

CONCLUSIONS

of the Council and the Ministers for Health of the Member States, meeting within the Council,

on 15 December 1988

concerning AIDS and the place of work

(89/C 28/02)

THE COUNCIL OF THE EUROPEAN COMMUNITIES
AND THE MINISTERS FOR HEALTH OF THE MEMBER
STATES, MEETING WITHIN THE COUNCIL,

have drawn the following conclusions from the exchange
of views on experience acquired in the field of AIDS and
the workplace:

I. Introduction

1. In work settings, there is no risk of human immuno-deficiency virus (HIV) infection or of acquiring AIDS. This is also the case for work settings in the field of body treatments, if hygiene requirements are adhered to.

Nevertheless, firms may find themselves confronted with the problem of AIDS, even if at present such cases are still rare.

Firms should therefore prepare themselves to deal with this situation in an appropriate and sensible manner to avoid problems arising from fear or a panic response.

2. The Council of the European Communities and the Ministers for Health of the Member States, meeting within the Council, intend these conclusions, which are based on principles established by the World Health Organization, merely to encourage firms to introduce education on AIDS and to promote humane treatment of employees infected by, or suffering from, AIDS. Large firms, with their greater resources, should take the lead in this.
3. Firms should consult or involve the employees' representative bodies to this end.

II. Information

4. Since social behaviour is frequently misguided by poor information, firms should, with the help of those who usually have a preventive role within the firm (company doctors, occupational health experts, etc., according to national practice), consider developing an effective AIDS education policy suited to their particular work environment even before any actual cases have occurred.

5. Managers, supervisors and employees' representatives are target groups for such a policy since they play an important role in forming the opinions of, and in the behaviour of, their subordinates or those they represent.

Medical confidentiality should be maintained.

6. It might also prove necessary to target other groups of staff in order to allay unjustified fears.

Advice could, for instance, be given to first-aid teams on the importance of following rules of basic hygiene, and those travelling to countries where blood for transfusions is not tested for the presence of antibodies of the virus.

III. Screening

7. People infected with the HIV virus or suffering from AIDS pose no danger to their colleagues at work.

There are hence no grounds for screening potential recruits for HIV antibodies.

Screening for AIDS during regular medical check-ups at work is likewise an inappropriate way of combating AIDS.

IV. HIV-positive employees

8. Employees who are HIV positive but who do not show any symptoms of the disease should be looked on and treated as normal employees, fit for work.
9. Employees should be under no obligation to notify their employers of HIV infection.

10. Should it become known in a firm that an employee is HIV positive, supervisors and management should make every effort to protect that person from stigmatization and discrimination.

Understanding and moral support play an essential part in dealing sensibly with such cases.

V. Dealing with employees suffering from AIDS

11. Employees suffering from AIDS should be treated on the same basis as employees with other serious illnesses affecting the performance of their duties.

Where fitness is impaired, duties or working hours should be adjusted so that such employees may continue working as long as possible.

12. Such employees should have access to counselling and education programmes.
