A Labor Leader's Manual on AIDS in the Workplace

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Materials from the following unions and organizations were used to develop some of the information in this manual:
The George Meany Center for Labor Studies, AFL-CIO
American Federation of Government Employees
American Federation of State, County and Municipal Employees
American Federation of Teachers
Labor Occupational Health Program (LOHP), Center for Occupational and Environmental Health, School of Public Health, University of California, Berkeley
National Education Association
Service Employees International Union Education and Support Fund

Funding provided in part by CDC's National Institute for Occupational Safety and Health.

"Throughout our history the American labor movement has been in the vanguard of every campaign to protect our workers' health and safety both on and off the job, and so it has been with HIV and AIDS. The Labor Responds to AIDS Program has enabled several of our strongest labor organizations to partner with the Centers for Disease Control and Prevention to develop and implement aggressive prevention education campaigns in thousands of American workplaces.

"We do not shrink from any threats that challenge our members' welfare. HIV, the virus that causes AIDS, now reaches into virtually every community and every workplace in every corner of this country. The cost in human terms is immeasurable. HIV robs us of our most talented leaders. It weakens our solidarity because it continues to evoke unnecessary fear, prejudice, and distrust in our workplaces.

"As the HIV pandemic approaches its third decade, we must double our efforts to prevent the transmission of the virus and to dispel the ignorance that breeds the fear which divides us. The future of our communities, our movement, and indeed our civilization depends on it."

John J. Sweeney
President

Purpose

HIV/AIDS continues to be the second leading cause of death among all Americans ages 25 to 44; over 50 percent of the workforce is in this age group. AIDS robs the workplace, the union, the family, and the entire country of people when they still have much to give. While it is estimated that there are currently 650,000 to 900,000 Americans infected with HIV/AIDS, it has affected millions of friends and family members. This is why it is so important that the labor movement continue to respond to AIDS. Now, more than ever, unions have access to valuable resources, including the Labor Responds to AIDS (LRTA) Program, that can help them continue, or begin, their AIDS prevention efforts.

Labor Responds to AIDS

Labor Responds to AIDS (LRTA) is a public-private partnership of the Centers for Disease Control and Prevention (CDC), in conjunction with the public health sector and labor organizations. LRTA helps unions design workplace policies on HIV/AIDS and design HIV-prevention training programs for workers, their families, and the community.

LRTA consists of five important components. These components are:

1. HIV/AIDS policy development.
2. Training for labor leaders and managers.
3. HIV/AIDS education for workers.
4. HIV/AIDS education for workers' families.
5. HIV-related community services and volunteerism.

LRTA also offers materials and technical assistance to help unions develop a complete workplace program on HIV and AIDS through the CDC Business and Labor Resource Service (BLRS). Many of the materials available through the BLRS have been developed in partnership with union leaders and labor educators.

Labor leaders developing workplace policies and prevention training programs for workers will want to start by getting the LRTA Labor Leader's Kit. After receiving the kit, labor leaders can use this manual as a basis for planning strategies for their locals' response to HIV/AIDS. The manual provides the reader with basic information on HIV/AIDS, on protecting workers' benefits, and on educating workers and their families. To order the LRTA Labor Leader's Kit, call 1-800-458-5231.

Information for labor leaders is also provided through technical assistance from the BLRS, which provides labor leaders, union members, and labor educators with the most scientific, up-to-date information on HIV/AIDS in America today. Unions can receive the following technical assistance from the BLRS:

- Written materials and videotapes on HIV/AIDS in the workplace.
- A referral service to other unions and local, State, and national organizations involved in AIDS-in-the-workplace programs.

"The information provided in the CDC's Labor Responds to AIDS program is critical to the 2.3 million members of the National Education Association. An informed, educated, healthy workforce is vital to ensuring the highest standards of health and safety for school employees and our nation's young people. Providing public school employees access to community resources and services will assure that our public school system is a place of quality learning and teaching. I encourage all NEA members to use the LRTA program, increase school-community collaborative efforts, and become better equipped to address the challenges of HIV and AIDS in our nation's public schools."

Bob Chase
President
National Education Association

- Database searches on a variety of issues involving AIDS in the workplace.
- The full resources of the CDC National AIDS Clearinghouse at 1-800-458-5231 and the CDC National AIDS Hotline at 1-800-342-AIDS (2437).
- The World Wide Web site for LRTA at www.brta-lrta.org.

Labor leaders can call the BLRS at 1-800-458-5231 to request additional materials or technical assistance.

Why Should Labor Unions Respond to HIV/AIDS?

One of the most important ways to stop the spread of HIV is through education. Unions have an important role to play in this effort. HIV is not the first tough issue unions have had to face, and it will not be the last. Just as unions have confronted other issues in the past, union members can use the same problem-solving skills to respond to HIV/AIDS.

HIV/AIDS is an important union issue for many reasons:

1. Some union members have HIV (the virus that causes AIDS) or AIDS, or are perceived to have HIV or AIDS. These members need to know that their right to work with dignity and without discrimination will be protected by their union. They also need to know that they may have rights to job accommodations and to certain types of medical leave.

The union can educate its members about protection from discrimination by teaching them how to write and gain support for antidiscrimination contract language. The union can also train its members about protection for workers with disabilities under the Americans with Disabilities Act of 1990 (ADA) or, for Federal Government workers, the Rehabilitation Act of 1973.

(See the booklet *Workplace Policy on HIV/AIDS: The Union's Role* in the Labor Leader's Kit for more information on the ADA.)

2. Unions represent workers who may be at risk of exposure to blood on the job. This exposure may put workers at risk to several bloodborne diseases, including HIV, hepatitis B, and hepatitis C.

Unions can play a strong role in making sure that workers receive adequate training on how to prevent exposure to HIV at work, and unions can also help ensure that the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard is enforced in the workplace. (See the booklet *Preventing Occupational Exposure to HIV* in the Labor Leader's Kit to learn more about this issue.)

3. Some workers may be afraid to work with co-workers who have HIV and AIDS. Unions can organize and sponsor AIDS-in-the-workplace workshops to educate members about how HIV is and is not spread.

Workshops can help confront myths and misconceptions surrounding HIV and

"What is the role of AFSCME and other labor unions in the fight against AIDS? First and foremost, we have a responsibility to make sure that every one of our members is educated about HIV infection and how to prevent it. Only then will they be able to protect themselves — and their families — in and outside the workplace.

"Second, it is our responsibility to defend the rights of our members. Every union leader needs to ask, 'What would I do if a person was fired for having AIDS?' 'What would I do if members refused to work with someone who had HIV?' 'How would I respond to reduced health benefits that covered people living with AIDS?

"The Labor Responds to AIDS Program is an excellent tool to help union leaders meet their responsibilities to their membership."

Gerald W. McEntee
President
AFSCME

AIDS. Workshops can help workers understand that HIV is not transmitted by casual contact like sharing computers or telephones. Union training on HIV/AIDS can also provide parents with prevention information for their children.

4. Many union members, such as health care workers and social workers, provide care for people living with AIDS. These workers need to know that the labor movement is committed to stopping the spread of HIV infection through education, prevention, and compassion.

5. Union members may be caring at home for a family member with HIV or AIDS. Through contract language or workplace policies, unions can help these members by providing information and referrals on support for caregivers, and protecting the workers' jobs if they have to take extended leave to care for the family member with AIDS.

Unions can educate their members about the Family and Medical Leave Act of 1993 (FMLA). This job-protection law applies to private employers with 50 or more employees as well as government agencies. The FMLA provides up to 12 weeks of unpaid job-protected leave to eligible employees each year for specified family or medical reasons. The law requires the maintenance of existing health benefits during leave and job restoration when the leave ends. The law also prohibits employers from discriminating against individuals who have taken or may take FMLA leave and gives employees the right to substitute applicable paid leave for unpaid portions of FMLA leave.

The FMLA requires an eligible employee be granted up to a total of 12 workweeks of unpaid leave during any 12-month period for one or more of the following reasons:

- The birth of a son or daughter and care of the newborn.
- The placement of a child with the employee for adoption or foster care.
- The care of the employee's spouse, son, daughter, or parent with a serious health condition.
- A serious health condition of the employee that makes the employee unable to perform the essential functions of his or her position.

To be eligible for FMLA leave, an employee must (1) have worked for his employer for at least 12 months (which need not be consecutive), (2) have actively worked at least 1,250 hours prior to the date the leave is to begin, and (3) work at a worksite where there are 50 or more employees within a 75-mile radius.

A "serious health condition" is defined as an illness, injury, impairment, or physical or mental condition that involves:

1 Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity (which for this purpose is defined to mean inability to work, attend school, or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom) or any subsequent treatment in connection with such inpatient care; or

2 Continuing treatment by a health care provider. A serious health condition involving continuing treatment by a health care provider includes any one or more of the following:

- **a** A period of incapacity (i.e., inability to work, attend school, or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom) of more than three consecutive calendar days, and any subsequent treatment or period of incapacity relating to the same condition, that also involves:
  - **i** Treatment two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., a physical therapist) under orders, or on referral by, a health care provider; or
  - **ii** Treatment by a health care provider on at least one occasion that results in a regimen of continuing treatment under the supervision of the health care provider.
- **b** Any period of incapacity due to pregnancy or for prenatal care.
- **c** Any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A chronic serious health condition is one that:
  - **i** Requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under the direct supervision of a health care provider;
  - **ii** Continues over an extended period of time (including recurring episodes of a single underlying condition); and
  - **iii** May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy).
- **d** A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.
- **e** Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), or kidney disease (dialysis). [29 C.F.R. §825.114(a)]

The regulations specifically clarify that Family and Medical Leave is not available for routine physical, eye, or dental examinations. In addition, the taking of over-the-

counter medications such as aspirin, antihistamines, or salves or, taking bedrest, drinking fluids, and performing other similar activities that can be initiated without a visit to a doctor, are not in themselves, sufficient to constitute a "regimen of continuing treatment" to allow the employee to take leave. Therefore, according to the U. S. Department of Labor, unless complications arise, the following health conditions do not qualify as "serious health conditions" under the statute: the common cold, the flu, an upset stomach, minor ulcers, headaches other than migraines, and routine dental or orthodontia problems.

In addition, the Federal Employees Family Friendly Leave Act (FEFFLA) allows Federal employees to use up to five days of sick leave each year to care for an ill family member or to make arrangements for or attend a family member's funeral. If the employee has a balance of 80 hours of sick leave, he or she may use an additional 8 days' sick leave, for a total of 13 days. Finally, in addition to the FMLA, some States have their own family/medical leave acts.

6. Some union members may be involved in personal behavior that puts them at risk for exposure to HIV. Behaviors such as unprotected sex or drug or alcohol use, which may impair judgment, can put members at serious risk of HIV. Unions can provide members with information on HIV prevention and risk reduction.

7. Members may be entitled to reasonable accommodations under the ADA or the Rehabilitation Act. Unions can assist members in requesting reasonable accommodations to enable disabled members to perform the essential functions of their jobs. (See the booklet *Workplace Policy on HIV/AIDS: The Union's Role* in the Labor Leader's Kit for more information on reasonable accommodations.)

8. Union members may be teaching or working with students who have HIV or AIDS. Unions can play a strong role in making sure that teachers and educational support personnel get the training and supervision they need to care for their students properly. For more information on caring for students with special needs, see the "National Education Association" listing in the Resource Directory of this booklet.

Overview

This manual will help labor leaders understand the issues surrounding AIDS in the workplace by introducing them to:

- The basic facts about HIV and AIDS.
- Ways that unions can protect the benefits (including health care benefits) of workers who are living with long-term illnesses, including HIV and AIDS.
- The union's role in educating members, their families, and labor leaders about HIV and AIDS.

In addition to developing workplace policy and prevention programs, this manual describes a variety of other ways that unions can respond to AIDS in the workplace.

"Every union must understand that AIDS is a union issue. Every union member must understand this as well. It touches the lives of workers everywhere, their families, and their communities. The labor movement has long answered the call of confronting difficult issues in the workplace. From fighting for civil rights to fighting sex discrimination, unions and CLUW have made a positive difference in the lives of their workers. Dealing with AIDS is no different. Labor leaders can use this powerful history to confront AIDS with facts, compassion, dignity, and respect."

Gloria T. Johnson
National President
Coalition for Labor Union Women

Because workplace policy is such an important component of a comprehensive workplace program on HIV and AIDS, a separate booklet called *Workplace Policy on HIV/AIDS: The Union's Role* is included in the Labor Leader's Kit.

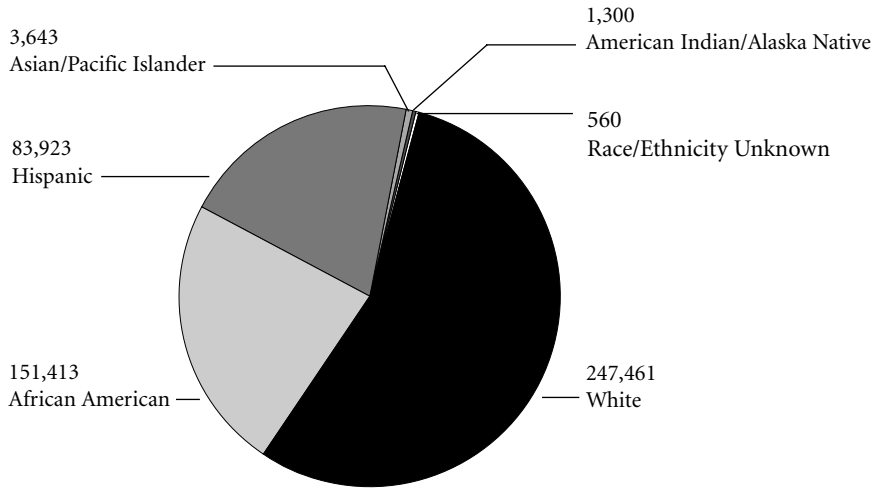
Who Should Read This Manual?

Over the years, labor's efforts to address AIDS at work and in the community have been led by a wide range of people within the labor movement. Some of the first labor leaders to respond to HIV/AIDS were gay and lesbian union members who were among the first health care workers, social workers, nurses, and doctors caring on the front lines for people with AIDS. Not only did these men and women provide compassionate care for their patients and clients, but they were also often instrumental in their own communities establishing much-needed services for persons living with HIV and AIDS. Sometimes the responding labor leader was a steward helping a worker get his or her job back after being fired for taking too many sick days. Often it was a member of the union's health and safety committee who first brought the issue of AIDS to the attention of the local union officers and membership. Many times it was a rank-and-file worker caring for patients or clients with HIV or AIDS who urged the union to do workshops on preventing exposure to HIV at work. Hundreds of workers have attended training so that they could become AIDS educators and return to their own workplace or community to educate coworkers, friends, and families about HIV/AIDS. A group of flight attendants stitched together one of the first panels of the AIDS Quilt to commemorate the loss of their brothers and sisters to AIDS. At times, addressing AIDS in the workplace was done on a national level by union presidents, but more often than not, it was leadership at the local union level that first responded to the AIDS epidemic.

This manual is for anyone who cares about workers and wants to respond to AIDS in the workplace.

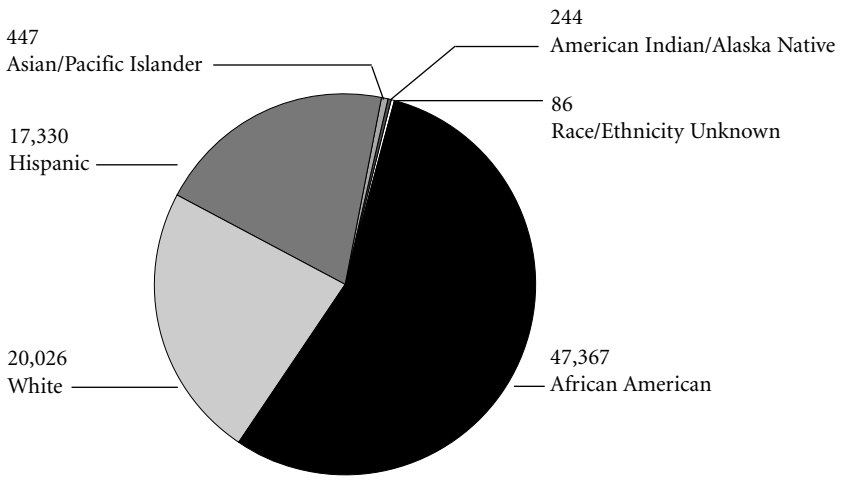
United States — Man

488,300 U.S. men have reported with AIDS

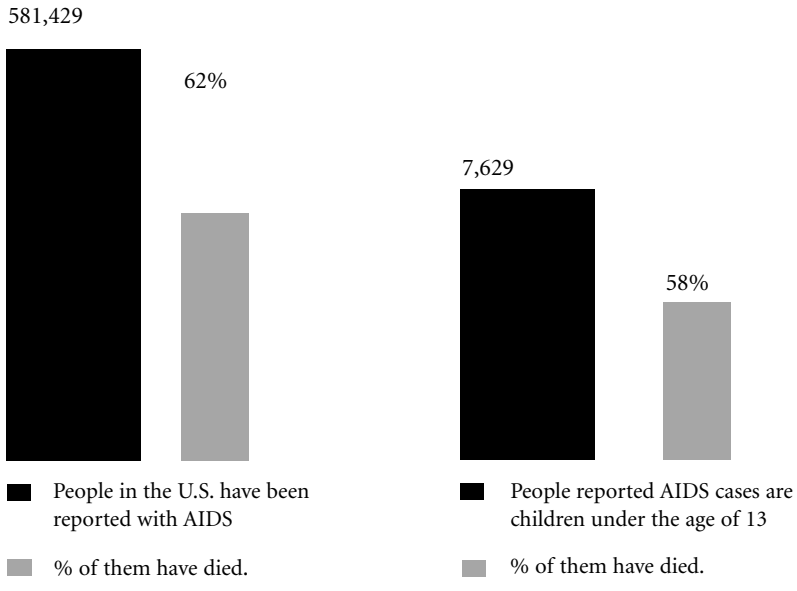


United States — Woman

5,500 U.S. Women have been reported with AIDS



AIDS Has Impact On Everyone



Statistics are from the Centers for Disease Control and Prevention's *HIV/AIDS Surveillance Report, 1996*;8(no.2):1-39.

"IAMAW representatives must utilize the collective bargaining process to ensure that persons with HIV/AIDS and other long-term illnesses are not discriminated against and are allowed to work as long as they are able to do so. The Labor Responds to AIDS Program provides the union representative with the tools and information to do this."

George J. Koupias
President
IAMAW

The Importance of Health Care Benefits

Treatment and care for persons who have HIV or AIDS can be very expensive. Without health insurance, most people are unable to pay for the cost of treatment. Unions need to protect the health insurance benefits of all their members. More and more health insurance companies are changing their policies to limit coverage for people who have a catastrophic illness, people who are undergoing chemotherapy treatment, and people who have received transplants. Other policies specify a limit or "cap" on what their companies will pay for treatments or drugs. New drugs or experimental drugs that have not been approved by the U.S. Food and Drug Administration (FDA) can be very expensive and must usually be paid for out-of-pocket.

The union should help members in evaluating how they can best use their health benefits. The employer's health benefits should be evaluated to see whether they meet the special needs of workers who have a long-term illness, such as HIV/AIDS.

If a worker with HIV/AIDS continues to work, his or her employer should continue to pay for health benefits for the same period of time other similarly situated workers with or without medical disabilities would have had their insurance covered.

Protecting Workers' Benefits: Staying on the Job

One of the most important things unions can do to support a member with HIV/AIDS is to help the worker stay on the job. Staying on the job means the worker keeps his or her livelihood, pride, dignity, and benefits. Unions can use provisions under the ADA and FMLA to protect workers' job security and benefits. In fact, workers with HIV or AIDS should be able to stay on the job and do their work as long as they are able. The kind of casual person-to-person contact that occurs between workers is not a risk for exposure to HIV.

Unions can negotiate contract language or work with management to develop an employee benefit plan to address the needs of workers with long-term illnesses. The plan could include:

- Granting sick leave to go to the doctor.
- Granting long-term disability leave to those who need extended medical leave.
- Establishing a "disability bank" or "sick leave bank" where any worker can donate a percentage of his or her unused sick leave or vacation time for use by co-workers with long-term illnesses. These "banks" allow workers to take extended time off after their personal vacation and sick leave time are used up.
- Ensuring that health plans cover home care, hospice care, extended care, drugs, and treatments.
- Providing paid family leave for workers who care for family members with a long-term illness.
- Establishing flextime.

Negotiate with management for a benefit plan now. It is best to have a plan in place before a member gets sick and needs to use his or her benefits.

Workplace Benefits and Insurance Programs

This section covers some of the benefits and insurance programs that local unions are negotiating with employers to provide to *all* workers. Many of these benefits are crucial to persons living with a long-term illness. Examples of these benefits and programs include:

- Basic health insurance
- Extended medical coverage
- Paid sick leave
- Paid disability leave
- Paid Bereavement Leave
- Employee Assistance Programs (EAPs)/Member Assistance Programs (MAPs)
- Life insurance
- Pension plans
- Return-to-work policies
- Domestic partnership policies

A worker should contact his or her union representative for the specific details of his or her own workplace benefits and insurance programs.

Basic Health Insurance

The health insurance plans most commonly offered are fee-for-service, preferred provider organizations (PPOs), and health maintenance organizations (HMOs).

Under a fee-for-service plan, the worker can select any doctor or hospital. The plan will probably have deductibles and co-insurance, and the worker may have to pay medical expenses in full and then submit a claim for repayment.

Under a PPO, the patient has access to a list of participating providers that have agreed to provide their services at reduced prices. Deductibles may be waived and the co-insurance may be lower under a PPO arrangement.

HMOs provide comprehensive health care services in restricted areas, usually with no out-of-pocket cost to the patient or with minimal co-payments. The workers are required to use the doctors, hospitals, and other providers that are part of the HMO.

Someone with HIV infection should review the plans being offered, to make sure that there are specialists who can provide the appropriate kind of treatment.

Alternative Medicine/Complementary Care. Some health plans cover alternative, complementary, or unconventional therapy that may be beneficial to persons who have HIV. Some of the therapies that might be covered include:

- physical/manual treatments — acupuncture, homeopathic and naturopathic medicine, chiropractic medicine;
- mind/body/spirit treatments — biofeedback, hypnosis; and
- nutritional/pharmacological treatment — nutritional supplements, macrobiotics, herbal medicine.

Waiting Periods and Pre-existing Conditions. Health plans may limit coverage for pre-existing conditions until a specified waiting period has passed. However, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) limits the length of the waiting periods.

Coverage Caps. Health plans can limit coverage in a variety of ways, including:

- Time. For example coverage for mental health could be provided for up to 30 days of treatment.
- Cost. For example the plan could pay up to a certain dollar amount for an office visit or for prescription drugs in a calendar year.
- Frequency. For example the plan could pay for 12 office visits for chiropractic care in a calendar year.

Coverage limits may not discriminate against protected classes of participants. For example, lower coverage caps for AIDS-related diseases (disability-based distinctions capped at a lower level than other conditions) would likely be found to violate the ADA.

Conversion Policies. The Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires the employer to allow employees, their dependents, and certain others to continue coverage under the employer's health care plan without regard to the health status of the employee or dependent who is applying for COBRA coverage. Coverage is continued for a specified period of time, and the COBRA beneficiary is responsible for paying the premium.

Extended Medical Coverage

Home Health Care. Some plans cover these costs. Home health care professionals help patients remain in the home to recover from an illness or disability. Such programs may include nursing care, meals-on-wheels, medical social services, and physical, occupational, or speech therapy.

Hospice Care. This is a benefit in some health plans. These programs serve terminally ill patients and their families and loved ones. Hospice care may be provided in private homes, nursing homes, or other residential settings.

Case Management. This approach is designed to help people with chronic conditions receive the maximum benefits in the most cost-effective way. The case manager works with the patient, his or her loved ones, his or her health care providers, and other professionals to coordinate the patient's program of care.

Paid Sick Leave

Some employers and union contracts set up "leave banks" to which co-workers can donate their unused vacation or sick leave. Workers with chronic illness who have exhausted their own sick leave can then draw upon the bank.

The FEFFLA allows Federal workers to use 5 to 13 days of their own sick leave per year to care for family members or the equivalent of family members.

Paid Disability Leave

Short-Term Disability. These plans usually take over when sick leave has been exhausted. Sometimes they are arranged through private companies, with premiums paid by the employer, the worker, or both. In some States, the State itself acts as an insurance carrier. Short-term disability plans usually pay a percentage of the worker's salary for a limited time (typically three to six months).

Long-Term Disability. These plans typically are arranged through private insurance companies, with premiums paid by the employer, the worker, or both. They usually pay a somewhat lower percentage of the worker's salary than short-term disability plans.

Paid Bereavement Leave

This allows employees time off when an immediate family member dies. Some unions have fought for, and won, coverage of this benefit for domestic partners. The FEFFLA allows Federal employees to use sick leave for purposes relating to the death of a family member, including time needed to make arrangements for or to attend the funeral of a family member.

Employee Assistance Programs (EAPs)/Member Assistance Programs (MAPs)

A good EAP/MAP can be a great resource to help union members address personal problems. For a worker who is living with a long-term illness, an EAP/MAP can offer support, treatment information, and referrals to community programs that might be helpful.

Life Insurance

Many life insurance policies offer continuation of benefits to a person who stops working because of a disability. The worker usually has to apply within 31 days after the original coverage terminates. The worker pays the premium.

Pension Plans

Most pension plans offer disability retirement.

If a Worker Becomes Too Ill to Work: Applying for Public Benefits

If a worker becomes too ill to work, the union representative can meet with a union benefits counselor to help determine public benefits eligibility for the worker. If there is no union benefits counselor, try to contact the BLRS at 1-800-458-5231, the AFL-CIO Community Services Liaison, or the Central Labor Council. There also may be community service organizations that offer Social Security benefits application assistance. Call the BLRS at 1-800-458-5231 for a list of organizations.

Benefit programs are based on whether the worker is disabled or not. The Social Security Administration defines disability as:

"A medical condition that is expected to last at least a year or end in death. The medical condition is serious enough to prevent you from doing substantial work."

Monthly earnings of $500 or more are considered an indication that the worker can do substantial work. If a person makes less than $500 a month or is no longer working and his or her medical records show that the problems are severe enough, the chances are good that he or she will be considered disabled and qualify for benefits.

What Benefits Are Available?

People with long-term illness may qualify for disability benefits from the Social Security Administration under two programs:

- Social Security Disability Insurance (SSDI)
- Supplemental Security Income (SSI)

What Do These Programs Cover?

People pay for SSDI with Social Security taxes when they work. The amount of their monthly benefits depends on how much they earned when they were working. People may also qualify for Medicare after they have been getting SSDI for 24 months. Medicare helps cover hospital and hospice care, lab tests, home health care, and other medical services.

SSI is for workers who have not worked enough to qualify for Social Security or whose Social Security benefits are so low that they qualify for SSI payments. If a worker gets SSI, he or she probably will also get food stamps and Medicaid. Medicaid is a State medical assistance program that takes care of a person's medical bills while he or she is in the hospital or receiving outpatient care. In some States Medicaid also covers hospice care, private-duty nursing, and prescription drugs used to treat HIV disease.

How to Apply for Benefits

Call your nearest Social Security office to make an appointment. The number is 1-800-772-1213. The call is confidential. You may visit your local office, or the entire application may be completed by phone and by mail. Eligibility is not automatic. Apply for benefits as soon as possible.

What Kinds of Information Are Needed for Application?

The following information will be included in the application:

- Social Security number
- birth certificate
- copies of the most recent W-2 form
- information about income and assets (bank statements, unemployment records, rent receipts, car registration) if applying for SSI
- names and addresses of any doctors, hospitals, or clinics where treatment has been received
- how the illness has affected the applicant's daily activities (cleaning, cooking, shopping, etc.)
- the kinds of jobs the applicant has had over the past 15 years

Even if some of the information is missing, the applicant should go ahead and file a claim. Missing information can be filled in later.

What Happens if the Worker Gets Well Enough to Go Back to Work?

There are special rules that allow benefits to continue if a worker goes back to work when he or she is feeling better. For more information on these rules, contact any Social Security office.

What Happens if the Application Is Denied?

If the application is denied, the decision can be appealed. For information on appealing a decision, contact the Social Security office.

Disclosure: When a Worker Tells You He or She Has HIV or AIDS

The Worker's Decision

Deciding to tell your steward or other union representative about your diagnosis is a difficult decision. Many people may choose not to say anything until it is absolutely necessary. Some workers may fear discrimination, harassment, or rejection, while other workers may have total support from their union, employer, and co-workers. Whatever the situation, the decision to disclose one's HIV status belongs to that worker and only that worker. Disclosing is a personal decision.

The Union's Role

Protecting confidentiality for a worker who has HIV or AIDS is very important. If a worker tells a union representative that he or she has HIV or AIDS, the union representative should not tell anyone else. The representative shouldn't tell management, co-workers, other union officials, or even members of his or her own family. Respecting the worker's confidentiality will help protect him or her from possible discrimination or harassment. It should not be necessary to disclose someone's specific medical condition to obtain information from the employer about the worker's benefits, medical coverage, or sick leave. Remember, the union representative doesn't have to give information to management about the member. However, if and when the member seeks a "reasonable accommodation" from the employer, the member may be required to furnish to the employer information on his or her need for and entitlement to a "reasonable accommodation," and on any functional limitations caused by his or her disability. The employer must keep that medical information confidential unless the employee directs otherwise.

If a worker decides to tell a union representative that he or she has HIV/AIDS, the union representative should help the worker do the following:

- The worker should document everything in writing and keep copies. He or she should make sure there is a paper trail. A worker may want to keep a journal of how the workplace responds to his or her disclosure.
- The worker should request in writing that the employer (management) keep everything confidential. The worker and management should agree together which people at the workplace have a "need to know."
- If a worker is new on the job, he or she should try to pass probation or get at least one successful performance evaluation before disclosing that he or she has HIV or AIDS. He or she should get the probationary review or performance evaluation in writing to document that there are no work-related problems.

To receive accommodations under the ADA or the Rehabilitation Act of 1973 (if you are a Federal Government worker), you must tell the employer that you need a reasonable accommodation because they have a disability that is documented, or that can be documented. Remember, the ADA protects workers with a disability, those perceived to have a disability, or those with a record of disability. (See page 5 in this document for more information on the FMLA. See the booklet *Workplace*

Policy on HIV/AIDS: The Union's Role in the Labor Leader's Kit for more information on the ADA.) Only persons with an actual disability, however, are entitled under the law to "reasonable accommodations."

The worker needs to remember that there are Federal and often State or local laws that prohibit discrimination against a person with a disability, including HIV or AIDS. The union contract should contain antidiscrimination language as well. Even though the law and the contract protect the worker, filing a lawsuit or a grievance can be very time-consuming and stressful. The union's role is to protect the worker from discrimination before it happens. Management has a similar incentive to prevent disputes from occurring.

The union representative has many resources to protect workers and members with HIV or AIDS. For help or more information, call the BLRS at 1-800-458-5231 or the George Meany Center for Labor Studies at 301-431-6400.

Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)

If a worker leaves his or her job, the worker usually is entitled to continued health plan coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA coverage ranges from 18 months to a maximum of 36 months. For the first 18 months, premiums cannot cost the worker more than 102 percent of the employer's cost for providing coverage.

The Omnibus Budget Reconciliation Act of 1989 extended the period of COBRA coverage for disabled employees.

COBRA coverage is extended from 18 months to 29 months for employees who are determined by the Social Security Administration to have a disability within the 60-day period after the time employment is terminated. The ex-employee can elect to continue coverage for up to 29 months if he or she has a qualifying disability. This extended disability coverage includes persons with HIV/AIDS.

Under the new law, an ex-employee's right to continuation of health benefits coverage no longer ends when he or she becomes covered by another company's health plan, provided the new employer's health plan doesn't cover a pre-existing condition.

Companies can charge individuals up to 150 percent of the companies' premium costs during the additional 11 months of coverage granted for disability.

If a person who is disabled leaves his or her job, he or she should discuss COBRA benefits with the benefits coordinator before leaving.

Application for COBRA coverage must be made within 60 days of the qualifying event or the date when notice is given describing the person's rights and options, whichever is later. Once the person decides to take the coverage and has signed the appropriate form or notified the employer or plan administrator that he or she will be taking the coverage, he or she has 45 days to make the first premium payment.

The law requires that continuing coverage be offered for the following qualifying events:

- Termination of employment for any reason other than gross misconduct.
- Cutback in work hours such that the worker is no longer entitled to benefits.
- Worker becomes entitled to Medicare.
- Divorce.
- Legal separation.
- Dependent child no longer meets the dependency requirements of the plan.

COBRA can be terminated without reinstatement if the employee misses a payment.

"HIV/AIDS education is a critical endeavor for SEIU. Only by teaching employers and workers the real facts about HIV/AIDS can we help reduce the spread of this deadly disease and prevent workplace discrimination born of ignorance and misinformation."

Andrew L. Stern
International President
SEIU

Planning an HIV/AIDS Education Program

Unions should include language on establishing HIV/AIDS education in the workplace in their collective bargaining agreements. (See the booklet *Contract, Policy, and Resolution Language* in the Labor Leader's Kit for more information.)

Unions have three distinct audiences to address when it comes to planning an HIV/AIDS education program. Those audiences are:

- Workers
- Families
- Labor leaders

Educating Workers About HIV/AIDS

Unions should work with management to develop and establish a joint labor/management workplace education program on HIV/AIDS. The program should be designed for all workers and management personnel, and should cover topics ranging from personal risk reduction and reducing the risk of exposure to blood, body fluids containing visible blood, or HIV itself on the job to the ADA and reasonable accommodation.

Not only should HIV/AIDS be covered, but other bloodborne diseases, like hepatitis B and hepatitis C, should be covered as well. In addition, the program should cover the OSHA Bloodborne Pathogens Standard and how it protects workers exposed to blood, body fluids containing blood, or the virus on the job.

Tuberculosis (TB) is on the rise as more patients, clients, and inmates with HIV/AIDS are being diagnosed with TB. Therefore, protection from TB should also be addressed through the workplace education program on HIV and AIDS. For more information on TB in the workplace, call the BLRS at 1-800-458-5231.

Finally, many unions, through their local, regional, or national AIDS education programs, are training workers to become AIDS educators themselves or to conduct AIDS training. If you would like to become an AIDS educator but your union does not have such a program, contact the BLRS, the George Meany Center for Labor Studies, the American Red Cross, or an AIDS service organization in your area. The BLRS can furnish unions with a list of AIDS service organizations in their regions. Several unions have developed outstanding HIV/AIDS education programs for their members and leadership. See the booklet entitled *Labor Profiles* in the Labor Leader's Kit to read how unions have developed these programs.

Educating Families

Unions are in a unique position to supply workers with information and training so that they can then share the information with their children, grandchildren, and other family members. In fact, many unions first addressed HIV and AIDS in the workplace as a "family" issue, rather than just a workplace issue. The union can sponsor a workshop, develop a health fair, or distribute CDC's family education brochure to other parents and children. A workshop or other vehicle could cover

"The Labor Responds to AIDS Program has equipped our union with comprehensive workplace educational materials that enable our members to work in a safer and supportive environment. We are no longer confronting the same degree of discrimination or myths about HIV/AIDS that we have in the past."

Patricia A. Friend
International President
Association of Flight Attendants

the following topics:

- How to communicate with children and teens
- How to listen (and respond) to your child or teen
- Sexually transmitted diseases (STDs), including HIV
- Abstinence
- How teens can reduce their risk of exposure to STDs, HIV, and pregnancy
- Risks of alcohol and substance use
- How parents can support school-based AIDS education programs
- How to organize an HIV/AIDS prevention event for children or teens

Educating Labor Leaders

HIV/AIDS education for labor leaders should cover the same topics as education for workers and families but should expand information to cover protecting the rights and dignity of workers with HIV/AIDS. These workshops could be designed for stewards, business agents, elected officers, or union staff. Workshops might include the following topics:

- Benefits and insurance programs
- HIV/AIDS and collective bargaining
- Laws that protect members and workers — the ADA, FMLA, FEFFLA, the Rehabilitation Act of 1973, OSHA Bloodborne Pathogens Standard
- Legal responsibilities of the union
- Confidentiality
- Disclosure
- Protecting workers from occupational exposure
- Helping workers apply for public benefits
- Resources for unions and labor leaders

Whether your union plans to educate workers, families, labor leaders, or all three, an AIDS education committee can help plan and implement an HIV/AIDS education program.

The AIDS Education Committee

One of the first steps in setting up any kind of workplace education program on HIV and AIDS might be to establish an AIDS education committee. A new committee could be created, or one could be formed as part of an existing health and safety, civil rights, or benefits committee.

The committee should include both management and the union. Committee members from the union might be drawn from local union leadership; from the health and safety, education, or benefits committees; and from rank-and-file members who are interested in AIDS issues. Management members might include the employer's medical personnel, the employee assistance or benefits counselors, human resource

managers, or labor relations officials. The committee should also include the management representative responsible for the implementation of policies concerning catastrophic illnesses and discrimination (disability and otherwise).

If no one on the committee has expertise on HIV infection and AIDS, contact your regional health and safety representative or your international union. Regional or international staff may be able to help you directly or to suggest an outside resource. Local resources that unions could invite to work on the committee include community AIDS organizations, local health departments, or universities. These resources could help the committee develop a training program and help obtain speakers and materials.

The joint labor/management AIDS education committee can plan and sponsor training on AIDS in the workplace. Training should be conducted by an experienced instructor who can present information clearly, address union and management issues, and respond candidly and accurately to the questions, fears, and prejudices that participants might have. If management is unable to co-sponsor a training or workshop, the union can sponsor its own training for members.

Steps to Successful HIV/AIDS Training

Involve Workers in the Planning Process

Find out from workers what they want and need to know. What issues are important to them? What are they concerned about? Talk to workers on the job and at union meetings. Find out if workers are concerned about possible occupational exposure. Survey the membership.

Tailoring the training to the needs of workers and involving them in the planning process will encourage attendance and participation.

Decide Who the Target Audience Is for the Training

Successful training depends on designing the training for the audience. Know the audience before the training begins. What kinds of work do the participants do? What are their backgrounds? Consider their genders, races, job classifications, ages, cultural backgrounds, and previous knowledge about AIDS. What primary language does the audience speak — Spanish, English, Tagalog, Polish?

Is the training open to family members? If not, can a training for workers' families be scheduled at a later date?

Decide the Purpose of the Training

- Do participants need to learn new skills — e.g., how to clean up a blood spill?
- Do they need information on laws and standards, like the ADA, FMLA, FEFLA, Rehabilitation Act of 1973, or OSHA Bloodborne Pathogens Standard?
- Do they need information on ways of personal risk reduction like abstinence, safer sex, and avoidance of drug use?
- Do they want to know how to talk to their children and teens about AIDS?

Use the membership survey to help determine the purpose of the training. The group should understand and agree on the material to be covered before the training proceeds. Go over the agenda at the very beginning of the workshop and give participants the opportunity to raise new concerns. The trainer should be willing (if there is time) to add these to the agenda, or be willing to discuss scheduling another training session to address them.

Select a Trainer

When selecting trainers for the workshop, ask the following questions:

- What kind of union experience do they have?
- Are they certified or experienced HIV/AIDS trainers? Have they been through an HIV/AIDS curriculum training or a train-the-trainer program themselves?
- Do they have experience in training about AIDS in the workplace?
- Do they have accurate and up-to-date knowledge about HIV infection, AIDS, and treatments?
- Are they able to communicate clearly?
- Are they comfortable meeting with and talking to workers? Don't recruit trainers who may talk down to workers or talk over their heads, no matter what kind of experts they are. It's just as important to find trainers who are comfortable with workers and unions as it is to find trainers who are experts on HIV and AIDS.
- Would they be comfortable answering both highly technical questions and intimate questions?
- Do they have knowledge or experience regarding the kind of work that the workers do — for example, do they understand the risks that hospital workers, correctional workers, or flight attendants might face?
- Do they have an unbiased, nondiscriminatory attitude toward people living with HIV and AIDS? Trainers need to be able to facilitate difficult situations. For example, is there hostility at work toward a person infected with HIV? Are people afraid to work next to someone with AIDS? Good trainers must be able to address these and any other difficult questions or comments that come up.
- Do they have experience and knowledge about adult education and how adults learn?
- Are they able to speak another language, like Spanish? Training should be conducted in the workers' primary language.

It would be almost impossible to find all of these qualities in one person. The committee may want to design the training with co-instructors. Co-instructors might include a union representative from your local or international union, the union's health and safety representative, a trainer from the local community AIDS organization, or someone with AIDS who can talk firsthand about living and working with AIDS. For several years now, unions have used the co-instructor method to conduct AIDS workshops with great success.

Note: To find co-instructors working and living with HIV/AIDS in your area, call the BLRS, the National Association of People with AIDS (NAPWA), or the AFL-CIO Community Services Liaison. Your state AFL-CIO has a directory of Community Service Liaisons in your state. The BLRS and NAPWA are listed in the Resource Directory of this manual.

Plan the Workshop

Allow enough time to do an adequate job. A good HIV/AIDS overview can be done in two to three hours. An intensive workshop could last all day. A train-the-trainer workshop where participants "graduate" as AIDS educators can last two or three days.

What teaching methods are best for your audience? These might include a panel discussion, small-group discussions, question-and-answer sessions, or a combination of methods. Audience participation is the key to successful workshops.

What educational materials will be used at the workshop? These might include the Labor Leader's Kit, the union contract, HIV/AIDS materials produced by the union, the employer's AIDS or catastrophic illness policies, a resource list of AIDS organizations, or AIDS brochures or pamphlets from the local community AIDS organization, local health department, or local American Red Cross Chapter.

When and where should the workshop be held? Will the workshop be on the clock? The workshop should be held at a time and place that make it easy for members to attend. If workers are scheduled to work in a 24-hour period — for example, in a hospital or nursing home — then workshops should be scheduled on each shift.

How will the union publicize the workshop? Will the union use bulletin boards, newsletters, or flyers to get the word out?

Get Feedback From Participants

After the workshop, you can decide how useful it was by distributing a written questionnaire or by verbally asking people for their feedback. Ask for opinions on the instructor(s), teaching methods, materials, and content. Ask what needs to be improved. Use the feedback to make the next workshop better.

Finally, it is important that members have the name and telephone number of someone to contact if they have additional questions or concerns after the training is completed. Participants should also leave the workshop with a contact list of HIV/AIDS service organizations in the community.

Community Service and Volunteerism

Many union members and local unions are well-known for their commitment to stopping the spread of HIV/AIDS in the workplace. In fact, many union members have become AIDS educators providing training on HIV/AIDS in churches, school groups, and community organizations like Scout troops. There are many other ways union members can help stop the spread of HIV in the community and help serve those living with HIV and AIDS. Here are just a few ideas for getting involved in your community:

Volunteering

Volunteers are always needed at community-based organizations that serve people with HIV/AIDS. Organizations always need volunteers to help deliver services. Simple things like home delivery of meals or taking someone to the doctor can make a tremendous difference. Your church or synagogue are also good places to volunteer on behalf of people with HIV/AIDS.

Displaying the Names Project AIDS Memorial Quilt

In 1992, American Federation of State, County and Municipal Employees (AFSCME) invited its members who had lost loved ones to AIDS to develop quilt panels for the Names Project AIDS Memorial Quilt. Some members sent panels directly to AFSCME so that they could be displayed at AFSCME's 1992 convention in San Diego. AFSCME also developed a union brochure regarding the Names Project to encourage their membership to continue making panels on behalf of workers, families, and friends who had died from AIDS. Since then, many local unions have developed quilt panels. At the October 1996 showing of the AIDS Memorial Quilt in Washington, D.C., a coalition of labor unions called Labor Cares! volunteered at the quilt display. The Names Project AIDS Memorial Quilt is an excellent way to build compassion and understanding for people with HIV and AIDS. To find out how to display the AIDS Memorial Quilt at union events, or how unions can develop a quilt panel, call the Names Project at 415-882-5500. The Names Project is listed in the Resource Directory of this booklet.

Conducting Training

Many unions, through their local, regional, or national AIDS education programs, are training workers to become AIDS educators. If your union does not have such a program, contact the BLRS, the George Meany Center for Labor Studies, the American Red Cross, or an AIDS service organization in your community.

Organizing a Union Conference on HIV and AIDS

Half-day or one-day conferences are excellent ways to get information to many unions and their members about how they can respond to AIDS. For more information on how to organize a successful conference, call the Coalition of Labor Union Women or the George Meany Center for Labor Studies. Both are listed in the Resource Directory of this booklet.

Providing Financial Support

Some members with AIDS may no longer be able to work. The local union may be able to help provide food, housing, or financial assistance while these members are applying for public benefits. Unions have historically provided this kind of help to members involved in strikes or whose homes have been destroyed by fire or other disasters.

Joining AIDS Coalitions

There is plenty of important work that needs to be done to fight the HIV/AIDS epidemic and to provide needed services for people living with HIV. Whether it's

funding research, working for civil rights, increasing the availability of health care, fighting discrimination, or educating the public, unions can play a major role by joining coalitions of AIDS organizations. See the Resource Directory of this booklet for a list of some of those organizations.

Raising Funds

Local unions have a long history of raising funds for charities and community organizations. Use your fund-raising skills to help local AIDS organizations during their next fund-raising events.

When a Friend Has AIDS

When a union brother or sister or a friend is diagnosed with HIV or AIDS, it's easy to feel helpless or inadequate. You may tell him or her "Just call me if you need anything," but out of fear or insecurity you may dread the calls if they come. The following suggestions offer ways that labor leaders can really respond to AIDS in the workplace and community — by being there for a brother, sister, or friend.

- Learn as much as you can about HIV and AIDS.
- Don't avoid your friend. Being there creates hope. Let him or her know that you care.
- Friendship keeps loneliness and fear at a distance. Do all the things you've always done as friends. Visit, spend time, cook dinner, go to the movies, etc.
- Acknowledge your friend's emotions and reactions. Reassure your friend if he or she is afraid or angry.
- Offer to help with chores, like helping to fill out insurance paperwork, running errands, getting a prescription filled, or going grocery shopping.
- Celebrate holidays, birthdays, and anniversaries together.
- With the permission of your friend, check in with his or her spouse, significant other, roommate, or children. They, too, need to know that you care.
- If it seems that your friend wants to talk about his or her diagnosis, don't be reluctant to ask. Find out by asking, "Do you feel like talking about how you are feeling?" But don't pressure your friend into talking.
- Like everyone else, persons living with HIV and AIDS have good days and bad days. Enjoy the good days together. On the bad days, treat your friend with extra care and compassion.
- You don't always have to talk. It's okay just to be together quietly.
- Encourage your friend to make decisions on his or her own. Illness can cause a loss of control over many aspects of a person's life. Don't deny your friend the chance to make decisions, no matter how simple they may seem to you.
- Your friend may get angry at you for no reason. Remember that anger and frustration are often taken out on the people most loved, because it's safe and will be understood.
- Don't permit your friend to blame himself or herself for his or her diagnosis.
- Offer to do household chores, but don't take away chores your friend can still do.
- Don't allow your friend or his or her caregivers to become isolated. Let them know about support groups and other services available to them that may be beneficial.
- Talk about the future.
- Bring a positive attitude.

Take care of yourself! Recognize your own emotions and pay attention to them. Share your hope, joy, grief, anger, or feelings of helplessness with other friends or with a support group. Getting the support you need will help you be a better friend and labor leader.

Note: Information from this fact sheet was adapted from "When Friends Have HIV and AIDS," printed in *Responding to HIV and AIDS: A Special Publication for NEA Members,* from the National Education Association Health Information Network, 1993. Used with permission. "When a Friend Has AIDS" was originally written in 1988 by Dixie Beckham, Luis Palacios, Vincent Patti, and Michael Shernoff of Chelsea Psychotherapy Associates of New York.

The Basic Facts About HIV and AIDS

This section introduces the labor leader to three important aspects of HIV and AIDS. First, how HIV/AIDS is and is not *transmitted*. Second, how HIV infection is detected through *testing*. And, finally, *treatments* for HIV and AIDS.

Transmission

HIV is a virus that wears down the body's power to fight diseases. HIV stands for human immunodeficiency virus. AIDS stands for acquired immune deficiency syndrome. AIDS is caused by HIV. A person must first be infected with HIV in order to develop AIDS.

How Can a Person Transmit HIV?

HIV is not easy to get. A person cannot get it from touching, sharing a soda, shaking hands, or hugging or social kissing. A person cannot get it from pets or insects, toilet seats or doorknobs, drinking fountains, or swimming pools.

HIV must get into a person's body to infect him or her. There are five ways HIV is spread from one human being to another:

- The most common way of spreading HIV infection is through unprotected (without a condom) sex — anal, vaginal, or oral. HIV can be transmitted anytime there is an exchange of semen, vaginal fluid, or blood during sexual activities. Practicing safer sex (using a condom) can protect a person from HIV and other sexual transmitted diseases (STDs) (See "What Does Safer Sex Mean?" below.)
- The second most common way HIV is spread is through blood-to-blood contact. The virus is spread by sharing contaminated needles and shooting drugs into the body.
- Another type of transmission is occupational exposure. Although this is less likely, a worker could become infected with HIV through a needlestick or cut with a lancet at work.
- A pregnant woman can pass the virus to her baby during pregnancy or birth. A baby can be infected in the uterus because the baby and woman share a common blood supply through the placenta and umbilical cord. So if the woman is infected with HIV, the virus is in her body and may pass into the body of the baby. In addition, babies can become infected with HIV during the birth process through exposure to the mother's blood.
- Finally, HIV can pass to a baby through the mother's breast milk. Because of this risk, the U.S. Public Health Service recommends that mothers with HIV in the United States not breastfeed their babies.

What Does Safer Sex Mean?

Safer sex is any sex that reduces the risk of exposing a person to semen, vaginal fluids, or blood. Using a new latex condom correctly and consistently during vaginal, oral, or anal sex is a way to practice safer sex. It has been proven that latex condoms provide a barrier that helps to prevent semen or blood, which may contain HIV,

from entering the vagina, anus, or mouth. Latex condoms have also been proven to protect the penis from exposure to fluids or blood in the vagina or anal lining that may contain HIV.

The word LATEX should be found on the condom box. Lubrication is important to prevent the condom from breaking. Lubricants that say "water-soluble" or "water-based" on the label, like K-Y jelly, are recommended for use with latex condoms. Oil-based lubricants, like petroleum jelly, can damage condoms.

Birth control methods like spermicide, the pill, or a diaphragm will not protect a woman from HIV infection. Many people choose to use one of these methods together with a new latex condom for an additional sense of security to avoid pregnancy and HIV. Using spermicide and a latex condom adds no additional protection from HIV. Female condoms are also available for people who are allergic to latex. CDC recommends that persons who do not use male latex condoms use female condoms for HIV/STD prevention.

Drugs, including alcohol, can impair a person's judgment. If someone has been drinking or is high, his or her chance of having unsafe, unprotected sex may increase.

Abstinence Is the Only 100 Percent Safe Method to Protect Someone From HIV. Remember, should a person engage in sexual intercourse, a new latex condom, used consistently and correctly each time, provides an extremely high level of protection from HIV infection.

Questions and Answers About Condoms to Prevent Sexual Transmission of HIV

Latex Condoms and HIV

The following section provides labor leaders with the facts about condoms and preventing HIV infection. Written in a question-and-answer format, this information is produced by the CDC and covers the following topics: condoms as a way to prevent HIV, effectiveness of latex condoms, how to use a condom correctly, female condoms, latex allergies, condom education, and adolescents and sexual activity.

■ How effective are latex condoms to prevent transmission of HIV and other STDs?

The best way to prevent the sexual transmission of HIV (the virus that causes AIDS) and other STDs is to abstain from sexual intercourse or to have sex only with someone known to be uninfected. In addition, the consistent and correct use of latex condoms provides a high degree of protection from HIV and other STDs.

Laboratory studies show that latex condoms are highly effective in preventing transmission of HIV and other STDs. And real-life studies of "discordant" couples — that is, couples in which one person is infected with HIV and the other isn't — show the same thing.

Three recent large studies (DeVincenzi et al., Saracco et al., and Deschamps et al.) followed 245, 305, and 177 discordant couples, respectively. Among those who did not use condoms every time (inconsistent users), there were 4.8, 7.2, and 6.8 seroconversions to HIV-positive, respectively, per 100 person-years. In contrast, among those who used condoms consistently, there were 0, 1.1, and 1.0 seroconversions to HIV-positive, respectively, per 100 person-years. These studies show that latex condoms are highly protective, and they point to the need to promote consistent and correct use.

- What does "consistently and correctly" mean?

  "Consistently" means using a condom every time you have sex — 100 percent of the time — no exceptions.

  "Correctly" means following these steps:

  - Be careful opening the condom package — your teeth or fingernails can tear the condom. Use water-based lubricants only. Oil-based lubricants, like petroleum jelly or lotions, will damage condoms. Store condoms in a cool, dry place, not in your pocket or the glove compartment of your car. Heat damages condoms. Use condoms before the expiration date on the box or individual package. Don't use a condom if it's sticky, brittle, discolored, or torn.
  - Put the condom on after the penis is erect and before it touches any part of your partner's mouth, anus, or vagina. If the penis is uncircumcised, pull the foreskin back before putting on the condom.
  - To put the condom on, pinch the closed end so that no air is trapped inside. Leave some room at the end for semen. Unroll it all the way down the penis.
  - If the condom breaks or slips while you're having sex, stop, and put on a new condom. Be sure to follow the instructions. When condoms slip, break, or leak, it's usually not product failure — most times, it's user error.
  - After ejaculation, withdraw from your partner before your penis becomes soft. Hold the condom on as you pull out so that no semen is spilled. Be sure to properly dispose of used condoms (they shouldn't be flushed in a toilet) and don't reuse condoms.

- Isn't it naive to think people can use condoms consistently?

  No. Studies of hundreds of couples show that consistent condom use is possible when people have the skills and motivation to do so. One of the biggest motivations in deciding to use any product — whether it's toothpaste or a condom — is the belief that the product will work. Scientific studies have clearly demonstrated that condoms are highly effective in preventing transmission of HIV and other STDs. It's very important to correct misinformation about condoms. People who are skeptical about condoms aren't as likely to use them -— but that doesn't mean they won't have sex. And unprotected sex puts them at risk for infection with HIV and other STDs.

  In addition to believing the product will work (product efficacy), people have to

believe they will be able to use the product correctly (self-efficacy). That's why it's important for people to know how to use condoms, how to put them on the right way, and how to talk with sexual partners about condom use or to say no to sex if a partner refuses to use a condom.

■ What about condom failure rate?

The term "condom failure rate" isn't very specific. Any assessment of condom effectiveness must distinguish between user effectiveness (or failure) and product effectiveness (or failure). "Condom failure rate" is often imprecisely used to refer to the percentage of women who become pregnant over the course of a year in which they reported using condoms as their primary method of birth control, even if they didn't use condoms every time they had sex.

Studies that don't distinguish between consistent users, inconsistent users, and nonusers cannot adequately address the issue of condom effectiveness. A simple analogy would be to say that seat belts don't work because there are accidents in which passengers are hurt because they are not wearing them. Clearly, seat belts don't work unless they are used. Equally clearly, condoms don't work unless they are used.

At other times, "condom failure rate" refers to the percentage of condoms that break during laboratory stress tests — a measure of product failure. Or it refers to the number of couples who report that a condom broke or slipped (typically the result of user error, not product failure). The average published condom breakage rate is around 2 percent. The majority of breaks do not result in exposure, and it is clear that most breaks occur as the result of incorrect use.

The discordant couples studies cited in the first answer demonstrate that, used consistently, condoms are highly effective. Used inconsistently, condoms offer little more protection than when they're not used at all. A condom can't work if it isn't taken out of its package and used. And it can't work optimally if the user isn't skilled in using it correctly.

■ What about holes in latex?

Although natural membrane (lambskin) condoms do have holes, latex condoms typically do not. Latex condoms, which are regulated by the FDA as a medical device, must undergo stringent tests, including tests for holes, before they are sold. These tests are performed by the manufacturers. In addition, condoms are double-dipped in latex.

■ How are condoms regulated and tested?

The FDA regulates latex condoms as medical devices and governs their manufacture according to stringent national standards. Condoms made in the United States undergo strict quality testing throughout the manufacturing process. Before pack-

aging, every condom is tested electronically for defects, as mentioned above. In addition, the FDA tests samples from every batch using water-leak tests and air-burst tests. If any defects are found, the entire product batch is thrown out. FDA randomly tests both domestic and imported condoms to be sure they meet quality control standards. Samples representing millions of condoms have been tested, and the average batch tests better than 99.7 percent defect-free.

■ Some people believe some brands of condoms are more reliable than others. Do some condoms have higher quality standards?

All condoms are subjected to the same quality control standards. The studies published to date aren't adequate to judge the relative quality of various brands — various studies have ranked the same brand differently, because they used different methods to judge. Consumers should look for the word "latex" on the package. Latex condoms offer greater protection against HIV and other STDs than do natural-membrane condoms. Color, shape, size, and other qualities (like ribbing) are personal preferences and don't affect reliability. All condoms labeled "For Disease Protection" are effective.

■ Do female condoms provide protection against HIV or other STDs?

Clinical data on the effectiveness of female condoms in preventing transmission of HIV and other STDs is limited. However, the CDC recommends that persons who do not use male latex condoms use female condoms for HIV/STD prevention. This recommendation is based on the female condom's impenetrability to HIV and other STD pathogens in the absence of rupture or slippage, its ability to cover a substantial portion of the female genitalia, and its effectiveness in preventing pregnancy and vaginal trichomoniasis when used consistently and correctly.

■ Are female condoms approved by the FDA?

Yes. The FDA approved the female condom in May 1993.

■ Can individuals who are allergic to latex use condoms?

Yes. A polyurethane (plastic) male condom was approved by the FDA in 1991 for use by those who have an allergic reaction to latex condoms. The female condom also is made of polyurethane.

■ Can nonoxynol-9 and other spermicides prevent HIV infection?

Laboratory studies show that nonoxynol-9 (N-9), a spermicide, kills HIV in test tubes. However, available data on the efficacy and safety of N-9 spermicide to prevent sexual transmission of HIV in real-life situations are inconclusive and inconsistent. For this reason, the CDC does not recommend the use of N-9 alone to prevent the sexual transmission of HIV. The CDC recommends the use of male latex con-

doms, with or without spermicide. N-9 has been shown to provide some protection against two bacterial STDs, gonorrhea and chlamydia.

- Do education programs about condoms make adolescents more sexually active?

No. Several studies have shown that sexual activity among young adults actually decreased, or at least stayed the same, after sex education programs that included information about condoms. In a recent Swiss study of 16- to 19-year-olds, a sex education program did not increase either the level of sexual activity or the number of sex partners. Importantly, though, among those who were sexually active, condom use did increase.

A 1992 study reported in *Family Planning Perspectives* found the same thing — that AIDS education resulted in decreases in both the number of sex partners and sexual activity, but in increases in condom use among those who were sexually active.

Moreover, the World Health Organization (WHO) has conducted comprehensive reviews of the scientific literature on sex and AIDS education. In 1993, at the Ninth International Conference on AIDS, WHO presented a review of 19 studies that considered the effect of sex education on reported age at first intercourse and on reported levels of sexual activity. There were several clear trends:

- There was no evidence of sex education's leading to earlier or increased sexual activity in the young people who were exposed to it.
- In fact, six studies showed that sex education led either to a delay in the onset of sexual activity or to a decrease in overall sexual activity.
- Ten of the studies showed that education programs increased safer sex practices among young people who were already sexually active.

In addition to the evaluation of school-based educational programs, the WHO report concluded that the two public information programs evaluated showed no effect on age at first intercourse and no increase in sexual activity in young people, despite a large increase in the use of condoms and contraception.

In September 1995, the Office of Technology Assessment (OTA) of the 103rd Congress examined the effectiveness of prevention programs. The report concluded that programs that include discussion of abstinence and contraception in combination with other topics such as resistance skills did not lead to earlier initiation of sex and, in fact, resulted in lowered incidence of sexual intercourse in some cases.

The OTA report further concluded that among individuals already sexually active, these programs led to fewer sexual partners and greater use of contraception. This report underscores the need for comprehensive programs and a balance of prevention messages.

Testing for HIV Antibody

What About Getting Tested?

There are some basic things to know before being tested for HIV antibodies. People need to decide:

- why they are getting tested,
- whether they will want an anonymous test or a confidential test,
- where they will go to get tested, or
- whether they will use a home testing service.

Why Get Tested?

People may believe that they have been exposed to HIV in the past through unprotected sex (without a condom) or from sharing needles. They may want to know if they are infected. The sooner they get tested, the better, because early detection of HIV infection is an important key in the successful treatment of HIV.

Perhaps they have been stuck with a needle or a sharp, like a scalpel, at work. They would need to know if they were infected by the injury itself in order to file a workers' compensation claim. This is called baseline HIV antibody testing. It's important because injured people need to document that they did not have HIV infection at the time of the injury. If they do become infected as a result of the injury, they can file a workers' compensation claim. For the purpose of filing a workers' compensation claim, the test should be a confidential test whose results become part of the person's permanent medical record. Under the ADA, a worker's medical file must be kept separate from the personnel file. (For more information on testing and occupational exposure, see *Preventing Occupational Exposure to HIV* in the Labor Leader's Kit.)

A person might consider getting tested if he or she:

- has engaged in unprotected sexual intercourse — anal, vaginal, or oral;
- has shared needles or syringes;
- has had workplace exposure to a needle or other sharp (like a scalpel) that broke the skin; or
- received a blood transfusion before 1985.

Anonymous or Confidential Testing

Anonymous testing means the person's name is never used, regardless of the test result. Instead, a personal code number is given to the patient and used on the test. Later, the personal code number is matched up with the number on the test results.

Confidential testing means the person's name is recorded with his or her test result. The doctor, clinic, or testing site must keep the test result "confidential." In other words, the doctor or clinic cannot talk about the test results to anyone but the patient. Although the test result remains "confidential," it is usually entered into the patient's medical record, whether negative or positive.

Where to Get Tested

A community-based organization that serves persons with HIV and AIDS may offer anonymous and/or confidential HIV antibody testing as one of its services.

Other places that often offer HIV antibody testing include:

- State and local departments of health
- STD clinics
- Private doctors' offices
- Medical clinics

What Is the Procedure for Getting the HIV Antibody Test at a Testing Site?

Usually, there are three basic steps to getting tested at one of the sites listed above. They are counseling, an HIV antibody test, and test results.

1. Counseling: This occurs *before* a person's HIV test and when given his or her test results. Counseling usually includes information about the test, what the results of the test mean, and how to reduce a person's risk of future infection, including information on safer sex and abstinence.

2. The HIV Antibody Test: There are two types of antibody tests. One uses blood and one uses fluids from inside the mouth. A small specimen is drawn from the person. The sample is usually sent to a laboratory. Test results usually take a few days.

3. Test Results: These are explained to the person face-to-face and privately. A *positive test* result (based on more than one test result) usually means that the person has produced antibodies to HIV infection and can infect others. A positive test does not mean a person has AIDS or will get AIDS. What it does mean is that the person must protect himself or herself from further HIV infection and protect others from HIV infection by abstaining from sex, or by using a new latex condom, or barrier every time he or she has sex.

A *negative test* result does not necessarily mean that a person is free from HIV infection. The virus may have infected the person, but the immune system may not have had enough time to make antibodies to the infection. It usually takes up to three months to develop detectable antibodies. In a few cases, it can take up to six months for antibodies to show up in the blood. A person could be infected with HIV, and could be infecting others, while testing negative for HIV antibodies. That's why, whether a person has been tested or not, it's best for him or her to practice safer sex. If a person has engaged in injection drug use or unprotected sexual intercourse in the past and the HIV antibody test is negative, he or she may want to get tested again if enough time has not passed. A regular HIV antibody test is the only certain way to determine HIV status for a person who continues to share needles or engage in unprotected sex.

What About Home Testing for HIV?

On May 14, 1996, the FDA approved the first HIV test system for over-the-counter

home use. The new testing system is made up of three parts:

1. An over-the-counter home blood collection kit.

2. HIV antibody testing at a certified lab.

3. Anonymous phone counseling and referral.

There is currently one brand of kit available in the United States, Home Access. Kits are now sold in pharmacies, college health centers, and clinics. The cost of the kit is approximately $40.

Using enclosed lancets (a device that pricks the finger), a person takes a fingerstick blood sample, which is placed on a designated area of a test card that is pre-coded with a unique identification number. The user is instructed to keep a copy of the identification number and mail the test card in a protective envelope provided in the kit to a certified laboratory that performs HIV antibody testing. People can receive test results seven days later by calling a toll-free number.

People who use the home collection system do not submit names, addresses, or phone numbers with the specimen sent to the laboratory. The HIV test results are anonymous. Clients can only get their results by giving the unique identification number on the test kit to the test result center when they call for their HIV test result. Clients who lose their identification number will not be able to get their results and will then have to buy a new home collection kit and submit a new blood specimen.

To get results, clients call the test result center and give their identification number from the test kit. Professional, certified counselors notify the caller of the results if they are positive or inconclusive. Local medical referrals are provided if needed. Those who test positive are encouraged to seek medical care. Negative test results are provided by an automated message, but everyone has the opportunity to speak to a counselor. Counseling is available in English and Spanish. All conversations are anonymous and confidential.

Testing for HIV antibodies is a serious issue, and labor leaders should be familiar with the subject of HIV testing. The CDC National AIDS Clearinghouse recently developed a booklet called *Guide to Information and Resources on HIV Testing*. The guide covers many issues, including:

- what kinds of tests are available,
- the accuracy of the tests,
- home testing systems,
- oral fluid tests,
- testing the blood supply,
- testing health care workers,
- testing and travel,
- mandatory testing, and
- other resources.

Anyone who has additional questions about HIV testing should call the CDC National AIDS Hotline for more information at 1-800-342-AIDS (2437). In addition, the hotline makes referrals and performs risk assessments.

Treatments for HIV/AIDS and Opportunistic Infections

Is There a Cure for HIV or AIDS?

Not yet. There is currently no cure for HIV or AIDS. There are several medications that people with HIV infection can take to help boost their immune system, which helps fight HIV infection. Two of the most common drugs to combat HIV infection are ddI (didanosine) and AZT (zidovudine).

A promising area of treatment is with a new class of anti-HIV drugs called protease inhibitors. These drugs work by blocking a part of the virus called protease. HIV protease inhibitors prevent protease from cutting long chains of proteins and enzymes into the shorter pieces that HIV needs to make new copies of itself. Protease inhibitors can greatly reduce the number of new, infectious copies of HIV made inside cells. Studies show that protease inhibitors can reduce the amount of virus in the blood and increase CD4 cell counts, which are the cells in the body that fight infection.

Protease inhibitors are not a cure for HIV infection. Researchers still have a lot of work to do in order to tell exactly how protease inhibitors work, how well they work, and whether or not they will keep working over time. In addition, many people can't afford protease inhibitors or may be unable physically to tolerate taking them.

Protease inhibitors are sometimes used in combination with other well-known anti-HIV drugs like AZT and ddI. Though protease inhibitors are promising drugs, researchers are studying the possibility that the virus can actually become resistant to these drugs. To determine the best drug treatment, a person who has HIV infection should find a doctor who specializes in HIV/AIDS.

(For more information on research and drug treatments, the Resource Directory of this booklet can provide the contact information for the AIDS Treatment Information Service.)

Four Important Facts About HIV and AIDS

1. HIV infection can be prevented by abstaining from sex, using a new latex condom consistently and correctly, and not sharing needles.

   The risk of HIV transmission can be greatly reduced by eliminating risky behaviors, such as sharing needles used for the injection of drugs or steroids and engaging in sexual intercourse without a latex condom. Using a new latex condom or other protective barrier correctly and consistently during vaginal, oral, or anal sex is a way to reduce the risk of transmission.

Workplace exposure to blood/body fluids that may be contaminated with HIV is much less likely if workers:

- are well-trained;
- have safer equipment and safer medical devices;
- have access to proper personal protective equipment;
- practice universal precautions, by treating all blood and other body fluids as if they are potentially infectious with HIV, hepatitis B, and hepatitis C; and
- follow other work practice controls, like emptying the sharps container when it reaches the designated fill level.

2. HIV can be transmitted in only a few specific ways.

   HIV can be transmitted:

   - through unprotected sex with an HIV-infected partner,
   - by sharing needles or syringes with an HIV-infected person,
   - from an HIV-infected mother to her baby — before or during childbirth or through breastfeeding,
   - through a blood transfusion received prior to 1985, or
   - at work through exposure to HIV-infected blood.

   It is also theoretically possible for HIV to be transmitted during tattooing or any form of body piercing if the equipment is not properly sterilized.

3. HIV does not discriminate. It can infect persons of any race, age, gender, or sexual orientation. It's not who you are but what you do that puts you at risk.

4. Although drug treatments are now available that can lengthen the life span of many persons with HIV infection and AIDS, allowing them to live longer and lead productive lives, there is still no cure for AIDS.

Where to Go For More Information

Valuable materials and technical assistance are available from the BLRS at 1-800-458-5231. The BLRS has been developed in partnership with union leaders and AIDS educators.

Labor leaders developing programs for workers will want to start with the LRTA Labor Leader's Kit. The Kit includes the following booklets:

Labor Responds to AIDS brochure

A Labor Leader's Manual on AIDS in the Workplace

Preventing Occupational Exposure to HIV

Workplace Policy on HIV and AIDS: The Union's Role

Contract, Policy, and Resolution Language

Labor Profiles: Unions Responding to HIV/AIDS at the Local, State, and National Levels

What You Can Do: Preventing HIV/AIDS

A Presenters Guide for the Overhead Transparencies

Overhead Transparencies (for use in a workshop)

Are You at Risk?

A Family AIDS Prevention Guide for Workers

HIV/AIDS and Health Insurance

The Financial Impact of a Workplace HIV/AIDS Program

Technical assistance from BLRS includes:

Written materials and videotapes for labor leaders.

A referral service to other unions and local, State, and national organizations involved in AIDS-in-the-workplace programs.

Database searches on a variety of AIDS-in-the-workplace issues.

The full resources of the CDC National AIDS Clearinghouse at 1-800-458-5231 and the CDC National AIDS Hotline at 1-800-342-AIDS (2437).

World Wide Web site for LRTA and BRTA at www.brta-lrta.org.

GLOSSARY

Abstinence

The practice of not doing certain things. Some things a person might abstain from include drinking alcohol or coffee, gambling, driving over the speed limit, having sex, or doing drugs. When you abstain from sex (that is, when you don't have sex), you have no risk of getting HIV because you are not putting yourself at risk from sex. When you abstain from sex and shooting drugs, your risk of getting HIV lessens further.

AIDS

AIDS stands for acquired immune deficiency syndrome. AIDS is caused by a virus, HIV. A person must first be infected with HIV in order to develop AIDS. A person infected with HIV becomes weak because his or her body's power to fight off diseases is limited.

Americans with Disabilities Act (ADA)

The ADA is a Federal civil rights law. It covers the workplace, public accommodations (like public buildings and facilities offering goods or services to the public), transportation, and telecommunications. The ADA says it's against the law for an employer to discriminate against a qualified job applicant or employee (who is able to perform the essential functions of his or her position with or without a reasonable accommodation) because he or she has or is perceived to have a disability. Unions also have responsibilities under the antidiscrimination provisions of the ADA. HIV and AIDS have been covered by the ADA. Workplaces with 15 or more workers must comply with this law. Federal Government workers receive similar protections under the Rehabilitation Act of 1973.

Anonymous HIV antibody testing

Your name is never used regardless of the outcome of your test. Instead, a personal code number is assigned to your test. Later, your code number is matched up with the number on your test results.

Bloodborne disease

A disease transmitted mainly by blood. Bloodborne diseases include hepatitis B, hepatitis C, and HIV. To get a bloodborne disease, infected blood must get into your body, usually from sharing needles when shooting drugs or through unprotected sex. Protect yourself from these bloodborne diseases by practicing universal precautions at work. All three of these diseases can be sexually transmitted, too, so protect yourself by using a new latex condom every time you have sex.

Body piercing

Even though no case of HIV has yet been transmitted through piercing, it can be. Body piercing can transmit HIV if the equipment used is not clean or properly sterilized. Needles and equipment used in body piercing should not be shared. Almost any part of the body can be pierced.

CD4 cell (T-cell)
The cells in your body that fight infection. A low number of CD4 cells may mean that a person has an infection or that his or her immune system is weak. CD4 cell levels can be checked through a simple blood test.

Confidential HIV antibody testing
The doctor or clinic must keep your test result "confidential." In other words, the doctor or clinic cannot talk about your test to anyone but you. Although your test result is kept "confidential," it will be entered into your permanent medical record whether negative or positive.

Disclosure
When a worker tells a steward, union representative, or management that he or she has HIV/AIDS, or any other diagnosis. Whether to disclose a diagnosis at work is a very difficult decision. Many people may choose not to say anything until it is absolutely necessary. Some workers may fear discrimination, harassment, or rejection, while other workers may have total support from their union, employer, and co-workers. Whatever the situation, the decision to disclose one's immune status or diagnosis belongs to that worker and only that worker. Disclosing is a personal decision.

Family and Medical Leave Act of 1993 (FMLA)
This job-protection law applies to private-sector employers with 50 or more employees as well as government agencies. The FMLA provides up to 12 weeks of unpaid, job-protected leave during each year to eligible employees for specified family or medical reasons. The law requires the maintenance of existing health benefits during leave and job restoration when the leave period ends. In addition, the law prohibits employers from discriminating against employees who use or intend to use FMLA leave, and the law allows employees the right to substitute available paid leave (such as sick leave or vacation) for unpaid periods of FMLA leave.

Federal Employees Family Friendly Leave Act (FEFFLA)
In addition to using the FMLA, Federal Government employees may use between 5 and 13 days of their own sick leave to care for those in the equivalent of a family relationship under the Federal Employees Family Friendly Leave Act.

Hepatitis B
A bloodborne disease that causes damage to the liver. It can even cause liver cancer. It is caused by a virus called the hepatitis B virus. There is a safe and effective vaccine for the hepatitis B virus. To protect yourself from this virus, practice universal precautions at work and get a hepatitis B vaccination. Practicing safer sex and using a new latex condom during sexual intercourse will reduce the risk of hepatitis B, hepatitis C, and HIV transmission.

Hepatitis C
A bloodborne disease similar to hepatitis B. The only treatment available is a drug called alpha interferon. If you have been exposed to hepatitis C, talk to your doctor about this drug. To protect yourself from the virus that causes hepatitis C, practice universal precautions at work. Practicing safer sex and using a new latex condom during sexual intercourse will reduce the risk of hepatitis B, hepatitis C, and HIV transmission.

HIV
A virus that wears down the body's power to fight diseases. HIV stands for human immunodeficiency virus. To protect yourself from this virus, practice universal precautions at work. Practicing safer sex and using a new latex condom during sexual intercourse will reduce the risk of hepatitis B, hepatitis C, and HIV transmission.

HIV Home Testing Service
Approved by the FDA, this HIV testing service includes an over-the-counter, at-home blood collection kit; HIV antibody testing at a certified lab; and anonymous telephone counseling and referral. This test is available now in most drugstores.

Occupational Safety and Health Administration (OSHA)
OSHA is a U.S. Government agency established in 1971 to ensure safe and healthy conditions on the job for workers. The Federal OSHA covers most of the private sector (nongovernment) in the U.S. workforce. OSHA is part of the U.S. Department of Labor.

OSHA Bloodborne Pathogens Standard
This standard protects workers who come in contact with blood on the job. The standard has been in force since March 1992. Currently, it is used in 27 states. The OSHA standard outlines ways of protecting yourself against sharps, wearing personal protective equipment, and, if applicable, post-exposure follow-up.

Protease inhibitors
A class of anti-HIV drugs that work by blocking a part of the virus called protease. Protease inhibitors can reduce the amount of virus in the blood and increase CD4 cell counts.

Rehabilitation Act of 1973
This law, which preceded the ADA, requires Federal agencies and certain government contractors to reasonably accommodate the needs of qualified employees with a disability. If a person qualifies for protection under the Rehabilitation Act, the agency/employer may have to change or adjust the job or workplace to enable the employee to perform the essential functions of his or her job.

Safer sex
Any sex that does not expose a person to semen, vaginal fluids, or blood.

Sharps

Sharps include things found in a medical setting like scalpels, lancets, and razor blades. These items, like used needles, should be disposed of in a sharps container or a needle disposal box.

Tuberculosis (TB)

TB is a serious airborne infectious disease. It is spread from person to person through the air. A person usually has to be exposed to TB over a long period of time in order to get TB.

Universal precautions

Treating all blood and other body fluids as if they are infected with HIV, hepatitis B, and hepatitis C. Universal precautions should be used whenever there is contact with blood, body fluids, cuts, wounds, or any other kinds of "open skin."

Basic Facts About HIV and AIDS

What Is AIDS?

- AIDS — acquired immunodeficiency syndrome — is a serious disease caused by infection with a virus, HIV. HIV destroys the body's ability to fight infection and illness.
- By preventing HIV infection, you can prevent AIDS.
- Despite medical advancements, there is currently no cure for AIDS and no vaccine to prevent HIV infection.

How Can People Get HIV?

- Having unprotected sexual intercourse — anal, vaginal, or oral — with an infected person.
- Sharing needles, syringes, or other drug paraphernalia (works) with an HIV-infected person.
- Infant infection from mother during pregnancy, birth, or, in some cases, breastfeeding.
- Occupational exposure through infected blood. Exposure can occur when a worker gets stuck with a needle; gets cut with a contaminated sharp instrument, like a scalpel; or is splashed in the eyes, nose, or mouth with blood.
- Because the blood supply in the United States is tested for HIV antibodies, the chance of getting HIV from transfusions is extremely small. **You cannot get HIV from donating blood.**

How Can People Protect Themselves From HIV Infection?

- Not having sex.
- Having sex with a single, mutually monogamous, uninfected partner.
- Using a new latex condom correctly every time for sexual intercourse (anal, vaginal, or oral), which greatly reduces the risk of infection.
- Not using drugs.
- Not sharing needles, syringes, or other drug paraphernalia (works) to inject drugs.
- Making sure the OSHA Bloodborne Pathogens Standard is enforced in workplaces where workers are exposed to blood, body fluids, or virus.

Resource Directory

AIDS Clinical Trial Information Service

This service provides information on experimental AIDS drugs.
Call 1-800-874-2572 (in English or Spanish); 1-800-243-7012 (TTY.)

AIDS Treatment Information Service

This service provides information on AIDS drugs that have been approved by the Food and Drug Administration (FDA). Call 1-800-448-0440 (in English and Spanish) or 1-800-243-7012 (TTY.)

AIDS Treatment News

Published biweekly, this newsletter provides information on treatment issues, clinical trials, and experimental and complementary treatments. Also includes interviews, information from professional journals, and information from persons on different treatments and therapies. To subscribe or for information, write P.O. Box 411256, San Francisco, CA 94141, or call 415-255-0588.

American Civil Liberties Union (ACLU)

The American Civil Liberties Union is a national advocate for individual rights. The ACLU educates the public on a broad array of issues affecting individual freedom in the United States. It is also involved in litigation and legislation. The ACLU has published excellent materials on the Americans with Disabilities Act (ADA). Call the ACLU office nearest you for information on discrimination issues and information on the ADA, or write to them at 132 West 43rd Street, New York, NY 10036.

American Red Cross

The American Red Cross has certified workplace HIV/AIDS program instructors across the country who can provide training. The Red Cross also has community programs, instructor courses, and general information on HIV/AIDS. Materials in Spanish are also available. Call your local American Red Cross Chapter or 1-800-375-2040 for more information.

CDC National AIDS Clearinghouse

The Clearinghouse provides information on HIV/AIDS through resource materials, publications, film, video, and public service campaigns. Call 1-800-458-5231; 1-800-243-7012 (TDD); fax 301-519-6616; international 301-217-0023.

CDC National AIDS Hotline

This 24-hour toll-free service provides up-to-the-minute information, referrals, and education materials to the public. Calls are kept confidential. Telephone 1-800-342-AIDS (2437); 1-800-344-7432 (Spanish); 1-800-243-7889 (TTY) for deaf access.

CDC Surveillance of Workers With Occupational Exposures to HIV

Physicians who provide care to a worker within one month after an occupational exposure to HIV are asked to enroll in the CDC occupational surveillance system.

For more information and enrollment materials, contact the Hospital Infections Program, Center for Infectious Diseases, Centers for Disease Control and Prevention, Mail Stop E-68, Atlanta, GA 30333, or 404-639-6425.

Center for Women Policy Studies
This Center houses the National Resource Center on Women and AIDS, which addresses critical issues for women in the AIDS crisis from women's perspectives. The Center for Women Policy Studies is the U.S. sister organization to the Society for Women and AIDS in Africa. For more information on programs and publications, write 1211 Connecticut Avenue, NW, Washington, DC 20036. Call 202-872-1770.

Centers for Disease Control and Prevention
Business and Labor Resource Service (BLRS)
Call the BLRS for more information on AIDS in the workplace and to order Labor Leader's kits at 1-800-458-5231, or 1-800-243-7012 (TDD). Other resources include:

Coalition of Labor Union Women (CLUW)
In January 1995, CLUW hosted the Labor Leaders Conference on Women and HIV/AIDS, designed to enhance responses to HIV/AIDS at the local union level. To find out more about organizing a conference in your local union, call 202-296-1200 or write to CLUW at 1126 16th Street, NW, Washington, DC 20036.

COSSMHO, the National Coalition of Hispanic Health and Human Services Organization
Working to stop the spread of AIDS in Hispanic America through public education, expanded and integrated health and mental health services, advocacy, and leadership development. For technical assistance and information on Hispanic service agencies in your community, call 1-800-AIDS-123 or write 1030 15th Street, NW, Suite 1053, Washington, DC 20005

FDA AIDS Clinical Trials Information Service
See also AIDS Clinical Trial Information Service.

Federal Equal Employment Opportunity Commission (EEOC)
Consult your local telephone book to find the EEOC office in your area, or call 1-800-669-EEOC to get more information on the Americans with Disabilities Act (ADA).

George Meany Center for Labor Studies (GMCLS), AFL-CIO
In January 1994, the George Meany Center for Labor Studies and the Occupational Safety and Health Department of AFL-CIO, co-sponsored and organized Labor Responds to HIV/AIDS, a national conference focusing on unions, AIDS and the workplace. In 1997, the George Meany Center for Labor Studies, AFL-CIO, published a training curriculum called: *HIV/AIDS Manual for Union Leaders* written by the Labor Occupational Health Program (LOHP). To find out more about how to

organize a conference at the local union level or train labor leaders on HIV/AIDS, call the George Meany Center for Labor Studies at 301-431-5453 or write to them at 10000 New Hampshire Avenue, Silver Spring, MD 20903.

HIV/AIDS Treatment Information Service
See also AIDS Treatment Information Service.

The Names Project
The purpose of The Names Project is to illustrate the enormity of the AIDS epidemic by showing the humanity behind the statistics through the AIDS Memorial Quilt. If you are interested in making a quilt panel for someone you have lost, or for more information on how to display part of the Quilt at your next union function, call The Names Project Foundation at: 415-882-5500. Write to the Names Project at 310 Townsend Street, Suite 310, San Francisco, CA 94107.

National AIDS Fund
The National AIDS Fund is a nationwide organization dedicated to eliminating HIV/AIDS as a major health and social problem. The fund makes grants to communities to support prevention education, as well as care and services for people living with HIV and AIDS. The fund also includes the Workplace Resource Center, which offers technical assistance to businesses and labor unions developing workplace policy on HIV and AIDS. Call the National AIDS Fund and the Workplace Resource Center at 202-408-4848 or write to 1400 I Street, NW, Suite 1220, Washington, DC 20005-2208.

National Association of People With AIDS (NAPWA)
A national network of people living with HIV and AIDS, NAPWA will help locate speakers in your area who will talk to groups about HIV/AIDS, living and working as a person with HIV or AIDS, HIV/AIDS in the workplace, as well as a variety of related issues. Call 202-898-0414, or fax 202-898-0435. Write to NAPWA at 1413 K Street, NW, Washington, DC 20005.

National Clinicians Post-Exposure Prophylaxis Hotline
This service provides information to health care workers about management of occupational exposures to HIV. Call 1-800-933-3413.

National Education Association (NEA)
The NEA publishes many helpful resources for their membership including the booklet *Providing Safe Health Care: The Role of Educational Support Personnel*. For more information on this and other publications call the NEA Office of Educational Support Personnel at 202-822-7131.

National Gay and Lesbian Health Association
NGLHA located in Washington, DC, publishes information on gay and lesbian health issues. Write to NLGHA at 1407 S Street, NW, Washington, DC 20009 or call 202-938-7880.

National Minority AIDS Council (NMAC)
The National Minority AIDS Council was formed in 1987 to develop leadership to address issues of HIV infection in communities of color. Membership is made up of community-based organizations that deal with AIDS on the front lines. NMAC's goals are to lend visibility, leadership, and technical assistance to these front-line AIDS workers. For more information on NMAC, call 202-483-6622, or write to 1931 13th Street, NW, Washington, DC 20009.

NEA Health Information Network (NEA HIN)
The NEA Health Information Network is the nonprofit health affiliate of the National Education Association. NEA HIN provides health information to 2.3 million educational employees and the more than 40 million students they serve. HIN distributes information nationally through the NEA's 53 State/territory affiliates as well as 13, 500 local education associations. HIN's mission is to ensure that all public school employees, students, and communities have the health information and skills to achieve excellence in education. For more information call 202-822-7570 or e-mail HIN at neahin1@aol.com

Project Inform
Project Inform provides up-to-the-minute information on AIDS research, treatments, medicines, and clinical trials. Call 1-800-822-7422 or write 7422 Market Street, Suite 220, San Francisco, CA 94103.

State or Local Department of Health
Call the health department nearest you for information, publications, speakers, and services.

U.S. Department of Justice, Civil Rights Division
The Department of Justice distributes information on the ADA. Call 202-514-0301 or 202-514-0383 (TDD).

Workplace Policy on HIV and AIDS: The Union's Role

Table of Contents

Overview

This booklet provides a brief description of the union's role in the development of workplace policy on HIV/AIDS. It also includes information on laws that may protect workers with disabilities, including HIV/AIDS, from discrimination. The laws discussed here include the Rehabilitation Act of 1973, the Family and Medical Leave Act (FMLA), and the Americans with Disabilities Act (ADA). It also provides the reader with a fact sheet on the ADA and collective bargaining agreements.

Purpose

Historically, although unions have not been in the business of developing workplace policies, they have supported and can continue to support management's development of sound workplace policies on HIV and AIDS. Additionally, unions are employers, and as such should concern themselves with the development of workplace policies that protect the rights and dignity of their own staff members.

Labor leaders can turn to their local or international union for guidance on how to support management's development of workplace policies on HIV/AIDS.

The purpose of this booklet is to outline, for labor leaders, issues that should be covered in a workplace policy on HIV and AIDS so that they can, when appropriate, support, evaluate, and critique the development of these policies. Many of these same issues are addressed on the labor "side" through contract language and collective bargaining. For more information on how HIV and AIDS issues have been addressed in collective bargaining agreements and how unions have developed workplace policy for their own staff members, see *Contract, Policy, and Resolution Language* in the Labor Leader's Kit.

As policies on HIV/AIDS are developed in the workplace, labor leaders should consider the following:

- Who is covered by the policy?
- Who implements the policy?
- How are decisions made?
- Who reviews the policy?

Labor leaders can use the following checklist to ensure that important issues are addressed in the policy.

HIV/AIDS Workplace Policy Checklist

Compliance With Laws

Policies address compliance with Federal, State, and local laws, including:

____The Americans with Disabilities Act (ADA)

____The Rehabilitation Act of 1973

____The Family and Medical Leave Act (FMLA) and the Federal Employees Family Friendly Leave Act (FEFFLA)

Workplace Committee on the ADA

____Policies support the creation of a workplace committee on the ADA that includes representatives from management and the union.

The union's role on this committee may be to assist and advise management. As an alternative, the union may have an ADA committee comprised of union members who are familiar with the requirements of the various laws that impact the workplace and individuals with disabilities. The purpose of this committee would be to assist individual union members who want assistance in protecting their rights under the ADA and other laws. Duties of the committee could involve discussing the employee's rights with the employee, meeting with management and the employee to discuss potential accommodations, and bringing grievances regarding discrimination or failure to comply with the ADA, FMLA, Occupational Safety and Health Administration (OSHA), or other applicable laws.

Management has its own, separate responsibilities in complying with the ADA. Unions, however, also have responsibilities to the persons they represent under the ADA.

Respect and Dignity

Policies address issues of:

____Hiring, promotion, transfers, and dismissal of workers with HIV and AIDS

____Maintaining confidentiality of a worker's medical information and history

____Maintaining the privacy of workers with HIV and AIDS

____Protecting worker benefits, including health care benefits

AIDS Discrimination

Policies define how management and the union will address and confront AIDS discrimination in the workplace.

Health and Safety

Policies address:

____Exposure to blood on the job, including post-exposure follow up, counseling, and treatment

____Compliance with the OSHA Bloodborne Pathogens Standard, where applicable

Education and Training

Policies promote HIV/AIDS prevention, compassion, and understanding of HIV and AIDS through workplace training and education, including:

____Joint labor/management training on HIV/AIDS

____HIV/AIDS education for workers

____HIV/AIDS education for workers' families

Long-Term Illness Policy

____In addition or as an alternative to a specific policy on HIV/AIDS in the workplace, there is a comprehensive policy on long-term illness. Such a policy would protect any worker with a long-term illness, including HIV and AIDS.

Annual Review

____Policies on HIV/AIDS and related issues are reviewed annually.

Fighting Discrimination: Protecting Workers' Rights and Dignity

People living with HIV or AIDS should be allowed to work as long as they can perform their jobs. Employers and unions should help workers remain productive and retain full benefits. This includes health care benefits. Co-workers with HIV or AIDS deserve the same compassion and consideration that would be offered to any worker with a long-term illness or disability.

Staying on the job means the union may need to help protect workers from discrimination on the job.

Local unions have addressed AIDS discrimination at work when co-workers have refused to work with a person who has or is regarded as having AIDS, an employer has tried to fire a person because they have or are regarded as having AIDS, an employer (or union health and welfare plan) denied health insurance or other benefits, like sick leave, to a worker with AIDS, unfair restrictions were placed on a worker, like having to eat lunch alone or take breaks away from the other workers, and a qualified worker was passed up for a promotion because he or she has HIV or AIDS.

Fortunately, there are Federal, State, and local laws to protect workers with disabilities. Most courts and enforcing bodies — including the Equal Employment Opportunity Commission (EEOC) in its interpretive regulations on the ADA — have recognized that HIV/AIDS is covered under these disability discrimination laws. (One court has held that asymptomatic HIV may not be a "disability" under the ADA.)

Federal Laws

There are important Federal laws that protect workers with disabilities from job discrimination. They are:

- The Rehabilitation Act of 1973

  The Act prohibits discrimination against people with disabilities by Federal agencies, most Federal contractors, and some employers receiving Federal funds. The Act requires Federal agencies to "reasonably accommodate" the needs of qualified employees with a disability. Under the law, the agency may have to change or adjust the workers' job or workplace to enable them to perform the essential functions of the job. The Rehabilitation Act now incorporates the nondiscrimination standards of the ADA for Federal agency employers, most Federal contractors, and recipients of Federal funds.

- The Family and Medical Leave Act (FMLA)

  The FMLA is a 1993 federal law that provides up to 12 weeks of unpaid job-protected leave in a 12-month period for eligible employees for specified family and medical reasons. This job protection law applies to private sector employers with 50 or more employees as well as government agencies. Workers with a serious medical condition, or workers who are caring for a spouse, parent, or child with a serious

medical condition, have used the FMLA to take time off without losing their jobs. The employer is allowed to require certification from a health care provider to substantiate a leave request. The law requires the maintenance of existing health benefits during leave and job restoration when the leave period ends.

The FMLA requires that an eligible employee be granted up to a total of 12 work weeks of unpaid leave during any 12-month period for one or more of the following reasons:

- the birth of a child and care of the newborn;
- the placement of a child with the employee for adoption or foster care;
- the care of the employee's spouse, child, or parent with a serious health condition; and
- a serious health condition of the employee that makes the employee unable to perform the essential functions of his or her position.

To be eligible for FMLA leave, an employee must (1) have worked for his employer for at least 12 months (which need not be consecutive), (2) have actively worked at least 1250 hours prior to the date leave is to begin, and (3) work at a worksite where there are 50 or more employees in a 75-mile radius.

A "serious health condition" is defined as an illness, injury, impairment, or physical or mental condition that involves:

1. Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility including any period of incapacity (which for this purpose means, inability to work, attend school, or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom), or any subsequent treatment in connection with such inpatient care; or

2. Continuing treatment by a health care provider. A serious health condition involving continuing treatment by a health care provider includes any one or more of the following:

(a) A period of incapacity (i.e., inability to work, attend school, or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom) of more than three consecutive calendar days, and any subsequent treatment or period of incapacity relating to the same condition that also involves:

- treatment two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders, or on referral by, a health care provider; or
- treatment by a health care provider on at least one occasion that results in a regimen of continuing treatment under the supervision of the health care provider.

(b) Any period of incapacity due to pregnancy or for prenatal care.

(c) Any period of incapacity or treatment for such incapacity due to a chronic, serious health condition. A chronic, serious health condition is one that:

- requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under the direct supervision of a health care provider,
- continues over an extended period of time (including recurring episodes of a single underlying condition), and
- may cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).

(d) A period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

(e) Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), and kidney disease (dialysis). [29 C.F.R. §825.114(a)]

The regulations specifically clarify that Family and Medical Leave is not available for routine physical, eye, or dental examinations. In addition, taking "over-the-counter" medications (such as aspirin, antihistamines, or salves), getting bed rest, drinking fluids, or other similar activities that can be initiated without a visit to a doctor are not, without more involvement, sufficient to constitute a "regimen of continuing treatment" to allow the employee to take leave. Therefore, according to the Department of Labor, unless complications arise, the following health conditions do not qualify as "serious health conditions" under the statute: the common cold, the flu, an upset stomach, minor ulcers, headaches other than migraines, and routine dental or orthodontia problems.

At the conclusion of the leave, the FMLA requires the worker to be reinstated to the original or an equivalent position with the same pay, benefits, and other terms and conditions of employment. The law covers both the private and public sectors. In addition to the FMLA, a number of states have their own family/medical leave acts.

Employees should be aware that leave beyond the FMLA's 12-week entitlement loses the statute's job restoration protections. However, in the collective bargaining context, unions have been successful in increasing the length of job protected leave beyond the FMLA's statutory 12 weeks (for example, to a time period such as 16 or 20 weeks) as well as negotiating paid leave for portions of the FMLA's leave entitlement. Under the FMLA, an employee has the unilateral right to substitute any

available paid leave for unpaid FMLA leave time. Similarly, an employer may, as part of its policies, require employees to substitute available paid leave. This in essence will shorten the amount of time an employee may be out on a leave of absence. Several unions, as part of their bargaining strategies, have negotiated contract provisions that restrict the ability of management to require the substitution of paid leave. Commonly, these provisions allow an employee, at his or her option, to retain a portion of paid leave (such as vacation) for use at a later date. Finally, because of the passage of the FMLA, many employers are revising their policies so that they have a "single leave policy," which means that the requirements for all leaves of absence are essentially the same. Unions should take a close look at what requirements an employer is going to place on any leave of absence and may be able to negotiate more favorable policies for employees as a part of this process.

The Federal Employees Family Friendly Leave Act (FEFFLA) allows public employees to use up to five days of sick leave each year to care for an ill family member or to make arrangements for or attend a family member's funeral. If the employee has a balance of 80 hours of sick leave, he or she may use an additional 8 days' sick leave for a total of 13 days.

"Spouse," under both FMLA and FEFFLA, means a husband or wife as defined or recognized under State law and will not, in most cases, apply to same-sex partners.

■ The Americans with Disabilities Act (ADA)

The Act, passed by Congress in 1990, the ADA significantly expands legal protection on the job for people with disabilities. It prohibits discrimination by most employers in both the public and private sectors. Because the Federal ADA provides the greatest protection for the greatest number or workers (and is analytically similar to the Rehabilitation Act of 1973 and to many parallel State and local disability discrimination laws), this booklet focuses on it. See pages 10 – 15 for a complete discussion of the ADA.

■ Other Laws

In addition to these Federal laws, many States, cities, and counties have antidiscrimination laws as well. Most ban discrimination in employment and housing, while other laws cover insurance or access to medical care and public accommodations. Workers who are immune-compromised — people with HIV, people who are undergoing chemotherapy treatment, and those who have received transplants — can contact the local human rights commission to find out what antidiscrimination laws exist in their State, county, or community.

Protection Through the ADA

The ADA is a Federal civil rights law. It covers the workplace, public accommodations (like public buildings and facilities offering goods or services to the public), transportation, and telecommunications. The ADA prohibits employers from discriminating against a qualified job applicant or employee with a disability, who is associated with a disabled person(s), who has a record of having a disability, or who is perceived to have a disability. A "qualified" worker is someone who meets the necessary prerequisites for a job and can perform the job's essential functions, with or without a "reasonable accommodation." A worker who can perform the essential functions with the aid of special modifications to the job or the workplace may therefore still be considered "qualified." Such a modification to the job or workplace is called a "reasonable accommodation." The ADA covers all aspects of employment, including hiring, firing, promotion, leave, conditions, wages, and benefits (such as health insurance). Employers with 15 or more workers must comply with this law.

Defining Disability

Under the ADA, a person has a disability if he or she has a physical or mental impairment that substantially limits a "major life activity." The ADA also protects individuals who have a record of a substantially limiting impairment, and people who are regarded as having a substantially limiting impairment. Court opinions have varied on what conditions constitute a "disability" under the ADA.

Hiring

Under the ADA, employers cannot ask job applicants medical questions or questions about the presence, nature, or extent of any disability until a conditional offer of employment is made. The only exception to this prohibition is where the applicant either voluntarily discloses the presence of a disability or where the applicant's disability is obvious (such as an applicant applying for a runner's position who only has one leg). Under this limited exception, the employer may ask the employee how they will perform the essential functions of the job and what types of accommodations may be needed. Therefore, employers cannot normally ask applicants any medical questions, including questions about immune status, until at least a conditional offer of employment is made. The prohibition against asking medical questions or questions relating to the nature and extent of a disability includes an employer's request to take a medical test or an HIV-antibody test. After a person is offered a job, the employer is allowed to ask medical questions or request a medical examination. However, the examination must be given to all new workers who are entering the same job classification. Note that if an applicant discloses the presence of a disability that will require an accommodation, an employer may make appropriate inquiries regarding the applicant's condition and possible accommodations that will enable the employee to perform the functions of his or her position.

Medical Records

The ADA states that a worker's medical history or information about his or her disability must be kept confidential. Medical records must be kept separate from other employment records. Confidentiality must be maintained by all parties — management, union representatives, human resources or personnel departments, etc. The ADA does not specifically list union representatives among the persons entitled to access to employees' medical information.

Insurance

Employers covered by the ADA may not discriminate against people with disabilities by refusing them life insurance or health insurance coverage, or by providing lower-capped benefits for AIDS-related illness (in contrast with other conditions). If an employer provides insurance benefits, all similarly-situated employees must have equal access to them. An employer may not fire (or refuse to hire) a worker who has a disability because insurance rates could increase. The same applies to a worker who has a family member or dependent with a disability. However, pre-existing condition clauses are permissible under the ADA. For example, a person with a health condition like HIV/AIDS when hired may be denied coverage for that condition (at least for a defined period of time). The new Health Insurance Portability and Accountability Act (HIPAA) affects these pre-existing condition periods and exclusions. Finally, an employer-provided health insurance plan that caps benefits for treatment of HIV/AIDS at a lower level than other physical conditions would probably violate the ADA.

Reasonable Accommodation

The law states that the employer must make "reasonable accommodations" for workers with disabilities who request accommodations and disclose their "disabled" status. An accommodation is any change in a job or in the work environment that enables a disabled person to perform the essential functions of their job. Whether an accommodation is "reasonable" depends on the individual circumstances of the situation, including the employee's job duties, the employee's condition, the employer's work rules, etc. Reasonable accommodations might include a flexible work schedule, job restructuring, job transfer, allowing work to be done at home, time off for medical appointments, and more flexible sick leave arrangements.

The ADA does not require an accommodation to be made if it would create an "undue hardship" on the employer. An undue hardship is defined as something "unduly costly, extensive, substantial, disruptive, or that would fundamentally alter the nature or operation of the business." Each accommodation must be decided on a case-by-case basis, and should be evaluated as the employee's condition, the essential functions of the job, or available accommodations change.

Any reasonable accommodation process should include both the employee and the employer. EEOC regulations state that "[t]o determine the appropriate reasonable accommodation it may be necessary for the covered entity to initiate an informal, interactive process with the qualified individual with a disability in need of the accommodation."

The EEOC's Interpretive Guidance Provides Guidance on This Issue as Follows:

Once a qualified individual with a disability has requested provision of a reasonable accommodation, the employer must make a reasonable effort to determine the appropriate accommodation. The process of determining the appropriate reasonable accommodation is an informal, interactive problem-solving technique involving both the employer and the qualified individual with a disability.

When a qualified individual with a disability has requested a reasonable accommodation to assist in the performance of a job, the employer, using a problem solving approach, should:

- analyze the particular job involved and determine its purpose and essential functions;
- consult with the individual with a disability to ascertain the precise job-related limitations imposed by the individual's disability and how those limitations could be overcome with a reasonable accommodation;
- in consultation with the individual to be accommodated, identify potential accommodations and assess the effectiveness each would have in enabling the individual to perform the essential functions of the position; and
- consider the preference of the individual to be accommodated and select and implement the accommodation that is most appropriate for both the employee and the employer. Although the employee's preference for a type of accommodation should be considered, there is no requirement that the employer implement the employee's preferred accommodation; the employer may implement an alternative reasonable accommodation.

Unions and employers are not without assistance in evaluating potential accommodations. Technical assistance is available by calling the job accommodation network at 1-800-526-7234.

This brochure frequently uses the term "essential functions" when discussing the various employment laws. The EEOC regulations define "essential functions" as "fundamental job duties," and state that the term does not include the "marginal" functions of the position.

The EEOC regulations state that a job function may be considered essential for any of several reasons, including:

- The reason the position exists is to perform that function.
- There are a limited number of employees available to perform the function.
- The function is highly specialized and the incumbent is hired because of his or her expertise or ability to perform that function.

Requesting Reasonable Accommodations

An employer is required to accommodate only a "known" disability. Therefore, if the worker desires a reasonable accommodation, he or she is responsible for telling the employer that he or she has a disability and needs a reasonable accommodation. The employer can require medical documentation of the worker's disability (which in turn must be kept confidential). Requesting reasonable accommodation can be embarrassing and emotionally difficult for some workers. Often they need the union's assistance and support. Many unions have helped disabled members obtain extremely helpful accommodations from the employer.

An individual with a disability also must be qualified to perform the essential functions of the job in order to be protected under the ADA. This means that the applicant or employee must:

- satisfy the job requirements for educational background, employment experience, skills, licenses, and any other qualification standards that are job related; and
- be able to perform those tasks essential to the job, with or without reasonable accommodation.

Enforcement

The ADA is enforced by the EEOC and State and local civil rights enforcement agencies that work with the Commission. Workers can file discrimination complaints with the EEOC. The EEOC is listed in the Resource section of this brochure.

Harmonizing the ADA With the Collective Bargaining Agreement

Can Reasonable Accommodations Cause Conflict With the Collective Bargaining Agreement?

Sometimes, but not usually. The employer has the obligation under the ADA to make a reasonable accommodation. In doing that, the employer must take into account the requirements of the collective bargaining agreement. The ADA does not necessarily permit employers to violate collective bargaining agreements under the pretense of a reasonable accommodation. Courts have differed, however, on whether some displacement of seniority and other provisions in collective bargaining agreements may be allowed so that an employer can make a "reasonable accommodation."

There Are Important Things the Union Can Do To Avoid Conflicts:

First, the union should become an active participant in resolving ADA complaints brought by members. Advise the employer that the union should be a part of any discussion concerning ADA complaints raised by a union member. This becomes an extremely complex issue if the worker does not wish to involve the union. The ADA calls for a direct, interactive process between the employer and employee on reasonable accommodations, and does not mandate either union involvement or disclosure of medical information to the union. Other laws on collective bargaining, however, prohibit direct-dealing on terms and conditions of employment without involving the union.

Reasonable accommodations may have an impact on wages, hours of work, working conditions, or collective bargaining rights, so it is important that the union become involved at some level in the accommodation process. Under the National Labor Relations Act and most state public employee bargaining laws, an employer must negotiate with the union over any changes to wages, hours, and working conditions that are required to make a reasonable accommodation.

Negotiate the establishment of an ADA committee in the next contract. Representatives from labor and management should be on the committee.

Reasonable accommodation first should focus primarily on restructuring the current position occupied by the disabled worker and enabling the individual to perform their particular job (or perhaps a vacant position). Reasonable accommodation does not include the reassignment of a disabled worker to a position already occupied. Reasonable accommodation also does not include abandoning job performance standards and expectations.

Harmonizing the ADA With the Collective Bargaining Agreement (continued)

The ADA does not alter the existing duty of fair representation owed by the union to its members. The union owes an equal duty of fair representation to all members — those with disabilities and those without. The ADA does not impose a greater duty on the union to represent the rights of members with disabilities. However, unions must be aware that the ADA obligates them not to discriminate against disabled members.

(This fact sheet was adapted from a fact sheet developed by the American Federation of Teachers (AFT), AFL-CIO, and was used with permission.)

Negotiating for a Long-Term Illness Policy

In addition to supporting the development of a workplace policy on HIV and AIDS, local unions can protect workers who have HIV or AIDS, as well as any other long-term illness, by negotiating with the employer for a policy on long-term illnesses. Work to get this policy in place before a member gets sick and needs to use it.

Points to Include in a Long-Term Illness Policy

Workers with long-term illnesses should be able to continue working as long as they are physically able to perform the job.

Workers with a long-term illness should be treated with compassion and understanding.

Workers with any illness, including a long-term illness, should have health insurance coverage for traditional and nontraditional medical treatment.

Employers should provide reasonable accommodations for workers with long-term illnesses. Job modifications might include flextime, job sharing, more breaks, and working from home if the worker wishes.

The ADA prohibits testing job applicants for HIV infection.

All medical information must be kept confidential.

The local union should help members who have HIV or AIDS and are too ill to work to apply for State and Federal benefits when appropriate.

Employee benefit plans should be adjusted to accommodate the needs of people with long-term illnesses. Features of the employee benefit plan might include:

- Granting sick leave to go to the doctor;
- Granting short-term disability leave for hospitalization or recuperation;
- Granting long-term disability to those who need an extended medical leave;
- Establishing a "disability-leave bank" and "sick-leave bank," where workers donate their unused sick leave or vacation time for use by co-workers with long-term illnesses. Leave banks allow workers to take extended time off after their own vacation and sick-leave time are exhausted;
- Ensuring that health plans cover home care, hospice care, extended care, drugs and treatments, and alternative treatments like acupuncture; and
- Providing family leave for workers who care for family members with long-term illness.

Conclusion

Labor leaders who are interested in additional information on the development of workplace policies on HIV and AIDS are encouraged to call the Business and Labor Resource Service at 1-800-458-5231. Anyone who has developed policy or contract language on HIV and AIDS is encouraged to share that information with the Business and Labor Resource Service so that they can have it on file to share with other unions as model language.

Policy Language

Sample 1

Employment

The State/District/School does not discriminate on the basis of HIV infection or association with persons with HIV infection, in accordance with the Americans with Disabilities Act of 1990. An employee with HIV infection is welcome to continue working as long as he or she is able to perform the essential functions of the position, with reasonable accommodation if necessary.

Privacy

Pupils or staff members are not required to disclose HIV infection status to anyone in the education system. HIV-antibody testing is not required for any purpose.

Infection Control

All employees are required to consistently follow infection control guidelines in all settings at all times, including on playgrounds and in school buses. Schools will operate according to the standard promulgated by the U.S. Occupational Safety and Health Administration for the prevention of bloodborne infection. Equipment and supplies needed to apply the infection control guidelines will be maintained and kept reasonably accessible.

(Reprinted with permission from *Someone at School Has AIDS: A Complete Guide to Education Policies Concerning HIV Infection*, National Association of State Boards of Education, 1996. For more information call 703-684-4000.)

Sample 2

Interoffice Memorandum

To: All Staff

From: President McEntee

Date: 04/15/93

Re: **Catastrophic & AIDS Policy**

As a union and an employer, AFSCME has been in the forefront of ensuring that all employees are judged on job-related factors and are able to enjoy a work atmosphere free from any form of discrimination. Fulfilling this belief in nondiscrimination is a shared commitment and a real and vital part of everyone's job at AFSCME.

Under the 1990 Americans with Disabilities Act, Congress expressly considered the civil rights of persons with contagious conditions, including AIDS, and determined that they shall be protected consistent with sound public health. We subscribe to the letter and the spirit of this Act, and it is our objective to ensure that all employees are informed of our practices.

Attached is AFSCME's broad-based policy on employees affected by a life-threatening, catastrophic illness, including AIDS. Please take the time to carefully read it as well as our AIDS policy. Also, in keeping with our interest of treating current issues openly and responsibly, we shall be scheduling several seminars in the near future regarding the medical facts of AIDS, employment practices, employer benefit provisions, and work-related considerations. You will be strongly encouraged to attend because awareness of these issues is important to you and to AFSCME.

GWMcE:cg

Attachment

Sample 3

Association of Federal, State, County and Municipal Employees (AFSCME) Catastrophic Illness Policy

This policy applies to all AFSCME employees affected by a life-threatening, catastrophic or terminal illness.

Understandings

Employees with any catastrophic, life-threatening illness should be treated with compassion and understanding. It is in the interest of AFSCME that the physical and emotional health and well-being of all employees be of foremost concern.

Non-discrimination

There shall be no discrimination against employees who have or are believed to have a life-threatening illness in hiring, job assignments, promotions, performance appraisals, or eligibility for benefits because of their condition. AFSCME will adhere to the 1990 Americans with Disabilities Act (ADA) as it applies to all disabilities that are subject to the requirements of this law. Under the ADA an employer may not refuse to hire qualified employees because they have or might have such life-threatening or catastrophic illnesses.

Work Environment

AFSCME shall make reasonable accommodations that enable qualified employees to continue to work. These include job modifications, flexible scheduling to attend to medical appointments, and leaves of absence. Qualified employees will have the opportunity to be evaluated by the employees' personal physicians to determine their functional abilities and limitations in relation to the essential functions of their jobs.

Pre-employment/Current Employee Testing

There has not been nor shall there be any mandatory physical screening or testing of current employees or future job applicants.

Information

All AFSCME employees shall be provided with information regarding this catastrophic illness policy. In addition, informational materials will be made available regarding the nature and prevention of any life-threatening illnesses such as AIDS.

Confidentiality

Consistent with AFSCME's past practice, all records and other information related to the medical condition or status of AFSCME employees are maintained with strict confidentiality.

Sample 4

AFSCME AIDS Policy

This policy is based on scientific evidence that people with AIDS or HIV infection do not pose a risk of transmission of the virus to coworkers through ordinary workplace contact. It is consistent with the AFSCME Catastrophic Illness Policy.

Attitudes

Employees who are infected with HIV are to be treated with compassion and understanding as any employees with life threatening illnesses. It is in the interest of AFSCME that the physical and emotional health and well-being of all employees be of foremost concern.

Non-Discrimination

AFSCME shall continue its policy of non-discrimination against employees who are infected or believed to be infected with HIV/AIDS in hiring, job assignments, promotions, performance appraisals, eligibility for benefits, or termination because of their condition.

AFSCME adheres to the provisions of the 1990 Americans with Disabilities Act (ADA) which classifies HIV infection and AIDS as disabilities that are subject to the requirements of this law. Under the ADA an employer may not refuse to hire qualified employees because they have or are perceived to have HIV/AIDS, and must make reasonable accommodations that allow such employees to continue to work.

Reasonable Accommodations

AFSCME has made and shall continue to make reasonable accommodations that enable qualified employees to continue to work. These include job modifications, flexible scheduling to attend medical appointments, and leaves of absence. Qualified employees will have the opportunity to be evaluated by the employees' personal physician to determine their functional abilities and limitations in relation to the essential functions of their jobs.

Testing

There has not been, nor shall there be, any mandatory HIV testing of current employees or future job applicants.

Training

All AFSCME employees shall be trained and provided with information about how to prevent AIDS and informed of AFSCME's AIDS and catastrophic illness policies.

Confidentiality

Consistent with AFSCME's past practice, there shall be strict confidentiality of all records and other information related to the medical condition or status of AFSCME employees.

Sample 5

Service Employees International Union (SEIU) Education and Support Fund Life-Threatening Illness and HIV/AIDS Policy

It is the policy of the SEIU Education and Support Fund not to discriminate in employment practices against individuals who may have a life-threatening illness or other such disability.

Harassment of an individual because he or she has, or is believed to have, HIV infection, AIDS, other life-threatening illnesses, or other such disabilities is strictly prohibited.

(From the SEIU Education and Support Fund Life-Threatening Illness and HIV/AIDS Policy.)

Contract, Policy, and Resolution Language

Table of Contents

Purpose

The purpose of this booklet is to supply labor leaders with contract language that they may want to model as their local unions address issues regarding HIV and AIDS in collective bargaining agreements. The booklet includes actual contract language on familial leave and nondiscrimination; model health and safety contract language that addresses infection control, health and safety committees, and the use of safer medical devices in the workplace; and proposed language on the establishment of a Joint Labor-Management Safety and Health Committee, on the Americans with Disabilities Act (ADA) and the Family and Medical Leave Act (FMLA), and on occupational and health issues.

Because unions are also employers of thousands of staff members at the local, State, and national levels, this booklet includes three actual union workplace policies regarding catastrophic illness and HIV/AIDS.

Finally, unions often address the importance of an issue when it is proposed by a delegate as a resolution at union conventions. National Education Association (NEA) resolutions are included on a variety of issues, as well as the American Federation of Labor-Congress of Industrial Organizations (AFL-CIO) resolution on HIV infection and AIDS, which was adopted at the 1991 convention.

Sample Contract

Adapted from SEIU's Needlestick Prevention Factpack, 1993

Service Employees International Union (SEIU) Model Health and Safety Contract Language

Model Contract Language

Note: This contract language addresses the employer's duty to provide a safe and healthy workplace. It also addresses ways to reduce the risk of bloodborne and airborne infectious diseases including the use of safer medical devices, and the introduction of new technology. This language does not specifically address other health and safety issues of concern to health care workers such as chemical exposure, assault/security, and repetitive strain injuries.

Section 1

The Employer agrees to provide a safe and healthy work environment for all employees, and further agrees to comply with all local, State, and Federal health and safety laws and regulations.

Section 2

No employee shall be expected or permitted to work under conditions that the employee reasonably considers to be unduly hazardous or dangerous.

Section 3

No employee shall be punished or discriminated against in any way for refusing to do work that he or she reasonably believes to be immediately dangerous or for bringing health and safety problems to the attention of anyone.

Section 4: Infection Control

The Employer shall provide the hepatitis B vaccine at no cost to the employee to each employee exposed to blood and other potentially infectious body fluids in the course of the employee's job. At the employee's request, the Employer shall provide an annual antibody test to ensure that the employee's antibody titer level is sufficient to protect against hepatitis B infection.

The Employer shall provide 24-hour confidential information and referral for employees who sustain needlestick injuries or other blood and body fluid exposures. The Employer's post-exposure protocol shall meet Centers for Disease Control and Prevention (CDC) guidelines.

The Employer shall provide an annual infection control update for all employees that shall include, but not be limited to (1) transmission of bloodborne, airborne, and other infectious diseases; (2) universal precautions, respiratory precautions, and other infection control measures; and (3) post-needlestick and other blood and body fluid exposure management protocols.

The Employer shall provide maximum protection to employees from occupational transmission of airborne infectious diseases including, but not limited to tuberculosis, through the use of engineering controls, work practice controls, personal protective equipment, training and education, and the development of a comprehensive airborne infectious disease program.

Sample Contract
Continued

Section 5: Joint Health and Safety Committee

There shall be a joint labor/management health and safety committee composed of an equal number of management and Union representatives, with the chair being taken by the Union and management in alternate meetings. The Union will select its own representatives.

The purpose of the committee shall be to identify and investigate health and safety hazards and preventive measures and to determine the need for additional health and safety education, training, protective equipment, and preventive measures for the workplace and its employees. Additionally, the committee will monitor all ongoing health and safety programs to ensure their effectiveness in preventing hazardous working conditions. Investigations and monitoring should be understood to include necessary worksite inspections. The committee shall have the authority to make recommendations to correct health and safety hazards.

The joint committee shall meet at least monthly and at other times when either side feels it is necessary. Either side may place any safety and health matter on the agenda.

Attendance on the committee shall not result in loss of pay to employees.

The Employer shall provide the committee data on a quarterly and annual basis containing the vital information on all work-related injuries and illnesses. Vital information shall include but not be limited to the nature of the illness or injury, dates, time lost, corrective action, current status of the employee, cost of injury, and work location. The employee's name shall not be included in the data and shall remain confidential.

Section 6: Safer Medical Devices

The Union shall designate a representative to the facility's product evaluation committee. Criteria for selecting products for use in the workplace shall include but not be limited to safety and efficacy for both the patient and the user [employee]. The Employer shall require the use of safer medical devices that will reduce or prevent needlestick injuries by providing a barrier between the needle and the employee. The Employer shall also evaluate medical and nursing procedures to determine if procedures can be performed without needles in a reasonable and safe manner.

Section 7: New Technology

The Employer will inform the Union immediately upon knowledge of the planned implementation of any new equipment, medical treatment and/or processes. Employees who are affected by implementation of any new equipment, medical treatment, and/or processes shall be provided, prior to implementation, with maximum protection from hazards including but not limited to engineering controls, personal protective equipment, safer substitutes, and proper education and training.

The Union shall have the right to research and recommend safer substitutes or modifications to the new equipment, medical treatments and/or processes.

Sample Language

Proposed January 1995

Florida Education Association (FEA)/United Proposed Collective Bargaining Language Related to the Americans with Disabilities Act and the Federal Family and Medical Leave Act

Preface

For your consideration, the following is submitted in order to address specific areas of burden on a qualified employee entitled to the benefits of either the ADA or the FMLA, and who has exhausted sick leave and paid leave; is not contractually covered under a paid FMLA leave, a sick leave bank; and/or needs to utilize a paid leave while under a reasonable accommodation or intermittent leave addressed in either the ADA or the FMLA.

Hardship Leave/Dire Emergency Leave

A. An employee eligible for sick leave may receive extra hardship paid leave time for her/his illness up to a maximum of 45 additional work days for the same illness per (fiscal or calendar) year, provided that:

1. Documentary evidence is presented by an Employer-Union-approved physician or health care provider as stipulated in the Federal Family and Medical Leave Act Final Rule implemented April 6th, 1995, providing that this particular illness necessitated confinement, either to home or hospital, which prevented the employee from reporting to work. The employee must be confined for 10 working days or more, without available sick leave, in order to receive this benefit.
2. The term "confinement" means medical restriction requiring isolation from the work place, not physical enclosure.

B. Dire emergency paid leave may be granted an employee eligible for sick leave following a hardship paid leave if the illness is the same one for which she/he was granted a hardship paid leave of absence. Documentary evidence from an Employer-Union approved physician or health care provider as stipulated in the Federal Family and Medical Leave Act Final Rules implemented April 6th, 1995, must be submitted with the application, for dire emergency paid leave. This evidence must confirm that confinement, either to home or hospital, further prevented the employee from reporting to work or to work on a regular schedule. An employee must be confined for 10 working days or more, without available sick leave, in order to qualify for this benefit. This paid leave shall not exceed 30 work days.

C. While an employee is on Hardship Leave/Dire Emergency Leave, the Employer shall continue to pay its regular contribution to the employee's insurance benefit.

D. Hardship Leave/Dire Emergency Leave Applications, mutually agreed upon by the parties, shall be submitted to the (stipulate department, etc.) no later than one year after the conclusion of the confinement period. The Application shall be processed no later than 20 days after the health care provider opinion from the Employer-Union-approved health care provider is received.

Sample Language
Continued

Medical and Dental Examination Leave

An employee shall be eligible to utilize sick leave for the purpose of medical and/or dental examinations. Such leave shall be deducted from accrued sick leave in hourly, quarter, half or full day units, provided, however, that no employee shall be compelled to utilize more sick leave than is required by the employee.

The Employer shall release employees for up to two hours without paid sick leave being charged against the employee for the purpose of medical and/or dental examination.

NOTE: The following has many applications beyond an application related to the ADA or the FMLA (e.g., substance abuse test).

An employee shall not be charged sick leave or lose compensation when required to obtain verification of/ or required to take any test during a work day related to a physiological or psychological condition/disorder.

Sample Language

Proposed June 1994

Florida Education Association (FEA)/United Proposed Collective Bargaining Language on Joint Union-Management Safety and Health Committees

Florida's mandated joint labor/management safety health committees suggested proposed collective bargaining language

NOTE: As of February, 1995, the following parallels the existing Florida Department of Labor and Employment Security, Division of Safety, recently proposed and now implemented portion of the promulgated rules for State Statute, Chapter 442, passed in the special legislative session of November 1993.

ARTICLE ____,

SECTION ____, Joint Union/Management Safety Health Committees

The parties agree that a new joint Union/Management Safety Health Committee shall be established in each work site for the purpose of promoting occupational safety and health. The Committee shall provide an open forum for discussion; recommend improvements for the protection of the life, safety and health of employees, including the control, reduction or elimination of recognized and harmful exposures, and conditions and methods of sanitation and hygiene; recommend improvements for any condition, event or series of events that indicate the existence or occurrence of a hazard, regardless of whether the condition or event contributes to an injury, illness, occupational disease or fatality; and by doing so resolve occupational safety health issues concerns and or their related problems.

It is understood that significant and on-going training for the evolving issues of occupational safety and health of both the Employer and the Union representatives will be required. The Employer shall pay for this training. It shall be conducted during working hours. Substitutes shall be provided for those employees affected.

The Committee shall act as a primary shared-decision making model, allowing school employees and the Employer to develop new and positive working relationships. As an example, the Employer shall issue and communicate to all employees a written policy statement containing a clear view of its commitment to providing and maintaining safe and healthful work and work environment. This statement shall express the Employer's position on safety funding, employee rights when work is considered unsafe, and disciplinary procedures for violations by employees of safety rules.

A. The Safety Health Committee shall actively participate in promoting safety and health issues, such as indoor air quality; accident prevention; and recommending improvements in the work site by jointly reviewing the occupational safety health issue concerns and issues such as those addressed in Florida State Statute Chapter 442. The Committee shall explore, investigate, create, develop and implement new ideas and concepts in support of promoting occupational safety and safety and health issue recommendations.

Sample Language
Continued

B. The Committee shall establish and communicate procedures for:

1. Conducting internal safety inspections of the workplace, including such as those conducted by the Florida Division of Safety;
2. Evaluating the personal protective control and equipment measures provided by the Employer to protect employees from hazards in the work site;
3. Communicating guidelines for the training of members of the Committee;
4. Evaluating the effectiveness of the Employer's safety rules, policies, and procedures for accident and illness prevention programs and ensuring that written updates and changes to those safety programs are completed.

C. The Committee shall be provided sufficient resources; requested information; consultants and staff, as necessary, to complete their charge.

D. Committee membership of each work site shall consist of 12 individuals, with the number of Employer representatives not exceeding the number of Union representatives. Six shall be appointed by the Union and six shall be appointed by the Employer. Each representative group shall elect a chairperson, who shall act as the Co-Chairperson of the of the Committee. The Committee shall elect a recorder.

E. The Committee shall convene its first scheduled meeting not more than thirty (30) calendar days after the date of its inception. Thereafter, the Committee shall determine and convene its scheduled meetings at least once each month and at such other times as a majority of the Committee membership agrees. The Committee shall determine its schedule of regular meetings at its first meeting and submit the schedule to the work site principal; or in the case of a non-school work site, the designated administrator and the Union no more than three (3) work days after its determination. The schedule of regular meetings, with the names of the Committee members, shall be posted in at least two conspicuous places in each work site, one being the Union Bulletin Board.

F. At least two notices shall be posted in a conspicuous place at each work site, with one being posted on the Union.

G. A quorum of the membership of each representative is required before official business may be transacted at a meeting.

H. The Committee shall conduct its meetings during the regular work day, with the member being compensated at her or his regular salary. The employer shall compensate each Committee member at her or his regular salary whenever the member is engaged in Committee activities.

I. The Committee shall maintain complete and accurate minutes of its meetings. The Committee shall post copies of the minutes no more than five (5) calendar days after each meeting in at least two conspicuous locations in each work site, one being the Union Bulletin Board.

Sample Language
Continued

J. The Committee shall make written recommendations to each work site principal. In the case of work sites other than schools, the written recommendation shall be given to the designated work site supervising administrator. A copy of the written recommendations shall be given to the Union no later than three (3) calendar days. The Committee reserves the right to give a copy of the written recommendation to the Superintendent. The Employer shall issue a written response in no less than five (5) calendar days.

K. Records such as notices, minutes, recordings, charts, graphs, recommendations, responses of the Employer, and all related correspondence and records shall be maintained by the Employer. Copies of each record shall be given to the Union by the Employer within twenty-four (24) hours or the next work day. Work site records between the Committee and the principal or in other non- school work sites, the designated supervising administrator, shall be maintained by the Employer. A copy of each record shall be given to the Union by the Employer Co-Chairperson within twenty-four (24) hours or the next work day of its development.

A notice will be placed on the Bulletin Board, ten (10) calendar days prior to each meeting of the Committee with the time, agenda and location.

Sample Language

Proposed May 1995

Florida Education Association (FEA)/United Proposed Collective Bargaining Language in Regard to Occupational Safety and Health Issues

Preface

The following proposed collective bargaining language is for your consideration in attempting to respond to concerns, problems, and issues being confronted by exclusive bargaining agents as it relates to occupational safety and health issues, including but not limited to the Americans with Disabilities Act (ADA) and HIV/AIDS. Due to its interaction with the ADA, there will also be reference to the federal Family and Medical Leave Act (FMLA). The proposed collective bargaining language is divided into different sections/sectors, identified by titles, with a short preface and notes from time-to-time acting as an introduction and/or explanation.

General Purposes

The purpose this proposed collective bargaining language is to establish a starting premise related to the importance of a working environment encompassing a positive fundamental atmosphere.

1. Purpose

NOTE: Several choices are offered for consideration.

This contract is negotiated under Florida Statutes and (stipulation), in order to fix for its duration, wages, hours, and terms and conditions of employment. The parties believe that (_____) is best served when the working relationships of the School Board of (county), the employees and the Union are harmonious.

The (name of union) and each of its members support the concept that all employees support the effective and active development of a positive, forward looking and cooperative attitude towards the operation of the School Board in (location).

It is the intent and purpose of this Contract to assure sound and mutually beneficial working and economic relations between the (name of School Board) hereinafter referred to as the Employer, including its duly designated representative and the (name of the Union), hereinafter referred to as (initials of the duly designated representative), to provide an orderly and peaceful means of resolving any misunderstanding or differences which may arise as a result of implementing this Contract, and to set forth herein basic and full agreement between the parties concerning wages, hours, terms and conditions of employment. There shall be no individual arrangement or agreement made covering this Contract or any part of this Contract contrary to the terms provided herein, without the mutual agreement of the parties.

NOTE: The last phrase allows the Union to comply with the provisions of the ADA and the FMLA and ensure shared decision-making.

Sample Language
Continued

2. Preservation of Benefits
Nothing contained herein shall be construed to deny any employee her/his rights under Florida Statutes, Federal Statutes, or any related congressional and legislative testimony and hearings, regulations, guidance, and interpretations.

NOTE: This incorporates the ADA, FMLA, etc. The importance of the "related" materials allows an additional opportunity of resolution for the Union.

3. Definitions
This should contain terms such as employee, bargaining, collective bargaining, contract, days, directives, parties, qualified individual with a disability, union, work location, etc. for the purpose of delineating the specific definition of terms that will be commonly utilized throughout the collective bargaining agreement.

NOTE: By including a definition section, the question of interpretation can be alleviated (e.g., days — as referred to in the time limits herein, days shall mean working days.

4. Severability
It is the express intent of the parties that if any article, section, sub-section, sentence, clause or provision of this Contract is found to be unconstitutional or invalid for any reason, the same shall not affect the remaining provisions of the Contract, (except in the circumstances in/of Article).

5. Reference to Constitutional Rights and Florida Statutes
All references to the Federal and State Constitutions with respect to constitutional employee rights, (name of) Florida Statutes, State Department of (stipulate) and State Board of Education Rules, Public Employees Relations Commission Rules, rulings and decisions, all related congressional and legislative testimony and hearings, guidance, interpretations, and all other related matters are incorporated and made a part of this Contract.

The (name of employer) agrees to comply with all Florida Statutes and federal statutes affecting (stipulate) and with all State Department of (stipulate) and State Board of (stipulate) rules and any other state agency rules, guidance, interpretations and other related matters and other federal agency rules, guidance, interpretations and other related matters which affect (stipulate descriptive words regarding goals, objectives, or mission of company or entity or employee) and accept these as minimum standards.

6. Conflicts with Law or Rule
If any changed provision of this collective bargaining contract which results from any re-opener or renegotiations or alternative dispute resolution or impasse resolution procedures is in conflict with any law, rule or regulation over which the School Board of (name of entity) has a mandatory power, the School Board of (name of entity) shall amend the law, rule or regulation to conform to the new provisions of this Contract.

Sample Language
Continued

If any provision of the collective bargaining contract is in conflict with law, ordinance, rule, or regulation over which the chief executive officer has no mandatory power, the chief executive officer shall submit to the appropriate governmental body (or bodies) having a mandatory power a proposed amendment to such law, ordinance, rule or regulation, following a decision-making agreement with the Union. Unless and until such amendment is enacted or adopted and becomes effective, the conflicting provision of the collective bargaining contract shall not become effective. For the purpose of this contract all reference made to state and federal statutory language regarding collective bargaining shall be utilized.

7. Contract Supremacy
All provisions of this Contract shall be subject to Florida (state statute stipulation) and federal statutes. The Employer further agrees that Contract shall supersede any (stipulate) and/or (stipulate) (Rules, Regulations and other) in conflict with the provisions of this Contract.

NOTE: The last four proposed collective bargaining provisions (4-7) interact with each other for the benefit of the protection of the employees and the Union.

8. Compliance with Contracts
The parties agree that all employees in (name of entity) shall implement and carry out the provisions of all collective bargaining agreements entered into by the (name of entity) of (name of county), Florida.

9. Maintenance of Contractual Standards
Where the Employer determines it necessary or desirable to provide current or new employees the opportunity to participate in contracted or shared programs with other governmental agencies, community or charitable organizations or private corporations, the Employer agrees that the salary, terms and condition of this Contract shall apply to those employees. It is understood by the parties that all employees provided by the (name of entity) to any other private or public agency or organization are (name of entity) employees, subject to the rules of the applicable labor Contracts and the Employer. (Name of entity) employees are not subject to the rules and policies of any private or public agency or organization (this understanding shall be communicated to all private or public agencies or organizations and be made a part of any agreement entered into between the Employer and any private or public agency or organization.

NOTE: This provision provides ADA accountability on the part of the Employer rather than the subcontractor, etc. By doing so, the question of accountability is not open to interpretation.

10. Post-Ratification Amendment
The Employer agrees to accept and incorporate in this Contract, as an addendum, any other statutory rights granted the exclusive bargaining agent and/or employees by rule or order.

Sample Language
Continued

11. Titles
Titles of the articles, sections and subsections herein shall not, in and of themselves, affect the meaning, construction, or effect any of the subsections, sections, provisions, or articles of this Contract.

12. Collective Bargaining Research Data and Related Materials
In accordance with (name of statutes) (stimulation), the Public Documents Law, and all other related legislation and rules, collective bargaining data and related materials shall be provided in a timely manner to the Union upon request in quantities as requested.

13. Spokesperson
It is understood and agreed that the (name of union) president is the official spokesperson for the (name of union) in any matter between the (name of union) and the Employer. The President may designate, in writing, an alternate or alternates.

14. Non-discrimination
The Employer shall not discriminate against any applicant or employee in job assignment and employee/employer relations on the basis of age, color, creed, disability, life style, marital status, national origin, membership or participation in, or association with the activities of the Union.

There will be no reprisal against any employee for processing a grievance, participating in the grievance process, processing a complaint with any state or federal agencies or related agencies or participating in a complaint with any state or federal agencies or related agencies.

15. Harassment
Employees shall be free from unnecessary, spiteful or negative criticism or complaints or harassment by administrators and/or other persons. Under no conditions shall management representatives express such complaints or criticisms concerning an employee in the presence of other employees, (students), (parents), or any other person. Anonymous complaints shall not be processed.

Employer shall make every effort to insure that employees shall not be subjected to harassment, abuse of language, uprooting, insults, or unnecessary, spiteful or negative criticism or complaints by a (stipulate) or other person(s) in the performance of the employees' duties.

16. Statement of Philosophy
As a prerequisite to the furtherance of harmonious relationships between the (name of entity) and the Union, both the (name of entity) and the Union endorse that employees and their official representatives shall have direct access to, and communicate with, the (stipulate) or her/his designees.

Sample Language
Continued

17. Meet and Confer Procedures

The (name of entity) and the Union agrees that the (stipulate name of union representative) of the Union shall have the right to confer with the (stipulate) or her/his designees on all matters covered and not covered in the contract, limited only by mutual agreement of the place and time for such meetings.

The Union and the (stipulate title of representative of the entity) shall meet to plan effective procedures for implementation of this Contract, the arrangements for such meetings to be initiated by either party, limited only by mutual agreement of the place and time for such meetings.

(Stipulate titles of the representatives of the entity) shall meet with the (stipulate position) of the Union or designee, shall meet to deal with specific (stipulate) issues and other matters of mutual interest contained and not contained in the Contract. It is the intent of the parties to maintain open communications on issues which impact the implementation of the (stipulate) and to identify and resolve problems which fall within the scope of this Contract.

NOTE: In the case of designees of the Union who are fall-time employees, reference should be made to conduct and schedule these previously mentioned meetings on work time.

18. Work Location Public Address System

The Union and its designated representatives, including but not limited to stewards, shall have access to work location public address system for the purpose of communicating with members of the Union.

Neither individual employees nor a minority/rival union shall have access to the work location public address system.

19. Personnel Files

Except for written materials pertaining to work performance or such other matters that might be the cause for discipline, suspension or dismissal under state or federal laws, no derogatory materials relating to an employee's conduct, service, character, life style, age, sex, marital status, race, creed, color, national origin, disability, membership or participation in the normal activities of the Union or personality shall be placed in the personnel file of such employee.

Materials relating to work performance, discipline, suspension or dismissal must be reduced to writing and signed by a person competent to know the facts. No such materials shall be placed in the personnel file unless they have been reduced to writing within ten calendar days, exclusive of a vacation period, of the (stipulate) employer becoming aware of the facts reflected in the materials. Additional information related to such written materials previously placed in the personnel file may be appended to such materials to clarify or amplify as needed. The determination of the written materials being invalid shall be cause for the employer to remove the materials from the personnel file. Upon request the employee, or any person designated in writing by the employee, shall be permitted to examine the personnel file. The employer shall reproduce any materials in the file for the employee. There shall be one official personnel file.

Sample Language
Continued

Employee medical records, including physiological and psychology, shall be confidential and treated according to state and federal legislation.

20. Human Rights
The Union and the Employer affirm that all policies, rules, regulations, legislation and related congressional testimony, guidance and interpretation, are goals to guarantee equal employment opportunity for all employees.

The parties agree fully to abide by the laws and regulations of the federal and state governments prohibiting discrimination, to support actively and fully the equal opportunity policies, programs, and plans of the (stipulate) and to actively encourage qualified applicants of all ages, ethnic groups, life styles, disabled and both sexes to seek available employment opportunities in the (stipulate).

21. Policies
The parties agree to develop a federal Family and Medical Leave Act policy and an Americans with Disabilities Act policy.

Sample Policy

Memo from AFSCME President Gerald McEntee to all staff members regarding AFSCME's Catastrophic Illness Policy and AFSCME's AIDS Policy, sent April 15, 1993. Policies attached.

American Federation of State, County and Municipal Employees (AFSCME) Memorandum

To: All Staff
From: President McEntee
Date: 04/15/93
Re: Catastrophic & AIDS Policy

As a union and an employer, AFSCME has been in the forefront of ensuring that all employees are judged on job-related factors and are able to enjoy a work atmosphere free from any form of discrimination. Fulfilling this belief in nondiscrimination is a shared commitment and a real and vital part of everyone's job at AFSCME.

Under the 1990 Americans with Disabilities Act, Congress expressly considered the civil rights of persons with contagious conditions, including AIDS, and determined that they shall be protected consistent with sound public health. We subscribe to the letter and the spirit of this Act, and it is our objective to ensure that all employees are informed of our practices.

Attached is AFSCME's broad-based policy on employees affected by a life-threatening, catastrophic illness, including AIDS. Please take the time to carefully read it as well as our AIDS policy. Also, in keeping with our interest of treating current issues openly and responsibly, we shall be scheduling several seminars in the near future regarding the medical facts of AIDS, employment practices, employer benefit provisions, and work-related considerations. You will be strongly encouraged to attend because awareness of these issues is important to you and to AFSCME.

GWMcE:cg
Attachment

Sample Policy
Continued

AFSCME Catastrophic Illness Policy

This policy applies to all AFSCME employees affected by a life-threatening, catastrophic or terminal illness.

Understandings

Employees with any catastrophic, life-threatening illness should be treated with compassion and understanding. It is in the interest of AFSCME that the physical and emotional health and well-being of all employees be of foremost concern.

Non-discrimination

There shall be no discrimination against employees who have or are believed to have a life-threatening illness in hiring, job assignments, promotions, performance appraisals, or eligibility for benefits because of their condition. AFSCME will adhere to the 1990 Americans with Disabilities Act (ADA) as it applies to all disabilities that are subject to the requirements of this law. Under the ADA an employer may not refuse to hire qualified employees because they have or might have such life-threatening or catastrophic illnesses.

Work Environment

AFSCME shall make reasonable accommodations that enable qualified employees to continue to work. These include job modifications, flexible scheduling to attend to medical appointments, and leaves of absence. Qualified employees will have the opportunity to be evaluated by the employees' personal physicians to determine their functional abilities and limitations in relation to the essential functions of their jobs.

Pre-employment/Current Employee Testing

There has not been nor shall there be any mandatory physical screening or testing of current employees or future job applicants.

Information

All AFSCME employees shall be provided with information regarding this catastrophic illness policy. In addition, informational materials will be made available regarding the nature and prevention of any life-threatening illnesses such as AIDS.

Confidentiality

Consistent with AFSCME's past practice, all records and other information related to the medical condition or status of AFSCME employees are maintained with strict confidentiality.

Sample Policy
Continued

AFSCME AIDS Policy

This policy is based on scientific evidence that people with AIDS or HIV infection do not pose a risk of transmission of the virus to co-workers through ordinary workplace contact. It is consistent with the AFSCME Catastrophic Illness Policy.

Attitudes

Employees who are infected with HIV are to be treated with compassion and understanding as any employees with life threatening illnesses. It is in the interest of AFSCME that the physical and emotional health and well-being of all employees be of foremost concern.

Non-Discrimination

AFSCME shall continue its policy of non-discrimination against employees who are infected or believed to be infected with HIV/AIDS in hiring, job assignments, promotions, performance appraisals, eligibility for benefits, or termination because of their condition.

AFSCME adheres to the provisions of the 1990 Americans with Disabilities Act (ADA) which classifies HIV infection and AIDS as disabilities that are subject to the requirements of this law. Under the ADA an employer may not refuse to hire qualified employees because they have or are perceived to have HIV/AIDS, and must make reasonable accommodations that allow such employees to continue to work.

Reasonable Accommodations

AFSCME has made and shall continue to make reasonable accommodations that enable qualified employees to continue to work. These include job modifications, flexible scheduling to attend medical appointments, and leaves of absence. Qualified employees will have the opportunity to be evaluated by the employees' personal physician to determine their functional abilities and limitations in relation to the essential functions of their jobs.

Testing

There has not been, nor shall there be, any mandatory HIV testing of current employees or future job applicants.

Training

All AFSCME employees shall be trained and provided with information about how to prevent AIDS and informed of AFSCME's AIDS and catastrophic illness policies.

Confidentiality

Consistent with AFSCME's past practice, there shall be strict confidentiality of all records and other information related to the medical condition or status of AFSCME employees.

Sample Policy

International Brotherhood of Teamsters (IBT)
Policy Regarding Employees With Catastrophic Illnesses

The IBT is sensitive to employees with disabling and catastrophic illnesses. Because of the seriousness and complex nature of these diseases, such as and not limited to, cancer, heart disease, and AIDS, the IBT will treat any employee with a disability of this type with the same dignity and compassion as any employee who suffers any other type of permanent disability. Employees with life-threatening illnesses may wish to continue to engage in as many of their normal pursuits as their condition allows, including work. As long as these employees are able to meet essential functions or duties of a job, and a physician's statement indicates that their conditions are not a danger to themselves or others, Supervisors and Directors should be sensitive to their conditions and ensure that they are treated consistently with other employees.

The IBT will not permit any employee with a catastrophic illness to be discriminated against in the employment process in accordance with the Americans with Disabilities Act (ADA) nor terminated solely because of their illness or disability. At the same time, the IBT is committed to all employees and members to provide a safe work environment.

The IBT offers the following range of resources available through the Human Resources Department:

- Management and employee education and information on illnesses.
- Benefits consultation to assist employees in effectively managing health, leave, and other benefits.

Guidelines for Managers

An employee with a catastrophic illness requests assistance, Supervisors and Directors should:

1. Recognize that an employee's medical condition is personal and confidential and reasonable precautions are to be taken to ensure information regarding an employee's health is provided only to those persons with a need to know. All information regarding the employee's history, diagnosis, and other medical information will not be shared with any other employee.
2. Contact Human Resources if you believe that you, other employees, and/or coworkers need information about an illness, or if you need further assistance. The Human Resources Department serves as the centralized location for maintaining confidential information pertaining to catastrophic illnesses.
3. If warranted, reasonable accommodation for employees with catastrophic illnesses, consistent with the ADA, will be made.
4. Be sensitive and responsive to co-workers' concerns and emphasize employee education available through Human Resources.

Sample Policy

Written and implemented November 1994

SEIU Education and Support Fund (ESF) Life-Threatening Illness and HIV/AIDS Policy

It is the policy of the SEIU Education and Support Fund (hereinafter referred to as the ESFund) not to discriminate in employment practices against individuals who may have a life-threatening illness or other such disability.

The ESFund adheres to the provisions of the 1990 Americans with Disabilities Act (ADA) which classifies life-threatening illnesses — including but not limited to cancer, heart disease, lung disease and HIV infection or AIDS — as disabilities that are subject to the requirements of this law. Under ADA an employer may not refuse to hire qualified employees or discriminate against current employees because they have, or are perceived to have, a life-threatening illness or other such disability, and must make reasonable accommodations that allow such employees to continue to work.

The ESFund will protect the confidentiality of all records and other information related to the medical condition or status of employees. Harassment of an individual because he or she has, or is believed to have, HIV infection, AIDS, other life-threatening illnesses or other such disabilities is strictly prohibited. Sanctions imposed upon those who harass will depend upon the seriousness of the offense and may range from reprimand to termination. Informational materials will be made available regarding the nature and prevention of life-threatening illnesses such as AIDS.

Managers and supervisors are to refer individuals to the Director, or designee, when allegations of discrimination based on disability are made. If you feel you have been a victim of discrimination based on disability, actual or perceived, you may prefer to contact the Director directly at:

SEIU Education and Support Fund
1313 L Street, NW
Washington, DC 20005
(202) 898-3446 TDD (202) 898-3481

There will be no reprisals against those who file complaints. Presenting concerns to the Director does not prevent the use of any appropriate grievance procedure specified in the collective bargaining agreement between the ESFund and staff unions, or prevent filing a formal complaint with the Equal Employment Opportunity Commission (EEOC).

John J. Sweeney, President
11/94

Sample Resolution

National Education Association (NEA)
Resolutions From the NEA Handbook, 1996 – 1997

F-34. HIV/AIDS Testing of Education Employees

The National Education Association opposes mandatory/involuntary human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) testing of education employees or education employment applicants. (87, 93)

F-35. Employees with HIV/AIDS

The National Education Association believes that education employees shall not be fired, nonrenewed, suspended (with or without pay), transferred, or subjected to any other adverse employment action solely because they have tested positive for the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) antibody or have been diagnosed as having HIV/AIDS. (87, 93)

F-36. Hepatitis B Vaccination

The National Education Association believes that governing boards should provide free hepatitis B vaccinations to all employees choosing to be or required to be vaccinated. (95)

I-36. People Living with HIV/AIDS

The National Education Association believes that people living with human immunodeficiency virus (HIV) or with acquired immunodeficiency syndrome (AIDS) should be ensured fair and equitable treatment allowing equal access to education, employment, living conditions, and all rights guaranteed by law. (94)

I-37. Accessibility for Persons With Disabilities

The National Education Association believes that school districts and Association affiliates should make their respective buildings accessible and adaptable to persons with disabilities. The Association further believes that all public buildings and voting places should be accessible and adaptable to persons with disabilities. (88, 92)

Sample Resolution

November 1991

AFL-CIO Resolution on HIV/AIDS

HIV Infection/AIDS

Resolution Adopted by the AFL-CIO Convention, November 1991

Over 100,000 Americans died in the first decade of the AIDS epidemic. That's more deaths than casualties from the Korean and Vietnam wars combined. The World Health Organization estimates that there are five to ten million people infected with HIV in the world today.

HIV disease has had a disproportionate impact on some communities. HIV/AIDS continues to affect gay and bisexual men more than any other single group. Increasingly, the epidemic has reached communities of color, poor women and men, injection drug users and adolescents. The number of women and children infected with HIV (Human Immunodeficiency Virus) continues to grow dramatically. Every fifteen minutes, someone in America dies from an AIDS-related illness.

Throughout the course of the epidemic, workers have been, and will continue to be, on the frontlines caring for adults and children with HIV/AIDS. Some of these workers, especially health care workers, emergency responders, and others who come into direct contact with blood on their jobs, face occupational exposure to HIV. Any worker exposed to blood-on-the-job is at risk of exposure to a variety of bloodborne infections diseases. These include not only HIV, but the hepatitis B virus (HBV) as well.

The most powerful tool to protect all workers from bloodborne infectious diseases, is education and training. Workers must also be provided with gloves, protective equipment, and safer medical devices to safeguard them against exposure to all bloodborne infectious diseases. Towards this end, in 1986, a number of health care worker unions petitioned the Occupational Safety and Health Administration (OSHA) to issue a standard that would protect workers from bloodborne infectious diseases such as HBV and HIV. Enlisting the support of Congress, the unions have continued to press for a final standard which should be issued shortly. Once it is issued, OSHA should undertake a special emphasis enforcement program to ensure the standard's implementation. In addition, the CDC, OSHA, FDA and other government agencies should establish a commission, which includes health care workers, to propose, evaluate and establish standards for the development and design of engineering controls, including safer needles, instruments, and personal protective equipment and procedures.

As a result of the alleged infection of patients by an HIV-infected dentist, much attention has recently been focused on the issue of testing of health care workers for HIV infection. The mode of infection in these cases has not been established and no other cases of HIV infection by transmission from a health care worker have been reported. Current scientific opinion still holds that the risk of such infection is infinitesimal.

Sample Resolution
Continued

The AFL-CIO opposes mandatory HIV testing of workers and criminal penalties or other sanctions against HIV infected workers. HIV testing should not be made a precondition of employment or a condition to retain one's job. Mandatory HIV testing is a violation of civil liberties, cannot be justified on scientific grounds, and does not promote public health.

The AFL-CIO believes that testing for HIV should be offered on a voluntary basis with a guarantee of confidentiality and anonymity, if requested. Labor has asked OSHA to require that, under its final infectious disease standard, confidential, off-site voluntary HIV antibody testing and counseling be offered to all health care and other exposed workers free-of-charge. We also support legislation to increase funding for voluntary testing and counseling programs. And, we continue to support efforts to ensure that persons living with HIV/AIDS receive quality care in appropriate health care facilities or at home.

Persons living with HIV/AIDS should be allowed to work as long as they are able to do so. Employers should help them remain productive workers and continue their full health insurance coverage. The Americans with Disabilities Act prohibits discrimination against people with HIV/AIDS in the workplace. Persons living with HIV/AIDS should be given the financial, social and legal support to continue living their lives with dignity and self-respect.

The most important weapons in the fight against HIV/AIDS are education and training. Workplace-based education programs have been shown to be effective, and labor should support them. Besides the education of workers, education of the general public is also critical. Scientifically-based information should be given the widest circulation possible, including appropriate instruction in schools, public service announcements through the media and community-based organizations.

Additional funding to support AIDS research, education and health and social services should become a national priority. The AFL-CIO urges increased federal funding for research, treatments, therapies, universal health care coverage, and education and training.

The AFL-CIO will continue to urge its affiliates to educate their leadership and members about HIV/AIDS, to fight for protection of workers against occupational exposure bloodborne diseases, to lobby for increased HIV/AIDS funding, and to fight against AIDS discrimination experienced by persons living with HIV/AIDS, workers, or the general public.

Conclusion

Although not all of this language is pertinent to every union or every bargaining committee, hopefully this booklet will give readers ideas for language that could be included in their next contract negotiation. If your union has already developed contract, policy, or resolution language that would benefit other unions, please share the language with the CDC Business and Labor Resource Service at 1-800-458-5231.

Resources

Business and Labor Resource Service
National AIDS Clearinghouse
P.O. Box 6003
Rockville, MD 20850
1-800-458-5231

AFL-CIO Resolution on HIV/AIDS
George Meany Center for Labor Studies
10000 New Hampshire Avenue
Silver Spring, MD 20902
(301) 431-5453
(301) 434-0371 (fax)

AFGE Contract Language on Familial Leave
AFGE
Fair Practices Department
80 F Street, NW
Washington, DC 20001
(202) 639-6434

AFSCME Contract Language on Nondiscrimination
AFSCME's Catastrophic Illness Policy and AIDS Policy
AFSCME
Health and Safety Department
1625 L Street, NW
Washington, DC 20036
(202) 429-1240

FEA/United
Proposed Language Related to ADA and FMLA
Proposed Language Related to Joint Union-Management Safety and Health Committees
Proposed Language Related to Occupational Health and Safety
FEA/UNITED
Occupational Safety and Health Issues Coordinator
118 N. Monroe Street
Tallahassee, FL 32301-1700
(904) 224-7818

IBT's Policy Regarding Employees With Catastrophic Illnesses
IBT
Safety and Health Department
25 Louisiana Avenue, NW
Washington, DC 20001
(202) 624-6960
(202) 624-8740 (fax)

NEA Resolutions From the NEA Handbook, 1996 – 1997
NEA Health Information Network
1201 16th Street, NW
Washington, DC 20036
(202) 822-7723

SEIU Model Health and Safety Contract Language
SEIU Education and Support Fund Life-Threatening Illness and HIV/AIDS Policy
SEIU Education and Support Fund
1313 L Street, NW
Washington, DC 20005
(202) 898-3443
(202) 898-3348 (fax)

HIV/AIDS and Health Insurance

Table of Contents

The information in this publication is solely for general information and for educational purposes and is not intended to be legal advice. Businesses, unions, and individuals should consult an attorney for specific legal advice.

Introduction

If you are an employer who offers health care coverage to employees, you face all kinds of questions and concerns about plan benefits and costs. In addition to running a business, making appropriate decisions about your employee health plan requires you to be a benefits manager, communications specialist, and financial analyst. It is difficult enough to fill these roles when employees have routine health problems, but when catastrophic illness like cancer, heart disease, a sick or premature baby, or AIDS strikes an employee, you may face some difficult issues.

Treating HIV and AIDS is expensive. However, don't check compassion, reason, and common sense at the door when trying to respond to AIDS.

AIDS treatment is no more expensive than treatment of several other conditions, including breast cancer, severe head injury treatment and rehabilitation, and the care of a premature, low-birth-weight baby.

This brochure is intended to help employers who are concerned about the impact of AIDS and other expensive illnesses on their health care costs and their businesses, especially employers with fewer than 100 employees. The brochure can be useful to any employer who wants to maintain health insurance for employees in the face of rising costs or who self-insures (see Glossary). AIDS is only one of many issues you should consider when deciding how to design and manage your health plan.

Give Your Health Plan a Checkup

In reviewing your health plan, there are a number of issues to consider, including coverage of preventive and diagnostic services, catastrophic coverages, and co-payment/deductibles. Here are some features of health plans you may consider to keep your costs under control:

Incorporate Preventive Care Into Your Plan

Many businesses are looking at preventive care coverage. Also learn which screening and medical tests, including HIV/AIDS counseling and testing, are cost-beneficial and incorporate them into your plan. Until there is a cure for HIV/AIDS, education and prevention are the key. (See *Educating Your Workforce: A Guide for Managers*.)

Check Your Plan's Co-payment and Deductible Provisions

Your employees' routine health care can provide some of your best opportunities to save on the costs of coverage. A plan that offers low or no deductibles and low or no co-payments by participants, is paying many small and relatively predictable health care bills. Raising deductibles and employee co-payments could reduce your plan cost significantly.

Check Your Plan's Limits

Spend some of your savings from increased deductibles and co-payments on better protection against catastrophic health care expenses. Make sure your plan's annual limits on participants' out-of-pocket expenses, as well as annual and/or lifetime lim-

its on benefits, reflect both inflation and the growing cost of modern medical technology. Make sure you learn your plan's cap on prescription drug coverage. Some insurance plans have relatively low caps for prescription drugs and do not provide ample coverage for the new antiretroviral drug therapies. These protease inhibitors can stave off many opportunistic infections, adding to the overall productivity of your employees. Your employees may be more willing to accept lower coverage for small, routine expenses if they know they will be protected when they need it most.

Investigate Managed Care (See Glossary)

Many small employers report that managed care plans help them maintain affordable coverage. Such plans limit employees' ability to choose their physicians or hospitals but may offer significant benefits in return. Employers are becoming increasingly interested in prevention programs to keep their employees healthy and productive. Employers get significant price discounts as well as other services aimed at delivering cost-effective health care that meets or exceeds acceptable standards of medical care. Employees, in turn, get plans that are simpler to use, with little or no paperwork or cost sharing, and physicians who coordinate all aspects of their health care.

Check Whether Your Plan Will Pay for Care Delivered in Alternative Settings

AIDS patients, as well as those with any other serious illness, may in some cases be better off with home care or in a hospice, nursing home, or other facility than they would be in a hospital. Make sure your plan provides adequate coverage for such care (see also the discussion of case management on page 23).

Band Together With Other Small Employers to Purchase Insurance

You may be able to buy health care coverage through a multiple-employer trust in which several small employers join together to obtain the buying power available to larger groups. Such trusts may be offered through your trade association or professional association, your local Chamber of Commerce, or other groups. Before joining, however, have your accountant or attorney check out the financial soundness of the trust and how it is regulated.

Check Whether Your Plan Pays for Experimental Drugs or Treatments

It is important to understand what, if any, experimental treatments, including experimental use of approved drugs, are covered by your plan. This is an area where there can be costly misunderstandings — costly in dollars as well as employee relations. "Experimental" can mean one thing to a layman and another thing to the doctor and insurance company or managed care plan. It can also have different meanings among insurance and managed care companies. Although it has been, and in many cases continues to be, standard procedure for private and public health plans to exclude all experimental treatments from coverage, this is changing.

Because AIDS relies on experimental drug treatments and therapies, such as protease inhibitors and other antiretroviral drugs, there are clinical trials that determine the effectiveness of their efforts.

SITUATIONS

The following sections will help answer any questions you may have when providing coverage for HIV-positive employees.

Situation I'm Hiring a New Employee, and I'm Concerned About AIDS

Some employers' fear of AIDS has led them to consider testing employees before hiring them or enrolling them in a health plan. Here's what some employers ask:

- Can I require that an applicant be tested for antibodies to the human immunodeficiency virus (HIV) before offering him or her a job?

  No. Both State and Federal laws cover pre- and post-employment. The Federal Americans with Disabilities Act (ADA) forbids pre-offer medical inquiries or examinations, including HIV antibody tests. At the post-offer, pre-employment stage, employers can require applicants to submit to HIV tests or inquire about HIV status if the tests are required or inquiries are made of all new employees in the same job category. However, since almost no employer can withdraw a job offer based on a positive test result, it is not recommended that employers engage in such screening.

- Can I require that an employee be tested for HIV antibodies?

  The ADA prohibits employers from requiring HIV tests of incumbent employees, except in the very limited circumstance that a positive test result would mean that the employee could no longer safely and effectively perform the essential job duties, with or without reasonable accommodation. Medical tests and inquiries about disability, including HIV and AIDS, must be shown to be job-related and consistent with business necessity. Even if your company is too small to be covered by the ADA because it has fewer than 15 employees, State laws may prohibit HIV testing of applicants and employees or prohibit employers from discriminating against individuals who test positive. Employers should remember that they must comply with Federal and State confidentiality requirements.

- What about my insurance company? Can it require new employees to undergo HIV tests before enrolling them in my health insurance plan?

  Insurers generally do not require medical reports for new employees who decide to join an ongoing health plan. However, some insurers do require medical underwriting of new employees joining a group in a very small firm. Medical reports may also be required if an employee first decides not to join the plan and later changes his or her mind. However, most States would allow insurers to administer HIV tests to an individual or small group.

■ Once enrolled, is my employee covered for all conditions he or she may have?

Pre-existing condition clauses (see Glossary) do not violate the ADA if they are not a subterfuge to evade the purposes of the ADA. The ADA identifies four basic requirements in the area of health insurance:

1. Disability-based insurance distinctions are permitted only if the employer-based health insurance plan is bona fide and if the distinctions are not being used as a subterfuge for purposes of evading the Act.
2. Decisions about the employment of an individual with a disability cannot be motivated by concerns about the impact of the individual's disability on the employer's health plan.
3. Employees with disabilities must be accorded equal access to whatever health insurance the employer provides to employees without disabilities.
4. An employer cannot make an employment decision about any person, whether or not that person has a disability or based on the disability of someone with whom that person has a relationship, because of concerns about the impact on the employer's health plan.

■ What happens when I employ individuals who previously received Medicare or Medicaid?

There are provisions under Medicare that States can adopt in order to continue Medicaid coverage of individuals who may become ineligible for cash assistance under Temporary Aid to Needy Families. This continued coverage will be for a specified length of time for those persons who are making the transition from public support to self-sufficiency through employment. The Social Security Administration has programs for people collecting either Social Security Disability Insurance or Social Security Insurance that permit them to maintain their eligibility for these programs as they transition back to substantial gainful activity. During this process individuals will most likely retain their Medicare or Medicaid coverage.

Situation I Have an Employee Who Has Tested HIV-Positive

You probably have many questions and concerns about what you should do if an employee tests positive for HIV. One of the major concerns for small employers is the effect that an employee with HIV will have on insurance costs and coverage. It is important to note that there may be a long period of time — up to 10 years or more — before an employee who is infected with HIV will develop the serious symptoms of AIDS, if at all. These are a few of the questions employers often ask:

■ What will happen to my firm's health care costs if one of my employees is diagnosed as HIV-positive?

Your costs may rise when an employee develops any serious or chronic illness. However, the costs associated with AIDS treatment may not show up right away. Keep in mind that experimental drugs and treatments (which are discussed later)

may delay or even prevent the onset of some of the debilitating diseases associated with AIDS and, in effect, reduce the long-term costs of care.

Two major factors affect the cost of your plan: One is how your insurer sets your premiums, and the other is the benefits you offer in your plan, or plan design.

- Don't all insurers set health insurance premiums the same way?

  No. There are several ways in which insurance companies set rates for small firms, and the use of different methods will have different end results, depending on the health condition of the group. Ask your insurer how your rate is set.

- Will having an HIV-positive employee keep my firm from getting insurance or hurt my chances of changing my insurer?

  Depending on State law and on the insurance company's practices, an employee with a serious or chronic illness could cause an insurance company to reject your whole group if you are applying for insurance or trying to change insurers. For example, some health maintenance organizations (HMOs), Blue Cross/Blue Shield plans, and possibly other types of insurance that accept small groups do not consider your group's medical condition during certain times of the year called open enrollment, making them a good source of health care coverage for small businesses.

- What effect does plan design have on my rates?

  Plan design includes the benefits you offer in your plan and who delivers them, such as an HMO or preferred provider organization (PPO) network. It also includes the deductibles, employee co-payments for care, and special payments such as prescription drug and dental benefits. The insurance plan design defines what your insurance will pay and what employees will pay when they use medical services. The cost of medical services is the primary element affecting premium rates.

- My health plan is self-insured, so it is not subject to certain State insurance laws. May I exclude an HIV-positive employee or family members from the plan?

  Under the ADA, an employer cannot exclude an HIV-positive employee based on the employee's diagnosis.

- My health plan is self-insured. Can I cut AIDS benefits?

  Under the ADA, a self-insured plan may put a cap on a treatment or a therapy, but not on a diagnosis. The cap must apply across all diagnoses to which that treatment or therapy applies.

- Can I do anything to reduce the cost of care for a seriously ill employee?

  Case management (see Glossary) can cut costs and also improve the quality of care. Case management is one way for patients with high-cost, serious illnesses to get the

most of their insurance coverage. Once a patient is referred for case management, the patient, physician, and case manager (who works for the insurer or managed care provider) coordinate the care. Case managers can sometimes make arrangements for services that are not in the contract if they better meet the patient's needs.

Case management works best when eligible patients are identified early in the course of their illnesses. Through early identification of illness, antiretroviral drug therapies can delay or prevent symptoms such as Pneumocystis Carinii Pneumonia (PCP), Mycobacterium Avium Complex (MAC), or Cytomegalovirus (CMV), which can cause disability. However, sometimes employees who are HIV-positive or have AIDS are not identified early because they are concerned about confidentiality. You should ask your insurance company or managed care provider about case management.

- One of my employees who does not belong to my health care plan is now HIV-positive and wants to join the plan. How will this affect my plan?

  Many people who were eligible to join an employer's health plan when they were first hired, but didn't, try to join the plan later when they need medical care. Some employees may have to provide evidence of good health. If they have chronic or serious illnesses, they may be rejected by the insurer or may not be covered for pre-existing conditions for a time period specified in the policy.

- How much should that employee tell the insurance company?

  An employee should answer questions honestly. Otherwise, the insurer may decide not to pay claims because of misrepresentation in the application. Also, since the insurance company or managed care provider may ask to contact the employee's physician, any attempt to misrepresent the employee's health status is likely to backfire.

- Can I provide health insurance for some employees outside my group health plan?

  If certain employees are uninsurable, you may be able to enroll them in a risk pool, which covers people who are otherwise uninsurable. Approximately 27 States have some form of risk pool providing comprehensive coverage. Generally, the State forms an association of all health insurance companies doing business in the State, and one organization is selected to administer the plan. The State sets guidelines for benefits, premiums, and other plan terms. Some States have funds to help low-income policy owners pay premiums.

- Are there waiting periods?

  There are usually waiting periods for pre-existing conditions, though they are waived in some States if the participants pay a premium surcharge or if their coverage is terminated by their existing health insurer. Some States give AIDS patients automatic eligibility.

■ Can I require an HIV-positive employee to take sick or disability leave?

Under the ADA, you can require such leave only if the employee is unable to perform the essential functions of the job. Remember, the employer is obligated to make reasonable accommodation to an employee's disability in decisions about continuing employment. Such accommodation could include changes in the job duties, providing a flexible work schedule, or allowing the employee to work part-time. If the employee cannot perform the essential functions of the job and refuses to accept an appropriate accommodation, he or she may no longer be a qualified individual with a disability.

■ I have an employee with a family member who has AIDS. Am I required to allow time off for my employee to be a caregiver?

Under the Family and Medical Leave Act, if you employ 50 or more people, you are obligated to allow an employee 12 weeks of unpaid leave in any 12-month period to care for his or her own illness or the illness of a family member.

Situation **My Employee Is No Longer Able to Work**

In time, many HIV-positive employees may no longer be able to work, regardless of the accommodation you make for them. Here are some frequently asked questions:

■ I have heard that former employees may continue to be part of my health plan. Is this true for HIV-positive former employees?

A Federal law known as COBRA* gives your former employees and their dependents (qualified beneficiaries) the right to continue coverage under your health plan for a certain amount of time after coverage would normally end due to the employee's death or certain other events. These other events include termination of employment other than for gross misconduct, the employee's legal separation or divorce, the employee's entitlement to Medicare benefits, and the employer's filing for bankruptcy. Dependent children who stop being dependents under the terms of the plan may also choose COBRA coverage. The coverage should be the same as before the employee became eligible for COBRA. The type of illness has nothing to do with whether a former employee or dependents of a former employee can choose to continue coverage under your plan.

COBRA applies to both insured and self-insured firms. It is a very complex law, and a full explanation is beyond the scope of this brochure. For instance, finding out whether your company is large enough to be subject to COBRA is a complicated procedure. Talk to your insurance company, attorney, accountant, or regional office of the U.S. Department of Labor for advice on what you need to do and what you need to tell your employees. There can be significant financial penalties if you do not obey the law.

*Consolidated Omnibus Budget Reconciliation Act of 1986

- **Who pays for COBRA coverage?**

  Your former employee or other COBRA participants can be required to pay all or part of the premium, plus an administrative fee of no greater than 2 percent of the premium.

  If your State law provides a lower limit, the State limit applies. If you pay part of the insurance premium for your employees or their dependents, you are not required to continue to do so for COBRA participants. However, if you choose to pay part of the premium, be consistent in your payments. If you decide to pay part of the premium for some of your COBRA participants and not for others, you may jeopardize the tax status of the plan.

  Some States have programs to pay COBRA premiums for low-income, previously employed persons, including persons with AIDS. Check with your State's social services agency to see if your State has such a program.

- **For how long is COBRA coverage available?**

  COBRA is designed to make sure that people have the opportunity to continue health care coverage until they can get new coverage. COBRA participants may purchase these benefits for periods ranging from 18 to 36 months, depending on the reason that they became eligible for COBRA. If an employee loses his or her job due to disability, up to 29 months of coverage is available.

  However, COBRA coverage ends sooner if one of the following events occurs:

  - the employer ends all its group health plans
  - the participant's premium payments are not made on time
  - the participant becomes covered under another group health plan
  - the participant becomes eligible for Medicare

  If the participant becomes covered under another group health plan — that of a spouse, for example — he or she may keep COBRA coverage if the new plan does not cover or limits coverage of pre-existing conditions. In such a case, participants may continue to purchase COBRA coverage until no longer eligible to do so or the new plan's pre-existing condition limits run their course, whichever occurs first.

- **How much time do I give these former employees or participants to make their COBRA premium payments?**

  Generally they must have a grace period of 30 days from the due date to make any required payments. If active employees have a longer period to make their payments, or if your insurance company gives your firm a longer period to make its payments, COBRA beneficiaries must have the longest grace period. A special grace period applies when employees first become eligible for COBRA coverage and are deciding whether to use it.

- Do I have to do anything once COBRA coverage ends?

  Maybe. The COBRA beneficiaries must be allowed to enroll in an individual conversion health plan if your plan provides one.

- What happens to the COBRA participants if I change insurers?

  They must be allowed to continue their enrollment. However, your new policies may contain cost-reducing features that limit plan benefits and sometimes reduce the value of COBRA coverage to disabled participants.

  COBRA does require that participants receive the same coverage that other employees in a similar situation receive. For instance, if your new policy limits coverage of pre-existing conditions, COBRA beneficiaries' coverage will also be limited.

  Some States regulate these types of policy transfers so that benefit losses are limited. In such cases, COBRA beneficiaries must receive the old policy's benefits unless the new policy would have paid less even without the new policy's limits.

For Help or More Information

These are some of the people and groups that can provide information on questions you may have:

- An insurance company or agent

  Insurance companies can provide information on the most cost-effective policies. Independent insurance agents can shop around for you.

- Your State's insurance commissioner

  Insurance companies and policies and other plans, such as HMOs, are licensed and regulated by the State. If you have a question about a policy or company, your State's insurance department should be able to help. If you have trouble finding the right office, call the National Association of Insurance Commissioners for information (816-842-3600).

- CDC Business and Labor Resource Service

  The CDC Business and Labor Resource Service (BLRS), part of the CDC National AIDS Clearinghouse, provides information and material for employees on national, State, and local resources related to HIV/AIDS in the workplace.
  Visit the BLRS home page at www.brta-lrta.org, or call or fax.

  1-800-458-5231
  301-519-6616 (fax)

- Medicaid and Medicare information sources

  The sources for information on Medicaid and Medicare are different. State Medicaid agencies are responsible for administering the Medicaid program. You can get more information about Medicaid through your local welfare or medical assistance office. For information about eligibility for Medicare or how to enroll, contact your local Social Security office or call 1-800-772-1213 toll-free on business days from 7 a.m. to 7 p.m. You can request a copy of Social Security's brochure *Medicare* (Publication No. 05-10043) from either the local Social Security office or the toll-free number.

- Equal Employment Opportunity Commission Americans with Disabilities Act Information Line

  1-800-669-EEOC (voice)
  1-800-800-3302 (TDD)

- State and local health agencies and AIDS service organizations

  These organizations may be able to provide additional information about State laws and services available to individuals with AIDS. Check your local telephone directory or call the CDC National AIDS Hotline at 1-800-342-AIDS (2437).

- Your trade association

  Many trade associations have developed information on insurance for their members, and some have developed information on AIDS in the workplace. Most associations have national offices that pursue their business and legislative interests, as well as State and local offices. If you do not know which association represents your line of business, ask your local library for *Who's Who in Association Management*, a directory of associations, or call the American Society of Association Executives (202-626-ASAE). Two associations that represent small businesses are the U.S. Chamber of Commerce (202-659-6000) and the National Federation of Independent Business (202-554-9000).

- Insurance industry associations

  Some insurance industry associations have developed information on small-business health insurance. Among these associations are the Independent Insurance Agents of America, which also has State and local offices; the National Association of Life Underwriters, which also has State and local offices; and the Health Insurance Association of America. The National Consumer Helpline (1-800-942-4242) also has a staff to help explain insurance terms and answer questions. In addition, the Business and Labor Resource Service (1-800-458-5231) can provide a comprehensive listing of insurance associations.

GLOSSARY

Americans with Disabilities Act — Federal legislation covering employers of 15 or more employees that protects employees or applicants with a covered disability from discrimination.

Case Management — A process for directing ongoing patient treatment to ensure that it occurs in the most appropriate setting and that the best form of services is selected.

COBRA — Consolidated Omnibus Budget Reconciliation Act of 1986, which provides the opportunity for an employee to continue health insurance coverage after termination of coverage by the employer.

Co-payment — The portion of covered health care expenses an insured person must pay in addition to a deductible. Often described as a percentage, such as "80/20," whereby the insurance company will pay 80 percent of covered expenses and the insured person will pay 20 percent.

Deductible — The amount of covered expenses that an insured person must pay during each benefit period before the insurer begins to pay allowable claims.

Family and Medical Leave Act — Federal legislation that provides employees with the opportunity to take up to 12 unpaid weeks of leave in a 12-month period to care for their own serious illness or that of a family member.

Health Maintenance Organizations (HMOs) — These organizations deliver pre-paid health care services. Those enrolled must generally use the HMO's doctors or hospitals except in an emergency. Employees usually pay modest out-of-pocket costs for doctor visits, prescriptions, and other care.

Insured Plans — Traditionally, these plans cover benefits under conditions listed in the insurance policy. The employee goes to the doctor or hospital of his or her choice, and the insurance company pays its share for care under the policy's terms. Sometimes the employee pays the bill and is reimbursed by the insurance company for some or all of the costs, and sometimes the insurance company directly reimburses the health care provider.

Limitations — Conditions or circumstances under which plan will not pay or will limit payments.

Managed Care Plans — One or more products that integrate financing and management with the delivery of health care services to an enrolled population; employ or contract with an organized provider network that delivers services and that (as a network or individual provider) either shares financial risk or has some incentive to deliver quality, cost-effective services; and use an information system capable of monitoring and evaluating patterns of covered persons' use of medical services and the cost of those services.

Maximum Out-of-Pocket — The maximum amount of money a plan participant will pay in a benefit period, in addition to regular plan contributions. Usually this is a maximum of the sum of the co-payment and deductibles. Non-covered expenses

are the employee's responsibility in addition to the above out-of-pocket amounts and do not count toward the maximum out-of-pocket.

Pre-existing Condition — A medical condition that existed before a participant obtained plan coverage and for which a reasonably prudent person would seek medical treatment. Also, a condition for which an insured person received medical advice, consultation, prescription drugs, or treatment during a specified time period before the effective date of coverage.

Preferred Provider Organizations (PPOs) — PPOs are networks of doctors and hospitals that agree to provide discounts to particular employers or their insurers. Employees still can use doctors or hospitals that do not belong to the network, but they will pay more than if they used doctors or hospitals in the network. These plans are offered by insurance companies or by companies that provide only this service.

Self-Insured Plans — Plans under which, instead of buying policies from insurance companies, employers pay for health care claims as they occur, either out of their general revenues or out of separate trusts set up for paying claims. These employers generally purchase stop-loss insurance, which protects them against the risk of unusually high claims. State insurance laws generally do not cover self-insured plans, though Federal laws that apply to employee benefits must be obeyed. Employers with self-insured plans may hire insurance companies or other third-party administrators to run the plans and process claims.

Third-Party Administrator (TPA) — A company or broker that handles the administration of a health plan. The TPA may collect premiums, pay claims, and handle routine underwriting and administrative functions. It acts on guidelines the plan establishes.

Underwriting — The process by which an insurer or plan administrator determines whether and on what basis it will accept an application for plan coverage.

The Financial Impact of a Workplace HIV/AIDS Program

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INTRODUCTION

AIDS education makes good business sense. By educating yourself and your employees now, you can potentially reduce the financial impact, legal implications, work disruption, and other effects that HIV and AIDS can have on a business when it is not prepared.

"What a great help it is to have the BRTA kit, which lays out step-by-step instructions on how to educate your workforces and your supervisors. It really helps you avoid legal liability as well as show compassion for your people."

Mike Lauber
President and CEO
Tusco Display

The economic and social cost of HIV/AIDS is substantial. According to research, lifetime medical costs associated with an individual case of HIV/AIDS range from $105,000 to $132,000, depending on when medical treatment begins. Studies have shown that if an individual receives treatment from the time of infection, the cost estimate is around $119,000. As of this writing, new drug therapies such as protease inhibitors are changing the overall costs associated with HIV infection. The protease inhibitors — which can cost up to $12,000 per year — can increase annual treatment costs, but also they enable many who take them to avoid HIV-related illnesses longer, thereby saving the cost of expensive hospitalizations, etc. But the new medications may lead to a net increase in costs as people with HIV live longer and require the drugs to be used over longer spans of time. Patients should ask their health care specialist, about the cost issues surrounding protease inhibitors. In addition to the medical costs borne by the individual infected with HIV and society, there are a number of secondary costs associated with HIV illness, such as the loss of wages and productivity due to sickness, legal and/or administrative costs associated with privacy or discrimination suits, and emotional costs to the family and community of infected individuals.

- The economic impact of AIDS — which often kills people in their most productive years — was discussed at the 11th International Conference on AIDS in June 1996. John McCallum, chief economist for the Royal Bank of Canada, said that as of 1995, AIDS had destroyed nearly $8 billion in Canadian human capital, including the value of education, training, skills, and lost entrepreneurial talents. The cumulative number of new AIDS cases is likely to nearly double between now and the year 2000, and again by 2010 — resulting in nearly $30 billion in lost human capital by 2010.

"We provide a powerful message to our employees: 'We care about you...if you find a co-worker to be infected with HIV, we want you to support them.'"

Lou Kaucic
Senior Vice President
Human Resources
Unique Casual Restaurants, Inc.
(Fuddruckers Restaurants)
22,000 Employees

The costs associated with HIV illness have become a social responsibility as they affect all parts of our society, from our community to the workplace. Yet labor leaders face unique costs from HIV and AIDS. Similarly, unions and businesses can accrue unique benefits from proactively addressing HIV policies and HIV education in the workplace. Addressing HIV/AIDS is in a company's best interest, as businesses are such an integral part of society.

As documented throughout this brochure, companies are no longer faced with the question of whether they will confront HIV/AIDS in the workplace. Instead, the question is "How well will my company be prepared for the inevitable presence of AIDS?" As the number of persons infected with HIV continues to increase, unions can assume a critically important role in preventing cases of HIV, and can prepare to accommodate employees living with HIV by offering workplace HIV/AIDS programs.

The most recent study conducted by the American Council of Life Insurance and the Health Insurance Association of America found that AIDS-related claims in life, accident, and health insurance totaled $1.3 billion, and are increasing every year.

The materials included in the Centers of Disease Control and Prevention's (CDC's) Labor Responds to AIDS (LRTA) Labor Leader's Kit are designed to help managers develop a customized, informed response to the range of workplace issues raised by HIV/AIDS. This brochure discusses the benefits of developing an HIV policy and implementing HIV educational programs in your workplace relative to the costs of HIV to individual companies, and it answers the following questions:

- What are the costs of a case of HIV/AIDS to businesses?
- What factors can increase or decrease the costs of HIV to the business community?
- What are the benefits of HIV/AIDS education programs?
- How much will it cost to set up such a workplace program?
- What are the legal costs to a business associated with litigation concerning HIV/AIDS-related discrimination?

The majority of people infected now are between the ages of 25 and 44. Over 50 percent of our nation's workforce is in this age group. Many large and small businesses address HIV/AIDS in their workplace policies and programs to promote good health. These programs can also be cost-effective and can save businesses money.

The AIDS Epidemic and the Workforce

AIDS and the Workforce

1 in 6 large work sites and 1 in 14 small work sites have already had an employee with HIV infection or AIDS. AIDS is the second leading cause of death for Americans aged 25-44. More than 50% of the U.S. workforce is in this age group. More than 22 million people worldwide are estimated to be infected with HIV. More than 10,000 become infected every day.

It is estimated that 650,000 to 900,000 people are infected in the United States with HIV, the virus that causes AIDS. As of December 1996, a total of 581,429 people had been reported with AIDS in the United States, and more than half of that number had died from it. In the future, as the number of people with HIV increases and improved treatments extend the years of life without symptoms, there will be more and more employees with HIV infection who continue to work. This trend could mean that someone you know — a client, customer, vendor, employee, or close friend — is already coping with or will have to cope with HIV/AIDS. As an employer, you may be considering whether or not the implementation of a workplace HIV/AIDS program is worth your time and money.

BRTA Component Activities

A written workplace policy

Training for managers and labor leaders

Employee education

Education for families of employees

Community service/volunteerism

It seems likely that your company is affected by HIV/AIDS or soon will be. You may avoid substantial financial costs if your workplace is prepared. AIDS can adversely affect the productivity of your employees as well as your legal and health care costs. However, creating a supportive environment and implementing a comprehensive workplace education program, such as the LRTA Program, may:

- reduce costs associated with HIV
- build the capacity of employees to make informed decisions
- develop skills so that workers can assess their own risk of HIV
- prevent discrimination
- ensure that employees who have HIV are treated compassionately
- promote education for employees' families and others in the community

The 1992 Health Information Survey indicates that employees are able to assess their own personal risk for HIV. Assessment of risk is one of the first steps to changing behavior to prevent infection. By using a comprehensive workplace program, employees can make changes not only in their own lives, but in their families' lives as well.

How Much Will It Cost My Business if One of My Employees Becomes Infected With HIV?

Though the cost will vary in each case, the full lifetime medical cost of HIV has been estimated to be from $105,000 to $132,000. Your organization would not bear the full cost of HIV infection and AIDS, but rather a portion. A recent estimate for firms that have more than 100 employees found the five-year average cost to a business to range from $17,000 to $32,000 for each employee with HIV. The costs calculated above, and the ones that may affect your business, include:

- Expenses related to health insurance
- Short- and long-term disability benefits
- Hiring and training of new personnel to replace employees unable to work
- Payment of life insurance
- Reduction in the amount paid to pension plans

How much each of these expenses affects overall cost depends on the type of business and its particular benefit policy. For example, some of the costs of treating an employee with AIDS may be reflected back to the company through higher insurance premiums. Additionally, some persons with HIV may seek care from free or low-cost clinics in their area or alternative treatment providers, or pay for services with "out-of-pocket" funds, which would reduce your business costs. These variables and others will affect the total cost absorbed by your company.

"We did not want to be known as the AIDS company, but we did want to be known as the company that did the right thing."

Paul Ross, D.Ed.
Worldwide Manager
HIV/AIDS Awareness Programs
Digital Equipment Corporation
(Worldwide supplier of networked computer systems, software, and services)
93,000 Employees

What Factors Will Most Affect the Overall Cost if an Employee Becomes Infected With HIV?

"As a result of our HIV/AIDS-in-the-workplace efforts, our workforce is much more at ease with addressing these issues. That in turn has reduced our lost time and increased our productivity. And in that sense, it's a real bottom-line plus."

R.W. Baker
Executive Vice President
Operations
American Airlines
95,000 Employees

Keep in mind that HIV and AIDS are at different ends of the health spectrum. Actually, a person who has HIV can be relatively free of any symptoms for 50 to 80 percent of the time that he or she is infected. For half the people who have HIV, it will take more than 10 years to develop AIDS. Studies estimate that the average yearly cost of treating someone with HIV infection (without AIDS) is $5,000, and that of treating someone with AIDS is $38,000. Again, businesses incur a portion, though not all, of this expense. Due to medical advances, there are several treatment therapies that can be used to delay the onset of AIDS, increasing the years of healthy living and productive employment for a person infected with HIV. Therefore, early diagnosis and treatment can be pivotal in delaying costly opportunistic infections.

Businesses can typically expect their costs associated with an employee with HIV to be of two types: direct costs for health and life insurance, as well as short- and long-term disability, and indirect costs related to losses in productivity and/or administrative or legal costs.

Direct Costs

The two factors that have the greatest effect on costs are the type and scope of company health insurance and the annual salary of the employee infected with HIV.

Health Insurance

"At Bank of America, our HIV/AIDS training program changes attitudes and behaviors. It has become part of our corporate philosophy, our fabric. As a result, we have had very few complaints from employees, especially given the size of our employee population. The HIV/AIDS education and training program has been a part of our culture for such a long time we cannot imagine doing without it, and it has helped us manage our business."

Terri Stynes
Vice President
Human Resources
Bank of America
94,000 Employees

In most cases, the terms of a health insurance plan will have the greatest impact on the total cost that a business will sustain. Plan design has a significant effect because it sets out the services obtained when group insurance is purchased. Plan design includes the benefits offered in your plan and who delivers them, such as a health maintenance organization (HMO) or a preferred provider organization (PPO) network. It also includes the deductibles, employee co-payments for care, and special payments such as prescription drug and dental benefits. The insurance plan defines what your insurance will pay and what employees will pay when they use medical services. Two important parts of a health plan will directly affect business costs: 1) the number of medical expenses not reported (an employee decision) or not eligible for coverage (a health plan characteristic); and 2) the "experience rating," or fraction of insurance costs reflected back on the business.

Some health insurance companies now have rigid contract guidelines or have attempted to limit the type and extent of coverage. Likewise, if only the claims experience of a given company is used to determine future premiums, the additional costs due to treatment of HIV may increase the economic burden borne by that company. If small companies or large businesses can pool their risk over many people or share risk through cooperative buying agreements with other firms, they may be able to substantially reduce the costs of health insurance.

Employee Salary

Salary also has an important impact on cost because a worker's salary affects short- and long-term disability costs, hiring and training costs, life insurance benefits, and the pension plan received by the individual. For example, some fraction of an employee's salary usually goes toward paying for disability days. Hiring and training costs may be equal to nearly one-third of an employee's annual salary. Likewise, the average life insurance benefit is usually contingent on the employee's annual salary. HIV can affect everyone from the line worker to the CEO, so it is important to consider the potential impact of each individual's salary.

In addition to health plan and employee salary, other direct costs may have an effect on business. These include short- and long-term disability benefits, group life insurance benefits, and pension plan offsets. A pension plan offset is the amount of money a company saves in pension plan payments when an employee dies prematurely. The sum of these costs, and the savings of a pension plan offset, have a relatively small effect compared with health insurance costs and the effect of salary.

Indirect Costs

Indirect costs, such as loss of productivity, may be substantial or nonexistent, depending on how your company addresses HIV and AIDS. While these costs are more difficult to measure, it is worth noting their potential impact.

"AIDS has generated more individual lawsuits across a broad range of health issues than any other disease in history."

Lawrence O. Gostin, J.D., LL.D. (Hon.)
Professor of Law and Co-Director
Georgetown/Johns Hopkins University
Program on Law and Public Health

Nonmeasurable Costs

Indirect costs that are difficult to quantify but may affect business include:

- Reduced productivity of co-workers who work with HIV-infected employees due to co-worker fear and lack of understanding
- Business losses from customers' misconceptions concerning the risk of infection from employees with HIV
- Loss of employees who make a unique contribution to the business
- Effects on family and community
- Training of new personnel

What Are the Legal Costs My Organization Might Encounter Related to HIV/AIDS?

Since the cost of writing and implementing an HIV/AIDS policy is quite small, as an employer you could expect to spend little to become prepared to manage cases of HIV infection among your employee population. Legal costs can emerge quickly when companies are unprepared to respond to HIV at work, and these costs can be substantial. Clearly, it is best to take steps to avoid legal difficulties.

Applications for many employment practices liability insurance carriers even ask whether the applicant/employer has a policy on HIV/AIDS. This is one of many factors evaluated by the insurance carrier in deciding whether or not to insure an employer.

Litigation can be very costly in terms of financial resources as well as damage to a company's reputation. Discrimination or privacy violation suits related to Federal and State legislation, including the American with Disabilities Act (ADA) of 1990, may add substantial costs to businesses. The ADA requires employers to provide

Investigators and intake officers from a State or Federal fair employment practices agency (such as the Equal Employment Opportunities Commission) often ask complainants whether their employer had an internal procedure for dealing with the problem and whether the employee used it. Unless the employee has a compelling excuse for not using internal procedures, failure to follow the agency's internal procedures and policies often adversely affects the employee in an investigation and processing of a charge.

"reasonable accommodations" for employees with HIV infection or AIDS. Some may view this as a costly requirement, but many businesses find that, in practice, providing reasonable accommodations requires minor expenses. In fact, one study showed that the most common accommodation is schedule flexibility, which allows employees to manage medical appointments and costs employers nothing.

Workplace HIV/AIDS education and written policies for employee conduct do not necessarily prevent legal costs from being incurred. However, educating managers and all employees on legally acceptable conduct increases the likelihood of compliance with legal requirements prohibiting discrimination, and minimizes the company's exposure to punitive damages if an individual manager acts in a manner contrary to the company's stated policies. Having an HIV/AIDS policy provides employees with a more "user-friendly" internal mechanism for addressing HIV infection or AIDS at work, reducing the chances that an employee will resort to the legal system to resolve a perceived problem.

One goal of having an effective policy is to prevent many potential claims from ever being initiated. Although it is nearly impossible to specify exactly how many claims will be prevented, the argument in favor of taking steps to prevent claims is strong and sensible.

Similar principles come into play with any workplace policy geared toward the related area of compliance with equal employment opportunity laws. Perhaps the best parallel to an HIV/AIDS policy is a policy against unlawful workplace harassment (sexual and otherwise). Court cases and regulations on workplace harassment, while not requiring employer policies against harassment, create strong legal incentives for employers to implement effective policies as a means to protect the workforce and avoid or minimize employer liability.

"I think it's important to say to you that first and foremost, I am a businessman. And my motivation as CEO of this company is very much focused on making money for this company. I find, however, that taking care of people, especially people that work for you, goes a long way in converting that to the bottom line."

Bill Baumhauer
Chairman & CEO
Unique Casual Restaurants, Inc.

Most employment cases do not proceed to a jury verdict but are resolved instead in settlements (whether at the initial demand, during the Equal Employment Opportunities Commission (EEOC) proceeding, pre-trial, or post-trial) or in a court granting summary judgment (judgment as a matter of law, without the need for a trial). A general counsel for a major corporation estimated that the cost of handling an average case brought under the ADA (keeping in mind that most cases conclude far earlier than trial) falls in the range of $40,000 to $50,000, and further estimated that the average claim takes approximately $40,000 to settle at the outset.

As "hostile environment" litigation increases, businesses must broaden their attention from addressing sexual harassment policies to addressing and preventing all types of unlawful harassment — including harassment based on disability. A specific policy on HIV/AIDS may, in this sense, complement a comprehensive workplace antiharassment policy.

The legal costs of defending an entire proceeding (which may take up to four years) may range, conservatively, from $50,000 to $240,000. Many factors contribute to the expenses incurred, including the nature of the employer's business, the number and level of company witnesses involved, whether these witnesses remain with the company during the entire lawsuit, and the unquantified cost in company personnel time and disrupted and lost productivity. Finally, managers and employees held or perceived to be culpable in these proceedings often resign or are discharged, with all of the attendant replacement and retraining costs. These costs can be substantially reduced if the matter does not proceed to a full-blown trial, and eliminated altogether if the employer does not become enmeshed in a conflict in the first place.

Regardless of how far an individual case proceeds, employment disputes are expensive for the employer. In this sense, employers lose any time they are faced with a lawsuit. Even in a case in which the employer is ultimately vindicated, the employer's potential stage-by-stage costs in dealing with an ADA claim over a disability such as HIV/AIDS far outweigh the cost of developing an HIV policy and providing educational activities for employees and their families.

From this outline of the types of legal difficulties an unprepared employer may face, and the costs associated with them, experts conclude that the best approach is to establish a policy and train managers and supervisors in implementing it. The risk associated with NOT having a policy in place can vastly outweigh the investment in establishing one.

Will Changes in the Health Care Industry Affect the Cost of Treating a Worker Infected With HIV?

"The cost of our entire workplace HIV/AIDS program over the last nine years is equivalent to one-third the cost of a case of HIV infection."

Rick Williams
Worldwide Manager
AIDS Awareness Program
Polaroid Corporation
10,000 Employees

When an employee becomes infected with HIV, the issues of health insurance and coverage become very important. It may be advantageous to design your health care plan, taking into consideration the needs of employees who have, or may, become infected with HIV. The Polaroid Corporation, which has 10,000 employees, found that by using insurance carriers that provided managed care for people with AIDS, it could provide its HIV-infected employees with better care at a lower cost.

With the rapid growth of managed care, more small and large businesses alike have the opportunity to purchase comprehensive health care for their employees. Because many managed care organizations spread risk over a large group of individuals, the cost of health care due to an employee with HIV may be significantly lower. Employers who use managed care usually get considerable price discounts as well as preventive services designed to keep populations healthy. These types of plans may limit the employees' ability to choose their physicians or hospitals but may offer substantial benefits in return, such as plans that are simpler to use, have little paperwork, and provide a primary care physician who can coordinate all aspects of the individual's health care. For more information on this issue, see *HIV/AIDS and Health Insurance* in this kit.

Once a person is diagnosed with AIDS, he or she may become eligible for public entitlement and private disability programs that provide income and health care benefits. These include Social Security Disability Income (SSDI) and Supplemental Security Income (SSI). When the employee is no longer able to work, Medicaid usually becomes the primary payer for health care.

What Are the Benefits of Implementing an HIV/AIDS Workplace Policy and Education Program?

At the Polaroid Corporation, the manager of an infected worker saw that "employees pay back dividends when they are treated the right way. They work harder and pay back in the long run what you give in the short term."

Many companies that have considered adopting the comprehensive BRTA Program have wanted to know what financial impact, if any, would result from its implementation. Several businesses have been able to provide examples of the positive benefits that have accrued since starting a workplace program. These quantifiable benefits include financial savings in medical and litigation costs, valuable media exposure that has supported their public relations image, and avoidance of disruptions in the workplace. Businesses may also find that an HIV/AIDS workplace program boosts the morale of the company and has a positive impact on the surrounding community.

Because HIV is a preventable disease, it makes sense to offer prevention education to employees. A workplace HIV/AIDS education program may help reduce the number of employees infected with HIV, resulting in reduced medical costs and lower premiums. By introducing a comprehensive HIV/AIDS education program into the workplace, employees and their family members will be better able to assess their own personal risk. Once they have assessed their risk, they are able to change certain behaviors if necessary. Rick Williams, the worldwide manager of the AIDS Awareness Program at the Polaroid Corporation, reported that the out-of-pocket cost of the entire workplace HIV/AIDS program over the last nine years is equivalent to one-third the cost of a case of HIV infection to Polaroid.

How Will My Workers Respond to the Implementation of a Workplace Policy/Education Program?

"Early detection and treatment of HIV can delay the onset of AIDS, thus preventing the more costly opportunistic infections and potential hospital stays associated with the latter stages of illness."

B.J. Stiles
President
National AIDS Fund

Studies have shown that employees react very positively to their employer's initiative in implementing a workplace AIDS program. Fifty percent of all employed Americans reported that their chief health concern was AIDS, and 75 percent said that they wanted their employer to make AIDS education available at the workplace. In another study conducted in the workplace, it was found that approximately one-third of employees had fears regarding their contact with infected co-workers, and that the less they knew about HIV the greater their fear. Researchers have found that employers are a trusted source of HIV information and that workers want to know more about HIV and AIDS from them. Furthermore, workers respond more positively to educational programs when their boss is supportive of the issue.

How Much Will It Cost to Implement a Workplace Education Program?

"I am a small-business owner; training costs are not always in my budget. So I do my HIV prevention education training over lunch with my employees; the cost of educating them on HIV prevention is minimal, and my employees gain immeasurable information and the confidence that we would be supportive."

Rhonda Brown
Chairperson of the Board
Brown Office Systems
5 Employees

You may be able to develop a workplace education program at little or no cost. In many cases, the small expense associated with the implementation of a program now can help prevent greater costs such as work disruptions, customer relations problems, loss of valued employees, or possible lawsuits in the future. For little or no cost you can:

- Get materials and assistance from the CDC's Business and Labor Resource Service
- Contact your local American Red Cross chapter, State public health office, or local AIDS service organization for assistance
- Develop and implement your own program using available materials
- Join with other companies or community organizations in developing and implementing an education program

Naturally, the modest cost that your business spends to educate managers and employees about HIV/AIDS will vary according to the size of your workforce and your program's design and scope.

Materials

Loblaw, Canada's largest food distributor, reported that its program — in existence for over 10 years — has incurred "no real costs" except the modest cost associated with disability leave and the cost of photocopying the AIDS education pamphlets for distribution. The cost of materials for distribution is usually very small, and in some cases you may be able to order materials free of charge or at a low cost. For example:

- The cost of the LRTA Labor Leader's Kit, which is designed to assist businesses in forming a comprehensive HIV and AIDS program, is $25, valued by human resources professionals at $300.
- CDC's brochure *HIV/AIDS: Are You at Risk?* is an example of the materials that can be ordered though the CDC's National AIDS Clearinghouse.
- Brochures and posters are offered through the CDC's National AIDS Clearinghouse for a nominal price.
- Brochures for employees' families can be reproduced by the company.
- A standard 10 to 12-page brochure offered by the American Red Cross, *Your Job and HIV: Are There Risks?,* costs $4.50 for 50 brochures.

Business and Labor Resource Service
The CDC National AIDS Clearinghouse
P.O. Box 6003
Rockville, MD 20849-6003
1-800-458-5231
1-800-243-7012 (TDD)
301-519-6616 (fax)
301-217-0023 (international)
www.brta-lrta.org

Training

"We find that people stay with us longer. In our industry there are two million more jobs than people to fill them, so we need to have people stay with us longer. Historically, the restaurant business has had a turnover rate of 200 percent. We think ours is lower just because we've dealt with this whole global issue."

Jack Orelup
Vice President
Unique Casual Restaurants, Inc.

Direct, person-to-person training has proven to be an effective method for educating employees and managers. Training offered through the American Red Cross costs between $250 and $500 for a class lasting one to two hours. Additionally, some businesses have opted to sponsor the training of a small number of employees so that they will, in turn, be able to give educational sessions to other co-workers. This "train-the-trainer" training costs approximately $500 through the American Red Cross. There are also local community-based organizations and private groups that offer HIV/AIDS training. Call the CDC's Business and Labor Resource Service at 1-800-458-5231 to explore options and get referrals in your local area.

Time

You may wonder if the time designated for educating your employees about HIV/AIDS will be worth it. Most companies have found that the time investment required to educate their workers adequately was very low. Most introductory programs can be completed within an hour and a half. The total time demanded of employees for HIV/AIDS training averaged 2.2 hours per year. Some businesses that operate under severe time constraints have offered training sessions during lunch breaks, breakfast meetings, staff meetings, or evening meetings that also include family members of employees. Businesses that actively become involved in the community may also find that their employees voluntarily donate weekend hours to participate in activities such as AIDS walks, house-building events, and other fund-raisers to support HIV prevention and services.

Reduction in Medical Costs

"We believe that because we have created a supportive workplace atmosphere at Digital, whereby people with HIV infection, asymptomatic or symptomatic, feel safe, and because one of the messages of the company-wide HIV/AIDS education program was to find out one's [HIV] status and get into treatment early, we have saved a lot of money in medical expenses."

Paul Ross, D.Ed
Worldwide Manager
HIV/AIDS Awareness Programs
Digital Equipment Corporation

HIV/AIDS workplace programs may encourage infected individuals to learn of their status earlier and seek appropriate treatment. Researchers have found that many people only become aware of their HIV-positive status on an average of 14 months prior to AIDS diagnosis, when physicians have fewer tools to help restore immune functions. A cost-effectiveness study showed that with early treatment, patients infected with HIV will delay the onset of AIDS and will add approximately two months of life without AIDS, at a cost gain of $10,750 for each month.

As part of its AIDS education program, Digital Equipment Corporation encourages its workers to seek HIV testing and reports that employees tend to start treatment for HIV before they become ill, allowing them greater opportunity to preserve their health. Some businesses have found that including certain benefits such as home care, hospice care, nursing-home services, and prescription coverage in their health plan has effectively reduced hospital stays for people with chronic conditions, including HIV/AIDS. This saves them from paying for the most expensive care and allows employees with serious illnesses greater flexibility in their care while improving their quality of life. Encouraging your employees to seek early treatment can prolong healthy and productive living and save costs.

Savings in Personnel Time

By planning ahead, you may save valuable time required for the management of disruptions that can occur in the workplace due to AIDS. Additionally, thorough preparation for AIDS-related issues in the workplace will save a manager many hours of time lost to problem-solving and conflict resolution.

With the encouragement of their employer, some workers may choose to volunteer weekend time or after hours to participate in community activities and fund-raisers for HIV/AIDS. Companies can experience a positive impact if employees and employers partake in these activities together. These endeavors can create a cooperative spirit and strengthen a sense of teamwork that will transfer into the workplace.

"The time lost for an information session cannot compare with the loss of time contending with a crisis in the workplace created by employees who are not fully informed about AIDS. I don't think you can put a price on disruption."

Paul Ross, D.Ed.
Worldwide Manager
HIV/AIDS Awareness Programs
Digital Equipment Corporation

Employees of the Chubb Insurance Group have made an AIDS quilt for all employees infected or affected by AIDS, strengthening the supportive and compassionate workplace environment. In addition, employees in a branch of Chubb in New Jersey have worked with Partnership for New Jersey, a program focused on HIV/AIDS support and prevention. Because Chubb feels that this program is vital to its success, it has been involved in the creation of a guidebook for other employers to answer questions about AIDS and to tell them how and why to set up a workplace program.

Sam Stone, an employee at the Chubb Group of Insurance Companies who is infected with HIV, prepared the employees he supervised to accept more responsibility in his absence. Sam's supervisor felt that the manner in which Chubb managed Sam's extra needs improved the morale of Sam's co-workers and their commitment to the company.

Positive Media Exposure

Involvement in a progressive HIV/AIDS workplace program could reflect favorably on corporations. Paul Ross reported that Digital Equipment Corporation has enjoyed over one million dollars, worth of advertising from the interviews, articles, and network exposure that it gained because the media wanted to profile an HIV/AIDS workplace program. Lou Kaucic of Unique Casual Restaurants, Inc., reported accumulating the equivalent of "tens of thousands of dollars" in media exposure that has resulted from human interest stories about his company's workplace HIV/AIDS program. Studies have shown that there is a market value in stepping up to societal issues and that people tend to buy products from companies that they feel good about.

Not addressing HIV/AIDS in the workplace may result in negative publicity. A restaurant in a small town was boycotted because a food handler was suspected of having AIDS. In this case, the management of the restaurant did not care to approach the subject of AIDS and instead relied upon the company's attorneys to resolve the situation. Because the situation was inadequately handled by the management team, the company lost money in litigation and became poorly regarded among many in the community.

Intangible Benefits

"From the moment that I sent the letter requesting being put on short-term disability leave for [HIV infection], I was greeted with: 'We'll work it out.' 'What can we do?' 'How can we support you?' 'How can we give back anything that you've given this company?' — which blew me away. I can remember putting that phone down and crying for almost two hours because it was off my shoulders."

Jon Stanley Szumigala II
Employee with HIV
Unique Casual Restaurants, Inc.

Businesses that employ workplace HIV/AIDS programs are likely to enjoy intangible benefits that will increase their productivity and the harmony of their work environment. Businesses such as Polaroid report that the cooperative spirit, as a result of their HIV/AIDS program, has ameliorated the employer-employee relationship and has deepened company loyalty.

The perception that an employer cares for its employees can help the company avoid possible litigation costs due to discrimination. Though HIV/AIDS is the most litigated health or discrimination issue in the world, none of the companies mentioned in this brochure has been sued for AIDS-related issues. Companies also find that their preparation for managing HIV/AIDS in the workplace has helped in the resolution of other health and discrimination issues.

A workplace HIV/AIDS program allows a company the means to make a difference in its community. For example, Unique Casual Restaurants, Inc., is developing a program to offer HIV education to students in the universities where it provides food service. By educating employees, their families, and their communities, businesses are helping to reduce the overall societal burden of HIV and AIDS.

Conclusion

As the numbers of individuals in the United States with HIV or AIDS increase, and therapies are developed that help individuals with HIV manage their health status and stay working and productive longer, businesses will need to be prepared to respond effectively to HIV in the workplace. There are costs associated with HIV/AIDS that are borne by businesses, but many of these costs can be mitigated or avoided. Rather than waiting for an incident to occur, most businesses profiled in this brochure have taken the stance that prevention and preparedness are the best ways to approach the situation. These measures have created environments of productivity and efficiency as well as compassion and mutual respect.

"AIDS education is an investment in our people and in long-term health and productivity as a business. My credibility as an employer is highest if I educate my people on how you get AIDS and how you don't get AIDS, particularly on the job."

Michael Lauber
President and CEO
Tusco Display

Employers deciding whether or not to implement a comprehensive HIV/AIDS program face a wager against unequal odds: Should you risk being unprepared when your business is affected by HIV/AIDS and all its real and potential costs? Or should you invest the small amount it may cost today to manage the risk to your business? Even if your business, your employees, and their families are fortunate enough never to be affected by HIV/AIDS, you will have shown concern and caring, which do not go unnoticed by employees. Strategic-planning and risk-management philosophies compel taking a calculated "risk" and wagering in favor of developing a proactive, effective policy to manage HIV/AIDS.

Take this challenge to help your community, your country, and the livelihood of your business by investing in an HIV/AIDS workplace program. Take advantage of the resources and materials made available through the BRTA Program to help you manage the impact of HIV/AIDS on your business and ultimately prevent the spread of this devastating disease.

Appendix: Stage-by-Stage Potential Costs Associated with an ADA Claim

Stage	Description	Potential Cost
EEOC charge	responding to charge and gathering information interviewing witnesses and obtaining employee statements participating in mediation preparing response to charge and position statement following up on supplemental information requests from EEOC and witness interviews by EEOC legal research on ADA issues	$4,000 to $15,000 in attorney time initial disruption to managers and relevant nonmanagement employees alike process may take approximately one year unless employee requests right to sue from EEOC earlier in the process
Litigation (initial civil complaint)	answering complaint or preparing motion to dismiss (with low likelihood of success at this preliminary stage) developing litigation strategy more witness interviews participating in initial court-scheduling conference	$4,000 to $15,000 in attorney time need to disclose the litigation in accounting audits addressing potentially adverse publicity
Discovery	preparing and responding to written discovery requests litigating any discovery compliance motions preparing for depositions and deposing plaintiff and plaintiff's witnesses preparing employer witnesses for deposition and defending their depositions interviewing potential medical and vocational rehabilitation expert witnesses and analyzing materials related to plaintiff's expert witnesses deposing plaintiff's expert witnesses and defending employer's expert's depositions	$25,000 to $100,000 in attorney time and transcript costs $0 to $10,000 in expert witness fees management and employee time in compiling necessary documentation preparing for and attending depositions, participating in discovery strategy, and responding to written discovery requests monitoring progress of litigation

APPENDIX: STAGE-BY-STAGE POTENTIAL COSTS ASSOCIATED WITH AN ADA CLAIM (CONTINUED)

Stage	Description	Potential Cost
Post-discovery	arguing motions	$8,000 to $24,000 in attorney time company time in reviewing motions and making needed affidavits
Pre-trial	preparing portions of pre-trial statement researching and briefing evidentiary issues developing trial outlines participating in pre-trial conference and mandatory settlement discussions evaluating juror profiles (if available) preparing juror questionnaires drafting jury instructions, verdict form, witness lists, exhibit lists, and trial exhibits	$5,000 to $14,000 in attorney time substantial duplication costs substantial witness time in preparing for trial
Trial	court time preparing witnesses preparing emergency evidentiary motions, directed verdict motions jury selection	$6,000 to $35,000 in attorney fees $0 to $10,000 in expert witness fees and transcript costs loss of company witnesses' productive working time in preparing to testify, testifying, and substantial waiting time
Verdict and post-trial	if successful, responding to plaintiff's post-trial motions and preparing cost petition if unsuccessful, preparing post-trial motions and responding to plaintiff's cost and fee petitions	$2,000 to $12,000 in attorney fees damage exposure of back pay, costs, plaintiff's attorneys fees compensatory and punitive damages of up to $300,000 under ADA and 1991 Civil Rights Act
Appeals	analyzing trial transcript researching, writing, and arguing appellate briefs	$12,000 to $25,000

Petesch, Peter. *Risk Management and the Costs and Benefits of Company HIV/AIDS Programs and Policies.* 1996.

The information in this publication is solely for general information and for educational purposes and is not intended to be legal advice. Businesses, unions, and individuals should consult an attorney for specific legal advice.

What You Can Do: Preventing HIV and AIDS

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Introduction

AIDS is the second leading cause of death among all Americans aged 25 to 44. Because more than half of the American workforce is in this age group, union members must continue to respond to AIDS in their communities. Whether your local union has thousands of members or just 100 members, you and your union can make a difference in the fight against AIDS. There is more support and technical assistance than ever before. The Labor Leader's Kit can help the individual and the local union get started. The kit contains information on the following:

- Basic facts about HIV and AIDS;
- Information on HIV antibody testing;
- The union's role in developing workplace policies on HIV and AIDS;
- Contract, policy, and resolution language on HIV and AIDS;
- Protecting workers' benefits;
- Protecting workers from discrimination;
- The Americans with Disabilities Act (ADA);
- The Family and Medical Leave Act (FMLA);
- The Rehabilitation Act of 1973;
- Educating labor leaders about HIV and AIDS;
- Worker education;
- Family education;
- The Occupational Health and Safety Administration's (OSHA) Bloodborne Pathogens Standard, infection control, and universal precautions;
- Profiles of unions that have responded to HIV and AIDS in the workplace; and
- Other resources for unions.

Tell other union members about the Kit and how they can order it. If you need additional copies of the kit, or you need help or technical assistance, call the Centers for Disease Control and Prevention (CDC) Business and Labor Resource Service at 1-800-458-5231. People at the Resource Service are trained to respond to the special concerns of union members and labor unions. Don't hesitate to call them.

Purpose: What Can One Person Do?

You may think that AIDS is a problem too big to solve, or that it's certainly too big for you to do anything about. But that's not true. One person can make a difference. And when one joins another, they challenge their entire local union to respond to AIDS. The impact can be huge.

The purpose of this booklet is to give union members and other workers steps they can take to prevent HIV and AIDS.

Six Steps You Can Take to Help Prevent HIV and AIDS

1. Protect yourself from infection.

2. Share information with family and friends.

3. Encourage your religious community to support HIV/AIDS prevention.

4. Support HIV/AIDS prevention education in schools.

5. Get your local union and other unions involved by:

   - Developing AIDS-in-the-workplace programs
   - Supporting AIDS-in-the-workplace policies
   - Establishing workplace training and education programs on HIV and AIDS
   - Writing articles in union newsletters and papers
   - Making an AIDS Memorial quilt panel for union members who have died from AIDS
   - Displaying the AIDS Memorial Quilt at the next union function
   - Participating in World AIDS Day (December 1)
   - Encouraging their local and/or international union or State affiliate to get involved in the issue
   - Encouraging their local and/or international union to pass convention resolutions on HIV and AIDS
   - Volunteering at local AIDS service organizations
   - Fund-raising for local HIV prevention efforts

6. Get your local union directly involved in the community's response to HIV and AIDS.

Protecting Yourself

To prevent the spread of AIDS, your first priority is to protect yourself from HIV infection.

Here's what you can do:

- *Learn the basic facts* about how you can and cannot become infected with HIV.
- *Determine your own personal risk for HIV infection*. What are your current sexual and drug-using behaviors, including the use of alcohol? What were your past sexual and drug-using behaviors, including the use of alcohol? If you need help figuring out if you may be at risk for HIV infection now, or were at risk in your past, then call the CDC National AIDS Hotline at 1-800-342-AIDS (2437). Your call is anonymous and confidential.
- *Seek counseling and testing* if you think you could be infected. To find testing services in your area or to get information on home testing, call the CDC National AIDS Hotline at 1-800-342-AIDS (2437). Your call is anonymous and confidential.

- *Avoid risky behaviors.* You may decide not to have sex (abstain) or to have sex with one mutually faithful, uninfected person. New latex condoms, used correctly every time a person has sex, can greatly reduce the risk of HIV infection.
- *Don't share needles, syringes, or drug equipment with anyone.* If you currently use illegal drugs, quit. Seek assistance, get help — consider enrolling in a treatment program. For information on drug treatment programs in your area, call the CDC National AIDS Hotline at 1-800-342-AIDS (2437). Your call is anonymous and confidential.
- *Avoid excessive use of alcohol and any use of marijuana, cocaine, or other drugs that may affect your judgment.* Under their influence, you may make unsafe decisions and practice unsafe behaviors. Alcohol and drug use can put you at risk for HIV infection.
- *Learn as much as you can about possible workplace exposure to blood.* This exposure can include cleaning up a spill of blood or other bodily fluid as well as being involved in an accident or performing first aid at work. Many unions have training programs for reducing the risk of exposure to blood and bodily fluids containing visible blood on the job.

Sharing Information With Family and Friends

If protecting yourself is your first priority, then protecting your family and friends also is very important. Share the facts about HIV and AIDS with the people you love. Doing so may help save their lives.

- *If you are a parent or grandparent, talk to your children or grandchildren about HIV and AIDS.* In addition to the materials from Labor Responds to AIDS (LRTA), several unions have written information on how to talk to children and teens about HIV and AIDS. These and other publications will help you explain the risks of using drugs and alcohol and the risks of being sexually active. These materials also explain HIV and sexually transmitted diseases (STDs). To find out if your union has materials for parents, or to find other materials on talking to children about HIV and AIDS, call the CDC Business and Labor Resource Service at 1-800-458-5231. Your call is anonymous and confidential.
- *Share HIV prevention information with your friends.*
- *Discuss HIV infection openly with your sex partner.*
- *Confront and correct misinformation about HIV and AIDS.* Speak up when family and friends don't know the facts. Help them find the information they need by telling them about the phone numbers they can call, including the CDC National AIDS Hotline at 1-800-342-AIDS (2437).

Encouraging Your Religious Community to Support HIV/AIDS Prevention

Many people turn to religious communities for support, comfort, and guidance. Religious communities can be excellent sources of HIV and AIDS education. Your congregation may want to support a local AIDS service organization by providing volunteers and other contributions.

- *Work with your religious leaders to promote compassion and support for people living with HIV and AIDS.* Support those religious leaders who are working to help educate their communities about HIV.
- *Encourage education efforts.* Activities may include distributing brochures and pamphlets on HIV infection and AIDS, writing an article for the congregation's publications, or organizing an education program.
- *Start a service program.* Members of your congregation can work with a local AIDS group to provide meals, transportation, housing, errands, etc., to people with HIV infection or AIDS.

Supporting HIV/AIDS Prevention Education in Schools

Many people with AIDS today were infected with HIV when they were teenagers. Sexually active teens put themselves at risk for HIV infection as well as STDs. Schools can play an important role in educating young people about HIV and AIDS. As a parent, grandparent, or concerned citizen, you can work with administrators, school boards, and parent-teacher associations to support or start educational efforts.

- *Find out whether local schools have comprehensive health education programs.* Make sure education programs are well-rounded and contain information about HIV, STDs, teenage pregnancy, alcohol/drug abuse, and abstinence. If no program exists, help start one. (See the Profile in this booklet on the Candia, New Hampshire, Education Association.)
- *Urge educators to involve parents and grandparents when developing an education program that covers children and HIV.* Parents should have input into what topics are taught, which issues are suitable for which grade, and what materials are developed.
- *Encourage programs that feature teens teaching other teens about STDs, including HIV infection.* This approach is called peer-based education and has been shown to be an effective way for teens to learn.
- *Ensure that the program also addresses drug and alcohol use.* Students need to know how these substances impair judgment. Under the influence of these substances, teens may put themselves at risk for HIV infection as well as other STDs.

- *Urge your school board to adopt an HIV and AIDS policy for students and staff and to implement LRTA's five-component workplace program.* The policy should include guidelines for developing prevention programs, as well as guidelines that protect the rights and dignity of students and teachers who are infected with HIV. For more information on education policies concerning HIV infection, read *Someone at School Has AIDS,* published by the National Association of State Boards of Education. For ordering information, call 703-684-4000.
- *Organize educational events throughout the year focusing on HIV prevention.* Invite guest speakers, including persons living with HIV and their families, to discuss various aspects of the disease. Help sponsor an AIDS prevention contest or event aimed specifically at teens.

Getting Your Local Union Involved

Union members can have tremendous impact on the job and in their communities — in schools, religious communities, and the organizations that serve people living with HIV and AIDS. While on the job, encourage the union and management to:

- *Develop an AIDS-in-the-workplace program.* Labor, along with management, has developed effective AIDS-in-the-workplace programs. For more information on how your workplace can develop a similar joint labor-management program, see the booklet *Labor Profiles: Unions Responding to HIV/AIDS at the National, State, and Local Levels* in the Labor Leader's Kit.
- *Support the development of an AIDS-in-the-workplace policy.* For more information, see the booklets *Workplace Policy on HIV and AIDS: The Union's Role* and *Contract, Policy, and Resolution Language* in the Labor Leader's Kit.
- *Develop workplace training and education.* This includes educating union leaders, workers, managers, and families. For more information on developing training and education programs, call the George Meany Center for Labor Studies at 301-341-5453.
- *Participate in World AIDS Day (December 1) or AIDS Awareness Month in October.* For more information, call the Business and Labor Resource Service at 1-800-458-5231.

Union Members Can Also:

- *Write articles about why HIV is a union issue.* They can submit their articles to union newsletters and union papers, as well as their local newspapers.
- *Make a quilt panel for union members who have died from AIDS or display part of the AIDS Memorial Quilt at their next union function.* For more information on developing a quilt panel or displaying the AIDS Memorial Quilt, call the Names Project Foundation at 415-882-5500.
- *Investigate ways in which they can formulate a resolution addressing the development of an HIV/AIDS program at the next union convention.*

Getting Your Local Union Directly Involved in the Community's Response to HIV and AIDS

The local union can support HIV and AIDS prevention efforts in the community. Two of the most important things that unions have done and can continue to do are to:

- *Raise funds.* Local unions have a long and proud track record of raising money for worthy community causes. Unions historically have also raised funds for families on strike or for members who have lost their homes in a flood or a fire. Raising funds for community-based organizations that serve people with HIV and AIDS is no different. And local organizations serving people with HIV and AIDS always need funds.
- *Volunteer.* Community organizations always need volunteers. Organizations need drivers, cooks, buddies, people to help care for pets, housekeepers, errand-runners, people to help fill out paperwork, speakers, etc. An hour each week or a few hours per month can make a tremendous difference!

PROFILE: CANDIA, NEW HAMPSHIRE, EDUCATION ASSOCIATION

AIDS Education Program
Candia Education Association
AIDS Education Program
Candia, New Hampshire
603 - 483 - 2251

History

When a health teacher in the Candia, New Hampshire, School District decided that her district needed to be doing more AIDS education and prevention for children, she knew that the program could not just be aimed at kids. From years of experience as a teacher, she knew that important prevention messages for kids also must be aimed at educational staff and parents. She developed a three-phase approach into a grant proposal that she submitted to the National Education Association Health Information Network (NEA HIN). The Candia Education Association was awarded money from the NEA HIN to develop such a program.

HIV/AIDS Program

Phase I

The first target audience to be trained was school staff. This audience included teachers, teacher aides, custodians, and cafeteria workers. The training was conducted after school so that all staff had the opportunity to attend the training. Staff from three other schools in this rural New Hampshire community were also invited to attend the staff training. Though the training was held off the clock, and most of the staff in the district had been working without a contract for three years, the training was enthusiastically attended by the staff. Participants received staff development hours for the training.

The health teacher worked with other staff to determine what the training agenda should include. All of them agreed that they wanted very basic training on HIV and to learn some of the historic background of HIV and AIDS. The health teacher located a certified HIV/AIDS instructor, and the committee worked with her to develop an "AIDS 101" agenda. The afternoon training session included the following information:

- Historic perspective on HIV/AIDS;
- Basic facts about how HIV is and is not transmitted;
- The symptoms of HIV infection;
- Diagnosis and treatment;
- Infection control and universal precautions at work;
- Statistics and demographics at the local, State, nationals, and international levels; and
- Age-appropriate information for use by teachers when talking to their students regarding HIV/AIDS prevention.

Two very positive outcomes occurred as a result of the staff training:

- Other schools in the area developed their own Saturday training on HIV and AIDS.
- Staff members were provided with waist packs to wear that contained infection-control equipment so that any person performing bus duty, recess duty, etc. had quick access to gloves in case they came in contact with blood or other body fluids.

Phase II

The next phase of the HIV/AIDS education program was directed to children. The health teacher put together a committee of junior high students, high school students, parents, and teachers to come up with the best way to reach students from grades 7 to 12. The committee decided to sponsor a Teen Coffee House. The Coffee House was set up in the local high school gymnasium. Coffee and other refreshments were served. Live music and live theater also were provided. The Manchester Youth Theater Group performed open-ended skits around such topics as dating, abstinence, STDs and HIV. The teens would then have a discussion on how they thought the skit would "end."

Evening performances also included discussions with young people living with HIV and AIDS. The inclusion of speakers with HIV in the Teen Coffee House was one of the most highly rated aspects of the evening. The students appreciated the speakers' honesty and positive messages.

To get the word out about the Teen Coffee House, the committee designed posters and distributed them in the local junior and senior high schools and the community. Students from neighboring towns also were invited to the Coffee House. More than 100 students participated in the Teen Coffee House activities.

Phase III

In the final phase of the HIV/AIDS education outreach program, the committee worked on outreach to parents and marketed a parents' event through the local newspapers. Because of the success of the Coffee House setting, the parents also were invited to a Coffee House with repeat performances from the theater group and speakers with HIV/AIDS. Though this last event was targeted specifically to parents, they were encouraged to bring their teens with them to the Coffee House.

Lessons Learned

- Inviting staff members to help set the training agenda ensured that their concerns and interests were addressed.
- Though the staff training was scheduled as a three-hour session ,three hours were not as much time as participants would have liked.
- The quick outcomes of additional training and infection-control waist packs reinforced the positive aspects of the training session.
- Having students involved in the outreach messages to other students helped ensure the success of the Teen Coffee House.

- Participatory education, as in the participation of the students with the Manchester Theater Group, is an effective way to provide AIDS education.
- Though some funding was needed to develop this three-phase program — money was spent on paying a program planner and paying a stipend to the speakers with HIV and AIDS — the success of this program was based on the energy and time that teachers, students, parents, the school district, and the community provided. For instance, the students designed and distributed the posters; free space in the school gymnasium was used, which students and teachers converted into a coffee house; the musicians and theater groups performed for free; coffee and refreshments were donated by local merchants; and the certified AIDS trainer provided much of her time and expertise *pro bono*.

Basic Facts About HIV and AIDS

What Is AIDS?

AIDS (acquired immunodeficiency syndrome) is a serious disease caused by infection with HIV (human immunodeficiency virus). The virus breaks down the body's immune system. It destroys the body's ability to fight infection and illness. By preventing HIV infection, you can prevent AIDS.

How Can People Get HIV?

- Having unprotected (without a condom) sexual intercourse — anal, vaginal, or oral — with an HIV-infected person.
- Sharing needles, syringes, or other drug equipment with a person infected with HIV.
- Infection from an HIV-infected mother during pregnancy, birth, or, in some cases, breastfeeding.
- Occupational exposure through infected blood. Exposure can occur when a worker gets stuck with a needle; gets cut with a contaminated sharp instrument, like a scalpel; is splashed in the eyes, nose, or mouth with blood; or is cleaning up after an accident or a spill of blood or other body fluids.

Because the blood supply in the United States is tested for HIV, the chance of getting HIV when you receive blood transfusions is extremely small. There is absolutely no chance of getting HIV from donating blood any where in the United States.

How Can People Protect Themselves From HIV Infection?

- Not having sex.
- Having sex with a single, mutually faithful, uninfected partner.
- Using a new latex condom correctly every time for sexual intercourse (anal, vaginal, or oral), which greatly reduces the risk for infection.
- Not using drugs.
- Not sharing needles, syringes, or other drug paraphernalia works to shoot drugs.
- Making sure the OSHA Bloodborne Pathogens Standard is enforced in workplaces where workers are exposed to blood and other body fluids.

Preventing Occupational Exposure to HIV

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Materials from the following unions and organizations were used to develop some of the information in this publication:

The George Meany Center for Labor Studies, AFL–CIO

Labor Occupational Health Program (LOHP) Center for Occupational and Environmental Health Program (LOHP), School of Public Health, University of California, Berkeley

Service Employees International Union Education and Support Fund

PURPOSE

Learning how to prevent occupational exposure to HIV is one of the goals of the education component of the Labor Responds to AIDS Program. This booklet is written so that *labor leaders* can:

- become familiar with various kinds of bloodborne infections, including HIV;
- explore the actual tasks on the job that could expose a worker to blood and body fluids that could transmit bloodborne diseases like HIV, hepatitis B, and hepatitis C;
- learn ways in which workers can prevent being exposed to blood on the job, including universal precautions and the requirements for employees under the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard; and
- know what to do if a worker is exposed to blood, body fluids containing visible blood, or the concentrated virus on the job.

This information can also be used by *workers* so that they can:

- evaluate the safety of their own workplace;
- identify problems;
- work with management to solve those problems;
- share this information at health and safety committee meetings or joint labor management meetings;
- encourage workers to practice universal precautions; and
- encourage workers who are eligible to get the hepatitis B vaccine.

Union *educators* can use some or all of this booklet to plan and conduct a workshop on preventing occupational exposure to bloodborne diseases. *Stewards or business representatives* may want to use this information to help solve problems in the workplace. For example, they could use this information to help workers get safer medical devices, such as needleless IV systems and self-resheathing needles. (See Appendix C for samples of safer medical devices.)

Labor leaders and workers who have additional questions or concerns after reading these materials should contact their health and safety representative for more information.

(For information on HIV and personal risk reduction, see *A Labor Leader's Manual on AIDS in the Workplace* in the Labor Leader's Kit).

Concerns of Workers

Workers may have several concerns or questions regarding their exposure or possible exposure to blood and bloodborne diseases at work. Some of the questions workers most often ask include:

- Am I eligible for the hepatitis B vaccine? (See page 7.)

- What should I do if I am exposed to blood or body fluids containing visible blood at work? Whom should I call? Whom should I tell? (See page 17.)

- Why can't I know which of my clients or patients has HIV? (See page 10.)

The information in this booklet should help answer these questions and more.

Overview — Bloodborne Diseases

Because human immunodeficiency virus (HIV) and other bloodborne diseases is transmitted by blood and body fluids containing blood, preventing exposure to HIV on the job really means preventing exposure to these substances. It is the actual contact with blood on the job that puts a worker at risk. Workers, especially health care workers, may come into contact with blood on the job by a blood splash to the eyes, mouth, or nose, or they may be one of the estimated one million health care workers stuck by a needle every year.

Fortunately when workers practice universal precautions and work to make sure that the OSHA Bloodborne Pathogens Standard is enforced in their workplace, their risk of exposure to HIV and other bloodborne diseases decreases. (See Appendix B for a copy of the Bloodborne Pathogens Standard).

Bloodborne diseases like HIV and hepatitis B are caused by viruses. Viruses are transmitted by contact with blood, semen, vaginal secretions, and certain other body fluids. If any of these viruses get into a person's body, he or she may become infected with the virus and get sick.

HIV

Most workers have no risk of getting HIV from their job. However, HIV is transmitted by human blood, so those workers who have direct contact with blood, body fluids containing visible blood, or the virus itself at work may have some risk of getting HIV on the job. HIV is only one virus transmitted by blood. Others include hepatitis B virus (HBV) and hepatitis C virus (HCV). Direct contact with blood or body fluids containing visible blood and certain other body fluids on the job can occur when a worker:

- gets stuck with a needle or a lancet;
- gets cut with a sharp instrument, like a scalpel;
- is splashed in the eyes, nose, or mouth with blood, body fluid, or the actual virus;
- has an opening on the skin (like a cut or a rash).

Besides blood, HIV can be found in other fluids including:

- semen;
- vaginal or cervical fluids;

- breast milk;
- fluids surrounding the joints, lungs, heart, and abdomen;
- fluids in childbirth, like amniotic fluid;
- any other body fluids that contain visible blood;
- other specific body fluids.

Workers exposed to any of these fluids at work should practice universal precautions. See page 8 for more on universal precautions.

Many workers also are exposed to saliva, sweat, tears, urine, vomit, and feces. These fluids are not known to spread HIV. While very small amounts of HIV have been found in saliva and tears, there is no risk unless there is visible blood in these body fluids.

Remember, it's bloodborne pathogens that put workers at risk of exposure to hepatitis B, hepatitis C, or HIV. Workers who may come into contact with blood and certain other bodily fluids on the job include:

- health care workers such as nurses, doctors, nurses aides;
- lab workers;
- housekeepers;
- laundry workers;
- janitors;
- dental assistants and dentists;
- nursing home workers;
- home care workers;
- police officers;
- emergency workers such as ambulance drivers, paramedics, and firefighters;
- first responders and those performing first aid;
- prison and jail workers;
- mental health workers;
- social workers;
- school nurses;
- teachers and teacher assistants;
- educational support personnel;
- funeral services workers;
- morticians;
- embalmers; and
- pathologists.

In short, many workers have the potential to come into contact with blood, body fluids containing blood, and concentrated viruses (e.g., such as those used in laboratory experiments) on the job. All of these workers need to be familiar with universal procedures.

Hepatitis B Virus

Hepatitis is an inflammation of the liver. It can be caused by many different things like viruses, alcohol, or chemicals. When it's caused by a virus, it's called viral hepatitis. There are many types of viral hepatitis, including three of the most common — hepatitis A (HAV), hepatitis B (HBV) and hepatitis C (HCV). Because of the purposes of this document, HBV and HCV will be the only two discussed, hepatitis A is not a bloodborne pathogen.

HBV is well recognized as an occupational risk for health care workers. The level of risk is related to:

- the frequency of exposure to blood, body fluids, or blood contaminated sharps
- the duration of employment in an occupational category with frequent blood/needle exposure
- the underlying prevalence of HBV in patient population.

Virus	Transmission	Prevention
Hepatitis B	Contact with blood: unprotected sex; sharing needles; on the job	Get vaccinated; practice safe sex; don't share needles; use universal precautions
Hepatitis C	Contact with blood: unprotected sex, sharing needles; on the job	Practice safe sex; don't share needles; use universal precautions; no vaccine available

What Are the Symptoms of Viral Hepatitis?

Many cases of viral hepatitis go undiagnosed or misdiagnosed because the symptoms are flu-like or may be very mild. In some people, more serious symptoms may develop. Symptoms, which can take from six weeks to six months to appear, may include:

- fever,
- fatigue,
- loss of appetite,
- nausea,
- vomiting,
- dark urine,
- abdominal pain,
- muscle or joint aches, and
- jaundice (skin and whites of the eyes turn yellow).

Because viral hepatitis affects the liver, many people with hepatitis B or hepatitis C develop chronic liver disease. People with chronic hepatitis B have a 100 times greater chance of developing liver cancer than people without hepatitis B. A blood test is available to test for hepatitis B and C. Even if a person doesn't have symptoms, the test can tell if he or she has been infected with HBV or HCV. Antibodies for HCV are not detectable for up to six months after exposure. This same blood test is used to screen the blood supply in the United States for hepatitis B and hepatitis C.

Hepatitis B Vaccine

Hepatitis B virus is transmitted through:

- a needlestick injury at work;
- blood splashes to the eyes, nose, and mouth at work;
- human bites that break the skin.

The good news is that workers can protect themselves from exposure to hepatitis B by getting the hepatitis B vaccine. The vaccine is given in three doses. Workers should be vaccinated before they get injured. As part of OSHA's Bloodborne Pathogens Standard, the employer must offer the hepatitis B vaccine to certain workers free of charge.

OSHA requires that the hepatitis B vaccine be offered to all workers who risk exposure to blood on the job. These include health care workers, public safety and corrections workers, and anyone who gives first aid. Many unions believe that other types of jobs involve exposure to blood and should be covered by the Bloodborne Pathogens Standard. For example, sewer workers and water treatment plant workers may need the vaccine. Some unions have filed grievances to get the vaccine for their members.

OSHA requires the employer to provide the vaccine:

- at no cost to the worker,
- during working hours (at a reasonable time and place), and
- within 10 days of the worker's initial assignment to a job where he or she is exposed to blood.

If the employer fails to do this, the worker can file a complaint with OSHA. OSHA's Bloodborne Pathogens Standard states that workers can choose not to take the vaccine but must sign a declination waiver. Later, if they change their minds, and continue to have exposure risk, the employer still must provide the vaccine at no charge.

Remember, hepatitis B can be deadly. The vaccine saves lives. It is for the most part safe and effective.

(See pages 11 – 15 and Appendix B for more information on the Bloodborne Pathogens Standard.)

Hepatitis C Treatment

Hepatitis C is on the rise in health care settings. Like hepatitis B, it is a bloodborne disease. The only treatment available for hepatitis C is a drug called alpha interferon, which is controversial. A worker exposed to hepatitis C should talk to his or her doctor about the drug. Workers can protect themselves from hepatitis C by practicing universal precautions. A worker who has been exposed to hepatitis C should be tested and then provided follow up care by a physician for at least one year after exposure. Hepatitis C, like hepatitis B, can be sexually transmitted.

Preventing Exposure to Blood, Body Fluids Containing Visible Blood, and the Viruses on the Job

Workers can protect themselves from infection with HBV, HCV, and HIV at work by protecting themselves from exposure to blood, body fluids containing visible blood, and concentrated viruses (e.g., such as viruses used in laboratory experiments) on the job. Workers can achieve this goal by practicing universal precautions and by making sure that requirements of the OSHA Bloodborne Pathogens Standard are being met in the workplace.

Universal Precautions

Because it is impossible to know who is or is not infected with HIV, HBV, or HCV, *workers must treat ALL blood and body fluids as if they are potentially infectious.* This practice is called standard body isolation precautions and should be used by *anyone* exposed to *any* body fluids on the job. Standard body isolation precautions include the more specific precautions known as universal precautions. These precautions apply to blood and certain body fluids capable of transmitting bloodborne diseases like HIV, HBV, and HCV. For the purposes of this document, the term universal precautions will be used. Universal precautions also are a component of OSHA's Bloodborne Pathogens Standard.

Always use universal precautions whenever you come in contact with:

- blood or blood products like plasma;
- body fluids like semen, vaginal secretions, and amniotic fluid. (See page 4 for a list of some of these fluids);
- any body fluid in which blood is visible; or
- cuts, wounds, or other kinds of open skin or lesions.

Universal precautions include:

- hand-washing with soap and water:
  - between each patient and task,
  - after using the bathroom, and
  - after taking off your gloves.

- wearing appropriate gloves (e.g., vinyl, latex, or housekeeping) whenever you may have contact with blood or other body fluids;
- wearing a gown, mask, or eye protection (goggles or face shield) when you may be splashed with blood or other body fluids;
- disposing of needles and other sharp instruments by placing them in a puncture-resistant container, like a needle disposal box **(do not re-cap needles)**;
- using resuscitation equipment, such as a mouthpiece or a resuscitation bag, when mouth-to-mouth resuscitation is needed;
- using leak-proof containers to store and transport patient specimens (the containers should have lids)
- using leakproof bags to store and transport soiled linen (bags that contain linens soiled with blood or body fluids should be color-coded [red] or labeled with the biohazard symbol).

All workers who come in contact with blood on the job should practice universal precautions, including:*

Housekeepers

- Wear housekeeping utility (rubber) gloves when cleaning up blood or bodily fluids.
- First, contain blood spill with absorbent materials such as paper towels, then clean up spill with appropriate disinfectant.
- Never use your hands or feet to push down the trash in a bag — it could contain needles that could poke through your hands or shoes.
- Never hug bags of trash to your body. They could contain needles that could poke you or fluids that could leak on you.
- Throw away housekeeping gloves if they become cracked, split, or discolored.

Janitors

- Put waste that has blood or body fluids in a special red plastic bag.
- Always put needles and other sharp objects in a needle disposal box or container.
- Never use your hands or feet to push down the trash in a bag — it could contain needles that could poke through your hands or shoes.
- Never hug bags of trash to your body. They could contain needles that could poke you or fluids that could leak on you.
- Follow disinfection procedures with a chemical germicide solution. One inexpensive, easy solution is bleach and water (1:100 dilution; e.g., 1/3 cup of bleach per 2 gallons of water). This solution should be made fresh daily and discarded within 24 hours.

Laundry Workers

- Wear gloves when sorting laundry.
- Never hug bags of laundry to your body. They could contain needles that could poke you or fluids that could leak on you.

Dietary Workers

- Wear gloves and an apron when preparing food. If you find a needle or anything else on a food tray that does not belong there, tell your supervisor.

* While the items in this list may be prudent practice, not all are required by the OSHA Bloodborne Pathogens Standard.

Use Universal Precautions Because:

- They are a CDC recommendation and OSHA regulation.
- They may save you from becoming infected.
- They also protect patients and clients.

When workers practice universal precautions, they don't need to know a patient's, client's, or student's diagnosis. Confidentiality laws often make it impossible to know someone's diagnosis anyway. Practicing universal precautions and treating *all* blood and body fluids as potentially infectious help ensure that the workers protect themselves while focusing on providing quality care to the patient or client. Practicing universal precautions — including the use of gloves, hand washing, etc. — also protects the patient or client from any illnesses that the care providers may have. In short, following universal precautions is a solid foundation of prevention and infection control that is good for the worker and good for the patient or client.

What Is OSHA?

The Occupational Safety and Health Administration (OSHA) is a U.S. government regulatory agency established in 1971 to ensure safe and healthy conditions on the job for workers. Federal OSHA regulations cover most of the private sector (non-government) in the U.S. workforce. OSHA is part of the Department of Labor.

OSHA sets health and safety rules that employers must follow. These rules are called standards. These standards require employers to protect workers from exposure to various hazards — such as toxic chemicals, high levels of noise, and blood on the job — and describe ways to make the workplace safer. If employers do not follow OSHA standards, they are breaking the law. OSHA can order them to comply and also can impose fines on the employer. OSHA takes complaints from workers who believe their jobs are unsafe. OSHA may also send inspectors to various workplaces to check on working conditions.

Public sector (government) workers have only partial protection under OSHA. State and local public employees are covered only if their State has chosen to set up its own State OSHA program. These State programs must be approved by the Federal agency and must meet Federal guidelines. There are currently 23 States with State OSHA programs. Almost 8 million public sector workers in the 27 States that do not have

State programs are not covered by OSHA regulations at all. To determine if your State has these guidelines, call the Business and Labor Resource Service at 1-800-458-5231.

Federal government workers are covered by a Presidential Executive Order (#12196, 29 CFR Part 1960). This executive order requires Federal workplaces to comply with OSHA regulations.

See Appendix A for more information on State OSHA programs. Workers who are not sure whether they are covered by Federal or State OSHA programs should check with their union's health and safety representative.

OSHA Bloodborne Pathogens Standard

In 1992, the OSHA Bloodborne Pathogens Standard became effective. It serves to protect workers who come in contact with blood or other potentially infectious material on the job. OSHA may cite and fine employers who fail to follow the requirements of the standard.

Exposure Control Plan

Covered employers must have a plan to prevent and reduce the amount of contact that workers have with blood. This plan is called the exposure control plan and must be in writing. The plan lists all jobs in which workers come in contact with blood. It also lists all tasks in which a worker can come in contact with blood. Tasks/procedures are only listed for job classifications where some employees are exposed and some are not (and the employer has decided not to extend blanket coverage to all employees in that job classification.) The plan must be made available to workers at all times and to OSHA. The plan must be reviewed and updated every year and whenever necessary to reflect new/modified tasks or employee positions that affect occupational exposure.

Universal Precautions

Universal precautions must be used on the job. This means workers are trained to treat all blood and certain body fluids as potentially infectious for bloodborne pathogens such as HBV, HCV, and HIV. (See page 8 for more information on Universal Precautions).

Hand Washing

Workers should be trained in proper hand-washing methods. Hand-washing sinks must be available to workers.

Personal Protective Equipment

Personal protective equipment (PPE) must be provided free of charge to workers. Equipment includes gloves, goggles, masks, and gowns. Equipment must fit and be readily available to the worker.

Disposal of Sharps

Special containers called sharps containers or needle disposal boxes must be available. Containers must be located where needles are used, such as in the patient rooms, and other places where needles may be found, such as in the laundry room. The box should be kept upright, replaced when needed, and never allowed to get too full. The box is usually red and displays the biohazard symbol.

Hepatitis B Vaccine

The hepatitis B vaccine must be provided to covered workers (who risk exposure to blood on the job) within 10 working days of starting the job. The vaccine is free and must be made available at a reasonable time and place. Workers can choose not to take the vaccine. Later, if they change their minds, the employer still must provide the vaccine at no charge. The vaccine is given in a series of three shots over a 6-month period.

Post-Exposure Follow-Up

The employer must have a post-exposure follow-up plan in writing that spells out how to care for workers after they have been stuck with a needle or splashed with blood (otherwise known as an "exposure incident"). The care of an exposed worker should be done according to U.S. Public Health Service recommendations. (See pages 17 – 19 for post-exposure follow-up procedures after exposure to blood and other body fluids).

Training

Training on the OSHA Bloodborne Pathogens Standard must be provided to workers at the time of initial assignment to tasks where occupational exposure may occur and every year thereafter. The training must be in a language that the workers understand.

Engineering Controls

Engineering controls are controls that lower workers' exposure to hazards like needles or blood, by isolating or removing the hazard from the workplace. Engineering controls must be examined and maintained or replaced on a regular schedule to assure their effectiveness.

Checklist

OSHA Bloodborne Pathogens Standard: Compliance Checklist

Although the entire Bloodborne Pathogens Standard is printed in Appendix B, a labor leader could use the following checklist to assure that their workplace is following OSHA's requirements for protecting workers from HIV, HBV, HCV, and other bloodborne pathogens.

Requirements of the Standard:

____The employer has a written exposure control plan that includes a list of job classifications in which workers are or may be exposed to blood or certain bodily fluids.

____The employer has implemented universal precautions, meaning that all blood and certain bodily fluids, and potentially infectious material such as concentrated virus used in laboratory experiments, are treated as though they were potentially infectious for HIV, HBV, and HCV.
Universal precautions apply to blood, blood products (like plasma), semen, vaginal secretions, cerebrospinal fluid (fluid in the brain and spinal column), synovial fluid (fluid around joints), pericardial fluid (fluid around the heart), amniotic fluid (fluid around a fetus), pleural fluid (fluid surrounding the lungs and chest wall), peritoneal fluids (fluids in the abdomen), saliva in dental procedures, concentrated forms of HIV or HBV(usually in the laboratory setting), and any other body fluid in which blood is visible.

____Hand washing sinks are available.

____The employer provides the hepatitis B vaccine free of charge to workers who are or may be exposed to blood or body fluids.
Vaccination is voluntary, not mandatory.

____The employer has procedures for protective housekeeping practices in areas where workers are exposed to blood or body fluids.

____The employer provides gloves, gowns, eye protection, and other personal protective equipment as needed to workers who are or may be exposed to blood or body fluids.
Gloves and other personal protective equipment are available in sufficient sizes and quantities and are of sufficient quality for the task at hand.
Resuscitation bags or other ventilation devices are available in strategic locations to minimize the need for mouth-to-mouth resuscitation.

____The employer provides puncture-proof containers for the disposal of needles and other sharp instruments.
Sharps containers are located wherever sharps are commonly used or found.
Needles are never recapped, bent, broken, or removed from disposable syringes by hand. Resheathing instruments, self-sheathing needles, or forceps are used to prevent recapping by hand.

____The employer requires all "regulated waste" which is a portion of the larger grouping of "potentially infectious waste" to be placed in a container which is red or labeled with the biohazard symbol.

Checklist

____Laundry workers who are or may be exposed to blood or body fluids are provided the same types of protections (appropriate personal protective equipment, training, hepatitis B vaccination, post-exposure-follow up) as other exposed workers.
Soiled linen is bagged at the location where it is used.
Laundry is not sorted or rinsed in patient-care areas.
Laundry is transported in leak-proof bags.

____The employer follows standard sterilization and disinfection procedures recommended by the Centers for Disease Control and Prevention for protection from HBV when sterilizing or disinfecting instruments, devices, or other items contaminated with blood or body fluids. (See Appendix D for CDC's standard sterilization and disinfection procedures).

____Hand washing is required after gloves are removed following contact with blood or body fluids.

____The employer records needlestick injuries that require medical treatment, for example, hepatitis B immune globulin, hepatitis B vaccine, zidovudine (ZDV, also referred to by some as AZT) on the OSHA 200 log.

____The employer has follow-up procedures for cases where a worker suffers a needlestick injury or other significant exposure to blood or blood-contaminated bodily fluids (for example, a splash of blood in the eyes, nose, or mouth).
The exposed worker is offered medical counseling and HBV and HIV testing, as well as follow-up HIV antibody testing 6 weeks, 12 weeks, and 6 months following exposure.
The exposed worker is offered hepatitis B immune globulin and the hepatitis B vaccine.
No adverse action is taken against workers who are exposed but choose not to be tested or participate in post-exposure follow-up.

____The employer provides training to all workers who are or may be exposed to blood or body fluids on the job, including a discussion of the following topics:

- precautions and proper work practices to prevent HIV/HBV infection, including a discussion of universal precautions;
- description of HIV and HBV, including their modes of transmission and means of prevention (including the hepatitis B vaccine);
- location and proper use of personal protective equipment;
- tags or other color coding of potentially infectious waste; and
- procedures to use following a needlestick incident or other significant exposure to blood or bodily fluids.

Checklist

(The post exposure follow-up requirements include a number of factors not listed in this checklist. Check with your union's health and safety representative. All the follow-up requirements are listed in detail in the actual OSHA Bloodborne Pathogens Standard, which is found in Appendix B of this booklet.)

Remember, the following bodily fluids can transmit bloodborne diseases including HIV infection, hepatitis B, and hepatitis C. Always use universal precautions when you come in contact with:

- blood
- blood products, like plasma
- fluid around joints, heart, lungs, chest, and abdomen
- vaginal secretions
- fluids in childbirth
- fluid in the brain and spinal column
- semen
- certain other body fluids (especially those containing visible blood)

These fluids are not currently known to spread HIV, unless they contain visible blood:

- Urine
- Sweat
- Vomit
- Feces
- Tears
- Saliva
- Nasal secretions

Injuries From Needlesticks

The greatest risk of contact with blood on the job comes from needlestick injuries. Every needlestick injury should be treated as a serious event because of the chance of getting hepatitis B, hepatitis C, or HIV from the used needle contaminated with blood. The risk of infection with HIV following one needlestick exposure is approximately 0.3 percent and ranges from 6 percent to 30 percent for HBV and from 5 percent to 10 percent for HCV. The majority of needlestick injuries could be prevented if safer-designed syringes and needles were made available to the health care workers who use them. For example, there are needles available today that recap themselves after use, and IV line connections that don't use needles. In many health care institutions, unions have actively promoted the use of safer needles and other medical devices. Many unions have worked on product and purchasing committees to advocate for the purchase and use of safer equipment.

To avoid needlestick injuries, observe the following safety precautions:

- Use safer medical devices (you may want to research what these are with your infection control coordinator).
- Always put used needles, lancets, scalpels, and razors in a needle disposal box.
- Make sure the box is thick enough so sharp objects can't poke through.
- Use the box close to the place where needles are used, such as the patient's room.
- Replace the box when it has been filled to the indicated safe level.
- Never recap, cut, or break needles.

(See Appendix C in this booklet for examples of safer needles and devices.)

Preventing or Reducing Needlestick Injuries

There are several steps that local unions can take to help prevent or reduce the number of needlestick injuries in a facility. They may include the following:

- Find out about the product evaluation or purchasing committee at the facility. These are the committees that usually make decisions about buying new medical equipment for health care workers. If the union is not currently represented on one of these committees, make sure that workers are placed on it.
- Develop contract language that gives the union a role in making decisions about buying safer equipment and needles. (For more information on model contract language, see *Contract, Resolution, and Policy Language* in the Labor Leader's Kit).
- Evaluate the safety features of needles, equipment, and other medical devices. (For a step-by-step guide on how to evaluate safer medical devices, see SEIU's *Needlestick Prevention Factpack*. SEIU is listed in the Resource Directory of this booklet).
- Make sure all needlestick injuries and other exposures to blood are recorded, not just those requiring medical treatment. Record the type of device used, where it was used, and how the injury happened. Information about all incidents is necessary to study injury patterns.

- See that all needlestick injuries and other blood exposures are investigated by the health and safety committee or, if there is no committee, by union stewards.
- See that all workers receive training and education on universal precautions when they are first hired. All workers should be trained at least annually on universal precautions and infection control.
- When new needles and other products are put into use, make sure that workers get training on how to use them properly.

Medical Evaluation and Treatment After an Exposure

- What should a worker do if he or she gets stuck with a needle or splashed with blood?

  A worker who gets stuck with a bloody needle or any other sharp instrument, and/or a worker who is splashed with blood should follow these five steps:

  - First, wash the wound gently with soap and water. In case of a blood splash to the eyes, rinse the area with warm clear water. If splashed in the mouth, rinse immediately with clean water.
  - Then tell your supervisor.
  - Next, go to the emergency room, employee health clinic, or the place designated by the employer where injured workers should go to get treated.
  - Be sure to document the needlestick injury or splash.
  - Fill out a written incident report. This must be done in order for the worker to be considered for worker's compensation should he or she get sick from the exposure. The incident report should include:
    1. the time and date of exposure
    2. the job duty being performed at the time
    3. description of the incident and injury
    4. the source of the blood, if known — for example, a used needle, used lancet, a tube of blood, etc.

- What kind of medical evaluation should be done if a worker is exposed to blood or other body fluids on the job?

  - The employer's medical personnel (or outside provider) should perform a medical evaluation on the injured worker. They should investigate and document how the exposure occurred. They also should determine if medical treatment and follow-up are needed.
  - For any occupational exposure, OSHA states that the employer should test the "source" individual (the person whose blood was involved in the exposure) for HIV and hepatitis B. The person's permission will be needed before testing (consent depends on individual State law). Post-exposure prophylaxis, according to CDC guidelines, should be instituted without delay even if source

patient testing is delayed. It can be discontinued if the source patient test results are negative.

- The employer's medical personnel should evaluate the worker for any illness that the worker reports in the future that might be related to the exposure.
- The employer is required to have a system that handles medical records confidentially. The worker must give written consent for medical records to be released. Medical records should be kept separate from an employee's personnel file.

- What medical treatment should be given to a worker who is exposed to blood on the job?

  - The worker should receive a shot of immunoglobulin or the hepatitis B vaccine if he/she has not previously been vaccinated against hepatitis B.

  The following are recommendations made by the Public Health Service (PHS) in June 1996 regarding post-exposure therapy with AZT. Currently, these recommendations are being revised to include additional drug therapies. When possible these recommendations should be carried out by a physician who specializes in AIDS treatment. Consider enrolling in the post-exposure prophylaxis register by calling 1-888-PEP4HIV.

  - The worker should be advised about post-exposure therapy with ZDV. The PHS recommends taking ZDV after an exposure, especially in the case of a significant occupational exposure. The PHS defines a significant occupational exposure as a deep injury; an injury involving a device on which there was visible blood; an injury caused by a device that was previously placed in the source-patient's vein or artery; or the source patient died as a result of AIDS.
  - PHS also has issued provisional recommendations using ZDV in combination with other drugs called protease inhibitors. Protease inhibitors, when combined with ZDV and other antiretroviral drugs, can reduce the HIV particles in the blood (viral load) to very low levels in many individuals.
  - If medical therapies like ZDV and indinavir are used, the worker should be monitored for drug toxicity, including having a complete blood count and kidney and liver chemical function tests at baseline and two weeks after starting the therapy.
  - Workers who have had an exposure incident should receive follow-up counseling and medical evaluation. The medical evaluation should include the HIV-antibody test as soon after the exposure as possible (this is called at "baseline") and every now and then for 6 months after the exposure, for example, at baseline and at 6 weeks, 12 weeks, and 6 months. Counseling should include information on abstaining from sex, as well as using measures to prevent HIV transmission during sexual intercourse, such as using latex condoms.
  - Therapy after exposure should begin promptly, preferably within one to two hours after the exposure. Therapy should last for four weeks if possible.

- What counseling should be offered to a worker who is exposed?
  - A worker should be given professional counseling after any significant exposure to blood. Counseling should be tailored to meet the individual employees needs taking into consideration their cultural background, educational level, family support network, and emotional characteristics. Counseling may include other family members if the worker wishes. Exposure to blood can be traumatic. HIV counselors are well-trained and know what to include in counseling sessions.

- What should be documented to file for workers' compensation?
  - A worker will have to prove that he/she did not have HIV infection, hepatitis B, or hepatitis C at the time of the exposure. Therefore, immediately after the exposure the worker should be tested for antibodies to HIV, HBV, and HCV. These first tests are called *baseline* tests. Baseline tests will be compared to later tests to see if the worker became infected due to the exposure. Because antibodies to HIV, HBV, or HCV won't develop for a while, a baseline test can show that the worker was not infected at the time of the exposure.
  - The CDC recommends that anyone exposed to blood and certain body fluids on the job be tested for HIV at six weeks, three months, and then again at six months. (For more information on HIV antibody testing, see *A Labor Leader's Manual on AIDS in the Workplace* in the Labor Leader's Kit).

  Remember, everyone the worker talks to about the injury should protect the worker's confidentiality. This includes *everyone,* from the steward, to the supervisor, to the doctor.

Conclusion

While most workers have no risk of getting HIV from their jobs, workers who have direct contact with blood and certain body fluids at work are exposed to blood-borne diseases. When workers are exposed to blood or body fluids containing visible blood, they can be exposed to HBV, HCV, and HIV. Fortunately, workers can take several steps to protect themselves and make their workplace safer. Some of those steps include:

- Practicing universal precautions each time, every time you come in contact with blood or body fluids.
- Getting the hepatitis B vaccine. It is safe, effective, and saves lives. If your workplace is covered by Federal or State occupational safety and health programs, the employer must provide the three-part vaccine to employees who risk exposure to blood on the job, free of charge.
- If your workplace is covered by Federal or State occupational safety and health programs, making sure that the employer is following the requirements of the OSHA Bloodborne Pathogens Standard.
- Starting a health and safety committee at work. Invite management to join the committee. Use the committee to work toward getting safer medical devices in your workplace.

Any labor leader or worker who has concerns or questions after reading this booklet is encouraged to call his or her union's health and safety representative. For additional information regarding HIV/AIDS prevention, contact the CDC Business and Labor Resource Service at 1-800-458-5231 or visit its web site at www.brta-lrta.org.

Resource Directory

For up-to-date information on occupational exposure to HIV and occupational risk reduction call CDC's Business and Labor Resource Service (BLRS) at 1-800-458-5231; 1-800-243-7012 (TDD); or visit its web site: www.brta-lrta.org. In addition, you can learn general statistics and information or enroll in the post-exposure prophylaxis register by visiting the CDC web site at www.cdc.gov.

CDC National AIDS Hotline

This 24-hour toll-free service provides up-to-the-minute information, referrals, and education materials to the public. Calls are kept confidential. Call 1-800-342-AIDS (2437); 1-800-344-7432 (Spanish); 1-800-243-7889 (TTY for deaf access).

CDC National AIDS Clearinghouse

The Clearinghouse provides information on HIV/AIDS through resource materials, publications, films, videos, and public service campaigns. Call 1-800-458-5231 (includes Spanish access); 1-800-243-7012 (TTY for deaf access); fax (301) 519-6616; (301) 217-0023 (international).

Many unions have produced materials on HIV, hepatitis B, occupational risk reduction, universal precautions, infection control, needlestick prevention, etc. Some of those resources are listed below. To find other resources, call the Business and Labor Resource Service at 1-800-458-5231.

George Meany Center for Labor Studies, AFL-CIO

HIV/AIDS Manual for Union Leaders, 1997. For more information call (301) 431-6400.

National Clinicians Post-Exposure Prophylaxis Hotline

This service provides information to health care workers about management of occupational exposures to HIV. Call 1-800-933-3413.

National Education Association

Providing Safe Healthcare: The Role of Educational Support Personnel, published by the NEA Office of Educational Support Personnel and the National Center for Innovation. For more information, call (202) 822-7131.

OSHA

OSHA has produced a series of fact sheets called *Bloodborne Facts*, 1994. OSHA has also produced a number of booklets for various worksites (e.g., emergency workers, long-term care, dental settings, etc.) To order, write OSHA — Publications Office, U.S. Department of Labor, 200 Constitution Avenue, NW, N-3101, Washington, DC 20210 or call (202) 219-4667.

Public Health Service

Update: Provisional Public Health Service Recommendations for Chemoprophylaxis After Occupational Exposure to HIV. Reprinted from *Morbidity and Mortality Weekly Report*, June 7, 1996, Volume 45, Number 22, pages 468 – 472.

To order copies of the *Morbidity and Mortality Weekly Reports,* call the Business and Labor Resource Service at 1-800-458-5231.

SEIU Education and Support Fund

The HIV/AIDS Book: Information for Workers (1997).

HIV/AIDS Protecting Ourselves, Protecting Our Patients and Residents (1992).

Hospital Workers Do It. Service Workers Should Do It Too (1993).

Needlestick Prevention Factpack (1993).

¿Podemos Contagiarnos En El Trabajo? Un Drama Sobre El SIDA y la hepatitis B (1995).

For information, call (202) 898-3443

GLOSSARY

Amniotic fluid — Fluid around a fetus. Use universal precautions.

Bloodborne diseases — Diseases that are transmitted by blood. HIV is only one virus transmitted by blood. There are other viruses found in blood, including hepatitis B virus (HBV) and hepatitis C virus (HCV).

Cerebrospinal fluid — Fluid in the brain and spinal column. Use universal precautions.

Engineering controls — Controls used to lower workers' exposure to hazards like needles or blood by isolating or removing the hazard from the workplace. Engineering controls include items like needle disposal boxes and safer needles. Engineering controls must be reviewed annually.

Exposure Control Plan — The employer must have a plan to prevent and reduce the amount of contact that workers have with blood. This plan is called the exposure control plan and must be in writing. The plan lists all jobs in which workers come in contact with blood.

Hepatitis B vaccine — Workers can protect themselves from exposure to hepatitis B by getting the hepatitis B vaccine. The vaccine is given in three doses. Workers should be vaccinated before they get injured. As part of OSHA's Bloodborne Pathogens Standard, the employer must offer the hepatitis B vaccine to the worker free of charge.

Hepatitis B virus (HBV) — Hepatitis B is a bloodborne disease that causes damage to the liver. It can even cause liver cancer. Hepatitis B is caused by a virus transmitted by blood.

Hepatitis C virus (HCV) — Hepatitis C is a bloodborne disease that is on the rise in health care settings. There is currently no vaccine for hepatitis C. The only treatment available is a drug called alpha interferon. This drug may be able to reduce liver damage caused by the virus. A worker exposed to hepatitis C should talk to his/her doctor about this drug. Hepatitis C is common in renal dialysis patients. Workers can protect themselves from hepatitis C by practicing universal precautions.

OSHA — The Occupational Safety and Health Administration is a U.S. government regulatory agency established in 1971 to ensure safe and healthy conditions on the job for workers. The Federal OSHA covers most of the private sector (nongovernment) in the U.S. workforce. Public sector workers (government workers) have only partial protection under OSHA. State and local public employees are covered only if their State has chosen to set up its own State OSHA program. These State programs must be approved by the Federal OSHA and must meet Federal guidelines. Federal government workers are covered by a Presidential Executive Order (#12196, 29 CFR Part 1960). This executive order requires Federal workplaces to comply with OSHA regulations.

OSHA Bloodborne Pathogens Standard — The Bloodborne Pathogens Standard serves to protect workers who come in contact with blood or other body fluids on the job. The standard has been in force since March 1992. OSHA may cite and fine employers who fail to follow the requirements of the standard.

Pericardial fluid — Fluid around the heart. Use universal precautions.

Peritoneal fluids — Fluids in the abdomen. Use universal precautions.

Personal protective equipment (PPE) — Personal protective equipment must be provided free of charge to workers. Equipment includes things like gloves, masks, and gowns. Equipment must fit each worker and be readily available to the worker.

Pleural fluid — Fluid surrounding the lung and chest wall. Use universal precautions.

Post-exposure follow-up — The employer must have a post-exposure follow-up plan in writing that spells out how to care for workers after they have been stuck with a needle or splashed with blood.

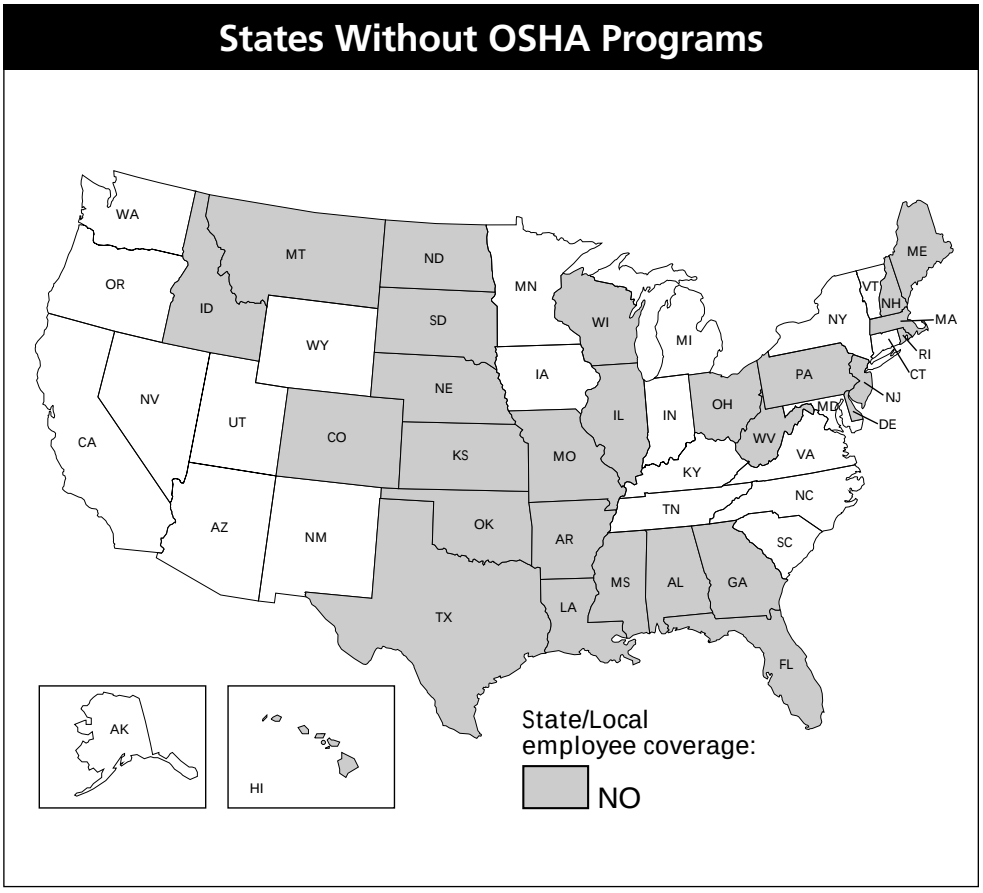
Significant occupational exposure — The Public Health Service defines a significant occupational exposure to a bloodborne pathogen as a deep injury, an injury involving a device on which there was visible blood, an injury caused by a device previously placed in the source-patient's vein or artery, or the source patient died as a result of AIDS.

Synovial fluid — Fluid around the joints. Use universal precautions.

Universal precautions — Workers treat all blood and certain body fluids as if they were infected. This practice is called universal precautions and should be used by anyone exposed to any blood on the job. Universal precautions are also a component of OSHA's Bloodborne Pathogens Standard.

APPENDIX A

States Without Approved Occupational Safety and Health Plans



APPENDIX B

The OSHA Bloodborne Pathogens Standard

Part Number 1915
Standard Number: 1915.1030
Title: Bloodborne pathogens

(a) Scope and Application. This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

(b) Definitions. For purposes of this section, the following shall apply:

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Director means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Handwashing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Production Facility means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Research Laboratory means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

(c) Exposure Control.

(c)(1) Exposure Control Plan.

(c)(1)(i)
Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

(c)(1)(ii)
The Exposure Control Plan shall contain at least the following elements:

(c)(1)(ii)(A)
The exposure determination required by paragraph (c)(2),

(c)(1)(ii)(B)
The schedule and method of implementation for paragraphs (d) Methods of Compliance, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard, and

(c)(1)(ii)(C)
The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.

(c)(1)(iii)
Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.1020(e).

(c)(1)(iv)
The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

(c)(1)(v)
The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

(c)(2) Exposure Determination.

(c)(2)(i)
Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

(c)(2)(i)(A)
A list of all job classifications in which all employees in those job classifications have occupational exposure;

(c)(2)(i)(B)
A list of job classifications in which some employees have occupational exposure, and

(c)(2)(i)(C)
A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.

(c)(2)(ii)
This exposure determination shall be made without regard to the use of personal protective equipment.

(d) Methods of Compliance.

(d)(1)
General. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(d)(2)
Engineering and Work Practice Controls.

(d)(2)(i)
Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

(d)(2)(ii)
Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

(d)(2)(iii)
Employers shall provide handwashing facilities which are readily accessible to employees.

(d)(2)(iv)
When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

(d)(2)(v)
Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

(d)(2)(vi)
Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

(d)(2)(vii)
Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Shearing or breaking of contaminated needles is prohibited.

(d)(2)(vii)(A)
Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

(d)(2)(vii)(B)
Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

(d)(2)(viii)
Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

(d)(2)(viii)(A)
puncture resistant;

(d)(2)(viii)(B)
labeled or color-coded in accordance with this standard;

(d)(2)(viii)(C)
leakproof on the sides and bottom; and

(d)(2)(viii)(D)
in accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.

(d)(2)(ix)
Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

(d)(2)(x)
Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

(d)(2)(xi)
All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

(d)(2)(xii)
Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

(d)(2)(xiii)
Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

(d)(2)(xiii)(A)
The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.

(d)(2)(xiii)(B)
If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

(d)(2)(xiii)(C)
If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

(d)(2)(xiv)
Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

(d)(2)(xiv)(A)
A readily observable label in accordance with paragraph (g)(1)(i)(H) shall be attached to the equipment stating which portions remain contaminated.

(d)(2)(xiv)(B)
The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

(d)(3)
Personal Protective Equipment.

(d)(3)(i)
Provision. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

(d)(3)(ii)
Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

(d)(3)(iii)
Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(d)(3)(iv)
Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employee.

(d)(3)(v)
Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

(d)(3)(vi)
If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

(d)(3)(vii)
All personal protective equipment shall be removed prior to leaving the work area.

(d)(3)(viii)
When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

(d)(3)(ix)
Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D); and when handling or touching contaminated items or surfaces.

(d)(3)(ix)(A)
Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

(d)(3)(ix)(B)
Disposable (single use) gloves shall not be washed or decontaminated for re-use.

(d)(3)(ix)(C)
Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

(d)(3)(ix)(D)
If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

(d)(3)(ix)(D)(1)
Periodically reevaluate this policy;

(d)(3)(ix)(D)(2)
Make gloves available to all employees who wish to use them for phlebotomy;

(d)(3)(ix)(D)(3)
Not discourage the use of gloves for phlebotomy; and

(d)(3)(ix)(D)(4)
Require that gloves be used for phlebotomy in the following circumstances:
[i] When the employee has cuts, scratches, or other breaks in his or her skin;
[ii] When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and
[iii] When the employee is receiving training in phlebotomy.

(d)(3)(x)
Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

(d)(3)(xi)
Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

(d)(3)(xii)
Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery).

(d)(4)
Housekeeping.

(d)(4)(i)
General. Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

(d)(4)(ii)
All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

(d)(4)(ii)(A)
Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

(d)(4)(ii)(B)
Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

(d)(4)(ii)(C)
All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

(d)(4)(ii)(D)
Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

(d)(4)(ii)(E)
Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

(d)(4)(iii)
Regulated Waste.

(d)(4)(iii)(A)
Contaminated Sharps Discarding and Containment.

(d)(4)(iii)(A)(1)
Contaminated sharps shall be discarded immediately or as soon as feasible in conainers that are:
[a] Closable;
[b] Puncture resistant;
[c] Leakproof on sides and bottom; and
[d] Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.

(d)(4)(iii)(A)(2)
During use, containers for contaminated sharps shall be:
[a] Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);
[b] Maintained upright throughout use; and
[c] Replaced routinely and not be allowed to overfill.

(d)(4)(iii)(A)(3)
When moving containers of contaminated sharps from the area of use, the containers shall be:
[a] Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
[b] Placed in a secondary container if leakage is possible. The second container shall be:
[i] Closable;
[ii] Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
[iii] Labeled or color-coded according to paragraph (g)(1)(i) of this standard.

(d)(4)(iii)(A)(4)
Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

(d)(4)(iii)(B)
Other Regulated Waste Containment.

(d)(4)(iii)(B)(1)
Regulated waste shall be placed in containers which are:
[a] Closable;
[b] Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
[c] Labeled or color-coded in accordance with paragraph (g)(1)(i) this standard; and
[d] Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(d)(4)(iii)(B)(2)
If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:
[a] Closable;
[b] Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
[c] Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and
[d] Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(d)(4)(iii)(C)
Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

(d)(4)(iv)
Laundry.

(d)(4)(iv)(A)
Contaminated laundry shall be handled as little as possible with a minimum of agitation.

(d)(4)(iv)(A)(1)
Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

(d)(4)(iv)(A)(2)
Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

(d)(4)(iv)(A)(3)
Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

(d)(4)(iv)(B)
The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

(d)(4)(iv)(C)
When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with paragraph (g)(1)(i).

(e) HIV and HBV Research Laboratories and Production Facilities.

(e)(1)
This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs. These requirements apply in addition to the other requirements of the standard.

(e)(2)
Research laboratories and production facilities shall meet the following criteria:

(e)(2)(i)
Standard Microbiological Practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(e)(2)(ii)
Special Practices

(e)(2)(ii)(A)
Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

(e)(2)(ii)(B)
Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.

(e)(2)(ii)(C)
Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

(e)(2)(ii)(D)
When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.

(e)(2)(ii)(E)
All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.

(e)(2)(ii)(F)
Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

(e)(2)(ii)(G)
Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.

(e)(2)(ii)(H)
Before disposal all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(e)(2)(ii)(I)
Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

(e)(2)(ii)(J)
Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

(e)(2)(ii)(K)
All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

(e)(2)(ii)(L)
A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

(e)(2)(ii)(M)
A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(e)(2)(iii)
Containment Equipment.

(e)(2)(iii)(A)
Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

(e)(2)(iii)(B)
Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

(e)(3)
HIV and HBV research laboratories shall meet the following criteria:

(e)(3)(i)
Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

(e)(3)(ii)
An autoclave for decontamination of regulated waste shall be available.

(e)(4)
HIV and HBV production facilities shall meet the following criteria:

(e)(4)(i)
The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

(e)(4)(ii)
The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

(e)(4)(iii)
Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

(e)(4)(iv)
Access doors to the work area or containment module shall be self-closing.

(e)(4)(v)
An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

(e)(4)(vi)
A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).

(e)(5)
Training Requirements. Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in paragraph (g)(2)(ix).

(f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

(f)(1)
General.

(f)(1)(i)
The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

(f)(1)(ii)
The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

(f)(1)(ii)(A)
Made available at no cost to the employee;

(f)(1)(ii)(B)
Made available to the employee at a reasonable time and place;

(f)(1)(ii)(C)
Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

(f)(1)(ii)(D)
Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this paragraph (f).

(f)(1)(iii)
The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

(f)(2)
Hepatitis B Vaccination.

(f)(2)(i)
Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(I) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(f)(2)(ii)
The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(f)(2)(iii)
If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

(f)(2)(iv)
The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A.

(f)(2)(v)
If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(ii).

(f)(3)
Post-exposure Evaluation and Follow-up. Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

(f)(3)(i)
Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(f)(3)(ii)
Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

(f)(3)(ii)(A)
The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

(f)(3)(ii)(B)
When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

(f)(3)(ii)(C)
Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(f)(3)(iii)
Collection and testing of blood for HBV and HIV serological status;

(f)(3)(iii)(A)
The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

(f)(3)(iii)(B)
If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

(f)(3)(iv)
Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

(f)(3)(v)
Counseling; and

(f)(3)(vi)
Evaluation of reported illnesses.

(f)(4)
Information Provided to the Healthcare Professional.

(f)(4)(i)
The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.

(f)(4)(ii)
The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

(f)(4)(ii)(A)
A copy of this regulation;

(f)(4)(ii)(B)
A description of the exposed employee's duties as they relate to the exposure incident;

(f)(4)(ii)(C)
Documentation of the route(s) of exposure and circumstances under which exposure occurred;

(f)(4)(ii)(D)
Results of the source individual's blood testing, if available; and

(f)(4)(ii)(E)
All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

(f)(5)
Healthcare Professional's Written Opinion. The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(f)(5)(i)
The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(f)(5)(ii)
The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

(f)(5)(ii)(A)
That the employee has been informed of the results of the evaluation; and

(f)(5)(ii)(B)
That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

(f)(5)(iii)
All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(f)(6)
Medical Recordkeeping. Medical records required by this standard shall be maintained in accordance with paragraph (h)(1) of this section.

(g) Communication of Hazards to Employees.

(g)(1)
Labels and Signs.

(g)(1)(i)
Labels.

(g)(1)(i)(A)
Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in paragraph (g)(1)(i)(E), (F) and (G).

(g)(1)(i)(B)
Labels required by this section shall include the following legend:

(g)(1)(i)(C)
These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

(g)(1)(i)(D)
Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

(g)(1)(i)(E)
Red bags or red containers may be substituted for labels.

(g)(1)(i)(F)
Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of paragraph (g).

(g)(1)(i)(G)
Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

(g)(1)(i)(H)
Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

(g)(1)(i)(I)
Regulated waste that has been decontaminated need not be labeled or color-coded.

(g)(1)(ii)
Signs.

(g)(1)(ii)(A)
The employer shall post signs at the entrance to work areas specified in paragraph (e), HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:

(g)(1)(ii)(B)
These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color.

(g)(2)
Information and Training.

(g)(2)(i)
Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

(g)(2)(ii)
Training shall be provided as follows:

(g)(2)(ii)(A)
At the time of initial assignment to tasks where occupational exposure may take place;

(g)(2)(ii)(B)
Within 90 days after the effective date of the standard; and

(g)(2)(ii)(C)
At least annually thereafter.

(g)(2)(iii)
For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

(g)(2)(iv)
Annual training for all employees shall be provided within one year of their previous training.

(g)(2)(v)
Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

(g)(2)(vi)
Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(g)(2)(vii)
The training program shall contain at a minimum the following elements:

(g)(2)(vii)(A)
An accessible copy of the regulatory text of this standard and an explanation of its contents;

(g)(2)(vii)(B)
A general explanation of the epidemiology and symptoms of bloodborne diseases;

(g)(2)(vii)(C)
An explanation of the modes of transmission of bloodborne pathogens;

(g)(2)(vii)(D)
An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

(g)(2)(vii)(E)
An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

(g)(2)(vii)(F)
An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

(g)(2)(vii)(G)
Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

(g)(2)(vii)(H)
An explanation of the basis for selection of personal protective equipment;

(g)(2)(vii)(I)
Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

(g)(2)(vii)(J)
Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

(g)(2)(vii)(K)
An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

(g)(2)(vii)(L)
Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

(g)(2)(vii)(M)
An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and

(g)(2)(vii)(N)
An opportunity for interactive questions and answers with the person conducting the training session.

(g)(2)(viii)
The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(g)(2)(ix)
Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.

(g)(2)(ix)(A)
The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

(g)(2)(ix)(B)
The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

(g)(2)(ix)(C)
The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

(h) Recordkeeping.

(h)(1)
Medical Records.

(h)(1)(i)
The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.

(h)(1)(ii)
This record shall include:

(h)(1)(ii)(A)
The name and social security number of the employee;

(h)(1)(ii)(B)
A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by paragraph (f)(2);

(h)(1)(ii)(C)
A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (f)(3);

(h)(1)(ii)(D)
The employer's copy of the healthcare professional's written opinion as required by paragraph (f)(5); and

(h)(1)(ii)(E)
A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B)(C) and (D).

(h)(1)(iii)
Confidentiality. The employer shall ensure that employee medical records required by paragraph (h)(1) are:

(h)(1)(iii)(A)
Kept confidential; and

(h)(1)(iii)(B)
Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(h)(1)(iv)
The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

(h)(2)
Training Records.

(h)(2)(i)
Training records shall include the following information:

(h)(2)(i)(A)
The dates of the training sessions;

(h)(2)(i)(B)
The contents or a summary of the training sessions;

(h)(2)(i)(C)
The names and qualifications of persons conducting the training; and

(h)(2)(i)(D)
The names and job titles of all persons attending the training sessions.

(h)(2)(ii)
Training records shall be maintained for 3 years from the date on which the training occurred.

(h)(3)
Availability.

(h)(3)(i)
The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

(h)(3)(ii)
Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary.

(h)(3)(iii)
Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

(h)(4)
Transfer of Records.

(h)(4)(i)
The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

(h)(4)(ii)
If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

(i) Dates.

(i)(1)
Effective Date. The standard shall become effective on March 6, 1992.

(i)(2)
The Exposure Control Plan required by paragraph (c) of this section shall be completed on or before May 5, 1992.

(i)(3)
Paragraph (g)(2) Information and Training and (h) Recordkeeping shall take effect on or before June 4, 1992.

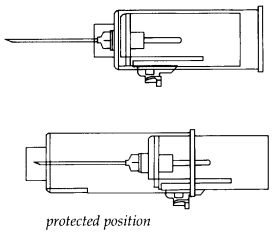
(i)(4)
Paragraphs (d)(2) Engineering and Work Practice Controls, (d)(3) Personal Protective Equipment, (d)(4) Housekeeping, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, and (g)(1) Labels and Signs, shall take effect July 6, 1992.

APPENDIX C

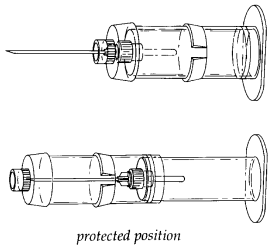
Safer Medical Devices

Below are samples of safer medical devices and a list of companies that manufacture them.

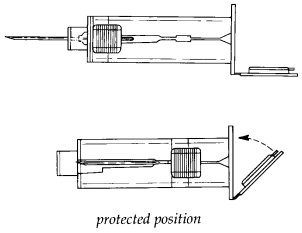
Note: Mention of trade names or commercial products does not imply endorsement by the U.S. government or the Centers for Disease Control and Prevention.



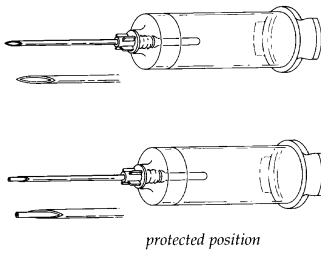
Safety-Gard™ ■ Becton Dickinson
Multiple use vacuum tube/needle holder with protective sliding sleeve that pushes forward; after use, needle disengages directly into disposal container. Holder is then returned to original position for reuse.



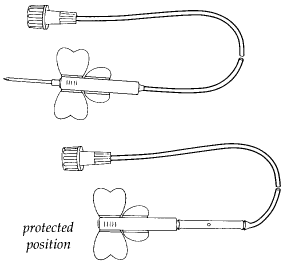
Saf-T Clik™ ■ Winfield Industries/ Ryan Medical
Single use vacuum tube/needle holder with protective sliding sleeve that pushes forward after use and locks in place.



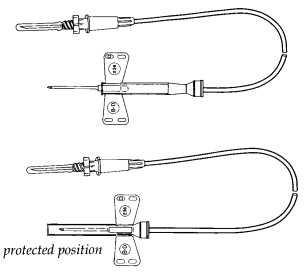
Proguard II™ ■ Care Medical Products
Single use vacuum tube/needle holder; after use needle is manually retracted into holder. End cap seals opening.



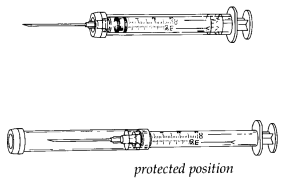
Punctur-Guard™ ■ Bio-Plexus
After final tube of blood is drawn, blunt internal needle is activated by forward pressure of vacuum tube. Needle point is blunted before it is removed from patient.



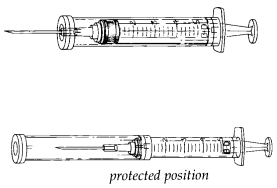
Shamrock™ Safety Winged Needle ■ Winfield Industries/Ryan Medical
After removal from patient, needle is retracted backward and locks in covered position between wings.



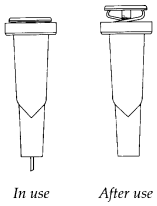
VACUTAINER® Brand Safety-Lok™ Winged Needle ■ Becton Dickinson
After removal from patient, safety shield is advanced forward and locks in place beyond needle tip.



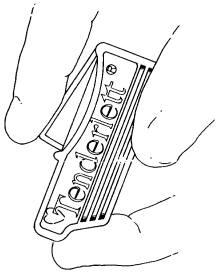
Monoject™ ■ Sherwood Medical
Needle guard can be temporarily positioned over needle for transport prior to insertion and locked into position after administration; syringe is disabled by twisting shield.



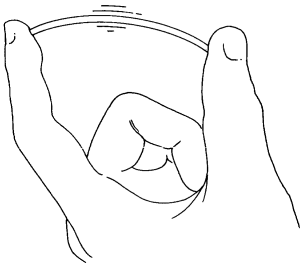
B-D Safety-Lok™ ■ Becton Dickinson
Needle guard has protective sliding sleeve that pushes forward after use and locks in place. Note: the 10cc syringe with the shield locked in place can accept a 3cc to 10cc vacuum tube, allowing injection of blood into tube with a shielded needle.



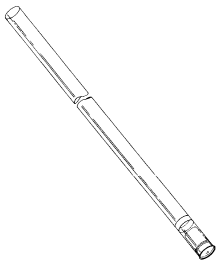
MICROTAINER™ Brand Safety Flow Lancet ■ Becton Dickinson
Self-contained lancet is manually activated and automatically retracts when activating lever is released.



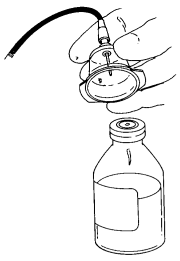
Tenderlett® Automated Skin Incision Device ■ International Technidyne Corporation
When device is triggered, surgical steel blade swiftly protracts and then automatically retracts. Design precludes inadvertent reuse.



SafeCrit™ Plastic Microhematocrit Tube ■ Norfolk Scientific
Capillary tube made of plastic avoids hazard of glass breakage.

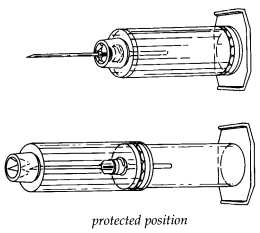


Clay Adams Brand SurePrep™ Capillary Tube ■ Becton Dickinson/B-D Primary Care Diagnostics
Seals automatically when blood sample touches self-sealing plug. Protective mylar wrap helps contain blood and minimize exposure to glass fragments.

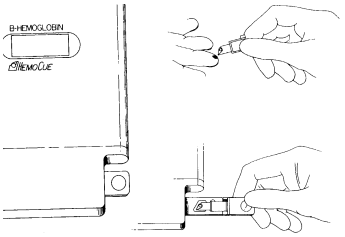


BACTEC® Direct Draw Adapter ■ Becton Dickinson
Designed for blood culture procedures. Vacuum vial and covered needle safety adapter allow blood to be drawn directly into culture medium, avoiding need to inject into specimen container.

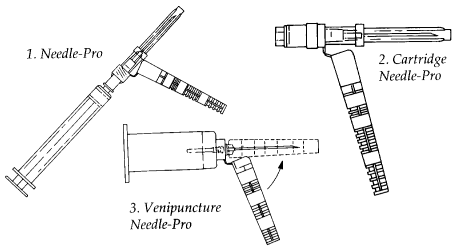
HEMOGARD VACUTAINER® Brand Vacuum Tube Stopper ■ Becton Dickinson
Rigid stopper grips outside of tube; intended to reduce risk of tube breakage and blood splash when removing stoppers.



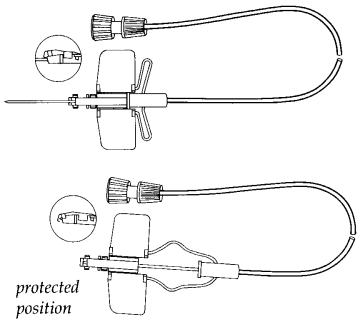
VACUTAINER® Brand Safety-Lok™ ■ Becton Dickinson
Single use vacuum tube/needle holder with protective sliding sleeve that pushes forward after use and locks in place.



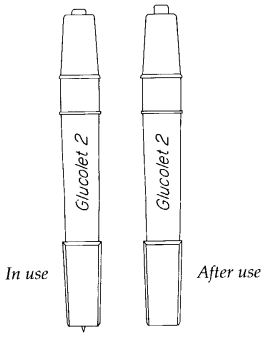
oCue® Hematocrit Reader ■ HemoCue, Inc.
flat plastic cuvette to contain blood sample for hematocrit deter-
'ion. Cuvette is inserted directly into reader, avoiding need for
'ifugation.



Needle-Pro™ Needle Protection Devices ■ SIMS: Smiths Industries Medical Systems
Hinged sheath engages over needle; used needle is pressed into Needle-Pro device using one hand. Comes in 3 configurations. (1) Needle-Pro: Basic needle protection device; can be used for arterial blood drawing. (2) Cartridge Needle-Pro: Combines hypodermic needle cartridge with Needle-Pro sheath. (3) Venipuncture Needle-Pro: Disposable blood collection tube holder and integral needle protection device.



Angel Wing™ Safety Needle
■ Sherwood Medical
Stainless steel barrier tip is advanced forward to end of needle, locking over point as needle is withdrawn from patient; one-handed activation.



Glucolet 2™ Retracting Lancet ■ Miles, Inc./Diagnostic Division
Disposable lancet is fitted to reusable spring-loaded holder. When activated, lancet instantly protracts and retracts; retracted lancet is removed from holder for disposal.

Company Directory

Becton Dickinson

One Becton Drive
Franklin Lakes, NJ 07417-1884
201-847-4000

B-D Primary Care Diagnostics

410-316-3300

Bio-Plexus

P.O. Box 826
Tolland, CT 06084
1-800-223-0010

Care Medical Devices Distributed
by Empire Medical Products

43 South Allen Street
Albany, NY 12208
1-800-836-8492

International Technidyne

23 Nevsky Street
Edison, NJ 08820
908-548-5700

HemoCue, Inc.

23263 Madero, Suite C
Mission Viejo, CA 92691
1-800-323-1674

Miles, Inc./Diagnostic Div.

P.O. Box 3100
Elkhart, IN 46515
1-800-782-8774

Norfolk Scientific Statspin Technology

85 Morse Street
Norwood, MA 02062
1-800-782-8774

Sherwood Medical

1915 Olive Street

St. Louis, MO 63103

1-800-325-7472

SIMS/Smiths Industries Medical Systems

15 Kitt Street

Keene, NH 03431

1-800-258-5361

Winfield Industries/Ryan Medical

7106 Crossroads Boulevard Suite 201

Brentwood, TN 37027

1-800-321-5493

APPENDIX D

Sterilization and Disinfection Procedures

Sterilization Destroys: All forms of microbial life including high numbers of bacterial spores.

Methods: Steam under pressure (autoclave), gas (ethylene oxide), dry heat, or immersion in EPA-approved chemical "sterilant" for prolonged period of time, e.g., 6 to 10 hours or according to manufacturers' instructions. Note: liquid chemical "sterilants" should be used only on those instruments that are impossible to sterilize or disinfect with heat.

Use: For those instruments or devices that penetrate skin or contact normally sterile areas of the body, e.g., scalpels, needles, etc. Disposable invasive equipment eliminates the need to reprocess these types of items. When indicated, however, arrangements should be made with a health care facility for reprocessing of reusable invasive instruments.

High Level Destroys: All forms of microbial life except high numbers of Disinfection bacterial spores.

Methods: Hot water pasteurization (80 – 100 C, 30 minutes) or exposure to an EPA-registered "sterilant" chemical as above, except for a short exposure time (10 – 45 minutes or as directed by the manufacturer).

Use: For reusable instruments or devices that come into contact with mucous membranes (e.g., laryngoscope blades, endotracheal tubes, etc.)

Intermediate Level Destroys: Mycobacterium tuberculosis, vegetative Disinfection bacterial, most viruses and most fungi, but does not kill bacterial spores.

Methods: PA-registered "hospital disinfectant" chemical germicides that have a label claim for tuberculocidal activity; commercially available hard-surface germicides or solutions containing at least 500 ppm free available chlorine (a 1:100 dilution of common household bleach — approximately 1/4 cup bleach per gallon of tap water).

Use: For those surfaces that come into contact only with intact skin, e.g. stethoscopes, blood pressure cuffs, splints, etc. and have been visibly contaminated with blood or bloody body fluids. Surfaces must be pre-cleaned of visible material before the germicidal chemical is applied for disinfection.

Low-Level Destroys: Most bacteria, some viruses, some fungi, but Disinfection not Mycobacterium tuberculosis or bacterial spores.

Methods: EPA-registered "hospital disinfectants" (no label claim for tuberculocidal activity).

Use: These agents are excellent cleaners and can be used for routine housekeeping or removal of soiling in the absence of visible blood contamination.

Environmental Disinfection: Environmental surfaces which have become soiled should be cleaned and disinfected using any cleaner or disinfectant agent that is intended for environmental use. Such surfaces include floors, woodwork, ambulance seats, countertops, etc.

Important: To assure the effectiveness of any sterilization or disinfection process, equipment and instruments must first be thoroughly cleaned of all visible soil.

Labor Profiles

Unions Responding to HIV/AIDS at the National, State, and Local Levels

TABLE OF CONTENTS-•

Responding to Those Infected and Affected by HIV/AIDS

Introduction

"If you can't commit to something big, commit to something small. But do something!" These words from a labor leader and AIDS educator best describe labor's response to HIV and AIDS over the years. Many programs began modestly, as a single union workshop or a small fund raiser for a member with AIDS. Other unions sought funding, wrote grants, and designed HIV/AIDS education programs that took union educators into hundreds of locals from one coast to the other. Other unions designed model programs that were so effective and empowering to their membership that the programs have become institutionalized within the union. Many of these programs now are an integral part of the union's organizing department, resource specialist office, health and safety department, or civil rights department.

Whatever the program, small or large, labor's response to HIV/AIDS has been as unique as U.S. labor history itself. The unions profiled here represent that uniqueness. These profiles do not tell the whole story, but they do capture the spirit of the American labor movement as it rose to the challenge of preventing the spread of HIV infection and protecting members with HIV/AIDS.

Overview

These profiles are arranged into three types of responses: those who designed workplace educational models on a national level; those who responded on the state, regional, or community level; and finally those programs that directly serve members who are infected with HIV or affected by HIV/AIDS.

Most of the national unions profiled here relied on the movement's rich history of educating workers by establishing HIV/AIDS training workshops right in the workplace or union hall. Many of the programs established train-the-trainer programs, recognizing that the best teachers of workers are workers themselves. Models of joint labor-management education programs were also established by these national unions because they understood that the response had to involve all players, not just the union.

Many of the national programs designed and published materials on HIV/AIDS that were driven by the needs and concerns of the membership. This was especially true of those unions representing correctional officers, teachers, school personnel, and health care workers who were routinely exposed to blood on the job. While these unions were responsive to the needs of their memberships, those unions representing teachers, the American Federation of Teachers and the National Education Association, found themselves developing models that educated not only union members, but students, parents, and members of the community as a whole. Finally, as unions became more and more aware of AIDS discrimination on the job, they played a critical role in protecting the civil rights of infected and affected workers. Many of the unions established their own workplace policies on HIV and AIDS as a result of this response on behalf of workers' civil rights.

Labor leaders helped establish local service networks on HIV and AIDS and joined clergy and care providers in the development of AIDS care programs. Unions became involved in establishing support services and buddy systems for people living with AIDS, their friends, and their families. In other towns, local school teachers designed programs on HIV/AIDS prevention that involved students themselves in the design process. Another union used the issue of occupational exposure to bloodborne pathogens and the need for personal protective equipment as a way to improve the quality of care for their clients. In New York, a statewide union designed a joint labor management program on AIDS and TB to prevent future outbreaks of tuberculosis (TB) in correctional facilities.

Finally, and perhaps most importantly, unions designed programs that directly serve members living with HIV and AIDS, as well as those members affected by HIV/AIDS. These programs provided members with quick and confidential information, helped members pay their mortgage or insurance premiums, and provided emergency relief funds to members who were critically ill. Another union designed a peer support program for members that had been occupationally exposed to HIV or hepatitis through a needlestick injury or a blood splash. This program guides the injured worker through the often confusing maze of post-exposure follow-up.

These profiles are just a few of the labor responses to HIV and AIDS in the workplace and community. All of these programs have a contact person listed so the reader can call and get more information on how these programs were established, and more importantly, how they have been sustained over the years. Labor leaders considering developing a union program on HIV and AIDS are encouraged to call the unions represented here for support and guidance.

George Meany Center for Labor Studies, AFL-CIO

HIV/AIDS Workplace Education Project
George Meany Center for Labor Studies
10000 New Hampshire Avenue
Silver Spring, MD 20903
301-431-5453 (voice)
301-434-0371 (fax)

Overview

The George Meany Center for Labor Studies is the national labor college of the American Federation of Labor-Congress of Industrial Organizations (AFL-CIO). The AFL-CIO comprises 97 national and international member affiliate unions. These affiliates have a combined membership of 13.7 million workers.

History

The HIV/AIDS Workplace Education Project at the George Meany Center for Labor Studies has been in existence since 1989. Since the Project's inception there have been two priorities: first, to train labor leaders on the spectrum of HIV/AIDS-related workplace issues, and second, to provide technical assistance across the range of HIV/AIDS issues to unions affiliated with the AFL-CIO as well as to individual members. The Project is committed to implementing the five components of the CDC's Labor Responds to AIDS Program.

Over the years, thousands of workers have attended the HIV/AIDS workshops and hundreds of union leaders have attended train-the-trainer sessions, sponsored by the George Meany Center.

HIV/AIDS Program

The program has developed or collaborated with other international unions such as the American Federation of State, County, and Municipal Employees (AFSCME), the American Federation of Teachers (AFT), Communication Workers of America (CWA), Service Employees International Union (SEIU), and the National Education Association (NEA) on the development of the following documents:

- *HIV/AIDS Manual for Union Leaders* — a training curriculum that was revised substantially in 1997
- *A Steward's Manual on HIV/AIDS in the Workplace*
- a pamphlet entitled *AIDS in the Workplace: Labor's Concern*
- a video entitled *Changing Attitudes: Union Members Talk About AIDS*
- Numerous fact sheets and brochures

In addition, the Project has convened two national conferences in conjunction with the Centers for Disease Control and Prevention's Labor Responds to AIDS program. The Labor Leaders' National Conference on HIV/AIDS was held in Washington in January 1994. This was the first conference ever that was dedicated entirely to the HIV/AIDS concerns of trade unionists. In January 1995, the George Meany

Center's HIV/AIDS Workplace Education Project in conjunction with the Coalition of Labor Union Women (CLUW), convened the National Labor Leaders' Conference on Women and HIV/AIDS.

Currently, the Project continues its emphasis on training and technical assistance for labor leaders and members of affiliated unions. Special emphasis is placed on those labor leaders who have influence on labor organizations with a large or substantial membership of women and minorities. Women and minorities are currently targeted because both groups may have been underserved by previous education efforts. Some minority groups have been disproportionately affected by HIV/AIDS as well.

The objectives of the Project continue to be focused on educating and mobilizing labor leaders, activists, and rank and file workers around the range of issues that encompass HIV and other bloodborne pathogens. Some of these issues include:

- developing education strategies aimed at personal risk reduction and occupational HIV risk reduction,
- supporting the rights of working people who are living with HIV/AIDS and other catastrophic illnesses,
- influencing workplace policies on HIV/AIDS,
- creating innovative contract language that protects workers with HIV/AIDS and other disabilities from discrimination on the job,
- supporting and encouraging family education efforts, and
- encouraging community service around HIV/AID-related issues.

Each year, the George Meany Center sponsors an intensive, week-long Institute on HIV/AIDS Workplace Issues. This course represents the most comprehensive training available on HIV/AIDS with a specific union focus. Hundreds of union leaders, labor educators, trainers, counselors, and community services liaisons have used their experience from the Institute to go back to their local unions and communities ready to respond to the range of HIV-related workplace issues that might arise.

Lessons Learned

- Workplaces are effective sites to conduct HIV prevention education and reach audiences who would not otherwise have access to this information.
- The most effective workplace education requires cooperation from both unions and management and requires the support of top leadership on both sides.
- Grassroots activism has always been a trademark of the trade-union movement. From the beginning of the AIDS pandemic, activists in the trenches have brought important issues to the attention of leadership and stimulated them to action.
- Unions have historically been an important force for workers' health and safety, both on and off the job. The Unions' role in supporting important health initiatives designed to protect workers and their families has been and is unwavering.
- Because of the stigma associated with HIV and AIDS and the potential for discrimination, unions must play a critical role in protecting the civil rights of infected and affected workers.

American Federation of Government Employees (AFGE)

AFGE
80 F Street NW
Washington, DC 20001
202-639-6434

Overview

AFGE represents over 700,000 men and women in 67 Federal agencies and the Government of the District of Columbia. These workers are employed in a variety of agencies including the Department of Veterans Affairs, Social Security Administration, Department of Defense, Park Service, Immigration and Naturalization Service (INS), and Bureau of Prisons. Members' job titles are as diverse as the AFGE membership including food inspectors, nurses, printers, lawyers, police officers, census workers, janitors, truck drivers, secretaries, artists, plumbers, immigration inspectors, corrections officers, scientists, cowboys, doctors, and park rangers. AFGE has 1200 locals nationwide.

History

AFGE's response to HIV/AIDS began in the Health and Safety Department, and included a component on occupational exposure to HIV/AIDS in AFGE's training module. The issue of HIV/AIDS is now being addressed by the Women's/Fair Practices Departments. One of the AFGE staff members, an Equal Employment Opportunity attorney, serves as AFGE's HIV/AIDS liaison and is therefore ideally suited for addressing discrimination against those with HIV/AIDS in the workplace.

HIV/AIDS Program

The AFGE Women's/Fair Practices Department has made educating AFGE members about HIV/AIDS a priority. AFGE's annual Human Rights Training Conference has included, and will continue to include, a training class titled *HIV/AIDS in the Workplace*.

AFGE has also written and distributed thousands of copies of *An AFGE Guide: Women and HIV/AIDS* and *Working With AFGE To Fight for the Rights of Federal Employees With Disabilities.* Additional brochures concerning HIV/AIDS will be available soon.

In the labor community, AFGE serves as an integral part of Labor Cares!, a coalition of labor unions responding to HIV/AIDS by participating in events such as the Names Project AIDS Memorial Quilt, and coordinating activities for World AIDS Day. AFGE is a proud participant of CDC's Labor Responds to AIDS Program.

American Federation of State, County and Municipal Employees (AFSCME), AFL-CIO

AFSCME AIDS Project
1625 L Street, NW
Washington, DC 20036
202-429-1240 (voice)
202-223-3255 (fax)

Overview

AFSCME is the second-largest union in the AFL-CIO and the largest public employee union in the country.

- AFSCME has 1.3 million members in the United States.
- More than 350,000 AFSCME members work in the health care industry and 80,000 in corrections.
- Approximately half of AFSCME's members are blue-collar workers.
- More than half of the members are women.

History

AFSCME first became involved in AIDS-related activities in 1983, when it began receiving requests for information from corrections and mental-health workers who had been told that inmates and patients with AIDS were present in their institutions. Similar requests from acute-care hospitals soon followed.

In most cases, workers were not receiving any reliable information about HIV/AIDS, leading to fear and, in some cases, refusals to work. AFSCME's health and safety staff developed fact sheets and other informational materials and began doing workshops for health care and corrections workers. Workers were given basic information about HIV/AIDS and instructed to follow the same universal precautions they had been following to prevent exposure to hepatitis B.

In 1989, AFSCME hired a full-time staff person to conduct a nationwide training program. At this point, the AFSCME AIDS program also took a qualitative change. For most of the 1980s, the union had been concerned primarily with workplace risk of exposure. As a new decade approached, the union realized that many members had more general concerns about HIV/AIDS. Some members were HIV-positive, others had concerns about their personal lives and lifestyles, and still others had concerns about their families and friends.

At AFSCME's 1992 National Convention in Las Vegas, the AFSCME AIDS quilt was unveiled. Fifteen panels dedicated to AFSCME members, friends, and family were hung at the convention. Delegates and guests added to the quilt by filling five additional panels with signatures and messages of hope.

AFSCME was at the forefront of the fight for universal precautions and safer equipment to protect workers from accidental exposures to HIV. The union has fought against employee testing and against discrimination inside and outside the workplace.

HIV/AIDS Program

Currently, AFSCME conducts a program of educational activities, technical assistance, and referrals that respond to inquiries from the membership, local unions, and other organizations. In the context of its educational outreach and training sessions, AFSCME works to encourage local unions and their governmental agencies to implement the five components of the Labor Responds to AIDS (LRTA) Program. AFSCME's training sessions, as well the union's printed educational materials, recommend the following:

- Develop adequate AIDS policies in government agency workplaces.
- Establish labor/management committees to address issues related to HIV/AIDS.
- Provide HIV/AIDS education for workers.
- Disseminate information through publications and educational materials.
- Provide training for members' families.

Recently, AFSCME's council representing local unions serving the District of Columbia Government invited the local presidents to a presentation on the Labor Responds to AIDS Program at AFSCME's headquarters. In cooperation with the general manager from the Water and Sewer Utility Administration of the Department of Public Works, AFSCME is now providing mandatory HIV education for more than 1,000 employees of this governmental agency.

As in the past, AFSCME continues to organize programs specifically to meet the needs of corrections and healthcare workers.

Policy

AFSCME has implemented an internal staff policy on HIV and AIDS.

Coalition of Labor Union Women (CLUW)

CLUW
1126 16th Street, NW
Washington, DC 20036
202-466-4610

Overview

Founded in 1974, the Coalition of Labor Union Women (CLUW) is a national association of over 20,000 union members that advances the benefits of organized workplaces for women and promotes women's leadership development within the labor movement. CLUW is a constituency group of the AFL-CIO.

- CLUW members are women active in the national and local leadership of the 97 international unions.
- The membership and leadership of CLUW reflect the diversity of our workplaces today. Six of the top 12 officers are women of color, and CLUW's 350-person National Executive Board is made up entirely of blue- and white-collar working women; 48 percent are African-American, Hispanic, or Asian-American.
- CLUW members' vocations range from government and health care workers to hospitality industry workers such as flight attendants and restaurant workers to nontraditional workers.
- CLUW has 78 chapters nationwide.

History

The Coalition of Labor Union Women passed its first resolution in support of AIDS-related activities at the Fifth Biennial Convention in November 1988. This resolution resolved that CLUW would support workplace policies of nondiscrimination; that CLUW would support an aggressive program of education in the workplace jointly developed by the employer and the union; and that CLUW would support the availability of free, confidential testing services and the availability of education and training on AIDS to enable workers in the health, safety, and other related fields to protect themselves.

CLUW is an advocate for women's issues and a mechanism for fighting discrimination within the union structure. They have educated working women and their unions about the importance of issues such as child care, pay equity, reproductive health, sexual harassment in the workplace, and job safety. CLUW encourages women's leadership in the workplace and provides the education and support necessary for women's advancement in unions and the workplace.

HIV/AIDS Program

Since that 1988 resolution, CLUW has sponsored HIV/AIDS education workshops at its biennial conventions and National Executive Board meetings. CLUW members and leadership attended and participated in other union and AFL-CIO activities on HIV/AIDS. CLUW, through its women's health program, distributed information and resources on HIV/AIDS to CLUW members.

CLUW members supported the National AIDS Quilt displays in 1992 and 1996 by volunteering and participating in an effort for the labor movement to promote the National AIDS Quilt display. CLUW members, through their unions, have sewn quilt panels dedicated to union members.

In January 1995, CLUW, with the support of the Centers for Disease Control and Prevention (CDC) and the George Meany Center's HIV/AIDS Workplace Education Project, convened the National Labor Leaders' Conference on Women and HIV/AIDS. This conference brought together 300 labor leaders for two days to discuss issues specific to women in the HIV/AIDS pandemic and to outline how unions and employers could address these issues. The conference participants developed a signature panel to be added to the National AIDS Quilt.

CLUW participates in Labor Cares!, which is a coalition of labor organizations that places HIV/AIDS issues before the labor community and represents working men and women in the AIDS community.

Lessons Learned

- There is a lack of accessible information about women and HIV/AIDS. Accurate information and education must be available through unions, AFL-CIO constituency groups, and workplaces in order to address the numbers of women and people of color who are infected and affected by HIV/AIDS.
- Women have played a unique role in the HIV/AIDS pandemic, often serving as the primary caretaker of people with HIV/AIDS through their work, their personal lives, or sometimes both. Policies and programs to support women as caregivers must be developed and implemented by unions and employers.

National Education Association Health Information Network (NEA HIN)

NEA Health Information Network
1201 16th Street, NW
Washington, DC 20036
202-822-7570

Overview

The National Education Association (NEA) is the nation's largest employee organization, representing 75 percent of the nation's educators in 53 state affiliates, including the District of Columbia, Puerto Rico, and the Overseas Federal Education Association.

The NEA represents 2.3 million members, including:

- 1.7 million public school classroom teachers
- 300,000 educational support personnel
- 200,000 retired members
- 90,000 higher education faculty
- 20,000 students preparing to enter the education field
- 9,000 school nurses

Over 80 percent of NEA members are women.

The NEA Health Information Network's mission is to ensure that all public school employees, students, and their communities have the health information and skills to achieve excellence in education.

History

In 1987, the NEA founded the Health Information Network, a 501(c)(3) not-for-profit organization, in response to a new business item passed by the delegates at the annual Representative Assembly. The business item acknowledged the impact of HIV/AIDS on the public school system, and the delegates expressed the need for NEA to provide information and resources in response to the epidemic's effect on young people, school employees, and the educational profession.

NEA HIN received its first HIV/AIDS cooperative agreement in 1988 from the Centers for Disease Control and Prevention to focus on basic HIV/AIDS training for UniServ staff. Since then, NEA HIN has received three additional cooperative agreements from the CDC to:

- provide HIV/AIDS training to minority leaders;
- develop HIV comprehensive school-health curricula; and most recently,
- provide workplace education to school employees through the Labor Responds to AIDS (LRTA) Program.

HIV/AIDS Program

The HIV/AIDS Education and Prevention Project for School Employees is NEA HIN's HIV/AIDS program which is funded by the CDC Business Responds to

AIDS/Labor Responds to AIDS Program. This NEA HIN project equips public school employees with information and training on how to protect themselves from HIV infection. Currently, NEA HIN works with five local education associations to develop school, community, and worksite partnerships to meet the specific needs of the local membership. Activities include:

- teacher training on HIV/AIDS,
- development and/or revision of HIV policy,
- development of age-appropriate messages for students,
- community and parent education on HIV/AIDS,
- training on communication with adolescents,
- creation of personal protective equipment kits to supply employees in school yards and on field trips, and
- training for educational support staff on universal precautions and prevention of workplace transmission of hepatitis B, hepatitis C, and HIV.

NEA HIN also presents workshops and training on these topics at regional, State, and local conferences with NEA members, UniServ staff, and State and local staff. Training and technical assistance provided by NEA HIN has helped members and local association staff establish programs that respond to the educational and practical needs of members.

Policy

Since 1987, NEA has adopted a series of resolutions guiding local associations on setting policy on HIV education, testing, and placement of HIV-positive employees and students in schools.

NEA HIN also worked closely with the National State Boards of Education (NASBE) to develop the guidebook *Someone at School Has AIDS* to provide members with model policy and contract language, and help them understand their rights and responsibilities.

Lessons Learned

Local partnerships are essential to the successful planning and implementation of workplace HIV/AIDS education projects. When association staff collaborate with other local leaders, members, support staff, school nurses, the school district, administrators, parents, and other community members, project activities are more strongly supported and attended and the content of educational activities more relevant to the target audience.

Employee education and training programs in health and safety can be useful tools for local education associations' collective bargaining and other relations with the local school district, administration, and school board.

Accurate and useful information on HIV, hepatitis B, and hepatitis C transmission benefits not only educational employees' health and safety, but also the health and safety of the children they serve in the public schools and their families and communities.

The Seafarers International Union, AFL-CIO

5201 Authway and Brittania Way
Camp Springs, MD 20746
301-899-0675

Overview

The Seafarers International Union (SIU), Atlantic, Gulf, Lakes and Inland Waters District, AFL-CIO, is a labor union whose members include unlicensed merchant mariners who ship on the deep seas, the Great Lakes, and the inland waterways of the United States. The union headquarters is in Camp Springs, Maryland.

- SIU has approximately 15,000 members.
- Most of the members are men, but an increasing number of women are entering the industry.
- Members ship out of 20 port cities in the United States.

History

The Harry Lundeberg School of Seamanship in Piney Point, Maryland, is the largest school of its kind in the country, with a capacity for more than 700 resident students. Individuals wishing to enter the industry may attend a four-week training course at the school. Those already working in the industry may attend classes at the school, at no cost, to upgrade their job skills and to obtain a GED or an A.A. degree. HIV/AIDS education is mandatory for both new members and those enrolled in upgrading courses.

The first HIV/AIDS education program held at the school was an address by a speaker from the Navy. After this presentation, it was determined that HIV/AIDS education should be an ongoing program at the school. A nurse affiliated with the union since 1978 who is also a member of the St. Mary's County (Maryland) AIDS Task Force began teaching a seminar on AIDS to student trainees at the school in April 1987. Two months later she also included students taking upgrading courses in the program.

Approximately one year after the program began, organizers recognized that to address the issues of HIV infection properly in a workforce that travels abroad and operates in a self-contained environment, a comprehensive program was necessary. The goal was to have input from all sectors of the industry. With ongoing support from the union president and the SIU Executive Board, a preliminary program was designed to share with any interested maritime employer. Working together they developed an outline that addressed the areas of education, employment practices, workplace health and safety, and health care cost containment.

Between 1988 and 1990, a number of maritime employers and union representatives worked in a labor/management coalition called SAFE, the Seafarers AIDS Forum for Education. The coalition's work resulted in a published booklet of advisory proposals pertaining to HIV/AIDS in the maritime workplace.

HIV/AIDS Program

The SIU's HIV/AIDS Education and Prevention program is conducted at the Harry Lundeberg School. HIV/AIDS seminars are two-hour presentations, including question-and-answer sessions. Training is updated regularly. Participants in each seminar receive an information packet containing brochures, articles, AIDS hotline numbers, and an outline of the presentation. In addition to the seminars, other educational strategies are used to inform the school community and membership about AIDS. Strategies include showing a variety of AIDS videos on direct circuit television in students' rooms at the school, devoting a section of the school library to AIDS materials, publishing several articles in the union newspaper, and distributing AIDS brochures to union halls in each port. Free condoms are also made available.

Response to the HIV/AIDS Education and Prevention Program has been very positive and extremely helpful to the membership over the years.

Policy

The committee, the Seafarers AIDS Forum for Education, has developed advisory proposals pertaining to HIV/AIDS in the maritime workplace. This committee will meet periodically to update and change the proposals as necessary.

Lessons Learned

- Part of the success of SAFE's HIV/AIDS program can be traced to a productive working relationship between the union and its contracted employers. The process of collaboration can take longer, but the end results are stronger. It takes patience, perseverance, and vision to develop a successful HIV/AIDS program.
- HIV/AIDS education and policy development must be supported by the high-ranking individuals within an organization. That support comes from doing the necessary groundwork and developing a long-range strategy. It is important to identify, understand, and articulate the potential impact of HIV/AIDS on the organization.
- A team or committee approach is effective, as it encourages divergent input, identifies effective strategies, and facilitates the planning process. When involving others in the process, it is very important to acknowledge them for their contributions.
- A sufficiently trained resident AIDS education specialist can be less costly than outside experts and brings distinct advantages to an HIV/AIDS education program. He or she has a special commitment to everyone in the organization, is able to understand and work effectively with the specific needs and culture of the organization and industry, is accessible for informal discussions, and is available for consultation should a problem arise.

Service Employees International Union (SEIU) Education and Support Fund, AFL-CIO

HIV/AIDS in the Workplace Project
1313 L Street, NW
Washington, DC 20005
202-898-3443 (voice)
202-898-3491 (fax)

Overview

The SEIU is the fourth-largest labor organization in the AFL-CIO, primarily representing workers in five industries including the public sector, health care, building services, office/clerical, and industrial.

- The union has over one million members in the United States, Puerto Rico, and Canada.
- Over half of the membership is employed in the public sector by local, State, and Federal governments.
- Almost 50 percent of the membership works in the healthcare industry.
- A third of the members are service workers, such as custodians and nurse aides.
- Half of the members are women.
- More than 30 percent of the members are people of color.

History

The SEIU became involved in AIDS-related activities in 1984, when fear of HIV transmission first arose among its membership at San Francisco General Hospital. To ensure that health care workers would be able to continue providing compassionate care to their patients, it was critical that irrational fear be confronted with factual information, while at the same time ensuring that adequate safety precautions were implemented.

The first step taken by SEIU's Health and Safety Department was to work with its San Francisco – based Local 250 to reprint the local's *HIV/AIDS and the Health Care Worker* brochure (now in its sixth edition). The brochure, written by Local 250's AIDS Education Committee, was the first such educational material produced for health care workers. Next, SEIU produced the first definitive resource guide for workers, *The HIV/AIDS Book: Information for Workers* (now in its fifth edition). In addition, in the early years of the epidemic, SEIU began to organize HIV/AIDS training seminars in local unions and workplaces throughout the United States and Canada, reaching thousands of health care workers.

In 1989 SEIU was awarded a four-year, $800,000 grant from the Robert Wood Johnson Foundation to formalize and coordinate local SEIU AIDS programs across the country.

On World AIDS Day 1990, SEIU received the Federal Government's highest award for AIDS service work from the U.S. Department of Health and Human Services.

In 1992, SEIU established the SEIU Education and Support Fund to educate SEIU's membership on several health and safety issues, including HIV/AIDS. SEIU's HIV/AIDS education project is part of the CDC Labor Responds to AIDS (LRTA) Program.

HIV/AIDS Program

Training and Education

SEIU's Education and Support Fund (ESF) responds to requests from local unions to design and conduct specific HIV/AIDS training programs. Issues covered in these training sessions include transmission of HIV, reducing and preventing risk of occupational exposure, universal precautions, infection control, the use of safer medical devices in the workplace; preventing needlestick injuries, and post-exposure follow-up and treatment.

A significant benefit of the ESF approach to HIV/AIDS education has been programs that demonstrate genuine concern for all involved, including the health care worker or care provider, the patient or client, and the public and community. One example of this was a health fair on the campus of Howard University, which was cosponsored and organized by the ESF, SEIU Local 82, and the Howard University Physical Facilities Management staff. As a result of the health fair, the Howard University joint labor-management committee was reactivated. The committee has since identified and corrected work practices where workers were being exposed to blood on the job. In addition to the health fair, six workshops on HIV/AIDS were held at Howard University for the staff and managers of the physical facilities department.

Finally, several SEIU local unions offer continuing education units (CEUs) for Licensed Practical Nurses who attend HIV/AIDS education workshops.

Technical Assistance

The ESF also responds to requests for technical assistance by providing labor leaders and union members with information on the Americans with Disabilities Act, protection from HIV-associated discrimination, reasonable accommodations, HIV-antibody testing, post exposure follow-up, counseling referrals, and information on the union's position on pre-employment testing.

The ESF HIV/AIDS Program is member-oriented. It includes monitoring the enforcement of OSHA's Bloodborne Pathogens Standard, as well as infection-control procedures in hospitals and other health care settings.

Materials Development

The project has developed training materials on HIV/AIDS in the workplace including a training curriculum used to train labor leaders as workplace HIV/AIDS educators, materials for specific industries such as nursing homes and building services, and materials in Spanish.

Community Service and Volunteerism

The health fair on the campus of Howard University was designed for workers, supervisors, students, and members of the community. Workshops on HIV/AIDS prevention, which were featured at the health fair, included speakers from the National Association of People With AIDS (NAPWA) and an information booth where SEIU Local 82 members and staff distributed information on HIV/AIDS prevention and the Labor Responds to AIDS Program.

Policy

In collaboration with the National AIDS Fund, the project provides training sessions on how to advocate for the implementation of "AIDS in the workplace" policies that protect workers. The Education and Support Fund has also implemented its own staff policy on Life-Threatening Illness and HIV/AIDS.

Lessons Learned

- Effective HIV/AIDS training requires prioritization, planning, and an adequate amount of time. Short training sessions that are squeezed in as an afterthought are not effective.
- HIV/AIDS has caused significant changes in the health care workplace, and it is essential to keep pace with those changes. Confronting HIV/AIDS has provided opportunities to address other important issues such as infection control procedures, the hepatitis B vaccine, and protection from hepatitis C and other infectious diseases.
- A unique and extremely effective feature of the ESF HIV/AIDS program is peer orientation, designed for members to work with other members to address common concerns.

Berrien County AIDS Coalition

AFL-CIO Community Service Liaison
United Way of Southwest Michigan
185 East Main Street, Suite 601
P.O. Box 807
Benton Harbor, MI 49023-0807
616-925-7772

History

In 1988, Jerry Sirk, AFL-CIO community service liaison, United Way of Southwest Michigan, attended a National AFL-CIO Conference on Community Services. At the conference he attended a workshop on AIDS. In the workshop he heard descriptions of fear and panic that swept through a workplace when someone at work had AIDS or was simply perceived to have AIDS. It was during this workshop that Jerry decided that he must be better prepared to address any fear and misunderstanding that arose in his workplace or community.

Upon returning to Michigan, Jerry discovered a group of agency representatives who were meeting on a monthly basis to discuss their common interests in serving people with AIDS. This group was made up of clergy, educators, home health agency staff, hospice staff, public health officials, and others. As a representative of the Southwestern Michigan Labor Council and the local United Way, Jerry joined the group. In 1990 this group officially became the Berrien County AIDS Coalition, Inc. (BCAC).

HIV/AIDS Program

Over the years, BCAC has sponsored a three-day speakers' bureau training session, established a support group for people living with HIV and AIDS, provided a full-time case manager for people with HIV/AIDS, sponsored a one-day seminar called Benton Harbor Responds to AIDS, and supported the work of HYPE — the HIV/AIDS Youth Peer Education teen theater troupe.

Throughout this time, Jerry has provided leadership to BCAC as a board member, treasurer, vice-president, and president. Jerry also remains active in BCAC's speakers' bureau, and has provided HIV/AIDS workshops for over 500 union representatives throughout Michigan. Jerry has also provided training and education programs for the United Auto Workers, and other locals throughout western Michigan.

Lessons Learned

- Labor can and should help organize AIDS services at the community level.
- Labor leaders bring a unique perspective to developing workplace AIDS programs.
- Workers are more inclined to participate in an organization or event when they see other trade unionists are involved.

Candia Education Association AIDS Education Program, NEA

Candia Education Association
AIDS Education Program
12 Old Deerfield Road
Candia, NH
603-483-2251 (voice)
603-483-2536 (fax)

History

When a health teacher in the Candia, New Hampshire, School District decided that her district needed to be doing more AIDS education and prevention for kids, she knew that the program could not be aimed just at kids. From years of experience as a teacher, she knew that important prevention messages for kids must also be aimed at educational staff and parents. She developed a three-phase approach into a grant proposal that she submitted to the National Education Association Health Information Network (NEA HIN). The Candia Education Association was awarded money from the NEA HIN to develop such a program.

HIV/AIDS Program

Phase I

The first target audience to be trained was school staff. This included teachers, teacher aides, custodians, and cafeteria workers. The training was designed to take place after school so that all staff had the opportunity to attend. Staff from three other nearby schools were also invited to attend the staff training.

The health teacher worked with other staff to determine what the training agenda should include. All of them agreed that they wanted very basic training on HIV and that they wanted to learn some historic background on HIV and AIDS. The health teacher located a certified HIV/AIDS instructor, and the committee worked with her to develop an "AIDS 101" agenda. The afternoon training session included the following information:

- historic perspective on HIV/AIDS,
- how HIV is and is not transmitted,
- the symptoms of HIV infection,
- diagnosis and treatment,
- infection control and universal precautions at work,
- statistics and demographics at the local/State/national/international level, and
- age-appropriate information for teachers to teach to their students regarding HIV/AIDS prevention.

Two very positive outcomes occurred as a result of the staff training:

- Other schools in the area developed their own Saturday training on HIV and AIDS.
- Staff members were provided with waist packs to wear that contained infec-

tion control equipment so that any staff member performing bus duty, recess duty, or other duties, had quick access to gloves in case he or she came in contact with blood or other body fluids.

- Though the training was held off the clock, and most of the staff in the district had been working without a contract for three years, staff attended enthusiastically. Participants were able to receive staff development hours for the training.

Phase II

The next phase of the HIV/AIDS Education Outreach program was to target children. To do this the health teacher put together a committee of junior high students, high school students, parents, and teachers and asked them to come up with the best way to reach students from grades 7 – 12. The committee decided to sponsor a "Teen Coffee House."

To get the word out about the Teen Coffee House, the committee designed posters and distributed them in the local junior and senior high schools and the community. Students from neighboring towns were also invited to the coffee house. Over 100 students participated in the Teen Coffee House.

The Coffee House was held in a local gymnasium. Coffee and other refreshments were served. Live music and live theater were also provided. The Manchester Youth Theater Group performed open-ended skits on such topics as dating, abstinence, sexually transmitted diseases, and HIV. The teens then held a discussion on how they thought the skit would "end."

The evening also included discussions with young people living with HIV and AIDS. The inclusion of speakers with HIV in the Teen Coffee House was one of the most highly rated aspects of the evening. The students appreciated the speakers' honesty and positive message.

Phase III

In the final phase of the HIV/AIDS Education Outreach program, the committee worked on outreach to parents, and marketed the parents' event through the local newspapers. Because of the success of the Coffee House setting, the parents were also invited to a Coffee House, with repeat performances from the theater group and speakers with HIV/AIDS. Though this last event was targeted specifically for parents, they were encouraged to bring their teens to the Coffee House with them.

Lessons Learned

- Inviting the staff to help set the training agenda ensured that their concerns and interests were addressed.
- Though the staff training was scheduled for three hours, three hours was not as much time as participants would have liked.
- The quick outcomes of additional training and infection control waist packs reinforced the positive aspects of the training session.
- Having students involved in the outreach messages to other students helped ensure the success of the Teen Coffee House.
- Participatory education, as in the participation of the students with the Manchester Theater Group, is an effective way to do AIDS education.

- Though some funding was needed to develop this three-phase program — money was spent on paying a program planner and paying a stipend to the speakers with HIV and AIDS — the success of this program was based on the energy and time that teachers, students, parents, the school district, and the community provided. For instance, the students designed and distributed the posters, free space was used in the school gymnasium, which students and teachers converted into a coffee house, the musicians and theater groups performed for free, coffee and refreshments were donated by local merchants, and the certified AIDS trainer provided much of her time and expertise pro bono.

Lansing Educational Assistants Union, NEA

Lansing Educational Assistants Union
1601 East Grand River
Lansing, Michigan 48906
517-337-5494 (voice)
517-485-7360 (fax)

History

"We Put Children First" was the motto of the bargaining committee of the Lansing Educational Assistants as they went into contract negotiations with the Lansing School District after working over a year and a half without a contract. The district's 600 educational assistants help 1,400 teachers meet the daily educational and physical needs of over 18,000 special education students. Putting children first, in the minds of the union members, meant that children should be able to attend school in a safe space, and that workers should be able to provide education and care for the children without worrying about their own health and safety.

The Problem: Lack of Infection Control and Training

Members expressed their concerns about being exposed to body fluids to the union president. Because the staff is made up of special education staff (special education assistants) and the paraprofessional staff of instructional assistants who work with physically and mentally challenged children, staff at all levels are often exposed to blood. Blood exposure is most common during recess. Workers are also exposed to feces, urine, or vomit on a daily basis. They knew to be concerned about workplace exposure, but did not have all the facts about professional exposures. The president knew that they needed training on infection control. After listening to the members, the president brought the issue up with the head administrator of the special education department. The president requested that all workers exposed to body fluids be supplied by schools with protective equipment, such as gloves and gowns. He also strongly recommended training and education on universal precautions and infection control. Because the public schools in Michigan have experienced budget cutbacks for the past several years, a lack of money prohibited purchasing additional personal protective equipment and providing training for these workers.

Training on HIV/AIDS had been offered to some of the workers via a videotape shown in the school auditorium. But the training was not mandatory, was not monitored, and was held during school hours, so the special education staff and other staff members could not attend.

The Solution

The solution to protecting the workers from exposure to blood and other body fluids at work required many components. Those components included mobilizing members, developing a health and safety committee, developing a training and edu-

cation program, and reaching out and building support in the community.

Mobilizing Members

It took well over a year of work by members and the union president with the special education administrator to convince other special education administrators that there was a real need for personal protective equipment and training. The union finally got its point across when they mobilized its membership (many of whom are parents with children in the public schools) as well as parents and grandparents of the special education students. These members, parents, and grandparents helped the administrators understand the strong relationship between workers' safety and the ability to provide quality education and care for students. They stated that when workers feel safe about their own health, they can concentrate on their work and their students.

Health and Safety Committee

Next, the union formed a Health and Safety Committee to determine exactly what kind of protective equipment was needed and where to purchase such equipment at an affordable price. The committee planned to document their needs in writing and share this documentation with their administrators and the school superintendent. Many of the workers stated that their own clothes got wet or soiled with urine or feces when they helped diaper, clean up, or bathe a student. They hoped that as a committee they could locate gowns that could be purchased at a reasonable price to help protect them from exposure to body fluids.

One obstacle to finding gowns was that nurses on the staff were concerned that gowns on workers would make the school appear institutional, rather than educational. The committee agreed that the nurses had a legitimate concern. To overcome this obstacle, they identified those workers who were most at risk of being exposed to body fluids, and explained that gowns were not to be worn throughout their shift, but only when needed — for instance, when helping with a shower. The committee located a company that designed a protective smock, rather than a gown, to cut down on the risk of looking institutional. The committee discovered that the smocks could be purchased at an excellent price, and the school district agreed to purchase the smocks.

The committee also worked to get gloves and infection control packets into the buildings for the educational assistants, as well as the teachers. Though gloves are now available to some workers, the union is still fighting the shortage of gloves and the problem of access to gloves. In some schools, gloves are still stored, and kept under lock and key. They are not always available to workers who need them, or located close enough that a worker could get to the gloves quickly.

Training and Education

The union president also knew that training on the issues of infection control, universal precautions, hepatitis B and C, HIV, and OSHA's Bloodborne Pathogen Standard was paramount. Through their State union, the Michigan Education Association (MEA), the Lansing Educational Assistants heard about training grants

from the National Education Association's Health Information Network (NEA HIN). The union president planned to apply for a training grant, but first wanted to get the support of the administrators and the school superintendent. He told them that such a grant could help establish an ongoing training program for his members. He stated that training was a way to be proactive, rather than reactive. The administrators and the superintendent promised their support for such a training program so the union president applied for the NEA HIN grant. NEA HIN agreed that their plans to use the grant money as seed money to develop a training program was a good idea, and awarded a training grant to the union.

Contract negotiations are still underway, but because the union has done its homework regarding these infection control issues, it is more determined than ever to get health and safety language, as well as training and education language, in its new contracts. This health and safety language includes access to personal protective equipment and the training language includes the right of all workers to in-service education scheduled on the clock.

Outreach and Building Community Support

The Health and Safety Committee, the overall membership, and the parents and grandparents involved in the issue have started to develop the training program. Because they want the infection control training program to grow into a permanent program, they are reaching out and building linkages to other unions, committees, and community groups to get their support. The Lansing Educational Assistant (LEA), which represents 600 educational assistants, is reaching out to the Lansing Schools Education Association, which represents 1,400 teachers and nurses in the school district. Both unions are affiliates of the Michigan Education Association and the National Education Association. The LEA is also working with a committee called the Safe Schools Committee to let them know that having a school staff that practices good infection control is as important as having secure schools, free of weapons. The LEA is hopeful that when their grant is exhausted, the school district will use some of its own funds to keep workers trained on an ongoing basis.

Lessons Learned

- Committee work is hard and time consuming, but can pay off. It's an excellent vehicle for expressing many views and concerns, even opposing views.
- Even a local union, busy with fundamental issues like contract negotiations or the enormous problems of working without a contract, found a way to respond to the risk of HIV and AIDS in the workplace. This union used the potential for occupational exposure and the lack of infection control in the workplace to mobilize members and the community.
- A slogan or motto like "We Put Children First" helps solidify the membership and helps the members stay focused on the bottom line — in this case quality education and care for children.
- Members brought their concerns directly to their president who listened to them. He did not minimize their concerns, but took them seriously, and

worked with the members to come up with a plan of action. In other unions workers may have gone to a steward or a health and safety representative instead — the point is, the officer listened, and took the members seriously.

- Because the union has done enough research and documentation over the years, it can now use this evidence of the need for infection control training and protection in current and future contract negotiations.
- The union's two-prong approach, getting personal protective equipment and developing training, is a good solution and one that is enforceable under the OSHA Bloodborne Pathogens Standard.
- Even in the face of budget cutbacks, the union kept pushing for protection and training, and did not give up.
- The members documented their exposures, including frequency and the kinds of body fluid they were exposed to, and then shared their documentation with the administrators and superintendent.
- Infection control training needs to be much more than just a videotape. Infection control training needs to be presented by a knowledgeable person who allows time for problem solving and a question-and-answer period. This union advocates training that is open to all workers, not just those who are certified, licensed, or "professional." Training should be on the clock, and scheduled at different times so that all staff has the opportunity to attend.
- Funding is available, even during budget cutbacks. This local union located national grant money through its State union.
- Mobilizing members, parents, grandparents, and the community around the issues of health and safety at school was a very effective strategy.
- Getting support from various administrators can be very time consuming (in this case, more than 3 years), but can pay off.

New York State Public Employees Federation (PEF), AFL-CIO

Joint Labor/Management Program

New York State PEF
1168-70 Troy-Schenectady Road
P. O. Box 12414
Albany, NY 12212-2414
518-785-1900 (voice)
518-785-1814 (fax)

Overview

PEF represents over 55,000 professional, scientific, and technical public employees in New York State, including 4,500 correction officers.

History

PEF has been in the forefront of providing HIV/AIDS-in-the-workplace education for almost a decade. Located in a State that saw early cases of HIV infection, PEF has been responding to AIDS in the workplace by training members, leaders, and officers. PEF members work in occupations where they risk exposure to blood-borne pathogens such as HIV, as well as exposure to TB. These occupations include corrections, mental health, and health care.

A serious outbreak of multiple-drug resistant tuberculosis (MDR-TB) in New York State Prisons in 1990 and 1991 claimed the lives of 36 inmates and one corrections officer. The outbreak also focused national attention on the problem of controlling tuberculosis, especially in prisons and similar settings. During this outbreak, the inmates were sent to an upstate New York hospital and were diagnosed with MDR-TB. One of the correctional officers, a cancer survivor undergoing chemotherapy, was guarding one of the prisoners. Because the officer was undergoing chemotherapy his susceptibility to TB was increased. The death of the officer and some of the inmates occurred between March and October 1991. Consequently, five other officers are under treatment for active TB disease due to this outbreak.

HIV/AIDS/TB Program

Using a revised TB and Bloodborne Pathogens curriculum, PEF continues to respond to the need to inform prison employees and other PEF members about MDR-TB. Continuing the collaboration started in 1993 and 1994, PEF and the Department of Correctional Services (DOCS) still join forces in a labor management effort to train members about TB, as well as bloodborne pathogens.

Lessons Learned

- Training has been proven to be an effective way to prevent future outbreaks and widespread transmission. Since 1993, when TB and HIV/AIDS training was undertaken by the multi-disciplinary training teams using the PEF curriculum, 63,000 workers have been trained.

- TB cases of inmates have decreased three-fold from the 1991 high.
- Some of the participants in the training session were later diagnosed with MDR-TB, but because of connections the workers made at the training, they were able to get referrals for treatment at the Jewish Pulmonary Hospital in Denver.
- 300 peer-training team members were trained in a two-day train-the-trainer meeting. Teams consisted of officers, civilians, and nurses.
- 28,105 DOCS employees were trained in a one-hour training session on TB prevention and control.
- Tuberculosis skin conversions among employees declined from 2.6 percent in 1991 to 0.5 percent in 1995.
- TB case rates (the number of active cases of TB per 100,000 people) remain several times higher in inmates than in the national average of 9 per 100,000, but have declined after a high of 208 per 100,000 in 1991. In 1994, the rate per 100,000 dropped to 110, and in 1995 the rate dropped to 72 per 100,000.
- The number of workers trained and the subsequent decline in TB cases in the Department of Correctional Services is a sterling example of what can be accomplished when unions and management dedicate themselves to cooperating to prevent occupational injury, illness, and death.

Association of Flight Attendants (AFA) Pegasus Project

c/o Association of Flight Attendants
1625 Massachusetts Avenue, NW
Washington, DC 20036

Overview

The Association of Flight Attendants (AFA) represents more than 35,000 professional flight attendants who work for 23 airlines.

History

In 1991 the leadership of the AFA responded to the call of flight attendants living with life-challenging illness when the AFA Board of Directors passed a resolution at its annual meeting and directed the International President to work to establish a mechanism to respond to the needs of critically ill and injured AFA members. In 1993, the Pegasus Project was chartered as an independent 501(c)(3) charity to provide emergency relief funds to financially assist critically ill and injured AFA members in need.

HIV/AIDS Program

The Pegasus Project serves AFA members who are affected by any life-challenging illness or disabling injury and are experiencing financial hardship. This includes members with HIV or AIDS. The program provides funds to assist with bills associated with housing expenses, food, insurance, accessibility, and other reasonable expenses.

Lessons Learned

- Life-challenging illnesses can be impoverishing. Even well-insured workers have experienced significant financial hardship associated with catastrophic illness and injury. For those with family responsibilities, those hardships are substantially compounded.
- What began as a resolution grew into a program that reaches out and supports members in need.

Blood Exposure Response Team

New York State Public Employees Federation (PEF)
1168-70 Troy-Schenectady Road
P. O. Box 12414
Latham, NY 12110
518-785-1900 x 331

Overview

The Blood Exposure Response Team (B.E.R.T.) was established in 1992 by two members of PEF, who are both nurses, and a member of AFSCME, who is a corrections officer. All three members experienced workplace-related injuries involving exposure to blood. Unfortunately, when these members were injured, there was no program in place to guide them through the confusing maze of post-exposure follow-up. There was no one to confide in and no one to share their post-trauma experience with. These three members created B.E.R.T. so that no other worker would have to deal with a workplace injury alone.

Program

Blood Exposure Response Teams are groups of volunteers representing a cross-section of departmental staff. They provide peer support and guidance when requested by employees exposed to bloodborne pathogens. Employees who have had any bodily contact with blood or potentially infectious material may request and receive B.E.R.T. services. The teams operate under the authority of Departmental Directives and Health Service Policies at the Department of Corrections.

- B.E.R.T. volunteers participate in joint labor-management training on HIV/AIDS, bloodborne pathogens, and post-exposure follow-up.
- B.E.R.T. is activated at the request of the worker.
- The B.E.R.T. member responds in a timely manner.
- B.E.R.T. provides peer support and guidance to an employee who has been exposed to bloodborne pathogens.
- The B.E.R.T. member listens to whatever concerns an employee raises.
- The volunteer helps the worker understand his/her options regarding testing, physician follow-up, prophylactic treatment, etc.
- The B.E.R.T. member provides information on post-exposure follow-up and helps the employee find needed services.
- The volunteer is available to the worker around the clock.

Lessons Learned

- Personalizing the traumatic experience helps the worker cope with the injury.
- Ongoing person-to-person contact regarding post-exposure follow-up is more supportive than simply giving the worker a brochure on post-exposure.
- Peer support is another way that unions can support the daily lives of workers.
- The B.E.R.T. program has raised the level of awareness among management with regard to the importance of providing post-exposure follow-up protocol.

International Association of Machinists and Aerospace Workers (IAMAW)

(IAM CARES) Center for Administering Rehabilitation and Employment Services

IAMAW
9000 Machinists Place
Upper Marlboro, MD 20772-2687

IAM CARES
1320 Fenwick Lane, #703
Silver Spring, MD 20910
301-495-5967 (voice)
301-495-5968(for deaf access)
301-495-5969 (fax)

Overview

The International Association of Machinists and Aerospace Workers (IAMAW) has over 750,000 members in the United States and Canada. The members work in scores of industries including aerospace, manufacturing, transportation, public services, and health care. Approximately 20 percent of the members are female.

History

International Association of Machinists Center for Administering Rehabilitation and Employment Services (IAM CARES), is a nonprofit organization founded in 1980 by the IAMAW to promote employment opportunities for individuals with disabilities and to provide technical assistance to labor unions, labor organizations, business, and industry.

IAM CARES was founded on the basis of the IAM's commitment to full employment to all individuals. Programs are based on the union's philosophy of equal access and participation by all citizens in quality jobs.

IAM CARES programs have been in operation since 1980, starting with a single site in Seattle, Washington. With the success of this program and with the support it received from IAMAW, IAM CARES was supported by federal grants to extend its programs in other locations. IAM CARES currently serves 20 cities with the sponsorship of the IAMAW and operates 50 programs across the United States and Canada. In its 17-year history, IAM CARES has helped more than 26,000 individuals with disabilities secure jobs. Working in collaboration with local unions and community based organizations, IAM CARES annually assists more than 2,600 individuals with disabilities to locate and secure employment. Services to consumers and employers cover a broad range, including ability and interest assessment, job readiness assessment, job development, job modification, job training, job retention, industrial evaluation, job placement, follow-up, support services, and a variety of educational and training programs.

HIV/AIDS Program

Education and Training

The IAMAW instituted an HIV/AIDS policy in the late 1980s. In 1992, a steward's manual was produced in cooperation with the George Meany Center for Labor Studies, AFL-CIO. This manual has been distributed to over 1,200 Local and District Lodges. A French version was printed for the union's French Canadian locals.

In 1994 and 1995 an HIV/AIDS curriculum was introduced at the annual Safety and Community Services conferences at the IAMAW Education and Training Center in Hollywood, Maryland. This training, attended by over 200 union leaders from the United States and Canada, was provided to participants so that they could return home and educate the members of their respective lodges about HIV/AIDS. Ongoing educational and training opportunities are developed for specific audiences based on need. Those audiences include employers, union members, and community members.

The IAMAW Community Services Department assists members directly in finding resources within their communities to address concerns and issues related to HIV/AIDS. Many of these resources are agencies associated with the United Way, with which IAM has a long history of collaboration and cooperation.

Direct services

IAM CARES is funded by the Department of Education Rehabilitation Services Administration to provide employment services for persons living with HIV/AIDS residing in the Metropolitan Washington, DC, and San Francisco areas, though any IAM member with HIV or an AIDS diagnosis is eligible for services.

The programs assist individuals maintain or secure employment by applying traditional vocational rehabilitation techniques, developing unique strategies to meet their employment needs, and providing educational and awareness training to employers and their staff members. Key program components include:

- linkage to community organizations serving persons with HIV/AIDS,
- a Business Advisory Council of local employers and union leaders,
- a Community Advisory Council,
- an intensive outreach campaign to engage employers and the community in project activities,
- job development,
- placement services,
- HIV/AIDS workplace education,
- job retention,
- cooperative agreements with community HIV service agencies.

HIV/AIDS Employment Program Goals

These goals develop a model employment services program to assist persons who are HIV-positive or who have AIDS find or maintain employment, and coordinate

the program with existing service agencies to contribute to a nonduplicative and comprehensive delivery system.

- Increase awareness about the availability and value of rehabilitation services for persons who are HIV-positive or who have AIDS, and increase the numbers of individuals who take advantage of these services.
- Increase labor market participation, job retention, job satisfaction, and career adjustment for people who are HIV-positive by helping them to seek training, find jobs, and make long-range career decisions based on the knowledge that they are HIV-positive.
- Increase the length of time individuals with AIDS are able to maintain existing positions by working with them and their employers to work out a plan of reasonable accommodations and work activities.
- Assist unemployed individuals or those who need to change jobs to find work or engage in meaningful productive activity that is appropriate to their interests, abilities, and skills.
- Take advantage of creative and flexible work structures to allow people with AIDS (PWA)to remain productive in some capacity for as long as possible.
- Increase the independence and independent living of PWAs by making linkages to support services and community agencies.
- Increase the capacity of employers and labor union leaders to address the medical, social, psychological, legal, and vocational implications of HIV/AIDS.
- Increase awareness among employers about their ethical and legal responsibilities related to AIDS in the workplace.
- Increase awareness among employers about the availability and value of rehabilitation and technical assistance services for their employees who are HIV-positive or who have AIDS.
- Increase employers', understanding about AIDS in the workplace and methods of accommodating workers with HIV/AIDS.
- Facilitate employer involvement in maintaining individual workers with HIV/AIDS in the workplace by providing workplace interventions and training tailored to the situation so that these workers are productively engaged.
- Contribute to the literature about effective vocational rehabilitation approaches, methods and interventions for people who are HIV-positive and who have AIDS.
- Identify services and approaches that are effective in meeting the needs of individuals who are HIV-positive or who have been diagnosed with AIDS.
- Identify effective strategies and interventions for working with employers to educate and assist them in working with persons who are HIV-positive or who have AIDS.
- Disseminate lessons learned and outcomes in the fields of rehabilitation, HIV/AIDS, and human resources.

- Evaluate the project's effectiveness in reaching the goals and objectives.

Lessons Learned

- Fear is an obstacle when deciding to return to work or to request accommodations. Some of the things people living with HIV fear include discrimination at work and/or in the community at large, loss of employment, and loss of housing. It takes creative nurturing, a strong educational component, and intuitive program development to convince persons with HIV/AIDS of the value of returning to work or retaining their present jobs.
- Collaboration among unions, employers, support agencies, and local communities is an essential component so that persons needing to can return to work or retain their jobs.
- Health and safety training programs for employers and staff are essential for the safe and cohesive employment of persons living with HIV/AIDS.
- The numbers of persons who wish to return to work after a disability from HIV/AIDS have increased. This is due, in part, to the success of the combination therapies now available. The employment and education programs that currently exist for persons living with HIV are not sufficient to cover the increased need for return-to-work services and programs. Unions can take the lead in funding and developing programs to satisfy these needs.
- IAMAW union representatives experience the most success providing services for their members when collaborating with community organizations who have a history of serving people living with HIV/AIDS. Collaboration is the key.

United Federation of Teachers (UFT)

Resource Specialist Office
212-598-9275 (voice)
212-533-2704 (fax)

Overview

The United Federation of Teachers (UFT), founded in 1961, is Local 2 of the 940,000-member American Federation of Teachers, which is based in Washington, DC. With its more than 120,000 members, the UFT is the largest local union in the United States. The union is the sole bargaining agent for most of the educators who work in New York City schools.

- It represents more than 66,000 teachers, 32,000 retired members, and 14,000 paraprofessional school aides, along with school secretaries, attendance teachers, guidance counselors, social workers, adult education teachers, and others who staff the more than one-million-student school system.
- As is the case with any trade union, a major priority of the UFT is to negotiate a fair salary and improve working conditions for its members.
- The UFT also considers itself the most influential lobby for children in New York City — believing that the interests of school children and their teachers are inseparable, that it is impossible to work for one without the other.

History

UFT members affected by HIV have been fortunate to have a union office that assists them with their particular needs. This Resource Specialist Office has its roots in the American Federation of Teachers' Project Reach program, which in 1991 funded a resource specialist to assist the UFT's HIV-positive members and those with AIDS.

Later in 1992, Project Reach received a grant from the Metropolitan Life Foundation to educate teachers about transmission of the HIV virus and how to prevent it from spreading. *The New York Teacher* of November 30, 1992, reported that interest by UFT members increased dramatically over a period of months. Whereas calls to the Resource Specialist's Office initially were primarily from men who believed or were afraid they were HIV-positive, that changed over time as many of the calls began to come from women who did not know where else to turn.

HIV/AIDS Program

As both the numbers and needs of members affected by HIV grew, so did the UFT's commitment. Currently, three carefully chosen and thoroughly trained specialists, all UFT members, staff the UFT-funded Resource Specialist Office. Their backgrounds reflect a particular expertise in health care and labor relations issues. The office is staffed Monday through Friday afternoons. Through contact with union and New York City Board of Education staff members, they obtain accurate answers to inquiries from UFT members about such issues as learning about the rights of people with HIV; obtaining hardship transfers; applying for a special sabbatical leave; applying for disability benefits; adding a domestic partner to health insurance;

taking an early retirement; learning what benefits health insurance can cover, including home care; borrowing sick days; joining support groups for teachers with HIV; and clarifying issues surrounding HIV transmission. All calls to the resource specialists are handled with strict confidentiality.

The resource specialists often develop continuing and supportive relationships with their callers. It is not unusual for some members to be in daily contact with specialists when they are going through a particularly trying time, such as a severe illness requiring hospitalization, leave of absence, or problems with payroll. When members are faring relatively well, the specialists frequently hear from members every month or two. If a member has been in contact with the specialists and has not called in a period of three months, the resource specialists then reach out to make sure all is well. If there is a problem, the specialists will try to assist. Members have expressed tremendous appreciation for this "caring concern" exhibited by the specialists. The resource specialists currently handle over 80 inquiries each month, with a caseload of over 200 members who have been assisted since the inception of the office.

Information about the Resource Specialist Office is widely disseminated to all UFT members via articles that appear regularly in various publications as well as through flyers posted in schools throughout the city.

In addition to the Resource Specialist Office, the UFT proactively assists members affected by HIV in myriad ways. It has developed a number of brochures that discuss issues such as "AIDS and HIV — the basics," transmission of HIV, AIDS and HIV in the schools, protecting school employees against HIV infection, rights of HIV-infected staff and students, UFT services for HIV-infected staff, AIDS education in the schools, how the UFT Welfare Fund can help, and other important topics.

Funding for the Resource Specialist Office was initiated through the American Federation of Teachers HIV/AIDS Education Project. The first level of funding, from the grant given by the Metropolitan Life Foundation, was $25,000. As the project grew, the UFT continued to expand its in-kind services, eventually taking on the entire financing of the office. Its annual budget is $50,000 for three part-time resource specialists and publications. The UFT's commitment to meeting the needs of its workers is an excellent example of proactive union programs.

Lessons Learned

Consistent, ongoing contact and follow-up are two essential components to the success of the program. In fact, over the years, resource specialists have maintained helping, encouraging, and compassionate relationships with members who have utilized their services. Members, as well as their friends and loved ones, have been overwhelmingly enthusiastic and continue to praise the program.

Labor Cares!

Overview and History

Labor Cares! is a coalition of labor organizations that includes the AFL-CIO, AFSCME, SEIU, AFGE, AFT, NEA, Bricklayers, Teamsters, Association of Flight Attendants, George Meany Center, Coalition of Labor Union Women, and Community Services Metro Washington – AFL-CIO. Labor Cares! began in 1992 to provide the labor community with an enhanced presence at the 1992 NAMES Project AIDS Memorial Quilt Display. The success of this effort led the labor community to continue — and expand — Labor Cares!

Unions have been in the forefront in the fight against discrimination and prejudice in the workplace, and have traditionally made the health and safety of their members a priority. With the arrival of the HIV/AIDS epidemic in this country, labor organizations began responding to the challenges presented by this disease. Labor's primary challenge is ensuring that people with HIV/AIDS could retain their jobs, health insurance, and benefits. Labor Cares! is working to fulfill this challenge.

Goals

Labor Cares! has evolved into a labor coalition with several goals:

- To provide visibility for the labor movement regarding HIV/AIDS issues;
- To prepare trade unionists and unions to respond to the issues of workers living with HIV/AIDS as they develop, such as civil rights, insurance, and benefits;
- To provide outreach to workers affected by HIV/AIDS and to provide resources for them;
- To act as a bridge to the Labor Responds to AIDS program of the Centers for Disease Control and Prevention;
- To provide outreach to workers affected by HIV/AIDS and to provide information on:
  - contract language and policies that protect workers with HIV/AIDS,
  - protecting workers' health benefits,
  - workplace education on HIV/AIDS,
  - protecting workers with long-term illnesses,
  - the Americans with Disabilities Act, which protects workers with disabili ties, including HIV/AIDS, from discrimination,
  - the Rehabilitation Act of 1973, which protects federal workers with dis abilities from discrimination, and
  - the transmission of HIV.

For More Information on HIV/AIDS

First, contact your union. Both your local and your international may offer sources of information on HIV/AIDS. Your union benefits coordinator should have information about different programs, such as discount legal services and discount pharmacies. Some internationals have Health and Safety Coordinators who may have information on HIV/AIDS and may provide educational training as well. Many internationals also employ staff attorneys and/or attorneys who specialize in or handle discrimination cases.

Union members may also contact the headquarters office of the following Unions for information and assistance by Labor Cares! participants on HIV/AIDS questions.

- Association of Flight Attendants
  Ann Tonjes 202-328-5400
- American Federation of Government Employees
  202-639-6418
- American Federation of State, County, and Municipal Employees
  John Bonnage 202-429-1240
- American Federation of Teachers
  Maria Armesto 202-879-4434
- National Education Association Health Information Network
  Julia Mitchell 202-822-7723
- Service Employees International Union
  Marilu Camarena 202-898-3443
- International Brotherhood of Teamsters
  Maria Maldonado 202-624-8117
- Coalition of Labor Union Women
  Heather Hauck 202-466-4610
- International Association of Machinists Center for Administering Rehabilitation and Employment Services (IAM CARES)
  Lee Syvret 301-495-9107
- Laborer's Health and Safety Fund
  Mary Jane MacArthur 202-628-5465

If your union is not listed above, please contact: Chuck Einloth, Director, HIV/AIDS Workplace Education Project, George Meany Center For Labor Studies, 10000 New Hampshire Avenue, Silver Spring, MD 20903. Call: 301-431-5453.

HIV/AIDS: Are You at Risk?

Preventing HIV Through Education

What Is AIDS?

While it's almost certain that you've heard quite a bit about AIDS in the past few years, the term human immunodeficiency virus (HIV) might be new to you. HIV and AIDS are closely related, and if you understand HIV infection, you can better understand AIDS.

AIDS stands for acquired immunodeficiency syndrome, caused by infection with HIV. Normally, the immune system fights off infections and certain other diseases. When the system fails, a person with HIV infection can develop a variety of life-threatening illnesses.

AIDS Is Caused by HIV

AIDS is caused by the virus called the human immunodeficiency virus, or HIV. A virus is one of the smallest "germs" that can cause disease.

If you have sex or share needles or syringes with an infected person, you may become infected with HIV. Specific blood tests can show evidence of HIV infection. You can be infected with HIV and have no symptoms at all. You might feel perfectly healthy, but if you're infected, you can pass the virus on to anyone with whom you have sex or share needles or syringes.

Will You Get AIDS if You Are Infected With HIV?

In recent years, about half the people with HIV have developed AIDS within 12 years, but the time between infection with HIV and the onset of AIDS can vary greatly. The severity of the HIV-related illness or illnesses will differ from person to person according to many factors, including the overall health of the individual.

Today there are promising new medical treatments that can postpone many of the illnesses associated with AIDS. This is a step in the right direction, and scientists are becoming optimistic that HIV infection will someday be controllable. In the meantime, people who get medical care to monitor and treat their HIV infection can carry on with their lives, including their jobs, for longer than ever before.

How Can You Become Infected With HIV?

You can become infected with HIV in the following ways:

- Having sexual intercourse—anal, vaginal, or oral—with an infected person
- Sharing drug needles or syringes with an infected person
- From mother to baby—before or during childbirth or breastfeeding
- From a blood transfusion prior to 1985

You Can Get HIV From Sexual Intercourse

HIV can be spread through sexual intercourse — from male to male, male to female, female to male, and, rarely, female to female.

HIV is not the only infection that is passed through intimate sexual contact. Other sexually transmitted diseases, such as gonorrhea, syphilis, herpes, hepatitis B, and chlamydia, can also be contracted through anal, vaginal, and oral intercourse. If you have one of these infections and engage in sexual behaviors that can transmit the virus, you are at greater risk of getting HIV.

HIV may be in an infected person's blood, semen, or vaginal secretions. HIV can enter the body through cuts or sores in the skin or the moist lining of the vagina, penis, rectum, or even mouth. Some of these cuts or sores are so small you don't even know they're there. Anal intercourse with an infected person is one of the ways HIV has been most frequently transmitted. Other forms of sexual intercourse, including oral sex, can spread it as well. During oral sex, a person who takes semen, blood, or vaginal secretions into his or her mouth is at risk of becoming infected.

Many infected people have no symptoms and have not been tested. If you have sex with one of them, you unknowingly put yourself in danger. The only sure way to avoid infection through sex is to abstain from sexual intercourse or engage in sexual intercourse only with someone who is not infected and only has sex with you. Male latex condoms help prevent HIV infection and other sexually transmitted diseases. Latex condoms with or without spermicides help prevent sexual transmission of HIV.

The female condom or vaginal pouch serves as a physical barrier to viruses. If a male latex condom cannot be used, consider using a female condom for male/female sexual intercourse. The polyurethane condom, approved by the FDA in 1991, has been shown to have the same barrier qualities as the latex condom. Lab testing has shown that particles as small as sperm and HIV cannot pass through this polyurethane material. Polyurethane condoms are an appropriate choice for people who are allergic to latex.

Other Transmission Risks

Casual contact through closed-mouth or "social" kissing is not a risk for transmission of HIV. Because of the potential for contact with blood during "French" or open-mouth kissing, engaging in this activity with an infected person is not recommended.

You Can Get HIV From Sharing Needles

Sharing needles or syringes, even once, is a very likely way to become infected with HIV and other germs. HIV from an infected person can remain in a needle or syringe and then be injected directly into the bloodstream of the next person who uses it. Sharing needles to inject drugs is the most dangerous form of needle sharing.

Sharing needles for other purposes may also transmit HIV and other germs. These other purposes include injecting steroids and tattooing or ear piercing.

If you plan to have your ears pierced or get a tattoo, make sure you go to a qualified person who uses brand new or sterile equipment. Don't be shy about asking questions. Responsible technicians will explain the safety measures they follow.

HIV and Babies

A woman infected with HIV can pass the virus on to her baby during pregnancy, while giving birth, or when breastfeeding. If a woman is infected with HIV before or during pregnancy, she can take treatments that will decrease her child's chance of becoming infected with HIV.

Any woman who is considering having a baby and who thinks she might have done something that could have caused her to become infected with HIV—even if this occurred years ago—should seek counseling and testing for HIV infection to help her make an informed choice about becoming pregnant. All pregnant women should be routinely counseled and offered testing.

Blood Transfusions and HIV

In the past some people became infected with HIV from receiving blood transfusions. This risk has been virtually eliminated. Since 1983, potential blood donors at risk of HIV infection have been asked not to donate blood. Since 1985, all donated blood has been tested for evidence of HIV. All blood found to contain HIV is discarded. Currently in the United States, there is only a very small chance of infection with HIV through a blood transfusion.

You cannot get HIV from giving blood at a blood bank or other blood collection center. The needles used for blood donations are sterile. They are used once, then destroyed.

How You Cannot Get HIV

HIV infection doesn't "just happen." You can't "catch" it like a cold or flu. Unlike cold or flu viruses, HIV is not spread by coughs or sneezes. Again, you get HIV by receiving infected blood, semen, or vaginal fluids from another person.

- ■⑤ You won't get HIV though everyday contact with infected people at school, at work, at home, or anywhere else.
- ■⑤ You won't get HIV from clothes, phones, or toilet seats. It can't be passed on by things like forks, cups, or other objects that someone who is infected with the virus has used.
- ■ You cannot get HIV from eating food prepared by an infected person.
- ■⑤ You won't get HIV from a mosquito bite. HIV does not live in a mosquito, and it is not transmitted through a mosquito's bite like other germs, such as the ones that cause malaria. You won't get it from bedbugs, lice, flies, or other insects, either.
- ■ You won't get HIV from sweat or tears.

Who Is Really at Risk for HIV Infection?

There is evidence that HIV, the virus that causes AIDS, has been in the United States since at least the 1970s. The following are known risk factors for HIV. You may be at increased risk of infection if any of the following have applied to you since 1978.

- ⑤ Have you shared needles or syringes to inject drugs or steroids? Or had sex with someone who has?
- If you are a male, have you had sex with other males?
- Have you had sex with someone who you believe may have been infected with HIV?
- Have you had a sexually transmitted disease (STD)?
- Have you received blood transfusions or blood products between 1978 and 1985?
- Have you had sex with someone who would answer yes to any of the above questions?

If you answered yes to any of the above questions, you should discuss your need for testing with a trained counselor. If you are a woman in any of the above categories and you plan to become pregnant, counseling and testing are even more important.

If you have had sex with someone and you didn't know his or her risk behavior, or if you have had many sexual partners in the last 10 years, then you have increased the chances that you might be HIV-infected.

What About the HIV Test?

The easiest way to tell if you have been infected with HIV is by taking an HIV antibody test. This test should be done through a testing site, doctor's office, or clinic familiar with the test. It is important that you discuss what the test may mean with a qualified health professional, both before and after the test is done.

In most people who are infected with HIV, it takes up to three months to develop enough antibodies to be detectable on a test. In some people, it could take up to six months.

Do You Need More Information About HIV or HIV Counseling and Testing?

You can receive free publications from the Centers for Disease Control and Prevention. To receive brochures, or to ask any questions about HIV infection or AIDS, call the CDC National AIDS Hotline at 1-800-342-AIDS (2437) (Spanish: 1-800-344-7432; deaf access: 1-800-243-7889 TDD). The Hotline is staffed with information specialists who can offer a wide variety of written materials or answer your questions about HIV infection and AIDS in a prompt, confidential manner. There are also local groups that can help you find the information you need. Contact your State or local health department, AIDS service organization, or other community-based organization addressing HIV and AIDS. The CDC National AIDS Hotline can tell you how to contact all of these resources.

PURPOSE

The overhead transparencies in the Labor Leader's Kit will provide labor leaders with information about the Labor Responds to AIDS (LRTA) Program for use in 15 to 30 minute presentations. Consider using the transparencies for a presentation at an executive board meeting, a union staff meeting, or a local union meeting.

How to Use the Overhead Transparencies

Presenters can use the overheads to keep their presentation on track and on time. The transparencies have accompanying text that the presenter can use to help guide the discussion. These "Notes to the Presenter" are located for the presenter's quick reference before each overhead. Presenters are encouraged to reproduce the overhead transparencies to use as handouts at their presentations.

- Minimum Time Needed for Presentation: 15 minutes.
- Equipment Needed: Overhead projector; screen or flat, white wall; flip chart.
- Other Materials: Distribute the Labor Leader's Kit.
- Preparation: The presenter should be familiar with the contents of the Labor Leader's Kit and the resources provided by the LRTA Program. In addition, presenters should have reviewed the contents of *A Labor Leader's Manual on AIDS in the Workplace.*

Notes to the Presenter

OVERHEAD #1

Share the following with the group:

Ask the group members if their union currently is performing any of the activities in the five components. If it is, invite members of the group to talk briefly about what they are doing and what they would like to do in the future. Use the five components to generate a group discussion.

If the union is not performing any of the activities, ask the group members what they wish they could do. Record their "wish list" for future reference. Offer them support for how some of the items on their "wish list" could come true.

Labor Responds to AIDS: Five Components

The Labor Responds to AIDS (LRTA) Program has five important components:

- **HIV/AIDS policy development**
- **Training for labor leaders and managers**
- **HIV/AIDS education for workers**
- **HIV/AIDS education for workers' families**
- **HIV-related community services and volunteerism**

Notes to the Presenter

OVERHEAD #2

Share the following with the group:

One of the most important ways to stop the spread of HIV is through education and information. Unions have an important role to play in this effort. HIV/AIDS is an important union issue for many reasons.

Reason #1: Union members need to know that their right to work with dignity and without discrimination will be protected by their union. The union can educate its membership about protection from discrimination by teaching them how to write antidiscrimination contract language. The union can also train its members about protection for workers with disabilities under the Americans with Disabilities Act (ADA), the Family and Medical Leave Act (FMLA), and the Rehabilitation Act of 1973.

Reason #2: Workplace exposure may put workers at risk to several bloodborne diseases, including HIV, hepatitis B, and hepatitis C. Unions can play a strong role in making sure that workers receive adequate training on how to prevent exposure to HIV and other bloodborne pathogens at work. The union also can help ensure that the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard is enforced in the workplace.

Reason #3: Unions can organize and sponsor AIDS-in-the-workplace workshops to educate members about how HIV is and is not spread. Workshops can help confront myths and misconceptions surrounding HIV and AIDS. Workshops can help workers understand that HIV is not transmitted through such casual contact as sharing computers or telephones. Union training on HIV/AIDS also can provide parents with prevention information for their children or teenagers.

Reason #4: Workers need to know that the labor movement is committed to stopping the spread of HIV through education and prevention.

Reason #5: Through contract language or workplace policies, unions can help their members by providing information and referrals and protecting their workers' jobs if they have to take extended leave to care for a child, parent, or spouse with AIDS. Unions can educate their members about the FMLA.

Reason #6: Behavior such as having unprotected sex or injecting drugs can put members at serious risk of HIV infection. Using noninjected drugs or alcohol can impair people's judgment and make them more likely to engage in risky behavior. Unions can provide members with information on HIV prevention and risk reduction.

Reason #7: Unions can assist members in requesting reasonable accommodations.

Reason #8: Unions can play a strong role in making sure that teachers and educational support personnel get the training and supervision they need to properly care for their students.

Why Should Labor Unions Respond to HIV/AIDS?

- Some union members are infected with HIV (the virus that causes AIDS) or have AIDS.
- Unions represent workers who are at risk of exposure to blood on the job.
- Some workers may be afraid to work with co-workers who have HIV or AIDS.
- Many union members, such as health care workers and social workers, provide care for people living with AIDS.
- Some union members may be car ing at home for a family member with HIV or AIDS.
- Some union members may be involved in personal behavior that puts them at risk for exposure to HIV.
- Members may have rights under the Americans with Disabilities Act (ADA), the Family and Medical Leave Act (FMLA), the Family Friendly Leave Act, or the Rehabilitation Act.
- Some union members may be teaching or working with students who have HIV or AIDS.

Notes to the Presenter

OVERHEAD #3

Share the following with the group:

Participants will often be very interested in current research, trends in reported AIDS cases, or the question of whether the future holds the promise of a vaccine. As the presenter, you may want to be prepared to answer these questions. To get the latest information on HIV and AIDS cases, current research, and treatment, call the Business and Labor Resource Service at 1-800-458-5231.

What Is AIDS?

AIDS (acquired immunodeficiency syndrome) is a serious disease caused by infection from HIV (human immunodeficiency virus). HIV breaks down the body's immune system. It destroys the body's ability to fight infection and illness.

By preventing HIV infection, you can prevent AIDS.

There is currently no cure for AIDS and no vaccine to prevent HIV infection. However, protease inhibitors, combination therapies recently approved by the Food and Drug Administration, have produced sometimes dramatic results in people infected with HIV.

Notes to the Presenter

OVERHEAD #4

Share the following with the group:

- HIV is not easy to get.
- Some babies have become infected when their mothers were infected. AIDS research and drug treatments for pregnant women have improved so that fewer babies are now infected from their mothers.
- Risk of workplace exposure through accidents or needlesticks is a possibility for workers who are exposed to blood, body fluids containing visible blood, or the virus.

HIV Is Transmitted in Only a Few Specific Ways

- HIV is transmitted through sexual contact with an HIV-infected person.
- HIV is transmitted by sharing needles with an HIV-infected person.
- Babies born to HIV-infected women may become infected before or during birth or through breastfeeding.
- HIV can be transmitted in the workplace through exposure to HIV-infected blood, certain body fluids containing blood, and concentrated virus.
- Exposure can occur when a worker has been stuck with a needle at work or splashed in the eyes, nose, or mouth with blood, body fluids, or the virus.

Notes to the Presenter

Overhead #5

Share the following with the group:

Fact #1

HIV infection can be prevented by abstaining from sex.

The risk of HIV transmission can be greatly reduced by eliminating risky behaviors, such as having unprotected sex with an HIV-infected partner, injecting drugs and sharing needles, or using drugs and alcohol, which can impair judgment.

Using a new latex condom correctly and consistently is one way to reduce the risk of sexual HIV acquisition or transmission. Female condoms, which are made from a plastic called polyurethane, are also available for persons who are allergic to latex.

Workplace exposure to blood or body fluids that may contain visible blood is much less likely if workers and their employers are well-trained, have safe equipment and medical devices, have access to proper personal protective equipment, and practice universal precautions.

Fact #2

HIV is transmitted through sexual contact with an HIV-infected partner.

HIV is transmitted by sharing needles with an HIV-infected partner.

Babies born to HIV-infected women may become infected before or during birth. The mother can also infect her baby through breastfeeding.

HIV has been transmitted in the workplace through exposure to HIV-infected blood, body fluids containing visible blood, or concentrated virus. This has occurred when a worker has been stuck with a needle or splashed in the eyes, nose, or mouth.

Fact #3

HIV does not discriminate. It can infect people of any race, age, gender, or sexual orientation. Tell the group that it's not who a person is, but what a person does that exposes him or her to HIV infection.

Fact #4

Although drug treatments are now available that can lengthen the life span of persons with HIV infection and AIDS, allowing them to live longer and lead productive lives, there is still no cure or vaccine for AIDS.

Four Important Facts About HIV/AIDSÄ

- HIV infection can be prevented.
- HIV is transmitted in only a few specific ways.
- HIV does not discriminate.
- There is currently no cure for HIV/AIDS.

Notes to the Presenter

Overhead #6

Share the following with the group:

People need to think not only about protecting themselves, but about how they can share information that will protect their family and friends.

How Can People Protect Themselves From HIV Infection?

- Not having sex
- Having sex with only one, mutually faithful, uninfected partner
- Using a new latex condom correctly every time for sexual intercourse (anal, vaginal, or oral) to greatly reduce the risk of infec tion. Female condoms are also available for people allergic to latex
- Not using drugs
- Not sharing needles, syringes, or other drug paraphernalia to shoot drugs
- Making sure the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard is enforced in workplaces where workers are exposed to blood

Notes to the Presenter

OVERHEAD #7

Review *Labor Profiles: Unions Responding to HIV/AIDS at the National, State, and Local Levels.*

Copy and distribute appropriate samples.

How Have Unions Responded to HIV/AIDS?

Unions have:

- Sponsored classes for workers and their families on HIV and AIDS
- Developed contract language on HIV/AIDS regarding health care benefits, antidiscrimination initiatives, and health and safety issues
- Established sick leave banks for members who have exhausted their sick leave days
- Provided case managers to members with HIV and AIDS
- Helped members out financially
- Organized Labor Cares! — a coalition of labor organizations concerned about labor's response to HIV and AIDS

Notes to the Presenter

OVERHEAD #8

Use this overhead to tell participants how to get additional information and technical assistance.

Where to Go For More Information

A wide variety of factual materials and technical assistance are available from the Centers for Disease Control and Prevention's (CDC's) Business and Labor Resource Service at 1-800-458-5231.

The Business and Labor Resource Service has been developed in partnership with union leaders and AIDS educators.

Notes to the Presenter

OVERHEAD #9

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LRTA Labor Leader's Kit

Labor leaders developing policies and programs for workers may want to start with the LRTA Labor Leader's Kit. The Kit includes information on:

- Basic facts about HIV and AIDS
- HIV-antibody testing
- The union's role in developing workplace policies on HIV and AIDS
- Contract, policy, and resolution language on HIV and AIDS
- Protecting workers' benefits
- Protecting workers from discrimination
- The Americans with Disabilities Act (ADA)
- The Family and Medical Leave Act (FMLA)
- The Rehabilitation Act of 1973
- Educating labor leaders about HIV and AIDS
- Worker education
- Family education
- OSHA's Bloodborne Pathogens Standard, infection control, and universal precautions
- Profiles of unions that have responded to HIV and AIDS in the workplace
- Other resources for unions

Notes to the Presenter

OVERHEAD #10

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Technical Assistance From the Business and Labor Resource Service:

- Written materials and videotapes for labor leaders
- A referral service to other unions and local, State, and national organizations involved in AIDS-in-the-workplace programs
- Database searches on a variety of AIDS-in-the-workplace issues
- The full resources of the CDC National AIDS Clearinghouse at 1-800-458-5231 and the CDC National AIDS Hotline at 1-800-342-AIDS (2437)
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Four Important Facts About HIV/AIDS

- HIV infection can be prevented.
- HIV is transmitted in only a few specific ways.
- HIV does not discriminate.
- There is currently no cure for HIV/AIDS.

How Can People Protect Themselves From HIV Infection?

- Not having sex
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It's the #2 killer of American men and women ages 25 to 44.

650,000 to 950,000 people in the United States are currently infected.

An infected woman who is pregnant has a one in three chance of giving it to her child.

And it's preventable.

LABOR RESPONDS TO AIDS

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

U.S. Department of Health and Human Services
Public Health Service

■ It's HIV and AIDS.

AIDS — acquired immundeficiency syndrome — is a fatal disease that breaks down the body's immune system. It destroys the body's ability to fight infection and illness.

AIDS is caused by a virus called the human immunodeficiency virus (HIV). By preventing HIV infection, you can prevent AIDS.

Many different kinds of people have HIV and AIDS — male and female, married and single, homosexual and heterosexual, rich and poor.

There is currently no known cure and no vaccine to prevent HIV infection.

■ How do you get HIV?

Most people with HIV got infected by having sex with an infected partner. Many others got HIV by sharing needles to take drugs. Some infants got HIV from infected mothers during pregnancy, during delivery, and, in rare cases, through breastfeeding.

Since testing of the blood supply in the United States began in 1985, the chance of getting HIV from a transfusion is extremely small. You cannot get HIV from donating blood.

You also cannot get HIV from shaking hands with someone who has it, from working with someone who has it, or from volunteering to help people with AIDS.

■ How can you prevent infection?

You can prevent HIV by not having sex or by having sex with a single, mutually faithful, uninfected partner. You can reduce the risk of HIV infection by using a latex condom correctly every time you have sex.

You can prevent HIV by not shooting drugs or sharing needles and syringes.

■ How can you help?

First, educate yourself. Then, help your family and friends learn about HIV prevention. Just by talking, you may help save a life.

Next, get involved in your community. Start or join a project at your worksite, at your child's school, at your church or synagogue, or at any community organization. And remember, you won't get HIV from being a volunteer.

Find out more about what you can do to help. Call the CDC National AIDS Hotline at 1-800-342-AIDS.

A Family AIDS Prevention Guide for Workers

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NEXT

Introduction

Educating your children about health behaviors can often be a daunting job. Family education is a key component of the Business Responds to AIDS Program as it targets a new generation of young people who need to learn the basic facts about this disease. *A Family AIDS Prevention Guide for Workers* will help prepare parents for the task of informing their children about HIV/AIDS.

This guide equips parents with:

- a primer on the science of HIV/AIDS,
- facts about the transmission of HIV,
- common questions that might be raised by your child and accurate answers to dispel any myths,
- tips on starting and running a conversation on HIV and sexually transmitted disease (STD) prevention,
- reproduceable pages providing information on HIV/AIDS for your child or teenager, and
- resources for more information provided throughout the booklet.

As a parent, only you can determine what to tell your child. This guide will help you disseminate accurate information to your family.

A Parent's Primer on the Science of HIV/AIDS

- HIV (human immunodeficiency virus) is the virus that causes AIDS (acquired immunodeficiency syndrome).
- HIV infection causes the body's immune system to break down so that the body can't fight off illnesses.
- AIDS is the end stage of HIV infection.

How the Immune System Works

The immune system is a network of cells and organs that work together to defend the body against infection by germs, such as HIV. Lymphocytes and macrophages (types of white blood cells) play key roles in the functioning of the immune system. When a person becomes infected with HIV, the virus attaches to specific parts of the surfaces of these white blood cells. These specific parts (or molecules) are called CD4 cells. When HIV enters one of these cells, the virus inserts its own genes into the cell's reproductive system and uses it to produce more HIV. This infection kills the CD4 cell and spreads HIV to other CD4 cells, where the process is repeated.

If HIV enters the body, the immune system will begin to make antibodies to the virus. Normally, antibodies help protect the body from infection. This is not the case in someone with HIV infection. Antibodies can be detected by a test using blood or oral fluids from inside the mouth. A person is positive if he or she has two or more initial "reactive" HIV antibody tests, the findings of which are then confirmed by

another more specific antibody test. The period between infection and the development of detectable antibodies is the seroconversion period (also referred to as the window period). People with HIV can still infect others during this time.

HIV can be present in the body for 2 to 12 or more years without producing any outward sign of illness. Infection with HIV appears to be lifelong in all who become infected. People infected with HIV eventually develop symptoms that also may be caused by other, less serious conditions. With HIV infection, these symptoms usually last a long time and often are more severe. They include enlarged lymph glands, tiredness, fever, loss of appetite and weight, diarrhea, yeast infections of the mouth and vagina, and night sweats.

When the immune system becomes weaker, the infected person becomes more susceptible to illnesses that normally do not occur in healthy people. These illnesses are called opportunistic because they take advantage of damage to the immune system. A person is considered to have AIDS when one or more opportunistic infections occur. The most common opportunistic infections are PCP (pneumocystis carinii pneumonia — a rare type of pneumonia), yeast infections of the esophagus (the tube that carries food to the stomach), Kaposi's sarcoma (a cancer of certain blood vessels), and CMV (cytomegalovirus — an infection of the eye that can cause blindness). Also, if an infected person's CD4 cell count drops to below 200, he or she is considered to have AIDS. A healthy person usually has a range of 800 to 1,200 CD4 cells.

Even if someone has no signs of illness or infection, he or she can still infect others. HIV is spread mainly by sexual contact with an infected person, by sharing needles and/or syringes (mostly through drug injection) with someone who is infected, or, less commonly (and now very rarely in countries where blood is tested for HIV antibodies), through transfusions of infected blood or blood-clotting factors. Babies born to HIV-infected women may become infected before or during birth, or through breastfeeding after birth.

There is no way yet to tell who will be healthy longer, but getting medical treatment as soon as possible after infection and getting regular care from a doctor can delay the development of AIDS and potentially help an infected person live longer. Today, new medicines called protease inhibitors, used in combination drug therapy (with antiviral drugs such as AZT or ddI), are helping people with HIV live longer and may be effective in delaying the onset of illness.

How People Can and Cannot Become Infected With HIV

How Can People Become Infected With HIV?

- by having unprotected (without a condom) sex (anal, vaginal, or oral) with someone with HIV
- by sharing needles and/or syringes with someone with HIV
- ■⑤ from a mother with HIV to her baby before or during birth or through breastfeeding
- from a transfusion of blood or blood-clotting factors before 1985

How Do People Get HIV From Sexual Intercourse?

HIV can be spread through unprotected sexual intercourse from male to female, female to male, male to male, or female to female. Unprotected sexual intercourse means sexual intercourse without correct and consistent use of a latex condom or any other physical barrier to HIV (such as the female condom).

HIV may be in an infected person's blood, semen, or vaginal secretions. It can enter the body through certain types of tissues, especially the tissues that line the inside of the vagina, anus, and penis. It can also enter through cuts or tears (some of which may already be present, and some of which may occur during intercourse) in the vagina, penis, rectum, or mouth. HIV is transmitted by anal, vaginal, or oral sexual intercourse with a person who is infected with HIV.

If someone has an STD such as syphilis or gonorrhea, he or she is at risk of becoming infected with HIV. There are two reasons for this. One is that the person is involved in the same behaviors that spread HIV. The other reason is that some STDs cause sores on the body — usually the already vulnerable soft tissues of the penis, vagina, and rectum. The presence of these sores can make it easier for the virus to enter the body.

Since many infected people have no symptoms, it's hard to be sure who is or is not infected with HIV. The more sex partners someone has without using condoms, the greater his or her chances are of encountering one who is infected, and becoming infected.

■⑤Anybody can have HIV...of either gender and of any race, ethnicity, or sexual orientation. And no matter how healthy or attractive a person is, he or she could still be infected with HIV.

How Do People Get HIV From Using Needles?

Sharing needles, syringes, or other drug preparation "works" even once with another person is an easy way to be infected with HIV. Blood from an infected person can remain in or on a needle or syringe and then be transferred directly into the body of the next person who uses it.

While spreading of HIV can happen when people share needles to inject illegal drugs, the sharing of needles and syringes used for injecting other substances could

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transmit HIV. Types of needles include those used to inject steroids or vitamins and those used for tattooing or ear or body piercing. If you get a tattoo or pierced ears by a professional who uses a sterile needle for each customer, there is no risk of infection with HIV. People should not be shy about asking questions. Reputable technicians will explain the safety measures they follow.

HIV and Babies

A woman infected with HIV can pass the virus on to her baby during pregnancy or during birth. She can also pass it on when breastfeeding. If a woman is infected before or during pregnancy, her child has about 1 chance in 4 of being born infected. Following a specific drug regimen that includes AZT during pregnancy can reduce this risk to about 1 in 12.

■⑤Any woman who is considering having a baby and who thinks she might have placed herself at risk for HIV infection — even if this occurred years ago — should seek counseling and testing before she gets pregnant. To find out where in your area someone can go for counseling and testing, call your local health department or the Centers for Disease Control and Prevention (CDC) National AIDS Hotline, 1-800-342-AIDS (2437). For more information about counseling and testing, see the part of this guide titled "Common Questions, Accurate Answers."

Blood Transfusions and HIV

Although in the past some people became infected with HIV from receiving blood transfusions, this risk is extremely low now. Since 1985, all donated blood has been tested for evidence of HIV. All blood found to contain evidence of HIV is discarded.

Giving blood at a blood bank or at other established blood collection centers is not a risk for HIV infection. The needles used for blood donations are sterile. They are used once, then destroyed.

What Are Other Ways People Can Get HIV?

Health Care Setting

Workers have been infected with HIV after being stuck with needles and, less frequently, after infected blood or concentrated virus came in contact with the workers' open cuts or splashed into a mucous membrane (e.g., the eyes or the inside of the nose). There has been only one instance where patients were infected by one health care worker. Investigations have been completed involving thousands of patients of many other HIV-infected health care workers. No other cases of this type of transmission have been found.

Kissing

Because of the potential for contact with blood during "French" or open-mouth kissing, experts recommend against engaging in this activity with a person known to be infected with HIV. However, the risk of acquiring HIV during open-mouth kissing is believed to be very low. CDC has investigated one case of HIV infection that may be attributed to contact with blood during open-mouth kissing.

Biting

A State health department conducted an investigation of an incident that suggested blood-to-blood transmission of HIV by a human bite. There have been other reports in the medical literature in which HIV appears to have been transmitted by a bite. Severe trauma with extensive tissue tearing and damage and presence of blood were reported in each of these instances. Biting is not a common way of transmission of HIV. In fact, there are numerous reports of bites that did not result in HIV infection.

What Are Ways People Cannot Get HIV?

HIV infection doesn't just happen. People don't simply "catch" it like a cold or flu. Unlike cold or flu viruses, HIV is not spread by coughs or sneezes, sweat, or tears.

HIV is not spread through everyday contact with infected people at school, at work, at home, or anywhere else.

HIV is not spread by clothes, phones, or toilet seats. It can't be passed on by things like spoons, cups, or other objects that someone who is infected with the virus has used.

HIV is not spread by bites from mosquitoes. HIV does not live in a mosquito, and it is not transmitted through a mosquito's salivary glands like other diseases such as malaria or yellow fever. HIV is not spread by bedbugs, lice, flies, or other insects.

HIV is not spread through closed-mouth kissing. Experts maintain that casual contact through closed-mouth or "social" kissing is not a risk for transmission of HIV.

Common Questions, Accurate Answers

An important part of being ready to talk to young people about preventing HIV infection and AIDS is being able to answer questions they may ask.

If someone asks you a question about HIV infection or AIDS and you do not know the answer, it's okay to say you don't know. Don't make up an answer — you may be providing inaccurate information that can cause a lot of harm. Take steps to obtain accurate information.

Treat a tough question as a chance to show the questioner how to get information about HIV infection and AIDS independently. You, or anyone else, can get accurate answers to difficult questions by calling your local AIDS Hotline or the CDC National AIDS Hotline, 1-800-342-AIDS (2437). You do not have to give your name, and the call is free.

To help you answer questions that might be raised by your child, here are some commonly asked questions with scientifically correct answers:

- **If somebody in my class at school has AIDS, am I likely to get it too?**

  No. HIV is spread by unprotected sex, needle sharing, or infected blood. It can also be given by an infected mother to her baby during pregnancy, birth, or breastfeeding.

  People infected with HIV cannot pass the virus to others through ordinary school activities such as:

  - showering together in the gym locker room
  - playing sports
  - sharing water bottles
  - sharing utensils

  You will not become infected with HIV just by attending school with someone who is infected with HIV or who has AIDS.

- **Can I become infected with HIV from "French" kissing?**

  There is the potential, especially when either partner has advanced gum disease or other conditions where blood is present, for contact with blood during "French" or open-mouth kissing. For this reason, experts recommend against engaging in this activity with a person known to be infected with HIV. However, the risk of acquiring HIV during open-mouth kissing is believed to be very low. CDC has investigated only one case of HIV infection that may be attributed to contact with blood during open-mouth kissing.

- **Can I get HIV from a toilet seat or other things I use a lot?**

  No. HIV does not live on toilet seats or other everyday objects. You do not have to worry about doorknobs, phones, money, or drinking fountains.

■ Can I get HIV from a mosquito or other insect?

No. You won't get HIV from bites from mosquitoes. The AIDS virus does not live in a mosquito, and it is not transmitted through a mosquito's salivary glands like other diseases such as malaria or yellow fever. You won't get it from bedbugs, lice, flies, or other insects, either.

■ If I have never injected drugs and have had sexual intercourse only with a person of the opposite sex, could I have become infected with HIV?

Yes. You do not have to be homosexual or use drugs to become infected. Both males and females can become infected and transmit the virus to a male or female through sex. If a previous sex partner, of either sex, was infected, you may be infected as well.

■ Can I become infected with HIV from oral sex?

It is possible, though not as likely as infection through anal or vaginal sex.

- Oral sex often involves semen, vaginal secretions, or blood — fluids that contain HIV.
- HIV can be transmitted when someone gets semen, vaginal secretions, or blood from an infected person into his or her body.
- During oral sex, the virus could enter the body through tiny cuts or tears in the mouth.
- Condoms or other protective barriers should be used to prevent contact with body fluids.

■ A friend of mine told me that as long as I am taking birth control pills, I will never get HIV infection. Is this true?

No. Birth control pills do not protect against HIV. You can become infected with HIV while you are taking birth control pills. The only sure way not to become infected is to:

- abstain from having sex
- avoid needle sharing
- not have unprotected sex

Latex condoms, when used consistently and correctly, can prevent HIV infection and other STDs. Use them the right way every time you have sex.

Even if you are taking the Pill, you should use a latex condom unless you and your partner are sure that neither is infected with HIV.

You can't be sure that you don't have HIV unless you are tested for the presence of HIV antibodies. In most people who are infected with HIV, it takes up to three months to develop enough antibodies to be detectable on the test. In some people, it could take up to six months. Until you are sure you and your partner are not infected with HIV, you should continue to use condoms if you have sex.

■ My friend has anal sex with her boyfriend so that she won't get pregnant. She won't get AIDS from doing that, right?

Wrong. Anal intercourse with an infected partner is one of the ways HIV has most often been spread. Whether you are male or female, anal sex is very risky.

■ Is it possible to become infected with HIV by donating blood?

No. There is absolutely no risk of HIV infection from donating blood in the United States. All blood donation centers use a new, sterile needle for each donation.

■ I had a blood transfusion after 1985. Is it likely that I am infected with HIV?

No, it is unlikely. All blood donations have been tested for antibodies to HIV since 1985. The American Red Cross and other established blood collection centers use an extensive two-part screening process of all prospective blood donors. The donor is asked about his or her likelihood of being infected through his or her behavior. If the person's answers reveal that he or she may have a chance of having HIV, he or she is not permitted to donate blood. If the answers reveal no risk of HIV infection, the person is able to donate blood.

Once the blood is donated, it is tested for the presence of antibodies to HIV, including other infections and diseases. All blood donations that test positive for HIV are discarded. Today, the American blood supply is extremely safe.

If you are still concerned about the very small possibility of HIV infection from a transfusion, you should see your doctor or seek counseling about getting an HIV antibody test. Call the CDC National AIDS Hotline, 1-800-342-AIDS (2437), or your local health department to find out about counseling and testing sites in your area.

■ I think I might have gotten infected two months ago when I had sex without a condom with someone I didn't know. Should I get an HIV test?

Yes. You should talk to a counselor (doctor or professional health care worker at a testing site) about the need for HIV testing. Or you can call the CDC National AIDS Hotline, 1-800-342-AIDS (2437), to find out where you can go in your area to get counseling about an HIV test.

Remember, due to the period between infection and development of antibodies (the seroconversion or window period), you could be infected with HIV and not show it on a test. You can infect others during this time.

■ As long as I use a latex condom during sex, I won't get HIV infection, right?

If you choose to have sex, a latex condom can provide protection from HIV. Latex condoms have been shown to prevent HIV infection and other sexually transmitted diseases. You have to use them consistently and correctly each time you have sex — vaginal, anal, or oral.

What is the proper way to use a condom?

You can greatly lower your chances of infection with HIV or any other STD if you follow this list of simple instructions:

Use a latex condom consistently and correctly every time you have sex — anal, vaginal, or oral. Latex serves as a physical barrier to the virus. "Lambskin" or "natural membrane" condoms are not as good because of the pores in the material. Look for "latex" or "for disease prevention" on the package. If you have allergies to latex, there is a new polyurethane (a type of plastic) condom available to help prevent HIV infection. Lab testing has shown that particles as small as sperm and HIV cannot pass through polyurethane. Polyurethane condoms are made of the same material as the female condom. The female condom is another alternative to male latex condoms and should be used as directed on the package.

As soon as the penis becomes erect (hard), put the latex condom on it. If the penis is uncircumcised, pull the foreskin back before putting on the condom. Make sure you read the directions on the package.

Leave a small space in the top of the latex condom to catch the semen, or use a latex condom with a reservoir tip. Remove any air that remains in the tip by gently pressing the tip toward the base of the penis.

When you use a lubricant, check the label to make sure it is water-based. Do not use petroleum-based jelly, cold cream, baby oil, or other lubricants such as cooking oil or shortening. These weaken the latex condom and can cause it to break.

- If you feel the condom break while you are having sex, stop immediately and pull out. Do not continue until you have taken the broken condom off and put on a new condom.
- After climax (ejaculation), withdraw while the penis is still erect, holding onto the rim of the condom while pulling out so that it doesn't come off.
- Tie and wrap the condom (in paper if available); then throw in wastebasket and wash your hands.
- Never use a condom more than once.
- Don't use a condom that is brittle or that has been stored near heat or in your wallet or glove compartment for a long time. Check the package for date of expiration.
- Practice using a condom prior to being with a partner. Knowing how to use a condom before intercourse will make the whole process safer for you and your partner.
- Talk early. Scientific research shows the importance of communication about condoms prior to sexual initiation.

- What do I do if I think I am infected with HIV?

  Remember, you must have done things that put you at risk for HIV infection. Those behaviors include:

  - sharing needles with an infected person
  - having unprotected sex with an infected person

  The only way to know if you have HIV is to be tested.

  Your doctor may advise you to be counseled and tested if you have hemophilia or received a blood transfusion between 1978 and 1985. If you are worried, talk to someone about getting an HIV test that will show if you are infected. That person might be a parent, doctor, or other health care provider, or someone who works at an AIDS counseling and testing center.

  Call the CDC National AIDS Hotline, 1-800-342-AIDS (2437), to find out where you can go in your area to get counseling about an HIV test. You don't have to give your name, and the call is free. You can also call your State or local health department. The number is under "Health Department" in the government section of your telephone book.

Talking With Young People About Hiv Infection and AIDS

Young people today often face tough decisions about sex and drugs. Most likely, you will not be with the children you care about when they face these choices. But if you talk to them about decision-making and HIV and AIDS prevention now, you can help them resist peer pressure and make informed choices that will help protect their health, now and for the rest of their lives.

Think of Yourself as a Counselor

When talking with a young person about HIV infection and AIDS, think of your role as that of counselor, advisor, coach, best friend, or guide. Your goal: to help a young person learn how to make smart decisions about how to stay healthy and avoid infection with HIV.

Tips for Starting a Conversation

An effective way to start any conversation is to be informed first and to be a good listener and communicator. You can start talking about HIV infection and AIDS at any time and in any way you choose. If you find it awkward to raise the topic, you can look for cues that will help you. Here are some examples:

Deciding What Young People Need to Know

As an adult who knows the young people you will talk with, you are in the best position to decide what they need to know about HIV infection and AIDS.

Think carefully about their knowledge and experience. How old are the children? How much do they already know about HIV infection, AIDS, and other related subjects, such as sex and drug use? Where have they gotten their information? From friends? School? Television? You? Is it likely to be accurate? Adults should be aware that many young people think that if they talk about sex, it means that adults will think they are having sex, so many children do not ask or talk about it.

Also ask yourself these questions: Is it possible that the young people you will be talking with are sexually active? Have they tried drugs? Do they spend time with people who do these things?

In addition, consider your family's religious and cultural values. Do you want to convey these in the conversation? How will you get them across?

These are important questions. Answering them will help you stress the information that the young people in your life need to know.

School

Ask a young person what he or she is learning in health, science, or any other class about HIV infection and AIDS. Use the answer to launch your conversation.

Community

Local events, such as AIDS benefits or health fairs, can serve as handy conversation-starters. You might even propose going to such an event with a young person as an educational experience.

Children May Ask

Don't be surprised if a young person asks you directly about HIV infection and AIDS. You can also use young people's questions about related topics, such as dating or sex, to lead into a conversation about HIV infection and AIDS. Many adolescents say they know all they need to know. Be ready to explore these issues with them.

How to Keep The Conversation Running Smoothly

Talking about HIV infection and AIDS can be difficult. You may feel uncomfortable just thinking about it. That's understandable. If you are nervous or embarrassed, don't be afraid to say so. Bringing your feelings into the open can help break the tension. Besides, a young person will sense your uneasiness even if you don't mention it. Here are some suggestions.

Review the Facts

You don't have to be an expert to talk with a young person about HIV infection and AIDS. But you should understand the basic facts so that you will deliver the right information. This brochure will help you understand the key facts. Talking about the facts with another adult first may help you feel more comfortable about talking with young people. If you do not know the answer to a particular question, you can use the resources at the end of this brochure to help you find it.

Step Into a Young Person's Shoes

How did you think when you were an adolescent? Try to identify with your adolescent, but try not to parallel your childhood experiences. Think of the important differences between the world a child grows up in today and the one you grew up in; this can help you make your discussion timely and relevant. The better you understand a young person's point of view, the better you'll be able to communicate.

Have a Mutual Conversation

A conversation is an exchange of ideas and information, not a lecture. Encourage the young person you are speaking with to talk and ask questions. Ask about his or her thoughts, feelings, and activities. Show that you want to learn from a young person just as you hope he or she will learn from you.

Listen

Listen to the young person with whom you speak as closely as you hope he or she will listen to you. Stop talking if he or she wants to speak. Give him or her your full attention, and make eye contact.

Be Upbeat

Try to show a positive attitude as you lead the discussion. A critical, disapproving tone can prompt a young person to ignore you.

Don't Get Discouraged

Young people often challenge what they hear from adults. If a young person questions what you say, try not to get into an argument. Encourage the young person to check your information with another source, such as the CDC National AIDS Hotline, 1-800-342-AIDS (2437). You can also show him or her some of the information in

this guide, especially the handout for his or her age group. If your first conversation is cut short for any reason, don't give up. It is important to keep trying. If your adolescent does not want to talk, ask him or her to select alternatives — such as reading a booklet — that will provide education without the pressure of a formal discussion.

Smart Decisions: Young People Can Make Them With Your Help

Even though young people may not ask for it, they often want guidance from adults. You can offer guidance to the young people you care about by helping them develop the skills to make smart decisions — decisions about their education, their social life, their health. Just as important, you can help young people to understand that they have the ability — and the responsibility — to make the decisions that can prevent the spread of HIV and AIDS.

Young People Do Make Decisions

Young people often feel they have no control over their lives. Adults tell them when to go to school, when to be home, when to go to bed, and when to wake up. It's important to help them see that they make decisions about their lives every day, such as what music they listen to and with whom they spend time. Point out that they also make — or will make — tough choices with serious consequences about sex and drugs.

Cause and Effect

Many young people do not fully understand the direct relationship between their decisions and the consequences that may result. In your role as a counselor or guide, you can help them see that thoughtful decisions can bring them direct benefits and save them from harsh consequences, such as HIV infection and AIDS.

Recognize Peer Pressures

Young people's decisions are often strongly influenced by pressure to conform with friends and acquaintances. Peer pressure can also cause young people to act on impulses rather than to think through their decisions.

You can help the young people with whom you speak consider the effects of peer pressure. Point out that it is okay to act according to their best judgment, not according to what friends encourage them to do. Suggest that they involve their friends in role-playing. Suggest that their friends may be testing limits and looking for support in making sound choices. Talk about the difficulties you may have had defying peer pressure. Then talk about the reasons you are glad you did, or the reasons you wish you had.

Deciding What to Say to Young People

(Late Elementary and Middle School)

Since most children in this age group are not sexually active or trying drugs, you may decide that the young people you speak with do not need to know the details of how HIV is transmitted through unprotected sexual intercourse and injecting drug use. However, if you think they may be considering or may be doing things that put them at risk of infection, you will need to be sure they know the risks regardless of their age.

Children this age probably have heard about AIDS and may be scared by it. Much of what they have heard may have been incorrect. To reassure them, make sure they know that they cannot become infected through everyday contact, such as going to school with someone who is infected with HIV.

Children also may have heard myths and prejudicial comments about HIV infection and AIDS. Correct any ideas that people can be infected by touching a doorknob or being bitten by a mosquito. Urge children to treat people who are infected with HIV or who have AIDS with compassion and understanding, not cruelty and anger.

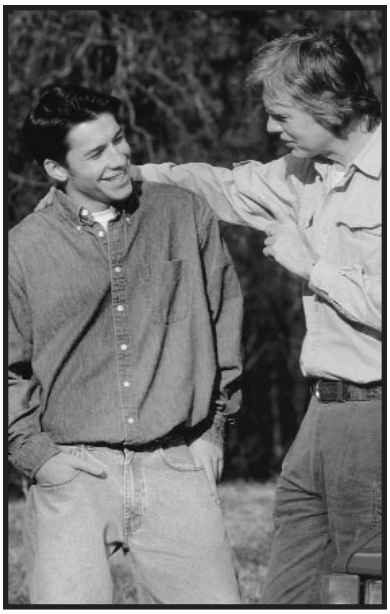
- Teach children that AIDS is a disease that has affected people of both genders and all races, ethnicities, and sexual orientations. Correcting myths and prejudices early will help children protect themselves and others from HIV infection and AIDS in the future.

Consider including the following points in a conversation about HIV infection and AIDS with children in the late elementary and middle school levels:

- AIDS is a disease caused by a tiny germ called a virus.
- Many people have AIDS today — male and female; rich and poor; white, black, Hispanic, Asian, and Native American; old and young; heterosexual and homosexual.
- As of December 1996, nearly 103,000 people aged 20 to 29 had been reported with AIDS. Because a person can be infected with HIV for 2 to 12 or more years before the signs of AIDS appear, many of these young people will have been infected when they were teenagers.
- There are many myths about AIDS. (Correct some of them if you can.)
- You can become infected with HIV either by having unprotected sexual intercourse with an infected person or by sharing drug needles or syringes with an infected person. Also, women infected with HIV can pass the virus to their babies during pregnancy, birth, or breastfeeding. There are therapies available to reduce the risk from infected mother to baby.
- A person who is infected can infect others in the ways described above, even if no symptoms are present. You cannot tell by looking at someone whether he or she is infected with HIV. An infected person can appear completely healthy.
- People who have AIDS should be treated with compassion.

Deciding What to Say to Teenagers

(Junior and Senior High School)



Teens need to know a lot more about HIV infection and AIDS than do younger children. Teens are more likely to face choices about drug and alcohol use and sex.

Because HIV is spread through unprotected sexual intercourse or sharing drug needles and syringes, teens need to learn how to make decisions that keep themselves and others from being infected with HIV. Because alcohol and drugs can affect decisions, teens need to learn that using these substances can cause them to make decisions that can put them at risk.

Like younger children, teens also must learn to distinguish myths from facts about HIV infection and AIDS. They need to learn about the issues that the disease poses for society, such as the importance of opposing prejudice and discrimination. Discussing all of these things will help equip teens to make decisions that can prevent the spread of HIV infection and AIDS.

In a conversation with a teen, consider including the following points about making decisions, HIV infection, and AIDS (you may use them as talking points or come up with your own):

- Give a definition of AIDS. (See page 3.)
- Give a definition of HIV infection. (See page 3.)
- Point out that as of December 1996, more than 581,000 Americans had been reported as having AIDS and nearly 103,000 of them were between the ages of 20 and 29. Many of these people were infected when they were teenagers.
- Explain how HIV is transmitted from one person to another.
- Explain how to reduce the risk for HIV infection from sex.
- Explain how HIV is transmitted through drug use.
- Talk about the importance of understanding and compassion toward people with AIDS.
- Talk about the importance of eliminating prejudice and discrimination related to AIDS.

Becoming Infected Through Sexual Intercourse

Many teenagers are sexually active. Unprotected sexual intercourse with an infected partner is one way to become infected with HIV. Avoiding sexual intercourse is one sure way to avoid infection with the virus. In deciding what you want to say to a young person about sex, you may want to consider these ideas:

Delay Sexual Intercourse

You may want to bear in mind that the idea of delaying sexual activity conflicts with the many sexual messages young people encounter every day on television, in movies, at school, and from friends. Many young people conclude that "everyone is doing it."

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By discussing the benefits of delaying sex, you can help a young person make a wise and informed decision about when to become sexually active. You may wish to emphasize the following benefits of delaying sexual intercourse:

- Delaying sexual intercourse gives a person time to be sure he or she is physically and emotionally ready to adopt healthy, responsible attitudes regarding engaging in a sexual relationship.
- Delaying sexual intercourse helps prevent unintended pregnancy. Every 30 seconds a teen in the United States gets pregnant.

How to Avoid Risky Situations

Even young people who truly intend to delay sexual intercourse can have trouble refusing strong persuasion. You can help them succeed by talking with them about how to anticipate and avoid situations in which they might be pressured to have sex and how to develop skills to say no.

For instance, pressure can arise when two people are alone at one of their homes or in a car parked on "lovers' lane." Tell young people that when such a situation occurs, they can refuse verbally, or they can simply leave. If they cannot walk home, they can call a friend or a parent to pick them up. Advise them to have change with them at all times so that they will be able to use a public telephone.

Explain to them that no one has the right to force them to have sex, and then tell them some effective ways to refuse. You may want to consider the suggestions in the following section.

How to Say No to Risky Activities

Young people will be more likely to refuse activities that place them at risk for HIV infection if you suggest some effective ways to say no. For instance, when you talk about sex and HIV infection, discuss ways to say no to sex. You might use some of the following suggestions as talking points, or come up with your own.

- "I feel good about not having sex until I'm married. I've made my decision and I feel comfortable with it."
- "I am just not ready for it yet."
- "I know it feels right for you and I care about you. But I'm not going to do it until I'm sure it's the right thing for me to do."
- "I care about you but I don't want the responsibility that comes with sex."
- "I think sex outside of a long-term, committed relationship is wrong."

Ask the young people you talk with to think of some of their own ways to say no and to practice them with you and their friends.

What Can They Do Instead?

Telling young people only what they shouldn't do can make a parent sound very negative. It will be helpful to discuss some risk-free alternatives. Young people will be better able to choose safe behavior if you tell them ways to express their romantic feelings without risk of HIV infection. You can make a list of these activities and review it during your conversation. Ask the y ou talk with to suggest some of their own ideas.

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If you think a young person you know has a drug problem, get professional help now. Contact your doctor, local health department, or social service agency to find out who can help you in your community. Call the 24-hour Hotline of the National Institute on Drug Abuse, 1-800-662-HELP (4357) to find out where you can get help in your area.

If You Think a Teen Is Sexually Active

Short of abstaining from sex, the best way to protect oneself from STDs such as HIV infection, is to use a latex condom consistently and correctly every time one has sex. It is crucial that people understand that the more sex partners they have, the greater their risk of getting an STD such as HIV.

You can also help young people avoid dangerous sexual decisions by stressing that young people should avoid making decisions about sex while under the influence of alcohol or other drugs. These substances impair judgment and lower inhibitions, and people with clouded judgment are more likely to take sexual risks that will increase their chance of HIV infection. You may wish to discuss the importance of using a latex condom. Such discussion may help young people make wise decisions that will reduce the risk of HIV infection during sexual intercourse. Latex condoms provide a barrier and, if used correctly and consistently, greatly reduce the risk of infection with STDs, including HIV. People who decide to be sexually active outside a mutually faithful, long-term relationship with an uninfected partner should understand the importance of using a latex condom consistently and correctly every time they have sex.

For more detailed information about how to use a latex condom, read the part of this guide called "Common Questions, Accurate Answers." (See page 8).

Preventing HIV Transmission Caused by Needle Sharing

HIV often spreads among people who share needles, syringes, and other drug preparation "works" with other people. If you know young people who use needles for a medical reason (such as people with hemophilia or diabetes), make sure they use and dispose of their needles properly. Needles should be used only under a doctor's order and should never be shared.

In your role of counselor or guide, it is vital that you urge young people not to use drugs. Many drug users face a short, bleak future — jail, hospitalization, or an early grave — and drug use increases their risk of HIV infection.

If you talk with a young person about drug use and HIV infection, talk about peer pressure and self-esteem issues. You might suggest some of the following ways to resist peer pressure, or use examples of your own:

- "I just don't want to take drugs."
- "I don't want to lose my job. Drugs and work don't mix."
- "I want to be a good athlete. Drugs will harm my body."
- "I want to go to college. I can't risk getting hooked on drugs."
- "I want to join the Army. Drugs could blow my chances."
- "Drugs are illegal. I won't break the law."
- "When I take drugs, I don't feel in control. I don't like that feeling."
- "I love my life too much to do drugs."
- "I don't want to waste my time. It's not my idea of fun."

Information For Young People

You may have heard about a disease called AIDS. A lot of people have been talking about it lately. Many people have gotten AIDS in the past few years. A lot of them have died.

AIDS is a condition that weakens the body's power to fight off sickness. It's a very serious medical problem. That's why people are talking about it. But sometimes people talk without knowing the facts.

AIDS is caused by a tiny germ. Doctors call a germ like this a virus. The virus that causes AIDS is called the human immunodeficiency virus (HIV).

The key thing for you to understand about AIDS is that it is not easy to get through the things you do every day. You cannot "catch" AIDS as you can a cold or the chickenpox. You cannot get AIDS from doing things like going to school, using a bathroom, or riding in a school bus.

It is important to know the facts about AIDS. You can be a leader by knowing the truth.

All of the following statements about AIDS are true. Read them. Remember them. When you hear something about AIDS that isn't true, speak up. Say that you know the facts. Tell people the truth.

- You cannot get AIDS from the things you do every day, such as going to school, using a toilet, or drinking from a glass.
- You cannot get AIDS from sitting next to someone in school who has AIDS.
- You cannot get AIDS from a kiss on the cheek, or from touching or hugging someone who is infected.
- You cannot get AIDS from a mosquito or any other kind of insect. The virus that causes AIDS dies inside of bugs, so there is no way they can give it to you.
- You can become infected with HIV either by having sex with an infected person without using a latex condom consistently and correctly or by sharing drug needles or syringes with an infected person. Also, women infected with HIV can spread the virus to their babies during pregnancy, during birth, or through breastfeeding. There are medicines available to reduce the chances of HIV's being transmitted from an infected mother to her baby.
- A person who is infected can infect others during sex, even if the infected person is not sick. You cannot tell by looking at someone whether he or she is infected with HIV. An infected person can look and feel completely healthy.
- You can play with someone who has HIV or AIDS just as you can with any of your other friends. This will not make you sick. As with anyone, always be careful when you get playground cuts and scrapes or play sports. Also, you should not become "blood brothers" or "blood sisters." This is when two people each cut or stick their fingers and mix their blood together.

- Many people have AIDS — male and female; rich and poor; white, black, Hispanic, Asian, and Native American; young and old; heterosexual and homosexual.
- As of December 1996, nearly 103,000 people aged 20 to 29 had been found to have AIDS. Because a person can be infected with the virus that causes AIDS for 2 to 12 or more years before the signs of AIDS appear, scientists believe that many of these young people were infected when they were teenagers.
- Treat a person with AIDS just as you would treat anyone else. If he or she is sick, then treat him or her the way you would want to be treated when you don't feel well.

See How Much You Know About HIV Infection And AIDS

1. What is the name of the disease that weakens the body's power to fight off illness?

2. What is the name of the virus that causes AIDS?

3. Check all of the things that cannot infect you with HIV:

____a toilet
____a kiss on the cheek
____a drinking glass
____a mosquito
____going to school with someone who is infected with HIV
____helping someone who is infected with HIV or who has AIDS

Answers to Quiz

1. AIDS 2. HIV 3. All of the items should be checked. They cannot infect you with HIV.

PREVIOUS NEXT

Information For Teenagers

As of December 1996, nearly 103,000 people between the ages of 20 and 29 had been reported with AIDS. Many of them probably were infected with HIV, the virus that causes AIDS, when they were teenagers.

There are things that put you at risk for getting infected with HIV. For instance, the virus that causes AIDS can be passed from one person to another through unprotected sexual intercourse (sex without using a latex condom consistently and correctly every time). Today a teen in the United States gets pregnant every 30 seconds — that's about the same amount of time it takes to watch a television commercial. Every 11 seconds a teen in the United States gets a sexually transmitted disease (STD) such as gonorrhea or chlamydia. The same sexual activities that cause pregnancy and spread STDs can infect you with HIV.

There are other ways besides sex that teens can get HIV. To find out how to protect yourself and your friends, read on.

What Is AIDS?

AIDS stands for acquired immunodeficiency syndrome. AIDS is a condition in which the body's immune system — the system that fights off sickness — breaks down. Because the immune system fails, a person with AIDS can develop a variety of life-threatening illnesses.

What Is HIV Infection?

AIDS is caused by a virus that scientists call human immunodeficiency virus, or HIV. A virus is a small germ that can cause disease.

If HIV enters your body, you may become infected with HIV. From the time a person is infected, he or she can infect others, even if no symptoms are present. A test using blood or fluids from inside the mouth can be done to find the antibodies that would mean someone had HIV infection.

HIV can be in a person's body for years without producing any symptoms, and the person can look and feel healthy during those years. Most of the people infected with HIV know that they are infected because they have been tested for HIV antibodies. Even if no symptoms are present, anyone infected with HIV should be under a doctor's care.

People infected with HIV can develop many health problems. These can include extreme weight loss, severe pneumonia, certain forms of cancer, and damage to the nervous system. These illnesses signal the onset of AIDS. In some people these illnesses may develop within a year or two. Others may stay healthy for 2 to 12 or more years before symptoms appear. Get tested if you have engaged in behaviors that include:

- having sexual intercourse — vaginal, anal, or oral — with an infected person
- sharing needles or syringes with an infected person
- receiving a blood transfusion prior to 1985

What Is the Difference Between HIV and AIDS?

HIV infection and AIDS are serious health problems. AIDS is the result of a long process that begins when someone is infected with HIV. A person will not develop AIDS unless he or she has been infected with HIV. By preventing HIV infection, we can prevent future cases of AIDS.

How Does Someone Become Infected With HIV?

People can become infected with HIV:

- by having unprotected (without a condom) sex (anal, vaginal, or oral) with someone with HIV
- by sharing needles or syringes with someone with HIV
- from a mother with HIV to her baby before or during birth or through breastfeeding
- from a blood transfusion or bloodclotting factors before 1985

How Do People Get HIV Through Sex?

HIV can be spread through unprotected sexual intercourse from male to female, female to male, male to male, or female to female. Unprotected sexual intercourse means sexual intercourse without correct and consistent use of a latex condom or any other physical barrier to HIV (such as the female condom).

HIV may be in an infected person's blood, semen, or vaginal secretions. It can enter the body through certain types of tissues, especially the tissues that line the inside of the vagina, anus, and penis. It can also enter through cuts or tears (some of which may already be present, and some of which may occur during intercourse) in the vagina, penis, rectum, or mouth. HIV is transmitted by anal, vaginal, or oral sexual intercourse with a person who is infected with HIV.

If someone has an STD such as syphilis or gonorrhea, he or she is at risk of becoming infected with HIV. There are two reasons for this. One is that the person is involved in the same behaviors that spread HIV. The other reason is that some STDs cause sores on the body — usually the already vulnerable soft tissues of the penis, vagina, and rectum. The presence of these sores can make it easier for the virus to enter the body.

Since many infected people have no symptoms, it's hard to be sure who is or is not infected with HIV. The more sex partners someone has without using condoms, the greater his or her chances are of encountering one who is infected, and becoming infected. Anybody can have HIV...of either gender and of any race, ethnicity, or sexual orientation. And no matter how healthy or attractive a person is, he or she could still be infected with HIV.

How Do You Get HIV From Sharing Needles?

Sharing needles with another person — even once — is a very easy way to become infected with HIV. Whether you inject drugs or steroids, you risk becoming infected with HIV if you share needles or syringes. Blood from an infected person can stay in a needle or syringe and then be transmitt xt person who uses it.

Important Questions

How can you tell if the person you are dating or would like to date has been infected with HIV? The simple answer is, you can't. But as long as sexual intercourse and sharing needles are avoided, it doesn't matter.

If you are thinking about becoming sexually involved with someone, here are some important questions to consider:

- Has this person had any sexually transmitted diseases?
- How many people has he or she had sex with? Has he or she experimented with drugs?
- Has this person been tested for HIV antibodies?

These are sensitive questions. But they are important, and you have a responsibility to ask. If your potential partner answers no or does not know the answer to any or all of the questions, think seriously about the consequences before you engage in sexual intercourse. Additionally, each person can be tested in order to be certain of current HIV status.

You should think of it this way: If you know someone well enough to have sex, the two of you should be able to talk about HIV infection and AIDS. If you are placed in a situation where you or your partner is too uncomfortable, too uninformed, or simply unable to talk about safe sex, then you should not engage in sex with that person. Open communication is one of the first steps to making sex safer.

How Can I Avoid HIV Infection?

Don't Do Drugs of Any Kind

Sharing drug equipment — especially needles — with another person to inject drugs can infect you. And many drugs, especially alcohol, can affect your judgment and cause you to do things that place you at risk for HIV infection.

Delay Sexual Intercourse

Don't have sex. Not having sex is the only sure protection. Wait to have sex until you are in a long-term, mutually faithful relationship with an uninfected partner. By choosing not to have sex, you:

- Help guarantee your safety from all sexually transmitted diseases, including HIV infection.
- Give yourself more time to be sure you are physically and emotionally ready to engage in a sexual relationship.
- Give yourself more time to learn and understand more about the physical and emotional aspects of sexual relationships.
- Prevent unintended pregnancy. Remember, every 30 seconds a teen in the United States gets pregnant.

When You Decide You Are Ready to Have Sex, It's Safer if You Do So With Only One Uninfected Partner in a Mutually Faithful, Long-Term Relationship.
If you have sex, use a latex condom each and every time you have sex (anal, vaginal, or oral). Be certain to read the directions located on the package to ensure that you are using the condom consistently and correctly. Remember that female condoms are also available.

Make decisions about sex while you are not under the influence of alcohol or other drugs. These substances can affect your judgment and cause you to do things that risk infection with HIV.

How Else Can I Help Stop AIDS?

If you've read this far, you know the facts about HIV infection and AIDS. You'd be surprised at how many people don't know them. A lot of people believe all sorts of myths about AIDS — myths that can be very harmful.

These myths can cause people to unknowingly put themselves, and others, at risk of infection. They can also cause people to treat others unfairly. For instance, some people incorrectly think that AIDS only affects certain groups of people. Because they fear AIDS, they do cruel things to people in those groups. It's not what kind of person you are, it's what you do that can spread HIV.

We can work together to make sure that such prejudice and unfair treatment don't happen. Now that you know the facts about HIV infection and AIDS, you can tell others the truth and speak out against myths and prejudice. The reality behind these myths is that AIDS does not discriminate and can attack anyone's immune system.

What's more, people infected with HIV and those with AIDS can use your help. If you know someone who has AIDS, you can give compassion, friendship, or other help without fear of infection from contact that doesn't involve blood, semen, or vaginal secretions.

Even if you don't know anyone who is infected, you can join your community's effort to stop AIDS. You can volunteer your time with a local health organization, youth group, or religious group that has an HIV and AIDS program. Or you can contribute just by telling your friends about HIV. Who knows? You just may save someone's life.

Do You Know The Facts About HIV Infection And AIDS?

1. HIV can be spread through which of the following?

   _____A. insect bites

   _____B. everyday contact

   _____C. sharing drug needles

   _____D. sexual intercourse

2. You can tell by looking whether a person is infected with HIV.

   _____TRUE

   _____FALSE

3. From the time a person is infected with HIV, he or she can infect others through sex or drugs.

   _____TRUE

   _____FALSE

4. Helping people infected with HIV or people with AIDS with their daily tasks does not put you at risk of infection.

   _____TRUE

   _____FALSE

5. Babies can be infected by their mothers during pregnancy, birth, or breastfeeding.

   _____TRUE

   _____FALSE

6. If you have sexual intercourse only with members of the opposite sex, you cannot be infected with HIV.

   _____TRUE

   _____FALSE

7. If they are used consistently and correctly every time you have sex, latex condoms can prevent the spread of HIV.

   _____TRUE

   _____FALSE

8. The more sex partners you have without using condoms, the greater your chances of becoming infected with HIV.

   _____TRUE

   _____FALSE

9. If you think you've been exposed to HIV, you should seek HIV counseling and be tested.

   _____TRUE

   _____FALSE

Answers to Quiz

1. C and D 2. False 3. True 4. True 5. True 6. False 7. True 8. True 9. True

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Where to Go for Further Information and Assistance

National Resources

The Centers for Disease Control and Prevention's (CDC's) National AIDS Hotline, 1-800-342-AIDS (2437), offers 24-hour service seven days a week to respond to any questions that you or a young person may have about HIV infection and AIDS. All calls are free, and you need not give your name. The service is available in Spanish (1-800-344-7432) and using a TTY machine for the deaf (1-800-243-7889).

Hotline information specialists can refer you to groups in your area that work professionally on HIV infection and AIDS issues. Also, they can direct you to local HIV counseling and testing centers and tell you where to get additional materials.

For additional copies of this guide and other publications on AIDS and HIV infection, you can call the CDC National Prevention Information Network (1-800-458-5231) or write to the NPIN at P.O. Box 6003, Rockville, MD 20849.

CDC's Business and Labor Resource Service (BLRS) provides information, materials, and referrals for employers on national, State, and local resources related to HIV/AIDS in the workplace. Its reference specialists can assist employers in identifying appropriate materials, resources, and programs for employees. A variety of educational materials (posters, brochures, guidelines, and videos) suitable for the workplace are available. The Resource Service can also provide information on other organizations such as public health departments, civic organizations, and local AIDS service organizations that provide workplace programs in local communities. The Resource Service is available from Monday through Friday, 9 a.m. to 6 p.m. E.S.T. It can be reached by calling 1-800-458-5231. The fax number is 1-888-282-7681. Or visit the BLRS home page at www.brta-lrta.org

State and Local Health Departments

If you have questions about AIDS prevention efforts in your community, the CDC National AIDS Hotline can tell you how to reach your State or local health department. Also, you can find the number listed under "Health Department" in the local or State government section of your telephone book. You can also contact your local AIDS agencies.

Community Organizations

Thousands of local organizations, such as the PTA, March of Dimes, National Urban League, National Council of La Raza, Boys' Clubs and Girls' Clubs, and United Way of America are working hard to stop the spread of HIV infection. To find out about such organizations in your community, look for them by name in the telephone book or call your local health department.

You can also contact your local American Red Cross chapter. The toll-free number is 1-800-375-2040.

Schools

Talk to your local school board, superintendent, principal, teachers, or guidance counselors to find out about the HIV and AIDS education programs that your local school offers and how you can help to make them work. Make sure they know that you support learning about preventing HIV infection and AIDS as part of comprehensive health education in school.

The Health Care Team

If you have concerns about your health or the health of your child, share them with a doctor, nurse, or other health care provider.

A Guide to AIDS in the Workplace Resources

September 1997

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service Table of Contents

An Introduction to HIV/AIDS in the Workplace

Is your workplace ready to respond to AIDS? The impact of AIDS on the workplace intensifies with each year of this epidemic. HIV is the second leading cause of death among Americans aged 25-44 years, according to the Centers for Disease Control and Prevention (CDC). This age group comprises the bulk of the U.S. workforce; in fact, over 50 percent of our nation's 121 million workers are in this age group. The CDC also estimates that approximately 600,000-950,000 people in this country are infected with HIV. One in six large U.S. work sites (with more than 50 employees) and 1 in 16 small U.S. work sites (fewer than 50 employees) have been faced with addressing issues associated with an employee who has HIV or AIDS.

The CDC's Business Responds to AIDS and Labor Responds to AIDS (BRTA/LRTA) Programs help large and small businesses and labor organizations meet the challenges of HIV/AIDS in the workplace and the community. These programs work in partnership with businesses and labor unions as well as trade associations, public health departments, AIDS service organizations, and government agencies to promote the development of comprehensive workplace HIV/AIDS programs. The BRTA/LRTA Program is comprised of five components: workplace policy development, supervisor/labor leader training, employee education, family education, and community involvement.

Materials in this resource guide are organized according to these five program components. The reader is directed to information sources on topics that include the American with Disabilities Act (ADA), community involvement and corporate philanthropy, and policy development.

Leading off the materials in the guide are the CDC Business Responds to AIDS Manager's Kit and the CDC Labor Responds to AIDS Labor Leader's Kit. These kits are key elements of the CDC Business Responds to AIDS and Labor Responds to AIDS Programs, containing comprehensive information on all aspects of an AIDS in the workplace program for businesses and labor unions.

Within each section of the guide, the materials are presented alphabetically by title; each entry provides information on where the item can be obtained. Some materials can be obtained though the CDC Business and Labor Resource Service by completing the attached order form. Journal articles are available through local university or public libraries; librarians will be able to offer assistance in locating them.

In addition to the materials listed, the guide includes a listing of organizations that can be of assistance to employers addressing HIV/AIDS in the workplace. Addresses and phone numbers are provided for each organization, as well as a brief description of the activities and services offered.

Providing this information does not constitute endorsement by the CDC, CDC Business and Labor Resource Service, or any other organization. It is the responsibility of the user to evaluate this information based on individual needs and standards prior to use. All of the materials and organizations are listed on the CDC Business and Labor Resource Service Materials and Workplace Referrals databases, and the CDC National AIDS Clearinghouse Resources and Services database.

CDC Business and Labor Resource Service

The CDC Business and Labor Resource Service (BLRS) is a toll-free reference service that provides information and referrals to callers seeking assistance with issues related to HIV/AIDS in the workplace. Reference specialists answer questions about setting up employee education programs and preparing HIV/AIDS policies. To speak to a reference specialist, call 1-800-458-5231. Bilingual reference specialists are available to talk with Spanish-speaking callers.

CDC Business Responds to AIDS Manager's Kit

This easy-to-use kit provides information on developing workplace education programs on HIV/AIDS. The materials in the kit cover the five key components of such programs: policy development, employee education, supervisor training, family education, and community involvement. The workplace policy materials include brochures explaining CDC's Business Responds to AIDS Program and the Americans with Disabilities Act (ADA), the Family and Medical Leave Act (FMLA), questions and answers on HIV/AIDS in the workplace, information on developing a workplace policy, small business guidelines, and information on health insurance and Social Security and SSI benefits. Other policy materials include brochures on case studies of reasonable accommodations and on managing tuberculosis and HIV infection in today's general workplace; OSHA bloodborne pathogens standards; and the financial impact of a workplace program on business. Employee education brochures include information on implementing an education program and general HIV/AIDS information, a payroll customer mailing insert, two sample posters, and evaluation instruments for an HIV/AIDS program. Family education materials include a guide for managers on the importance of family education and an HIV/AIDS prevention guide for workers and their families, while a community involvement brochure focuses on supporting employee volunteerism and community service. It also includes a Business Responds to AIDS resource guide and a catalog of HIV/AIDS materials available from the CDC National AIDS Clearinghouse. Available from: CDC Business and Labor Resource Service, P.O. Box 6003, Rockville, MD 20849-6003. (800) 458-5231; (301) 519-6616 (fax); (301) 243-7012 (TTY); CDC NAC inventory number D042. See order form.

CDC Labor Responds to AIDS Labor Leader's Kit

This kit, which is grouped into four sections, contains materials on workplace policy, worker education, and family education, as well as resources for further program development. The workplace policy section includes brochures explaining CDC's Labor Responds to AIDS Program, the union's role in workplace policy on HIV and AIDS, contract policy and resolution language, and health insurance. A labor leader's manual on AIDS in the workplace is also included. The worker education section consists of brochures on how to become involved in HIV/AIDS prevention and preventing occupational exposure to HIV; a booklet profiling unions responding to HIV/AIDS at local, state, and national levels; a general AIDS information brochure; a payroll insert; and transparencies for presenters. The family education section consists of an HIV/AIDS prevention guide for workers and their families. The resources section includes a Labor Responds to AIDS Resource Guide, a catalog of HIV/AIDS materials available from the CDC National AIDS Clearinghouse, and a poster. Available from: CDC Business and Labor Resource Service, P.O. Box 6003, Rockville, MD 20849-6003. (800) 458-5231; (301) 519-6616 (fax); (301) 243-7012 (TTY); CDC NAC inventory number D262. See order form.

Reference Materials

Workplace Policy

Articles

Corporate Response to AIDS

Jacobs, Heidi. *Management Review*, January 1995, vol. 84, no. 1, p. 6.

Representing an increase of 15 percent from 1991, 38 percent of 794 companies polled in the American Management Association's (AMA) *1994 Survey of HIV- and AIDS-Related Policies* reported having dealt with at least one case of HIV infection in 1994. While 26 percent of the companies who have dealt with HIV or AIDS in the workplace have specific AIDS policies, only 17 percent of the respondents who have not faced the issue have implemented a policy.

How to Develop and Implement An AIDS Workplace Policy

Smith, James Monroe. *HR Focus*, March 1993, vol. 70, no. 3, p. 15.

This article outlines how to go about creating a company policy that complies with the Americans with Disabilities Act (ADA) and promotes a culture that is sensitive to the needs of HIV-positive employees. The outline says that a policy should cover background information about HIV/AIDS, specify coverage, and discuss workplace rights of an infected employee. Policies should be incorporated into the employee handbook.

A Time for Action: Responding to AIDS

Pincus, Laura B. and Trivedi, Shefali M. *Training & Development*, January 1994, vol. 48, no. 1, p. 45.

A hypothetical situation involving handling HIV/AIDS in the workplace is presented in this article, as well as information on how six companies have actually dealt with the issues. The authors encourage proactive and educational approaches.

Your Company, AIDS, and the Law

Training & Development, January 1994, vol. 48, no. 1, p. 48.

Brief information is provided on issues, such as confidentiality and reasonable accommodation, which are covered under the ADA and the Rehabilitation Act of 1973. A fictional case study illustrates the legal issues surrounding HIV and AIDS.

Other Materials

AIDS: Acquired Immune Deficiency Syndrome; Human Immunodeficiency Virus. 1993.
This manual gives basic information about AIDS as it relates to the workplace. After covering HIV transmission and prevention, as well as the spectrum of HIV disease, it lists workplace issues such as employee disclosure, confidentiality, discrimination, reasonable accommodation, employee rights, and co-workers' fears. It concludes with a three-page explanation of the ADA. *Available from: Hollywood Supports, 8455 Beverly Blvd., Suite 305, Los Angeles, CA 90048. (213) 655-7705.*

AIDS in the Workplace: A Resource Guide. 1993.
This resource manual for information on AIDS in the workplace covers sample AIDS policies, information on drug abuse, educational policies, HIV transmission, the HIV-antibody test, blood supply safety, the Ten Principles for the workplace, and an analysis of AIDS in the workplace laws. *Available from: United Way, Incorporated, 701 N. Fairfax St., Alexandria, VA 22314-2045. (703) 836-7112, ext. 481.*

AIDS and Your Workplace: Evolving Issues and Court Cases. 1996.
This report reviews emerging case law that relates to HIV/AIDS in the workplace. Most of the cases have been litigated under the Americans with Disabilities Act (ADA). The report includes the most recent court cases involving discrimination, access to employer-paid health care benefits, privacy of employees' medical records, exposure to HIV in the workplace, worker's compensation claims arising from HIV exposure, and an analysis of HIV as a disability under the ADA. *Available from: LRP Publications, P.O. Box 9809, Horsham, PA 19044-0980. (800) 341-7874.*

The Equality Principles on Sexual Orientation, May 3, 1995.
This set of guidelines comprise the *Equality Principles on Sexual Orientation*, a policy that can be adopted by businesses and corporations to eliminate discrimination based on gender preference. Issues include spousal benefits for domestic partners, protection of persons with HIV/AIDS, and elimination of advertising which contains sexual orientation stereotypes. *Available from: Wall Street Project, New York Office, 82 Wall St., Suite 1105, New York, NY 10005. (212) 289-1741.*

The Health Insurance Portability and Accountability Act of 1996: Guidance on Frequently Asked Questions. 1996.
This report summarizes changes in the health insurance market under the Health Insurance Portability and Accountability Act of 1996. This Act guarantees the availability and renewability of health insurance coverage for certain employees and individuals, and limits the use of preexisting condition restrictions. This report provides answers to some of the frequently asked questions about the insurance provisions of the Act. The report also provides an overview of the law. *Available from: Library of Congress, Congressional Research Service, 1st St. & Independence Ave. SE, Washington, D.C. 20540. (202) 707-5700. You must contact your Congressional representative before calling the Library of Congress.*

HIV/AIDS In the Workplace. 1993.
This brochure offers general information regarding HIV/AIDS in the workplace. It offers a suggested plan for developing a workplace response to HIV that covers medical facts, legal issues, workplace policy development, employee education and training, and privacy concerns. Additional resources are also provided. *Available from: Greene & Markley, 1515 5th Ave., SW, Ste. 600, Portland, OR 97201. (503) 295-2668. A photocopy of this material is available from the CDC Business and Labor Resource Service, CDC National AIDS Clearinghouse Document Delivery Service, P.O. Box 6003, Rockville, MD 20849-6003. (800) 458-5231. Price: $5.50. Order number: AD0014246.*

HIV Law and Litigation in the Employment Setting. 1995.
In: *Transfusion-Associated AIDS.* Jenner, Robert K.

This chapter discusses the principal issues in AIDS employment law and litigation. The two main workplace legislation pieces covered are the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA). The particulars of each act are outlined and coverage is described. Other issues discussed include the Employee Retirement Income Security Act (ERISA), confidentiality, workers' compensation, and emotional distress due to discrimination. *Available from: Lawyers and Judges Publishing Company, P.O. Box 30040, Tucson, AZ 85751-0040. (520) 323-1500.*

Job Accommodation Network: ADA Evaluation Checklist and Guide. 1995.
This report, presented in a question-and-answer format, assists workplace managers and supervisors in developing a policy that complies with the Americans with Disabilities Act (ADA). Many sections of the ADA have corresponding sections in this report, so that employers can see in what areas they may need to modify their current practices. Another section of the report outlines what may and may not be asked during a job interview with a person with disabilities, as well as suggested non-verbal signals, including what not to do when interviewing hearing impaired individuals and persons in wheelchairs. Reasonable accommodations, discrimination, and pre-employment medical exams are discussed as well. *Available from: President's Committee on Employment of People with Disabilities, Job Accommodation Network, P.O. Box 6080, Morgantown, WV 26506-6080. (800) 232-9675; (800) 342-5526; (800) 526-7234.*

National Labor Relations Board Policy Regarding AIDS and HIV-Positive People in the Workplace. 1995.
This statement outlines the HIV/AIDS policy of the National Labor Relations Board (NLRB). The first section discusses discrimination within the workplace and reasonable accommodations. Employee benefits are covered in the second section, while the third section discusses disclosure, confidentiality, and the Privacy Act. The fourth section touches on health and safety issues in the workplace. A listing of state AIDS hotlines is included, as well as other resources for more information. *Available from: National Labor Relations Board Union, Division of Administration, Employee Assistance Program, 1099 14th St., NW, Washington, D.C. 20570-0001. (202) 273-3933.*

Private Sector AIDS Policy: Businesses Managing HIV/AIDS. 1997.
This is a six-module program that provides a business-based rationale for HIV/AIDS policy and program formulation. The manual describes a step-by-step approach to planning and implementing HIV/AIDS prevention programs and policies for business. The guide is designed for use by the private sector. The six modules provide background information on the HIV/AIDS epidemic, assess the economic costs of HIV/AIDS to a company, and outline a process for developing workplace prevention programs and policies. Also included in this packet are a user's guide to workplace policy needs assessment, a facilitator's guide to conducting business manager presentations and workshops, and profiles of African workplace case studies on the business-based management of HIV/AIDS. *Available from: Family Health International, AIDS Control and Prevention Project, Washington Office, 2101 Wilson Blvd., Suite 700, Arlington, VA 22201. (703) 516-9779.*

Sample Policies. 1992.
This publication offers sample personnel policies addressing HIV/AIDS that have been developed and used by a variety of business, labor, and non-profit organizations. It includes the policies of Bank America, RJR Nabisco, AFL-CIO, the National Association of Manufacturers, and the San Francisco AIDS Foundation, among others. *Available from: National AIDS Fund, 1400 Eye Street, NW, Suite 1220, Washington, D.C. 20005-2208. (202) 408-4848.*

Someone at School Has AIDS: A Complete Guide to Education Policies Concerning HIV Infection. Revised, 1996.
This manual presents guidelines for the development of policies by state and local districts pertaining to HIV-positive persons in the school setting. It is divided into several sections: summary recommendations, policy recommendations, resource information, and appendix. The policy recommendations section contains suggested policy statements regarding student attendance and staff employment; procedures for evaluating students and staff members who are infected with HIV; confidentiality; and training for school staff in these procedures. Each policy is followed by comments and a discussion of potential problems and concerns that might arise from state and district implementation of these policies. The resource section discusses HIV education, discrimination, reporting, policymaking, and crisis management. Information sources for documents referenced in this book, a bibliography of other information sources, and a list of members of the project's advisory board are appended. *Available from: National Association of State Boards of Education, 1012 Cameron St., Alexandria, VA 22314. (703) 836-2313; (703) 684-4000.*

Suggested Principles and Guidelines Regarding Workplace Policies on HIV Infection and Related Illnesses. 1995.
These guidelines from the United Methodist Church concerning employees with HIV/AIDS are intended for local churches and church-related institutions. They point out that although the Americans with Disabilities Act (ADA) doesn't affect religious institutions with regards to services and accommodations, the ADA does

protect church employees. A list of The 10 Principles for the Workplace, adapted from a similar list developed by the Citizens Commission on AIDS for New York City and Northern New Jersey, is included. *Available from: General Board of Global Ministries, United Methodist Church, Health and Welfare Ministries Program Department, 475 Riverside Dr., 3rd Fl., Room 330, New York, NY 10115. (212) 222-2135; (212) 870-3909.*

We Are All Living With AIDS: How You Can Set Policies and Guidelines for the Workplace. 1993.
This book discusses the specifics of AIDS policy development for practically every workplace type and examines obstacles encountered in the process of developing a policy. It includes information that should be included in a comprehensive AIDS policy, the process of AIDS policy development, and policy considerations for specific populations and resource materials. *Available from: Deaconess Press, 2450 Riverside Ave. South, Minneapolis, MN 55454. (612) 672-4180.*

Working with AIDS: A Guide for Businesses and Business People. 1995.
This book addresses HIV/AIDS policy from the business point of view. Fourteen chapters are divided into four sections, with the first three giving an overview of HIV/AIDS programs and reasons to develop a workplace policy. A new approach to developing a policy is proposed. The second section presents theories behind an HIV/AIDS program, including education aspects, quality of information, management issues, marketing, and AIDS in corporate environment. The third section explains the exact steps required to assess needs, run the actual training, and evaluate the program. The last section ponders AIDS in the next century and how it will affect policies, economics, and world geography. Appendixes include a sample policy, a knowledge and risk assessment questionnaire, and a sample evaluation questionnaire. *Available from: Employers' Advisory Services on AIDS and HIV, P.O. Box 346, Bradford, BD7 2DB, United Kingdom. 0274 521511. ISBN: 1-873031-14-9.*

Please see entries marked with an asterisk in the following section for additional materials that may be useful in developing policies.

Manager/Labor Leader Training

Articles

AIDS in the Workplace: An Executive Update
Stone, Romuald A. *The Academy of Management Executive*, August 1994, vol. 8, no. 3, p. 52.

This article calls on government and business leaders to take a strong stance on AIDS. To avoid crisis situations, businesses can prepare themselves and their employees by implementing comprehensive workplace policies and by providing appropriate HIV/AIDS education and prevention programs. It also outlines some of the clearly important legal and economic consequences for companies, including insurance and health care costs, job accommodations, litigation, and declines in productivity, all of which highlight the fact that HIV prevention can be cost-effective. Several sample programs implemented by various organizations are highlighted, and additional referrals to materials and organizations providing assistance are listed.

Chubb Fosters AIDS Awareness With Education
Cox, Brian. *National Underwriter*, August 8, 1994, no. 32, p. 6.

This article highlights the seven-year AIDS education and awareness program launched in 1987 by the Chubb Corporation, a large insurer. The program is mandatory for all 10,000 of Chubb's U.S. and international employees. Chubb's executives stress that every corporation has an obligation to be a good corporate citizen and that education programs only work with the strong backing of management.

Emerging Trends for Managing AIDS in the Workplace
Breuer, Nancy L. *Personnel Journal*, June 1995, p. 125

This article addresses the work options created by medical advances and legal statutes for persons living with HIV/AIDS (PLWAs). Businesses need to understand the implications of these options and provide workers with information.

Honor Their Last Will: When Terminally Ill Employees Choose to Work
Breuer, Nancy L. *Workforce*, May 1997

When an employee faces a terminal illness, informed managers should share their compassion and resources to work out a system of support.

How Business Is Dealing With the AIDS Epidemic
Gerson, Vicki. *Business & Health*, January 1997, p. 18

This article suggests strategies that companies can use to deal with increasing costs related to the new HIV/AIDS treatments, such as protease inhibitors.

Teaching AIDS.
Smith, Vernita C. *Human Resource Executive*, September 1996, p. 54

This article examines the need for HIV/AIDS education in the workplace, ways in which it can benefit employees and employers, and why employers should provide this education.

What To Do Before AIDS Strikes Home
Bordwin, M. *Management Review*, February 1995, p. 49

This article tells readers why they need to put HIV/AIDS policies, education programs, benefits, and reasonable accommodations in place before they are faced with dealing with an employee with HIV/AIDS.

***When An Employee Says, "Boss, I Have AIDS: The ADA and the FMLA Must Guide Your Management Decisions"**
Moomaw, P. *Restaurants* USA, March 1996, p. 10

This article advises employers that they must take the Americans with Disabilities Act (ADA) and the Family and Medical Leave Act (FMLA), along with any applicable state laws, into account when they deal with employees who have HIV/AIDS.

***Why Bother With Long-Term Care Coverage?**
Manus, Danae A. *Business & Health*, January 1997, p. 23

The federal government is encouraging the private sector to take over the financing of long-term care. This article discusses related laws, legislation, and issues.

Other Materials

***Accommodating Employees with HIV/AIDS: Case Studies of Employer Assistance.** 1994.
This publication includes 10 case studies of employers' efforts to help their HIV-infected employees continue working as long as possible. Compiled and written by disability policy experts, the publication includes a focus on the ADA, a summary of reasonable accommodations, and resources for further information. *Available from: National AIDS Fund, 1400 Eye Street, NW, Suite 1220, Washington, D.C. 20005. (202) 408-4848.*

The AIDS Issue: Guidelines for the Foodservice Manager; A Videotape for Management. 1993.
This videorecording, narrated by Ron Sarasin of the National Restaurant Association, provides insight into how AIDS can affect food service establishments. For example, he cites how a rumor concerning restaurant employees having AIDS can affect business, even though medical evidence has shown there is no evidence of a customer or another employee contracting HIV through casual contact in a

*May also be useful in developing policy.

restaurant. He suggests a four-step approach for restaurants in dealing with AIDS: one, assemble a crisis team; two, develop an AIDS policy statement that protects the rights of an employee infected with HIV; three, educate employees about the lack of danger from transmission through casual contact; and four, develop a strategy for dealing with the media. *Available from: National Restaurant Association, 1200 17th St., NW, Washington, D.C. 20036-3097. (202) 331-5935; (202) 331-5900. Free. Members only.*

***The Americans with Disabilities Act: Your Responsibilities As an Employer.** 1991.
This brochure addresses common questions about how the ADA affects employment of disabled persons, including persons with HIV infection. It addresses discrimination, reasonable accommodation, and responsibilities of employers. *Available from: U.S. Equal Employment Opportunity Commission, National Office, 1801 L St., NW, Washington, D.C. 20507. (800) 669-4000; (800) 800-3302 (TTY). (202) 663-4900. Publication no. EEOC-BK17.*

Business Responds to AIDS: Workshop Presenter's Guide. 1996.
This manual outlines a training course for a Business Responds to AIDS and Labor Responds to AIDS workshop. Instructions on preparing a training course, handling questions, and presenting sources of information are given. The presentation includes real-life scenarios and handouts, including an evaluation form. The slides contain pertinent statistics on the HIV/AIDS epidemic. *Available from: CDC Business and Labor Resource Service, CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003. (800) 458-5231; (404) 639-2918; (800) 458-5231. CDC NAC Inventory no. D249.*

Employee Attitudes About AIDS, A National Survey: What Working Americans Think. 1993.
This report of a national survey, conducted in October 1992, details employees' experiences with HIV issues in the workplace and their attitudes toward AIDS. It provides answers to questions and concerns about AIDS, and examines knowledge of workplace policies on AIDS. It also analyzes the need for HIV training and education, participation in AIDS-related community activities, and training in the workplace and in the community. *Available from: National AIDS Fund, 1400 Eye Street, NW, Suite 1220, Washington, D.C. 20005. (202) 408-4848.*

The Employer's Guide to Clinical Preventive Services. 1996.
This guide presents recommendations for the appropriate delivery of more than 200 preventive services, all written in non-clinical language. The recommendations draw on the expertise of clinical specialists in family medicine, internal medicine, obstetrics and gynecology, pediatrics, and preventive medicine. The first section consists of four chapters tailored to help the reader apply the recommendations as part of an employee benefit program. These chapters cover strategies for integrating preventive services, purchasing high-quality preventive services, developing a communication strategy, and data analysis and evaluation. The second section contains 70 chapters including

*May also be useful in developing policy.

ones on HIV, STDs, and tuberculosis adapted from the recommendations for clinical preventive services. *Available from: National Resource Center on Worksite Health, 777 N. Capitol St., NE, Suite 800, Washington, D.C. 20002. (202) 408-9332; (202) 408-9320.*

Fighting AIDS Discrimination Through Union Action. 1996.
This brochure examines why AIDS is an issue of concern to unions. It addresses the discrimination that many people with HIV infection face on the job, and why unions need to protect their members. The brochure includes background information on why workplace HIV policies are needed and outlines the components of a comprehensive workplace policy on HIV and AIDS. It examines the need for training and education, and looks at how the Service Employees International Union (SEIU) can help provide these services. The brochure includes basic information on how HIV is and is not transmitted, with an emphasis on the fact that HIV cannot spread through casual contact. It gives information on federal, state, and local laws designed to protect persons with AIDS (PWAs) from discrimination, and gives ideas on using contacts to protect members. It looks at health benefits and the components of a workplace policy on catastrophic illness. *Available from: Service Employees International Union, Occupational Safety and Health Department, 1313 L St., NW, Washington, D.C. 20005. (202) 898-3200.*

Forcing Compliance With AIDS and Hepatitis B Guidelines. 1993.
This fact sheet outlines steps that local unions can take to see that employers follow Centers for Disease Control and Prevention (CDC) guidelines to protect employees from exposure to bloodborne infections such as HIV and Hepatitis B. It tells union officials to become familiar with CDC guidelines, asks employers to correct unsafe conditions or work practices, and outlines the use of protective equipment and the implementation of universal precautions. Readers learn how to file a complaint with OSHA if an employer fails to comply with CDC guidelines. This fact sheet also outlines the OSHA inspection and followup procedures. *Available from: American Federation of State, County and Municipal Employees, 1625 L St., NW, Washington, D.C. 20036-5687. (202) 429-1215.*

Glossary of Occupational Safety and Health Act Standards. 1992.
This brochure defines general occupational safety guidelines and terms that apply to OSHA standards. They cover accident recordkeeping, employees' rights to a safe workplace, medical services and first aid, access to employee exposure and medical records, chemical safety, personal protective equipment, noise, machine safety, general housekeeping and sanitation, and fire safety. *Available from: Retail, Wholesale, and Department Store Union, 30 E. 29th St., New York, NY 10016. (212) 684-5300.*

The HIV/AIDS Book: Information for Workers. 5th edition, 1997.
Besides general background information on HIV prevention and transmission, this monograph addresses workplace and employee issues regarding AIDS. It is intended to be used by employers who are developing or conducting employee education programs. Risk in the workplace is covered, as are workplace policies to protect the rights of workers with AIDS. Guidelines for public service and health-care workers

who may come in contact with infected persons are covered. These guidelines stress the importance of protective clothing, taking care in handling body fluids and sharp objects, and proper decontamination and cleaning procedures. Specific workers targeted by the monograph include laboratory workers, housekeeping and food service workers, correctional staff, police, firefighters, waste disposal and incinerator workers, and morticians. *Available from: Service Employees International Union, Occupational Safety and Health Department, 1313 L St., NW, Washington, D.C. 20005. (202) 898-3200.*

HIV/AIDS: A Guide for Employers and Managers. 1994.
This is a brochure specifically for employers who are grappling with how to manage HIV/AIDS in the general workplace. It includes information on the legal obligations of employers and management. *Available From: National AIDS Fund, 1400 Eye Street, NW, Suite 1220, Washington, D.C. 20005. (202) 408-4848.*

***HIV in the Workplace Technical Assistance Project: Family and Medical Leave Act Fact Sheet.** 1996.
This fact sheet, presented in a question-and-answer format, discusses the Federal Family and Medical Leave Act of 1993. Topics include eligibility and qualifying aspects. *Available from: San Francisco Human Rights Commission, 25 Van Ness Ave., 8th Fl., Suite 800, San Francisco CA 94102-4908. (415) 252-2515; (415) 252-2500.*

***HIV in the Workplace Technical Assistance Project: Legal Overview.** 1996.
This fact sheet provides a legal overview of the impact of HIV/AIDS in the workplace. Discrimination, reasonable accommodation, and confidentiality are discussed. The Americans with Disabilities Act (ADA) is also covered. *Available from: San Francisco Human Rights Commission, 25 Van Ness Ave., 8th Fl., Suite 800, San Francisco CA 94102-4908. (415) 252-2515; (415) 252-2500.*

***HIV in the Workplace Technical Assistance Project: Medical Inquiries and Confidentiality Fact Sheet.** 1996.
This fact sheet, presented in question-and-answer format, addresses concerns an HIV-positive person may have regarding employment. Reasonable accommodation and confidentiality are discussed. The Americans with Disabilities Act (ADA) is also covered in relation to whether it is legal for an employer to require an applicant to take a medical exam as part of the job application process. *Available from: San Francisco Human Rights Commission, 25 Van Ness Ave., 8th Fl., Suite 800, San Francisco, CA 94102-4908. (415) 252-2515; (415) 252-2500.*

***HIV in the Workplace Technical Assistance Project: Reasonable Accommodation Fact Sheet.** 1996.
This fact sheet, presented in a question-and-answer format, discusses reasonable accommodation in the workplace. Reasonable accommodation is defined, eligibility requirements are outlined, and ways in which they affect persons with HIV/AIDS are

*May also be useful in developing policy.

discussed. *Available from: San Francisco Human Rights Commission, 25 Van Ness Ave., 8th Fl., Suite 800, San Francisco CA 94102-4908. (415) 252-2515; (415) 252-2500.*

***HIV in the Workplace Technical Assistance Project: Sample Client Non-Discrimination Policy.** 1996.
This fact sheet presents an overview of what an HIV/AIDS workplace policy should cover and discusses the importance of addressing the confidentiality of an organization's clients. Sample policy language is included. *Available from: San Francisco Human Rights Commission, 25 Van Ness Ave., 8th Fl., Suite 800, San Francisco CA 94102-4908. (415) 252-2515; (415) 252-2500.*

***HIV in the Workplace Technical Assistance Project: Sample Confidentiality Policies.** 1996.
This fact sheet provides an overview of what an HIV/AIDS workplace confidentiality policy should cover. Sample policy language is also presented. *Available from: San Francisco Human Rights Commission, 25 Van Ness Ave., 8th Fl., Suite 800, San Francisco CA 94102-4908. (415) 252-2515; (415) 252-2500.*

***HIV in the Workplace Technical Assistance Project: Sample Employment Non-Discrimination Policy.** 1996.
This fact sheet discusses the importance of addressing non-discrimination in a workplace HIV/AIDS policy. Sample policy language is included. *Available from: San Francisco Human Rights Commission, 25 Van Ness Ave., 8th Fl., Suite 800, San Francisco CA 94102-4908. (415) 252-2515; (415) 252-2500.*

***HIV in the Workplace Technical Assistance Project: Sample Reasonable Accommodation Policy.** 1996.
This fact sheet discusses developing a policy to address the legal requirements surrounding reasonable accommodation in the workplace. Sample policy language is included. *Available from: San Francisco Human Rights Commission, 25 Van Ness Ave., 8th Fl., Suite 800, San Francisco CA 94102-4908. (415) 252-2515; (415) 252-2500.*

***HIV in the Workplace Technical Assistance Project: Serving Clients and Customers with HIV.** 1996.
This fact sheet discusses the ramifications of the Americans with Disabilities Act (ADA) and its effects on service organizations and their clients and customers. Public accommodations are discussed. Examples of what is and isn't covered by the ADA are given. *Available from: San Francisco Human Rights Commission, 25 Van Ness Ave., 8th Fl., Suite 800, San Francisco CA 94102-4908. (415) 252-2515; (415) 252-2500.*

*May also be useful in developing policy.

Job Accommodation Network: Tax Incentives for Employers of People With Disabilities. 1995.
This report summarizes and outlines five federal tax incentives available for employers of persons with disabilities. The Disabled Access Credit can be utilized by small businesses (businesses whose gross receipts did not exceed $1,000,000 the previous taxable year). The Architectural and Transportation Barrier Removal Deduction can be used by businesses that have made a facility or public transportation vehicle more accessible to persons with disabilities. The Rehabilitation Act of 1973 authorizes State Vocational Rehabilitation agencies to assist persons with disabilities to enter the competitive work force. The Job Training Partnership Act reimburses an employer 50% of the first 6 months of wages for each employee who is eligible. The Targeted Jobs Tax Credit offers employers a credit against the tax liability if individuals from nine targeted groups, including persons with disabilities, are employed. *Available from: President's Committee on Employment of People with Disabilities, Job Accommodation Network, P.O. Box 6080, Morgantown, WV 26506-6080. (800) 232-9675; (800) 342-5526; (800) 526-7234.*

Managing Tuberculosis and HIV Infection in Today's General Workplace. 1992.
This brochure, in question-and-answer format, presents guidelines on handling tuberculosis and HIV infection in the workplace. It examines TB transmission, mass screening, reporting of active TB cases, employee education, connections between TB and HIV infection, and confidentiality of information under the ADA. *Available from: CDC Business and Labor Resource Service, CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003. (800) 458-5231; (800) 243-7012 (TTY). CDC NAC inventory number D327.*

Quick Reference to ERISA Compliance. 1997.
This book is a reference manual for employee benefit professionals responsible for complying with the Employment Retirement Income Security Act of 1974 (ERISA) requirements. It covers ERISA reporting and disclosure requirements, exemptions, annual reporting, and special notice requirements for pension and health plans. A compliance calendar is included. *Available from: Aspen Publishers, Incorporated, Panel Publishers Division, 36 W. 44th., Suite 1316, New York, NY 10036. (212) 790-2000. ISBN: 1-56706-306-3.*

The Response of Multinational Corporations to HIV/AIDS. 1994.
This report reviews a study of the responses of 27 multinational corporations to AIDS. Few corporations offer more than individual counseling and referral services. Management personnel need better training in corporate policy on HIV/AIDS with regard to pre-employment testing for HIV and support for workers. All 27 corporations need improvement on HIV prevention programs, training, coordinating with local governments, monitoring, and evaluating efforts. The author suggests more information exchange between corporations. *Available from: Francois Xavier Baynoud Center of Health and Human Rights, Global AIDS Policy Coalition, Harvard University, 651 Huntington Ave., 7th Fl., Boston, MA 02115. (617) 432-0656.*

Straight Talk About Gays in the Workplace: Creating An Inclusive, Productive Environment for Everyone in Your Organization. 1995.

This book examines issues concerning gay men and lesbians in the workplace. It outlines how to create a gay-friendly atmosphere within the workplace, noting that homophobia can decrease productivity. This book provides assistance in developing sexual-orientation education for employees, developing an HIV/AIDS educational program, and implementing a domestic partner benefits program. Personal anecdotes are used to illustrate. *Available from: American Management Association, 1601 Broadway Ave., New York, NY 10019-7420. (800) 262-9699; (212) 586-8100.*

Update: Provisional Public Health Service Recommendations for Chemoprophylaxis After Occupational Exposure to HIV. In: Morbidity and Mortality Weekly Report, June 7, 1996, Vol. 45, No. 22, p. 468-472.

This report presents findings and recommendations on the use of postexposure prophylaxis (PEP) following occupational exposure to HIV. Zidovudine (ZDV) PEP has been associated with a decrease of approximately 79 percent in the risk of HIV seroconversion after percutaneous exposure to HIV infected blood in a case-control study among health care workers. PEP also prevented or ameliorated retroviral infection in some studies in animals. In currently recommended doses, ZDV PEP usually is well tolerated by health-care workers. The recommendations for administration of ZDV PEP provided herein are deemed provisional because they are based on limited data regarding efficacy and toxicity. It is noted that these recommendations were not developed to address nonoccupational exposures. *Available from: CDC Business and Labor Resource Service, CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003. (800) 458-5231; (404) 639-2918; (800) 458-5231. CDC NAC Inventory no. D039; Price: 10¢.*

1994 AMA Survey on HIV and AIDS-Related Policies. 1994.

This report summarizes information gathered from a survey of United States corporations and businesses conducted by the American Management Association. Topics include percentage of businesses and corporations that have dealt with an HIV-positive employee, industries affected by the epidemic, and the percentage of companies that have HIV/AIDS-related policies. Bar and pie graphs are used to present the data. *Available from: American Management Association, 1601 Broadway Ave., New York, NY 10019-7420. (800) 262-9699; (212) 903-7933.*

Employee Education

Materials

As It Should Be Done: Workplace Precautions Against Bloodborne Pathogens. 1992.
Introduced by Secretary of Labor Lynn Martin, this videorecording examines the Occupational Safety and Health Administration (OSHA) standards on bloodborne pathogens. The two major bloodborne pathogens discussed are Hepatitis B, caused by HBV, and AIDS, caused by HIV. How these infections are caused, how exposure occurs, and how infection can be prevented through the use of universal precautions is detailed. The federal regulation that covers bloodborne pathogens is explained. The importance of reporting any occupational exposure is discussed. Examples of the practical implementation of universal precautions are given by police, emergency workers, firefighters, health care workers, housekeeping staff, laboratory technicians, and dentists. *Available from: Occupational Safety and Health Administration, Publications Office, 200 Constitution Ave., NW, N-3101, Washington, D.C. 20210. (202) 219-8151.*

Employee Orientation Manual: HIV, HBV & Infection Control. 1995.
This manual contains supplemental materials and an outline for a train-the-trainer workshop on HIV and Hepatitis B virus (HBV) infection control. Materials cover HIV-antibody testing, universal precautions and hazardous materials, and post-exposure procedures. *Available from: Inova Health System, Office of HIV Services , 2832 Juniper St., Fairfax, VA 22031. (800) 828-4927; (703) 204-3780.*

HIV/AIDS: A Guide for Employees. 1994.
This informative brochure provides general information about AIDS, and answers such frequently asked questions as, "What if a co-worker has HIV infection or AIDS?" or "Could I get HIV infection after only one encounter?" It also includes a special section with resources and contacts for more information. *Available From: National AIDS Fund, 1400 Eye Street, NW, Suite 1220, Washington, D.C. 20005. (202) 408-4848.*

HIV/AIDS in the Workplace: A Guide for Employees. 1995.
This brochure uses a question-and-answer format to discuss HIV/AIDS in the work environment. It defines HIV and AIDS, describes ways HIV is transmitted, and acknowledges that discriminating against people infected with HIV is prohibited in the workplace. The brochure makes recommendations about sharing equipment, facilities, and food. It states that contact with saliva, tears, and sweat is not a risk, but that in cases of heavy bleeding or blood spills, cleaning with a bleach solution is best. The brochure advises asking for more information to help distribute facts and end fear about HIV/AIDS. *Available from: Integrated Health Services, 2573 Sidney Lanier Drive, Brunswick, GA 31525. (912) 267-4273.*

HIV/AIDS in the Workplace: Participant Manual. 1995.
This is the manual used by participants for an HIV/AIDS training course in the workplace. The introduction outlines the objectives to be covered in the program, and lists the benefits of an HIV/AIDS education program. The first section provides AIDS 101-type information, including statistics, trends, and rates of transmission. The modes of HIV transmission are outlined, and a profile of the prevalence of HIV/AIDS in the Washington, D.C. metropolitan area is provided. Workplace information is covered in the second section. Federal legislation protecting employees with HIV/AIDS is outlined, and the issues of privacy, confidentiality, and reasonable accommodations are explained. A desktop reference guide comprises the third section, with information on discrimination, insurance, and leave administration. The final section contains a case study involving a beer distributorship in Connecticut and how a situation involving an employee with HIV/AIDS was managed. *Available from: World Institute of Leadership and Learning, 12404 Beall Mountain Lane, Potomac, MD 20854. (301) 983-6006.*

Job Accommodation Network: Regulations for Title 1 of the Americans With Disabilities Act of 1990 (P.L. 101 - 336). 1995.
This report prints verbatim the regulations for Title I of the Americans with Disabilities Act of 1990. Definitions of terms used in the ADA and how those terms are to be interpreted within the ADA are covered, as are exceptions to the terms of "disability" and "qualified individuals with a disability." Discrimination and what comprises discrimination are outlined. Medical examinations, reasonable accommodations, qualification standards, and drug testing are also discussed. *Available from: President's Committee on Employment of People with Disabilities, Job Accommodation Network, P.O. Box 6080, Morgantown, WV 26506-6080. (800) 232-9675; (800) 342-5526; (800) 526-7234.*

Keeping the Workplace Safe: A Guide For Employees Regarding HIV/AIDS. 1993.
This brochure discusses ways in which HIV is and is not transmitted, and how infection can be prevented. It looks at ways to clean up blood and body fluid spills, outlines work duties that require special precautions, and lists precautions that health care workers need to take. *Available from: Wisconsin Department of Health and Social Services, Division of Health, AIDS/HIV Program, P.O. Box 309, Madison, WI 53701-0309. (608) 267-5287.*

Living and Working With AIDS. 1995.
In this videorecording, three persons with AIDS, along with the sister of a man who has AIDS, relate their experiences in the workplace. Dr. Timothy Johnson, medical editor of ABC Television, serves as host and narrator. His discussion of the biological mechanism of HIV in the human body is interwoven with graphic animation and the four personal stories. Each individual emphasizes that HIV cannot be spread in the workplace or anywhere else by casual contact. Medical authorities reinforce that casual contact does not transmit HIV. Versions are available in the

following languages: Chinese, English, Korean, Tagalog, Samoan, and Vietnamese. *Available from: AIDS Action Committee of Massachusetts, AIDS Education at Work, 131 Clarendon St., Boston, MA 02116. (617) 437-6200.*

Living and Working With HIV Infection: Advice for Teachers and Other School-Related Personnel. 1995.
This brochure discusses employment for teachers and other school-related personnel who are living with HIV/AIDS. Reasonable accommodations, the Americans with Disabilities Act (ADA), confidentiality, and steps to take when taking a leave of absence or leaving the school system are covered. *Available from: United Federation of Teachers, 260 Park Ave. South, New York, NY 10010. (212) 598-9275. Stock No. 666 9/JD.*

Managing Disabilities in the Workplace, 1995.
This video presents a hypothetical situation involving a disabled employee, her manager, and the occupational health nurse. Michele informs her manager that she is struggling with a serious health condition, which is never revealed, and she will need time away from work. Vernon, her manager, is concerned about work group productivity, as well as Michele's health. Vernon and Michele both discuss the situation separately with the occupational health nurse, Nancy, who discusses disability legislation, including the Americans with Disabilities Act (ADA), medical confidentiality, and their company's policies and procedures. The end of the video portrays an HIV/AIDS education program for managers who have questions regarding reasonable accommodations and hiring policies. *Available from: American Red Cross National Headquarters, Health and Safety Services, Office of HIV/AIDS Education, 8111 Gatehouse Rd., Falls Church, VA 22042-1203. (703) 206-7431; (800) 375-2040.*

Podemos Contagiarnos en el Trabajo? Un Drama Sobre el SIDA y la Hepatitis B. (Can We Get Infected at Work? translated title). 1995.
This Spanish-language brochure uses characters in a workplace scenario to educate the reader about occupational risks associated with HIV/AIDS and hepatitis B. Using a question-and-answer format, a representative from the workplace's union talks with janitorial workers about cleanliness and their risks for HIV/AIDS. The representative explains that HIV/AIDS can be transmitted by blood. He suggests putting needles in noncollapsible containers and explains that blood can infect another person when it comes into contact with the eyes, mouth, or open wounds on the body. In cases of accidents on the job, the representative suggests washing well, informing the supervisor, documenting the accident, and calling the union's representative. He also notes that it is the company's responsibility to keep employees informed on how they can protect themselves. He reminds the reader that the same precautions taken to protect from HIV/AIDS also protect against the transmission of hepatitis B. The brochure also lists a number of discussion questions and telephone numbers for additional information about HIV prevention in the workplace. *Available from: Service Employees International Union, Occupational Safety and Health Department, 1313 L St., NW, Washington, D.C. 20005. (202) 898-3200.*

Questions and Answers About Disability and Service Retirement Plan Under the ADA. 1995.
This teaching guide presents questions and answers about disability and service retirement plans under the Americans with Disabilities Act (ADA). The guide provides information to Equal Employment Opportunity Commission field offices on some issues that have been raised in this area. The difference between a disability retirement plan and a service retirement plan is explained and potential violations are described for employers. *Available from: Equal Employment Opportunity Commission National Office, 1801 L. St., NW, Washington, D.C. 20507. (800) 669-4000; (800) 800-3302; (202) 663-4900.*

Your Job and HIV: Are There Risks? Su Trabajo y el VIH: Existen Riesgos? Revised, April 1996. 1996.
This brochure, available in both English and Spanish versions, answers basic questions about HIV transmission and risks associated with AIDS in the workplace. It explains the HIV-antibody test, and discusses the facts that employees and employers should know about HIV and AIDS. Risks for personal service workers and safety professionals are examined, including giving first aid or CPR on the job. Myths of casual contact transmission are dispelled. *Available from: CDC Business and Labor Resource Service, CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville MD 20849-6003. (800) 458-5231. CDC NAC Inventory no. D482 (English); CDC NAC Inventory no. D483 (Spanish). Free, single copies only.*

Family Education

Materials

AIDS Prevention Guide: For Parents and Other Adults Concerned About Youth. Centers for Disease Control and Prevention, 1989.
This guide, available in English and Spanish, defines HIV and AIDS, discusses ways in which one can and cannot become infected, and presents answers to common questions. A chapter offers suggestions for talking with young people about HIV prevention. Other chapters focus on deciding how to address different age groups and on targeting the information to the various needs and fears of younger children. The final sections discuss organizing a community response to AIDS and list resources for further information and assistance. *Available from: CDC Business and Labor Resource Service, CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003. (800) 458-5231; (800) 243-7012 (TTY). CDC NAC inventory number D458 (English); D115 (Spanish). Price: 10¢.*

Are Informal Caregivers Important in AIDS Care? University of California San Francisco, Center for AIDS Prevention Studies (UCSF CAPS), 1996.
This fact sheet considers the importance of the role played by informal caregivers of persons living with AIDS (PLWAs). Caregivers provide a wide range of support and services, such as shopping, basic assistance, medical assessment, and companionship. The fact sheet summarizes the physical and emotional burdens placed upon the caregiver. Two community-based projects, each developed to provide respite and assistance to informal caregivers, are briefly described. *Available from: CDC Business and Labor Resource Service, CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003. (800) 458-5231. CDC NAC Inventory no. D094 (English); CDC NAC Inventory no. D828 (Spanish); Free, single copies only.*

HIV Infection and AIDS: Are You at Risk? Infeccion por HIV y SIDA: Corre Usted Riesgo? Centers for Disease Control and Prevention. 1994.
This brochure gives a general overview of HIV/AIDS. It discusses methods of HIV transmission, listing sexual intercourse with an infected person and sharing IV-needles with an infected person as the most common modes of transmission. It outlines how infected women can pass the virus on to their unborn children, and discusses the risk of HIV transmission through blood transfusions. Myths of casual contact transmission are dispelled. The HIV-antibody test is explained. *Available from: CDC Business and Labor Resource Service, CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003. (800) 458-5231. CDC NAC Inventory no. D539 (English); Inventory no. D589 (Spanish). Price: 10¢.*

Because Somebody Loves Me. Child Welfare League of America, 1996.
This workbook offers a range of activities, puzzles, games, and exercises for young children who are coping with the death of a close friend or family member. The workbook has a removable perforated cover sheet with instructions for the adult facilitator. These instructions include a reminder that children must be included in the death and dying process of a close family member and that they should be given an appropriate opportunity to express fear, sadness, and grief. The workbook encourages children to express feelings through words and drawings, to acknowledge that there are life transitions over which they have no control, and to seek comfort and assistance from their network of family, teachers, clergy, and other caring adults. A reading list is included. *Available from: CDC Business and Labor Resource Service, CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003. (800) 458-5231. CDC NAC Inventory no. D381; Price: $5.50 per copy.*

Because You Love Them: A Parent's Planning Guide. Child Welfare League of America, 1994.
This study guide discusses planning options for parents with HIV/AIDS and other terminal illnesses. It uses brainstorming activities to help parents tell their children and family members about their illness and their feelings of denial, anxiety, and guilt. A list of children's most commonly asked questions and age-appropriate responses is provided. The manual also discusses when and how to develop plans for the care of their children. A number of financial assistance programs are discussed. Parents are also urged to consider preparing wills, arranging funerals, and designating power of attorney. Parents are encouraged to share their family histories with their children. Family tree guides and additional pages for notes are provided. *Available from: CDC Business and Labor Resource Service, CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003. (800) 458-5231. CDC NAC Inventory no. D251 (English); CDC NAC Inventory no. D831 (Spanish); Price: $5.50 per copy.*

Caring for Someone With AIDS at Home: Guide. Centers for Disease Control and Prevention and American Red Cross, National Headquarters, 1995.
This manual provides guidance for families who are caring for a person with AIDS at home. The benefits of at-home care are summarized, and guidelines for logistical, medical, and emotional preparation for the task are presented. The basic facts about HIV transmission and disease progression are provided. The manual presents strategies for making the patient feel comfortable at home, and includes information about physical exercise, breathing, physical comfort, emotional support, and the prevention of bedsores and pneumonia. Universal precautions that the caregiver should follow to guard against infection are reviewed, along with recommendations regarding proper nutrition, laundry, and immunization. The manual concludes with a discussion of pediatric AIDS, progression of symptoms, and final arrangements. *Available from: CDC Business and Labor Resource Service, CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003. (800) 458-5231. CDC NAC Inventory no. D817; Free, single copies only.*

Children, Parents, and HIV. 1992.
This brochure gives parents the facts they need to know to talk to school-age children about HIV/AIDS. A section on *Important Facts to Share with Teens and Preteens* assists parents in covering vital topics at a time when adolescents may experiment with sex and drugs. *Available from: American Red Cross, National Headquarters, Office of HIV/AIDS Education, 811 Gatehouse Rd., Falls Church, VA 22042. (800) 375-2040. Stock number 329540. A photocopy of this material is available from the CDC Business and Labor Resource Service, CDC National AIDS Clearinghouse, Document Delivery Service, P.O. Box 6003, Rockville, MD 20849-6003. (800) 458-5231. Price: $5.10.*

Children Who Lose Their Parents to HIV/AIDS. Child Welfare League of America, 1996.
These guidelines focus on two major types of permanency plans for children who lose their parents to HIV: kinship care and adoption. They specifically address the issues of placing the children with kin and with adoptive families who may or may not be relatives. The guidelines are intended to help child welfare agencies develop culturally competent, comprehensive kinship care and adoption services that respond to the needs of parents who are HIV infected, children who lose their parents to HIV/AIDS, and subsequent caregivers (adoptive and extended families) for the children. *Available from: Child Welfare League of America, 440 1st St., NW, Suite 310, Washington, D.C., 20001-2085. (202) 638-2952. ISBN: 0-87868-631-2; Price: $21.95 per copy in 1/96.*

Locating Basic Resources for People Living With HIV Infection and AIDS. 1997.
This report guides people living with HIV/AIDS, their families, and their friends in locating information resources on topics of importance to people living with HIV infection and AIDS. Topics include HIV/AIDS treatment, diet, nutrition, and clinical trials. Information is provided on educational materials, periodicals and journals, resource organizations, and Internet sites. *Available from: CDC Business and Labor Resource Service, CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003. (800) 458-5231. CDC NAC Inventory no. D817; Free, single copies only.*

Risky Stuff. 1994.
This comic book presents the story of five urban Hispanic teenagers who learn that one of their friends has AIDS. The usual misconceptions come up, but, by the end of the story, the reader knows the facts about the disease. *Available from: American Red Cross, National Headquarters, Office of HIV/AIDS Education, 811 Gatehouse Rd., Falls Church, VA 22042. (800) 375-2040. Stock number 329576. A photocopy of this material is available from the CDC Business and Labor Resource Service, CDC National AIDS Clearinghouse, Document Delivery Service, P.O. Box 6003, Rockville, MD 20849-6003. (800) 458-5231. Price: $6.90.*

Teenagers and HIV. 1992.
This brochure stresses that taking risks can be deadly. It explains, in detail, safer and unsafe sexual behavior. Issues discussed include kissing, condoms, sex, and drugs, in language that teenagers will understand. *Available from: American Red Cross, National Headquarters, Office of HIV/AIDS Education, 811 Gatehouse Rd., Falls Church, VA 22042. (800) 375-2040. Stock number 329536. A photocopy of this material is available from the CDC Business and Labor Resource Service, CDC National AIDS Clearinghouse, Document Delivery Service, P.O. Box 6003, Rockville, MD 20849-6003. (800) 458-5231. Price: $5.05.*

Community Involvement

Materials

AFSCME AIDS Quilt. 1994.
This brochure explains the NAMES Quilt and the role of the American Federation of State, County and Municipal Employees (AFSCME) in creating new panels and using the quilt to educate employees. The history and purpose of the quilt are also discussed. *Available from: American Federation of State, County and Municipal Employees, 1625 L St., NW, Washington, D.C. 20036-5687. (202) 429-1000.*

AIDS Is Your Business: A Guide to Corporate HIV/AIDS Grantmaking. 1996.
This book is a guide for businesses on grantmaking and the role to take in combating the HIV epidemic. Beginning with a current overview of HIV's effect on the world and the projected future of the epidemic, the author emphasizes the need for private sector support, both financial and otherwise. *Available from: Funders Concerned About AIDS, 1994. Madison Ave., Suite 1630, New York, N.Y. 10017 (212) 573-5533.*

A Time for Healing: An HIV/AIDS Resource for Faith Communities. 1996.
This resource guide contains information that faith communities can use to address the issues surrounding HIV/AIDS. The guide is divided into several sections. Section I offers basic information on HIV/AIDS, including information on transmission, prevention, and how HIV affects the body. Section II discusses counseling and pastoral care for those infected and affected by HIV/AIDS. Section III offers personal stories from people who are either HIV positive or who have known someone who is. Section IV examines some of the psychosocial issues associated with HIV. Section V provides a four-part session to help faith communities look at the issues and to set up an HIV/AIDS policy for their community. The remainder of the guide contains a list of resources, such as printed materials, videos, and AIDS groups across Canada, as well as a section titled Preparing for a Death at Home. *Available from: Interfaith Association on AIDS, 302-11745 Jasper Ave., Edmonton, T5K ON5, Canada. (403) 448-1768.*

What Can I Do Besides Wear A Ribbon? 1994.
This fact sheet lists activities people can undertake to show support in the fight against AIDS. Some suggested activities include learning the facts, sharing information with family and friends, practicing safer sex, supporting individuals with HIV, organizing a fundraiser or food drive, and lobbying elected officials. *Available from: AIDS Taskforce of Greater Cleveland, 2250 Euclid Ave., Cleveland, OH 44115. (216) 621-0766.*

What You Can Do About AIDS. 1994.
This brochure presents a summary of the facts about AIDS and HIV disease. It provides a sample letter which individuals can use to write or call elected officials and policymakers. Readers are encouraged to support legislation that prohibits discrimination against people who have HIV or AIDS, as well as legislation that funds services for people with the disease and HIV/AIDS education. *Available from: AIDS Taskforce of Greater Cleveland, 2250 Euclid Ave., Cleveland, OH 44115. (216) 621-*0766. Price: $0.25 per copy.

Organizations

The following pages provide information on organizations that offer assistance concerning HIV/AIDS as a workplace issue. These organizations provide resources and referral information for organizations looking to implement education programs or develop workplace policies. The listings are alphabetized and include addresses, phone numbers, and a brief description of the organization's activities and services. It is divided into two subsections, with national organizations listed in the first section. The second section lists regional and local organizations that have significant and/or model programs.

National Organizations

AIDS Action Council (AAC)
1875 Connecticut Ave., NW, Suite 700
Washington, D.C. 20009
(202) 986-1300
(202) 986-1345 (fax)

The AIDS Action Council (AAC) was established in 1984 by AIDS service providers nationwide to address AIDS public policy issues. AAC represents community-based organizations serving persons affected by HIV/AIDS and is a nationally recognized organization whose role is to work with the federal government to develop a comprehensive response on AIDS research and policy issues. The organization encourages biomedical research on AIDS; expedites treatment therapies; implements medical, legal, and social policies; ensures access to care for the ill; develops reimbursement programs to share the cost caused by HIV infection; and informs community service agencies of the federal government response to AIDS. The AIDS Action Council networks and provides financial assistance to organizations working with AIDS policy issues.

AIDS Information Network (AIN)

1211 Chestnut St., 7th Fl.
Philadelphia, PA 19107
(215) 575-1110
(215) 575-1122 (fax)

The AIDS Information Network (AIN), formerly the AIDS Library of Philadelphia, provides comprehensive information on all aspects of HIV/AIDS to the public. It has an extensive reference collection of books, audiotapes, and videotapes on AIDS-related topics. The network also provides updates on AIDS-related lawsuits and a

daily updated clipping file from national newspapers and magazines. The network serves health care professionals, AIDS service organization staff members, parents, teachers, counselors, and individuals affected by the disease. The library provides referrals, a newsletter, research assistance, displays, speakers, bibliographies, and resource listings.

AIDS National Interfaith Network (ANIN)

1400 Eye St., Suite 1220
Washington, D.C. 20005
(202) 842-0010
(202) 842-3323 (fax)

The AIDS National Interfaith Network (ANIN) is a coalition of religious organizations founded in 1988 by people representing Jewish, Christian, Unitarian, and other faith groups, as well as persons with HIV/AIDS, their loved ones, and care providers. It develops and assists AIDS ministries in developing local, regional, and national networks, disseminates culturally sensitive information, and offers technical assistance. As one of the national partners funded by the Centers for Disease Control and Prevention (CDC), ANIN coordinates the National AIDS Ministry Capacity Building for Prevention Project. Through this project, ANIN will expand its capacity within national religious AIDS networks and will encourage individual AIDS ministries to participate in HIV prevention efforts.

American Federation of Labor-Congress of Industrial Organizations (AFL-CIO), George Meany Center for Labor Studies

10000 New Hampshire Ave.
Silver Spring, MD 20903
(301) 431-5453
(301) 434-0371 (fax)

The American Federation of Labor and Congress of Industrial Organizations (AFL-CIO) is the national labor federation comprised of affiliated international and national unions. The AFL-CIO, in conjunction with its adult education center, The George Meany Center for Labor Studies, has developed educational materials on HIV/AIDS that are distributed to union members. The AFL-CIO education program includes technical assistance to union affiliates and Train-the-Trainer workshops for union leaders.

American Federation of State, County and Municipal Employees (AFSCME)

1625 L St., NW
Washington, D.C. 20036-5687
(202) 429-1000
(202) 429-1293 (fax)

The American Federation of State, County and Municipal Employees (AFSCME) is a union representing public sector employees. The AIDS program consists of educating members about HIV/AIDS through workshops and printed materials, and conducting Train-the-Trainer workshops for union leaders. AFSCME's program also provides technical assistance to councils and locals. The workshops are tailored to specific audiences; health care workers, correctional officers, clerical staff, and sewer and wastewater workers are among those who have been involved. It also produces printed materials on HIV/AIDS.

American Management Association (AMA)

1601 Broadway Ave.
New York, NY 10019-7420
(212) 586-8100
(212) 903-8169 (fax)

The American Management Association (AMA) provides educational forums worldwide where members and their colleagues learn superior, practical business skills and explore best practices of world-class organizations through interaction with each other and expert faculty practitioners. AMA's publishing programs provide tools that individuals use to extend learning beyond the classroom in a process of life-long professional growth and development through education. AMA distributes educational materials on a variety of HIV-related issues.

American Red Cross, National Headquarters, Health and Safety Services, HIV/AIDS Education

8111 Gatehouse Road, 6th Fl.
Falls Church, VA 22042-1203
(800) 375-2040
(703) 206-7754 (fax)
http://www.redcross.org

The American Red Cross, National Headquarters, produces an HIV/AIDS curriculum for Red Cross-trained workplace HIV/AIDS instructors/trainers who present information and conduct training on a local basis. Certain issues are always referred outside of the National Headquarters, as follows: Policy development is referred to the National AIDS Fund; general resources and bulk materials, to the Business and Labor Resource Service (BLRS); Red Cross-produced materials and local presentations, to local American Red Cross chapters; and instructor/trainer training, to local American Red Cross chapters.

American Run for the End of AIDS (AREA)

2350 Broadway
New York, NY 10024
(212) 580-7668
(212) 580-7668 (fax)

American Run for the End of AIDS (AREA) is an AIDS awareness/prevention/education organization that organizes events to promote awareness about HIV/AIDS and to promote prevention education. Some of the events AREA has sponsored include the Rainbow Run, a 9,000-mile run from San Francisco to British Columbia; and the Rainbow Roll, a 4,500-mile in-line skate venture from San Francisco to New York. AREA also holds annual candlelight marches in New York. The money AREA raises is given to non-profit community-based organizations that work in the area of HIV/AIDS education.

Community Lesbian and Gay Resource Institute, Wall Street Project

28 E. 4th St., No. 7
New York, NY 10003
(212) 406-5272
http://www.interport.net/~clgri

The Wall Street Project provides free information and referrals for persons who have been fired because of HIV/AIDS. It collects stories and information about employers with positive attitudes as well as those with a record of discrimination. The Project recommends positions to job seekers. Its Census of Sexual Orientation Policies of the Fortune 1,000 evaluates many companies' benefit and EEO policies.

Funders Concerned About AIDS (FCAA)

310 Madison Ave., Suite 1630
New York, NY 10017
(212) 573-5533
(212) 949-1672 (fax)

Funders Concerned About AIDS (FCAA) is an association of 1,200 individual grantmakers from foundations and corporations throughout the U.S. who are mobilizing philanthropic leadership and strategic resources to eradicate the HIV/AIDS pandemic. FCAA also addresses economic and social issues. It convenes bi-monthly educational briefings and publishes action guides for grantmakers on developing topics in HIV/AIDS. FCAA's committees conduct work in domestic public policy and leadership, and corporate outreach. FCAA also maintains a strong presence in these areas in the international grantmaking community and is affiliated with organizations in approximately 12 nations.

Gay Men's Health Crisis (GMHC)

129 W. 20th St.
New York, NY 10011-3629
(212) 367-1206
(212) 337-3656 (fax)
http://www.gmhc.org

Gay Men's Health Crisis (GMHC), Professional Education Programs provide training and consultation services to the business and nonprofit communities. This workplace program addresses basic medical and prevention information for all employees; company policy development; legal obligations of employers; supervisory concerns when an employee is diagnosed; confidentiality in the workplace; financial impact and resources for a company; and psychosocial issues involving employees who have HIV/AIDS, who are caregivers, or who are colleagues of an HIV-positive individual. Consultations and trainings use a small-group interactive model which can be flexibly tailored to the needs of a specific organization and encourages ongoing relationships with organizations to meet changing needs.

Hispanic Designers, Incorporated (HDI), National Hispanic Education and Communications Projects

1000 Thomas Jefferson St., NW, Suite 310
Washington, D.C. 20007
(202) 337-9633
(202) 337-9635 (fax)

Hispanic Designers, Incorporated (HDI), is a nonprofit communications and social marketing organization specializing in both Spanish and English language education and information programs targeting the Hispanic community. HDI provides AIDS education public service announcements (PSAs) in both Spanish and English, and broadcasts culturally appropriate messages on two major Spanish networks, Univision and Telemundo. HDI created the Education Leadership Council for Latinas: Partners for Health, a national network of Hispanic women leaders involved in public health that aims to facilitate AIDS education in communities across the nation.

Hollywood Supports

6922 Hollywood Blvd., Suite 1015
Los Angeles, CA 90028
(213) 655-7705
(213) 962-6203 (fax)
http://hsupports.org

Hollywood Supports is an entertainment industry project established by leading industry figures to counter workplace fears and discrimination. It also urges the adoption of written policies of nondiscrimination on the basis of sexual orientation.

Hollywood Supports has completed a survey of major employers' health insurance and disability benefits, for the purpose of advising major employers on how benefits could be improved; established a bimonthly meeting of executive directors of AIDS and gay and lesbian organizations in Los Angeles to facilitate networking; and provided technical information and assistance in connection with various film projects.

NAMES Project Foundation, AIDS Memorial Quilt

310 Townsend St., Suite 310
San Francisco, CA 94107
(415) 882-5500
(415) 882-6200 (fax)
http://www.aidsquilt.org

The NAMES Project Foundation will help businesses coordinate a display of a section of the AIDS Memorial Quilt in the workplace. The presence of the Quilt often enables businesses to strengthen an ongoing dialogue about AIDS and thus encourage employees to take a look at their own behavior and at their attitudes toward colleagues who may be infected. By hosting the AIDS Memorial Quilt, a company demonstrates to its employees that they are involved in the struggle against AIDS, concerned about long-range effects, and committed to taking action.

National AIDS Fund

1400 Eye St., NW, Suite 1220
Washington, D.C. 20005-2208
(202) 408-4848
(202) 408-1818 (fax)

The National AIDS Fund (NAF) is a non-profit organization comprising many of the nation's leading businesses, labor unions, and voluntary organizations, who are committed to serving as leaders in responding to the impact of AIDS in the workplace. The National AIDS Fund's Workplace Resource Center (WRC) develops resources and provides guidance on fighting the spread of HIV through effective workplace education policies and practices. Outreach and technical assistance are tailored to specific industries, geographic regions, companies, and trade associations. The Workplace Resource Center has developed educational brochures for employees, supervisors, and managers; as well as guidelines on HIV education and prevention programs, writing and implementing effective personnel policies, and accommodating employees with HIV. The WRC provides comprehensive consulting services to companies responding to the impact of AIDS in the workplace.

National Alliance of State and Territorial AIDS Directors (NASTAD)

444 N. Capitol St., NW, Suite 339
Washington, D.C. 20001-1512
(202) 434-8090
(202) 434-8092 (fax)

The National Alliance of State and Territorial AIDS Directors (NASTAD) was formed in 1992 to promote more effective national, state, and local responses to the AIDS epidemic, to prevent the occurrence of HIV infection, and to ensure access to comprehensive care for people living with HIV and AIDS. NASTAD represents HIV/AIDS program managers in each U.S. state and territory. NASTAD members are responsible for administering AIDS health care, prevention, education, and support service programs, including those funded under Title II of the Ryan White CARE Act. In partnership with CDC and other national and regional organizations, NASTAD began the Technical Assistance (TA) Project to implement a community planning process for identifying unmet needs and establishing priorities for HIV prevention programs. NASTAD conducts assessments of grantees to determine the need for technical assistance, conducts training workshops for AIDS directors on HIV prevention community planning, maintains an information exchange for grantees, and also maintains a list of peer consultants who deliver onsite technical assistance to grantees.

National Association of Broadcasters (NAB)

1771 N St., NW
Washington, D.C. 20036
(202) 429-5300
(202) 775-2981 (fax)
http://www.nab.org

The National Association of Broadcasters (NAB) is the broadcasting industry's largest, most inclusive trade association, and counts among its members all the major television and radio networks and more than 6,000 individual radio and 1,000 television stations. In an effort to increase public awareness and knowledge about AIDS, the NAB encourages public support for constructive action and the reduction of HIV transmission by influencing both attitudes and behavior. The NAB is involved in a cooperative consortium of national organizations which, as part of a coordinated effort to reach the general public and high-risk groups, entered into an agreement with the Centers for Disease Control and Prevention (CDC) to collect and provide information on attitudinal behaviors as part of an AIDS awareness education campaign. The NAB has devoted several editions of TeleJournal, the association's monthly satellite feed to member television stations, to the topic. A special newsletter devoted solely to AIDS provides basic information for station use within the community. A comprehensive listing of available AIDS audio and video program materials and public service announcements (PSAs) has been compiled and distributed. An AIDS Project song, Take the Time, was created for use

by radio stations as a unique way of addressing the younger audience. NAB conducts a series of special AIDS briefings for broadcasters in high incidence markets.

National Association of People With AIDS (NAPWA)

1413 K St., NW, 7th Fl.
Washington, D.C. 20005-3476
(202) 898-0414
(202) 898-0414 (TTY)
(202) 898-0435 (Fax)
http://www.thecure.org

The National Association of People with AIDS (NAPWA) provides schools, corporations, community groups, and professional organizations with speakers who live with HIV disease on a daily basis and can translate numbers and statistics into human experience. NAPWA maintains a national network of speakers with geographic and demographic diversity.

National Council of La Raza (NCLR), Center for Health Promotion, AIDS Center

810 First St., NE, Suite 300
Washington, D.C. 20002
(202) 289-1380
(2020 289-8173 (fax)

The National Council of La Raza (NCLR), Center for Health Promotion, AIDS Center, established in 1989 and funded by the Centers for Disease Control and Prevention (CDC), is designed to provide national technical assistance and training on issues related to HIV and other sexually transmitted diseases (STDs) and to increase the capacity of Hispanic and non-Hispanic organizations committed to reducing the spread of HIV/STDs in the Hispanic community. The AIDS Center provides culturally appropriate, Hispanic-specific assistance in program development, management, evaluation, resource development, coalition building, and organizational development. It develops and disseminates extensive materials to help organizations develop, operate, and evaluate effective AIDS-related interventions. Through the AIDS Center Network, the information dissemination system provides access to a computerized database of network members, the AIDS/health mailing list and a quarterly newsletter, NCLR AIDS/SIDA Network News, which focuses on Hispanic community-based HIV/STD education techniques, current research, and culturally appropriate resources and models. The AIDS Center also provides a liaison to mainstream national, regional, state, and local agencies, both public and private, to increase the awareness and capacity of non-Hispanic organizations to effectively serve this population.

National Council of Negro Women (NCNW)

633 Pennsylvania Ave., NW
Washington, D.C. 20004
(202) 737-0120
(202) 737-0476 (fax)
http://www.usbol.com/ncnw

The mission of the National Council of Negro Women (NCNW), a coalition of more than 30 African American women's organizations, is to harness the power of African American and other minority women to ensure access to, and full participation in, the socioeconomic political systems which impact the quality of life for all persons. To carry out this mission, NCNW works through and with affiliated organizations, individuals, and a diversity of agencies and organizations in both the public and private sectors. The NCNW's HIV/STD Training and Technical Assistance Project (TTAP) provides technical assistance and training to minority community-based organizations and collaborates with public health agencies in the effective delivery of HIV/STD prevention services targeting African American women and their families.

National Education Association, Health Information Network (NEA HIN)

1201 16th St., NW, Suite 521
Washington, D.C. 20036-3290
(202) 822-7570
(202) 822-7775 (fax)

The National Education Association Health Information Network (NEA HIN) provides school employees with information on a variety of health issues of concern to students and school personnel. It helps NEA's 2.2 million members plan and implement effective health education programs in schools across the country.

National Latino/a Lesbian and Gay Organization, Incorporated (LLEGO)

1612 K St., NW, Suite 500
Washington, D.C. 20006
(202) 466-8240
(202) 466-8530 (fax)

The National Latino/a Lesbian and Gay Organization (LLEGO), Incorporated, founded in 1987, is a nonprofit nationwide network of lesbian and gay Latinos/as throughout the United States and Puerto Rico. LLEGO maintains a database and directory of resources for gay Latinos and lesbian Latinas, and holds regional conferences yearly. LLEGO also operates the Technical Assistance and Training for AIDS (TATA) project for Latino/a lesbian and gay community-based organizations, mainstream Latino/a organizations, and non-Latino/a AIDS service organizations. LLEGO provides seed funding for Latino lesbian and gay organizations, and works to promote civil rights issues.

National Minority AIDS Council (NMAC)

1931 13th St., NW
Washington, D.C. 20009-4432
(202) 483-6622
(202) 483-1135 (fax)
(202 483-1127 (fax)

The National Minority AIDS Council (NMAC) was formed in 1987 to develop leadership within communities of color, including African Americans, Hispanics, Asians, and Native Americans to address issues of HIV infection. NMAC's goals are to act as a national advocate for each of these groups and to unite their individual AIDS programs into a national agenda on a grassroots level. NMAC also conducts policy analysis and makes recommendations to government leaders in the effort to elicit a comprehensive minority response to the challenges of HIV infection. NMAC provides direct technical assistance to community-based organizations (CBOs) in the fields of management, fundraising, and strategic planning.

National Native American AIDS Prevention Center (NNAAPC)

134 Linden St.
Oakland, CA 94607
(510) 444-2051
(510) 444-1593 (fax)
http://www.nnaapc.org

The National Native American AIDS Prevention Center (NNAAPC) is an organization directed and managed by and for Native Americans, Alaska Natives, and Hawaii Natives. It provides training and technical assistance to local Native communities so that they may begin HIV prevention activities. The Center also operates a clearinghouse for Native American-specific AIDS and sexually transmitted diseases (STDs) information, and publishes a quarterly newsletter. The National Indians AIDS Media Consortium, a NNAAPC project, is working to incorporate Native American journalists and other media professionals in a national AIDS information/education campaign. This media project is being undertaken in cooperation with the Native American Press Association.

National School Boards Association (NSBA), HIV/AIDS Education Project

1680 Duke St.
Alexandria, VA 22314-3493
(703) 838-6754
(703) 683-7590 (fax)
http://www.nsba.org

The National School Boards Association (NSBA) conducts workshops for administrators and school board members on the need for effective HIV prevention educa-

tion for youth and school personnel. Workplace materials available include sample policies, information on workplace needs, requirements, and resources to assist local school officials and other school personnel.

President's Committee on Employment of People with Disabilities, Job Accommodation Network

918 Chestnut Ridge Rd., Suite 1
West Virginia University
Morgantown, WV 26506-6080
(800) 526-7234 (TTY and voice)
(800) 526-7234 (Spanish)
(800) 342-5526 Computer Bulletin Board
(304) 293-5407 (fax)
http://janweb.icdi.wvu.edu

The President's Committee on Employment of People with Disabilities Job Accommodation Network is a phone information service. Several 800 lines are staffed by consultants who assist callers with issues related to the Americans with Disabilities Act (ADA) and employee accommodations. Phone consultants suggest accommodations which employers can implement for employees with disabilities. All telephone numbers are voice and TTY.

Service Employees International Union (SEIU), Occupational Safety and Health Department

1313 L St., NW
Washington, D.C. 20005
(202) 898-3200
(202) 898-3491 (fax)

The Service Employees International Union (SEIU) is a labor union representing service workers in the United States and Canada. The membership includes health care workers, clerical workers, and government workers. The SEIU, under grants from the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention (CDC), has expanded its workplace programs. The SEIU AIDS Education Project provides the following services for union members: technical assistance to stewards negotiating a workplace education program or workplace policy; model contract language concerning AIDS in the workplace; and training, including train-the-trainer, at the local level.

United Auto Workers General Motors Human Resource Health and Safety Training Center, AIDS Information Network

1030 Doris Rd.
Auburn Hills, MI 48326-2713
(810) 340-7800

The United Auto Workers General Motors Human Resource Health and Safety Training Center provides a corporate-wide AIDS education program with four principal target audiences: employees, family members, managers, and local union officials. Each GM plant also coordinates educational activities within its local community. A brochure about AIDS is available to every GM employee upon request. A lending library is available to employees to borrow videorecordings about AIDS and use them for family education. Specific guidelines on HIV testing, protecting employee confidentiality, and assisting employees with AIDS have been provided to representatives of each facility's Employee Assistance Program (EAP). Certain services are available to the deaf and in Spanish.

United Way of America

701 N. Fairfax St.
Alexandria, VA 22314-2034
(703) 836-7100
(703) 683-7840 (fax)
http://www.unitedway.org

The United Way of America is the national trade association for local United Ways. It is an independent community organization that raises money and provides funding to help meet local human and health care needs, including those related to AIDS. It also produces a brochure on HIV with recommendations for employers and employees, a report on HIV prevention, and suggestions for program implementation, including funding sources, organized labor, and volunteers.

U.S. Office of Personnel Management, Office of Employee Relations and Workforce Performance, Division of Family Programs and Employee Relations, Employee Health Services Policy Center

1900 E St., NW, Rm. 7425
Washington, D.C. 20415
(202) 606-1269
(202) 606-0967 (fax)

The U.S. Office of Personnel Management provides guidance to federal agency personnel, including personnel managers, employee/labor relations specialists, Employee Assistance Program staff, manager/supervisors, and employees, on HIV/AIDS-related workplace issues.

U.S. Small Business Administration (SBA), Office of the Chief Counsel for Advocacy

409 3rd St., SW, Suite 7800
Washington, D.C. 20416
(202) 205-6533
(800) 827-5722
(202) 205-6928 (fax)

The U.S. Small Business Administration (SBA) provides information, referral services, and some technical assistance to small businesses developing HIV/AIDS workplace programs.

Women Organized to Respond to Life-Threatening Diseases (WORLD)

3948 Webster St.
Oakland, CA 94609
(510) 658-6930
(510) 601-9746
http://www.womenhiv.com

Women Organized to Respond to Life-Threatening Diseases (WORLD) works to provide support and information to women with HIV/AIDS and their friends, families, and loved ones; educate and inspire women with HIV/AIDS to advocate for themselves, one another, and their communities; and promote public awareness of women's HIV/AIDS issues. WORLD offers support groups and retreats, sponsors conferences, offers a speakers bureau, provides information and referrals, and publishes two newsletters.

Regional/Local Organizations

AID Atlanta

1438 W. Peachtree St., NW, Suite 100
Atlanta, GA 30309-2955
(404) 872-0600
(404) 885-6799 (fax)
http://www.aidatlanta.org

AID Atlanta offers services related to AIDS in the workplace, tailored to the needs of the client organizations.

AIDS Action Committee of Massachusetts (AAC), AIDS Education at Work Program

131 Clarendon St.
Boston, MA 02116
(617) 437-6200
(617) 437-6445 (fax)
http://www.aac.org

The AIDS Action Committee of Massachusetts, AIDS Education at Work Program, is a community-based organization providing employee education, educational materials, train-the-trainer sessions, workshops, workplace programs, and seminars. It helps companies develop HIV/AIDS policies.

AIDS Project Los Angeles (APLA), AIDS in the Workplace Program

1313 North Vine St.
Los Angeles, CA 90028
(213) 993-1600
(213) 993-1598 (fax)
http://apla.org

AIDS Project Los Angeles' AIDS in the Workplace Program works closely with companies to tailor an HIV/AIDS education program to their specific requirements. Educational services include a speakers' bureau as well as interactive and video-based programs.

Health Education Resource Organization (HERO)

101 W. Read St., Suite 825
Baltimore, MD 21201-4918
(410) 685-1180
(410) 752-3353 (fax)

Health Education Resource Organization (HERO) advocates for and provides direction to persons living with HIV/AIDS (PLWAs), as well as educating the community. HERO provides legal services, case management, mental health services, and volunteer companions for PLWAs.

Mobilization Against AIDS (MAA)

584B Castro St.
San Francisco, CA 94114
(415) 863-4676
(415) 863-4740 (fax)
http://www.hooked.net/users/candle

Mobilization Against AIDS (MAA) is California's oldest nonprofit HIV/AIDS advocacy organization. MAA lobbies all levels of government for improved policies and funding for HIV/AIDS treatment, research, and education. MAA also coordinates

the International AIDS Candlelight Memorial and Mobilization. Through the San Francisco AIDS Dance-A-Thon, MAA makes grants to community-based HIV/AIDS organizations.

Whitman-Walker Clinic, Training Institute

1407 S St., NW.
Washington, D.C. 20009
(202) 797-3500

The Whitman-Walker Clinic Training Institute conducts AIDS information training for large corporations, small businesses, government agencies, and military units throughout the Washington, D.C. metropolitan area. The program holds a variety of training programs for staff, including specialized training for managers.

Free Publications

Posters

- Be Concerned About Getting HIV. But Don't Worry About Getting It Here (P303)
- This Isn't How You Get HIV. It's How You Treat Someone Who Has It (P302)

Other Materials

- Business and Labor Resource Service Rolodex Card (B260)
- Business and Labor Resource Service Order Form (B254)
- Business Responds to AIDS/CDC National Teleconference Highlights (V310)
- HIV Infection and AIDS: Are You At Risk? (English D539, Spanish D589)
- Managing Tuberculosis and HIV Infection in Today's General Workplace (Limited to one copy. D327)
- Sample Policies (Single copies only. D296).
- Your Job and HIV: Are There Risks? Su Trabajo y el VIH: Existen Riesgos? (English D482, Spanish D483).

Business and Labor Resource Service Bibliography Series

- D776 The Americans with Disabilities Act
- D780 HIV/AIDS Workplace Policy Development
- D777 HIV/AIDS and Employees
- D786 HIV/AIDS and Labor Unions
- D778 HIV/AIDS and Managers/Supervisors
- D407 HIV/AIDS Workplace Educational Materials in Spanish
- D779 HIV/AIDS and Occupational Safety
- D408 HIV/AIDS and Correctional/Law Enforcement Personnel

The CDC National AIDS Clearinghouse requires prepayment of orders to cover the cost of postage and handling. All orders require a $5 minimum order (excluding orders for free items only). A 25% discount applies to orders for 100 copies or more.

Kits

The pricing for Manager's and Labor Leader's Kits is as follows: 1-5 kits are $25 each; 6-150 kits are $20 each; more than 150 kits are $15 each.

	Price		Quantity		Cost
• CDC Business Responds to AIDS Manager's Kit (D042)	_____	x	_____	=	_____
• CDC Labor Responds to AIDS Labor Leader's Kit (D262)	_____	x	_____	=	_____

PUBLICATIONS

	Price	Quantity	Cost
• AIDS Prevention Guide: For Parents and Other Adults Concerned About Youth (One copy free; 10¢ per copy for multiple copies.)			
English (D458)	_____	x _____	= _____
Spanish (D115)	_____	x _____	= _____
•HIV/AIDS In the Workplace (Limited to one copy. AD0014246)	$5.50	x 1	= _____
• Developing a Labor - Management Task Force on AIDS in the Workplace (Limited to one copy. AD0010916)	$6.15	x 1	= _____
• HIV/AIDS: A Challenge for the Workplace (Limited to one copy. D359)	$7.50	x 1	= _____
• A Guide to Social Security and SSI Disability Benefits for People with HIV Infection (10¢ per copy)	$0.10	x 1	= _____
English (D443)			
Spanish (D446)			
• CDC HIV/AIDS Policy (AD0015376)	$5.30	x 1	= _____
		Total Quantity	Subtotal Cost

*Discount Box

Use this formula to calculate your 25% discount on orders of 100 or more free items.

.25 x _____ = _____
(subtotal cost) (discount)

_____ - _____ = _____
(subtotal cost) (discount) (total cost)

ADDRESS

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Title

Organization

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City/State/Zip

Daytime telephone number

[ ] Check or money order made out to the CDC National AIDS Clearinghouse is enclosed.

[ ] Purchase order is enclosed. Charge: • MasterCard • Visa • American Express

Exp. _____ Account No. _____

Signature

[ ] Charge my deposit account # _____ for the amount of this order.

Note: Orders originating outside the United States will incur additional shipping and handling charges.

Please fill out this order form and send with payment to:

CDC Business and Labor Resource Service
P.O. Box 6003
Rockville, MD 20849-6003

Or, call BLRS at 1-800-458-5231 (voice), 1-800-243-7012 (TTY), or 1-301-519-0459 (International) if you have questions, to place a credit card order, or to establish a deposit account. Credit card orders, purchase orders, or orders placed through a deposit account may also be faxed to the Clearinghouse at 1-301-519-5343. BLRS can also be contacted through E-mail at blrs@cdcnac.org or by visiting the BLRS web site at www.brta-lrta.org