Chevron Corporate Policy
Policy 260 – HIV/AIDS

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>12-16-2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Replaces</td>
<td></td>
</tr>
<tr>
<td>References</td>
<td>Policy 200 – Employment</td>
</tr>
<tr>
<td></td>
<td>Policy 202 – Harassment in the Workplace</td>
</tr>
<tr>
<td></td>
<td>Policy 210 – Termination of Employment</td>
</tr>
<tr>
<td></td>
<td>Policy 224 – Steps to Employee Problem Solutions Process (STEPS)</td>
</tr>
<tr>
<td></td>
<td>Policy 530 – Operational Excellence (Policy Health, Environment and Safety)</td>
</tr>
<tr>
<td>Coordinator</td>
<td>Director, Health and Medical Services</td>
</tr>
</tbody>
</table>

HIV/AIDS is a substantial worldwide threat with enormous human impact and attendant social, economic and political risks that directly affect our employees and our business. Consistent with our values, Chevron Corporation will strive to meet the challenge this threat presents to our business through strategic leadership in our industry and in the communities where our employees live and work.

Scope
This policy applies to all Chevron Corporation employees worldwide.

Non-discrimination
Employees with HIV/AIDS are fully protected by the Company’s existing harassment and discrimination policies (e.g., Policy 200 – Employment and Policy 202 – Harassment in the Workplace).

Pre-Employment HIV Testing
The Company will not conduct pre-employment HIV testing except as required by national and/or local laws. If pre-employment HIV testing is required by national or local laws, employment decisions will not be based on the results of the HIV testing. Applicants will not be asked about their HIV status when applying for a job.

Employment Benefits
Employees who become ill with HIV/AIDS will be treated like any other employee with a life-threatening illness and will be administered under the terms of the rules of their respective benefit plans.

Confidentiality
Confidentiality regarding the HIV/AIDS status of an employee shall be maintained at all
times consistent with Company policies as described in the Business Conduct and Ethics Manual.

**Treatment and Support**
The Company’s intent and long-term goal is to secure treatment for employees and covered dependents, in the presence of accepted medical practice, appropriate medical expertise and infrastructure, pharmaceutical logistics and national laws in their country or region of employment.

**Partnerships**
The Company will strive to engage and work with national and local governments, public and non-governmental organizations and multilateral agencies to deploy best practices in the prevention, care, treatment and support of HIV/AIDS in areas where the Company operates.

**Workplace and Community Programs**
Consistent with need, workplace and community programs of education, awareness, prevention and treatment will be promoted in areas where the Company operates.

**Policy Review**
This policy will be reviewed on a regular basis and amended as deemed appropriate.

**Responsibility**
The Director, Health and Medical Services, will:
- Provide advice and counsel on matters pertaining to HIV/AIDS prevention and treatment.
- Recommend HIV/AIDS policy changes.
- Represent the Corporation on HIV/AIDS policy externally.

Individual business units will determine the required extent of policy implementation consistent with local need.

Employees who believe they have been subjected to harassment based on their HIV/AIDS status should immediately report the incident to their supervisor, a higher level of management, their local/designated Human Resources contact, their local Ombuds or the Company Hotline. For outside the U.S., the Hotline’s number is +1-704-552-1236. In the U.S., the number is 1-800-284-3015. All complaints will be promptly and thoroughly investigated. The Company will treat such complaints as confidentially as possible, releasing information only to those with a need or right to know.

**Further Guidance**
Counsel on this policy may be obtained from Human Resources, Regional Shared Services as well as Corporate Law and the Health and Medical Services Staff as appropriate. Employees and supervisors based outside the U.S. with additional questions should contact their Regional Medical Directors for additional local policy information and procedures where they may exist.
EXECUTIVE ORDER
Commonwealth of Pennsylvania
Governor's Office

Subject: Workplace Policy for HIV/AIDS
Number: 2003-4

Date: May 5, 2003
Distribution: B
By Direction of: Edward G. Rendell, Governor

WHEREAS, the number of Pennsylvanians directly and indirectly affected by HIV infection and AIDS continues to grow, touching every segment of the population and all geographic areas of the state; and Pennsylvania is devoting significant resources and energies in the fight against HIV and AIDS; and

WHEREAS, the Human Immunodeficiency Virus (HIV) that causes AIDS is transmissible from person to person only in limited ways and is not transmissible through casual contact; and

WHEREAS, currently there is no known cure for HIV/AIDS, available treatments have a positive effect on the course of the disease, and the scientific community has found that HIV/AIDS is a manageable, long-term, chronic fatal disease; and

WHEREAS, personal behavior changes and continuous public education, as well as the use of safe practices known as "universal precautions" or "standard precautions" during potential contact with blood and body fluids, are the best means currently available to prevent transmission of HIV; and

WHEREAS, other diseases related to HIV/AIDS, such as tuberculosis, are a significant workplace concern; and

WHEREAS, state employees must be prepared to work effectively with members of the public, clients, and coworkers with HIV or AIDS or who may be potentially infected or perceived to be infected with HIV or AIDS.

NOW, THEREFORE, I, Edward G. Rendell, Governor of the Commonwealth of Pennsylvania, by virtue of the authority vested in me by the Constitution of the Commonwealth of Pennsylvania and other laws, do hereby order and direct as
follows:

1. Overall HIV/AIDS and related disease workplace policy.

   a. This administration’s policy is to provide a nondiscriminatory environment that positively addresses the needs of persons with HIV/AIDS, takes steps to reduce the spread of HIV, and ensures a safe working environment for staff who work with persons with HIV/AIDS.

   b. Persons with HIV or AIDS are to be treated with respect and dignity and not to be denied any government service due to them. State agencies, consistent with the services they provide, are to take steps to address HIV/AIDS within the workplace or work environment, including educating employees about the disease and working with clients on behavior changes that reduce the chance of transmission of HIV and related diseases. State employees and persons served by the Commonwealth are not to be discriminated against on the basis of their actual or perceived HIV or AIDS status. This prohibition is reaffirmed by the Americans With Disabilities Act and the Pennsylvania Human Relations Act. The confidentiality of persons with HIV/AIDS will be protected by state agencies.

   c. Commonwealth agencies will take steps to minimize the chance of on-the-job exposure to HIV through procedures known as universal or standard precautions. These steps also will reduce the chance of transmission of other diseases which are spread through blood or body fluids, such as Hepatitis B and Hepatitis C.


   a. Individuals or state employees with HIV infection or AIDS, or perceived to have these conditions, shall not be discriminated against with regard to state services and with regard to appointment, transfer, promotion, or any other employment action. The Americans With Disabilities Act and the Pennsylvania Human Relations Act prohibit this discrimination, as does Section 504 of the Rehabilitation Act of 1973, P. L. No. 93-112, the Civil Rights Restoration Act of 1987, P. L. No. 100-259, and court decisions.

   b. No current or prospective state employee shall be required to receive an HIV or AIDS antibody test, or any other diagnostic test associated with HIV/AIDS, or reveal the results thereof as a condition of employment unless federal or state law or regulations require this disclosure.

   c. State employees with HIV infection or AIDS may continue in their current jobs and work assignments as long as their health permits. In the event an employee with HIV/AIDS is unable to carry out his or her essential job functions because of the illness, the employee will be afforded the same considerations as any other employee whose disability prevents the performance of essential job functions. Requests for reasonable accommodations should be honored to the extent practicable, consistent with the Americans With Disabilities Act and the Commonwealth’s Personnel Rules. State employees with HIV or AIDS who request a transfer or reassignment due to their medical condition should have these requests considered, consistent with agency needs.

   d. Managers, supervisors, and employees should be given the name of a contact person within their agency who will operate as the agency HIV/AIDS coordinator providing information and assistance on HIV/AIDS-related issues and questions.
e. Agencies will provide ongoing education and information to employees about HIV/AIDS and related diseases. Effective education should be directed at improving services to the public and reducing chances of transmission of disease in Commonwealth work settings. Of particular concern is education for those state employees who provide health care and counseling to clients at risk for HIV, those in law enforcement and criminal justice, and those who make or advise on policy decisions concerning HIV/AIDS and related diseases.

f. Federal guidelines for protection against exposure to blood and body fluids shall be adopted by Commonwealth agencies. These guidelines are issued by the United States Public Health Service, Centers for Disease Control and Prevention (CDC). Agencies are to take steps to ensure that staff who have the potential to be exposed to blood or body fluids implicated in the transmission of HIV follow specific federal guidelines.

g. State employees in need of more information on HIV/AIDS should contact their agency HIV/AIDS coordinator or human resource office. Additional information can be obtained from the Department of Health HIV/AIDS Factline, state and other public health centers, and local HIV/AIDS support groups. State employees wanting an HIV or AIDS antibody test should be referred to the Department of Health’s testing centers.

h. If an HIV or AIDS antibody test is desired by an employee due to a documented incident in the workplace, the test can be conducted during paid work hours and should there be a charge, costs will be reimbursed by the Commonwealth.

i. HIV and AIDS-related information concerning state employees, dependents, and clients is to be handled with strict confidentiality by agencies. Employee records that include HIV/AIDS related information are not to be filed in the Official Personnel Folder. Supervisory and management staff shall assure confidentiality when handling HIV/AIDS-related information, whether regarding employees or in the course of providing agency services. Agencies are to follow the provisions of the Confidentiality of HIV-Related Information Act, Act 148 of 1990 and should also follow any applicable regulations related to protected health information.

3. Responsibilities.

a. The Secretary of Administration is responsible for updating and providing detail on the overall HIV/AIDS workplace policy for the Commonwealth and for coordinating education efforts for employees and contractors of state agencies on HIV/AIDS and related diseases.

b. The Secretary of Health is responsible for establishing overall public health policy for Pennsylvania regarding HIV/AIDS and related diseases and for informing Commonwealth agencies of federal and state public health requirements and guidelines for preventing transmission of HIV and related diseases in the workplace.

4. Agency HIV/AIDS policies. State agencies that develop agency-specific workplace policies on HIV/AIDS or related diseases, either centrally or for field
facilities, should ensure that their policies are consistent with Commonwealth policy. These policies are to be approved, in writing, by the Secretary of Administration and Secretary of Health before issuance.

5. **Effective Date.** This order shall take effect immediately.

Futures Group does not discriminate against employees or applicants living with or affected by HIV (Human Immunodeficiency Virus) or AIDS (Acquired Immune Deficiency Syndrome).

Futures Group recognizes that HIV and AIDS pose significant and delicate issues for the workplace. Our overall policy recognizes four guiding principles:

1. Employees need information and training regarding HIV and AIDS, how to prevent the spread of HIV, how to protect themselves from the infection and its treatment.
2. The company is committed to helping employees with HIV/AIDS and will do all it reasonably can to provide wellness and care programs.
3. The company will monitor its HIV/AIDS programs to insure they are up to date and responsive to the latest information regarding HIV/AIDS.
4. The company is committed to ensuring that employees with HIV/AIDS are not discriminated against in any manner that all personal information is kept strictly confidential.

Accordingly, we have established the following guidelines to serve as the basis for handling employee situations and concerns related to HIV infection and AIDS.

1. Futures Group treats HIV infection and AIDS as medical conditions in accordance with our policy on Equal Employment Opportunity (EEO) and the requirements of the Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973.

2. Futures Group will treat HIV infection and AIDS the same as other illnesses in terms of all our employee policies and benefits, including health and life insurance, disability benefits and leaves of absence consistent with the company's insurance providers' policies. Employees living with or affected by HIV infection and AIDS will be treated with compassion and understanding.

3. Futures Group does not require HIV testing for employees or applicants. HIV status will not influence decisions about hiring, termination, promotion, compensation, annual reviews or other aspects of employment.

4. Coworker concerns will be handled in an educational fashion. Coworkers are expected to continue working relationships with any employee who has HIV infection or AIDS. Coworkers who refuse to work with, withhold services from, harass or
otherwise discriminate against an employee with HIV infection or AIDS will be subject to the same disciplinary procedures that apply to other policy violations.

5. An employee's health condition is **private and confidential**. Under no circumstances will an employee’s health status be revealed to a third party without the employee’s consent. An employee with HIV/AIDS is under no obligation to disclose his or her condition to a manager or any other employee of Futures Group. Managers are expected to take careful precautions to protect the confidentiality of information regarding any employee's health condition, including an employee with AIDS or HIV infection.

6. Employees living with HIV/AIDS should feel free to confidentially discuss any issues regarding this policy with either their supervisor or the Human Resources Department. Employees living with or affected by HIV/AIDS, and those who have any related concerns, are encouraged to contact their supervisor, or the Human Resources Department to discuss their concerns and obtain information.

7. Insurance coverage offered to HIV-positive employees will be no different from that offered to other employees. The company will work to ensure that local health plans offer comprehensive care and treatment for HIV-related illnesses, including anti-retroviral therapy. If local insurance companies are unwilling to cover HIV/AIDS related treatments, the company will pay for locally available treatment. To be eligible for company paid treatment, the employee/PSC must have purchased health insurance coverage according to Futures Group guidelines, unless the company has previously approved an exemption from this requirement.

8. The company has established an HIV/AIDS benefits committee which has the responsibility to recommend to Futures Group management any measures that the company should take, or special circumstances which should be examined, relating to any employee with HIV/AIDS.
Merck & Co., Inc. HIV/AIDS, Tuberculosis & Malaria Workplace Policy

Objective/Scope

As a global leader in discovering innovative products to improve human health, Merck & Co., Inc. recognizes infectious diseases represent major healthcare burdens worldwide and pose an unprecedented challenge to nations and their people around the globe, including Merck & Co., Inc. employees, their families and the communities in which we operate. Three diseases alone - HIV/AIDS, tuberculosis (TB), and malaria - are worldwide pandemics responsible today for approximately half of infectious disease mortality. Merck & Co., Inc. recognizes that these diseases impose a significant and destabilizing social, economic and health burden at the national, community and family levels with uneven access to treatment around the world. The Company believes that its employees should have access to prevention, care and treatment for HIV/AIDS, TB and malaria. This policy is intended to provide benefits where local access to prevention, care and treatment is inadequate.

The Company's HIV/AIDS, TB & Malaria Workplace Policy is aligned with its core business of preserving and improving human life and its belief in the importance of the individual to business performance. In the formulation of this policy, the Company takes into consideration the position of international bodies (e.g., World Health Organization, International Labour Organization, UNAIDS, Global Business Coalition on HIV/AIDS). The purpose of this policy is to articulate Merck & Co., Inc.'s principles in addressing the needs and concerns of Merck & Co., Inc. employees worldwide regarding these three infectious diseases.

This policy applies to those employees of Merck & Co., Inc. and its subsidiaries and their eligible dependents as defined in Section 6, Eligibility.

Responsibility

*Corporate Human Resources* is responsible for developing, updating and interpreting this policy with assistance from its local Human Resources counterparts and country/division line management. Corporate Human Resources, working with local Human Resource departments, is also responsible for oversight of the programs set forth in this policy in collaboration with the HIV/Access Worldwide Policy Strategy Team (WPST).

*Country/Division Line Management* (working with their Human Resource staff) is responsible and accountable for communication, implementation, monitoring and evaluation of this policy based on a locally developed plan (see Attachment 4).
Policy

[This Policy incorporates concepts from several existing Corporate and US Manager Policies. Corporate Policies consulted include: Employee Relations, Safety, Equal Employment Activity & Affirmative Action, Occupational Health and Global Privacy and Data Protection Policy. US Manager Policies consulted include Discrimination and Workplace Harassment.]

1. **Non-Discrimination.** Merck & Co., Inc. provides equal opportunity for all people without regard to race, color, national origin, sex, sexual orientation, age, marital status, religion, veteran status, health status or disability with respect to employment. The Company is committed to actively promoting equal opportunity, and implements non-discriminatory policies, procedures and practices that apply worldwide.

   HIV screening for employment purposes is not conducted unless explicitly required by law.

   In all aspects of our business and workplace, Merck & Co., Inc. will make every effort necessary to ensure that employees are not stigmatized based on their health status, including HIV/AIDS, TB or malaria.

2. **Confidentiality.** Information about an employee's medical condition is private and must be treated in a confidential manner. While there is a business need to know that employees are medically fit to safely perform their job tasks with or without reasonable accommodation, there is no business need for managers or co-workers to know an employee's HIV/AIDS, TB or malaria diagnosis or other personal medical information. Occasionally, employees may reveal their diagnosis to managers or staff while requesting reasonable accommodation or obtaining benefits. Managers, co-workers or others who may acquire such information, even if obtained personally from the employee, must respect the confidentiality of the medical information. [See The Global Privacy and Data Protection Policy.]

3. **Accommodation of Employees with HIV/AIDS, TB or Malaria.** As a matter of policy, Merck & Co., Inc. assigns employees to jobs that they are physically able to perform. Employees with HIV/AIDS, TB and/or malaria, as with any other disease, will be treated the same as other employees with regard to absenteeism, assessment, and consideration for reasonable accommodations. Moreover, HIV/AIDS, TB or malaria infection is not a cause for termination of employment. As with many other conditions, persons with TB, malaria and/or HIV-related illnesses are able
to work in available, appropriate positions provided they are medically fit to do so.

4. Prevention. Prevention is a key component of a workplace policy. It is also cost effective, especially when compared to treatment. Local line/division management will develop and will be accountable for implementation of a prevention plan as geographically appropriate. This plan should assess local risk potential of infection, cultural aspects and availability of external resources (e.g., government or private sector initiatives and materials). It is expected that a prevention program will be a cornerstone in each country's/subsidiary's policy implementation.

Prevention elements for all three diseases may include (but are not limited to): information and educational materials, protection and prevention measures, volunteer peer educators, information on community-based resources, training sessions for managers and workplace information sessions.

Prevention elements specific to HIV/AIDS may include (but are not limited to): information about and management of sexually transmitted infections (STIs), counseling, voluntary HIV tests, access to condoms, and measures for prevention of mother to child transmission.

- Prevention elements for tuberculosis may include annual tuberculin skin testing (as clinically and geographically appropriate while recognizing the limitations and impact posed by local bacille Calmette-Guerin (BCG) immunization practices), sputum AFB smears & cultures or chest x-rays for individuals who are skin test positive, and measures for the prompt treatment of active cases to prevent further transmission of the disease.

- Specific to malaria, prevention elements may include education about mosquito vector control and availability of chemoprophylaxis, insect repellent, mosquito netting, and other bite control techniques as geographically appropriate.

- Where the nature of work assignments poses a known risk of infection to employees, Merck & Co., Inc. provides appropriate safety education and training programs and prophylactic treatment to ensure they are prepared to perform their jobs safely. In the event of an accident or incident, post-exposure treatment will be made available.
5. **Treatment and Care.** The intent of this policy is to provide access to a minimum standard of treatment and care for Merck & Co., Inc. employees and eligible dependents with HIV/AIDS, TB or malaria, respectively.

As outlined in Attachment 1, treatment and care coverage for HIV/AIDS should include anti-retroviral (ARV) treatment, prevention of mother to child transmission, treatment of opportunistic infections, ongoing clinical and laboratory evaluation and where necessary, hospitalization. Treatment and care coverage for TB and malaria are outlined in Attachments 2 and 3, respectively.

*Employee Responsibility:*

- Employee cost-sharing (including co-payments, where appropriate) for the purposes of this policy will be consistent with existing local practices for other healthcare benefits.
- Employees should accept responsibility for their own health care decisions and for abiding by the applicable and available treatment protocols in consultation with their health care professional.

6. **Eligibility.** Employees of Merck & Co., Inc. ("Merck") and their dependents, as defined below:

**Eligible Employees:** Employees of Merck & Co., Inc. and its subsidiaries are those who are covered by a Merck & Co., Inc.-sponsored healthcare benefit plan. For purposes of this policy, a "Merck & Co., Inc.-sponsored healthcare benefit plan" includes (i) an insured or self-insured benefit plan sponsored by Merck & Co., Inc. or (ii) a government-sponsored plan that provides benefits for medical diagnosis, treatment and care in those countries where there either is no plan as described in (i), or where such plan as described in (i) is a supplement to the government-sponsored plan.

**Ineligible Employees:** The term Eligible Employees does not include contingent workers, independent contractors, leased employees or individuals who work for a Merck & Co., Inc. vendor or contractor. An employee who is eligible for coverage under a Merck & Co., Inc.-sponsored healthcare benefit plan, but declines such coverage, shall not be eligible for benefits under this policy.

**Eligible Retirees:** Those former Eligible Employees who retire directly from service with Merck & Co., Inc. and who are eligible (without regard to this policy) for benefits under Merck & Co., Inc.-sponsored healthcare benefit plans.
Eligible Dependents:

- A person who is legally married (as defined by local law) to an Eligible Employee or an Eligible Retiree.
- The opposite sex domestic partner (as defined by the applicable Merck & Co., Inc.-sponsored healthcare benefit plan) of an Eligible Employee or an Eligible Retiree provided coverage is not prohibited by applicable local law.
- The same sex domestic partner (as defined by the applicable Merck & Co., Inc.-sponsored healthcare benefit plan) of an Eligible Employee or an Eligible Retiree provided coverage is not prohibited by applicable local law.
- In those countries where there is no coverage for same sex domestic partners under the applicable Merck & Co., Inc.-sponsored healthcare benefit plan, the same sex domestic partner (to be defined locally) of an Eligible Employee or an Eligible Retiree provided coverage is not prohibited by applicable local law.
- The Eligible Employee's or Eligible Retiree's biological children, stepchildren, legally adopted children and children for whom the Eligible Employee or Eligible Retiree is legal guardian. For purposes of this Policy, "stepchildren" includes the biological and legally adopted children of an Eligible Employee's or Eligible Retiree's domestic partner (as described above) and also children for whom such domestic partner is the legal guardian. Former stepchildren (stepchildren from a previous marriage or domestic partner relationship) are not eligible for benefits under this Policy. Children are eligible under this Policy until they are no longer eligible for benefits under a Merck & Co., Inc.-sponsored healthcare benefits plan (as determined locally).
- Other individuals who are the Eligible Employee's or Eligible Retiree's legal dependents (as determined by local law) and who are otherwise eligible for Merck & Co., Inc.-sponsored healthcare benefit plans without regard to this Policy.

Eligible Employees, Eligible Retirees and Eligible Dependents are hereinafter collectively referred to as "Eligible Persons."

7. **Continuation of Coverage under this Policy:** It is the intent of this Policy to provide continued treatment for Eligible Persons subsequent to the employee's end of employment with the Company until they are covered by a new employer. The continued coverage provided shall be secondary to any government-provided coverage the Eligible Person may have.
Notwithstanding anything to the contrary in Section 6 (Eligibility), if an Eligible Person is receiving treatment for HIV/AIDS, TB or malaria under a Merck & Co., Inc.-sponsored healthcare benefits plan at the time that such Eligible Person would otherwise become ineligible for coverage under such Merck & Co., Inc.-sponsored healthcare benefits plan (for example, a spouse losing coverage as a result of divorce; a child reaching maximum age under the plan; or all related Eligible Persons losing coverage as a result of the termination of the Eligible Employee's employment), such Eligible Person shall nevertheless continue to be eligible under this Policy for continued treatment of HIV/AIDS, TB and/or malaria unless the loss of coverage under the Merck & Co., Inc.-sponsored healthcare benefits plan results from (i) the Eligible Employee's voluntary resignation or voluntary termination of employment with Merck & Co., Inc. or (ii) the termination of the Eligible Employee's employment due to gross misconduct or dismissal for cause as such terms are locally defined. The continued coverage shall be limited to the treatment of the pre-existing and previously treated HIV/AIDS, TB and/or malaria.

Eligibility for continued coverage under this Section 7 is contingent upon the Eligible Person continuing to share the cost and abiding by the applicable and available treatment protocols under this Policy. Failing to share the cost or abide by the treatment protocols shall result in an end to treatment and benefits under this Policy.
Minimum Standard of Clinical Care for Employees and their Dependents with HIV/AIDS

Clinical care for individuals with HIV/AIDS involves a number of different components including education/counseling, diagnosis, treatment, ongoing monitoring and care for complications/opportunistic infections. It should be noted that the understanding and treatment of HIV is continuing to evolve resulting in the ongoing need for healthcare providers to keep current. However, a general, minimum standard of coverage for employees and their dependents should include access to key components in each of the following areas:

1. Voluntary Counseling and Testing
   a. Due to social stigma and other factors inhibiting prompt diagnosis, employees should have voluntary, confidential access to testing for HIV/AIDS, counseling, education and referral (as needed) to appropriate healthcare professionals.
   i) Testing should include both screening tests (e.g., ELISA) and confirmatory testing (e.g., Western blot) as appropriate.

2. Medical Services. As a general note, clinical management of HIV/AIDS is a complex process which involves effective education of patients to enhance strict compliance with current treatment regimens, ongoing monitoring of treatment effectiveness, monitoring for drug interactions and side effects, understanding of anti-retroviral (ARV) drug resistance, and modification of treatment regimens, as needed.
   a. Healthcare Professionals
      i) Patients should have reliable access to experienced, trained healthcare professionals who can provide initial evaluation, ongoing education and support, monitoring, and advice on treatment (ARVs and other drugs).
      ii) Preventive services (education, prevention of maternal/child transmission) should be available. Preventive services should also include education and prevention of sexually transmitted infections (STI). HIV testing should be encouraged in the event that an individual is diagnosed with an STI.
   b. Facilities
      i) Access to appropriate out-patient and in-patient facilities which use sterile equipment, needles, and syringes.
3. **Labs.** Access to reliable facilities with trained technicians which can perform the following tests:
   a. Diagnostic testing (e.g., ELISA, Western blot).
   b. Surrogate markers, ongoing management (e.g., CD4+ counts, viral load).
   c. Appropriate serology screening for underlying infections (e.g., toxoplasmosis, syphilis).
   d. CBC (complete blood count).
   e. Chem. screen (liver & renal function tests).
   f. ARV resistance testing (for patients with treatment failure).

4. **Drugs/Medications.** Reliable, uninterrupted sources of anti-retroviral medications (ARVs) are critical to management of HIV/AIDS infection. Patients should also have access to medications for opportunistic infections.
   a. ARVs – patients should have reliable access to regulatory approved ARVs (FDA or equivalent regulatory body) such as nucleoside reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors, and protease inhibitors as clinically appropriate for their circumstances to support combination drug therapy protocols. Generics and/or copies should prove bioequivalence to the original products as part of their registration.
   b. PPD testing.
   c. Immunizations
      i) Pneumococcal
      ii) Influenza
      iii) Hepatitis B
   d. Drugs for prophylaxis and/or treatment of opportunistic infections (pneumocystis, toxoplasmosis, mycobacterium avian complex, etc.). This is a continually evolving area; however, coverage should be made available to medications as they are approved and become commonly used for opportunistic infections/care internationally.

5. **Medical Evacuation.** In the event that appropriate facilities and care are not available either locally or in concert with remote consultation, access to evacuation to a regional facility able to provide care should be provided.
Minimum Standard of Clinical Care for Employees and their Dependents with Tuberculosis (TB)

Clinical care for individuals with tuberculosis involves a number of components including education & counseling, diagnosis, treatment and care for complications. An essential component is the recognition of the prolonged nature of treatment required in order to minimize or eliminate the development of multi-drug resistant tuberculosis and/or treatment failure. Careful attention should be given to patient education and ongoing monitoring of adherence to treatment protocols. It should also be noted that the understanding and treatment of TB is continuing to evolve resulting in the ongoing need for healthcare providers to keep current. However, a general, minimum standard of coverage for employees and their eligible dependents should include access to key components in each of the following areas:

1. **Voluntary Testing and Counseling**
   a. Employees should have voluntary, confidential access to testing for TB and prompt counseling, education, and referral (as needed) to appropriate healthcare professionals.
   i) As geographically and clinically appropriate, while recognizing the limitations and impact posed by local BCG immunization practices, testing should include annual tuberculin skin testing (for skin test negative individuals) and the availability of sputum AFB smears & cultures or chest x-rays for individuals who are skin test positive.

2. **Medical Services**. As a general note, clinical management of tuberculosis requires effective education of patients to understand the long-term nature of treatment, enhance strict compliance with treatment regimens, ongoing monitoring of treatment effectiveness, and monitoring for drug toxicity and side effects.
   a. Healthcare Professionals
      i) Patients should have reliable access to experienced, trained healthcare professionals who use appropriate recognized protocols and can provide initial evaluation, ongoing education and support, monitoring, and advice on treatment.
   b. Facilities
      i) Access to appropriate outpatient and in-patient facilities that use sterile equipment, needles, and syringes.
3. Labs. Access to reliable facilities with trained technicians which can perform the following tests:
   a. Diagnostic testing (e.g., AFB sputum smears and cultures).
   b. Chest x-rays
   c. Chem screen (liver & renal function tests)
   d. Serum urate levels
   e. Appropriate testing for baseline and follow-up drug toxicity
      i) Visual acuity/color vision test
      ii) Hearing test
   f. TB drug resistance testing

4. Drugs/Medications. Reliable, uninterrupted sources of effective medications are critical to management of tuberculosis infection.
   a. Medications - patients should have reliable access to regulatory approved (FDA or equivalent regulatory body) medications appropriate for the TB isolates readily found in the patient’s community. Generics and/or copies should prove bioequivalence to the original products as part of their registration. As geographically appropriate, supplies of medications should be available to allow for treatment of multi-drug resistant tuberculosis (quadruple drug therapy), as needed for the clinical circumstances.
   b. Tuberculin testing

5. Medical Evacuation. In the event that appropriate facilities and care are not available either locally or in concert with remote consultation, access to evacuation to a regional facility able to provide care should be provided.
Minimum Standard of Clinical Care for Employees and their Dependents with Malaria

Clinical care for individuals with malaria involves a number of different components including education/counseling, prevention, diagnosis, treatment and ongoing monitoring and care. It should be noted that development of antibiotic resistance and resultant appropriate treatment is continuing to evolve resulting in the ongoing need for healthcare providers to keep current. However, a general, minimum standard of coverage for employees and their dependents should include access to key components in each of the following areas:

1. **Medical Services.** Appropriate planning and services should be made available for clinical management of malaria for personnel residing in endemic areas. Clinical care should also be available for travelers on company business to endemic areas and upon their return from these areas.
   a. Healthcare Professionals
      i. Patients should have reliable access to experienced, trained healthcare professionals who can provide initial evaluation, ongoing education and support, monitoring and advice on treatment.
      ii. Preventive Services
          (1) Education and counseling to increase awareness of the disease risk and transmission.
          (2) Education and counseling to enhance mosquito vector control measures and prevent mosquito bites.
          (3) Access to insect repellants, mosquito netting, etc.
          (4) Ensure that corporate workplace and Company supplied housing, where appropriate, are equipped with mosquito control measures such as air conditioning, window screens, etc.
          (5) Chemoprophylaxis as geographically appropriate.
   b. Facilities
      i. Access to appropriate outpatient and in-patient facilities that use sterile equipment, needles, and syringes.
2. **Labs.** Access to reliable facilities with trained technicians which can perform the following tests:
   a. CBC (complete blood count)
   b. Thick and thin Giemsa-stained smears
   c. Serology
   d. Serum glucose
   e. Serum electrolytes
   f. Chem screen (liver & renal function tests)
   g. G6PD testing

3. **Drugs/ Medications.** Reliable sources of antimalarial medications are a cornerstone of malaria treatment.
   a. Antimalarials – patients should have reliable access to regulatory approved (FDA or equivalent regulatory body) antimalarials as geographically appropriate including medications to treat chloroquine resistant strains of malaria. Generics and/or copies should prove bioequivalence to the original products as part of their registration.
   b. Medications should be available in oral, intramuscular, or intravenous forms as necessary.
   c. Employees should have access to chemoprophylaxis and insect repellants as geographically appropriate.
   d. Appropriate medications for short term prophylaxis (e.g., doxycycline, mefloquine) should be available as appropriate for travel to endemic areas.

4. **Medical Evacuation.** In the event that appropriate facilities and care are not available either locally or in concert with remote consultation, access to evacuation to a regional facility able to provide care should be provided.
HIV/AIDS, Tuberculosis & Malaria Workplace Policy ATTACHMENT 4

Monitoring & Evaluation

Monitoring, evaluation and review are an essential part of a viable and vibrant healthcare policy and play an important role in ensuring that a workplace program is appropriate and effective. As a matter of course, each country/division line management should periodically assess both the impact of its HIV/AIDS, TB and malaria prevention, treatment and care programs, as well as the effectiveness of the impact those efforts are having. Appropriate baseline information on key indicators (such as those recommended below) should be collected for comparison to subsequent indicator information. Consideration should be given to which indicators will be monitored (including quantitative and qualitative measurements, how information will be gathered and measured, frequency, and cost measures), accompanied by an evaluation of the effectiveness of these measures.

As an operating principle, each country/division must ensure the absence of discriminatory personnel practices and the availability of adequate and acceptable facilities for treatment and care. As a guiding principle, each country/division should encourage high awareness and participation in education programs.

Since conditions, prevalence and risk factors vary around the world and each organization faces different operational situations and needs for reporting, further indicators to be monitored and evaluated will necessarily range in specificity, from basic- to advanced-level detail. Accordingly, the following list of recommended interventions and indicators is intended as a guide to country/division line management, who should select, monitor and evaluate those which are relevant and appropriate for the local workplace environment. Naturally, such measurements can only be done on an aggregate basis in order to maintain and preserve individual confidentiality.

**HIV/AIDS interventions and indicators may include:**

- Prepare and implement a communication plan on the Policy to the local workforce
- Detail and monitor local education, prevention and training programs about HIV/AIDS, methods of transmission and how to avoid them, links to other sexually transmitted diseases, awareness, behavioral change, access to medication, use of peer education programs, leaflet distribution, voluntary HIV testing, number of employees attending education programs
- Detail and monitor the local Voluntary Counseling & Testing program
• Detail and monitor access to support groups, “buddy” systems, or other workplace assistance forums made available to employees
• Implement and monitor (if allowed and appropriate) a condom distribution program
• Provide and evaluate Post-Exposure Preventive (PEP) kits
• Gather local / national prevalence and incidence measurements applied to local workforce
• Record projected future prevalence rates following implementation of the Policy
• Monitor costs/losses as well as benefit/productivity gains realized
• Track incidence of opportunistic infections, STIs/STDs
• Provide and evaluate programs to assist employees and eligible plan participants who are AIDS sick
• Maintain records on sickness, absenteeism and turnover, and their related causes
• Employ and analyze employee Knowledge, Attitudes, Perception and Behavior (KAPB) surveys

**TB** interventions and indicators *may include*:
• Detail and monitor the medical services outlined in *Attachment 2, Section 2a & b*
• Determine if the local region or area is multi-drug resistant
• Monitor community transmission (Public Health reports)
• Determine if multi-drug resistance is a local concern

**Malaria** interventions and indicators *may include*:
• Detail and monitor the medical services outlined in *Attachment 3, Section 1a & b*
• Determine endemic areas
• For travelers to endemic areas, assess awareness, medical interventions, medications
SYSTEM REGULATION

34.04.03 HIV/AIDS in the Workplace and Learning Environment

July 31, 1998
Supplements System Policy 34.04

1. BACKGROUND

1.1 The Human Immunodeficiency Virus Service Act, Chapter 85, Texas Health and Safety Code, specifies that workplace guidelines be established to ensure that the rights and privileges of individuals infected with the Human Immunodeficiency Virus (HIV) are protected.

1.2 To meet that requirement and acknowledge the serious nature of HIV and related health issues in the work and learning environment, the following guidelines and regulations are established for the System. This regulation is consistent with current information from public health authorities, such as the Centers for Disease Control and Prevention of the United States Public Health Service, and with state and federal laws and regulations.

2. HIV/AIDS IN THE WORK/LEARNING ENVIRONMENT

2.1 The System will not use a person’s HIV status to make employment decisions or determine how service is delivered nor will the System deny services to HIV infected individuals, except as allowed by state or federal law. The System complies with the Americans With Disabilities Act provisions protecting all people with disabilities from discrimination in job application procedures, hiring, promotions, discharge, compensation, job training and other terms or conditions of employment. For more information on ADA protections, see System Regulation 33.02.02, Compliance with the Employment Provisions of the Americans With Disabilities Act. Employees who believe that they have been discriminated against because of HIV or AIDS should contact their human resources office to discuss the matter or file a written complaint (see System Regulation 32.01.02). Students should contact the student affairs office if they believe they have experienced discrimination due to HIV or AIDS. Other legal options may also be available.

2.1.1 System components may not ask applicants or students whether they are HIV infected. If an applicant voluntarily discloses that he or she is HIV infected, this information should not be used to determine the applicant’s suitability for student admission or employment unless current scientific information indicates that required activities may expose others to risk of transmission.

2.1.2 A student with HIV infection should be allowed to attend classes without restrictions as long as the student is physically and mentally able to
participate and perform assigned work, and reasonably poses no health risk to others.

2.1.3 An HIV-infected employee will remain employed as long as he or she meets job performance standards and does not engage in activities on the job that current scientific information indicates may expose others to risk of transmission. This right is protected by law.

2.1.4 The employee is not obligated to provide information about his/her HIV status to the employer. If symptoms occur that interfere with an employee’s performance of his or her job, the employee must provide to the employer medically verified information relating to the employee's ability to perform job duties but need not reveal the diagnosis. Procedures may be adapted to provide reasonable accommodation so a person with HIV/AIDS may remain employed and productive for as long as possible. However, all employees are expected to perform the essential functions of their jobs with or without reasonable accommodation. Likewise, all employees, including those with HIV/AIDS, have the same performance and conduct standards regarding hiring, promotion, transfer and dismissal. For more information on reasonable accommodation, see System Regulation 33.02.02, Compliance with the Employment Provisions of the Americans With Disabilities Act.

2.2 The approach and resolution of HIV/AIDS issues in the workplace will vary among System components. Careful attention should be given to:

(1) existing leave policies for management of chronic conditions,

(2) assessment of employee and agency needs,

(3) current scientific information about HIV and its related conditions, and

(4) current laws and regulations regarding HIV/AIDS. (For information on HIV testing, see Paragraph 7. For information on confidentiality, see Paragraph 8.)

3. HIV/AIDS RULES

3.1 Each System component will adopt appropriate rules, procedures, and education programs to help its employees and students better understand the medical, legal, administrative and ethical issues involved with HIV/AIDS.

3.2 Student and employee rules should establish that a person's refusal to work or attend classes with HIV-infected individuals should be carefully monitored and documented. Appropriate accommodation or corrective or disciplinary measures may be implemented for people who refuse to work or attend classes with HIV-infected individuals.
3.3 Each System component will make its rules available to students, faculty, and staff through handbooks, manuals, brochures or any other method deemed appropriate.

3.4 Such rules must be submitted to the System General Counsel for review and approval.

4. HIV/AIDS EDUCATION PROGRAMS

4.1 Each System component is encouraged to develop or offer educational training programs on HIV/AIDS to students and employees. Programs should be tailored to the cultural, educational, language and developmental needs of the target audience.

4.2 Each System component will annually provide each employee an educational pamphlet about methods of transmission and prevention of HIV infection and relevant state laws. The Texas Department of Health educational pamphlet entitled "AIDS and the Workplace" is recommended. The pamphlet will also be provided to new employees on the first day of employment.

4.3 Institutions must make available to students, on request, one or more educational pamphlets on HIV infection developed by the TDH or similar educational materials and must include in the student handbook a statement that pamphlets are available from the institution.

4.4 Each student health center should provide information on prevention of HIV infection, including:

   (1) the value of abstinence and long-term mutual monogamy;

   (2) information on the efficacy and use of condoms;

   (3) information that offers or refers to confidential and/or anonymous HIV counseling and testing services; and

   (4) state laws relating to the transmission and conduct that may result in the transmission of HIV.

5. ELIGIBILITY FOR BENEFITS

5.1 Workers' Compensation - To qualify for Workers' Compensation or other similar benefits, state law requires that an employee provide a written statement of the date and circumstances of the possible work-related exposure to HIV antibodies and document the fact that, within 10 days or less after the exposure, the employee took a confidential HIV antibody test with a negative result indicating an absence of HIV antibodies (to rule out pre-existing infection). An employee who may have been exposed to HIV while performing duties of employment may not be required to be tested, but refusal to be tested may jeopardize Workers' Compensation benefits.
5.2 Unemployment Compensation Benefits - Each System component must inform employees that state law provides that an individual will be disqualified for Unemployment Compensation benefits:

(1) if the Texas Workforce Commission (TWC) finds that the employee left work voluntarily rather than provide services included within the course and scope of employment to an individual infected with a communicable disease, including HIV.

(2) if the TWC finds that the employee has been discharged from employment based on a refusal to provide services included within the course and scope of employment to an individual infected with a communicable disease, including HIV.

These disqualifications apply if the System component provided facilities, equipment, training, and supplies necessary to take reasonable precautions against infection.

5.3 Health Benefits - No System student or employee will be subjected to impermissible discrimination under a health benefits plan endorsed by the System on the basis of a positive HIV test result.

6. GUIDELINES RELATED TO LABORATORY AND HEALTH CARE PROFESSIONS TRAINING

6.1 Safety Precautions - Each System component will develop guidelines for health care workers and students in the health professions and athletic trainer programs on preventing transmission of HIV (including universal precautions) and guidelines for health care workers who have HIV infection. Each System health care worker who is involved in hands-on patient care should complete an educational course about methods of transmission and prevention of HIV infection and related conditions based on the model education program guidelines developed by the TDH and the guidelines of this regulation.

6.2 Education of Students Entering Health Professions - Each System institution offering medical, dental, nursing, allied health, counseling, and/or social work degree programs must include within the program curricula information about:

(1) methods of transmission and methods of prevention of HIV infection;

(2) federal and state laws, rules, and regulations concerning HIV infection and AIDS; and

(3) the physical, emotional, and psychological stress associated with the care of patients with terminal illnesses.
6.3 Guidelines for Laboratory Courses - System components that offer laboratory courses requiring exposure to material that has potential for transmitting HIV should adopt safety guidelines for handling such material and distribute these guidelines to students and staff prior to such exposure.

7. HIV TESTING AND COUNSELING

7.1 Mandatory Testing - No programs for mandatory HIV testing of employees, students, or patients should be undertaken unless required by law or court order.

7.2 Voluntary Testing and Counseling - Student health centers should offer or refer students, faculty, and staff members for confidential or anonymous HIV counseling and testing services. All testing conducted by a System component will comply with the informed consent restrictions in Paragraph 7.3 and will include counseling before and after the test. Unless excepted by law, test results should be revealed to the person tested only when the opportunity is provided for immediate, individual, face-to-face counseling about:

1. the meaning of the test result;
2. the possible need for additional testing;
3. measures to prevent the transmission of HIV;
4. the availability of appropriate health care services, including mental health care, and appropriate social and support services in the geographic area of the person's residence;
5. the benefits of partner notification;
6. the availability of partner notification programs; and
7. identification and change of high-risk behaviors.

7.3 Informed Consent - Unless otherwise authorized or required by law, no HIV test should be performed without informed consent of the person to be tested. Consent will be written on a separate form, or the medical record will document that the test has been explained and consent has been obtained. The consent form will state that post-test counseling will be offered or the medical record will note that the patient has been informed that post-test counseling will be offered.

7.4 Reporting of Test Results - HIV test results will be reported in compliance with all applicable statutory requirements, including the Communicable Disease Prevention and Control Act, Texas Health and Safety Code, Section 81.
7.5 Conditions of HIV Testing of Employees at Institution's Expense - Employees will be informed that they may request HIV testing and counseling at the expense of the System component if:

1. The employee documents, to the satisfaction of the System component CEO, or designee, possible exposure to HIV while performing duties of employment; and

2. The employee was possibly exposed to HIV in a manner that is capable of transmitting HIV as determined by guidelines developed by the Texas Department of Health and the Centers for Disease Control of the U.S. Public Health Service.

7.6 Employees who want assistance in dealing with their own or a coworker’s HIV or AIDS infection may contact the component employee assistance program, if available, for counseling and referral to community services. In addition, component human resources offices can counsel employees on benefit coverage and leave availability. Employees and students may also be referred to the Texas HIV/STD InfoLine, 1-800-299-AIDS, for more information on HIV/AIDS and services such as testing and treatment providers.

8. CONFIDENTIALITY

8.1 Based on the Federal Privacy Act, the Texas Commission on Human Rights Act, and the Texas Communicable Disease Prevention and Control Act, any medical documentation or information provided by an HIV-infected employee or student to medical or management personnel must be considered confidential and private information. As such, employers are forbidden by law to disclose this information without the employee's knowledge and written consent, except as provided by law.

8.2 With written consent of the HIV-infected employee, appropriate agency officials such as medical staff, personnel representatives, and/or direct supervisors may be informed of the infected employee's conditions. Anyone who has access to confidential information is charged with maintaining strict confidentiality and privacy and with keeping documentation of the condition separate from the employee’s personnel file. Any individual within an organization who breaches the HIV-infected employee's rights has committed a serious offense. This breach may be cause for litigation, resulting in both civil and criminal penalties, and may result in dismissal.

***************

CONTACT FOR INTERPRETATION: System Human Resources Office

HISTORY: Last issued June 10, 1991, APRM B.4.14