

AMERICAN COLLEGE HEALTH ASSOCIATION
TASK FORCE ON THE ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

**GENERAL STATEMENT ON
INSTITUTIONAL RESPONSE TO AIDS**

Revised January 1, 1988

INTRODUCTION

The American College Health Association (ACHA) presents these recommendations and guidelines for institutions of higher education in response to the epidemic of infection with Human Immunodeficiency Virus (HIV), which causes the Acquired Immunodeficiency Syndrome (AIDS). This statement updates the *General Statement on Institutional Response to AIDS* issued on December 2, 1985. The recommendations and guidelines herein are based on the best currently available medical information and on statements by the United States Public Health Service and the Centers for Disease Control. ACHA has released detailed information and guidelines in certain specific areas of concern to colleges and universities in a special report, *AIDS on the College Campus*. Periodic future statements will update the special report and address other issues as they arise.

ACHA acknowledges the valuable assistance of the American Council on Education (ACE) in the development of guidelines pertaining to the legal issues and questions presented by the epidemic of HIV infection, and appreciates the support of the National Association of Student Personnel Administrators and the Association of College and University Housing Officers.

GENERAL RECOMMENDATIONS

A. EDUCATIONAL PROGRAMS

The primary response of colleges and universities to the epidemic of HIV infection must be education. The American College Health Association recommends that the organization

and implementation of effective educational programs about AIDS and HIV infection be an activity of the highest priority for all institutions of higher learning. In designing the format and content of educational programs, it is important to recognize and address the rich diversity of people in the campus community and to provide opportunities for effective learning by people of any age, ability, gender, ethnicity, or sexual orientation.

Because there is as yet neither a vaccine to prevent HIV infection nor curative therapy for persons infected with HIV, the most pressing need for institutions will be to implement programs which increase awareness and provide education to prevent further spread of the virus. Although knowledge about limiting the consequences of established HIV infection is only beginning to develop, it is important that AIDS education programs also provide what information is available. These comprehensive educational programs must address not only undergraduates, but also graduate and professional students; they should reach not only residential students, but also commuters and non-traditional students. Programs to educate students about HIV infection and AIDS should also be available in junior and community colleges and in all other schools offering post-secondary education, including continuing education programs. Furthermore, colleges and universities should offer similar educational opportunities for institutional employees, faculty, and staff.

The epidemic of HIV infection raises issues of liability that are of great concern to college and university administrators; the most effective means of addressing these issues at present is to educate students and employees about HIV infection and AIDS and to take such reasonable precautions as are suggested herein. Educational programs will also be of paramount importance in discharging the institution's responsibility to protect its student body and staff from the transmission of HIV. As medical evidence consistently indicates that no actual safety risks are created in the usual workplace or academic setting, institutions can best render enrollment or employment safe and healthful through effective education and training programs.

In order for educational programs to be effective, they must provide current information, use reliable, up-to-date materials, and be both easily accessible and widely available. The Task Force on AIDS of the American College

Health Association produces and periodically updates educational brochures and videotapes dealing with various aspects of HIV infection and AIDS. These materials are available to all institutions. Detailed recommendations for educational programs, including suggested formats and methodologies, are included in the special report, *AIDS on the College Campus*. ACHA will continue to release new educational materials, reports, and programming suggestions.

B. POLICIES

The American College Health Association recommends that institutions adopt only general policies concerning students or employees with HIV infection. ACHA suggests that institutions respond to each case as required by its particular facts. It is appropriate for college and university officials to designate a group of administrators and faculty to manage the process of evaluating individual cases, to organize and oversee the educational program, and to provide a mechanism for making such policy decisions as become necessary. Given the uncertain legal obligations and challenges involved, institutions are advised neither to devise nor to implement detailed or inflexible policies.

It is clear that persons with AIDS itself (and, possibly, those with other manifestations of HIV infection) will be considered as having handicapping conditions; in making decisions, college and university officers are advised to guarantee the legal rights of these individuals. Existing support services for people with handicapping conditions can be appropriately and effectively utilized for students or employees disabled by HIV infection.

RECOMMENDED POLICY GUIDELINES

A. APPLICATION

These guidelines, which derive from the best currently available medical facts about HIV infection and AIDS, apply to all students or employees with HIV infection. People with HIV infection may be healthy, but have evidence of the infection because of the presence of an antibody to the virus in their blood; others have a condition meeting the criteria of the surveillance definition of AIDS itself, or one of the lesser symptomatic manifestations of infection (such as AIDS-Related Complex or Progressive Generalized Lymphadenopathy).

B. TRANSMISSION INFORMATION RELEVANT TO POLICIES

Current knowledge indicates that students or employees with any form of HIV infection do not pose a health risk to other students or employees in an academic setting. HIV is transmitted by intimate sexual contact and by exposure to contaminated blood. Although HIV may be found in many body fluids and secretions of people who are infected, its presence is correlated with transmission only in blood, semen, and female genital secretions. There has been no confirmed case of transmission of HIV by any household, school, or other casual contact. The Public Health Service states that there is *no risk* created by living in the same place as an infected person; caring for an AIDS patient; eating food handled by an infected person; being coughed or sneezed upon by an infected person; casual kissing; or swimming in a pool with an infected person. These facts are the basis for the following guidelines.

C. GUIDELINES FOR INSTITUTIONAL POLICY

1. Admissions. No institution of higher education should include consideration of the existence of any form of HIV infection in the initial admissions decision for people applying to attend the institution. The exclusion of people with HIV infection for reason of that infection constitutes unwarranted discrimination.

2. Attendance. College and university students who have HIV infection, whether they are symptomatic or not, should be allowed regular classroom attendance in an unrestricted manner as long as they are physically and mentally able to attend classes.

3. Access to facilities. There is no justification, medical or otherwise, for restricting the access of students with HIV infection to student unions, theatres, restaurants, snack bars, gymnasiums, swimming pools, saunas, recreational facilities, or other common areas.

4. Residential housing. Decisions about housing for students with HIV infection must be made on a case-by-case basis. The best currently available medical information does not indicate any risk to those sharing residence with infected individuals. There may, however, be in some circumstances reasonable concern

for the health of students with immune deficiencies of any origin when those students might be exposed to certain contagious diseases (e.g., measles or chicken pox) in a close living situation. Health officers and administrators in institutions with the flexibility to provide private rooms may wish to recommend that students with immune deficiencies be assigned private rooms in order to protect the health of the immunodeficient students -- not to protect other students from them. The American College Health Association recognizes that the fear of HIV infection and AIDS may cause considerable pressure to be brought to bear on housing officers, and has provided a thorough discussion of options in residential housing in the special report, *AIDS on the College Campus*.

5. Educational program. In the program of education the institution provides, it should emphasize the following:

- a. Even though they may not have symptoms, persons with HIV infection may transmit the virus to others through intimate sexual contact or exposure to blood.
- b. Among people who choose to be sexually active, the consistent and conscientious use of condoms and spermicides containing nonoxonyl-9 greatly reduces the chance of transmission of HIV through sexual intercourse.
- c. The sharing of needles used in the injection of illicit drugs is an efficient way to transmit HIV. It is possible that needles used to inject steroids may transmit HIV as well.
- d. Persons with documented HIV infection, and those with behavioral risk factors for HIV infection, should not donate blood, plasma, sperm, or other body organs or tissues.
- e. People with HIV infection pose no risk of transmitting the virus to others through ordinary, casual interpersonal contact.
- f. It is possible that certain interventions and therapies may help limit the consequences of HIV infection among people already infected. People

who know they have been infected may thus benefit from regular medical follow-up and immunologic evaluation.

In colleges and universities with resident students, residence hall staff (both students and employees) should receive education about HIV infection and AIDS prior to the arrival of new students each session.

Providing education to faculty and other employees will require leadership from campus health and personnel officers and commitment from senior administrators.

6. Medical care. The following recommendations pertain to the provision of clinical services to people with HIV infection.

a. Medical history. ACHA does not advocate routinely asking students to respond to questions about the existence of HIV infection. It is, however, appropriate in many institutions to encourage students with HIV infection to inform campus health care providers to enable the institution to provide them proper medical care, support, counsel, and education. This, like any other medical information, should be handled in a strictly confidential manner in accordance with the procedures and requirements in effect at the institution.

b. Medical and psychological follow-up. Clinicians in health services and counseling centers should make provisions for medical, psychological, and support services which promote the best physical and mental health of persons with HIV infection. Institutions should organize these resources prior to their need to avoid causing anxiety and distress in individuals requiring assistance. If these services are beyond the scope of comparable services provided on campus, the institution should identify other care providers who will see students by referral.

The evolution of antiviral or immunomodulating therapies for HIV infection requires that campus health care providers be aware of current developments and practices in immunologic evaluation and treatment. If these services are

beyond the scope of patient care services offered on campus, health officers should be able to refer students or employees to other facilities.

c. Contagious diseases. Special precautions to protect the health of immunologically compromised individuals should be applied during periods of prevalence of certain casually contagious diseases, such as measles and chicken pox.

d. Immunizations. Persons known to have immune deficiencies should be excused from institutional requirements for certain vaccinations, especially measles and rubella; these vaccinations may lead to serious consequences in people with a poorly functioning immune system.

7. HIV antibody testing.

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

b. Voluntary. College and university health services should be familiar with sources of testing for antibody to HIV, and should be able to refer students or employees requesting tests. Health care providers 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 state laws 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 service or not, they should be done if and ONLY if:

[1] they can be strictly confidential or anonymous

[2] positive results on the screening test (ELISA test) are confirmed by another procedure, and

[3] both pre-test and post-test counseling are a mandated part of the program.

8. Confidentiality of information.

a. **Standards.** 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 Education Rights and Privacy Act of 1974.

b. **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 in the medical record should be discussed with the patient prior to its entry.

c. **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.

d. "Need to know." The number of people in the 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. The ACHA has released a more detailed statement discussing the handling of confidential information as part of the special report, *AIDS on the College Campus*.

e. Informing other students or employees. There is absolutely no medical nor other necessity for institutions to advise other students living in a residence hall of the presence in the same hall of students with HIV infection. Similarly, college and university officials should not release the identity of students or employees with HIV infection in any other setting. The responsibility to provide a safe living environment is best dealt with by educational programming, as discussed earlier. Sharing confidential information without consent may create legal liability.

f. Public health reporting requirements. College and university health services must strictly observe public health reporting requirements. In all jurisdictions, 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. In a few areas, seropositivity for antibody to HIV is also reportable but must be kept confidential. 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;36:15.

g. Secondary lists or records. Neither health officers nor other administrators should keep lists or logs identifying individuals tested for

antibody to HIV or known to be infected with HIV. The potential for compromise of confidential information far exceeds any conceivable benefit of such listings.

9. Safety precautions. *All colleges and universities should adopt safety guidelines as proposed by the United States Public Health Service for the handling of the blood and body fluids of all persons, not just those previously known to have HIV infection.* These "universal precautions" are necessary because many people with HIV infection are not identified in advance. The same procedures should thus be followed for handling the blood and body fluids of any student or employee.

a. Disinfection: Surfaces contaminated by blood or other body fluids can be successfully cleaned and disinfected with commercial disinfectant solutions or with household bleach, freshly diluted in a 1:10 solution.

b. Health care providers.

1. Public Health Service procedures. In order to prevent the accidental transmission of HIV in health care settings, institutions which operate health services, laboratories, or clinics for students or staff should implement current recommendations from the Public Health Service for infection control, and should monitor compliance with these procedures. Colleges and universities should provide educational programs about HIV infection and its transmission in health care settings to all clinical personnel. The following article provides current recommendations.

Centers for Disease Control.
Recommendations for prevention of HIV transmission in health care settings.
Morbidity and Mortality Weekly Report
1987;36:28.

Medical and nursing professionals, dentists and oral surgeons, dental hygienists, optometrists, and other clinical service

providers should be familiar with recommended infection control procedures and should follow them consistently in every patient encounter.

2. Equipment. College and university health services should use disposable, one-user needles and other equipment whenever such equipment will puncture the skin or mucous membranes of patients. The same safety precautions must be used with all patients. If disposable equipment is not available, any needles or other implements that puncture skin or mucous membranes should be steam sterilized by autoclave before re-use or safely discarded. Extreme caution should be exercised, particularly in disposing of needles.

c. Teaching laboratories. Colleges and universities should also adopt safety guidelines for the handling of blood and body fluids of all persons in teaching laboratories. Laboratory courses requiring exposure to blood, such as biology courses in which blood is obtained by finger prick for typing and examination, should use disposable equipment, and no lancets or other blood-letting devices should be re-used or shared. No students, except those in health care professions schools, should be required to obtain or process the blood of others.

10. Support services. The psychosocial consequences of actual or feared HIV infection are such that college and university students and employees may experience enough suffering to impair their health, interfere with academic or work performance, cause extreme psychological distress, disrupt plans, and cripple relationships. Psychological, emotional, and spiritual health may also be important allies for people with established HIV infection. The American College Health Association therefore recommends that all institutions develop easily accessible and widely available support services through which concerned persons can receive counseling, assistance in locating and using social resources, and referrals for further assistance. Often, these needs may be met through existing student

services or employee assistance programs or by identifying community-based resources for referrals.

11. Harrassment. As a result of the fear, anxiety, and anger that many people feel in reaction to AIDS, some students or employees who are either known to be or suspected of being infected with HIV may be subjected to emotional and/or physical abuse. Institutions of higher education should condemn all such occurrences as intolerable and respond to them quickly and effectively.

Forthcoming statements and reports from ACHA will address other educational and administrative issues as they arise.

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The primary response of colleges and universities to the epidemic of HIV infection must be education. Because there is as yet neither a vaccine to prevent HIV infection nor

curative therapy for persons infected with HIV, the most pressing needs for institutions will be to increase awareness and provide education to prevent further spread of the virus. The American College Health Association recommends that the organization and implementation of effective educational programs about AIDS and HIV infection be an activity of the highest priority for all institutions of higher learning. These educational programs must address not only undergraduates, but also graduate and professional students; they should reach not only residential students, but also commuters and non-traditional students. Programs to educate students about HIV infection and AIDS should also be available in junior and community colleges and in all other schools offering post-secondary education, including continuing education programs. Furthermore, colleges and universities should offer similar educational opportunities for institutional employees, faculty, and staff. In designing the format and content of educational programs, it is important to recognize and address the rich diversity of people in the campus community and to provide opportunities for effective learning by people of any gender, ethnic background, or sexual preference.

Educational programs will address the major intervention currently possible in limiting the consequences of the epidemic of HIV infection, which is *primary prevention*. They may also be of paramount importance in discharging the institution's responsibility to protect its student body and staff from the transmission of HIV. Since the current medical evidence consistently indicates that no actual safety risks are created in the usual workplace or academic setting, the administration of effective education and training programs provides the best way for institutions to render enrollment or employment safe and healthful. The epidemic of HIV infection raises issues of liability that are of great concern to college and university administrators; the most effective means of addressing these issues at present is to educate students and employees about HIV infection and AIDS and to take such reasonable precautions as are suggested herein.

In order for educational programs to be effective, they must provide current information, use reliable, up-to-date materials, and be both easily accessible and widely available. The Task Force on AIDS of the American College Health Association produces and periodically updates educational brochures and videotapes dealing with various aspects of HIV infection and AIDS. These materials are

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RECOMMENDED POLICY GUIDELINES

A. APPLICATION

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transmitted by intimate sexual contact and by exposure to contaminated blood. Although HIV may be found in many body fluids and secretions of people who are infected, its presence is correlated with transmission only in blood, semen, and female genital secretions. There has been no confirmed case of transmission of HIV by any household, school, or other casual contact. The Public Health Service states that there is *no risk* created by living in the same place as an infected person; caring for an AIDS patient; eating food handled by an infected person; being coughed or sneezed upon by an infected person; casual kissing; or swimming in a pool with an infected person. These facts are the basis for the following guidelines.

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1. Admissions. No institution of higher education should include consideration of the existence of any form of HIV infection in the initial admissions decision for people applying to attend the institution. The exclusion of people with HIV infection for reason of that infection constitutes unwarranted discrimination.

2. Attendance. Most college and university students who have HIV infection, whether they are symptomatic or not, should be allowed regular classroom attendance in an unrestricted manner as long as they are physically able to attend classes.

3. Access to facilities. There is no medical justification for restricting the access of students with HIV infection to student unions, theatres, restaurants, snack bars, gymnasiums, swimming pools, saunas, recreational facilities, or other common areas.

4. Residential housing. Decisions about housing for students with HIV infection must be made on a case-by-case basis. The best currently available medical information does not indicate any risk to those sharing residence with infected individuals. There may, however, be in some circumstances reasonable concern for the health of students with immune deficiencies of any origin when those students might be exposed to others with certain contagious diseases (e.g., measles or chicken pox) in a close living situation. Health officers in institutions with the flexibility to provide private rooms may wish to recommend that

students with immune deficiencies be assigned private rooms in the interest of protecting the health of those students -- not to protect other students from them. The American College Health Association recognizes that the fear of HIV infection and AIDS may cause considerable pressure to be brought to bear on housing officers, and has provided a thorough discussion of options in residential housing in the special report, *AIDS on Campus*.

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- c. The sharing of needles used in the injection of illicit drugs is an efficient way to transmit HIV. It is possible that needles used to inject steroids may transmit HIV as well.
- d. Persons with documented HIV infection, and those with behavioral risk factors for HIV infection, should not donate blood, plasma, sperm, or other body organs or tissues.
- e. People with HIV infection pose no risk of transmitting the virus to others through ordinary, casual interpersonal contact.

In colleges and universities with resident students, residence hall staff (both students and employees) should receive education about HIV infection and AIDS prior to the arrival of new students each session.

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b. Medical and psychological follow-up. Clinicians in health services and counseling centers should offer to provide medical, psychological, and support services which promote the best physical and mental health of persons with HIV infection. If these services are beyond the scope of comparable services provided on campus, the institution should identify other care providers who will see students by referral.

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b. Voluntary. College and university health services should be familiar with sources of testing for antibody to HIV, and should be able to refer students or employees requesting tests. Health care providers should understand the

capabilities and limitations of the test, and should be able to counsel and educate persons who seek testing. Whether the tests are performed through the campus health service or not, they should be done ONLY if they can be strictly confidential or anonymous, if positive results on the screening test (ELISA test) are confirmed by another procedure, and if both pre-test and post-test counseling are a mandated part of the program.

8. Confidentiality of information.

a. **Standards.** 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 Education Rights and Privacy Act of 1974.

b. **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 medical record except in circumstances of medical necessity created by the evaluation or treatment of an illness. At minimum, the inclusion of any such information in the medical record should be discussed with the patient prior to its entry.

c. **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.

d. **"Need to know."** The number of people in the 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. The ACHA has released a more detailed statement discussing the handling of confidential information as part of the special report, *AIDS on Campus*.

e. **Informing other students or employees.** There is absolutely no medical necessity for institutions to advise other students living in the same residence hall of the presence in the hall of students with HIV infection. Similarly, college and university officials should make no attempt to identify students and employees with HIV infection in any other setting. The responsibility to provide a safe living environment is best dealt with by educational programming, as discussed earlier. Sharing confidential information without consent may create legal liability.

f. **Public health reporting requirements.** College and university health services must strictly observe public health reporting requirements. In all jurisdictions, 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. In a few areas, seropositivity for antibody to HIV is also reportable. The detailed revised surveillance definition for AIDS for case reporting purposes is included in:

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9. Safety precautions. *All colleges and universities should adopt safety guidelines as proposed by the United States Public Health Service for the handling of the blood and body fluids of all persons, not just those previously known to have HIV infection.* These "universal precautions" are necessary because many people with HIV infection are not aware of their situation and are not identified in advance. The same procedures should thus be followed for handling the blood and body fluids of any student or employee.

a. Disinfection: Surfaces contaminated by blood or other body fluids can be successfully cleaned and disinfected with commercial disinfectant solutions or with household bleach, freshly diluted in a 1:10 solution.

b. Health care providers.

1. Public Health Service procedures. In order to prevent the accidental transmission of HIV in health care settings, institutions which operate health services, laboratories, or clinics for students or staff should implement current recommendations from the Public Health Service for infection control, and should monitor compliance with these procedures. Colleges and universities should provide educational programs about HIV infection and its transmission in health care to all clinical personnel. The following article provides current recommendations.

Centers for Disease Control.
Recommendations for prevention of HIV
transmission in health care settings.
Morbidity and Mortality Weekly Report
1987;36:26.

Medical and nursing professionals, dentists and oral surgeons, dental hygienists, optometrists, and other clinical service providers should be familiar with recommended infection control procedures and should follow them consistently in every patient encounter.

2. Equipment. College and university health services should use disposable, one-user needles and other equipment whenever such equipment will puncture the skin or mucous membranes of patients. The same safety precautions must be used with all patients. If disposable equipment is not available, any needles or other implements that puncture skin or mucous membranes should be steam sterilized by autoclave before re-use or safely discarded. Extreme caution should be exercised, particularly in disposing of needles.

c. Teaching laboratories. Colleges and universities should also adopt safety guidelines for the handling of blood and body fluids of all persons in teaching laboratories. Laboratory courses requiring exposure to blood, such as biology courses in which blood is obtained by finger prick for typing and examination, should use disposable equipment, and no lancets or other blood-letting devices should be re-used or shared. No students, except those in health care professions schools, should be required to obtain or process the blood of others.

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11. Harrassment. As a result of the fear, anxiety, and anger that many people feel in reaction to AIDS, some students or employees who are known or suspected of being infected with HIV may be subjected to emotional or physical abuse. All institutions of higher education

should condemn such occurrences as intolerable and
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