RESPONDENT INFORMATION LEAFLET AND INFORMED CONSENT

STUDY TITLE **Efficacy of a HIV intervention in the workplace, as measured by KAP (knowledge, attitudes and practices) questionnaires: a before and after study**

Study trial number: 172/2002 a study concerning employees of Vesuvius SA to investigate the efficacy of the intervention.

INTRODUCTION

You are invited to volunteer for a research study. This information leaflet is to help you to decide if you would like to participate. Before you agree to take part in this study you should fully understand what is involved. If you have any questions, which are not fully explained in this leaflet, do not hesitate to ask the investigator. You should not agree to take part unless you are completely happy about all the procedures involved.

WHAT IS THE PURPOSE OF THIS STUDY?

All employees of the company will have the opportunity to complete the questionnaire and will be exposed to the full intervention.

With this study we would like to assess whether the programme of intervention is effective. The overall aim of the study is to evaluate the efficacy of the intervention programme in combating HIV / AIDS in the workplace using this KAP (knowledge, attitudes and practices) questionnaires to evaluate changes before and after the intervention.

Some of the questions are of a personal nature, but it will be impossible to link your response to you as an individual.

WHAT IS THE DURATION OF THIS STUDY?

If you decide to take part you will be one of approximately 150 employees. The study will last for 6 months. You will be asked to avail yourself for sessions where health talks and other information will be given out by the investigator Dr. W Rossouw, and Sr. M Sampson and Mr. R Mofokeng.

HAS THE STUDY RECEIVED ETHICAL APPROVAL?

This study Protocol was submitted to the Research Ethics Committee and this committee has granted written approval. The study has been structured in accordance with the Declaration of Helsinki (last update: October 2000), which deals with the recommendations guiding doctors in biomedical research involving human subjects. A copy of which may be obtained from the investigator should you wish to review it.

WHAT ARE MY RIGHTS AS A PARTICIPANT IN THIS STUDY?

Your participation in this study is entirely voluntary and you can refuse to participate or stop at any time without stating any reason. Your withdrawal will not affect your access to other medical care.

CONFIDENTIALITY

All information obtained during the course of this study is strictly confidential. Data that may be reported in scientific journals will not include any information that identifies you as a respondent in this study.

Any information uncovered regarding your response results or state of health as a result of your participation in this study will be held in strict confidence. You will be informed of any finding of importance to your health or continued participation in this study but this information will not be disclosed to any third party in addition to the ones mentioned above without your written permission.

INFORMED CONSENT

I hereby confirm that the investigator, Dr. W Rossouw, has informed me about the nature, conduct, benefits and risks of this study. I have also received, read and understood the above written information (RESPONDENT INFORMATION LEAFLET AND INFORMED CONSENT) regarding this study.

I am aware that the results of the study, including personal details regarding my sex, age and responses will be anonymously processed into a study report.

I may, at any stage, without prejudice, withdraw my consent and participation in the study. I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.

Respondent's name _____ (Please print)

Respondent's signature _____ Date _____

Investigator's name Dr. W Rossouw

Investigator's signature _____ Date _____

I, Dr. W Rossouw herewith confirm that the above respondent has been informed fully about the nature, conduct and risks of the above trial.

Witness's name* _____ (Please print)

*Consent procedure should be witnessed whenever possible.

Witness's signature _____ Date _____

Appendix A

VERBAL RESPONDENT INFORMED CONSENT

(applicable when respondents cannot read or write)

I, the undersigned, Dr. W Rossouw have read and have explained fully to the respondent, named ..... and/or his/her relative, the respondent information leaflet, which has indicated the nature and purpose of the study in which I have asked the respondent to participate. The respondent indicated that he/she understands that he/she will be free to withdraw from the trial at any time for any reason.

I hereby certify that the respondent has agreed to participate in this study.

Respondent's name _____ (Please print)

Investigator's name Dr. W Rossouw

Investigator's signature _____ Date _____

Witness's name _____ (Please print)

Witness's signature _____ Date _____

POLICY LETTER - HIV/AIDS

1. PURPOSE

To define Company policy in respect of HIV (Human Immuno Deficiency Virus) and AIDS (Acquired Immunity Deficiency Syndrome).

2. BACKGROUND INFORMATION

* HIV/AIDS is not transmitted in the workplace by usual or casual contact between employees.
* There is no reason to consider HIV/AIDS as different from other serious diseases with regard to employment.

3. POLICY

3.1 Employees who may become infected with HIV or who may suffer from AIDS will be permitted to continue in their usual duties to the extent practicable. When an employee can no longer fulfil the inherent job requirements, the individual will be declared medically unfit or incapacitated and dealt with in accordance with fair labour practices as per Labour Relations Act (LRA).

3.2 Prospective and current employees will not be required to undergo testing for HIV/AIDS.

3.3 Particulars of employees suspected or confirmed to be infected with the subject disease will be dealt with in strict confidentiality - by management and on-site healthcare service provider personnel. All healthcare service providers are expected to take appropriate precautions when coming into physical contact with employees.

3.4 An employee with AIDS or HIV infection is under no obligation to disclose his/her condition to a supervisor, manager or any other employee, unless required to do so by future law.

3.5 Employees suspected or confirmed to be suffering from AIDS will not be unfairly discriminated against by management. The Company will attempt as far as reasonably possible, to prevent any group such as fellow employees, supervision and clients, from discriminating against an employee with AIDS.

3.6 Employees suffering from AIDS will be entitled to all normal employee benefits which are in effect at any given point in time and which are applicable to employees in the same job classification.

3.7 The Company will conduct HIV/AIDS awareness programmes and will assist in preventing HIV infection by making condoms readily available and accessible on Company premises.

3.8 The Company will, through the on-site healthcare service provider activity, provide a counselling service regarding HIV/AIDS for anyone requesting it (this includes family members of employees).

3.9 The Company will provide the means for employees to have themselves tested for HIV/AIDS if they so desire, on a confidential basis. The expense for these tests will be borne by the employees who participate.

4. POLICY REVIEW

This policy will be reviewed on a regular basis to take account of the progression of the epidemic, development in medical care, experience in managing it in the workplace and its impact on employee benefit schemes.

Chief Executive Officer