



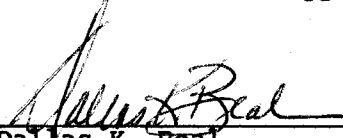
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RESOLUTION
concerning
AIDS POLICY
FOR
STUDENTS AND EMPLOYEES
OF
CONNECTICUT STATE UNIVERSITY

March 3, 1989

- WHEREAS, Campuses are subject to the intrusion of the disease of AIDS and are committed as educational institutions (in absence of a cure or vaccine to prevent AIDS) to use education as the primary means in deterring the spread of AIDS, now, therefore, be it
- RESOLVED, That Board of Trustees Resolution 87-59 is hereby superseded, and be it further
- RESOLVED, That the attached "AIDS POLICY AND GUIDELINES FOR STUDENTS AND EMPLOYEES OF CONNECTICUT STATE UNIVERSITY," shall be utilized by every campus of Connecticut State University as the basis on which campus policies and procedures will be developed and implemented.

A Certified True Copy,


Dallas K. Beal
President



AIDS POLICY AND GUIDELINES
FOR
STUDENTS AND EMPLOYEES
CONNECTICUT STATE UNIVERSITY

March 3, 1989

All campus policies and guidelines shall be developed on the basis of and consistent with the following Trustees' policy and guidelines. This statement of policy and guidelines is, in turn, intended to be consistent with Trustees' Resolution 87-59 of May 1, 1987, now superseded, and Board of Governors' Guidelines for Development of AIDS Policies at Connecticut Colleges and Universities, adopted September 27, 1988.

Policy

It is Trustees' policy that on CSU campuses all responses to AIDS, HIV infection, and other sexually transmitted diseases must consider individual rights, reflect current medical knowledge, and recognize the legal, ethical, and moral precepts that govern our society.

The President of each CSU campus shall develop and implement a comprehensive education program for employees and students dealing with AIDS, HIV infection, and other sexually transmitted diseases. The implementation of an effective educational program based on current medical evidence provides the best way to combat these diseases and to dispel fears in an academic and employment environment.

Campus personnel shall analyze individual circumstances and respond to persons with AIDS and HIV infection on a case-by-case basis consistent with humane considerations and the rights of the persons affected.

Consideration of the existence of AIDS or HIV infection shall not be a part of the admission decision for prospective students or the hiring decision for prospective employees.

Testing for AIDS or HIV infection shall not be required by University authorities for present or prospective students or present or prospective employees.

Guidelines

Each campus president should designate an individual who shall be responsible for organizing and conducting the education program on campus on AIDS, HIV infection, and other sexually transmitted diseases.

A committee representative of the collegiate community should be involved in working with the responsible individual in formulating the education program.

Education programs should be adapted to the diversity of the student and employee population. Periodic evaluations of the effectiveness of these education programs should be undertaken.

Areas of Focus:

1. Housing and Residential Life

People who are known to have HIV infection or AIDS must be accorded the same rights as other students in a manner consistent with institutional housing policies. Each situation must be dealt with on a case by case basis.

2. Medical Care

Campus institutions should provide clear statements about provisions for health services, the extent or limit of support for providing care, limits of health coverage, and availability of referral services.

3. Counseling and Support Services

The CSU Executive Offices and the campuses should make available support services for HIV infected students and employees, and students and employees experiencing fears and apprehensions about AIDS and HIV infection.

4. HIV Antibody Testing

Mandatory Testing: College and university officials should not undertake programs of mandatory testing of either employees or students for antibody to HIV, since testing programs tend to be cost ineffective, counter-productive, and possibly discriminatory.

Voluntary Testing: College and university health services should be familiar with reputable sources of counseling and testing for antibody to HIV, and should have a plan to refer students or employees requesting tests. Health care providers utilized by the college or university should understand the capabilities and limitations of the test and should be able to counsel and educate persons who seek testing. Administrators and clinicians must be familiar with CSU's and Federal/State laws, regulations and guidelines, and public health requirements regarding charting of results, release of confidential information, and reporting of test results whether the tests are performed through the campus health services or not, they should be done if and ONLY if:

1. They can be confidential or anonymous,
2. The methodology for testing conforms to accepted standards of practice,
3. Institutions utilize laboratories certified by the Connecticut Department of Health Services, and
4. Both pre-test and post-test counseling are a mandated part of the program.

Institutions are required to maintain confidentiality of AIDS and HIV infected patients in a manner consistent with legal and public health requirements and CSU policy.

5. Personnel (faculty, administrators, staff)

Campus policies must be consistent with the Connecticut Department of Health Services "AIDS Guidelines for State Personnel." The main policy guidelines set forth include: (1) no restrictions should be placed on a person's employment solely on the basis of a diagnosis of AIDS, ARC or positive HIV antibody blood test..., (2) There is no scientific or medical justification for testing present or prospective workers for the presence of HIV antibody for the purpose of employment, (3) No special precautions are necessary to prevent transmission of HIV, the virus that causes AIDS in the workplace, except for employees involved in the direct delivery of health care services and for those who might otherwise come in contact with blood, (4) state agencies should develop and make available for routine use agency specific guidelines for employees involved in the direct delivery of health care and guidelines for handling blood and other body fluids.

6. Safety Precautions (i.e., personnel, health care workers, students in laboratories where they are exposed to blood samples.)

Campuses must provide policies and guidelines that are consistent with current safety precautions for employees and students who might be involved with the care of AIDS and HIV infected persons, and for students and staff working in laboratory environments where they are exposed to blood samples.

7. Discrimination and Harassment

Campuses should reaffirm that discrimination and harassment are unacceptable and that violations will be dealt with consistent with the existing disciplinary framework at the institution.

8. Policies and Guidelines should be well publicized and available to faculty, students and staff.

3/3/89



GLOSSARY OF TERMS ON AIDS

AIDS (Acquired Immune Deficiency Syndrome)

Acquired - not inherited

Immune Deficiency - a breakdown in the body's defense system.

Syndrome - a range of symptoms or disorders

AIDS is a bloodborne disease caused by a virus (HIV) which attacks the body's immune system (the body's ability to fight disease) as well as other parts of the body such as the brain. There are three main groups all of whom have been infected with the AIDS virus:

AIDS CARRIER: (or an Asymptomatic Infected Individual)

An individual infected with the AIDS virus but shows no signs or symptoms of "ARC" or AIDS. The infection was determined by a blood test for the virus. Though one may have minimal or no clinical evidence of the disease for several years, one can transmit the virus to others throughout his/her lifetime (remain infected indefinitely).

"ARC": (AIDS RELATED COMPLEX)

AIDS virus infected individuals who have symptoms associated with the AIDS virus but have not as of yet developed the full blown AIDS syndrome. These symptoms include persistent fevers, diarrhea, loss of appetite, weight loss, night sweats and malaise which are not due to other underlying illnesses.

AIDS:

Individuals who show blood tests positive for the AIDS virus and present with AIDS related opportunistic infections or unusual cancers because of a markedly depressed immune system caused by the AIDS virus invasion.

There are other subgroups or divisions of the AIDS disease such as those who present with acute infection about 3 to 6 weeks after being infected with the virus, as well as those individuals who present with a progressive generalized lymph gland swelling (Particularly in the underarms, neck and groin), or brain disorders due to the viral invasion. All of these groups have detectable AIDS virus in the blood of the individual.

Antibody - Protein substance developed by the body in response to a foreign substance, i.e., a virus, to fight the invaded organism.

ARV (Aids Related Retrovirus) - Now referred to as "HIV".

ELISA TEST (Enzyme Linked Immunosorbant Assay) - A screening test employed for the detection of the AIDS-virus antibodies in one's blood. If the test is positive, then the blood is retested again by this method. If the test is positive twice, a confirmatory WESTERN BLOT TEST is performed. A single blood sample can be used. This test is used to screen all donated blood and assist in preventing cases of AIDS from blood transfusions.

HIGH RISK POPULATIONS:

- sexually active homosexual and bisexual men.
- present and past abusers of illicit intravenous drugs.
- homosexual or bisexual men who are also IV drug abusers.
- sexual partners of HIV positive infected individuals.
- infants born to mothers infected with the AIDS virus.
- recipients of contaminated blood: hemophiliacs or persons receiving blood transfusions (greatest for those receiving large amounts of blood between 1978-1985) especially in areas with a high incidence of AIDS victims.

HIV (Human Immunodeficiency Virus) - the appropriate worldwide term for the AIDS virus. Was previously referred to as ARV, LAV, or HTLV-III.

HTLV-III - old terminology for the AIDS virus, HIV. Human T-cell Lymphotropic Virus type III.

Kaposi Sarcoma - this opportunistic cancer (tumor) presents with flat to slightly raised purplish lesions found on the face, in the mouth and on the lower legs especially the bottom of the foot and also seen in the gastrointestinal tract.

LAV - old terminology for the AIDS virus, HIV. Lymphadenopathy Associated Virus.

Opportunistic Infections - Infections which have an opportunity to occur in people whose immune system is deficient or suppressed: People who carry the AIDS virus are vulnerable to serious illnesses which would not be a threat to anyone whose immune system is functioning normally.

Pneumocystis Carinii Pneumonia (PCP) - is the most common AIDS-related opportunistic infection in the United States, caused by a small protozoan and is frequently the first opportunistic infection that occurs. People with PCP complain of fever, nonproductive cough, shortness of breath, chest tightness and/or difficulty breathing with activity. A chest x-ray is always ordered in people complaining of these symptoms.

"Safe Sex Methods" - include ways in which one engages in a sexual practice which limits one's chance of contracting the AIDS virus. They include:

1. abstinence (only full proof method of avoiding contact with the virus),

2. restricting sexual activity to hugging, dry kissing, masturbation, massages and touching or
3. use of latex condom with spermicide NONOXYNOL-9 gel if intercourse is preferred.

Spermicide - NONOXYNOL-9 gel inactivates HIV and is used with a latex condom: It also prevents the spread of other sexually transmitted diseases such as gonorrhea, syphilis and chlamydia.

T-Cells - a group of lymphocytes in the immune system which are the targets for the AIDS virus. The virus attacks the T4 subset of this group of cells disabling immune system to combat infection.

The AIDS Virus - a germ which is passed from one to another by intimate sexual (semen or vaginal secretions), blood-to-blood contact, i.e., sharing infected needles, or transmitted from an infected mother to an unborn or newborn infant. It does not survive or reproduce outside the human cell. Antibiotics cannot kill the virus.

3/3/89