

***Managing the Effects
of AIDS:
A Plan for Georgia Tech***

***The Georgia Institute of Technology
July 20, 1990***

Preface

The foundation for the work of the AIDS Task Force was established early in 1989 when Dr. Norman Johnson, special assistant to the president, called together approximately 30 administrators from throughout campus to hear two presentations related to AIDS. The first was a presentation by Mr. Charles McCullough of the Georgia Tech Research Institute titled The National AIDS Awareness Test. This program focused on the epidemiology of AIDS, dispelling the myths surrounding infection, and avoiding high risk behavior. The second presentation came several weeks later and was directed by Dr. David Herold, professor of Management at Tech. Dr. Herold's program focused on nine major points which organizations should address related to the management of the disease.

Recognizing the serious nature of AIDS and the significant implications for the Institute, the Human Resources Advisory Committee recommended to President John P. Crecine that an AIDS Task Force be formed to bring consistency and order to the management of issues surrounding HIV infection at Tech. Many individuals were involved in submitting names to the Task Force, with Dr. Tom Stelson, executive vice president appointing the final group.

The following individuals comprised the AIDS Task Force.

Phil Adler, College of Management	Jo Ellen Hooker, Student Center/Auxillary Services
Bill Barnes, Student Affairs	Nancy Kettles, Financial Aid
John Bonell, Campus Ministry	Charles McCullough, GTRI
Don Bratcher, Chair, Human Relations	Richard Mole, Housing
John Carter, Alumni Affairs	Carole Moore, Student Affairs
Annette Cummings, Personnel	Jim Morgan, M.D., Health Services
Paul Edmonds, Applied Biology	Pat O'Hare, GTRI
David Green, Civil Engineering	Billiee Pendleton-Parker, Center for the Enhancement of Teaching and Learning
Pat Grindel, Publications	Annette Satterfield, Registrar's Office
John Grovenstein, Plant Operations	Jean Wineman, College of Architecture
Susan Hawkins, TelePhoto	Ajit Yoganathan, Chemical Engineering

Some members of the AIDS Task Force, along with others more directly associated with student and employee issues, continue to serve as members of the AIDS Advisory Council. The Council (1) evaluates the effectiveness of the educational program, (2) reviews the evaluations of campus facilitators, (3) updates the AIDS policy based on revised medical and legal information available, and (4) continually reviews issues related to AIDS at Georgia Tech.

This product was created by the Task Force after studying many programs and efforts of other universities and corporations and considering the unique environment of Georgia Tech. The plan will be continually evaluated and updated to provide the most accurate and up-to-date and relevant information to everyone affected by AIDS on our campus.

Statement of Philosophy About Aids at Georgia Tech

As any organization becomes larger and more diverse, it reflects the strengths, weaknesses, and problems of society as a whole. AIDS and other social and health issues--such as alcoholism, substance abuse, catastrophic illnesses, and contagious diseases--become business issues that cannot be ignored. The way members of the Tech community understand and deal with these issues affects the Institute's ability to attract and retain a high-quality workforce and student body.

AIDS exists at Georgia Tech and inevitably sparks a wide range of human emotion. We must address the fear, anger, resentment, guilt, and denial, as well as the feelings of helplessness and loss associated with AIDS and HIV infection as we develop strategies to deal with the presence of AIDS on campus.

In addressing issues associated with HIV infection, Georgia Tech's program focuses on

1. the individual

by developing procedures to protect the rights and dignity of HIV-infected individuals while providing adequate information and education that will help persons protect themselves and others;

2. the campus community

by developing responses and guidelines that will ensure the continued productivity and safety of the work and educational environments; and

3. the Institute

by positioning Georgia Tech as a leader in the management of a comprehensive, compassionate, and responsive AIDS policy while offering the Tech program as a model for other institutions of higher education.

The sensitivity and support we extend to employees and students affected by AIDS, and our efforts to encourage persons with AIDS to continue work and/or study, declare emphatically that Georgia Tech values all members of the campus community.

INTRODUCTION

Over time, AIDS will undoubtedly have an impact--either directly or indirectly--on every member of the Georgia Tech community. Certain campus departments are responsible for coordinating assistance and services that will help employees and students effectively respond to AIDS-related issues. The Employee Assistance Program (EAP) provides support services for employees; students are served by the Office of DisABLED Student Services and Student Health Services. With the support of these offices, all individuals are expected to be knowledgeable about AIDS and to manage ethically, legally, and compassionately any effects of the disease at Georgia Tech.

The Employee Assistance Program

Effective AIDS management requires consistent support and counseling services available through a proactive and responsive EAP. AIDS intervention, which is one of several direct responsibilities of the EAP, includes

1. confidential counseling and advice for those who are HIV infected, those who have AIDS, or those who think they may be infected or may have been exposed;
2. referral information for employees seeking HIV-testing facilities, physicians, psychologists, and community resource agencies specializing in AIDS-related illnesses;
3. counseling and advice for supervisors who need assistance in managing personnel issues related to AIDS;
4. information regarding AIDS-related coverage of the insurance programs offered to Georgia Tech employees;
5. coordinating the employee AIDS education program;
6. monitoring the incidence of AIDS among employees at Georgia Tech; and

7. creating and maintaining a book of precedence that documents the handling of AIDS cases at Georgia Tech.

The Office of DisABLED Student Services

This office operates as a part of the Student Affairs Division and serves Georgia Tech students needing assistance under the Federal Rehabilitation Act of 1973. HIV-infected students, who are protected by the Act, can expect these services:

1. confidential counseling and advice related to HIV infection;
2. referral, if needed, to the Georgia Tech Counseling Center;
3. information about HIV-testing facilities, physicians, psychologists, vocational rehabilitation, and community resource agencies specializing in AIDS-related illnesses;
4. assistance with securing special learning materials (e.g., readers and recorders) or other forms of learning support; and
5. accessible classroom sites.

Student Health Services

Student Health Services (the Infirmary), which is also a part of the Student Affairs Division, offers professional medical assistance to Georgia Tech students. Health Services provides

1. general information about HIV infection;
2. HIV testing, including pre-counseling and post-counseling;
3. referral information on HIV-testing facilities, physicians, psychologists, and community resource agencies specializing in AIDS-related illnesses; and
4. statistics on the incidence of AIDS among students at Georgia Tech.

Free HIV testing for students is available upon request at Health Services. (On-campus testing is not available for employees.) A student who prefers to be tested outside the Institute is generally referred to a unit of the local health department. State law mandates that HIV testing include pre-test and post-test counseling. Counseling at Health Services combines discussion of students' questions, possible advantages of anonymous testing, and use of the booklets "Should You Be Tested?" (pre-test) and "What Do Your Test Results Mean?" (post-test), produced by the Georgia Department of Human Resources.

A student who requests HIV testing at Georgia Tech's Health Services is assigned a numerical code that identifies him or her for that one test. Names are not included on specimens submitted to the state laboratory, which conducts the actual testing. After approximately seven to ten days, the student returns to Health Services to consult with a physician or physician's assistant about the test results.

State law requires that a Health Services official indicate in the student's health records that HIV testing is being requested. Test results are not entered in the records, but a code indicates HIV-positive status to assist Health Services personnel involved in the care of the student. This information allows for a more comprehensive understanding of the individual's health care needs. Student health records are accessible **ONLY** to the health care provider unless the records are subpoenaed by a court of law or the student signs a written request for release of information to another physician.

Health Services routinely cares for asymptomatic HIV-positive students, but off-campus physicians are available for those who feel more comfortable continuing care in an anonymous setting or for those with potentially serious HIV-related illness who prefer to obtain independent assistance or specialist care.

Admissions

Georgia Tech's applications for admission and financial aid do not include any

questions regarding an applicant's HIV status. Similarly, an HIV-antibody test is not a pre-admission requirement, nor is it included in pre-admission physical examinations. If Georgia Tech has knowledge of an applicant's HIV-positive status, this information does not affect the Institute's admission decision.

Housing

Information available from almost ten years of study clearly indicates that there is no risk of HIV transmission from sharing housing with an HIV-positive individual who is not a sex partner or who is not sharing intravenous needles. Therefore, housing assignments at Georgia Tech are treated consistently for all individuals. A student does not have the right to be informed of the HIV status of his or her roommate; disclosure of such information is a breach of the individual's right to privacy.

The Institute does not accommodate student requests for room changes based on the known or suspected HIV-positive status of a roommate. Housing policy permits room changes only during a designated period at the beginning of each quarter.

Special, reasonable housing accommodations for disabled students, including those disabled by HIV illnesses, are available upon request. The student and/or his or her parents should make such requests directly to the associate director of Housing.

Classroom/Extracurricular Activities/Athletics/Intramurals

When determining the extent to which an HIV-positive student may participate in classroom or extracurricular activities, the Institute considers the same factors used in deciding whether an employee may continue employment: the best medical evidence available, the type of activity, and the opinion of the infected individual's physician.

Generally, the student may participate in all activities. Since these activities do not ordinarily expose classmates or teachers to the blood or body fluids of the HIV-infected student, there is virtually no risk of HIV transmission. Additionally, there is no evidence that HIV can be transmitted via swimming pools; the short life span of the virus outside the body

and the high chlorine content of most pools would make such transmittal unlikely, if not impossible.

One frequently asked question is whether HIV transmission can occur from ordinary accidents such as cuts received during a lab experiment, minor injuries resulting from sports activities, or any injury that causes bleeding. It is unrealistic to say that no risk exists in such situations. However, the risk is extraordinarily small. Studies of HIV transmission occurring in medical settings indicate that transmission rarely occurs in such situations. In the few documented cases of exposure to the virus in this setting, few or no precautions were taken by the person exposed. Thus, safety precautions should be taken by anyone exposed to blood or body fluids in an emergency since the HIV status of most individuals is unknown. Georgia Tech includes goggles and gloves in first aid kits provided for emergency use.

Although the Institute does not generally compel a student to participate in activities or classes with an HIV-positive student, it does not normally have an obligation to provide alternative options for non-infected students. This applies also to shared locker facilities and housing on field trips or team trips.

Staff or faculty who do not wish to teach or otherwise provide services to an HIV-infected student are in violation of the federal Rehabilitation Act and could put themselves and the Institute in legal jeopardy.

Student Insurance

Since the facilities and services of Health Services are limited, Georgia Tech recommends that supplemental insurance to cover major illnesses, major surgery, specialist consultations, and sophisticated diagnostic procedures be obtained by all students who are not included on their parents' or spouse's medical insurance plans.

The supplemental student accident and sickness insurance plan designed for Georgia Tech is underwritten by Standard Life and Casualty Insurance Company of Rock Hill, South

Carolina. This policy treats AIDS-related illnesses in the same manner as other catastrophic illnesses, and does cover AZT, aerosol pentamidine, and other AIDS-related drugs approved by the FDA. Like all supplemental policies for students, this plan operates on a year-to-year basis, requiring students to reapply each year.

Information regarding the plan is available at the Dean of Students' office. Appendix One is a brief overview of the plan.

Discrimination Toward Students

Student organizations are expected to comply with all Institute rules and regulations. The Institute is in compliance with Section 504 of the Rehabilitation Act of 1973 and thus does not discriminate based on the handicap status of an individual. A student who feels he or she has been discriminated against based on known or suspected HIV status should contact the assistant to the vice president for Student Affairs.

Any act that attempts to injure, harm, malign, or harass a student based on his or her known or suspected HIV status may be handled through the existing Georgia Tech Management Model for Acts of Intolerance. The existing student discipline system outlined in the General Catalog may also be used for dealing with acts of harassment or other inappropriate behavior.

LEGAL CONSIDERATIONS

Members of the Georgia Tech community--particularly those in supervisory roles--must be aware of the laws that protect the rights of individuals who have AIDS, who are HIV infected, or who are perceived as having AIDS or HIV-positive status. Because AIDS is a relatively new disease, having only emerged in the 1980s, the laws related to HIV infection

and AIDS are continually evolving. Though most are not presently AIDS-specific, these statutes have generally held up in court as providing protection for HIV-infected persons and should be considered when dealing with the rights of students and employees who may be infected with the AIDS virus.

Discrimination

A number of local, state, and federal laws prohibit discrimination against individuals who are disabled or handicapped. Section 504 of the Rehabilitation Act of 1973 (See Appendix Two) is perhaps the most comprehensive federal legislation that applies to HIV-infected persons. Section 504 of this act prohibits discrimination against disabled or handicapped individuals in any program or activity that receives federal financial assistance. (Disability is broadly defined as any illness or injury that substantially impairs a major life function or activity.) Although the Rehabilitation Act does not include a specific provision for HIV-infected persons, there is little doubt that the Act would provide significant protection to these individuals.

Specifically, Georgia Tech, or any other federally assisted program or activity, may NOT

1. exclude a qualified* disabled person from benefits, aids, or services provided under its program or activity;
2. offer a qualified disabled individual a benefit, aid, or service that does not provide the same result or benefit as that offered to others;
3. offer to disabled individuals services or aids that are different from those provided to others, unless doing so is necessary to make the benefit, aid, or service as effective as those provided to others;
4. make decisions concerning any terms, conditions, or privilege of employment under any program or activity in a manner that discriminates on the basis of disability (e.g., in recruitment, hiring, transfers, layoffs, promotions,

- termination, rates of pay, job assignments, leaves of absence, sick leaves, or any other leave or fringe benefit available by virtue of employment); or
5. limit, segregate, or classify applicants or employees in any way that adversely affects their opportunities or status because of their disability.

In addition, employers must make "reasonable accommodation" in providing an appropriate work environment for the disabled individual to carry out his or her duties.

Because most local and state legislation has adopted the Rehabilitation Act in language, scope, and nature of protection, HIV-infected persons most likely would receive the same protection at the state and local level.

Negligence

Negligence liability can arise if an individual is exposed to the AIDS virus and claims the exposure could have been prevented if the institution had acted prudently. Although such instances are more likely to occur at teaching hospitals, a claim possibly could arise when an emergency situation exists at any institution or when a known HIV-positive individual engages in high-risk behavior with other members of that same community.

In most negligence cases, a "standard of reasonableness" is applied, and the court determines whether an institution or individual took reasonable precautions to preclude negligence.

* "Qualified" has been interpreted as meaning that the person possesses the required skills, knowledge, and abilities needed to carry out successfully all essential elements of the job in question.

Reasonable or prudent action taken by Georgia Tech to reduce the risk of negligence liability includes (1) providing adequate informational materials or training sessions about AIDS and HIV infection, (2) establishing appropriate policies and procedures to deal with normal institutional activities that might place persons at risk of exposure to the AIDS virus, and (3) providing adequate protective materials at appropriate campus locations for personnel who may be exposed to blood or other body fluids.

Libel/Slander/Invasion of Privacy/Breach of Confidentiality/
Intentional Infliction of Emotional Harm

An individual may use any one of these causes of action to raise the issue of harm caused by the inappropriate communication of his or her HIV status. People known to have or suspected of having HIV infection, whether or not they have symptoms of illness, have sometimes been victims of discrimination and physical or psychological abuse. The social stigma and fear associated with AIDS increase the potential for discrimination and mistreatment of these individuals and of persons thought to be at risk of infection. For this reason, many people who are HIV infected choose to keep this information confidential. ANYONE WHO BECOMES AWARE OF AN INDIVIDUAL'S HIV STATUS HAS A LEGAL RESPONSIBILITY TO KEEP THAT INFORMATION CONFIDENTIAL. Information about an HIV-infected individual should be kept in appropriate health records that are accessible ONLY to those who are directly associated with the health care of the HIV-infected person. Georgia Tech follows the Recommended Standards and Practices for a College Health Program, designed by the American College Health Association, in determining direction regarding confidentiality issues. (See Appendix Three.)

"Need to Know" and Duty to Warn Third Parties

Claiming that others have a right or need to know about an HIV-infected individual is not adequate justification for communicating information about a person's HIV status. Because AIDS cannot be spread through casual contact associated with the work or educational

environment, proving that anyone has a need to know of one's HIV status would be difficult. (The possible exception would be healthcare workers directly involved in providing medical treatment to the HIV-positive individual.)

According to Georgia 1440 AIDS Law (See Appendix Four), anyone disclosing such information without the consent of the HIV-infected individual can be held legally liable for breach of right to privacy and confidentiality of medical information, slander, or libel.

Because AIDS is not a threat in the workplace, little liability exists for not informing a third party about an individual's HIV infection. In an educational institution this would only have direct liability in counseling. Even in this limited instance, the law is unclear. However, where the patient has received appropriate instruction, no liability has usually been found.

Worker's Compensation Retaliation

If an employee contracts AIDS through on-the-job exposure or is exposed on the job to other infections that aggravate an existing HIV condition, the employee may have a valid worker's compensation claim. Georgia law prohibits an employer from interfering with the filing of such claims or from retaliating against an employee who exercises worker's compensation rights.

Employees exposed to blood or body fluids on the job are required to complete an incident report, worker's compensation claim form, or other necessary paperwork associated with an on-the-job injury through the Georgia Tech Personnel Division.

ERISA Retaliation

The Employee Retirement Income Security Act of 1974 prohibits any interference with the attainment of any right to which the employee or his or her beneficiary may be entitled, or may become entitled to, under an employee benefit plan. Removing, or attempting to remove, an employee from a benefit plan because of the high cost of continued coverage or

because of an anticipated life insurance claim is prohibited under ERISA.

Employment/Interview Issues

HIV status alone cannot be the basis for either the selection or non-selection of applicants for employment, nor can it be the sole basis for termination of an employee. Because HIV-infected individuals are considered a protected class under the Rehabilitation Act, the Institute does not include questions regarding HIV status on employment applications or require the HIV-antibody test in pre-employment physical examinations.

All applicants for employment at Georgia Tech are subjected to the same standards. This means that HIV-positive applicants must meet the minimum qualifications for the available position and must be able to perform the duties with reasonable accommodation. (Where it is difficult to determine reasonable accommodation, the employer should contact a staff attorney at the Board of Regents' Office.) A supervisor may not hire a "better-qualified" candidate using insignificant differences among applicants as a pretext for rejecting the HIV-infected individual.

Personnel Records

All new regular, full-time employees are required to complete a Georgia Personnel Board Employee Statement of Health (Form MS 10-3b) [7/75]. This document becomes part of the employee's personnel file, but is excluded from the Georgia Open Records Act. If a supervisor wishes to view an employee's personnel file or when an employee is a candidate for another position, any insurance or medical papers are removed from the file. The insurance or medical papers are re-filed and remain in the Personnel Division.

Two exceptions to this policy exist. If an employee signs a release form, other individuals can see all documentation (e.g., Department of Defense investigators). Additionally, if a court subpoenas records, all documentation must be surrendered.

Dispute Resolution

It is vital to recognize that certain AIDS-related situations could result in employee disputes ultimately being processed through the formal Georgia Tech dispute resolution system. Formally processed employee disputes typically involve supervisor-subordinate relationships. However, it is likely that AIDS-related situations also will generate disputes between workforce colleagues, with such cases having less direct managerial involvement.

Regardless of whom the dispute is between or how the dispute arises, it is critically important to protect the confidentiality of AIDS information while the matter is processed through the formal dispute resolution system (for classified employees, the Impartial Board of Review, and for faculty, the Faculty Status and Grievance Committee). Clearly, confidential AIDS information can best be protected in an employee dispute by limiting the number of individuals involved in resolving the problem. Settlement of the dispute at the lowest possible organizational level is the key to AIDS information protection, since this approach would eliminate access of relevant AIDS data to the multiple individuals serving on review boards and/or committees. (See Appendix Five for the current formal Georgia Tech employee dispute resolution procedures).

PROVISIONS FOR PEOPLE WITH AIDS

To make appropriate decisions, employees must be educated about the policies and regulations governing insurance carriers, sick leave, leave of absence, and long-term disability benefits available at Georgia Tech. An uninformed decision about any of these issues could have disastrous long-term results, especially when catastrophic illness is involved. However, employees who understand and select carefully from the available options will have appropriate coverage and benefits for themselves and their beneficiaries.

Insurance Coverage

Appendix Six outlines pertinent policy for all of Georgia Tech's insurance carriers. Topics include general information, as well as information specific to catastrophic illnesses. This chart, which is updated if and when policies change, is available from the Personnel Division and is included in each new employee's orientation package. New employees are encouraged to choose their insurance carrier carefully because changes can be made only once a year during a period designated by the Institute.

Appendix Seven contains AIDS-specific questions and answers completed by the various insurance carriers.

Leave of Absence/Sick Leave Without Pay

The Georgia Tech Employee Handbook (page 29) states that

Any regular employee unable to return to work after exhausting all accumulated sick leave and vacation may be granted, on approval, sick leave without pay for a period not to exceed one year. Under this plan, the employee has the option to continue group insurance coverage with Institute participation.

"Approval" is from the immediate supervisor, who then would seek a final decision from the department manager. Currently, there are no policies or guidelines to determine specific cases.

Long-Term Disability Benefits

An employee who uses all accrued sick leave and vacation leave and is still ill may be eligible for long-term disability (LTD) after the 91st day of illness. (See Appendix Eight).

COBRA

Under the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA), a benefits-eligible individual whose employment is terminated for any reason other than gross

misconduct may continue to participate in the same group health insurance plan in which he or she was participating during the employment. The individual must pay the original portion of the premium, Georgia Tech's portion of the premium, and an additional 2 percent to cover Tech's administrative costs (102 percent of the total premium expense). Continued participation in the group health insurance plan is for a maximum of 18 calendar months following termination.

Practicing Clinicians and Community Support Agencies

A list of practicing clinicians in the Atlanta area is provided by the Atlanta AIDS Research Consortium, Inc. (See Appendix Nine). Appendix Ten cites local support agencies for HIV-infected individuals, their families, and their friends.

EDUCATING THE GEORGIA TECH COMMUNITY

Because education is currently the only weapon available for preventing the spread of AIDS, Georgia Tech must provide relevant AIDS information to its entire population. Georgia Tech's program includes basic AIDS education for all current faculty, staff, and students, with provisions for new employees and students. Education sessions are conducted by campus volunteers--both students and employees--who serve as facilitators.

Training of Facilitators

Facilitators receive training through one eight-hour session and a four-hour follow-up session that offers roleplaying and participant interaction with persons with AIDS. Initial training will be conducted by an AIDS education specialist from the Georgia Department of Human Resources. During the first year of the program, training for facilitators will be offered in the summer and again in the fall; educational updates will be provided throughout

the year.

Once a group of facilitators becomes experienced, they will provide training for future facilitators. Appendix Eleven contains the typical training agenda.

Education For Students

Student attendance at AIDS education sessions is initially voluntary. A majority of the student population will be reached by working in conjunction with residence halls, through fraternities and sororities, health and performance science courses, and other interested student groups. Greek organizations that attend AIDS education sessions are allowed points which are applied toward the Fraternity or Sorority of the Year award. FASET 1991 will include an AIDS education session, thus exposing all new students at Tech to AIDS information. The AIDS education program for students requires approximately one hour and includes

- Introduction to the Topic -- Why it is Important

- Video: "Changing the Rules" (26 minutes)

- Directed Questions and Discussion

- Handout materials (AIDS: A Guide to Survival, along with resource lists and information on testing)

To encourage questions and discussion, group size is limited to 25 to 30 participants and is led by two facilitators; ideally one of the facilitators will be a student. A script of the student presentation is contained in Appendix Twelve.

Additional efforts to increase students' awareness of AIDS are reinforced through periodic articles in campus publications, posters, radio interviews, and special events.

Education of Employees

Education of all full-time employees is also voluntary. The AIDS education program for employees requires approximately two hours and includes

- Introduction to the Topic -- Why it is Important

- Video: "Changing the Rules" (26 minutes)

- Directed Questions and Discussion

- Video: "AIDS: The Workplace and the Law"

Handout materials (AIDS: A Guide to Survival, along with resource lists and information on testing)

Groups are limited to 25 to 30 and are led by two facilitators. A script of the employee presentation is contained in Appendix Thirteen.

Additional Education Efforts

Certain areas on campus have the potential for high incidences of injuries that result in the issue of blood. These areas include the Police Department, the Student Athletic Complex (SAC), Intramurals, the Athletic Association, ROTC, Laboratory Safety Office, the Department of Environmental Safety, the Office of Sports Medicine, the Outdoor Recreation Club of Georgia Tech, and the Plant Operations Division. Specialized first aid training is conducted by the American Red Cross for supervisors and other key personnel in these selected departments.

GUIDELINES FOR CO-WORKERS

Growing numbers of people infected with the AIDS virus (HIV) are part of the Georgia Tech community. Interacting with these individuals in order to maintain productive and healthy work and social relationships requires a special understanding of their condition. Each case of HIV infection is different and must be evaluated according to the specific dynamics of each case. The Institute has developed some universal guidelines employees should follow when a co-worker has HIV infection. (See Appendix Fourteen.)

GUIDELINES FOR MANAGERS

As the AIDS epidemic continues to spread, its consequences are increasingly felt in the workplace. Supervisors will be challenged to confront issues related to HIV/AIDS, such as

fears of employees, departmental policy decisions, and provisions of benefit programs. Education is the best prevention for the spread of the disease, as well as the best guarantee that employees will respond rationally and compassionately to a co-worker with HIV/AIDS. Appendix Sixteen contains guidelines for managers dealing with the effects of HIV/AIDS in the workplace.

SAFETY PRECAUTIONS

Georgia Tech maintains a safe workplace by following guidelines provided by state regulations for Georgia and the Centers for Disease Control (CDC) and by staying informed about current research. These safety guidelines have been adopted as universal precautions.

Studies indicate no proof that AIDS or HIV can be transmitted through casual office contact. Therefore, any employee with AIDS or HIV infection need not be restricted from work in any area of Georgia Tech unless there is evidence of other infections or illnesses from which any employee in that area of work should also be restricted. Appendix Seventeen outlines universal safety precautions.

PUBLIC RELATIONS ISSUES

Parents

A variety of public relations issues may arise in regard to parents of Tech students. Some parents might argue that adopting an AIDS policy gives tacit approval of high-risk behavior, condoning promiscuity and immoral activity. Georgia Tech believes that refusing to adopt an AIDS policy and education program will not deter high-risk behavior or sexual activity among young adults. Rather, it only ensures that the risk of HIV transmittal remains high among the uninformed.

Another issue for parents is whether or not they have a right to be informed if the Institute becomes aware of their child's HIV-positive status. Tech does not have a responsibility to volunteer this information. Whether it must be provided upon request must be determined on a case-by-case basis, taking into consideration the age of the student and relevant state and federal laws. In most cases, Georgia Tech cannot be compelled to provide such information and doing so may breach the student's right to privacy.

Because many parents play a key role in institutional fund-raising efforts, it is imperative that their concerns be addressed. While not every parent will agree with all of the Institute's actions, it is important to involve parents in the communication process to increase both their understanding and acceptance. Parents who have concerns or questions regarding Tech's AIDS plan can contact the assistant vice president for Student Affairs.

Alumni Issues

A sizable group of alumni continue to be concerned with institutional policies and procedures. Many of these alumni support Georgia Tech both with volunteered services and financial contributions.

Georgia Tech can expect to encounter strong feelings among alumni regarding the Institute's AIDS policy. The majority of these alumni did not have to deal with AIDS or AIDS-related issues during their college experience. If objections to Georgia Tech's policy do arise, alumni should be educated about the importance of an AIDS policy and education program. Financial influence from this group should not be allowed to deter the Institute from acting responsibly about AIDS. Concerns from interested alumni are handled by the vice president of the Alumni Association.

CONCLUSION

Georgia Tech is determined to manage the AIDS crisis responsibly. Our first line of defense is this comprehensive AIDS policy, carefully researched and tempered with compassion. Second, and perhaps more important, is the ongoing, thorough educational program for students, faculty, and staff. The members of the Georgia Tech AIDS Task Force believe that the success of this program will help prevent the spread of AIDS on campus, in the community, and around the world. We hope other organizations and institutions will follow this example and use our policy as a model for their own. Our goal is an AIDS-free future.

(SPECIAL BENEFITS Continued)**MEDICAL EVACUATION \$5,000 PER PERSON
INTERNATIONAL STUDENTS ONLY:**

The Company will pay, as a result of a Covered Injury or Sickness, and upon the written certification of the attending physician, for air evacuation of the insured, including physician or nurse accompaniment, the actual expense incurred, but not to exceed \$5,000 in the aggregate. Evacuation may be to nearest medical facility or to a hospital operated pursuant to the law for the care and treatment of injured or ill persons. Any expenses in respect to medical evacuation require prior approval of the company.

DEFINITIONS

Medical Emergency means the occurrence of a sudden and unexpected illness or injury which requires immediate medical attention. Lacerations with bleeding, acute fractures, severe burns, acute medical disorders, severe chest pain, abdominal pain, renal calculus, etc. or any condition that a reasonable person would believe that a serious injury or illness is present. Expenses incurred for "Medical Emergency" will be paid only for Sickness or Injury which fulfills the above conditions. These expenses will not be paid for minor injuries or minor Sickness.

Effective Treatment includes but is not limited to treatment for acute, non-malignant warts and moles; corns, calluses and bunions; weight reduction; obesity and condition resulting therefrom (including hernia of any kind, unless the hernia occurred for the first time while this policy was in effect); allergy, including allergy testing; infertility (male or female); impotence, organic or otherwise; learning disabilities; fertility tests; premarital examinations; temporomandibular joint dysfunction; acupuncture; bloodless-type services; sleep disorders, including testing thereof; and, preventive medicines or vaccines except when required for the treatment of a covered injury. Effective treatment includes any service, treatment or supplies that: 1) are deemed by the Company to be research or experimental; or 2) are not recognized and generally accepted medical practice in the United States.

Effective Surgery includes but is not limited to circumcisions; tubal ligation; vasectomy; breast reduction; breast implants; cosmetic reconstructive surgery; removal of non-malignant warts and moles; otitis media surgery; including middle ear retraction; and subcutaneous resection and/or surgical correction for deviated nasal septum. Effective Surgery does not mean cosmetic surgery required to correct an injury for which benefits are otherwise payable under this policy.

Pre-Existing Condition means 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 12 months immediately prior to the insured's Effective Date under the policy; or 2) any condition which originates, is diagnosed, treated or recommended for treatment within the 12 months immediately prior to the insured's Effective Date under the policy.

Sickness means sickness or disease of the insured Person which causes loss and expenses while the insured Person is covered under this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness.

EXCLUSIONS AND LIMITATIONS

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

1. Services provided normally without charge by the Health Service of the Policyholder, or by any person employed or retained by the Policyholder, or services covered or provided by the student medical fee;
2. Routine physical examinations and routine testing; or
3. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or other treatment for visual defects and problems. "Visual defects" means any physical defect of the eye which does or can impair normal vision (except for acute injuries to the eye, traumatic or otherwise);
4. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing (except for acute injuries to the ear, traumatic or otherwise);
5. Dental treatment, except for accidental injuries to sound, natural teeth;
6. War or any act of war, declared or undeclared, or while in the armed forces of any country in pre-war premium will be refunded upon request for such period not covered;
7. Participation in a riot or civil disorder, commission of or attempt to commit a felony;
8. Suicide or attempted suicide while sane or insane; or intentionally self-inflicted injury;
9. Injury sustained while (a) participating in any recreational or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
10. Skydiving, parachuting, hang gliding, glider flying, sail planing, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
11. Treatment in a Government Hospital, unless there is a legal obligation for the insured Person to pay for such treatment;
12. Effective Treatment or Effective Surgery (see above);
13. Abortion, termination of pregnancy or complications therefrom, except when directed by a duly licensed physician for reasons of health of the mother;
14. Routine new-born baby care, well-baby nursery and related physician charges unless the newborn is covered under the family plan;
15. Pre-existing conditions and congenital conditions, except as specifically provided for Newborn Infants;

(EXCLUSIONS AND LIMITATIONS Continued)

16. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation; and
17. Duplication. Psychotherapy.

CLAIM PROCEDURE

In the event of Injury or Sickness, the student should:

1. Report at once to the Student Health Service or infirmary for treatment or referral, or when not in school, to the nearest doctor or hospital.
2. Secure a Company claim form from the Student Health Service or from the address below, fill in the necessary information, have the attending physician complete his portion of the form, attach all medical and hospital bills and mail to the address below.
3. File claim within 30 days of injury or first treatment for a sickness. Bills must be received by the Company within 90 days of service to be considered for payment.

This plan is underwritten by:



Submit all claims to:
Standard Life and Casualty Insurance Company
P.O. Box 11677
Raleigh, N.C. 27611

Please keep this brochure as a general summary of the Insurance. The Master Policy on file at the College contains all of the provisions, exclusions and qualifications of your Insurance benefits, some of which may not be included in this brochure. If any discrepancies exist between this brochure and policy, the Master Policy will govern and control the payment of benefits.

STUDENT ACCIDENT AND SICKNESS INSURANCE



Designed Especially for the Students of
**GEORGIA INSTITUTE
OF
TECHNOLOGY**

1989-1990

To Georgia Tech Students and Their Parents:

Since the facilities of the Student Health Center are limited, supplemental insurance to cover major illnesses, major surgery, specialist consultations and sophisticated diagnostic procedures should be obtained by all students who are not included in their parent's or spouse's medical insurance plans. As a general rule, private hospitals in the community are most reluctant to admit patients who do not have hospitalization insurance. We are happy to endorse and make available to students and their dependents a low-cost supplemental insurance plan. This insurance policy would also cover health services while away from campus between quarters, during vacations, during co-op quarters, or during terms not enrolled. Participation in this supplemental insurance program does not, however, entitle dependents to treatment at the Student Health Center.

As a service to the students at Georgia Tech, the Health Advisory Committee has chosen the following supplemental insurance plan as a good basic, low-cost insurance plan. Please read the brochure carefully. If you desire a more comprehensive insurance plan, please seek and make arrangements with a private carrier. The plan consists of both accident and sickness coverage as outlined in this brochure. It is highly recommended that all students not covered by any other hospitalization insurance enroll in one of these plans. International students are required to purchase hospitalization and accident insurance and must show proof thereof to register for classes.

Please read the brochure carefully. If any questions arise, call the insurance company representative at 1-800-222-6491 or a member of the Health Center staff at (404) 894-2884. Please note: All referrals to outside physicians for consultation or to other facilities for definitive care must be made by the Student Health Service personnel. In other words, the student must be seen in the Student Health Center first and then referred, unless one of the following conditions are met:

- 1) An emergency exists; 2) The insured is out of town or more than 25 miles from the Student Health Center; 3) The Student Health Center is closed; 4) The student is not registered in school for that quarter.

Your careful consideration of this important coverage is urged.

Sincerely,

James E. Oull
VP/Dean of Student Affairs

ELIGIBILITY

All students are eligible to enroll in this insurance plan. Any family member who is a full-time student may be insured as a student or as a family member, but not as both.

DEPENDENTS

Eligible students who do enroll may also insure their dependents. Eligible dependents are the spouse under age 65 residing with the insured student and unmarried children under 18 years of age, who are not self-supporting and reside with the insured student, or 25 years, if a full-time dependent student at an accredited institution of higher learning.

Dependent coverage must be applied for by filling out the Optional Insurance Enrollment Card, and by paying the required premium.

EFFECTIVE AND TERMINATION DATES

The policy becomes effective at 12:01 a.m. September 17, 1988. The individual student's coverage becomes effective on that date or the date application and full premium are received by the Company for its authorized representative, whichever is later. This policy terminates at 12:01 a.m. September 17, 1989 (or at the end of the period through which premium is paid). Refunds of premiums are allowed only upon entry into the armed forces.

The coverage provided under this policy ceases on the termination date for any new injury or illness. However, if the insured is under treatment on this date for any previous illness or injury, benefits will be paid for 52 weeks after the onset of the illness or injury, or until the policy maximum is reached, whichever comes first.

STUDENT HEALTH CENTER (SHC) REFERRAL REQUIRED (Students Only)

The student must use the services of the Health Center first, where treatment will be administered or referral issued. Expenses incurred for medical treatment rendered outside of the Student Health Center for which no prior approval or referral is obtained are excluded from coverage. A referral issued by the SHC must accompany the claim when submitted. A SHC referral for outside care is not necessary only under the following conditions:

1. Medical Emergency. The student must return to the SHC for necessary follow-up care.
2. When the Student Health Center is closed.
3. When service is rendered at another facility during break or vacation periods.
4. Medical care received when the student is more than 25 miles from campus.
5. Medical care obtained when a student is no longer able to use the SHC due to a change in student status.

PLAN I

MEDICAL EXPENSE BENEFITS INJURY AND SICKNESS \$50,000 MAXIMUM For Each Injury or Sickness

ACCIDENT

If the insured, because of accidental injury, receives within 30 days following such injury, treatment by a licensed physician, hospital care or service while confined or on an out-patient basis, x-ray examination, the services of a registered graduate nurse or professional local ambulance service payment will be made for the usual, reasonable and customary charges to a maximum of \$2,500. After the Company has paid \$2,500, payment will be made for charges incurred within 52 weeks from the date of accident, not to exceed in the aggregate a maximum of \$30,000, as follows:

- 80% of usual & customary from \$2,500 to \$15,000;
- 90% of usual & customary from \$15,000 to \$25,000;
- 100% of usual & customary from \$25,000 to \$50,000

However, payment for dental treatment made necessary by injury to sound, natural teeth will not exceed a maximum of \$200 for each tooth.

SICKNESS

The policy provides benefits for the usual, reasonable and customary charges incurred within 52 weeks from the date of first treatment for sickness by an insured Person for loss due to a covered sickness up to the Maximum Benefit of \$50,000. After the Company has paid \$2,500, based on the scheduled benefits below, payment will be made for charges incurred within 52 weeks from the date of accident, not to exceed in the aggregate a maximum of \$30,000, as follows:

- 80% of usual & customary from \$2,500 to \$15,000;
- 90% of usual & customary from \$15,000 to \$25,000;
- 100% of usual & customary from \$25,000 to \$50,000.

INPATIENT

Room and Board Expenses, daily semi-private room rate and general nursing care provided by the hospital. \$225 per day.

Hospital Miscellaneous Expenses, such as the cost of the operating room, laboratory tests, x-ray treatments, anesthesia, drugs or medicines, therapeutic services, and supplies. \$500 first day/\$250 each subsequent day.

Physiotherapy, Paid under Hospital Miscellaneous.

Surgeon's Fees, in accordance with the Surgeon Schedule. \$2,500 maximum.

Anesthetist, 25% of surgery allowance.

Registered Nurse's Services, private duty nursing care, \$100 per day/5 days maximum.

Physician's Visits, benefits are limited to one visit per day and do not apply when referred to surgery. \$30 first day/\$20 each subsequent day.

Pre-admission Testing, Paid under Hospital Miscellaneous.

Psychiatry, Paid as any other services.

OUTPATIENT

Surgeon's Fees, in accordance with the Surgeon Schedule.

Day Surgery Miscellaneous, \$1,500 maximum.

Anesthetist, 25% of surgery allowance.

Physician's Visits, visits are limited to one visit per day & apply when referred to surgery. \$30 first day/\$20 each subsequent day/5 days maximum.

Physiotherapy, No benefit.

Medical Emergency Expenses, use of the emergency supplies, blood & customary charges.

Positive X-rays, \$100 maximum (Dependent Only).

Negative X-rays, \$50 maximum (Dependent Only).

Laboratory Services, \$50 maximum (Dependent Only).

X-rays & Laboratory, \$200 maximum (Student Only).

Psychiatry, \$30 first day/\$20 each subsequent day.

OTHER

Ambulance Services, \$100 maximum.

Consultant Physician Fees, when requested and approved by physician. \$50 maximum.

Maternity, Paid as any other services.

elective Abortion, not covered.

OPTIONAL BENEFITS:

MAJOR MEDICAL EXPENSE BENEFITS INJURY AND SICKNESS MAXIMUM LIFETIME BENEFIT \$100,000

The Company will pay 100% of usual, reasonable and any charges from \$50,000 to \$100,000. However, pay the following specific services will not exceed the benefit per service as scheduled below:

LIMITATIONS

Dental, Benefit payable for injury to sound, natural teeth &.

Psychiatry, Inpatient, paid as any other services/20 c (room per policy year) Outpatient 80% of usual & C. Charges/5000 maximum per policy year.

Anesthetist, 25% of surgery allowance.

Anesthetist, 25% of surgery allowance.

REPATRIATION - \$5,000.00 PER PERSON INTERNATIONAL STUDENTS ONLY:

In the event of the death of an insured, the Company will reimburse expenses as may reasonably be incurred up to a maximum limit of \$5,000 in connection with the proper transportation of the body to the person's place of residence or home country. This benefit does not include transportation expenses of anyone accompanying the body.

187,101 Rehabilitation Act of 1973.—**REHABILITATION ACT OF 1973**

Act of September 26, 1973, P.L. 93-112, 87 Stat. 393, as amended by
Act of December 7, 1974, P.L. 93-516, and Act of November 6, 1978, P.L. 95-602*

Definitions

Sec. 7. (6)(A) *Except as otherwise provided in subparagraph (B), the term "handicapped individual" means any individual who (i) has a physical or mental disability which for such individual constitutes or results in a substantial handicap to employment and (ii) can reasonably be expected to benefit in terms of employability from vocational rehabilitation services provided pursuant to titles I and III of this Act.*

(B) Subject to the second sentence of this subparagraph, the term "handicapped individual" means, for purposes of titles IV and V of this Act, any person who (i) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment. For purposes of sections 503 and 504 as such sections relate to employment, such term does not include any individual who is an alcoholic or drug abuser whose current use of alcohol or drugs prevents such individual from performing the duties of the job in question or whose employment, by reason of such current alcohol or drug abuse, would constitute a direct threat to property or the safety of others.

Sec. 7. (8)(C)** *For the purpose of sections 503 and 504, as such sections relate to employment, such term does not include an individual who has a currently contagious disease or infection and who, by reason of such disease or infection, would constitute a direct threat to the health or safety of other individuals or who, by reason of the currently contagious disease or infection, is unable to perform the duties of the job.*

TITLE V—Miscellaneous**EMPLOYMENT UNDER FEDERAL CONTRACTS**

Sec. 503. (a) Any contract in excess of \$2,500 entered into by any Federal department or agency for the procurement of personal property and non-personal services (including construction) for the United States shall contain a provision requiring that, in employing persons to carry out such contract the party contracting with the United States shall take affirmative action to employ and advance in employment qualified handicapped individuals as defined in section 7(6). The provisions of this section shall apply to any subcontract in excess of \$2,500 entered into by a prime contractor in carrying out any contract for the procurement of personal property and nonpersonal services (including construction) for the United States. The President shall implement the provisions of this section by promulgating regulations within ninety days after the date of enactment of this section.

(b) If any handicapped individual believes any contractor has failed or refuses to comply with the provisions of his contract with the United States, relating to employment of handicapped individuals, such individual may file a complaint with the Department of Labor. The Department shall promptly investigate such complaint and shall take such action thereon as the facts and circumstances warrant, consistent with the terms of such contract and the laws and regulations applicable thereto.

(c) The requirements of this section may be waived, in whole or in part, by the President with respect to a particular contract or subcontract, in accordance with guidelines set for the regulations which he shall prescribe, when he determines that special circumstances in the national interest so require and states in writing his reasons for such determination.

NONDISCRIMINATION UNDER FEDERAL GRANTS AND PROGRAMS

Sec. 504. No otherwise qualified handicapped individual in the United States, as defined in section 7(6), shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance, or under any program or activity conducted by any Executive agency or by the United States

* The amendments made by the 1978 amendments, P.L. 95-602, are printed in *italic*.

** Sec. 7(8)(C) was added by the Civil Rights Restoration Act of 1987, *id.* 3-22-87. See §33,403.

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Postal Service. The head of each such agency shall promulgate such regulations as may be necessary to carry out the amendments to this section made by the Rehabilitation, Comprehensive Services, and Developmental Disabilities Act of 1978. Copies of any proposed regulation shall be submitted to appropriate authorizing committees of the Congress, and such regulation may take effect no earlier than the thirtieth day after the date on which such regulation is so submitted to such committees.

REMEDIES AND ATTORNEYS' FEES

Sec. 505. (a)(1) The remedies, procedures, and rights set forth in section 717 of the Civil Rights Act of 1964 (42 U.S.C. 2000e—16), including the application of sections 706(f) through 706(k) (42 U.S.C. 2000e—5 (f) through (k)), shall be available, with respect to any complaint under section 501 of this Act, to any employee or applicant for employment aggrieved by the final disposition of such complaint, or by the failure to take final action on such complaint. In fashioning an equitable or affirmative action remedy under such section, a court may take into account the reasonableness of the cost of any necessary work place accommodation, and the availability of alternatives therefor or other appropriate relief in order to achieve an equitable and appropriate remedy.

(2) The remedies, procedures, and rights set forth in title VI of the Civil Rights Act of 1964 shall be available to any person aggrieved by any act or failure to act by any recipient of Federal assistance or Federal provider of such assistance under section 504 of this Act.

(b) In any action or proceeding to enforce or charge a violation of a provision of this title, the court, in its discretion, may allow the prevailing party, other than the United States, a reasonable attorney's fee as part of the costs.

TITLE VI—Employment Opportunities for Handicapped Individuals

PART B—Projects with Industry and Business Opportunities for Handicapped Individuals

Sec. 621. (a)(1) The Commissioner, in consultation with the Secretaries of Labor and Commerce and with designated State units, may enter into agreements with individual employers and other entities to establish jointly financed projects which—

(A) shall provide handicapped individuals with training and employment in a realistic work setting in order to prepare them for employment in the competitive market;

(B) shall provide handicapped individuals with such supportive services as may be required to permit them to continue to engage in the employment for which they have received training under this section; and

(C) shall, to the extent appropriate, expand job opportunities for handicapped individuals by providing for (i) the development and modification of jobs to accommodate the special needs of such individuals, (ii) the distribution of special aids, appliances, or adapted equipment to such individuals, (iii) the establishment of appropriate job placement services, and (iv) the modification of any facilities or equipment of the employer which are to be used primarily by handicapped individuals.

(2) Any agreement under this subsection shall be jointly developed by the Commissioner, the prospective employer, and, to the extent practicable, the appropriate designated State unit and the handicapped individuals involved. Such agreements shall specify the terms of training and employment under the project, provide for the payment by the Commissioner of part of the costs of the project (in accordance with subsection (c)), and contain the terms required under subsection (b) and such other provisions as the parties to the agreement consider to be appropriate.

(b) No payment shall be made by the Commissioner under any agreement with an employer entered into under subsection (a) unless such agreement—

(1) provides assurances that handicapped individuals placed with such employer shall receive at least the applicable minimum wage;

(2) specifies that the Commissioner, together with the designated State unit, has the right to review any termination of employment, and that, in the event such termination occurs less than three years after the date of the commencement of employment of the handicapped individual involved, the Commissioner shall be entitled to require the repayment of a portion of the funds made available to the employer if such termination is without reasonable cause, as determined by the Commissioner in consultation with such designated State unit; and

(3) provides assurances that any handicapped individual placed with such employer shall be afforded terms and benefits of employment equal those which are afforded to other employees of such employer, and that such handicapped individuals shall not be unreasonably segregated from other employees.

(c) Payments under this section with respect to any project may not exceed 80 per centum of the costs of the project.

BUSINESS OPPORTUNITIES FOR HANDICAPPED INDIVIDUALS

Sec. 622. *The Commissioner, in consultation with the Secretaries of Labor and Commerce, may make grants to, or enter into contracts with, handicapped individuals to enable them to establish or operate commercial or other enterprises to develop or market their products or services. Within ninety days after the effective date of this section, the Commissioner shall promulgate regulations to carry out this section, including regulations specifying (1) the maximum amount of money which may be provided under this section to any participant, and (2) procedures for certification, by designated State units, of individuals eligible to participate in any program under this section.*

AUTHORIZATION OF APPROPRIATIONS

Sec. 623. *There are authorized to be appropriated such sums as may be necessary to carry out the provisions of this part for each fiscal year beginning before October 1, 1982.*

APPENDIX THREE

EXCERPTS FROM RECOMMENDED STANDARDS AND PRACTICES FOR A COLLEGE HEALTH PROGRAM, FOURTH EDITION

1. Standards

The Georgia Tech guidelines concerning the handling of confidential information about people with HIV infection follow the general standards included in the American College Health Association's Recommended Standards and Practices for a College Health Program, fourth edition:

In general, it is recommended that no specific or detailed information concerning complaints or diagnosis be provided to faculty, administrators, or even parents, without the expressed written consent of the patient in each case. This position with respect to health records is supported by the Family Educational Rights and Privacy Act of 1974.

2. Release of information

No person, group, agency, insurer, employer, or institution should be provided any medical information of any kind without the prior written consent of the patient. Given the possibility of unintended or accidental compromise of the confidentiality of information, health officers should carefully weigh the importance of including any specific information about the existence of known HIV infection in the ordinary medical record, except when circumstances of medical necessity mandate it. At minimum, the inclusion of any information regarding HIV infection should be discussed with the patient before its entry in the medical records.

3. Legal liability

Health officials and other institutional officers must remember that all confidential medical information is protected by statutes and that any unauthorized disclosure of it may create legal liability. The duty of physicians and other health care providers to protect the confidentiality of information is superseded by the necessity to protect others only in very specific, life-threatening circumstances.

4. "Need to know"

The number of people in this institution who are aware of the existence and/or identity of students or employees who have HIV infection should be kept to an absolute minimum, both to protect the confidentiality and privacy of the infected persons and to avoid the generation of unnecessary fear and anxiety among other students and staff.

5. Informing other students or employees

Absolutely no medical or other reason exists for institutions to advise students living in a residence hall of the presence of students with HIV infection. Similarly, college and university officials should not reveal the identity of student or employees with HIV infection in any other setting. The responsibility to provide a safe living environment is best dealt with by educational programming. Sharing confidential information without consent may create legal liability and lead to harassment or discrimination.

6. Public health reporting requirements

College and university health services must strictly observe public health reporting requirements. Cases of AIDS meeting the criteria of the surveillance definition of the Centers for Disease Control must be reported to the local public health authorities. The detailed revised surveillance definition for AIDS for case reporting purposes is included in "Centers for Disease Control--Revision of the CDC Surveillance Case Definition for Acquired Immunodeficiency Syndrome," Morbidity and Mortality Weekly Reports 1987:361S.

7. Secondary Lists of Records

Neither health officers nor other administrators should keep lists or logs identifying those who have been tested for antibodies to HIV or who are known to be infected with HIV. The potential for compromise of confidential information far exceeds any conceivable benefit of such listings.

Summary of Act 1440, Effective July 1, 1988
Georgia Omnibus AIDS Law
Overview by Joe Geoffrey
Division of Public Health
AIDS Program

Section 1 The Georgia General Assembly recognizes that HIV is "largely transmitted through sexual contacts and intravenous drug use, not through casual contact, and is therefore preventable. The key component of the fight against AIDS is education." But "while education, counseling and voluntary testing are vital, other measures are needed to protect our citizens." It is therefore "the intention of the General Assembly to enact such measures in the exercise of its police powers."

Section 2 This section pertains to juveniles convicted of "AIDS transmitting crimes." AIDS transmitting crimes, as defined in Section 8, include:

- *rape
- *statutory rape;
- *sodomy;
- *aggravated sodomy;
- *solicitation of sodomy;
- *child molestation;
- *aggravated child molestation;
- *incest;
- *prostitution; and
- *certain drug-related offenses involving heroin, cocaine or derivatives, or any scheduled drug intravenously injected.

The juvenile court judge, after conferring with the district health director, may order a juvenile convicted of an AIDS transmitting crime to submit to an HIV test. If the minor tests positive to HIV, that determination shall be reported to:

1) each victim of that child's AIDS transmitting crime, through the Department of Human Resources which shall provide counseling to that victim or to that victim's parents or guardian as appropriate and offer testing services.

2) the court which ordered the HIV test; and

3) those persons in charge of any facility to which the child has been confined by order of the court.

The court is authorized to consider test results when sentencing.

Section 5 This section describes distributing HIV related information to pre-marital couples. Effective October 1, 1988, all applicants for marriage licenses shall receive two documents from the probate judge:

1) a brochure, to be designed by the DHR, describing AIDS, AIDS-related risks and behaviors, methods of prevention and counseling and testing information. This brochure was developed and is entitled "Important Information on AIDS - As You Marry."

2) a listing of sites at which confidential and anonymous HIV tests are provided without charge.

Also, after October 1, 1988, no marriage license shall be issued unless both the proposed husband and the proposed wife sign a form acknowledging that they have received the brochure and test site listing.

~~Section 6~~ This is the largest and most complicated section of the law. It covers AIDS confidential information and to whom it may be disclosed. "AIDS confidential information" is defined in Section 8 as information which discloses that a person:

1) has been diagnosed as having AIDS;

2) has been or is being treated for AIDS;

3) has been determined to be infected with HIV;

4) has submitted to an HIV test;

5) has had a positive or negative result from an HIV test;

6) has sought and received counseling regarding AIDS; or

7) has been determined to be a person at risk of being infected with AIDS, and which permits the identification of that person.

Any person or legal entity which intentionally or knowingly discloses AIDS confidential information (ACI) is guilty of a misdemeanor. However, a health care provider, health care facility or other person or legal entity that unintentionally violates this Code Section on confidentiality will not be civilly or criminally liable if that person or entity has reasonably adopted and maintained procedures to avoid risks of disclosure, unless such disclosure was due to gross negligence or wanton and willful misconduct.

Health care providers, persons or legal entities who are authorized but not required to disclose ACI shall have no duty to make such disclosure and shall not be liable to the patients, any other person or legal entity for failing to make such disclosure.

Further, a health care provider or any other person or legal entity which discloses information as authorized or required by law will have no civil or criminal liability for such disclosures.

ACI disclosed or discovered within the patient-physician relationship shall be confidential and shall not be disclosed except as provided for in this law.

*ACI may be disclosed to the person identified by that information or to his/her parent or guardian, as appropriate.

*ACI may be disclosed to any person or legal entity designated to receive that information when that designation is made in writing by the person identified by that information.

*ACI may be disclosed to any agency or department of the federal government required by law to be reported to that agency or department.

*When the patient of a physician has been determined to be infected with HIV and that patient's physician reasonably believes that the spouse or sexual partner or any child of the patient, spouse or sexual partner is a person at risk of being infected with HIV by that patient, the physician may disclose to that spouse, sexual partner, or child that the patient has been determined to be infected with HIV, after first attempting to notify the patient that such disclosure is going to be made.

**GEORGIA INSTITUTE OF TECHNOLOGY
IMPARTIAL BOARD OF REVIEW
(FOR CLASSIFIED EMPLOYEES)**

PURPOSE: The personnel policies of the Board of Regents provide that each institution shall appoint an Impartial Board of Review to hear appeals from regular employees, excluding those employed in provisional status, when grievances cannot be resolved through the normal administrative channels of the institution. Described herein are the procedures which the Institute follows in handling grievances brought to the Board for hearing.

REQUEST FOR HEARING: The first step in the grievance procedure is for the grievant to seek an acceptable administrative resolution (within 15 days of the incident) through the appropriate management channel, reaching at least one administrative level above the level of dispute. If a satisfactory resolution of the grievance is not achieved within five (5) working days, the grievant is referred or may seek assistance through the Personnel Office where mediation of the issue is attempted in order to resolve the dispute. If a resolution cannot be effected (and the grievant wants to pursue this matter further), the grievant, within five (5) working days of being notified by the Personnel Office that the grievance cannot be resolved administratively, requests (in writing) a hearing before the Impartial Board of Review. The hearing request includes information as follows:

- (1) The date, time, and place of the grievance;
- (2) Names of witnesses who have direct knowledge of the circumstances of grievance; and,
- (3) A summary of the facts which constitutes the grievant's complaint.

NOTE: The Personnel Office will, if necessary, assist the grievant in preparing the hearing request. When the grievance is submitted, the Personnel Office will immediately seal the grievant's personnel file.

The Personnel Office provides the presiding chairperson with the grievant's hearing request. The chairperson, upon receiving the hearing request and determining that a hearing will be necessary, provides a copy of the grievance to the parties (within five (5) working days) and notifies them of the date, time, and place where the hearing will be conducted.

CHAIRPERSON APPOINTMENT: A permanent chairperson(s) is appointed by the President in consultation with the Executive Board of the General Faculty.

BOARD MEMBER SELECTION: All regular employees of Georgia Tech with at least six months of service are potential members of the

Impartial Board of Review. Except for the presiding chairperson, Board Members are selected to hear only the pending grievance, i.e., membership is not for a specified period but for one hearing only. Procedure for selecting the member is as follows:

- (1) The list of names of all regular Georgia Tech employees is computerized so that twenty-four names can be selected at random and these constitute the jury pool.*

* Exceptions:

The President
The Affirmative Action Officer
The Personnel Director
The Employee's Chain of Supervision
Chairpersons

- (2) The computer is programmed in such a way that every jury pool contains eight women and eight minority members; however, since these categories are not mutually exclusive, there need not be a combined total of sixteen women and minority members.
- (3) Once the jury is identified, names are struck alternately by the grievant (employee) and the administrator (defendant) until four names remain on the list. The last two names struck from the list are retained as alternates in the order of their striking. The grievant strikes the first name in the selection process.

NOTE: Jurors who are selected may be excused from serving only (1) when their request is accompanied by a written statement of necessity from their immediate supervisor and forwarded to the Executive Assistant to the President or (2) written evidence is given to the chairperson of a bona fide illness or personal hardship situation.

- (4) The President's Office notifies (in writing) the jurors who have been selected to serve and gives them the hearing date, time, and place.

THE HEARING: Attorneys are not authorized to participate in the grievance hearing; however, either party is permitted to have one (1) non-participating Georgia Tech employee advisor of choice to be present during the proceedings.

The parties concerned are afforded an opportunity to obtain and present their witnesses, plus a documentary or other evidence which they deem appropriate and relevant to the grievance.

An oath or affirmation may be administered to any or all witnesses by the chairperson.

The parties concerned have the right to redirect or cross-examine all witnesses and offer rebuttal.

The Board is not bound by the strict legal rules of evidence and may receive any evidence of probative value in order to determine the issues involved; however, every effort is made to obtain the most reliable evidence available.

All matters related to the admissibility of evidence or other legal issues are decided by the presiding chairperson.

Public statements and publicity about the complaint shall be avoided and the confidentiality of the hearing shall be preserved.

The Board's position is by majority vote of the members. The Board's report is based on the evidence brought forth at the hearing and all information in the grievant's permanent personnel file dating 12 months previous to the date of the incident or event which brought about the grievance. The entire file will be available if needed. The report is submitted to the President within ten (10) working days after the hearing ends. The Board's report includes: (1) all documents accepted at the hearing, (2) board members, (3) witnesses, (4) brief discussion of the matter in dispute, (5) position(s) of the parties, and (6) brief summary of the Board's rationale of its opinion regarding the issues brought forth.

The Board's recommendations (if any) are made only to the President (directly) and are not incorporated in the Board's written report of the proceedings.

PRESIDENT'S ACTION: After review of the Board's report, the President renders a decision (normally within ten [10] working days) which is final and conclusive for the Institute.

Upon reaching his decision, the President sends an official (and confidential) letter to the grievant, his/her direct supervisor, the Personnel Office, and other parties concerned with his decision; or, he refers the matter back to the Board's chairperson for further response and recommendation(s) before rendering his final decision.

The President provides the grievant with a summary of the hearing proceedings and advises the grievant of the right to apply to the Board of Regents for review of the President's decision as provided by Article IX of the by-laws of the Board of Regents.

A grievant shall not be harassed, intimidated, or otherwise penalized for utilization of the grievance procedures. A witness shall not be harassed, intimidated, or otherwise penalized for appearing at a hearing.

APPEALS

Any person in the University System for whom no other appeal is provided in the Bylaws and who is aggrieved by a final decision of the president of an institution, may apply to the Board of Regents, without prejudice to his/her position, for a review of the decision. The application for review shall be submitted in writing to the Executive Secretary of the Board within a period of twenty days following the decision of the president. It shall state the decision complained of and the redress desired. A review by the Board is not a matter of right, but is within the sound discretion of the Board. If the application for review is granted, the Board or a committee of the Board or a Hearing Officer appointed by the Board, shall investigate the matter thoroughly and report its findings and recommendations to the Board. The Board shall render its decision thereon within sixty days from the filing date of the application for review or from the date of any hearing which may be held thereon. The decision of the Board shall be final and binding for all purposes.

APPENDIX SIX

**Chart for comparing policies and procedures of Georgia Tech
insurance carriers**

APPENDIX SEVEN

Questions and answers supplied by insurance carriers specific to AIDS

APPENDIX EIGHT

LONG-TERM DISABILITY

Employees can apply for LTD upon employment or during Georgia Tech's open enrollment period, which is usually in November.

To apply, employees must contact the Benefits Office in Personnel for an application and up-to-date information. The three sections in the application require completion, respectively, by the employee, the physician, and a Benefits Office representative.

When a physician has determined that an employee is disabled, that employee is eligible for LTD benefits after the elimination period, defined as a period of 90 consecutive days of disability for which no LTD benefits are payable. Note that if disability stops during the elimination period for any seven (or fewer) days, the disability is treated as continuous. The days in which one is not disabled do not count toward the elimination period.

LTD pays 60 percent of the employee's basic monthly salary with a minimum of \$1000 and a maximum of \$3,000 per month. However, other income benefits affect monthly LTD benefits.

Disability benefits become payable at the end of the elimination period when the insurance company has received proof that the employee (1) is disabled because of sickness or injury and (2) requires the regular attendance of a physician.

The employee should apply for LTD benefits by contacting the Personnel Office at least five weeks before the 91st day of disability. Ideally, Personnel should be contacted within the first 30 days of disability.

The employee can receive LTD benefits up to age 70 as long as he or she remains disabled and requires the regular attendance of a physician. The employee must supply proof of the facts, at his or her expense, when the insurance company requests it.

Monthly premium payments are waived during any period benefits are paid.

"Recurrent disability" is a disability related to a prior disability for which the employee received a monthly benefit. The insurance company treats a recurrent disability as part of the prior disability if, after receiving benefits, the employee (1) returns to his or her regular occupation on a full-time basis for less than six months and (2) performs all of the material duties of that occupation. Benefit payments are subject to the terms of this plan for the prior disability. If the employee returns to his or her regular occupation on a full-time basis for six months or more, a recurrent disability is treated as a new period of disability, and consequently, the employee must complete another elimination period.

The insurance company does not cover any disability (1) that is caused by, contributed to by, or resulting from a pre-existing condition and (2) that begins in the first 12 months after the effective date. A "pre-existing condition" is a sickness or injury for which the employee (1) received medical treatment, consultation, care or services, including diagnostic measures, or (2) had taken prescribed drugs or medicines in the three months prior to his or her effective date.

If the claim is denied, either in full or in part, the insurance company notifies the employee in writing within 90 days after the claim form was filed. Under special circumstances the insurance company is allowed an additional period of no more than 90 days (180 days total) within which to notify the employee of its decision. If such an extension is required, the employee receives a written notice from the insurance company indicating the reason for the delay and the date to expect a final decision. This notice of denial includes (1) the specific reason or reasons for denial with reference to those policy provisions on which the denial is based, (2) a description of any additional material or information necessary to complete the claim and an explanation of why that material or information is necessary, and (3) the steps to be taken if the employee or beneficiary wishes to have the decision reviewed. If the insurance company does not respond to a claim within the time limits set forth above, the employee should automatically assume that his or her claim has been denied and should

begin the appeal process at that time.

When a claim is denied, the claimant or an authorized representative may appeal within 60 days after receiving the insurance company's notice of denial. The claimant has the right to (1) submit a request for review, in writing, to the insurance company; (2) review pertinent documents; and (3) submit issues and comments in writing to the insurance company.

APPENDIX NINE

ATLANTA PRACTICING CLINICIANS AIDS RESEARCH CONSORTIUM, INC.

Name and Title	Specialty	Affiliation
William Alexander, MD	Infectious Disease	Morehouse School of Medicine Southwest Hospital Medical Center
Robert Barnes, MD	Internal Medicine	n/a
James Braude, MD	Internal Medicine	Crawford W. Long Hospital Piedmont Hospital Emory Univ. School of Medicine
Robert Capparell, MD	Infectious Disease	West Paces Ferry Hospital St. Joseph's Hospital Northside Hospital
Howard Cohen, MD	Infections Disease	Cobb General Hospital Windy Hill Hospital St. Joseph's Hospital Northside Hospital
Thomas Comstok, MD	Otolaryngology	Crawford W. Long Hospital
Ron Cook, MD	Internal Medicine	Cobb General Hospital Windy Hill Hospital Smyrna Hospital North Fulton Hospital
Carlos Del Rio, MD	Infectious Disease	Crawford W. Long Hospital
Lee Diamond, MD	Infectious Disease	South Fulton Hospital
Robin Dretler, MD	Infectious Disease	DeKalb Medical Center HCA Doctors/Northlake Piedmont Hospital
Richard DuBois, MD	Infectious Disease	Georgia Baptist Medical Center
John Ford, MD	Internal Medicine	Georgia Baptist Medical Center
Richard Gitomer, MD	Internal Medicine	Crawford W. Long Hospital

Cliff Gunthel, MD	Pathology/Internal Med.	Grady Memorial Hospital
Ted Hendershot, MD	Internal Medicine	Emory Univ. Affiliated Hospitals
Charles Henderson, MD	Hematology-Oncology	Piedmont Hospital West Paces Ferry Hospital
Robert Huber, MD	Internal Medicine	Crawford W. Long Hospital Piedmont Hospital Grady Memorial Hospital Wesley Woods Hospital
Paul Hudgins, MD	Neuroradiology	Emory University Hospital
Richard Hudson, DO	Family Practice	Atlanta Hospital
Charles Jennings, MD	Family Practice	Morehouse School of Medicine Southwest Hospital
John Kaplan, MD	Virology	Centers for Disease Control
Eimer Kennedy, MD	Infectious Disease	Grady Memorial Hospital
William Kenny, MD	Pulmonary	Piedmont Hospital
Phyllis Kozarsky, MD	Infectious Disease	Crawford W. Long Hospital
Carlos Lopez, MD	Infectious Disease	West Paces Ferry Hospital
Eugene McCray, MD	Internal Medicine	n/a
Debra Nelson	Internal Medicine	n/a
Stosh Ostrow, MD	Family Practice	n/a
Jesse Peel, MD	Psychiatry	Brawner Psychiatric Institute Piedmont Hospital Grady Memorial Hospital
David Peteet, MD	Hematology-Oncology	West Paces Ferry Hospital
Paul Peteet, MD	Internal Medicine	Univ. of Georgia, Athens Student Health Service Athens Regional Medical Center St. Mary's Hospital, Athens
Mack Porter, MD	Internal Medicine	n/a
Richard Prokesch, MD, FACP	Infectious Disease	Clayton General Hospital South Fulton Hospital Georgia Baptist Medical Center Atlanta Hospital Northside Hospital

Michael Rankins, MD	Family Practice	West Paces Ferry Hospital
William Render, MD	Internal Medicine	Crawford W. Long Hospital
David Rimland, MD	Infectious Disease	Emory Univ. School of Medicine VA Medical Center Grady Memorial Hospital
Toni Rossi, MD	Internal Medicine	Crawford W. Long Hospital
John Scherr, MD	Internal Medicine	Piedmont Hospital
Stephen Schwartzman, MD	Infectious Disease	Emory Univ. School of Medicine
Jonas Shulman, MD	Infectious Disease	Crawford W. Long Hospital Chief of Medicine
Hank Siegelson, MD	Emergency Medicine	DeKalb Medical Center
Tom Spira, MD	Immunology	Centers for Disease Control
Mark Tanner, MD	Family Practice	West Paces Ferry Hospital St. Joseph's Hospital
Sheryl Thacker, MD	Endocrinology/ Internal Medicine	Crawford W. Long Hospital
Melanie Thompson, MD	Internal Medicine	Crawford W. Long Hospital
Sumner Thompson, MD	Infectious Disease	Grady Memorial Hospital Director, Infectious Disease Clinic
Samuel Webster, MD	Infectious Disease	West Paces Ferry Hospital
Winkler Weinberg, MD	Infectious Disease	Cobb General Hospital Windy Hill Hospital Smyrna Hospital Northside Hospital Atlanta Hospital Psychiatric Institute of Atlanta
Ronald White, MD	Internal Medicine	Atlanta Hospital Georgia Baptist Medical Center
F. Cole Wolford, MD	Internal Medicine	Atlanta Hospital Georgia Baptist Medical Center

Partial Listing of Local AIDS Support Agencies and Services

EDUCATION

AID Atlanta
American Red Cross
Fulton County Health Department
Outreach, Inc.
Feminist Women's Health Center
Georgia Department of Human Resources

CASE MANAGEMENT

AID Atlanta

HOUSING

Jerusalem House
AID Atlanta
Childkind

FAMILY SUPPORT

AID Atlanta
Alliance Against AIDS
*See Pastoral Care

HIV TESTING

Fulton County Health Department
Grady Clinic
The Atlanta Gay Center
Emory Clinic

PSYCHOLOGICAL COUNSELING

AID Atlanta
Alliance Against AIDS
NAPWA (National Association of People With AIDS)

VISITING NURSE SERVICES

Visiting Nurse Association
Alliance Against AIDS

DRUG ABUSE

Outreach, Inc.

MINORITY EDUCATION & SUPPORT PROGRAM

NAACP
Outreach, Inc.

LEGAL ASSISTANCE

Atlanta Legal Aid

HEMOPHILIA

Hemophilia of Georgia

FOOD PROGRAMS

Open Hand
Shrine of the Immaculate Conception

PASTORAL CARE

Lutheran Ministries
The Temple
Sacred Heart Church
St. Bartholomews Episcopal Church
Shrine of the Immaculate Conception

FUNDRAISING

HEARTSTRINGS
DIFFA
Metropolitan Atlanta Community Foundation
Helping Hands

WOMEN'S EDUCATION AND SUPPORT

Feminist Women's Health Center

AID Atlanta 872-0600
Contact: Sandra L. Thurman

Alliance Against AIDS 261-6210
Contact: Janet Reed

American Red Cross 881-9800
Contact: Martha Puri
Marilyn Self
Josephine Otis

Childkind Foundation, Inc. 536-8222
Contact: Barbara Chamnes

Georgia Dept. of Human Resources
894-5147
Contact: Linda Pittman, RN

DIFFA/Atlanta 876-4673
Contact: David Sheppard
Barbara Van

HEARTSTRINGS: THE NATIONAL TOUR
876-HOPE
Contact: David Sheppard
Barbara Van
Rae S. Jedel

Hemophilia of Georgia, Inc. 256-1212
Contact: Jody Wood

Lutheran Ministries of Georgia, Inc.
875-0201
Contact: Reverend Henry Wohlgemuth

Sacred Heart Church
Contact: Sister Valentina Sheridan

Visiting Nurse Association of Metro
Atlanta 527-0660
Contact: Nancy Paris

Emory Clinic 321-0111
Contact: Richard Clark, MD

Feminist Women's Health Center 874-7551
Contact: Lynne Randall

Fulton County Health Dept. 572-2126
Contact: James Freeman

Grady Hospital 589-4307

NAACP 688-8868
Contact: Narvis Greir

National Association of Persons With AIDS
872-0600
Contact: Kurt Rahn
Ken Kimsey

Open Hand 248-1788
Contact: Michael Edwards

Outreach, Inc. 873-5992
Contact: Sandra S. McDonald

Helping Hands of Atlanta 892-1778
Contact: Allen Jones

Jerusalem House, Inc. 634-3336
Contact: Father Chet Grey

Metropolitan Atlanta Community Foundation
688-5525
Contact: David Sheppard

Shrine of the Immaculate Conception
521-1866
Contact: Father John Adamski

APPENDIX ELEVEN

TRAINING FOR FACILITATORS

Day One Agenda

9:00 - 9:15	Introduction
9:15 - 9:30	AIDS Knowledge Assessment
9:30 - 10:00	Risk Reduction/Infection Control
10:00 - 10:15	Break
10:15 - 11:15	Public Health Update
11:15 - 11:45	Questions and Answers
11:45 - 12:45	Lunch
12:45 - 1:15	Counseling and Testing Overview
1:15 - 2:00	Georgia Tech AIDS Policy
2:00 - 2:15	Break
2:15 - 3:00	"Changing the Rules" Student Presentation
3:00 - 3:45	"AIDS and the Law" Employee and Supervisor's Presentation
3:45 - 4:15	Questions
4:15	Adjourn

TRAINING FOR FACILITATORS

Day Two Agenda

9:00 - 10:00	Psychosocial Aspects/PWA Panel
10:00 - 11:15	Role Play and Practice
11:15 - 11:30	Break
11:30 - 12:15	Questions and Answers
12:15 - 12:45	Schedule/Procedure/Logistics
12:45 - 1:00	Evaluation

APPENDIX TWELVE

FACILITATOR'S SCRIPT FOR STUDENT SESSIONS (one hour in length)

FACILITATOR # ONE

Good morning/afternoon. I'm _____ from the department of _____, and this is my co-facilitator, _____, from the department of _____ (or a student majoring in _____). Our names are on the chalk board; I am facilitator number one and _____ is facilitator number two. At this time we would like to distribute evaluations which you will complete later, index cards on which you can anonymously write any specific questions you would like answered today, and an attendance sheet so we know who is here today. Please write legibly.

- D I S T R I B U T E M A T E R I A L S -

FACILITATOR # TWO

Many of you know first-hand that we have some real problems associated with AIDS at Tech and we need your help in solving those problems. We have experienced several deaths on campus among employees and students, still others are currently battling the disease, and others who are infected will likely develop AIDS-related conditions at some point. When the Georgia Tech Task Force first began our work, we asked the Centers for Disease Control to project some sort of figures about the incidence of HIV infection at Georgia Tech. The figures they projected alarmed us: approximately 35-42 employees and 65-72 students who are probably infected. Those figures virtually assure that each of us will be affected personally or professionally in some way by this devastating disease. Our ability to deal with it will reflect the knowledge we possess about AIDS. One of the scariest concerns about AIDS is that one of the fastest growing populations of AIDS-infected individuals is your age group. The rate of infection for 18-22 year olds is quite high. Additionally, what we know is that the age group with the highest incidence of AIDS is the 25-30 age group. And if we consider the incubation period of three to five or even seven years, that means that many individuals were exposed to the virus at your age.

FACILITATOR # ONE

And so what we have done is to create these sessions to help our community members deal with this disease, supply up-to-date medical and legal information, to dispel myths and unnecessary fears associated with the virus, and to lessen the spread of the virus through educated and informed community members. The process today will consist of a short video entitled "Changing the Rules", a discussion of the video, a question and answer period, and a distribution of handouts on AIDS.

Some of the things you will see or hear today are very candid - and our intention is not to offend or shock you. And you may never engage in any high risk behavior. But we do hope that you will use this information to educate others who at some point may need this information. It may help you to save a life.

FACILITATOR # TWO

We are now ready to show the video. As you have questions, please write them on the index cards and we will take them up at the end of the video.

- S H O W V I D E O -

FACILITATOR # TWO

We would now like for you to pass your index cards to the front of each row, even if you haven't written a question.

- C O L L E C T I N D E X C A R D S -

FACILITATOR ONE

While _____ is collecting the cards is there a question that someone has on their minds before we go through the cards to answer questions?

NOTE: Hopefully someone will have a question for facilitator one so that the attention will be taken away from facilitator two who will be placing the lead questions into the stack.

FACILITATOR # TWO will read the questions (including any submitted) and either facilitator can respond. Allow approximately ten minutes at the end for wrapup and distribution of materials.

- A N S W E R Q U E S T I O N S -

Questions should include:

1. Since I am young and healthy, am I at a lower risk of getting AIDS?
2. What should I do if a friend or roommate comes tells he or she has AIDS or is HIV positive?
3. I don't think that the scene between the young guy and girl is very real. I think most girls would not ask a guy to use a condom.
4. Don't guys think of girls who carry condoms as promiscuous?

5. Can you assure me that I won't get AIDS by casual contact?
6. Can I be tested on campus?
7. What is the AIDS test and what do the results mean?
8. Can I be infected by all the rough play during intramurals or athletics?
9. Would I have to attend a class if I knew I had a professor who had AIDS?

FACILITATOR # ONE

That is all the time we have for questions. If you have additional questions, please see us after the session. We would like to give you other information now. It is a booklet called AIDS: A Guide For Survival. It offers a more indepth study of AIDS than we could offer today. We do hope that you have gained from having been here today. We have enjoyed our time with you. Please take a few minutes to complete the evaluation and turn it in as you leave.

Thanks very much.

APPENDIX THIRTEEN

FACILITATOR'S SCRIPT FOR EMPLOYEE SESSIONS (two hours in length)

FACILITATOR # ONE

Good morning/afternoon. I'm _____ from the department of _____ and this is my co-facilitator, _____, from the department of _____. Our names appear on the chalkboard - I'm facilitator # one and _____ is facilitator # two. At this time we would like to distribute several items - first, an evaluation from which you will complete at the end of the program. Secondly, you will receive an index card which we ask you to use to write any anonymous questions that you would like answered.

- D I S T R I B U T E M A T E R I A L S -

Next, we would like to know who is here. Would you please indicate when your name is called?

- C A L L R O L L -

Are there individuals whose names were not called?

- R E C O R D A D D I T I O N A L N A M E S -

FACILITATOR # TWO

The work of the AIDS Task Force has led us to three major ways of educating our campus community to the problem of AIDS - presentations to students, employees, and special programs for supervisors. Today, we want to expose you to the regular employee presentation, but because you are a supervisor, we wanted to also concentrate on management issues related to AIDS. If you haven't had to do so already, likely you will be required to deal with some of these issues at some future point at Tech.

This will be a two-hour program, with a short break. We ask that you remain for the entire two hour period.

Many of you know first hand that we have some real problems associated with AIDS at Tech and we need your help in solving those problems. We have experienced several deaths on campus among employees and students, still others are currently battling the disease, and others who are infected will likely develop AIDS-related conditions at some point. When the Georgia Tech Task Force first began our work, we asked the Centers for Disease Control to project some sort of figures about the incidence of HIV infection at Georgia Tech. The figures they projected alarmed us: approximately 35-42 employees and 65-72 students who are probably infected. Those figures virtually assure that each of us will be affected personally or professionally in some ways by this devastating disease. Our ability to deal with it will reflect the knowledge we possess about AIDS.

FACILITATOR # ONE

And so what we have done is to create these sessions to help our community members deal with this disease, supply up-to-date medical and legal information, to dispel myths and unnecessary fears associated with the virus, and to lessen the spread of the virus through educated and informed community members. The process today will consist of a short video entitled "Changing the Rules", a discussion of the video, a question and answer period, and time for a distribution of Georgia Tech's policy on AIDS and other handouts. Additionally, you will see a second short video "AIDS and the Law" which will help to clarify your role as a supervisor handling AIDS-related concerns.

Some of the things you will see or hear today are very candid - and our intention is not to offend or shock you. And you may never engage in any high risk behavior. But we do hope that you will use this information to educate members of your own family or others who at some point may need this information. It may help you to save a life.

FACILITATOR # TWO

We are not ready to show the video. As you have questions, please write them on the index cards and we will take them up at the end of the video.

- S H O W V I D E O -

FACILITATOR # TWO

We would now like for you to pass your index cards to the front of each row, even if you haven't written a question.

- C O L L E C T I N D E X C A R D S -

FACILITATOR # ONE

While _____ is collecting the cards is there a questions that someone has on their minds before we go through the cards to answer questions?

NOTE: Hopefully someone will have a question for facilitator one so that the attention will be taken away from facilitator two who will be placing the lead questions into the stack.

FACILITATOR # TWO will read the questions (including any submitted) and either facilitator can respond.

- ANSWER QUESTIONS -

questions should include:

1. Can you assure me that I cannot be exposed to the virus through casual contact in the office?
2. How should I respond to rumors or innuendo from other co-workers regarding an infected co-worker?
3. How do rights for privacy affect the HIV infected?
4. What are my rights if I choose not to work with someone who is infected?
5. What are the legal statutes supporting the HIV infected?
6. What basic rules should I follow regarding general first aid treatment?
7. Where do I go on campus for specific information on AIDS or to obtain counseling for me or a co-worker?
8. Can I get the HIV test on campus?
9. What exactly does the HIV test mean?
10. How would someone with AIDS act (medication, psychological)?

FACILITATOR # ONE

We will now have a short break. Please return within 10 minutes.

FACILITATOR # TWO

At this time we would like to show a short video entitled, "AIDS and the Law". This video really touches the role of the supervisor in managing this disease in the workplace.

- SHOW VIDEO -

FACILITATOR # ONE

The laws surrounding this disease are always evolving. Therefore, much of what we can offer you is simply ways to avoid problems. If, when you are in the middle of an AIDS-related management case, it may be necessary to connect with board attorneys. Both hopefully, with some good planning, that won't occur. Let's open the floor now for any specific management problems you may need addressed.

- QUESTIONS/ANSWER/DISCUSSION -

FACILITATOR # TWO

That is all the time we have for questions. If you have additional questions, please see us after the session. We would like to give you two pieces of information now. The first is the official Georgia Tech policy on AIDS-related conditions, and the second is a booklet called AIDS: A Guide For Survival. Both offer a more indepth study of AIDS than we could offer today. We do hope that you have gained from having been here today. We have enjoyed our time with you. Please take a few minutes to complete the evaluation and turn it in as you leave.

Thanks very much.

APPENDIX FOURTEEN

GUIDELINES FOR CO-WORKERS: AIDS-RELATED CONDITIONS

1. People who have HIV/AIDS need your support and understanding. In a very short time, their lives have been changed drastically. The most important thing you can do is listen and understand. People with HIV/AIDS usually like to be treated the same as everyone else. If a co-worker has HIV/AIDS, remember that your support and friendship are more important now than ever before.
2. Do not worry about getting AIDS from daily contact with a person with AIDS. You only need to take precautions (such as wearing rubber gloves) when blood is present. You can touch people with AIDS without any risk of contracting the virus.
3. Ask how you might help. Dropping by the supermarket to pick up groceries, sitting with the person for awhile, or just being there to talk might be appreciated.
4. Consider enrolling in a support group for caregivers. Support groups are available around the Atlanta area. If you are interested, contact any local AIDS-related organization.
5. Work is very important to people who have HIV/AIDS or other serious illnesses. Work can help people take their minds off the pain and fear caused by the disease and make life more nearly normal. Returning to work is an important part of the recovery process.
6. Personal health information is confidential. There is no need to tell others that a co-worker is infected with HIV. Rumors can only make a difficult situation worse. Also, the federal privacy act, which applies to Georgia Tech, forbids anyone from releasing medical information without the individual's consent.
7. Educating yourself to AIDS-related terms is important. Appendix Fifteen is a basic glossary of such terms.

APPENDIX FIFTEEN

Glossary of AIDS-Related Terms

AIDS (Acquired Immunodeficiency Syndrome)

A viral disease that impairs the body's ability to fight disease. People with AIDS are susceptible to a wide range of unusual and life-threatening diseases. These diseases can often be treated, but there is no known treatment for the underlying immune deficiency caused by the virus.

AIDS-RELATED COMPLEX (ARC)

A variety of chronic symptoms and physical findings that occur in some persons who are infected with HIV but do not meet the Centers for Disease Control's definition of AIDS. Symptoms may include chronic swollen glands, recurrent fevers, unintentional weight loss, chronic diarrhea, lethargy, minor alterations of the immune system (less severe than those that occur in AIDS), and oral thrush. ARC may or may not develop into AIDS.

ANTIBODIES

Proteins in the blood that are made by the body to attack foreign organisms or toxins. Antibodies are usually effective in controlling the invaders ("antigens"). With some infections such as AIDS, however, the antibodies do not fight the antigen, but only mark its presence. When found in the blood, these "marker" antibodies indicate infection by the AIDS virus has occurred.

ASYMPTOMATIC

Without symptoms. Persons exposed to the HIV may manifest laboratory evidence of infection without suffering from any symptoms of HIV-related disease.

AZIOTHYIMIDINE (AZT)

An antiviral agent believed to inhibit the enzyme reverse transcriptase, an enzyme required for the replication of the HIV. It is now being used by many AIDS patients in the United States.

BODY FLUIDS

Fluids manufactured by the body. Though some of these fluids have been found to contain traces of the AIDS virus, not all are thought to be able to transmit the virus to another person.

CASUAL CONTACT

Refers to day-to-day interactions between HIV-infected individuals and others in the home, at school, or in the workplace. It does not include intimate contact, such as sexual or drug use interactions.

CDC (Centers for Disease Control)

A federal health agency that is a branch of the U.S. Department of Health and Human Services. The CDC provides national health and safety guidelines and statistical data on AIDS and other diseases.

ELISA

An acronym for "enzyme-linked immunosorbent assay," a test used to detect antibodies against HIV in blood samples.

FALSE NEGATIVE

A negative test result for a condition that in fact is present. There are rare false negative tests in some people who actually have been infected by HTLV-III and whose blood does in fact contain antibody. In some cases, even people who have symptomatic immune deficiency and/or recoverable virus in blood and other body fluids have a negative HTLV-III antibody test.

FALSE POSITIVE

A positive test result for a condition that in fact is not present. False positive tests occur in a small percentage of people whose blood does not in fact contain antibodies to HTLV-III and who are not infected with the organism. Some of these people have cross-reacting antibodies; in other circumstances, technical problems cause the test to be falsely positive. Repeat ELISA testing may be negative, but may also remain positive. People with false positive ELISA tests have negative confirmatory tests done by the Western Blot method. In general, false positive ELISA tests are weakly, as opposed to strongly, reactive. Some technical problems are specific to individual test kits and procedures.

FULL BLOWN AIDS

Those cases of infection with HIV meeting the Centers for Disease Control's definition of AIDS.

HEPATITIS B VIRUS

A virus which causes inflammation of the liver. Like the HIV, the virus can be transmitted by transfusion of infected blood products, by intravenous injection with an infected needle, and by intimate sexual contact.

HIGH-RISK BEHAVIOR

A term used to describe certain activities that increase the risk of transmitting the AIDS virus. These behaviors are often referred to as "unsafe" activities.

HIV (Human Immunodeficiency Virus)

The name proposed for the causative agents of AIDS by a subcommittee of the International Committee on the Taxonomy of Viruses.

HIV NEGATIVE

This term indicates that an individual has tested negative on a test for the HIV antibody. This may indicate that the person has not been exposed to the virus, or it may mean that the person has been exposed but has not yet formed antibodies for the virus. The period between exposure to the virus and the first appearance of the HIV antibodies may be as long as several months. Therefore, a negative result on an HIV antibody test does not mean that the individual may not develop AIDS in the future.

HIV POSITIVE

This is an indication that a person has had a positive result on tests for the HIV antibodies. It indicates that the individual has been exposed to the virus. It does not indicate that the person has AIDS. Generally speaking, a person is not confirmed as HIV positive until he or she has had a positive result on two successful ELISA tests and a confirming Western Block test.

HTLV-III (Human T-cell Lymphatropic Virus)

The name given by researchers at the National Cancer Institute to isolates of the retrovirus that causes AIDS.

IMMUNE SYSTEM

The natural system of defense mechanisms in which specialized cells and protein in the blood and other body fluids work together to eliminate disease-producing microorganisms and other foreign substances.

INCUBATION

The period between the infection of an individual by a pathogen and the manifestation of the diseases it causes. In AIDS, this period may range from six months to many years.

KAPOSI'S SARCOMA

A cancer or tumor of the blood and/or lymphatic vessel walls. It usually appears as blue-violet to brownish blotches or bumps on the skin. Before the appearance of AIDS, it was rare in the United States and Europe, where it occurred primarily in elderly men of Mediterranean origin. AIDS-associated KAPOSI's sarcoma strikes young men and is much more aggressive than the earlier form of the disease.

LYMPHADENOPATHY

Swollen lymph nodes. When this condition is persistent (more than three months) and generalized (located diffusely in places like the neck, armpits, and groin) in a person exposed to HIV, it is known as Lymphadenopathy Syndrome.

MORTALITY RATE

The death rate: the ratio of the number of deaths to a given population. For example, the number of deaths from AIDS represents about 60 percent of the total number of cases reported.

MUCOUS MEMBRANE

Membrane which lines the body cavities which communicate directly with the exterior such as the mouth, nose, vagina, and rectum.

OPPORTUNISTIC INFECTION

An infection caused by a microorganism that rarely causes disease in persons with normal defense mechanisms.

PATHOGEN

A specific causative agent (such as a bacterium or virus) of disease.

PHAGOCYTE

A cell in blood or tissue that binds to, engulfs, and destroys microorganisms, damaged cells, and foreign particles.

PNEUMOCYSTIS CARINII PNEUMONIA (PCP)

A form of pneumonia caused by a parasite. PCP is the most common life-threatening opportunistic infection diagnosed in AIDS patients.

SAFE SEX

A system of classifying specific sexual activities according to their risk of transmitting the HIV virus. Safe sex guidelines are used by people to avoid high-risk behavior. Those acts which are defined as "safe" involve no exchange of blood or body fluids.

SEROCONVERSION

The initial development of antibodies specific to a particular antigen. Time between transmission of HIV and seroconversion may vary from three weeks to nine months.

SEROPOSITIVE

A condition in which the presence of HIV antibody has been confirmed by ELISA or other tests. Persons seropositive for the AIDS virus have been exposed to the virus and are presumed to carry active viral particles.

SEXUALLY TRANSMITTED DISEASE (STD)

A group of diseases that are passed from one person to another through intimate contact, sexual intercourse, or childbearing.

VIRUS

Minute, parasitic organism which depends on nutrients inside cells for its metabolic and reproductive needs. These organisms cause a variety of infectious diseases and stimulate host antibodies. Unlike bacteria, viruses are unable to survive long on their own. They are not affected by common antibiotics.

WESTERN BLOT TEST

A test that involves the identification of antibodies against specific protein molecules. This test is believed to be more specific than the ELISA test in detecting antibodies to HIV in blood samples; it is also more difficult to perform and considerably more expensive. Western Blot analysis is used by some laboratories as a confirmatory test on samples found to be repeatedly reactive on ELISA tests.

APPENDIX SIXTEEN

GUIDELINES FOR MANAGERS: AIDS-RELATED CONDITIONS

1. If an employee tells a manager that he or she has AIDS, the manager should

-Find out whether the employee wishes to keep the information confidential. Discuss the advantages and disadvantages of being candid with co-workers. Being candid about AIDS can (a) quiet rumors and speculation, (b) give co-workers a better understanding of the disease and encourage them to provide support, and (c) help reduce the anxiety of the person who has AIDS because he or she no longer has to hide something of significance from co-workers. If, on the other hand, no one is aware or suspects that an individual has AIDS, the disclosure that the individual has the disease could create strains that might not otherwise exist. It should be noted, however, that it is difficult to hide the symptoms of AIDS for very long. An employee who decides to reveal that he or she has AIDS may expect to find some co-workers who are unsympathetic and scornful.

2. If an employee wants to keep the information confidential, the manager should

-Take special precautions to ensure that confidentiality.

-Offer the employee support and encouragement. Explore ways to accommodate his or her needs and concerns, including financial issues, insurance benefits, and treatment options. The Employee Assistance Program can supply this information for the manager.

-Offer information on community resources.

-Respond with sensitivity to the employee's unique emotional and psychological state. The employee is experiencing the stress of a devastating illness, the fear of possibly losing financial independence, and the fear of possibly losing the support of family and friends.

3. If rumors cause a manager to suspect that an employee has AIDS, he or she should

- Tell the employee about the rumors and ask how he or she wants to respond to them.
- Emphasize that anything the employee says will be held in confidence.
- Explain, if necessary, how the employee's needs will be accommodated.

4. If co-workers refuse to work with an employee that has AIDS, the manager should

- Arrange for employee groups to meet with independent experts to discuss AIDS, especially the fact that AIDS cannot be transmitted through casual contact.
- Review the Georgia Tech AIDS policy with employees and discuss the ethical, moral, and legal principles behind it.
- Require the employees to attend the ongoing AIDS education program at Tech.
- Demonstrate support for the employee with AIDS without alienating co-workers.

Managers can show employees there is no reason to fear that casual workplace contacts will result in the transmission of AIDS by shaking the hand of the employee with AIDS or patting the employee on the back. This will also help the employee with AIDS to feel more accepted.

- Encourage information discussions between the employee with AIDS and co-workers.
- As a last resort, make employees who refuse to work with AIDS-infected persons aware of disciplinary action that can be taken against them.
- While it is important to acknowledge the rights of AIDS-infected individuals in the workplace, circumstances may exist where co-workers with special health problems may also have the need for protection. The AIDS-infected individual may be vulnerable to many opportunistic infections, including continuing bouts with the flu or the common cold. For the healthy co-worker, exposure to these infections poses no undue problems; however, for co-workers who are pregnant or whose medical conditions reflect low immune systems, the supervisor may allow temporary work relocations upon request. In such cases the co-worker must submit a physician's statement outlining the need for such a move.

APPENDIX SEVENTEEN

SAFETY PRECAUTIONS

The skin is a natural protective shield against virus, bacteria and other germs, including HIV/AIDS. If the skin is broken by a small cut or sore, however, germs can enter the body. Adhere to the following routine first aid procedures.

1. Where blood or other body fluids are present, use personal protective equipment:
 - a. gloves where blood, blood products, or body fluids will be handled;
 - b. gowns, masks, and eye protectors for procedures that could involve more extensive splashing of blood or body fluids;
 - c. pocket masks, resuscitation bags, or other ventilation devices when resuscitating a patient to minimize exposure that may occur during the mouth-to-mouth procedure.
2. Observe these workplace practices:
 - a. wash hands thoroughly after removing gloves and immediately after contact with blood or body fluids;
 - b. health care workers must use disposable needles and syringes (do not recap, bend, or cut needles; instruments that penetrate the skin should be used once); instruments like razors that are not intended to penetrate the skin but that may become contaminated with blood should be used for only one individual and discarded; place sharp instruments in a specially designated puncture-resistant container located as close as practical to the area where the instruments are used; handle and discard sharp supplies and instruments with extraordinary care to prevent accidental injury;
 - c. follow general guidelines for sterilization, disinfection, housekeeping, and waste disposal (place potentially infective waste in impervious bags);

- d. clean blood spills immediately with detergent and water (use a solution of household bleach diluted between 1/10 and 1/100 parts water for disinfection).
 - e. although there are no reports of HIV infection from mouth-to-mouth resuscitation, people required to give first aid on the job may wish to use resuscitation masks;
 - f. no special precautions are required for personal service workers whose services do not involve a risk of blood contamination.
3. The CDC does not recommend prohibiting employment of a person with AIDS from working in food services (no evidence exists of transmission of either HIV or hepatitis B virus during the preparation or serving of food and beverages).
4. The CDC finds the greatest risk of transmission of HIV in the health-care workplace, especially for those health-care workers who take part in invasive procedures, such as surgery (the CDC states that even health-care workers who are known to be infected with HIV but who do not perform invasive procedures "need not be restricted from work unless they have evidence of other infection or illness for which any health care worker should be restricted").