WHY DO I AS A PHYSIOTHERAPIST NEED TO KNOW ABOUT AIDS?

Many people, both lay and professional, tend to ignore literature on AIDS because they believe that the issue does not relate to them. There is a need for physiotherapists to have a basic understanding of the natural history of the virus, the consequences of infection, infection prevention and the treatment of infected people. Physiotherapists must have this knowledge in order to be able to educate and counsel their patients, to protect themselves from infection, to provide appropriate treatment for infected people and to make a contribution to the overall public health management of the disease.

WHAT ARE THE SYMPTOMS OF AIDS?

The symptoms may include fever, night sweats, swollen lymph nodes, unexplained weight loss, various infections, diarrhoea, fatigue and loss of appetite. Physiotherapists are in a position to be the first health care professionals to identify AIDS patients. Patients often complain to their physiotherapists about various medical symptoms they are experiencing. Patients also often admit certain facts about their personal lives to a physiotherapist they trust. Physiotherapists must be alert to suspect patients, suggest that they be tested for seroconversion, and refer them to a physician if necessary.

WHO GETS AIDS?

Homosexual and bisexual men, heterosexual men and women and intravenous substance abusers make up 90% of all known AIDS cases. Haemophilia patients and transfusion recipients and others make up the remaining 10%.

HOW CAN I, AS A PHYSIOTHERAPIST CONTRACT AIDS?

Research at the Centres for Disease Control suggest that AIDS does not seem to be transmitted in a single parenteral or mucous membrane exposure. It seems to require repeated blood-to-blood or blood-to-mucosa contact, or sharing of needles. The virus has been identified in most of the body fluids of an infected individual, although semen, vaginal secretions and blood are the most dangerous as far as transmission of the virus is concerned. HIV antibodies can normally be detected three to six months following seroconversion.

The AIDS virus has been identified in saliva and sputum, but to date no cases of transmission have been documented from casual contact alone. In the physiotherapy situation, saliva and sputum are often contaminated with blood. It is prudent to assume that where blood and saliva are mixed, there is a potential for transmission. Patients requiring physiotherapy commonly present with open wounds. These expose the therapist directly to potentially HIV positive blood. Physiotherapy is a patient contact profession i.e. we are required to touch every patient whom we treat. Direct contact with a seropositive patient’s blood places the therapist at risk of contamination. Sputum and blood splashing into the physiotherapists eyes or mouth, patients regurgitating or being incontinent onto the physiotherapist are not uncommon occurrences during treatment.

HOW MUCH EXPOSURE TO AIDS DO I HAVE AS A PHYSIOTHERAPIST?

In recent epidemiological studies on the AIDS epidemic, the results are alarming. In South Africa alone 60,000 people are thought to be infected with the virus (December 1990). Many of these people are not aware that they have the virus as symptoms may only develop up to 10 years after initial seroconversion. Many people may even test seronegative, when in fact they are positive as it takes time for antibodies to develop to the virus and thus to test seropositive. The epidemic is expected to double every eight-and-a-half months. In the future most physiotherapists are going to be dealing with AIDS patients, and from the study most are already.

HOW CAN I PROTECT MYSELF FROM INFECTION?

The Council for Disease Control (CDC) has formulated a comprehensive list of universal precautions that all health care workers should employ to protect themselves from infection. The CDC and the World Health Organisation (WHO) have recommended that all patients be treated as if potentially infected and all body fluids and specimens from all patients be treated continued on page 20...
WHEN MUCOCILIARY CLEARANCE IS A STICKY PROBLEM

Every physiotherapist knows that effective clearance of the bronchial passages is virtually impossible without the help of their staunchest ally - the cilia. But ciliary activity is inhibited by the thick tenacious mucus associated with bronchial disease. And, to make matters worse, the microbes associated with bacterial and viral infections can release certain compounds which slow ciliary beating\(^{(1)}\).

Luckily there’s Bisolvon 0,2 Solution - a proven enhancer of mucociliary clearance.

REDUCES MUCUS VISCOSITY\(^{(2,4)}\)

- Interferes with the production of Acid Mucopolysaccharide molecules in the goblet cells
- Helps break down existing mucus by increasing lysosome secretion\(^{(4)}\)

FACILITATES ANTIBIOTIC ACTION

Oral Bromhexine significantly increases the penetration of various antibiotics into the bronchial secretions\(^{(5,6)}\).
Two very good reasons why you shouldn't be sticky about using Bisolvon 0,2% Solution for your patients.

**THE PROVEN SOLUTION TO A STICKY PROBLEM**

**Bisolvon 0,2% Solution**

**Bromhexine HCl**
...continued from page 17
as potentially infectious. Physiotherapists should be aware of and be diligent about their application of these precautions.

WHAT ARE THE PRECAUTIONS?
- Wear gloves in the following situations:
  * when touching blood and body fluids, mucous membranes, or non-intact skin of all patients.
  * when handling items or surfaces soiled with blood or body fluids.
- Change gloves or wash gloved hands after contact with each patient.
- Wear masks and protective eyewear or face shields during procedures that are likely to generate droplets of blood or body fluids.
- Wear plastic aprons and gowns during procedures where blood or body fluids splashes are likely.
- Wash your hands and other skin surfaces immediately and thoroughly if they become contaminated with blood or body fluids.
- Should blood or body fluids splash into your eye or mouth wash it out immediately and report it to the employee, who should know the possible infection protocol at that hospital.
- If possible use disposable equipment for each patient. If not possible ensure that equipment is adequately sterilised before using it on other patients.
- Wrap disposable blood or fluid soiled items carefully before disposing of them.
- Place all blood and body fluid specimens in sturdy containers with a secure lid. Avoid contaminating the outside of the container. If the patient is HIV positive label the container clearly so that the laboratory technicians are aware of it.
- Do not recap, bend or break needles or other sharp objects to avoid needle stick injuries.
- Make mouthpieces, resuscitation bags and other ventilation devices available in areas where the need for resuscitation is predictable.

The chance of occupational contagion of AIDS during physiotherapy management of patients is negligible if these precautions are practised.

CALL FOR NOMINATIONS

An Ethical Committee of the SASP is to be convened. It will comprise a Chairman and three Vice Chairmen. Each Vice Chairman will be responsible for investigating problems in the following areas:
- Standard of Practice
- Ethical Behaviour
- Inappropriate Tariffs

The Chairman will liaise with the relevant Vice Chairman when problems arise.

Nominations are therefore requested for a Chairman and the three Vice Chairmen who should all have special interest and skill in the fields of standards of practice and ethical behaviour within the profession.

Each person must be nominated and seconded in writing and the nominee must indicate that he/she is prepared to serve on the committee.

Nominations must reach the headquarters of the Society at: P O Box 47238, Parklands 2121 by April 15 1994 and should be accompanied by a short CV.

WHY AN ETHICAL COMMITTEE?

Since the PPA General Meeting in Bloemfontein in February 1992, the PPA has been planning to develop a Peer Review Committee which could resolve any ethical problems arising in the physiotherapist's day-to-day business.

However standards of practice and ethical behaviour involves all physiotherapists regardless of their area of practice and not only private practitioners. A motion submitted by the Natal Coastal Branch and passed at the National Council Meeting in May 1993 stated:

"That the Society set up a peer review committee to review standards and ethics of practice".

Thus a joint meeting of some members of the NEC and the PPA was held in October 1993 where it was resolved to jointly develop a Peer Review Structure for the whole of the SASP.

WHAT IS PEER REVIEW?

Peer review is a system whereby one is judged competent or not by one's equals. It involves frank discussion between peers without fear of criticism of the quality of care provided or ethical behaviour displayed, as judged against agreed standards. It should lead to action where the practice has not matched these standards so that quality of care and professional behaviour is improved. True peer review has an educational character and is not meant to sanction.

HOW WILL THE ETHICAL COMMITTEE FUNCTION?

Any problems reported to the SASP will be referred to the Chairman of the Ethical Committee who will liaise with the appropriate Vice Chairman. If the matter cannot be resolved by telephone or correspondence, the Chairman and Vice Chairman will co-opt at least one local member e.g. a branch chairman, local PPA chairman, local OMTG chairman or any other member of standing, to form a local review committee. This committee will hear evidence and a resolution to the problem will be sought. If the matter cannot be resolved or if the problem is considered to be of a serious nature, then the matter will be referred to the Professional Board for Physiotherapy.

The Ethical Committee can therefore act as a screening mechanism for complaints made against physiotherapists as well as function as a review committee to ensure high quality of practice in the profession.

Members of the Society are invited to submit feedback regarding the desirability of establishing the Ethical Committee, as soon as possible. As this is a new concept, suggestions regarding the concept and proposed function will be appreciated.

All members of the Society will be given the opportunity to vote for their preferred candidates to the positions of Chairman or Vice Chairman of the envisaged Ethical Committee once the nominations have been received. Voting forms will be provided in the SA Journal of Physiotherapy at a later date.

HOW LONG CAN THE AIDS VIRUS SURVIVE ON SURFACES?

Studies indicate that the titre of the HIV in blood on surfaces decreases with time, but it is not certain whether the virus dies completely. This means that the virus may be able to survive on surfaces for some time. This is not an important issue however, if you are adequately attending to the cleaning precautions.

IS THERE ANY TREATMENT FOR AIDS?

Researches are testing several new drugs, but at present there is no cure for AIDS. Treatment revolves mainly around prevention. Once seroconversion has occurred, treatment relies on the relief of individual symptoms as they present. A drug which destroys the virus has not as yet been discovered.