HIV/AIDS – Universal Precautions Home Study Course

1 CE Credit Hour
Text and Study Guide

Presented by the:
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Instructions for the HIV/AIDS Universal Precautions home study course

Thank you for investing in the HIV/AIDS Universal Precautions home study course, a 1 CE credit hour course designed to further your knowledge in the principles and practices of protecting yourself from HIV/AIDS.

This guide will contain all of the instructions you will need to complete this course. This is a 1 CE hour course, so that means it should take you approximately 1 hour to read the text and complete the examination.

PLEASE READ THE FOLLOWING DIRECTIONS FOR COMPLETION OF THIS COURSE.

The following are steps to follow in completing this course:

1. **Read the instructions and review the text and exam.**

2. **Access the online examination in your account at www.massagetherapyceu.com.**

3. **Complete your examination and print your certificate. The exam is open book and there is no time limit for completion.**

You must pass the exam with an 80% or better to pass this home study e-course. You are allowed to access and take the exam up to 3 times if needed. There is no time limit when taking the exam. Feel free to review the text while taking the exam. There are no trick questions on the exam. All of the answers are clearly found in the text. The exam is also included at the end of the text for review before taking the exam.

Good luck as you complete this course. If you have any questions please feel free to contact us at 866-784-5940, 712-490-8245 or info@massagetherapyceu.com. Most state boards require that you keep your "certificate of achievement" for at least four years in case of audit. Thank you for taking our HIV/AIDS Universal Precautions home study course.

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HIV/AIDS Universal Precautions Text

What is HIV?

HIV is known as the human immunodeficiency virus that causes AIDS (acquired immunodeficiency syndrome). It is a virus that attacks a person's immune system.

This virus may be passed from one person to another when infected blood, semen or vaginal secretions come in contact with an uninfected person's broken skin or mucous membranes. Mucous membranes include wet, thin tissue found in certain openings to the human body. These include the mouth, eyes, nose, vagina, rectum and opening of the penis. Infected pregnant women can also pass HIV to their baby during pregnancy or delivery, as well as through breast-feeding.

What is a virus?

A virus is an infectious agent that is unable to grow or reproduce outside a host cell. Viruses can infect all cellular forms of life and are commonly spread through air, water, food, saliva, etc. Viruses that cause infections such as the common cold, chicken pox, mumps, tonsillitis and strep throat spread through the air and through casual human-to-human contact.

The HIV virus differs from the typical virus in that it cannot survive in the air, on food or in water. It can only be passed through bodily fluids such as blood and semen. HIV is found in varying concentrations in blood, semen, vaginal fluid, breast milk, saliva and tears.

What is the origin of HIV?

Although there are several theories on how HIV came to be, the origin of HIV is not known. The earliest known case of HIV in a human was from a blood sample collected in 1959 from a man in Kinshasa, Democratic Republic of Congo. (How he became infected is not known). Genetic analysis of this blood sample suggested that HIV-1 may have stemmed from a single virus in the late 1940's or early 1950's.

We know that the virus has existed in the United States since at least the mid to late 1970's. From 1979-1981 rare types of pneumonia, cancer and other illnesses were being reported by doctors in Los Angeles and New York in a number of male patients who had sex with other men. These were conditions not usually found in people with healthy immune systems.

In 1982, public health officials began to use the term "acquired immunodeficiency syndrome," or AIDS, to describe the occurrences of opportunistic infections, Kaposi's sarcoma (a kind of cancer) and pneumonia in previously healthy people. Formal tracking of AIDS cases began that year in the United States.

In 1983, scientists discovered the virus that causes AIDS. The virus was at first named HTLV-III/LAV (human T-cell lymphotropic virus-type III/lymphadenopathy- associated virus) by an international scientific committee. This name was later changed to HIV (human immunodeficiency virus).

For many years scientists theorized as to the origins of HIV and how it appeared in the human population, most believing that HIV originated in other primates. Then in 1999, an international team of researchers reported that they had discovered the origins of HIV-1, the predominant strain of HIV in the developed world. A subspecies of chimpanzees native to west equatorial Africa had been identified as the original source of the virus. The researchers believe that HIV-1 was introduced into the human population when hunters became exposed to infected blood.

What is AIDS?

AIDS stands for **A**cquired **I**mmuno**d**eficiency **S**yndrome.

Acquired – means that the disease is not hereditary but develops after birth from contact with a disease causing agent, HIV.

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Immunodeficiency – means that the disease is characterized by a weakening of the immune system.

Syndrome – refers to a group of symptoms that collectively indicate or characterize a disease. In the case of AIDS this can include the development of certain infections and/or cancers, as well as a decrease in the number of certain cells in a person's immune system.

Does every case of HIV cause AIDS?

Although the scientific evidence is overwhelming and compelling that HIV is the cause of AIDS, the disease process is still not completely understood. This incomplete understanding has led some persons to make statements that AIDS is not caused by an infectious agent or is caused by a virus that is not HIV. This is not only misleading, but may have dangerous consequences. Infection with HIV has been the sole common factor shared by AIDS cases throughout the world among men who have sex with men, transfusion recipients, persons with hemophilia, sex partners of infected persons, children born to infected women and occupationally exposed health care workers.

The conclusion after more than 20 years of scientific research is that people, if exposed to HIV through sexual contact or injecting drug use for example, may become infected with HIV. If they become infected, most will eventually develop AIDS.

How many people in the United States are infected with HIV or AIDS?

The Center for Disease Control states that at the end of 2003, an estimated 1,039,000 to 1,185,000 persons in the United States were living with HIV/AIDS.

In 2005 alone, 37,331 cases of HIV/AIDS in adults, adolescents and children were diagnosed in the 33 states with long-term, confidential name-based HIV reporting. The Center for Disease Control has estimated that approximately 40,000 persons in the United States become infected with HIV each year, with about ¼ of them not knowing they are infected.

How is HIV spread?

HIV transmission can occur when blood, semen, pre-seminal fluid, vaginal fluid or breast milk from an infected person enters the body of an uninfected person.

Some health-care workers have become infected after being stuck with needles containing HIV-infected blood or, less frequently when infected blood comes in contact with a worker's open cut or is splashed into a worker's eyes or inside their nose. There has been only one instance of a patient being infected by an HIV-infected dentist to his patient.

HIV can also be transmitted through receipt of infected blood or blood clotting factors. However, since 1985, all donated blood in the United States has been tested for HIV. Therefore, the risk of infection through transfusion of blood or blood products is extremely low. The U.S. blood supply is considered to be among the safest in the world.

HIV can enter the body through a vein (injection drug use), the lining of the anus or rectum, the lining of the vagina and/or cervix, the opening to the penis, the mouth, other mucous membranes (eyes or inside of the nose), or cuts and sores. Intact, healthy skin is an excellent barrier against HIV, other viruses and bacteria.

These are the most common ways that HIV is transmitted from one person to another:

- by having sex (anal, vaginal or oral) with an HIV-infected person
- by sharing needles or injection equipment with an injection drug user who is infected with HIV
- from HIV-infected women to their babies before or during birth or through breast-feeding after birth

Which body fluids transmit HIV?

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These body fluids have been shown to contain high concentrations of HIV:

- blood
- semen
- vaginal fluid
- breast milk
- other body fluids containing blood

The following are additional body fluids that may transmit the virus that health care workers may come into contact with:

- fluid surrounding the brain and the spinal cord
- fluid surrounding bone joints
- fluid surrounding an unborn baby

HIV has been found in the saliva and tears of some persons living with HIV, but in very low quantities. It is important to understand that finding a small amount of HIV in a body fluid does not necessarily mean that HIV can be *transmitted* by that body fluid. HIV has *not* been recovered from the sweat of HIV-infected persons. Contact with saliva, tears or sweat has never been shown to result in transmission of HIV.

Can a person contact HIV from open mouth kissing?

Open-mouth kissing is considered a very low-risk activity for the transmission of HIV. However, prolonged open-mouth kissing could damage the mouth or lips and allow HIV to pass from an infected person to a partner and then enter the body through cuts or sores in the mouth. Because of this possible risk, the CDC recommends against open-mouth kissing with an infected partner.

One case in the U.S. suggests that a woman became infected with HIV from her partner through exposure to contaminated blood during open-mouth kissing.

Can a person contact HIV from performing and receiving oral sex?

Yes. It is possible for either partner to become infected with HIV through performing or receiving oral sex. There have been a few cases of HIV transmission from performing oral sex on a person infected with HIV. While no one knows exactly what the degree of risk is, evidence suggests that the risk is less than that of unprotected anal or vaginal sex.

If the person performing oral sex has HIV, blood from their mouth may enter the body of the person receiving oral sex through:

- the lining of the urethra (the opening at the tip of the penis)
- the lining of the vagina or cervix
- the lining of the anus
- directly into the body through small cuts or open sores

If the person receiving oral sex has HIV, their blood, semen (cum), pre-seminal fluid (pre-cum) or vaginal fluid may contain the virus. Cells lining the mouth of the person performing oral sex may allow HIV to enter their body.

The risk of HIV transmission increases:

- if the person performing oral sex has cuts or sores around or in their mouth or throat
- if the person receiving oral sex ejaculates in the mouth of the person performing oral sex
- if the person receiving oral sex has another sexually transmitted disease (STD)

Not having (abstaining from) sex is the most effective way to avoid HIV.

If you choose to perform oral sex, and your partner is male:

- use a latex condom on the penis

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- if you or your partner is allergic to latex, plastic (polyurethane) condoms can be used

Studies have shown that latex condoms are very effective, though not perfect, in preventing HIV transmission when used correctly and consistently. If either partner is allergic to latex, plastic (polyurethane) condoms for either the male or female can be used.

If you choose to perform oral sex, and your partner is female:

- use a latex barrier (such as a natural rubber latex sheet, a dental dam or a cut-open condom that makes a square) between your mouth and the vagina. A latex barrier such as a dental dam reduces the risk of blood or vaginal fluids entering your mouth. Plastic food wrap also can be used as a barrier.

If you choose to share sex toys with your partner, such as dildos or vibrators:

- each partner should use a new condom on the sex toy
- be sure to clean sex toys between each use

Can a person contact HIV from having vaginal sex?

Yes. It is possible for either partner to become infected with HIV through vaginal sex (intercourse). In fact, it is the most common way the virus is transmitted in much of the world. HIV can be found in the blood, semen (cum), pre-seminal fluid (pre-cum) or vaginal fluid of a person infected with the virus.

In women, the lining of the vagina can sometimes tear and possibly allow HIV to enter the body. HIV can also be directly absorbed through the mucous membranes that line the vagina and cervix.

In men, HIV can enter the body through the urethra (the opening at the tip of the penis) or through small cuts or open sores on the penis. Risk for HIV infection increases if you or a partner has a sexually transmitted disease (STD).

Not having (abstaining from) sex is the most effective way to avoid HIV. If you choose to have vaginal sex, use a latex condom to help protect both you and your partner from HIV and other STD's. Studies have shown that latex condoms are very effective, though not perfect, in preventing HIV transmission when used correctly and consistently. If either partner is allergic to latex, plastic (polyurethane) condoms for either the male or female can be used.

Can a person contact HIV from anal sex?

Yes. In fact, unprotected (without a condom) anal sex (intercourse) is considered to be very risky behavior. It is possible for either sex partner to become infected with HIV during anal sex. HIV can be found in the blood, semen, pre-seminal fluid or vaginal fluid of a person infected with the virus. In general, the person receiving the semen is at greater risk of getting HIV because the lining of the rectum is thin and may allow the virus to enter the body during anal sex. A person who inserts his penis into an infected partner also is at risk because HIV can enter through the urethra (the opening at the tip of the penis) or through small cuts, abrasions or open sores on the penis.

Not having (abstaining from) sex is the most effective way to avoid HIV. If people choose to have anal sex, they should use a latex condom. Most of the time, condoms work well. However, condoms are more likely to break during anal sex than during vaginal sex. Thus, even with a condom, anal sex can be risky. A person should use generous amounts of water-based lubricant in addition to the condom to reduce the chances of the condom breaking.

Can a person contact HIV from sharing drug needles?

Yes. At the start of every intravenous injection, blood is introduced into the needle and syringe. HIV can be found in the blood of a person infected with the virus. The re-use of a blood-contaminated needle or syringe by another drug injector (sometimes called "direct syringe sharing") carries a high risk of HIV transmission because infected blood can be injected directly into the bloodstream.

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Sharing drug equipment can be a risk for spreading HIV. Infected blood can be introduced into drug solutions by:

- using blood-contaminated syringes to prepare drugs
- reusing water
- reusing bottle caps, spoons or other containers ("spoons" and "cookers") used to dissolve drugs in water and to heat drug solutions
- re-using small pieces of cotton or cigarette filters ("cottons") used to filter out particles that could block the needle

"Street sellers" of syringes may repackage used syringes and sell them as sterile syringes. For this reason, people who continue to inject drugs should obtain syringes from reliable sources of sterile syringes, such as pharmacies. It is important to know that sharing a needle or syringe for any use, including skin popping and injecting steroids, can put one at risk for HIV and other blood-borne infections.

Can a person contact HIV from a tattoo or body piercing?

Yes. A risk of HIV transmission does exist if instruments contaminated with blood are either not sterilized or disinfected or are used inappropriately between clients. CDC recommends that single-use instruments intended to penetrate the skin be used once, then disposed of. Reusable instruments or devices that penetrate the skin and/or contact a client's blood should be thoroughly cleaned and sterilized between clients.

Personal service workers who do tattooing or body piercing should be educated about how HIV is transmitted and take precautions to prevent transmission of HIV and other blood-borne infections in their settings.

If you are considering getting a tattoo or having your body pierced, ask staff at the establishment what procedures they use to prevent the spread of HIV and other blood-borne infections, such as the hepatitis B virus. You also may call the local health department to find out what sterilization procedures are in place in the local area for these types of establishments.

Can a person contact HIV from engaging in sporting activities?

There are no documented cases of HIV being transmitted during participation in sports. The very low risk of transmission during sports participation would involve sports with direct body contact in which bleeding might be expected to occur.

If someone is bleeding, their participation in the sport should be interrupted until the wound stops bleeding and is both antiseptically cleaned and securely bandaged. There is no risk of HIV transmission through sports activities where bleeding does not occur.

Can a person contact HIV from being bitten by a mosquito?

No. From the start of the HIV epidemic there has been concern about HIV transmission from biting and bloodsucking insects, such as mosquitoes. However, studies conducted by the CDC and elsewhere have shown no evidence of HIV transmission from mosquitoes or any other insects, even in areas where there are many cases of AIDS and large populations of mosquitoes. Lack of such outbreaks, despite intense efforts to detect them, supports the conclusion that HIV is not transmitted by insects.

The results of experiments and observations of insect biting behavior indicate that when an insect bites a person, it does not inject its own or a previously bitten person's or animal's blood into the next person bitten. Rather, it injects saliva, which acts as a lubricant so the insect can feed efficiently. Diseases such as yellow fever and malaria are transmitted through the saliva of specific species of mosquitoes. However, HIV lives for only a short time inside an insect and, unlike organisms that are transmitted via insect bites, HIV does not reproduce (and does not survive) in insects. Thus, even if the virus enters a mosquito or another insect, the insect does not become infected and cannot transmit HIV to the next human it bites.

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There also is no reason to fear that a mosquito or other insect could transmit HIV from one person to another through HIV-infected blood left on its mouth parts. Several reasons help explain why this is so. First, infected people do not have constantly high levels of HIV in their blood streams. Second, insect mouth parts retain only very small amounts of blood on their surfaces. Finally, scientists who study insects have determined that biting insects normally do not travel from one person to the next immediately after ingesting blood. Rather, they fly to a resting place to digest the blood meal.

Can a person contact HIV from a blood transfusion?

Yes. HIV can be transmitted through receipt of infected blood or blood clotting factors during a blood transfusion. However, since 1985, all donated blood in the United States has been tested for HIV. Therefore, the risk of infection through transfusion of blood or blood products is extremely low. The U.S. blood supply is considered to be among the safest in the world.

The Public Health Service has recommended an approach to blood safety in the U.S. that includes stringent donor selection practices and the use of screening tests. U.S. blood donations have been screened for antibodies to HIV-1 since March 1985 and HIV-2 since June 1992. The p24 Antigen test was added in 1996. Blood and blood products that test positive for HIV are safely discarded and are not used for transfusions.

What can I do to protect myself from HIV/AIDS, professionally and personally?

Prevention is the best strategy when it comes to exposure to the HIV virus. Weather in a healthcare setting, a massage setting or in a personal setting, the following are preventative measures recommended by the Center for Disease Control that should always be taken to minimize your and others exposure the HIV.

Healthcare personnel should assume that blood and other body fluids from all patients are potentially infectious. They should therefore follow infection control precautions at all times. These precautions include:

- the routine use of barriers (such as gloves and/or goggles) when anticipating contact with blood or body fluids
- washing hands and other skin surfaces immediately after contact with blood or body fluids
- careful handling and disposing of sharp instruments during and after use

Safety devices have been developed to help prevent needle-stick injuries. If used properly, these types of devices may reduce the risk of exposure to HIV. Many percutaneous injuries are related to sharps disposal. Strategies for safer disposal, including safer design of disposal containers and placement of containers, are being developed. Although the most important strategy for reducing the risk of occupational HIV transmission is to prevent occupational exposures, plans for post-exposure management of health care personnel should be in place.

In the massage and bodywork setting, the following are preventative measures that you can take to minimize your exposure to HIV:

- thoroughly wash your hands before and after each massage session
- avoid massaging open sores, cuts and/or wounds on any client
- protect your own open cuts and/sores with a barrier between you and your clients
- if necessary, wear latex gloves to protect yourself from clients

In a more personal setting, latex condoms, when used consistently and correctly, are highly effective in preventing heterosexual sexual transmission of HIV, the virus that causes AIDS. Research on the effectiveness of latex condoms in preventing heterosexual transmission is both comprehensive and conclusive. The ability of latex condoms to prevent transmission has been scientifically established in laboratory studies as well as in epidemiologic studies of uninfected persons at very high risk of infection because they were involved in sexual relationships with HIV-infected partners. The most recent analysis of epidemiologic studies of condom effectiveness was published by Weller and Davis in 2004. This analysis refines and updates their previous report published in 1999. The analysis demonstrates that the consistent use of latex condoms provides a high degree of protection against heterosexual transmission of HIV. It should be noted that condom use cannot provide absolute protection against HIV. The surest way to avoid transmission of HIV is to abstain from sexual intercourse or to

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be in a long-term mutually monogamous relationship with a partner who has been tested and you know is not infected.

For needle sharers, the CDC recommends that people who inject drugs should be regularly counseled to:
- stop using and injecting drugs
- enter and complete substance abuse treatment, including relapse prevention

For injection drug users who cannot or will not stop injecting drugs, the following steps may be taken to reduce personal and public health risks:
- never reuse or "share" syringes, water, or drug preparation equipment
- only use syringes obtained from a reliable source (such as pharmacies or needle exchange programs)
- use a new, sterile syringe each time to prepare and inject drugs
- if possible, use sterile water to prepare drugs; otherwise, use clean water from a reliable source (such as fresh tap water)
- use a new or disinfected container ("cooker") and a new filter ("cotton") to prepare drugs
- clean the injection site with a new alcohol swab prior to injection
- safely dispose of syringes after one use

If new, sterile syringes and other drug preparation and injection equipment are not available, then previously used equipment should be boiled in water or disinfected with bleach before reuse.

How will I be able to tell if someone has HIV/AIDS?

The only way to know if you or someone else is infected is to be tested for HIV infection. You cannot rely on symptoms to know whether or not someone is infected. Many people who are infected with HIV do not have any symptoms at all for 10 years or more.

The following **may be** warning signs of advanced HIV infection:
- rapid weight loss
- dry cough
- recurring fever or profuse night sweats
- profound and unexplained fatigue
- swollen lymph glands in the armpits, groin, or neck
- diarrhea that lasts for more than a week
- white spots or unusual blemishes on the tongue, in the mouth, or in the throat
- pneumonia
- red, brown, pink, or purplish blotches on or under the skin or inside the mouth, nose, or eyelids
- memory loss, depression, and other neurological disorders

However, no one should assume they are or someone else is infected if they have any of these symptoms. Each of these symptoms can be related to other illnesses. Again, **the only way to determine whether you are, or someone else is infected is to be tested for HIV.**

Similarly, you cannot rely on symptoms alone to determine if a person has AIDS. AIDS is a medical diagnosis made by a doctor following criteria set forth by the Center for Disease Control.

How is HIV treated?

When AIDS first surfaced in the U.S., there were no drugs to combat the underlying immune deficiency and few treatments existed for the opportunistic diseases that resulted. Researchers, however, have developed drugs to fight both HIV infection and its associated infections and cancers.

The Food and Drug Administration (FDA) has approved a number of drugs for treating HIV infection. The first group of drugs, called reverse transcriptase (RT) inhibitors, interrupts an early stage of the virus making copies of itself. Nucleoside/nucleotide RT inhibitors are faulty DNA building blocks. When these faulty pieces are

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incorporated into the HIV DNA (during the process when the HIV RNA is converted to HIV DNA), the DNA chain cannot be completed, thereby blocking HIV from replicating in a cell. Non-nucleoside RT inhibitors bind to reverse transcriptase, interfering with its ability to convert the HIV RNA into HIV DNA. This class of drugs may slow the spread of HIV in the body and delay the start of opportunistic infections.

FDA has approved a second class of drugs for treating HIV infection. These drugs, called protease inhibitors, interrupt the virus from making copies of itself at a later step in its life cycle.

FDA also has introduced a third new class of drugs, known at fusion inhibitors, to treat HIV infection. Fuzeon (enfuvirtide or T-20), the first approved fusion inhibitor, works by interfering with the ability of HIV-1 to enter into cells by blocking the merging of the virus with the cell membranes. This inhibition blocks HIV's ability to enter and infect the human immune cells. Fuzeon is designed for use in combination with other anti-HIV treatments. It reduces the level of HIV infection in the blood and may be effective against HIV that has become resistant to current antiviral treatment schedules.

Because HIV can become resistant to any of these drugs, healthcare providers must use a combination treatment to effectively suppress the virus. When multiple drugs (three or more) are used in combination, it is referred to as highly active antiretroviral therapy, or HAART, and can be used by people who are newly infected with HIV as well as people with AIDS. Recently, the FDA approved the first one-a-day three drug-combination pill called Atripla.

Researchers have credited HAART as being a major factor in significantly reducing the number of deaths from AIDS in this country. While HAART is not a cure for AIDS, it has greatly improved the health of many people with AIDS and it reduces the amount of virus circulating in the blood to nearly undetectable levels. Researchers, however, have shown that HIV remains present in hiding places, such as the lymph nodes, brain, testes and retina of the eye, even in people who have been treated.

Important factors for massage therapists to consider

It is important for you to always remember that HIV/AIDS is only transmitted through blood to blood contact and bodily fluids. Most massage therapists and bodyworkers do not come into contact with their client's blood and bodily fluids on a regular basis. However, there are some key points to keep in mind if you choose to work on a client with HIV or AIDS. These are also valid points when working on any client in your practice. There may be clients who come to you and do not know they are infected with HIV or do not tell you that they are infected. Universal precautions for every client are the best policy to follow in order to keep you protected.

- Use thorough intake forms – Most intake forms will ask the client if they have any serious or chronic illnesses or medical conditions. Read carefully through the intake form and look for things that may cause your caution. In some states, you may be prohibited from directly asking your client if they are infected with HIV or AIDS. If you are uncomfortable asking or prohibited from asking, a thorough intake form should give you the information you need to proceed with your treatment plan.

- Always avoid open wounds, cuts, lesions, rashes, boils and acne on every client, HIV positive or not.

- Consult with your client's physician – If your client has a pertinent medical condition (HIV/AIDS, cancer, immune disorders, chronic illnesses, hepatitis), it is acceptable to consult with their family physician before starting a treatment plan. Discussing whether or not massage therapy is contra-indicated with their physician can help you in formulating a treatment plan and can protect you from malpractice or going outside of your scope of practice.

- Use gloves – The use of latex gloves or latex free gloves is common in the medical community and will protect both you and your clients. If you are uncomfortable for any reason with a client, feel free to use gloves. You may want to use a water based lubricant with latex gloves as some oils can break down the latex material.

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- If you are comfortable using your bare hands, be sure that they are clean and free of cuts, scratches or wounds. If you do have an open sore, cut or scratch on your hands, arms or elbows, use a protective barrier to protect both you and your client.

- When cleaning and/or changing your drape, face cradle cover, sheets, massage table or massage chair, if you find an unidentifiable material, use latex gloves and thoroughly disinfect your sheets and table or chair. Disinfecting can be done by using a 10% bleach solution for 10 minutes or a 70% alcohol solution for 10 minutes.

- Always wash and clean your drape, sheets, face cradle covers and towels after each use. You do not want to introduce germs to other clients or yourself while performing a massage session.

- If you are uneasy working on any client, whether or not they are HIV positive, refer them elsewhere or simply tell them you cannot work on them. You have the right to refuse service to any client for a number of reasons such as, you do not feel they will benefit from your treatment, you feel that you are going outside of your scope of practice in treating them and/or the client has contra-indications to massage therapy. If you feel that you will not be able to work on the client to the best of your ability, it is acceptable/better to refer them to the appropriate healthcare professional.

References:

Center for Disease Control, http://www.cdc.gov/hiv/

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HIV/AIDS Universal Precautions Exam

1. HIV differs from other viruses in that HIV:
    A. Cannot survive in the air
    B. Cannot survive in food
    C. Is not spread through casual human-to-human contact
    D. All of the above

2. The earliest known case of HIV in a human was documented in:
    A. 1982
    B. 1959
    C. 1979
    D. 1949

3. What is AIDS?
    A. An acquired immunodeficiency syndrome characterized by a group of symptoms, including infections and/or cancer, caused by the HIV virus
    B. A congenital immunodeficiency syndrome characterized by a group of symptoms, including infections and/or cancer, which can be caused by many viruses
    C. An acquired immunodeficiency syndrome that does not weaken the immune syndrome, caused by the HIV virus
    D. All of the above

4. How many people in the U.S. does the CDC estimate were infected with HIV/AIDS at the end of 2003?
    A. 500,000
    B. 900,000
    C. 1,100,000
    D. 3,000,000

5. How can HIV be spread?
    A. Through contact with an infected person's blood
    B. Through intercourse with an infected person
    C. By sharing needles with an injection drug user who is HIV positive
    D. All of the above

6. Which of the following fluids are known to carry the HIV virus?
    A. Breast milk
    B. Semen
    C. Vaginal fluid
    D. All of the above

7. Although considered low risk, a person can contract HIV through open mouth kissing.
    A. True
    B. False

8. Using a latex barrier/condom has been proven to be very effective in preventing HIV transmission during:
    A. Oral sex
    B. Anal sex
    C. Vaginal sex
    D. All of the above

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9. How many documented cases exist of HIV being transmitted during participation in sports?
    A. 2
    B. 0
    C. 5
    D. 10

10. You can contract HIV from being bitten by a mosquito?
    A. Yes
    B. No

11. In order to minimize your exposure to HIV in a massage setting, you can:
    A. Wear latex gloves
    B. Avoid massaging open cuts, sores, rashes or wounds on clients
    C. Ensure that you have no open cuts, sores, rashes or wounds that may come in contact with your client
    D. All of the above

12. The only way to determine if you or any person has HIV is to be tested?
    A. True
    B. False

13. The class of drugs used in treating HIV that is designed to interrupt RNA conversion at an early stage of virus replication is called:
    A. HAART
    B. Protease inhibitors
    C. Reverse transcriptase inhibitors
    D. Fusion inhibitors

14. Universal precautions for massage therapists include:
    A. The use of intake forms
    B. Disinfecting sheets, drapes and massage table/chair
    C. Consulting with the client's primary care physician
    D. All of the above

15. An example of a disinfecting process is:
    A. A 5% bleach solution for 10 minutes
    B. A 70% alcohol solution for 10 minutes
    C. A 10% alcohol solution for 10 minutes
    D. A 70% bleach solution for 10 minutes

This completes the HIV/AIDS universal precautions exam.

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