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Please return the Completed Roster; Completed Test; and Completed Evaluation
Please be sure to *completely* fill in each line for each individual student. CEU hours will be reported to CE Broker (except for HHA) and this information is **REQUIRED**.

ROSTER

Program Title: **HIV/AIDS Law and Rule Initial 4-Hour**

Date: _____ Facility Name: _____

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HIV/AIDS LAW & RULE INITIAL

4-HOUR SELF-DIRECTED STUDY COURSE

Course Objective

The purpose of this course is to provide education regarding HIV/AIDS disease as a major public health problem both in the United States and around the world. This program will discuss current statistics according to Centers for Disease and The World Health Organization, education, prevention and patient teaching.

Learning Objectives

At the conclusion of this program the reader will be able to:

1. Distinguish between HIV and AIDS
2. Understand the importance of statistical data for this disease.
3. Outline the prevalence of HIV infection in the United States
4. Give an example of infection control
5. Define primary approach to prevention of HIV/AIDS.
6. Discuss patient teaching

Statistical Data

In 2017, the CDC published statistics stating more than 1.1 million people are living with HIV infection. It went on to say that 162,500 are unaware of their infection. The CDC estimates over 1.1 million persons ages 13 and over are

living with the disease and another 15% of the population that don't know they have the disease. Over the past decade, the number of people living longer with HIV has increased while the annual number of new cases has decreased. The CDC reports this particularly true within certain populations. It is reported that at the year end 2016 approximately 991,447 were diagnosed with HIV in the US and 525,374 were diagnosed with AIDS in the US.

In 2017, the estimated incidence of new cases reported was 38,739. The diagnosis rate has decreased between the years of 2012-2016. Some groups are more affected than others however. The groups experiencing the highest rate are American Indians/Alaska Natives and Asians.

In 2017, CDC estimated over 38,739 new cases of HIV was diagnosed in the United States. With in that same year, over 17,803 were diagnosed with AIDS. An overall estimation of over 1,281,787 million people in the United States has been diagnosed with AIDS.

Mortality rates are difficult to determine since the AIDS patients very often dies from other causes related to this disease, however the CDC estimated in 2016 another 15,807 deaths were reported, making the overall death rate at 35 million.

On a global scale, it is estimated 36.9 million people are currently living with HIV/AIDS and of those 2.6 million are children who contracted the disease through by the mothers' pregnancy, child birth, or breastfeeding.

According to the World Health Organization, over 1.8 million were identified as new cases in 2017 and of those, over 200,000 are children. The vast majority of cases are seen within the low and middle income areas of Africa. These areas of Africa account for over 66% of the global total of new cases.

The epidemic of HIV/AIDS around the world affects the individual, families as well as communities and the economic growth of nations. Many of the countries hit by HIV/AIDS also suffer from infectious diseases, nutritional deficiencies, and other serious problems that contribute to a health crisis.

Although researchers and policy makers have made great strides in understanding and controlling the disease, research and statistical data is still needed to understand the prevalence and the rate at which this disease is spreading.

Difference Between HIV and AIDS

HIV stands for “human immunodeficiency virus”. Once a person contracts this virus they cannot get rid of it, and the virus stays hidden in the body cells for life. HIV is categorized by stages ranging from zero to three. If the HIV goes without treatment and reaches stage 3, it can turn into what is called AIDS which stands for “acquired immunodeficiency syndrome”.

Although current treatments for HIV have dramatically increased life expectancy, the AIDS virus can lead to other illness associated with

neurological, pulmonary, cardiac, and rheumatologic problems.

Human Immunodeficiency Virus

The HIV virus attacks the immune system of the body, specifically the T-cells. T-cells make up the “fighting” unit of the immune system because they identify any foreign substance or antigens that may be circulating in the blood of that person. Once the T-cell identifies something foreign to the body, the T-cell will go to battle to try and rid the body of this substance. It helps the body rid itself of infections and diseases. However, the HIV virus destroys the T-cells and renders them useless in fighting anything foreign circulating in the body. This HIV virus is responsible for destroying the T-cell and leaves the patient vulnerable to a wide range of infections and malignancies. Over time, HIV can destroy so many of the fighting T-cells that the body can’t fight off infections and diseases. The opportunistic infections and diseases then take advantage of a weak immune system and signal that the person has AIDS which is the last stage of the HIV infection.

Acquired Immunodeficiency Syndrome

Not everyone who has the HIV virus advances to the stage 3 of being diagnosed with AIDS. This stage only occurs when the immune system is badly damaged by the HIV virus and leaves the body susceptible to infections and other opportunistic diseases. Diagnosis is made when a blood test is performed to determine the level of CD4 cells.

Transmission

HIV/AIDS is considered a communicable disease. A person can get or transmit this disease by very specific methods. This means it is transmitted when blood of the infected person makes contact with the blood of another person. However, this disease is not easily spread. Only certain bodily fluids from the person with HIV can transmit HIV. This transmission happens when the body fluid of the infected person comes in contact with a mucous membrane or damaged tissue. It can also be transmitted through sharing of needles where the blood of the infected person mixes with the blood of the other party. It has been determined that the virus can live in a needle up to 42 days depending on the temperature and conditions.

Mucous membranes are found in the rectum, vagina, penis, and mouth. Therefore, transmission can occur through blood, semen, pre-semen, rectal fluids, vaginal fluids, or breast milk.

In the United States, HIV is spread mainly through sex, whether it is anal or vagina sex. Less common mode of transmission is the spread from mother to child during pregnancy, childbirth, or breast feeding. A mother already having a diagnosis of HIV during her pregnancy and not taking medication places the child at a higher risk of contracting the disease. Intravenous drug use has become a growing concern and is the second most common way of contracting HIV.

Another means of transmission that concerns healthcare workers is a needle stick or other sharp object. Facilities

have written policies and procedures available to guide the healthcare worker on steps to take to prevent and treat this type of injury.

In extreme cases, CDC points out that HIV can be spread through other means such as oral sex where semen from the infected person is ejaculated into a mouth where the mucous membrane is torn, receiving blood transfusion from infected blood, chewing the same food that an infected person has pre chewed. Contact between broken skin, wounds, or mucous membranes and the HIV infected blood. It is important to point out that HIV cannot be spread through hugging, shaking hands, air, sharing toilets, insect bites or drinking fountains, saliva, tears, or sweat.

Symptoms

In the past, HIV/AIDS is identified by staging such as the medical community stages cancers. However, as of late, HIV has become known as a continuous disease process and the stages have been identified by acute infection, asymptomatic HIV, symptomatic HIV, and advanced disease.

1. Acute Infection (stage 0)- During this stage which begins about one to three weeks after exposure, the virus undergoes rapid and massive replication. Symptoms felt may be fever, sore throat, headache and malaise. These symptoms are much like one would expect with influenza.
2. Asymptomatic HIV (stage 1)- There are no chronic signs or symptoms during this stage. The patient may complain of intermittent headaches with swollen glands. If blood work is

- done the T-cell count will show some decline. This stage may last 10 to 12 years.
3. Symptomatic HIV (stage 2)- During the early part of this stage, the individuals begins to show some symptoms. For example, fever is quite common with oral *Candida albicans*, recurrent herpes simplex lesions may be present and night sweats. The patient may complain of chronic diarrhea which can lead to dehydration. Common diseases and disorders found during this phase include gastric ulcer, esophagitis, colitis, hepatitis, pancreatitis, fungal infections, neurological disorders, herpes zoster, dermatitis, nausea and vomiting. It is during this stage the patient is susceptible to pneumonia call *Pneumocystis carinii* which is an infection of the lungs with a protozoan. The patient may also develop Kaposi's sarcoma which is a blood vessel cancer that causes reddish-purple skin lesions.
 4. Advanced HIV (stage 3 AIDS)- The T-cell count at this stage is less than 50 cells per micro liter of blood. Mortality increases significantly. Infections become more and more resistant to treatment. The patient may have seizures, confusion, urinary and fecal incontinence, blindness, weakness and coma.

Prevention and Infection Control

Prevention starts with getting tested. The CDC recommends persons age 13-65 get tested at least once to establish a

baseline. Persons who have more than one sexual partner during the year are at a higher risk and should be tested at least once a year. Sexually active gay partners and bisexual men and anyone with any sexually transmitted disease should be tested and lastly those use intravenous drugs should be tested regularly.

There's only one proven way of not contracting HIV and that is to abstain from having sex altogether. Other methods of prevention include:

- Use condoms everytime you have sexual contact
- Evaluate sexual behaviors and reduce the risk
- DO NOT share needles

Treatment

There is no current cure the HIV/AIDS. Life can be extended however with aggressive treatment of infections with antiviral medications. Although no cure is available, countries around the world continue to spend millions of dollars in research, treatment and prevention.

The State Of Florida

Reported diagnosis of HIV in 2017 was the highest in the nation at 4800 newly diagnoses patients. As with most states, Florida has put laws in place to help safe guard the public. These laws provide the individual with complete confidentiality as it relates to HIV/AIDS testing and diagnosis. Within law 381.004 subtitlle HIV testing, it lays out the guidelines of how the testing is to be offered. It states that an individual has a right to confidentiality of the results of that test. If there is a positive result, conunseling may be offered to the individual. This

law also states that any positive results should be reported to the local Health Department in an effort to safeguard the public and provide statistical data for research. As with all healthcare testing a written consent must be obtained prior to testing.

According to Statue 381.0034 of the Florida Rules and Law, the Department of Health determined that each person licensed or certified under chapter 401, chapter 467, part IV of chapter 468 or 483, as a condition of biennial re-licensure, to complete an educational course approved by the department on the modes of transmission, infection control procedures, clinical management, and prevention of human immunodeficiency virus and acquired immune deficiency syndrome.

Education

As healthcare providers, it is our duty to provide education about HIV/AIDS in order to reduce the overall mortality rate locally, nationally and world wide. We must educate patients to the causes of this disease and how it is spread. We Need to provide them with resources both instructional and written and provider information for support groups where individuals can continue to have questions answered in an accepting environment. The public must be educated about universal precautions and ways to prevent opportunistic pathogens from staking claims as well as how to protect one self from becoming infected with HIV virus. Those affected with this disease should be reminded to use latex condoms in conjunction with an effective spermicide in order to reduce the likelihood of infecting their partner. We need to teach our patients not to

share razors, toothbrushes or needles and the reasons why. We want to let them know not to donate blood and stress the importance of regular testing. Lastly, we want to make sure the individual is taking their medications properly and answer any questions they may have about maintaining a well-balanced diet. Education and doing ones part to prevent this disease has shown effective in reducing the number of new cases.

Conclusion

The characteristic of human immunodeficiency virus is that its battle plan is simply to wipe out the individual's immune system leaving the body completely defenseless to opportunistic infections and diseases. Severe infections such as pneumonia, meningitis, septicemia place the infected individual at high risk for hospitalization and even death. Evaluating ones life choices and behaviors and educating others plays a big part in the prevention and the spread of this terrible disease. The very name "acquired immunodeficiency syndrome" tells us that it is an "acquired" disease and can be prevented. Our role as a healthcare provider is to educate ourselves about this terrible disease and then educate others within our sphere of influence.

Resources

1. <https://www.cdc.gov/hiv/statistics/index.html>, Page last reviewed: May 25, 2018 Page last updated: May 25, 2018 Content source: [Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention](#)
2. http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=0300-0399/0381/Sections/0381.004.html
3. [CDC's HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2017; vol. 29.](#)

HIV/AIDS Law & Rule Initial Final Exam
Choose True or False for questions 1 through 10

Name: _____ Date: _____

1. The term “human immunodeficiency virus” is also known as HIV.
TRUE FALSE
2. Only men having sex with men can contract HIV.
TRUE FALSE
3. Acquired immunodeficiency syndrome (AIDS) is the final stage of HIV.
TRUE FALSE
4. The State of Florida and many other states take this epidemic seriously.
TRUE FALSE
5. It is always important to take prescribed medications correctly.
TRUE FALSE
6. The primary goal of the HIV virus is to wipe out the immune system and make it susceptible to opportunistic infections.
TRUE FALSE
7. Education and Prevention are key elements in combating the spread of acquired immunodeficiency syndrome.
TRUE FALSE
8. Healthcare providers are not required to obtain a written consent prior to testing for HIV.
TRUE FALSE
9. The HIV virus can remain in the body for years before every becoming AIDS.
TRUE FALSE
10. A person should be taught not to wear condoms because they have a history of breaking.
TRUE FALSE

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Program Evaluation

Title: HIV/AIDS LAW & RULE INITIAL

Date:

Please Evaluate By Circling the Appropriate Rating:

5-Excellent 4-Better than average 3-Average 2-Fair 1-Poor

- | | | | | | |
|--|---|---|---|---|---|
| 1. Overall quality of the program | 5 | 4 | 3 | 2 | 1 |
| 2. Overall content of the program | | | | | |
| a. Improve my ability to perform my job | 5 | 4 | 3 | 2 | 1 |
| b. Knowledge level and needs of learner | 5 | 4 | 3 | 2 | 1 |
| 3. Achieved All Stated Objectives: YES NO | 5 | 4 | 3 | 2 | 1 |
| 4. Audio/Video Portion (If Applicable) | 5 | 4 | 3 | 2 | 1 |
| 5. Overall Organization of the Program | | | | | |
| a. Course was organized to facilitate learning | 5 | 4 | 3 | 2 | 1 |
| b. Material coverage was adequate/accurate | 5 | 4 | 3 | 2 | 1 |
| 6. Overall Quality of the Lecturer (If Applicable) | 5 | 4 | 3 | 2 | 1 |
| 7. Overall Quality of the Physical Environment | | | | | |
| a. Facilities and classroom (If Applicable) | 5 | 4 | 3 | 2 | 1 |

Comments: What did you like best/least about this program that would help improve satisfaction? _____
