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Guidelines for the
Federal Workplace HIV/AIDS Education Initiative
"AIDS AT WORK"

April 7, 1994

Executive Office of the President
Office of National AIDS Policy

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL AIDS POLICY

RECOMMENDED GUIDELINES FOR THE FEDERAL WORKPLACE HIV/AIDS EDUCATION INITIATIVE "AIDS AT WORK"

I PURPOSE

On September 30, 1993, President Clinton signed a directive (Directive) instructing all Federal departments and agencies to provide comprehensive HIV/AIDS in the workplace training for their employees. The Directive mandates that all initial training be either carried out or scheduled by World AIDS Day, December 1, 1994. In addition to providing HIV/AIDS prevention information, all federal employees must receive information on workplace policies and procedures related to persons living with HIV and other chronic illnesses. Human resources staff is required to review workplace policies and procedures to ensure that the federal workplace encourages people with any chronic illness, including those living with HIV/AIDS, to continue productive employment as long as their health permits.

The President has committed his Administration to a leading role in the fight to end the HIV/AIDS epidemic. Until there is a cure, educating people on assessing their own risk and taking appropriate steps to protect themselves from infection with HIV is the best way to stop the epidemic. As the epidemic matures and medical advances proceed, more and more people living with HIV/AIDS will be in the workforce. Since HIV cannot normally be transmitted in a workplace setting, people living with HIV/AIDS should be encouraged to continue working so long as their health allows them to be productive employees. The Federal Workplace HIV/AIDS Education Initiative (FWAEI) will serve as a model for all businesses on how to provide employees the information they need to prevent infection with HIV and the type of personnel policies and procedures which encourage people with any chronic illness, including HIV/AIDS, to continue productive work for as long as their health permits.

II BACKGROUND

Based upon comprehensive research and evaluation of many private-sector workplace programs, the Centers for Disease Control and Prevention (CDC), *Business Responds to AIDS*, and the National Leadership Coalition on AIDS recommend that the following five components be included in any comprehensive HIV/AIDS workplace education program:

- Policy / Procedures
- Training of Supervisors and Managers

- o Employee Education
- o Family Education
- o Community Service / Volunteerism

The Office of National AIDS Policy (ONAP) has produced the following guidelines for all Federal departments and agencies to assist in the development of comprehensive HIV/AIDS in the workplace programs. In order to succeed, the development and implementation of a training program must take into account the particular needs of each department or agency. The guidelines that follow are minimum requirements and are not intended to preclude any additional training that a particular department or agency determines is appropriate for its own employees. These guidelines will assist departments and agencies in creating developmentally appropriate, technically accurate, training programs whose success can be measured.

II TARGET AUDIENCE

HIV/AIDS workplace training is mandatory for every Federal employee. The initial training must be conducted or scheduled by World AIDS Day, December 1, 1994. The Directive does not require that contractors receive training. Departments or agencies may require that contractors receive training, particularly in those locations where they share the same workplace as Federal employees. Contractors should not be trained with Federal staff.

Managers and supervisors should receive more in-depth training that includes dealing with issues of confidentiality, how to approach any necessary counseling and referrals, and how to help a chronically ill employee continue working and remain productive.

III CLASS SIZE

Class size is critical to the successful implementation of the Federal Workplace AIDS Education Initiative. Employees need to have their questions answered, and large classes prevent employees from getting the response time they need. Class size should be limited, optimally to 30, but never more than 50, participants.

IV LENGTH OF TRAINING

The duration of the training session should be not less than 2 hours, although 3 hours is the recommended length to allow ample time for questions and discussion. Allowing for breaks will give staff an opportunity to digest the information presented. Additional time may be required for supervisor and manager training.

V RECORDS / EVALUATION INSTRUMENTS

One of the most difficult tasks you will encounter is the documentation of how the Directive is being implemented and whether it has an impact on the knowledge, attitudes, beliefs and

behavior of the employees. To accomplish this, accurate records of training sessions, including: the names of participants; the date of the training session; and the total number of employees trained, are essential. All individuals receiving training should have an appropriate "official training form" sent to their personnel files, and/or the attendance information should be entered into their training records database. Keeping a monthly list of class sizes and participants will expedite the formulation of the regular quarterly reports.

Ideally, your instructor should ask each participant to complete pre- and post-training knowledge assessments. These assessments will indicate whether participants increased their understanding of HIV/AIDS in the training session. An increased understanding of the pathology of HIV/AIDS does not necessarily indicate a concomitant change in the behavior of participants.

To determine the effectiveness of the training session it is important to gauge the quality of instruction. An instructor/class evaluation should be administered at the end of each training session. These assessments should be no more than one page and ask participants to grade the class content, the instructor's ability, the quality of questions and discussion, and whether the training session was worthwhile. Evaluation instruments used during your training should not be referred to as "tests." If the evaluation instruments indicate that the training session was not well received, you should consider appropriate remedies including altering course content or securing a different instructor.

VI CONTENT

The following topics are suggested for class content. The percentages attached to these topics are intended as guidance for the development of individual sessions. Discussion and questions at each department or agency will vary depending on the group addressed. Because discussion and questions are important, and there are always time constraints, an instructor must be flexible in practice.

30% Prevention Education (The discussion must include how HIV is transmitted and how to prevent transmission, including both abstinence and safer sexual practices. Note: It is especially important to provide sufficient time for questions and answers in this part of the training and no question is too dumb.)

30% Workplace Issues Discussion / Education (Includes a discussion of why this training and associated workplace policies are important, why support services are necessary, and data related to employees needs.)

30% Policy Discussion / Education (Includes a discussion of federal and legal protections as well as the policies of your department or agency.)

10% Resources and Closing Questions and Answers

VII INSTRUCTORS

The instructor is key to a successful HIV/AIDS education program. Instructors (Federal or non-Federal) should be trained comprehensively in HIV/AIDS issues and have experience with HIV/AIDS training. Instructor certification is not necessary unless required by your organization. (Certification may not always guarantee quality instruction for your HIV/AIDS education program.) You may want to rely on your department or agency's contractor policies in determining who will be the most suitable instructor. In many cases, members of non-governmental community based organizations have a wide range of experience in HIV prevention that may be helpful for all or part of a training session. It is also important to note that more than one instructor may be needed to present the full range of information necessary. The instructor should be experienced enough to tailor the session to the audience (i.e., the type of questions and concerns voiced by lawyers, support personnel, analysts, economists, etc. could be quite different).

A Federal employee, knowledgeable about all human resources related policy issues, should present the department or agency policies and procedures regarding HIV/AIDS and other life-threatening chronic illnesses. Policies and procedures regarding Federal employees and managers must not be presented by private-sector contractors or non-Federal employees.

If your agency uses a contractor for the HIV/AIDS presentations, be sure they follow these recommended guidelines. Ask the contractor for information regarding the teaching history and the educational experience of the instructor. Include in your contract language that permits the replacement of an instructor with whom you are displeased.

Before training Federal employees or contractors, all instructors may want to read at least two texts from the "Suggested Reading" section of these guidelines, preferably *AIDS in the Workplace*, *The Guide to Living with HIV*, or *Managing AIDS in the Workplace*.

VIII METHODOLOGY

The training must be tailored to the needs of each department or agency. The primary goals of the educational component shall be: (1) increasing employee's knowledge on issues of HIV transmission; (2) increasing awareness of HIV/AIDS in the workplace issues and available relevant resources; (3) creating positive attitudes about working alongside people living with HIV/AIDS; and, (4) encouraging the participation in activities, both at work and in the community, that will stop the HIV/AIDS epidemic.

Effective HIV/AIDS prevention methodology for people at high risk for HIV infection (i.e., anyone engaging in unprotected sex with more than one partner or people sharing dirty needles), requires targeted, continuous, linguistically specific and culturally based information. It is impractical to divide up a workplace based on risk factors. The training sessions should provide sufficient information for employees to assess their own risk for HIV infection. Resource information provided as part of the training session must provide the employees with locations where they may obtain more targeted interventions if they perceive themselves to be at high risk for HIV infection.

If, for expediency in implementing the Directive, you must place all members of the same department or office together, the training must be relevant to all those present. Staff must be made aware that some of the issues discussed will be related to sexual practices and injecting drug use. Although departments and agencies are encouraged to be linguistically specific in covering the issues, the training sessions should not present material patently offensive to an average employee. If participants find the material presented offensive, it is often counterproductive to the goal of encouraging an accurate self-assessment of risk for HIV infection.

Classes should be interactive and allow time for individuals to ask questions and to process the information presented. Employees must receive materials on workplace and community resources available to address any concerns raised by the training session.

IX VIDEO PRESENTATIONS

Video presentations should not represent more than 30 to 35 minutes of the total class time. A video presentation alone is insufficient. A discussion and question period is essential for some people to adequately assess their personal risk factors. Presentations may use videos to provide a standardized source of information for all individuals, but a video must not be the sole source of information. Individuals representing policy, personnel, or employee assistance programs should always be an integral part of the HIV/AIDS educational program and their presentations should not be substituted with video.

X GENERAL OBJECTIVES FOR ALL EMPLOYEE TRAINING

Based upon the time allocated for the class, prioritize class content using the following objectives:

Knowledge Objectives

Participants should be able to:

1. Define HIV.
2. Define AIDS.
3. Know how HIV & AIDS are related.

4. Understand the disease process.
5. Know how HIV **is** transmitted:
   a. Primary risk factors (i.e., exchange of bodily fluids from a person living with HIV to someone who is not)
   b. Secondary risk factors. (e.g., how the use of drugs or alcohol may impair judgement about HIV risk, importance of self esteem)
6. Know how HIV is **not** transmitted.
7. Understand relevant universal precautions for application in the workplace.
8. Know how to assess their personal level of risk for HIV infection.
9. Describe HIV antibody testing and encourage those that perceive themselves at high risk to ascertain their HIV status.
10. Understand the rights of employees with a chronic illness, including HIV/AIDS.
11. Understand basic applications of laws, regulations or policies such as disability, health and leave benefits, the Federal Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the Family and Medical Leave Act, as these apply to people living with HIV/AIDS in the workplace.
12. Know agency expectations, specifically policies and procedures which address co-worker responses to employees who are chronically ill, including those who are living or perceived to be living with HIV/AIDS.
13. Identify what are discriminatory behaviors/actions in the workplace.
14. Understand workplace behaviors or actions that are valued in terms of maximum productivity and optimum work environment.
15. Understand the importance of teaching young people how to protect themselves from HIV infection, and how to talk about HIV with children and adolescents.

Attitudinal Objectives

Ideally, participants will indicate they:

1. View persons living or perceived to be living with HIV/AIDS no differently than persons with other life-threatening illnesses.
2. Feel more comfortable working with employees who are chronically ill, including those who are living or perceived to be living with HIV/AIDS.
3. Are more supportive of reasonable accommodations for employees who are chronically ill, including those living or perceived to be living with HIV/AIDS.
4. Feel less judgmental toward persons who are chronically ill, including those living with or perceived to be living with HIV/AIDS (with respect to the presumed or known behaviors that resulted in their infection).
5. Experience little or no fear of interacting with employees who are chronically ill, including those living or perceived to be living with HIV/AIDS.

Behavioral Objectives

Participants should be able to:

1. Assess their own levels of risk for HIV infection.
2. Adopt behaviors that eliminate transmission risks.
3. Provide support for chronically ill employees including those who are living with HIV/AIDS.
4. Express willingness to participate in work assignment adjustments necessary to provide "reasonable accommodation" for chronically ill employees, including those living with HIV/AIDS.
5. Share HIV prevention information with others.
6. Apply information about the Federal Rehabilitation Act of 1973, Americans With Disabilities Act of 1990, Equal Employment Opportunity, Family and Medical Leave Act, as well as leave, disability and health benefits information.

XI OBJECTIVES FOR MANAGERIAL TRAINING

Behavioral Objectives

Managers should be able to:

1. Apply policies and procedures for managing employees who are chronically ill, including those living or perceived to be living with HIV/AIDS.
2. Manage employee disclosures, assuring that confidentiality is maintained. This is critical for staff who may want to disclose they are living with HIV/AIDS and for other staff that may want to voice concerns about working with someone living with HIV/AIDS.
3. Appropriately provide any necessary reasonable accommodation in collaboration with Human Resources personnel and the employee.
4. Manage the performance of employees who are chronically ill, including those living or perceived to be living with HIV/AIDS.
5. Discuss concerns with Human Resources or employee assistance personnel during the employee disclosure, accommodation, or referral process.
6. Manage sensitive documents reporting an employee's HIV or health status.

XII POLICY STATEMENTS

As indicated above, the Presidential Directive requires all departments and agencies to review their personnel policies to ensure that they provide adequate protections for employees with a chronic illness, including those living with HIV/AIDS, while ensuring a comfortable and safe work environment. To accomplish this, we suggest the following:

Review the Office of Personnel Management (OPM), Federal Personnel Manual Letter (FPM) 792-21 (March 1988) and Attachment of FPM Letter 792-21 (April 24, 1991), "Acquired Immune Deficiency Syndrome (AIDS) in the Workplace." Applying the basic guidance from the FPM letter, establish or revise your own organizational policies. OPM is in the process of establishing a repository for all the policies from the various departments and agencies. Upon completion of your organization's policy statement, please send a copy to: Chief, Employee Health Services Branch, U. S. Office of Personnel Management, 1900 E Street, NW, Room 7412, Washington, DC 20415. If you have questions concerning the FPM letter or applicable policies, you may call the office at (202) 606-1269.

Each training participant should receive specific written policy information, as well as, information outlining procedures for the disclosure process, counseling, disability and health insurance benefits. Distribution of a policy statement is not enough; each employee should receive a document that contains the names, locations and telephone numbers of the individuals associated with the administration of the following.

1. Equal Opportunity Employment
2. Interpretation of the Federal Rehabilitation Act of 1973
3. Interpretation of the Americans with Disabilities Act of 1990 (where applicable)
4. Health and disability retirement benefits information, Employee Assistance Programs and Counseling
5. Family and Medical Leave Act
6. State and local government interpretations
7. Local union representatives (where applicable)
8. Occupational Safety and Health Administration (OSHA) guidelines, especially those related to possible occupational exposure to HIV.

XIII GENERAL POLICIES FOR SUPERVISORS AND MANAGERS

Each department or agency should develop policies and procedures for employees with serious illnesses, including those living with HIV/AIDS, that are flexible enough to accommodate individual circumstances. In some situations it will be necessary to negotiate with the employee an appropriate workplace accommodation. This process should always include a designated representative from the Human Resources Department or the Employee Assistance Program (and may include a union representative).

Each department or agency must consult with their General Counsel in developing specific policies and procedures for employees with serious illnesses, including those living with HIV/AIDS. The following guidelines should be considered in developing those policies and procedures. A department or agency may develop policies that are more specific than those addressed here.

Privacy and Confidentiality

An employee's health condition is personal and confidential. Employees have understandable concerns over confidentiality and privacy about medical documentation and other information related to an HIV/AIDS diagnoses that is submitted for purposes of an employment decision.

Precautions must always be taken to protect information regarding an employee's health condition. It is inappropriate to report disclosures to other upper-level supervisors unless there is a documented "need to know." (These cases are minimal and should be confirmed with your Human Resource Department.) Employees living with HIV/AIDS or other life-threatening illnesses are entitled to full coverage under the Federal Rehabilitation Act of 1973, the Americans With Disabilities Act of 1990, sick leave, Family and Medical Leave Act, leave bank programs, disability benefits, and equal employment opportunity. Should questions arise concerning such matters, contact your Human Resources Department.

Some employees work in occupations that may put them at greater risk of HIV infection (e.g., medical facilities, laboratories, security personnel who might come in contact with blood, etc.). These employees should attend a training session with special emphasis on the use of universal precautions where there might be exposure to blood-borne pathogens. These guidelines can be obtained from OSHA.

General Practices For Discussing Disclosures

Generally, when employees disclose any life-threatening illness, including HIV/AIDS, a supervisor should not immediately initiate any sudden changes in the employee's working environment. Be sensitive to the possible contribution of anxiety over this condition to work behavior. Any part of the disclosure process should include discussions with the employee, the first-line supervisor, and a representative from the Human Resources Department or the Employee Assistance Program (and may include the employee's union representative.)

Making "Reasonable" Accommodations

The purpose behind reasonable accommodations is to provide alternatives for employees living with disabilities, in this case HIV/AIDS, to continue productive work as long as possible. Reasonable accommodations provide a work environment where individuals living with disabilities can maximize their productivity and continue to be part of the workforce. The implementation of reasonable accommodations usually has a positive impact on all staff, as it communicates the willingness of managers to care for the individual needs of employees.

What reasonable accommodation does not mean is that employees with disabilities, including those living with HIV/AIDS, are held to significantly different performance standards than employees without disabilities in similar positions. It also does not mean new jobs must be created to accommodate any employee living with a disability.

When looking at an individual employee's condition, consider changes in work assignments like job restructuring, reassignment, liberal leaves or flexible schedules for employees living with HIV/AIDS in the same manner as for other employees whose medical conditions affect their ability to perform safely and reliably. In so doing, observe established policies governing qualification, internal placement, transfers and other staffing requirements. Alternate work scheduling is often the least expensive and simplest accommodation.

Addressing Co-Workers' Concerns

Be sensitive and responsive to co-workers' concerns, and emphasize the need for education. Be clear that mistreatment, harassment, malicious gossip, or hurtful actions in the workplace will not be tolerated. Through educational efforts and private discussions, teach employees that no medical basis exists for refusing to work with a fellow employee, or clients of a department or agency, living with HIV/AIDS.

XIV TRAINING SUGGESTIONS

The following recommendations are made by the Office of National AIDS Policy to assure quality in this initiative. By following these suggestions you can reduce training obstacles, ensure quality standards, and expedite the educational process.

1. Upon reviewing these guidelines, examine your organizational structure, the composition of your workforce and any logistical considerations that impact on training. By looking at other training programs offered by your department or agency, you may determine the most appropriate method for conducting HIV/AIDS workplace training for your staff.

2. To achieve consistency, coordinate the training at every level throughout the organization. Request initial input from department heads who can ensure the plan is carried out consistently. Develop a network of HIV/AIDS coordinators throughout your organization. Share the educational plan with them, develop a strategy and schedule the sessions. Also, you may want to include union representatives in your network of coordinators.

3. Establish a local-area network (LAN) bulletin board for questions and answers concerning HIV/AIDS issues, employee benefits, leave programs, interpretation of the Family and Medical Leave Act, policies affecting the terminally ill, etc. Keep entries into the system confidential.

4. Collect questions anonymously and publish answers in employee newsletters. If your own organization does not have a newsletter, perhaps your union does.

5. If your organization employs someone living with HIV/AIDS, and he/she feels comfortable talking to a group, you may invite the employee to a question and answer

session or to make brief presentations, especially for World AIDS Day, December 1. These presentations, if included in the training, should not exceed 20 minutes.

6. For workplaces where the risk of occupational exposure to HIV may be greater (i.e., occupations in which employees routinely, or are likely in some circumstances, to come in contact with blood or blood products), a special training session on "Bloodborne Pathogens/Universal Precautions" in addition to the general HIV/AIDS training session may be appropriate. Be sure to inform the class of the exact date, time and location. Detailed, or specific questions about bloodborne pathogens and universal precautions can be answered in the Bloodborne Pathogens session.

7. Keep the education and policy modules together and offer them as one session, including a discussion of workplace policies and procedures. (Managers and Supervisors may need more details from the policy representative.)

8. When asked hypothetical questions that demand complex explanation, maintain credibility and try to negotiate the discussion back to the facts and objectives. Politely refer "highly improbable" questions to designated Human Resource or employee assistance personnel. You may want to visually track the questions (using a flipchart, etc.), ensuring that each question is addressed by the end of the session. However, if too many questions are deferred, the instructor may lose credibility. A skilled, experienced instructor will strive to provide the necessary balance.

9. Conduct pilot sessions to validate your training sessions and ask for input from unions, human resources, training and employee assistance departments. Optimally, retain the same effective instructors throughout your agency's or organization's program.

10. Before conducting the pilot sessions, take time with the instructor to discuss the employees who will be attending the sessions. (Are they analysts, lawyers, accountants, support staff?) The instructors will not need great detail, but a little background information will make the instructor more at ease and "set the stage" for successful training.

11. Work with your training departments and ensure that basic components of the HIV/AIDS training, especially policy, are incorporated in required managerial training and new employee orientation. If you do not have a new employee orientation program, maintain accurate records and provide future HIV/AIDS training sessions as needed. Remember, this initiative is ongoing and HIV/AIDS workplace education must become a part of all employee's ongoing training.

12. As an option, offer some weekend or evening sessions to include family members, friends of employees, and other members of the community who interact with your department or agency.

13. During the training, provide supplemental information regarding discussions of HIV/AIDS with children and teens. The theme for World AIDS Day, December 1, 1994, will be "AIDS and the Family." You may want to offer seminars or workshops emphasizing "AIDS and the Family" throughout the year, or during the week of December 1, 1994.

14. Provide additional information to all employees to enhance and reinforce understanding about the nature and transmissions of HIV/AIDS. Use news bulletins, personnel management directives, meetings, guest experts, Q&A sessions, films and video, newsletters, union publications, fact sheets, pamphlets.

XV QUARTERLY REPORTS

Each department and independent agency is required to send quarterly reports to the Office of National AIDS Policy. These reports are compiled and sent directly to the President. Accurate record keeping will expedite the report writing process. The FWAEI Quarterly Report should include:

1. The number of staff trained during the quarter, including number of classes and average class size.

2. The total number of staff trained since inception of the initiative (September 30, 1993).

3. The percentage of the total staff of the department or agency that (2) represents.

4. Any difficulty faced in implementing the HIV/AIDS education program (logistical problems, unclear communications, personnel resistance).

5. Progress made in updating and revising departmental non-discrimination policies.

6. Future plans and milestones in implementing the HIV/AIDS initiative within your department or agency. (How many employees are scheduled during the next quarter, any foreseen barriers to full implementation.)

7. List private-sector and non-profit organizations who have visited with you about their training programs.

8. Other activities you plan or have scheduled to re-emphasize AIDS Awareness, especially for World AIDS Day, December 1, 1994. Include any press articles about your implementation of the Federal Workplace AIDS Education Initiative.

9. For the last report of the year, your future plans section must include what will be your plans for conducting training for the following calendar year. This shall include how many people you estimate to be trained per quarter for the following year.

Due dates for future reports are June 15, September 15, December 15. All reports should be faxed or mailed to the Federal Workplace AIDS Education Coordinator. Mailing information follows.

Office of National AIDS Policy Contact

For information about these guidelines, contact the Federal Workplace HIV/AIDS Education Coordinator, Executive Office of the President, Office of National AIDS Policy, 750 17th Street, Suite 1060, Washington, DC 20503, telephone (202) 690-5560 or FAX (202) 690-7560.

Interagency Meetings

Each month the Office of National AIDS Policy conducts a meeting to discuss questions, as well as to present materials that have been developed by organizations for the FWAEI. The meeting is open to Federal and non-Federal employees. Meeting notices are normally faxed and not confirmed by a mailing. Please be sure that your contact name, address, telephone number and fax number are correct with the Office of National AIDS Policy. (See Office of National AIDS Policy Contact.)

XVI RESOURCES

The Office of National AIDS Policy, the Department of Energy, the Office of Personnel Management, and other Federal agencies have collaborated with the Department of Health and Human Services' employee assistance program to develop training packages which comply with these guidelines. Supervisor training materials are nearly completed and your agency FWAEI contact will be notified when these training packages are available.

Materials should include resources and information provided by local community based organizations who work with HIV/AIDS related issues. The CDC National AIDS Clearinghouse can help you find information (800) 458-5231. The Centers for Disease Control and Prevention's National AIDS Hotline number, 1-800-342-AIDS, must be included in all resource information. Throughout the training, this number should be clearly posted in the room.

XVII SUGGESTED READINGS

Periodicals

"A Case of AIDS" by Richard S. Tedlow and Michele S. Marram, *Harvard Business Review*, November-December 1991, pages 14 - 25.

"AIDS Education Is a Necessary High-risk Activity," by Jonathan A. Segal, *HRMagazine*, February 1991, pages 82-85.

"AIDS Policy & Law," a bi-weekly newsletter of Buraff Publications, 1350 Connecticut Avenue, N.W., Suite 1000, Washington, DC, 20036, (202) 862-0926.

"Financial Realities of AIDS in the Workplace," by Vaughn Alliton, *HRMagazine*, February 1992, pages 78-81.

"Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Training from a Union Perspective," by Elaine Askari, MPH, and John Mehring, B.A. *American Journal of Industrial Medicine*, 22:711-720 (1992).

"AIDS Reference Guide," published by Atlantic Information Services, 1050 17th Street N.W., Suite 480, Washington, DC 20036, (202) 775-9008.

"Removing the Mystery from AIDS Education," by Anne E. Jordheim, Ed.D., R.N., *Management Review*, February, 1990, page 20.

"Why AIDS Policy Must Be a Special Policy," by Ron Stodghill II, Russell Mitchell, and Karen Thurston, and Christina Del Valle, *Business Week*, February 1, 1993, pages 53 - 54.

Books

The AIDS Benefits Handbook by Thomas P. McCormack, published in 1990 by Yale University.

AIDS Handbook by Brenda S. Faison, M.P.D. and edited by Laila Moustafa, Ph.D., published in 1991 by Designbase Publishing, P.O. Box 3601, Durham, North Carolina, 27702-3601.

AIDS in the Workplace, Legal Questions and Practical Answers, by William F. Banta, published in 1993 by Lexinghouse Books, 866 Third Avenue, New York, NY 10022.

Getting the Word Out, A Practical Guide to AIDS Materials Development by Ana Consuelo Matiella, 1990 by Network Publications, P.O. Box 18830, Santa Cruz, CA. 95061-1830.

The Guide to Living with HIV Infection by John G. Bartlett, M.D. and Ann K. Finkbeiner, published in 1993 by The John Hopkins University Press, 2715 North Charles Street, Baltimore, Maryland 21218-431.

Managing AIDS in the Workplace, by Sam B. Puckett, L.L.B., M.B.A. and Alan R. Emery, Ph.D., published in 1988 by Addison-Wesley Publishing Company, Reading MA.

Preventing AIDS, A Guide to Effective Education for the Prevention of HIV Infection, American Public Health Association, 1015 Fifteenth Street, NW, Suite 300, Washington, DC 20005 (202) 789-5600.

Training Educators in HIV Prevention, An Inservice Manual by Janet L. Collins, Ph.D. and Patti O. Britton, 1990 by Network Publications, P. O. Box 1830, Santa Cruz, CA 95061-1830.

We Are All Living With AIDS, How You Can Set Policies and Guidelines for the Workplace, by Earl C. Pike, published in 1993 by Deaconess Press (a service of Fairview Riverside Medical Center, a division of Fairview Hospital and Healthcare Services), 2450 Riverside Avenue South, Minneapolis, MN 55454.

100 Questions and Answers About AIDS by Michael Thomas Ford, published in 1993 by New Discovery Books, MacMillian Publishing Company, 866 Third Street, New York, NY 10022.