELHIV should ensure to continue medical treatment, attend regular follow-ups and to inform the employer if the work activity has potential risks of HIV transmission.

KEY PRINCIPLE	EMPLOYERS	EMPLOYEES
	E. Employers should continuously monitor, provide necessary support and conduct fitness to work assessments and job modifications if necessary for the ELHIV. * GP/ FMS / ID Physician /OHD	
05 CONFIDENTIALITY AND PRIVACY	A. An employer should ensure that an ELHIV is not required to disclose their HIV status to anyone in the workplace. In situations where the employee needs to reveal their status, confidentiality and privacy regarding all medical information related to HIV/ AIDS status must be maintained at all times, in compliance with Medical Act 1971 & Personal Data Protection Act (PDPA) 2010. B. If an employee voluntarily discloses their HIV status, the information must be treated as strictly confidential and only shared with the appointed person upon the employee's explicit written consent. C. Medical records should be kept, and accessible only to designated personnel.	A. Sharing a co-worker's HIV-positive status should be strictly prohibited, as it can cause stigma and unnecessary workplace disruptions. B. For employees diagnosed as HIV positive, they are encouraged to inform employers (appointed person) of their condition for workplace risk management. All information must be treated as strictly confidential.
06 PREVENTION AND CONTROL MEASURES	A. An employer should ensure a safe and healthy working environment, including the application of universal precautions and measures such as the provision of protective equipment and first aid. B. According to OSHA 1994, it is the duty of employer to conduct workplace risk assessments. Employers should identify occupations or work activities within the workplace that may put the employees at risk of HIV transmission. If there is a potential risk of exposure to HIV, employers should develop practical prevention and control programmes appropriate to their workplace to reduce the risk. The prevention programme should be in line with the hierarchy of control (refer to Appendix III). C. Employer to reinforce appropriate infection control procedures and ensure that they are implemented. Details of the intervention programme are given in Appendix III.	A. Employees must comply with prevention and control measures implemented by the employer.

KEY PRINCIPLE	EMPLOYERS	EMPLOYEES
06 PREVENTION AND CONTROL MEASURES	D. Good practices, such as conducting a baseline survey on knowledge, attitude, and behaviour, can help monitor and review the effectiveness of the awareness programmes. E. For occupations or work activities where there is a potential risk of occupational exposure to HIV, employers should provide a specific training programmes, as well as other necessary measures. F. A monitoring and evaluation method should be established to ensure the effective implementation of policies and procedures in the workplace. This process can be done at multiple management levels to ensure that both the employers and employees understand and remain committed. G. The outcome of the programme evaluation should be used as a tool to measure the effectiveness of the policy implemented. This process should take place at least once every 5 years or earlier in the event of a workplace incident that requires changes to the programmes and policies, or if directed by the Director General of DOSH. H. Employers should enforce safe working practices and standard operating procedures for work processes that may expose employees to risk. I. Education, awareness, training, and information dissemination should be conducted regularly to ensure employees' understanding and safe practices. For sample of posters to be used as educational materials, please refer to the WHO and MOH website. J. PPE should be provided and made accessible to employees at all times during work which will act as barriers at individual level to reduce the risk of exposure in the workplace.	
07 GENDER EQUALITY	A. All employees should be treated fairly and equally in the workplace. B. ELHIV need to be empowered to take more active roles at work, including leadership roles. C. Inclusive Participation: Ensure that individuals of all genders are represented and actively participate in decision making processes.	

Table 2 : Key Principles and Responsibilities of Employers and Employees

9.3

An appointed person is a person authorised by the employer who has undergone training on the Guideline on Prevention and Management of HIV/AIDS at the Workplace 2026 from a DOSH registered training provider. The duties and responsibilities of an appointed person are as follows:

- Assist the employer in developing policies, SOPs and programmes related to the management and prevention of HIV/AIDS in the workplace.
- Manage information regarding employees who have self-declared their HIV status.
- Acts as a liaison between employers and ELHIV.
- Assist in getting social support for ELHIV.
- Present reports on activities and programmes related to the management and prevention of HIV/AIDS in the workplace to the employer and the SHC.
- Assist the employer and SHC in investigations related to HIV/AIDS cases in the workplace.
- Evaluate the effectiveness of programmes related to the management and prevention of HIV/AIDS in the workplace.

Samples of best practices in the ASEAN region, please refer to the ASEAN official website, search under the topic of Compilation of ASEAN Good Practices on the Implementation of Policies and Programmes on the Prevention and Management of HIV & AIDS in the Workplace.

10.0 OTHER RELATED ISSUES

10.1 Addressing HIV/AIDS Stigma & Rights in Employment

1. HIV/AIDS continues to pose important challenges within the world of work, particularly concerning workforce wellbeing, productivity, and inclusivity.

2. HIV/AIDS may affect fundamental rights at work, particularly in relation to discrimination and stigmatisation of workers, including ELHIV. Stigma and discrimination in the workplace are often manifested through loss of employment and livelihood opportunities, as well as the alienation and isolation faced by employees due to their known or perceived HIV status.

3. According to reported cases of discrimination against ELHIV mediated by the Malaysian AIDS Council (MAC) from 2022 to 2024, the most common issues identified include breaches of personal data confidentiality, retraction of employment offers, and forced termination or resignation. The distribution of these cases is illustrated in **Figure 1 and Figure 2.**

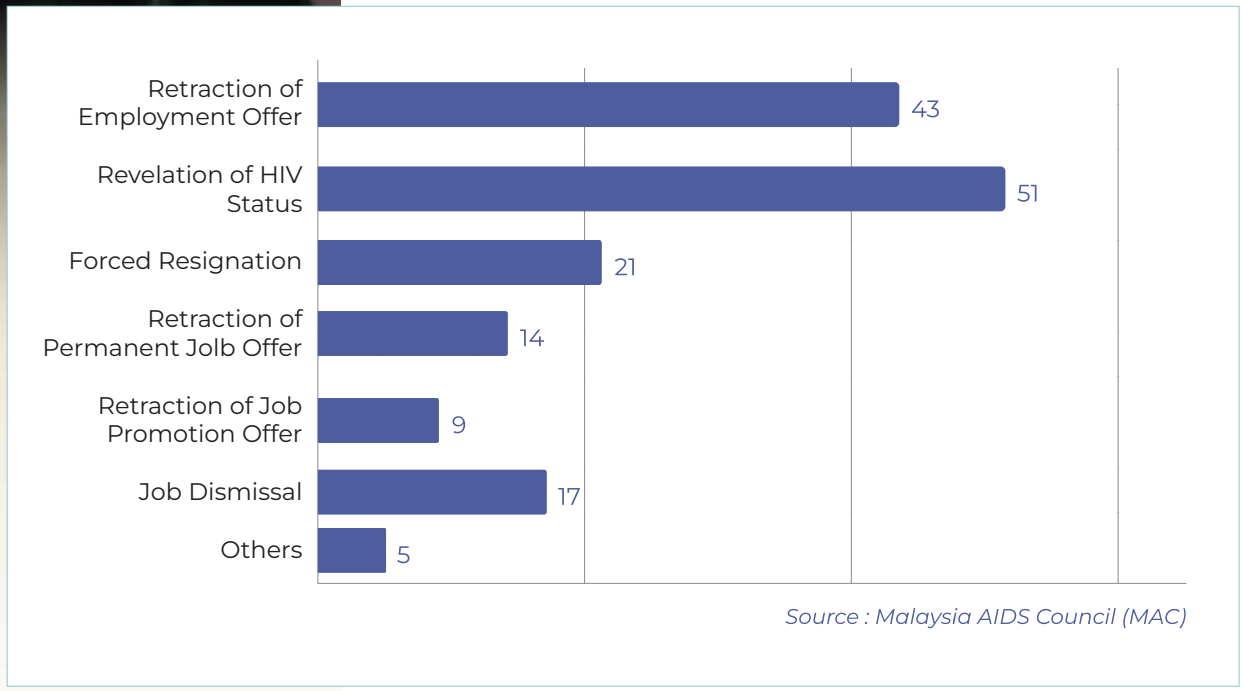
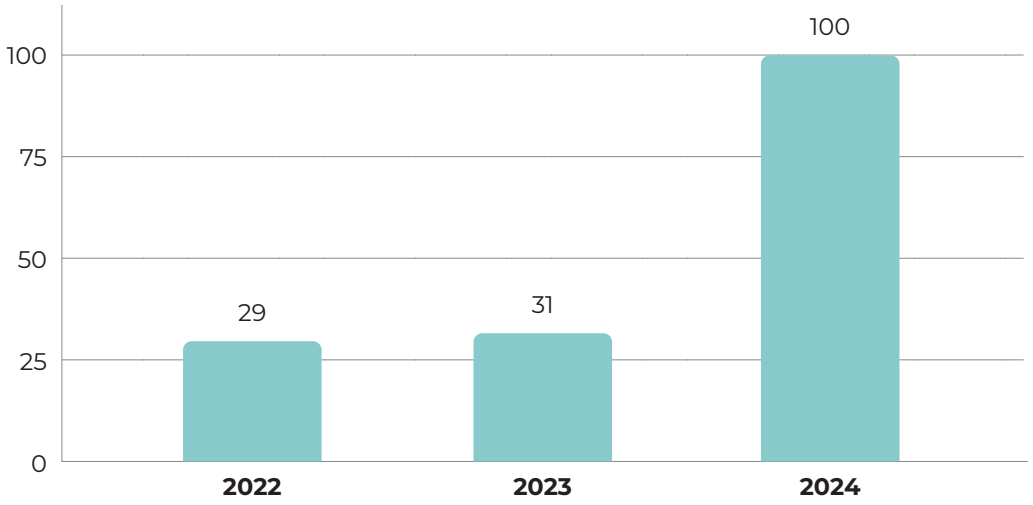


Figure 1: Statistic on Workplace Discrimination Incidences Reported to Malaysian AIDS Council from 2022 to 2024 (Source: Malaysia AIDS Council)



Source : Malaysia AIDS Council (MAC)

Figure 2: Trend of Workplace Discrimination Incident Reported to MAC according to year (2022- 2024). (Source : Malaysian AIDS Council)

4. Section 69F of the Employment Act 1955 provides a means for settling disputes regarding discrimination in employment: Employers are liable to penalties as prescribed by the act should an offence be committed. The Labour Department holds the authority to investigate and decide on disputes between employees and employers relating to discrimination in employment.

5. Employers play a critical role in cultivating a workplace culture that upholds inclusivity and respect by ensuring it is free from discrimination, judgment, and stigma towards ELHIV. To support this, both employers and employees are encouraged to participate in structured awareness training focused on recognising and addressing stigma-related narratives associated with HIV.

10.2 Support Services and Stakeholders

1. To develop a comprehensive and effective HIV prevention and management programme in the workplace, it is essential to engage relevant stakeholders.

2. Their involvement should begin at the early stage of policy development and intervention planning, as this will guide employers in effectively implementing the programme.

3. Stakeholders play a key role in assisting employers with the formulation of sound workplace policies, recommending suitable intervention programmes, and integrating these initiatives into existing occupational safety and health frameworks.

4. In addition, stakeholders can offer technical expertise and support services as needed. A detailed list of these support services is provided in **Table 3, Table 4, Table 5, and Table 6.**

NATIONAL	
SUPPORT SERVICES	**CONTACT DETAILS**
Malaysian AIDS Council • Consultation • Testing • Counselling • Support services • Training	**Address:** Shop Office, 12, Jalan 13/48A, The Boulevard, Off, Jln Sentul, Sentul, 51000 Kuala Lumpur **Office:** 03-4047 4222 **Website:** *https://mac.org.my/v4/mac-care/advocacy@myaids.org.my* **MAC Services:** *https://linktr.ee/protectnow*
DOSH, Putrajaya • Enforcement • Advocacy	**Address:** Level 1, 3, 4 & 5 Setia Perkasa 4, Setia Perkasa Complex, Federal Government Administrative Centre, 62530 Federal Territory of Putrajaya **Email:** *projkkp@mohr.gov.my* **Office:** 03-88865343
Ministry of Health • Policy Development • Coordination • Prevention Campaigns • Screening Program • Treatment • Capacity Building	**Address:** Block E, Blok E1, E3, E6, E7 & E10, Federal Government Administration Centre, 62590 Putrajaya, Federal Territory of Putrajaya **Website:** *www.moh.gov.my* Search in Staff Directory; Head of HIV/STI/ Hep C Control Sector, Disease Control Division.

Table 3: List of Support Services at the National level.

PENINSULAR MALAYSIA	
SUPPORT SERVICES	**CONTACT DETAILS**
AIDS Action Research Group (AARG), Penang	**Address:** Bangunan C05, Pusat Pengajian Sains Kemasyarakatan, Universiti Sains Malaysia, 11800 Penang **Office:** 04 653 3955 **Email:** *aarg@usm.my*/ *aarg.penang@nsep.org.my*
Penang Family Health Development Association (FHDA)	**Address:** 333, Jalan Perak, 11600 Pulau Pinang **Office:** 04 281 3144 / 04 282 5191 **Email:** *info@fhdapenang.org*
Drugs Intervention Community Malaysia @ KOMITED Malaysia (Pertubuhan Komuniti Intervensi Dadah Malaysia), Pahang	**Address:** PWD 385, Rumah Kerajaan, Jalan Hospital, 25000 Kuantan, Pahang **Office:** 09 514 5575 **Email:** *dicpahang@yahoo.com*
Federation of Reproductive Health Associations Malaysia (FRHAM), Selangor	**Address:** No. 81B, Jalan SS 15/5A, 47500 Subang Jaya, Selangor Darul Ehsan **Office:** 03 563 37514, 16, 28 **Email:** *frham@frham.org.my*

PENINSULAR MALAYSIA	
SUPPORT SERVICES	**CONTACT DETAILS**
Kelab Sahabat META, Negeri Sembilan	**Address:** No.1 Gerai Arkib Majlis, Pekan Pasir Besar, 73400 Gemas, Negeri Sembilan **D/A:** Pejabat Kesihatan Daerah Tampin, 73009 Tampin, Negeri Sembilan **Office:** 06 457 6132 **Email:** *kelabsahabatmeta@gmail.com*
Kuala Lumpur AIDS Support Services Society (KLASS), Kuala Lumpur	**Address:** 16-4 Jalan 13/48A, The Boulevard Shop Office, Off Jalan Sentul, 51000 Kuala Lumpur **Office:** 03 4045 6681 **Email:** *president@klass.org.my* / *program_manager@klass.org.my*
Bar Council, Kuala Lumpur	**Address:** No.15, Leboh Pasar Besar, 50050 Kuala Lumpur **Office:** 03 2050 2050 **Email:** *council@malaysianbar.org.my*
SUHAKAM	**Office:** 03 2612 5600 **Email:** *humanrights@suhakam.org.my*
Persatuan Cahaya Harapan Negeri Kedah	**Address:** No. 7, Tingkat 1, Taman Kekwa, Jalan Kuala Kedah, 06600 Kuala Kedah, Kedah **Office:** 04 733 6979 **Email:** *cahayaharapan.as@nsep.org.my*
Persatuan Kebajikan Karisma Malaysia, Terengganu	**Address:** Lot 765-3C, Wisma Hj. Abdul Wahab, 23000 Dungun, Terengganu **Email:** *persatuankarismamalaysia@gmail.com*
Persatuan Insaf Murni Malaysia, Selangor	**Address:** No. 8-1, Jalan Ria 3, Kawasan Perindustrian Ria, 43000 Kajang, Selangor **Office:** 03 8739 8250 **Email:** *insaf.murni@gmail.com*
Persatuan Perantaraan Pesakit Kelantan (SAHABAT), Kelantan	**Address:** Kuarters JKR 2617-A, Klinik Kesihatan Kota Jembal, Jalan Sultan Omar, 16150 Kota Bharu, Kelantan **Office:** 09 774 9363 **Email:** *sahabatkelantan01@gmail.com*
Pertubuhan Kebajikan Intan Zon Kehidupan Johor Bahru (INTAN LIFEZONE)	**Address:** No. 47-01, Jalan Tun Abdul Razak, Susur 1/1, 80000 Johor Bahru, Johor **Office:** 07 228 1885 **Email:** *intanlifezone@gmail.com*
Pertubuhan Kesihatan Dan Kebajikan Umum Malaysia (PKKUM)	**Address:** 07-13A, 360, Menara Centara, Jalan Tunku Abdul Rahman, 50350 Kuala Lumpur **Office:** 016 684 3822

PENINSULAR MALAYSIA	
SUPPORT SERVICES	**CONTACT DETAILS**
Pertubuhan Komuniti CAKNA Terengganu (KCT)	**Address:** Lot 7082, Tingkat 1 Taman Merak, Kampung Bukit Perpat, Jalan Kuala Berang, 21800 Ajil, Terengganu **Office:** 09 680 1014 **Email:** *caknatrengganu@yahoo.com*
Pertubuhan Pembangunan Kebajikan Dan Persekitaran Positif Malaysia (SEED), Kuala Lumpur	**Address:** No. 13-1A, Level 1, Jalan Raja Laut, 50350 Kuala Lumpur **Office:** 03 2967 0655 **Email:** *seed@seedfoundation.com.my*

Table 4: List of Support Services in Peninsular Malaysia

SARAWAK	
SUPPORT SERVICES	**CONTACT DETAILS**
MAF Kuching	**Address:** Kuarters padi, Jalan Crookshank, 93000 Kuching, Sarawak **Office:** 018 981 7327 **Email:** *tktn@maf.org.my*
Sarawak AIDS Concern Society (SACS)	**Address:** L4-7, Level 4, La Promenade Mall, 94300, Kota Samarahan, Sarawak **Office:** 08 223 3173 **Email:** *sarawakaids@gmail.com*
MAF Miri	**Address:** Tingkat 1, Lot 1367, Jalan Hokkien, 98000 Miri, Sarawak **Office:** 03 4047 4222 **Website:** *https://mac.org.my/v4/mac-care/* *advocacy@myaids.org.my* **MAC Services:** *https://linktr.ee/protectnow*

Table 5: List of Support Services in Sarawak.

SABAH	
SUPPORT SERVICES	**CONTACT DETAILS**
MAF Kota Kinabalu	**Email:** *shape.maf.org.my* / *mafsabah@maf.org.my*
Sabah AIDS Support Services Association (KASIH)	**Address:** Unit No 2.60, Asiacity Complex, Jalan Asia City, Kota Kinabalu, 88000 Kota Kinabalu, Sabah **Office:** 08 8211 002 **Email:** *kasihsabah@yahoo.com*

SABAH	
SUPPORT SERVICES	**CONTACT DETAILS**
MAF Sandakan	**Address:** Lot 21, Tingkat 1, Blok B, Km 1 Pusat Komersial Bandar Maju Jln Utara, Sandakan, Malaysia **Office:** 013 604 7169
Sabah AIDS Awareness Group Association (SAGA), Sandakan	**Address:** Lot 7, 2nd Floor, Block 40, Phase 7, Mile, 4, North Road, Bandar Indah, 90000 Sandakan, Sabah **Email:** *admin@saga.org.my* **Office:** 08 921 4889

Table 6: List of Support Services in Sabah.

Notes:

The contact information contained in this document is accurate at the time of printing but may be subjected to changes. Should any of the listed lines be unreachable, priority should be given to the first three contact points listed for MAC, DOSH and MOH.

> It encourages employers and employees to work together in preventing stigma, protecting confidentiality, and supporting those affected by HIV

11.0 CONCLUSION

This guideline promotes a safe, inclusive, and non-discriminatory workplace for ELHIV. It encourages employers and employees to work together in preventing stigma, protecting confidentiality, and supporting those affected by HIV. Through clear policies and procedures, proper awareness and training, and strong support from relevant stakeholders, employer can ensure fair treatment and equal opportunities for all. HIV should never be a barrier to employment or career progression.

12.0 FREQUENTLY ASKED QUESTIONS (FAQ)

Based on feedback from the public, several scenarios have been highlighted in various industrial sectors. The following are list of scenarios with recommended approach:

Q1: Where can I make complaints regarding workplace discrimination related to perceived HIV-positive status?

A1: If there is a case of discrimination related to HIV/AIDS status, the affected person is advise to make an official complaint to the Labour Department. Alternatively, you may seek assistance from the Malaysian AIDS Council.

In the public sector, you can file an official complaint internally to the department's Human Resources (HR) or Integrity Unit, or you can file the complaint through the 'Sistem Pengurusan Aduan Awam', or the Public Complaint Bureau.

Q2: Is there a law that protects the privacy of my HIV status from being disclosed without consent?

A2: Yes. Medical privacy is protected under the Personal Data Protection Act 2010 [Act 709] and the Prevention and Control of Infectious Diseases Act 1988 [Act 342].

Any disclosure of medical information, including HIV/AIDS status, can only be made with **the employee's written consent.**

Q3: Where can I get psychosocial support if I experience stress due to HIV-related stigma and discrimination?

A3: There are several options available for employees to get further assistance:

Public hospitals and district health clinics provide mental health support, HIV counselling, and referrals to psychologists or psychiatrists if needed. Trained counsellors or medical social workers services are also available in some establishment to offer assistance.

You can also seek counselling from any GP/ FMS / ID Physician/ OHD.

Alternatively, there are HIV-related NGOs or private counselling centres that provide psychosocial support. **(Refer to the tables in Chapter 10.2 SUPPORT SERVICES AND STAKEHOLDERS).**

Q4: What are my rights as an ELHIV in the workplace?

A4: All **ELHIV** should be:

- Treated fairly and equally, just like other employees;
- Protected from any workplace discrimination or stigma;
- Given access to information, training, and education on HIV/AIDS; and
- Allowed to receive appropriate treatment for the disease without affecting their employment.

Q5: Do I need to declare my HIV status during a job interview?

A5: It is not necessary to disclose your HIV status during the interview, unless it is specifically relevant to the job requirements. However, if you voluntarily disclose your HIV status, the prospective employer must treat the information as strictly confidential and may only share it with appointed persons upon your written consent.

Q6: Can an employer terminate my employment because of my status as an **ELHIV?**

A6: Terminating employment based on HIV status violates human rights and constitutes as a discrimination. Employers should recruit, train, and retain workers based on their professional merits, regardless of HIV status, as long as a qualified and independent medical professional consider them to be medically fit and able to perform the appropriate work. The procedure for termination of employment for ELHIV should be based on the fundamentals of fitness to work, as applied to any other disease.

Q7: Can my employer insist on an HIV screen test before hiring?

A7: Employers generally should not insist on HIV screen test as a blanket condition for hiring. Pre-employment medical checks are common, but mandatory HIV testing is widely regarded as discriminatory. Having HIV screen test mandatory must be medically justified and proportionate to the job, and must respect informed consent, confidentiality, and privacy.

Q8: Where can I find information about HIV treatment?

A8: Information is available at:

- Government/Private hospitals and health clinics.
- NGOs related to HIV/AIDS **(Refer to the tables in Chapter 10.2 SUPPORT SERVICES AND STAKEHOLDERS).**
- The official portal of the Ministry of Health Malaysia (MOH)

Q9: Is it compulsory for the workplace to have a policy on HIV/AIDS?

A9: A policy is a formal document that demonstrates a company's commitment and outlines requirements on a specific matter. It typically sits at the highest level of documentation and is supported by implementation tools such as SOPs or Work Processes. It is the responsibility of the employer with 5 employees or more to have Occupational Safety and Health Policy to ensure the safety, health, and welfare of employees in the workplace as stipulated under OSHA 1994. While having a dedicated policy on HIV/AIDS is not compulsory, it can greatly benefit employers and employees by providing clear guidance on the prevention and management of HIV/AIDS in the workplace. Alternatively, the requirements may be integrated into the existing OSH policy to create a single, comprehensive document.

Q10: As an employer, if I were to implement the HIV/AIDS policy at my workplace, would it incur extra expenditure to my current OSH budget?

A10: Implementing the HIV/AIDS policy will benefit both employers and employees. Employers can leverage freely available support services to implement HIV/AIDS prevention programme in the workplace. Employers can refer to the list of social support services in Chapter 10.2. Additionally, monetary funds and grants are available through NGOs involved in HIV/AIDS prevention, which employers can utilise to support HIV/AIDS prevention initiatives in the workplace.

Q11: How long should the HIV/AIDS policy be implemented in the workplace?

A11: There's no time limit in the implementation of HIV/AIDS policy as it benefits both employers and employees in the prevention and management of HIV/AIDS in the workplace.

Q12: How frequently should HIV/AIDS policy be reviewed?

A12: It is recommended that the HIV/AIDS policy be reviewed and revised at least once every 5 years, or earlier in the event of a workplace incident that requires changes to the programmes and policies, or if directed by the Director General of DOSH.

Q13: In the implementation of HIV/AIDS policy at the workplace, must an employer appoint a specific committee to conduct activities under the policy?

A13: In implementing HIV/AIDS policy at the workplace, it is not necessary for employers to form a specific committee. Employers can leverage the functions of the existing

safety health committee to conduct programmes and activities under the policy. However, the sharing of HIV/AIDS status information should be strictly limited to appointed persons and only with the written consent of the employee. Sharing a co-worker's HIV-positive status without consent is strictly prohibited, as it can lead to stigma and unnecessary workplace disruptions.

Q14: How should incidental HIV-positive cases detected through opportunistic testing be managed?

A14: Opportunistic testing is not part of health screening related to HIV risk exposure in the workplace. However, in the event of positive test during opportunistic testing, the case should be managed based on the latest MOH guidelines.

Q15: Do all HIV-positive cases detected through opportunistic HIV testing need to be reported through JKKP 7?

A15: All HIV-positive cases detected through opportunistic HIV testing must be evaluated on a case-by-case basis. Only cases that are likely to have occurred due to work-related exposure need to be reported. Management can consult OHD for confirmation of whether a case is work-related or not.

Q16: What can an employer do when ELHIV refuses treatment?

A16: Employers can arrange or refer the ELHIV to go for counselling sessions with appropriate support services available locally **(refer to Chapter 10.2)**, provide support and assistance to encourage the ELHIV to receive treatment, and provide continuous education and awareness programmes in the workplace.

Q17: How frequently does an ELHIV need to go for a fitness-to-work assessment?

A17: A Fitness to Work (FTW) assessment is a medical evaluation to determine if an individual is physically and mentally fit to perform their job safely and effectively, without risk to themselves or others. The frequency of assessment depends on the job type. For example, offshore workers and emergency response teams are typically assessed every two years. This requirement is based on job demands and safety considerations, not on an individual's HIV status. Employer should consult OHD for issues related to fitness to work assessments.

13.0 BIBLIOGRAPHY

1. ASEAN. (2017). ASEAN Guidelines on Essential Workplace Action for Enterprises on the Prevention and Management of HIV and AIDS in ASEAN Member States 2017.
2. ASEAN. (2022). ASEAN Guidelines on HIV Counselling and Testing in The Workplace [Review of ASEAN Guidelines on HIV Counselling and Testing in The Workplace]
3. Bahagian Kawalan Penyakit, Kementerian Kesihatan Malaysia. (2007). MYCDCGP - Guideline on Occupational Exposure on HIV HBV HCV & Recommendation for PEP. BKPKKM.
4. Costing Guidelines for HIV Prevention Strategies. (2000). *https://data.unaids.org/publications/irc-pub05/jc412-costguidel_en.pdf*
5. DOSH. (1994). Occupational Safety and Health Act, 1994 [Act 514]
6. European Centre for Disease Prevention and Control. (2018). Public health guidance on HIV, hepatitis B and C testing in the EU/EEA: An integrated approach. ECDC. *https://www.ecdc.europa.eu/en/publications-data/public-health-guidance-hiv-hepatitis-b-and-c-testing-eueea*
7. ILO. (2001). An ILO code of practice on HIV/AIDS and the world of work 2001
8. MOH. (2024). Profile PLHIV Malaysia 2024.
9. National Institute for Health and Care Excellence (NICE). (2016). HIV testing: Increasing uptake among people who may have undiagnosed HIV (NICE guideline NG60). National Institute for Health and Care Excellence. *https://www.nice.org.uk/guidance/ng60*
10. National Occupational Health and Safety Commission, Australia. (2003). The National Code of Practice for Health Care Workers and Other People at Risk of the Transmission of Human Immunodeficiency Virus and Hepatitis B.
11. Philippine National AIDS Council. (2022). Primer Workplace HIV Prevention and Control Program 2022.
12. Vanable, P. A., Carey, M. P., Blair, D. C., & Littlewood, R. A. (2000). Impact of HIV-related stigma on health behaviours and psychological adjustment among HIV-positive men and women. AIDS and Behaviour, 4(2), 139–149.
13. Vietnam Administration for HIV/AIDS Control. (2023). Guideline for HIV/AIDS Control for Workers 2023.
14. World Health Organization, & Joint United Nations Programme on HIV/AIDS. (2000). Guidelines for using HIV testing technologies in surveillance: Selection, evaluation and implementation. World Health Organization. *https://apps.who.int/iris/handle/10665/66485*
15. World Health Organization. (2015). Consolidated guidelines on HIV testing services. World Health Organization. *https://www.who.int/publications/i/item/9789241508926*

APPENDIX I: SAMPLE OF HIV/AIDS POLICY AT THE WORKPLACE

ABC Sdn. Bhd. HIV/AIDS Policy

Company acknowledges the serious impact of HIV/AIDS in the workplace and supports national efforts to prevent transmission and reduce stigma. This policy aims to promote a safe, inclusive, and equitable work environment, while ensuring care and support for employees living with HIV/AIDS (ELHIV).

A. STIGMA, DISCRIMINATION AND RIGHTS

- Employees with HIV are protected from discrimination, victimisation, and harassment.
- Employment decisions will not be based solely on HIV status.
- Disclosure of HIV status will be handled with strict confidentiality and requires written consent.

B. AWARENESS AND EDUCATION

- The Company will conduct continuous HIV/AIDS education and awareness programmes.
- Reasonable time off will be given for employees to participate in these sessions.

C. CARE AND SUPPORT FOR WORKERS AND FAMILIES

- Employees will have access to counselling, leave, and relevant HIV-related information.
- PLHIV may continue working as long as they are medically fit.
- Reasonable accommodations will be provided if an employee's health deteriorates.

D. IMPLEMENTATION AND MONITORING

- A dedicated committee will oversee the implementation and monitoring of this policy.

Company Official Stamp:

Signature of Higher Authority:
Enforce Date:

Figure 3 : Sample of HIV/AIDS Policy at the workplace

APPENDIX II : CHECKLIST FOR DEVELOPING A WORKPLACE HIV/AIDS POLICY

The following steps may be used as a checklist for developing a workplace HIV/AIDS policy and programme:

1. Form a HIV/AIDS Committee
   - Include and elect representatives from management, HR, unions and safety and health committee (SHC); or
   - The committee can be leveraged from the existing SHC.
2. Define Committee Roles
   - Set clear terms of reference, responsibilities, and decision-making powers.
3. Review National Laws
   - Understand how relevant laws affect your workplace policy.
4. Assess Existing Services
   - Identify available health, counselling, and information services at the workplace and in the local community.
5. Develop the Policy, SOPs and Programme
   - Draft the policy, gather feedback from relevant stakeholders, revise as necessary, and adopt it;
   - Prepare a budget and action plan with timelines and assigned responsibilities; and
   - Identify and leverage external resources if needed.
6. Communicate the Policy
   - Use notice boards, emails, social media, training sessions, staff meetings, and induction courses to raise awareness.
7. Monitor & Review
   - Regularly monitor the policy's effectiveness and impact; and
   - Update it based on new information, feedback, or changes in HIV trends.
8. Record Keeping
   - Ensure all medical reports are treated as confidential;
   - Ensure all records pertaining to HIV/AIDS programmes are kept for future references.

APPENDIX III : INTERVENTION PLAN TO PREVENT THE TRANSMISSION OF HIV IN THE WORKPLACE

Employers should develop a four-stage intervention plan to prevent the transmission of HIV in the workplace, namely:

i. **Risk Identification**

ii. **Risk Assessment**

iii. **Risk Control**

iv. **Monitoring and evaluation**

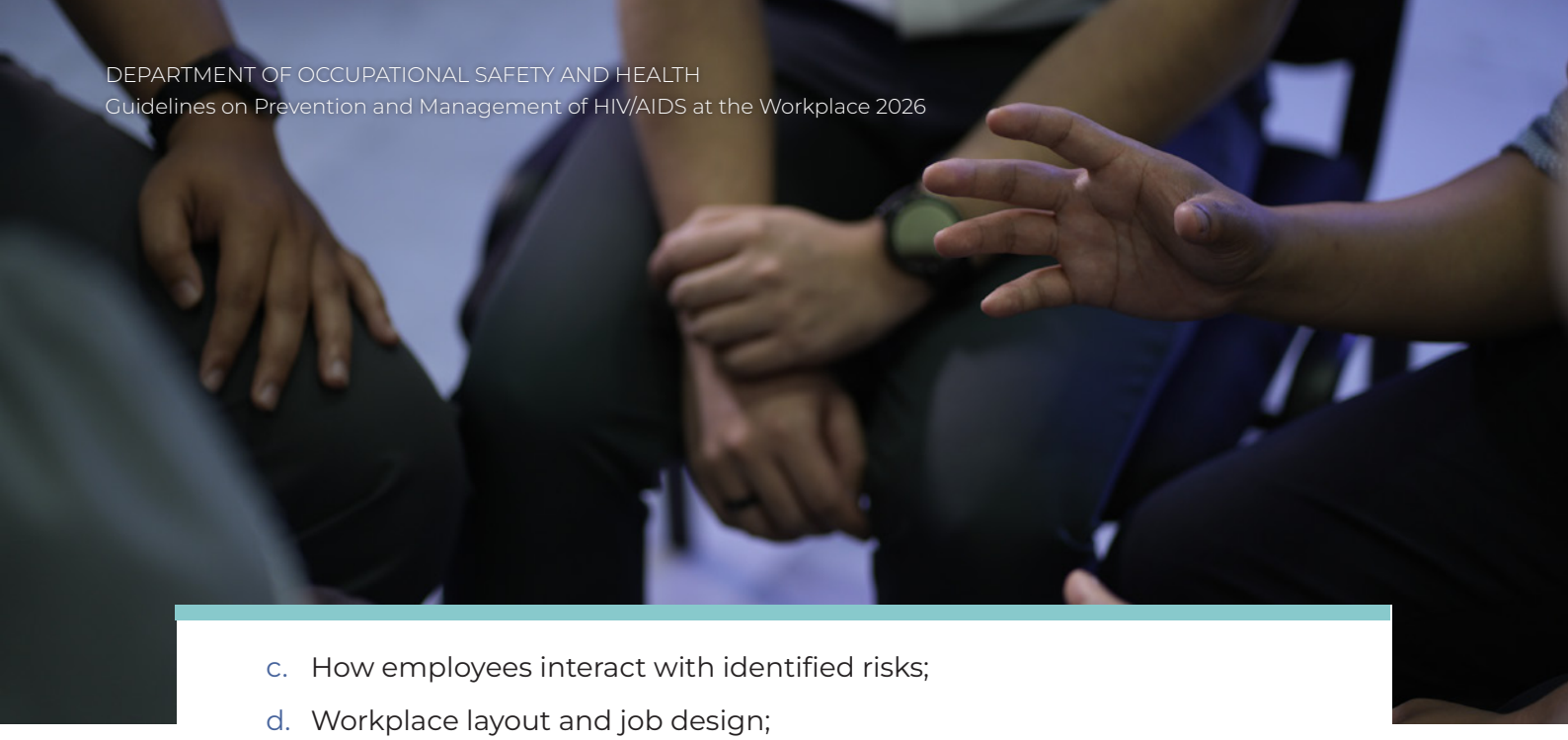
FIRST STAGE: RISK IDENTIFICATION

i. The purpose of risk identification is to determine the activities and tasks in the workplace that put employees at risk of HIV transmission. This can be achieved through:
   a. Consultation with employees;
   b. Direct workplace observation; and
   c. Analysis of reports related to relevant incidents, complaints, and possible exposures.

ii. Identified potential risks should be prioritised based on their level of impact. Where there is a likelihood of transmission, risk assessment is required.

SECOND STAGE: RISK ASSESSMENT

i. In accordance to Section 18B, OSHA 1994, it is important for employer to conduct risk assessment to evaluate the severity and likelihood of employee exposure to HIV-related risks. The assessment should consider the following:
   a. The nature and mode of potential HIV exposure;
   b. Frequency and context of exposure (e.g. blood contact);



c. How employees interact with identified risks;
d. Workplace layout and job design;
e. Potential health impacts;
f. Employee training and awareness levels;
g. The need for medical assessment of employee;
h. The adequacy of existing control measures and suitability of equipment.

THIRD STAGE: RISK CONTROL

i. The purpose of risk control is to implement appropriate measures to reduce or eliminate identified risks using the hierarchy of controls:
   a. Elimination: Remove tasks or processes that are no longer necessary and carry risk;
   b. Substitution: Replace high-risk practices with safer alternatives where elimination of a certain higher-risk work practice is not practicable;
   c. Engineering Controls: Introduce physical changes to the workplace (e.g., automation, modification of tools);
   d. Safe Work Practices: Reinforce universal precautions, use of Personal Protective Equipment (PPE), hygiene protocols, and post-exposure procedures;
   e. Information and Training: Equip employers and employees with accurate knowledge on:
      - HIV transmission and workplace safety,
      - Reporting mechanisms for incidents,
      - Legal obligations under OSH regulations,
      - Referral pathways for support services and counselling.
      - Upholding universal precautions and other workplace policies and practices.

- Identification and anticipating of situations where employees may be exposed to HIV
- Any other relevant topics

f. Personal Protective Equipment (PPE) – Suitable PPE should be made available to protect employees from potential exposure.

ii. Examples of activities a company can conduct;

a. HIV/AIDS awareness talk
b. HIV related campaign (World AIDS Day – 1st December)
c. Workers' rights information session
d. Poster Campaign (refer to WHO website for campaign materials)

FOURTH STAGE: MONITORING AND EVALUATION

i. Employers should regularly assess the effectiveness of policies and practices, revising them when necessary. Evaluation criteria may include:

- Effectiveness of workplace policies and procedures,
- Compliance with universal precautions,
- Effectiveness of staff training and awareness programme,
- Root causes of exposure incidents in the workplace,
- Incident response and debriefing processes
- Follow-up after occupational exposure.
- Any other relevant criteria

ii. Any appointed person shall lead monitoring efforts. Their role and contact details should be clearly communicated to all staff.

MINISTRY OF HUMAN RESOURCES
DEPARTMENT OF OCCUPATIONAL SAFETY AND HEALTH

Level 1, 3, 4 & 5 Setia Perkasa 4, Setia Perkasa Complex,
Federal Government Administrative Centre,
62530 Federal Territory of Putrajaya

Tel : +603 8886 5343/5342
Fax : +603 8889 2443
Email : projkkp@mohr.gov.my

www.dosh.gov.my

ISBN 978-629-94330-3-3

9 786299 433033