



# Initial HIV/AIDS

Four (4) Hours  
Course #0501640

Approved Initial HIV/AIDS Course for Cosmetology Professionals seeking Florida Licensure

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# Initial HIV/AIDs (4 hours)

## Introduction to HIV/AIDs

This course covers defining HIV / AIDS, recognizing signs and symptoms, how the virus is transmitted, infection control and prevention, how the disease is managed in the salon environment, and recognizing negative attitudes and behaviors toward persons with HIV and AIDS in society.

## Understanding Aids/HIV

HIV is an acronym for the Human Immunodeficiency Virus, it is the agent responsible for producing the breakdown in the human immune system that leads to the development of the illness associated with AIDS in human beings. Unlike some other viruses, the human body cannot get rid of HIV completely, even with treatment. Currently, there is no cure for HIV.

HIV attacks the body's immune system, specifically the CD4 cells also known as the (T cells). These cells help the immune system fight off infections. HIV reduces the number of CD4 cells (T cells) in the body. When HIV is left untreated in a person, they are more likely to get other infections or infection related cancers.

Over time, HIV can destroy so many of these cells that the body can't fight off infections and disease. These opportunistic infections or cancers take advantage of a very weak immune system and signal that the person's HIV has developed into AIDS, the last stage of HIV infection.

Aids is the acronym for acquired immunodeficiency syndrome. The Term Aids is used to refer to the constellation of conditions and illnesses that individuals develop during the later stages of HIV infection.

No effective cure currently exists, but with proper medical care, HIV can be controlled. The medicine used to treat HIV is called antiretroviral therapy or ART.

If taken the right way, every day, this medicine can dramatically prolong the lives of many people infected with HIV, keep them healthy, and greatly lower their chance of infecting others.

In the United States, most people with HIV do not develop AIDS because effective ART stops the disease progression. People with HIV who are diagnosed early can have a life span that is about the same as someone like them who does not have HIV.

HIV is a worldwide pandemic. The demographic distribution of HIV disease and AIDS varies dramatically among countries, genders, ethnicity, and populations and is constantly shifting. AIDS is often identified with men who have had sex with other men and with those who inject drugs, however HIV can infect

anyone who is exposed to it. It is an individual's actions, not his or her sexual orientation, race, or membership in a group that defines his or her risk of contracting HIV.

HIV disease has had a disproportionate impact on communities of color in the US, in part due to the inequitable link between these communities and poverty, substance abuse and addiction, premature illness and disease and barriers to appropriate health care and funding.

## Transmission of HIV

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### Modes of Transmission

HIV is transmitted by three mechanisms among human populations. It is important to know that exposure to the virus does not always result in infection with the virus. The virus must be present in sufficient quantities and have direct access to the bloodstream or mucous membranes to enter the body and cause infection. Certain types of behavior and conditions increase the efficiency of viral transmission. Only certain body fluids—blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids, and breast milk—from a person who has HIV can transmit HIV. These fluids must come in contact with a mucous membrane or damaged tissue or be directly injected into the bloodstream (from a needle or syringe) for transmission to occur. Mucous membranes are found inside the rectum, vagina, penis, and mouth.

### Sexual Contact

Sexual Contact is the most common mode of HIV transmission. Those activities by which a person comes into greatest contact with the semen, blood, or bodily fluids of a sexual partner have the highest risk of transmitting the virus. Anal Intercourse carries the greatest risk of transmission for both men and women who are exposed and vaginal intercourse. For the HIV-negative partner to be infected, receptive anal sex (bottoming) without a condom or medications is the highest-risk sexual behavior, but you can also get HIV from insertive anal sex (topping). Either partner can get HIV through vaginal sex, though it is less risky for getting HIV than receptive anal sex. HIV can also be transmitted through oral sex if there are cuts or lesions in or around the mouth that would allow the virus access to the bloodstream. Oral sex is putting the mouth on the penis (fellatio), vagina (cunnilingus), or anus (rimming). In general, there is a low risk of getting HIV from oral sex, but transmission is possible if an HIV positive man ejaculates in his partners mouth during oral sex.

### Blood Contact

HIV can also be transmitted by direct blood to blood contact, as in sharing needles, transfusion of infectious blood products or transplantation of infectious tissue, or open wounds, or exposure to mucous membranes to infectious blood or bodily fluids. Receiving blood transfusions, blood products, or organ/tissue transplants that are contaminated with HIV was more common in the early years of discovering HIV virus, but now that risk

is extremely small because of rigorous testing of the US blood supply and donated organs and tissues. The highest risk of HIV exposure is by sharing needles or syringes with someone who has HIV. Needles that are not properly sterilized or just rinsed in water could become infected with the HIV virus. HIV can live in a used needle for up to 42 days depending on temperature and other factors. Another mode of transmission to a negative HIV person is getting stuck with an HIV contaminated needle or sharp object with HIV virus on it is. This is a risk mainly for health care workers.

## Childbirth Contact

The Third route of transmission is from an infected mother to her child during pregnancy or childbirth. While the exact manner in which HIV is transmitted from mother to child is not known, the rate of transmission appears to increase if the mother has advanced HIV disease and may vary with the strain of HIV carried by the mother. It is also known that transmission can occur through the mothers' breast milk.

Intensive administration of the drug AZT to women during pregnancy and during childbirth and to the newborn child itself, has been demonstrated to decrease HIV dramatically for the newborn children.

## How HIV is not Transmitted

HIV is not transmitted through the air, or by casual or nonsexual contact such as hugging, cuddling, body massage,

handshaking, dry kissing, coughing, sneezing, changing diapers, touching doorknobs, using swimming pool or hot tubs, or by sharing food, or food handling, nor glasses, dishes, utensils, telephones, bed linens, towels, toilets, or furniture cannot carry the virus. Mosquitoes are incapable of transmitting HIV and acts of biting, scratching, and spitting have not been shown to transmit HIV.

HIV is very fragile outside of the body, it requires living cells to survive and multiply. HIV cannot pass through unbroken skin and can easily be killed when it is exposed to heat and by a variety of substances including soap, alcohol, disinfectants such as bleach.

HIV can be prevented, if individuals know how the virus is transmitted, they can attempt to alter their behavior to reduce the risk of transmission. Practices that can reduce the risk of HIV transmission are often referred to as harm-reduction techniques.

## Stages and Symptoms of HIV Infection

There are three stages of HIV infection, acute HIV infection, clinical latency, and AIDS. The symptoms of HIV vary, depending on the individual and what stage the disease has progressed. Not all individuals will experience these symptoms. Most people have flu-like symptoms within 2 to 4 weeks after infection. Symptoms may last for a few days or several weeks. Having these symptoms alone doesn't mean you have

HIV. Other illnesses can cause similar symptoms.

## Symptoms of Acute HIV Infection

Acute HIV infection stage happens within 2 to 4 weeks after infection, many but not all people will develop flu-like symptoms, often described as the worst flu ever. Symptoms can include fever, swollen glands, sore throat, rash, muscle and joint aches and pains, and headaches. This is referred to as acute retroviral syndrome (ARS) or primary HIV infection. This is the body's natural response to the HIV infection. During this early period of infection, large amounts of virus are being produced in your body. The virus uses CD4 cells to replicate the HIV virus and then the virus destroys the CD4 cells in the process. Because of this, your CD4 cells can fall rapidly. During this time 40% to 90% will experience flu-like symptoms. Eventually your immune response will begin to bring the level of virus in your body back down to a level called a viral set point, which is a relatively stable level of virus in your body. At this point, your CD4 count begins to increase, but it may not return to pre-infection levels.

People who think they may have been infected recently and are in this acute stage of infection should seek medical care right away. Starting treatment at this stage can have significant benefits to your health. During the acute stage of infection, you are at very high risk of transmitting HIV to your sexual partner or needle sharing partners, because the levels of HIV contagion in your blood stream are

extremely high. For this reason, it is very important to get tested and take steps to reduce your risk of transmitting the disease to other people.

## Symptoms of Clinical Latency Stage

This stage is also called asymptomatic HIV infection or clinical latency. After the acute stage of HIV infection, the disease moves into latency stage. Latency means a period where the virus is living or developing in a person without producing symptoms. During the clinical latency stage, the HIV virus continues to reproduce at very low levels, even if it cannot be detected with standard laboratory tests. If you take ART, you may live with clinical latency for decades and never progress to AIDS because treatment helps keep the virus in check. HIV infected people in this stage may experience no symptoms or only mild symptoms. People in this stage are still able to transmit the virus to others and it is still important to get tested and take steps to reduce the risk of spreading the disease to other people.

## Symptoms of AIDS Infection Stage

Acquired Immunodeficiency Syndrome (AIDS) stage of HIV infection occurs when your immune system is badly damaged, and you become vulnerable to opportunistic infections. When the number of your CD4 cells falls below 200 cells per cubic millimeter of blood (200 cells/mm<sup>3</sup>), you are considered to have

progressed to AIDS. This is the most severe stage of HIV infection. People with AIDS can have a high viral load and will easily transmit HIV to others. Without treatment, people who progress to AIDS typically survive about 3 years. People with AIDS have badly damaged immune systems. Years of viral activity cause damage to the immune system. Symptoms during this stage include rapid weight loss, recurring fevers, soaking night sweats, extreme and unexplained tiredness, prolong swelling of the lymph glands in the armpits, groin, or neck, chronic diarrhea, sores of the mouth anus or genitals, pneumonia, red, brown, or pink blotches on or under the skin or inside the mouth, nose or eyelids, memory loss, depression, neurologic disorders, and cancers. Once you have a dangerous opportunistic illness, life expectancy without treatment falls to about 1 year.

## Do Not Rely on Symptoms Alone

You cannot rely on symptoms to tell whether you have HIV. Many of the severe symptoms and illnesses of HIV disease come from the opportunistic infections that occur because your body's immune system has been damaged.

People living with HIV may progress through these stages at different rates, depending on a variety of factors, including their genetic makeup, how healthy they were before they were infected, how much virus they were exposed to and its genetic characteristics, how soon after infection they are diagnosed and linked to care and treatment, whether they see their healthcare provider regularly and

take their HIV medications as directed, and different health-related choices they make, such as decisions to eat a healthful diet, exercise, not smoke or consume illicit drugs. You should not assume you have HIV just because you have any of these symptoms. Each of these symptoms can be caused by other illnesses. And some people who have HIV do not show any symptoms at all for 10 years or more.

The only way to know for sure if you have HIV is to get tested. Knowing your status is important because it helps you make healthy decisions to prevent getting or transmitting HIV and living a healthy long life.

## Who is at Risk for HIV

Anyone. HIV can affect anyone regardless of sexual orientation, race, ethnicity, gender or age. However, certain groups are at higher risk for HIV and merit special consideration because of particular risk factors.

Some groups of people in the United States are more likely to get HIV than others because of many factors, including the status of their sex partners, their risk behaviors, and where they live.

When you live in a community where many people have HIV infection, the chances of having sex or sharing needles or other injection equipment with someone who has HIV are higher.

You can use CDC's HIV, STD, hepatitis, and tuberculosis Atlas Plus to see the percentage of people with HIV ("prevalence") in different US

communities. Within any community, the prevalence of HIV can vary among different populations.

Gay and bisexual men have the largest number of new diagnoses in the United States. Blacks/African Americans and Hispanics/Latinos are disproportionately affected by HIV compared to other racial and ethnic groups. Also, transgender women who have sex with men are among the groups at highest risk for HIV infection, and injection drug users remain at significant risk for getting HIV.

## Risky behaviors

Risky behaviors, like having anal or vaginal sex without using a condom or taking medicines to prevent or treat HIV, and sharing needles or syringes play a big role in HIV transmission. Anal sex is the highest-risk sexual behavior.

In 2020, 30,635 people received an HIV diagnosis in the United States (US) and dependent areas. From 2016 to 2019, HIV diagnoses decreased 8% overall in the US and dependent areas.

Many factors put youth at risk. The risk for HIV for most youth begins when they start having sex or injecting drugs. (A small number of children are born with HIV.)

For both males and females, having sex under the influence of drugs or alcohol can increase risky behaviors that could lead to becoming infected with HIV.

Gay and bisexual men are 40 times more likely to have HIV than other men. Research has shown that young gay and

bisexual males who have sex with older partners are at a greater risk for HIV infection. This is because an older partner is more likely to have had more sexual partners or other risks and is more likely to be infected with HIV.

Less than half (44%) of gay and bisexual males in high school used condoms the last time they had sex.

## Testing for HIV

If you get HIV, your body will usually begin to develop antibodies within 3 weeks to 12 weeks (21 to 84 days). The time between being exposed and developing antibodies is called the "window period." HIV tests are typically performed on blood or oral fluid, they may also be performed on urine. There are newer HIV tests available that can tell whether you are HIV-positive early after exposure to the virus. One of the newer tests looks for the virus itself, by testing for viral load (the amount of HIV in your blood) and a marker on the virus called p24 antigen. This test is much more sensitive. It can detect HIV within 9 to 11 days after exposure. There are three types of tests available: nucleic acid tests (NAT), antigen/antibody tests, and antibody tests.

Antibody test looks for antibodies to HIV in your blood or oral fluid. Most rapid self-test are antibody tests. With rapid antibody screening test, results are ready in 30 minutes or less. These tests are used in clinical and nonclinical settings, usually with blood from a finger prick.

The oral fluid antibody test is done by swabbing your own mouth to collect oral



fluid sample. Results are available in 20 minutes. The manufacturer of the test provides confidential counseling and referral to follow-up testing sites. Rapid tests can be purchased at a pharmacy, or a doctor can order it to be done at a lab. If you use any type of antibody test and have a positive result, you will need to take a follow up test to confirm your results.

Antigen/Antibody tests look for both HIV antibodies and antigens. Antibodies are produced by your immune system when you're exposed to bacteria or viruses like HIV. Antigens are foreign substances that cause your immune system to activate. If you have HIV, an antigen called p24 is produced even before antibodies develop. Antigen/antibody tests are recommended for testing done in labs that use blood from a vein, there is also a rapid antigen/antibody finger stick blood test available.

Nucleic Acid Test (NAT) looks for the actual virus in the blood and can tell if a person has HIV and how much virus is present (HIV viral load). A NAT test can detect HIV sooner than other types of tests. This test is done on a person who has had a very recent exposure or possible exposure to the virus, who may have early symptoms and has tested negative with an antibody or antigen test.

HIV rapid tests provide results within 20 to 30 minutes. It may take several days to receive your test results with a NAT or antigen/antibody lab test. No HIV test can detect HIV immediately after infection. The window period depends on the type of HIV test. A NAT test can usually detect HIV the soonest, about 10-33 days after

exposure. If you think you have been exposed to HIV in the last 72 hours talk to a health care provider or emergency room doctor about post exposure prophylaxis (PEP) right away.

PEP means taking medicine to prevent HIV after possible exposure. PEP should be used only in emergency situations and must be started within 72 hours after recent possible exposure to HIV. PEP is highly effective in preventing HIV.

Dealing with an HIV diagnosis can be challenging. But it's still important to process your emotions and learn about HIV and the treatment options available—then prioritize treatment.

## Places to Get Tested for HIV

You can ask your health care provider for an HIV test. Many medical clinics, substance abuse programs, community health centers, and hospitals offer testing. You can also find a testing site near you by calling 1-800-CDC-INFO (232-4636). Website [gettested.cdc.gov](http://gettested.cdc.gov) or texting your zip code to KNOW IT (566948). You can also buy a home testing kit at a pharmacy or online.

## Treatment of HIV / AIDS

HIV treatment involves taking medicines that slow the progression of the virus in your body. These drugs work by stopping the HIV from replicating. HIV is a type of virus called a retrovirus, and the drugs used to treat it are called antiretrovirals (ARV). These drugs are always given in

combination with other ARVs; this combination therapy is called antiretroviral therapy (ART). Many ART drugs have been used since the mid-1990s and are the reason why the annual number of deaths related to AIDS has dropped over the past two decades. If left untreated, HIV attacks your immune system and can allow different types of life-threatening infections and cancers to develop.

U.S. Department of Health and Human Services recommend that a person living with HIV begin antiretroviral therapy (ART) as soon as possible after diagnosis. Starting ART slows the progression of HIV and can keep you healthy for many years. There currently is no cure for HIV / AIDS.

HIV medications stop the virus from making copies of itself. The FDA has approved over 50 HIV medications. There are many different classes of antiretroviral drugs used to treat HIV. A healthcare person will assess a person living with HIV and decide on the best medications for their individual cases. This decision is based on the person's viral load, their T cell count, their strain of HIV, the severity of their case, how far the HIV has progressed, other chronic health conditions and any other medications the individual is taking that could interfere with their HIV drugs.

FDA approved HIV medicines.

- **Nucleoside Reverse Transcriptase Inhibitors (NRTIs)**
- Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)
- Protease Inhibitors (PIs)

- Fusion Inhibitors
- CCR5 Antagonists
- Integrase Inhibitors
- Post-Attachment Inhibitors
- Pharmacokinetic Enhancers

## HIV Prevention

Today, more tools than ever are available to prevent HIV. You can use strategies such as abstinence (not having sex), never sharing needles, and using condoms the right way every time you have sex. You may also be able to take advantage of HIV prevention medicines such as pre-exposure prophylaxis (PrEP) and post exposure prophylaxis (PEP). If you have HIV, there are many actions you can take to prevent transmitting HIV to others.

Choose sex that is less risky than anal or vaginal sex.

Be monogamous. Having sex with just one partner, after getting tested for sexually transmitted infections. Limit your sexual partners.

Use condoms the right way every time you have sex. Condoms are highly effective in preventing HIV and other sexually transmitted diseases (STDs). Male and female condoms are available. Use water-based or silicone-based lubricants to help prevent condoms from breaking or slipping during sex.

Take PrEP medicine for people at higher risk of contracting HIV to prevent getting HIV infection.

Get tested for other STDs. If you have another STD, you are more likely to get

HIV. Getting tested for other STDs can lower your chances of getting HIV. Some STDs do not cause symptoms, which is why it is important to get tested.

Never share needles, syringes, or other drug injection equipment. Use new, clean syringes and injection equipment every time you inject. Many communities have syringe services programs (SSPs) where you can get new needles and syringes and safely dispose of used ones and some pharmacies sell needles without prescription. Find an SSP location near you. <https://nasen.org/map/>

Don't have sex when your high on drugs or alcohol.

If you do share needles, syringes, or other drug injection equipment, use bleach to clean them. Best way not to get HIV through drug use is to choose not to inject drugs. Talk with a doctor, counselor or other health care provider about treatment for substance use disorder.

Prevent transmitting HIV to your baby, by getting tested as soon as possible. The earlier HIV is diagnosed and treated, the more effectively HIV medicine will prevent transmission to your baby. Choose not to breastfeed and instead feed baby with baby formula. PrEP medication will help in preventing HIV exposure to your baby while breastfeeding or when planning on becoming pregnant with an HIV positive partner. Talk with a health care provider about all the ways to prevent transmission to baby.

## How to Prevent Occupational HIV Transmission

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Always follow Standard Precautions. Assume that blood and other body fluids are potentially infectious. Avoid all contact with blood or bodily fluids. If an individual is bleeding, do not touch the blood. Ask the individual to use a cotton ball or tissue to stop the bleeding and to throw the used material directly into the trash once the bleeding has stopped. Wear gloves, goggles and other barriers when anticipating contact with blood or body fluids. Wash hands and other skin surfaces immediately after contact with blood or body fluids. Throw away disposable gloves after each use. Be careful when handling and disposing of sharp instruments during and after use.

All blood spills- including those that have already dried - should be cleaned and disinfected with a mixture of bleach and water (one-part bleach to 10 parts water). Gloves should always be used when cleaning up any blood spills.

The safest and most efficient way of preventing the spread of HIV disease is to use single use items: Disposable razors and blades.

Razor blades used for hair cutting should be changed after each client, and the blade should be disposed of into a sharps container. The handle should be washed and dried after the blade has been removed; if contaminated, it also requires sterilization.

If you are exposed to HIV at work, report your exposure to the appropriate person, and see a doctor or visit an emergency room right away.

Follow proper procedures for disinfecting tools, wash tools with soap and water, then it must be immersed in an EPA-registered disinfectant for the manufacturer's recommended time. The disinfected tool must be stored in a clean, closed labeled container, labeled CLEAN for easy identification by you and the client. If the item cannot be disinfected, it must be immediately thrown away after use.

## Attitudes Towards HIV and AIDS and Appropriate Behavior

Today, an estimated 1.1 million people in the United States are living with HIV and many of them don't know it. While great progress has been made in preventing and treating HIV, the Centers for Disease Control and Prevention (CDC) knows there is still more work to be done to address the HIV epidemic.

Since HIV is spread mainly through unprotected sexual intercourse, needle use / sharing, and passed from mother to child during childbirth, being in a salon setting, there is minimal risk, if any risk at all, for contracting these diseases.

As educated individuals it is our responsibility to set an example and even promote the education of HIV. We should take an appropriate professional attitude

when interacting with someone who has a communicable disease and take the necessary precautions to safeguard ourselves and other people, without discrimination and fear, when in contact with blood or body fluids.

As a salon or barbershop, your business is the heartbeat of your community. It is a gathering place where your clients hold conversations, debates, or dialogue on topics that cross personal and political spectrums. Hair care professionals have always been a reliable fixture in communities. As a trusted and respected professional, you create relationships of trust with your clients, and they may be more likely to listen to what you say about HIV.

Whether you choose to distribute HIV-related materials or hold Shop Talk events, as a trusted and credible voice, you have a unique opportunity to provide valuable HIV information that can change your clients' lives. The comfortable, familiar, and intimate environment of your shop or salon easily invites opportunities for shop talks and awareness events. Display materials such as Let's Stop HIV Together campaign posters or quick tips posters on your workstation mirror to spark conversation and promote your event.

## HIV Stigma and Discrimination

HIV stigma is negative attitudes and beliefs about people with HIV. It is the prejudice that comes with labeling an individual as

part of a group that is believed to be socially unacceptable.

While stigma refers to an attitude or belief, discrimination is the behaviors that result from those attitudes or beliefs. HIV discrimination is the act of treating people living with HIV differently than those without HIV.

HIV stigma and discrimination affect the emotional well-being and mental health of people living with HIV. People living with HIV often internalize the stigma they experience and begin to develop a negative self-image. They may fear they will be discriminated against or judged negatively if their HIV status is revealed.

Internalized stigma or self-stigma happens when a person takes in the negative ideas and stereotypes about people living with HIV and start to apply them to themselves. HIV internalized stigma can lead to feelings of shame, fear of disclosure, isolation, and despair. These feelings can keep people from getting tested and treated for HIV and moving forward living a normal life.

The lack of information and awareness combined with outdated beliefs lead people to fear getting HIV. Additionally, many people think of HIV as a disease that only certain groups get. This leads to negative value judgements about people who are living with HIV.

Talk about HIV. Talking openly about HIV can help normalize the subject. It also provides opportunities to correct misconceptions and help others learn more about HIV. But be mindful of how

you talk about HIV and people living with HIV. We can all help end HIV stigma through our words and actions in our everyday lives. Lead others with your supportive behaviors.

## HIV in the Workplace

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### Working with an Employee Who Has HIV

When employees disclose that they have HIV, everyone—including management—has responsibilities. Leadership is important in establishing a workplace environment that is productive and supportive for workers who have HIV and other illnesses. This could mean addressing stigma, which can disrupt workplace productivity and possibly lead to discrimination. Lack of accurate information about HIV is a major reason stigma exists in the workplace.

When you learn that a coworker has HIV, you may be surprised, and unsure of what to do. Although this may be an initial reaction, you should treat all your coworkers in a respectful and equal manner.

People with HIV want to continue to live and work to the fullest extent possible. If you are unsure of what to do when responding to a coworker who has HIV, the best advice is to maintain professionalism and respect. There are many ways to respond when learning a coworker has HIV:

Be compassionate. Try to empathize with the difficult circumstances and

uncertainties that your coworker is experiencing. Be there to listen and help if needed.

Be supportive. Be the workplace friend and coworker you have always been. Include your coworker in the same work and social activities as always, whenever possible. Extend your support just as you would to other coworkers.

Protect the right to privacy and confidentiality. If your coworker tells you that they have HIV, it is illegal for you to tell others without their permission.

If you hear a rumor that a coworker has HIV, don't repeat it. Even if a person has told others that they have HIV, don't tell your other coworkers. Allow your coworker the right to tell others.

Once a coworker has told you that they have HIV, you may be curious and want to know more. First, ask if they want to talk about it. Don't pressure your coworker with questions. Let your coworker decide how much or how little they want to share.

Provide or attend HIV training. HIV training communicates to supervisors, labor leaders, and the workforce that the employer/union is serious about maintaining a fair, healthy, and safe workplace for all workers.

An effective employee education program focuses on sharing prevention information and maintaining a comfortable environment for HIV-positive workers and for their co-workers. It emphasizes individual privacy. Workers who are living

with HIV may wish to withhold their status from co-workers, or they may wish to disclose it. The situation can be sensitive not only for workers with HIV but for everyone involved.

## Employees with HIV

As an employee with HIV, you have a right to remain in the workforce to the fullest extent possible, and a right to equal employment opportunities. Several federal, state, and local laws determine how employers design workplace programs pertaining to employees with HIV.

Employees with HIV are protected from discrimination in employment by law under the Americans with Disabilities Act (ADA). This law prohibits most private employers, state and local governments, employment agencies, joint labor management committees, and labor unions from discriminating against qualified individuals with disabilities. These provisions include, but are not limited to:

Job application procedures, Hiring and firing, advancement, compensation, and job training.

## Treatment and Support Services in the Workplace

Employers can lead the charge of reducing workplace stigma and discrimination by providing resources to employees, implementing policies, and being actively involved in the community.

Post information about HIV transmission and local places to get tested in your employee break room.

Provide reasonable accommodation for qualified individuals with disabilities. This may be tangible (for example, a certain type of chair) or non-tangible (for example, a modified work schedule for someone with a medical condition requiring regular appointments with a health care provider).

Offer counseling through Employee Assistance Programs

Establish a referral system to community-based organizations for medical care and other psychological services.

Integrate HIV education and prevention as part of the orientation process for all new management employees.

Set the expectation of the behavior and communication about HIV of all staff to promote a non-hostile, anti-discriminatory workplace environment.

Comply with federal, state, and local laws, including the Americans with Disabilities Act of 1990 (ADA), the Rehabilitation Act of 1973, the Occupational Safety and Health Administration's (OSHA) guidelines, and the Affordable Care Act

Leadership is important in establishing a workplace environment that is productive and supportive for workers who have HIV and other illnesses. This could mean addressing stigma, which can disrupt workplace productivity and possibly lead to discrimination. Lack of accurate

information about HIV is a major reason stigma exists in the workplace.

HIV-related stigma can have emotional tolls. Though many employees with HIV perform their jobs well, the stress and anxiety that results from HIV-related stigma may impact job performance. As an employer, you can help promote an environment in which all employees perform to the best of their abilities.

As a supervisor, you can educate yourself and your employees about HIV. You can learn about employment laws related to HIV, such as medical confidentiality, disability, and reasonable accommodation. You should know your workplace's policies, including its HIV policy, as well as its HIV education program if one exists.

Demonstrating competence in dealing with HIV will send a message that your workplace has set standards and expectations for everyone to follow concerning HIV. Promoting a safe environment will enhance productivity.

