

Staff Manual About AIDS & HIV Infection for Child Care Facilities



A Staff Manual about AIDS and HIV infection for Child Care Centers

This manual is designed to be used by child care agencies and education programs as a guide in staff education and policy concerning children with HIV in group settings.

It is made available to the industry regulated by the Broward County Child Care Licensing Section of the Human Services Department.

The department is not engaged in rendering medical or legal advice. This manual does not and should not substitute for specific professional advice from a competent medical or legal professional.

Preface

This manual is a guidebook to answer questions about taking care of children with HIV/AIDS in child care arrangements. It is written in simple language so that staff will feel comfortable about the information given and will read it whenever a question about HIV/AIDS comes up.

This manual is intended to provide information related to HIV/AIDS in child care arrangements only. It is not about the more common, adult-to-adult spread of the virus. If you need information about adult's risk of exposure to HIV/AIDS virus, "safer sex" precautions, or drug "works" infection, call the confidential AIDS Hotline. There are many pamphlets and booklets that can be sent to you to answer your specific, personal questions about AIDS.

The Nationwide Public Health Service AIDS Hotline telephone numbers are:

English.....1-800-232-4636

Spanish.....1-800-344-SIDA

Hearing Impaired.....1-800-243-7889



What is AIDS?

AIDS is a disease that infects and weakens the person's immune system, leaving the person unprotected from other life-threatening illness. It is caused by a virus, called **HIV (Human Immunodeficiency Virus)**. HIV may also infect the brain, causing neurologic problems.

The letters for AIDS stand for:

A Acquired ---- Passed from one person to another

I Immune ---- The body's defense system, providing protection from disease

D Deficiency ---- A lack of (immune system function)

S Syndrome ---- A group of symptoms which, when they occur together, mean a person has a particular disease

How is AIDS spread?

For the virus to be spread to another person, a lot of the virus must be in a body fluid that then gets into the other person's body through an opening. The HIV virus can be found in many body cells and may contain large enough amounts of the virus.

These are blood, semen and vaginal secretions, or other body fluids if there is blood in it. Activities that pass an infected person's blood or sexual fluid into an opening in another person's body spread the virus. The known ways of spreading the virus are:

1. Sexual intercourse;
2. Shared needles or syringes for drug use;
3. AIDS infected mothers passing the virus to their unborn babies;
4. Receiving blood or blood products, such as those used to treat hemophilia.

Anyone who has the virus can spread the virus. The person may not be sick and may not even know they have the virus yet, but they can still spread it to others. The virus is not spread by normal day-to-day contact with friends, family, teachers or others- unless the contact includes unsafe sexual or direct blood to blood contact like with shared needles for drug use.

Do mosquitoes spread AIDS?

No, mosquitoes do not spread the AIDS virus.

While mosquitoes do take in blood when they bite, they do not spread HIV infection! There have been a lot of studies, especially here in Florida that proves mosquitoes do not spread AIDS. Think about it: if mosquitoes spread AIDS, lots of children, park rangers, farmers, and hunters (people who get lots of mosquito bites) would have AIDS, but they don't.

Is a person with HIV always sick?

Not all people infected with HIV (the AIDS virus) are sick. The virus can be in the body for years before it begins to cause symptoms. Then the virus starts to weaken the person's immune system and cause symptoms of illness. When the HIV virus has severely damaged the immune system and the person with HIV has certain diseases that people with healthy immune systems do not get, they have AIDS.

There are three different stages of HIV infection:

1. Asymptomatic HIV infection;
2. Symptomatic HIV Infection;
3. Acquired Immune Deficiency Syndrome (AIDS)



Asymptomatic HIV Infection

Asymptomatic HIV Infection is the term for the time before symptoms begin. Asymptomatic means “without symptoms”. The person is HIV infected, but their immune system is still fighting illness well, so the person feels healthy. This time may last for several months or even years and the person may not even know that they are infected. However, even before symptoms begin, an infected person can spread the virus.

Symptomatic HIV Infection

Symptomatic HIV Infection means the HIV infection is causing symptoms of frequent illness. The virus has damaged the immune system so it cannot fight off illness as well as before. Symptoms of HIV infection such as chronic diarrhea and vomiting; frequent ear infections, skin infections, or yeast infections like thrush and yeast diaper rash have developed. The person may feel well at the time, and sick at other times. Illnesses happen more often and last longer than usual. An infected person, whether feeling well or sick, can spread the virus.

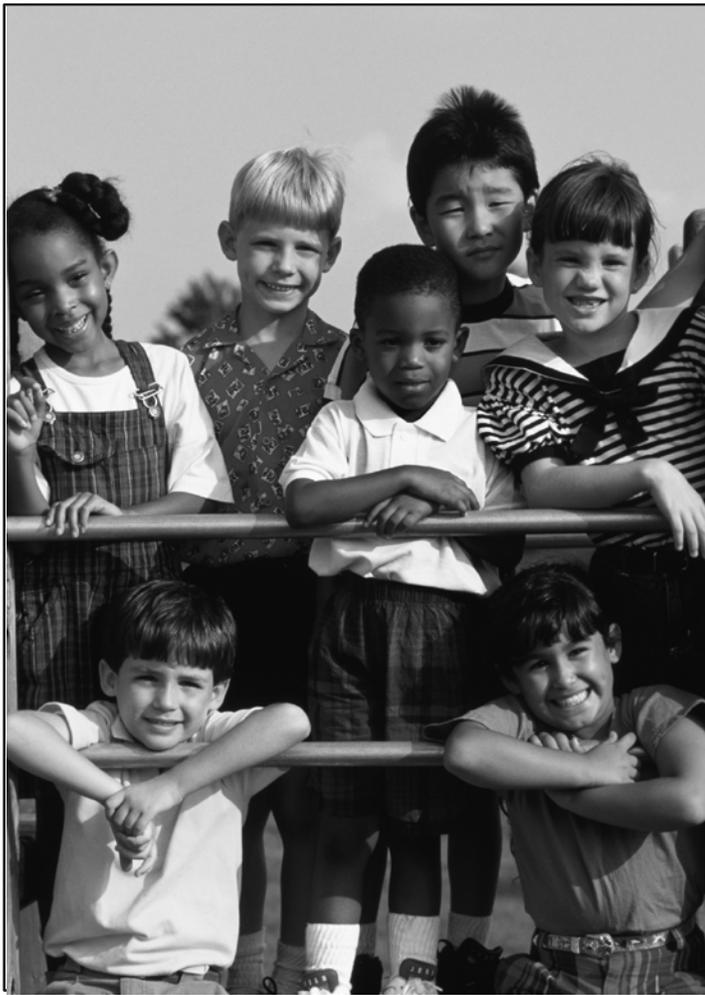
Acquired Immune Deficiency Syndrome (AIDS)

AIDS is diagnosed by a doctor. To be diagnosed with Acquired Immune Deficiency Syndrome (AIDS) a person must be HIV positive.

It is usually diagnosed by a simple blood test. The specimen is tested for antibodies created by the immune system when the HIV virus enters the body.

The two most common diseases that mean a person has AIDS are Pneumocystis.

Carinii pneumonia (which causes a persistent cough, fever, and difficulty breathing) and a cancer called Kaposi’s sarcoma (noticed by purplish blotches and bumps on the skin). These diseases and other AIDS related diseases eventually cause death. This person can spread the **virus.**



How common is AIDS in children?

Only a small number of people with AIDS are children. A child with a positive blood test is said to have HIV infection or be HIV positive (HIV+). Infants may have positive blood tests, but not have the virus (see “What do HIV blood test results mean in infants?). An infected child may be asymptomatic with no symptoms, or symptomatic with frequent or chronic illness, or may have AIDS. Many children born with HIV infection die by the time they are three years old.

More than 1,000 children are newly infected with HIV every day, and of these more than half will die as a result of AIDS because of a lack of access to HIV treatment.

The number of infected children

The figures below show the number of children (defined by UN Commission on AIDS as under-15s) directly affected by HIV and AIDS:

- At the end of 2009, there were 2.5 million children living with HIV around the world.
- An estimated 400,000 children became newly infected with HIV in 2009.
- Of the 1.8 million people who died of AIDS during 2009, one in seven were children. Every hour, around 30 children die as a result of AIDS
- There are more than 16 million children under the age of 18 who have lost one or both parents to AIDS.
- Most children living with HIV- almost 9 in 10 live in sub-Saharan Africa, the region of the world where AIDS has taken its greatest toll.

How do children get HIV infection?

Children may get HIV through sexual activity, needles used for drugs, or sexual abuse, but most cases in children occur by an HIV infected mother passing the virus to her unborn baby in the uterus or during birth. It is estimated that about one-third of the babies born to mothers with the AIDS virus will be infected. Infected mothers also infect their babies through breast milk, so HIV+ women should not breast feed.

Women become infected with the AIDS virus by:

- Sharing syringes/needles;
- Having sexual relations with a partner who has HIV/AIDS.

Nine out of ten children infected with HIV were infected through their mother either during pregnancy, labor and delivery or breastfeeding. Without treatment, around 15-30% will become infected with HIV during pregnancy and delivery and a further 5-20% will become infected through breastfeeding. In high-income countries, preventive measures ensure that the transmission of HIV from mother-to-child is relatively rare, and in those cases where it does occur a range of treatment options mean that the child can survive - often into adulthood. This shows that with funding, trained staff and resources, the infections and deaths of many thousands of children can be prevented.

There is no evidence that a child can be infected with HIV by normal, casual contact. The AIDS virus cannot be spread by sneezing, coughing, mosquito bites, hugging, holding, bathing, eating together, or kissing as friends do. There are no cases of HIV being spread in schools, child care, or within families, unless there was sexual activity or shared blood.

What do HIV blood test results mean in infants?

The blood test most commonly used to check a person's blood for the HIV infection is called the ELISA test. This test is a biochemical technique to detect the presence of an antibody or antigen in a sample. This test shows whether there are specific antibodies to the HIV virus in the blood. (Antibodies are produced by the body to fight against a specific virus or germ.)

An HIV infected pregnant woman passes the antibodies, through her blood, to the developing baby in her uterus. The unborn baby will get antibodies for HIV, for chickenpox, for measles, etc., from its mother. The baby also has a 1/3 chance of being infected with the HIV virus while in the mother's uterus if she has HIV/AIDS. The antibodies received from the mother (called maternal antibodies) stay in the baby's blood for several months, sometimes for over a year, until the baby's body filters them out. The baby will begin to produce its own HIV antibodies only if it was actually infected with the HIV virus.

All babies born of HIV infected mothers will have a positive HIV blood test until they are about one year old. Only one third of these babies will be infected with the virus. These infected babies will continue to have a positive blood test after 15 months of age.

The babies not infected with the virus will have a positive blood test until about a year of age, and then it will become negative, after their maternal antibodies have been filtered out.



Can AIDS be spread in a child care center?

There are no reported cases of children catching the AIDS virus in schools or child care centers in the United States.

Again the two possible ways to spread the virus are 1) through sexual contact and 2) through direct blood to blood contact. Since sexual contact in child care would only happen in the rare case of child abuse, blood contact is what you must be careful about.

Children do occasionally bleed in child care, from minor cuts, scrapes, nosebleeds, and tooth brushing sore gums. The caregiver who cares for any bleeding child should follow universal guidelines such as:

- Wear latex disposable gloves when giving first aid;
- Throw away the gloves in a plastic container;
- Wash hands carefully with soap and running water

Gloves and hand washing protect one persons' blood from getting into another person's body. AIDS has not been spread by contact with urine, stool, nasal secretion, vomit, tears, or saliva. AIDS has not been spread by wiping noses, sharing teething toys, hugging, coughing, sneezing, using the same eating utensils, or touching a surface used by someone with the HIV infection. (It is true that the virus has been found in very small amounts in saliva and tears, but no case of HIV infection has ever been caused by these fluids.)

What are the “universal precautions”?

Treating everyone the same as if they are infectious, to wear disposable gloves when contact with blood or body fluid is likely and to clean up body fluid spills with disposable paper towels are the basic steps that constitute “universal precautions”.

“Universal precautions” are meant to protect both care givers and children from direct contact with blood or body fluids that may spread the AIDS virus. Procedures which keep the virus from getting into your body prevent the spread of HIV infection.

“Universal Precautions” must be followed when contact with blood or bodily fluid is likely. There is no way to always know who is HIV infected, so you must treat everyone like they are infected and always follow “universal precautions”.

If a public health nurse or child care licensing person asks if your center uses “universal precautions” you can answer “YES” if you are following the basic instructions in this manual.



What are the details of “universal precautions”?

Treat everyone as if they are HIV infected!

1. Avoid direct contact with blood, or body fluids, by wearing latex disposable gloves for first aid and for cleaning body fluid spills. When cleaning bloody fluids off surfaces, wear gloves and use paper towel and a disinfectant product. Dispose of the paper towel and gloves by putting them in a sealed plastic container, then in an outdoor trash container. Wash your hands with soap and running water. Do not clean blood or body fluid spills off the floor with a mop – use paper towel. If a mop is used to clean blood, throw the mop head away after this use.
2. Use each pair of disposable gloves only once, for one person, and then throw them away.
3. Change diapers on a non-porous changing table, sanitized after each use.
4. Never allow the sharing of tooth brushes.
5. Clean and sterilize baby bottles and nipples as usual.
6. Use disposable plastic covers on thermometers when checking a sick child’s temperature.
7. Wash the center’s linen and clothing soiled with blood separately from other laundry and add ½ cup of regular or non-chlorine bleach to the wash cycle. Send all children’s soiled personal clothing home in a sealed plastic bag to be washed at home, not in the center. If linens or clothing are not soiled with blood they may be washed as usual with regular detergent.
8. Wash teething toys every day in cold soapy water and rinse. Do not allow infants to share teething toys because it spreads colds, flu and diarrhea.
9. Teach children and others not to pick scabs off – they may not look nice, but scabs keep blood in and infection out.
10. Children or staff with oozing, draining sores on their skin should have the sores covered with gauze bandages and should be seen by a physician regarding further care.
11. Do not join in “blood brother” or blood sister” blood sharing games

Note: A good disinfectant sanitizing solution can be made by adding ¼ cup bleach to one gallon of water. A fresh batch of the solution must be mixed every day.

Exactly what do we need to know about hand washing?

Careful hand washing with soap and running water should be done by staff and children at these times:

- before eating, feeding, or handling food;
- after toileting or diapering (wash the child's hands after the diaper is changed!);
- before and after giving first aid;
- after wiping noses, mouths, bottoms, or sores;
- after cleaning surfaces soiled with body fluids (blood, mucous, vomit);
- before giving medicine;
- after taking off disposable diapers;
- after removing gloves.

Hand washing is the most important thing we can do to prevent the spread of germs among children and staff. Using latex disposable gloves to care for a bleeding is a good way to prevent infection from everyone.

Staff who have dry, chapped hands, with cracks or bleeding sores should pay particular attention to their skin. As always, they should wear disposable gloves for diapering and for handling strong cleansers. Mild soap and hand lotion after hand washing helps to prevent dryness and cracking.

When should caregivers wear disposable gloves?

First aid for bleeding injury or nosebleeds.

In giving immediate first aid to a bleeding child on the playground use the child's own uninjured hand to apply direct pressure to stop the bleeding until you can bring the child inside. Tell the child that he can help himself when he gets hurt by holding the wound tight to stop the bleeding. Once inside, wear latex disposable gloves while washing and bandaging the injury.

Keep a supply of latex disposable gloves in the center's First Aid Kit for emergencies and for use whenever caring for bleeding, draining sores or sores with pus. Dispose of the gloves in a plastic container after use, then wash hands with soap and warm running water. Use a new pair of gloves for each child if you are giving first aid to several children at the same time.

When a child gets a nosebleed, the older child may be given some disposable paper towels or kleenex tissue to catch the first sudden flow of blood. The caregiver must first put on latex disposable gloves before holding the child's nose to apply direct pressure and stop the nosebleed. Put used paper towels and gloves soiled with blood in a sealed plastic container, then in an outdoor trash container. Hand washing with soap and running water should be done after caring for the child with a nosebleed.

Diaper changing and rinsing soiled clothing.

Gloves are required whenever diapers are changed. The AIDS virus has not been found in feces. Gloves should be worn when changing diapers. Hand washing with soap and running water is necessary after all diaper changing, even when disposable gloves are worn.

Wear disposable latex gloves when pre-rinsing cloth diapers or clothing heavily soiled with feces in the toilet bowl. Follow with hand washing after throwing away the gloves.

Cleaning with strong cleansers

To protect hands from drying, chapping, cracking, and peeling, caregivers may want to wear protective rubber, or disposable gloves when using strong cleansers. Healthy, intact skin and prompt hand washing will protect a person if infected blood is spilled on the skin, since healthy skin prevents the infected blood from getting inside the body. Chapped, cracked skin, open cuts, and rashes are open doors for infected blood to enter a person's body.

Caregivers with such sores should cover them with a bandage and be especially careful to wear disposable latex gloves when contact with body fluids is likely.

What special care does an HIV+ child need?

See that the child gets prompt medical attention when ill.

The child with the HIV has a weakened immune system (the body's system for fighting germs and disease) and is not able to fight off illnesses very well. Common childhood illnesses last longer and are more serious for the child with HIV/AIDS. Good dental care including tooth brushing habits should be followed.

Keep the HIV+ child out of center during chickenpox outbreaks.

Chickenpox can be fatal to an HIV infected child. Explain to the parents of the HIV+ child that this temporary suspension of services is for the protection of their child. The center director should report the exposure of chickenpox to the HIV+ child's doctor. A shot of immunoglobulin may be given to the HIV+ child to help protect them against chickenpox. Since there may be HIV+ children attending the center that no one knows about, all parents should be told that there is an outbreak of chickenpox at the center. Parents who choose not to tell anyone about their child's HIV infection status are responsible for seeking medical advice as they have been instructed by their doctor.

Keep every child's immunizations up to date.

Can HIV+ children receive immunizations?

Yes, HIV infected children should be immunized to protect them from serious illnesses. MMR, DPT, and Hib vaccines should be given as usual. HIV infected children should get additional vaccines, such as pneumococcus (pneumonia) and influenza (flu) to help protect them from these infections.

The polio vaccine that is given to the HIV+ child is different from the one given to most children. The HIV+ child will get shots of inactivated polio vaccine rather than drops by mouth of live polio virus vaccine.

What are the symptoms of HIV illness in children?

When an infant is infected from its mother in the uterus, symptoms may appear between the ages of four and six months. Symptoms are different in children than adults. Infected children are more likely than adults to have serious bacterial infections, such as sepsis, meningitis, and pneumonia. These germs are common childhood germs, but cause more serious than usual illnesses because of the infected child's weakened immune system.

Symptomatic HIV infected children are more prone to chronic ear infection, upper respiratory, skin, and urinary tract infections. They also may have symptoms such as swollen glands, weight loss, diarrhea, chronic thrush, skin rashes and fever.

Some children with HIV infection develop brain damage because the virus can infect the brain. These children either fail to develop normal skills or lose skills they have already developed. Motor and cognitive skill development are affected and behavioral problems may occur.

These children frequently have a special kind of pneumonia which eventually damages the lungs to the point that not enough oxygen is in the bloodstream to meet the needs of the body. Other diseases which can be severe and even fatal for HIV infected children are chickenpox and measles.

Can HIV+ children be enrolled in child care?

Yes, children with HIV can be enrolled in child care – they cannot be discriminated against because they carry the HIV virus. Children and families with AIDS and HIV positive blood tests may not be denied state or federally funded child care if they meet other eligibility requirements.

The asymptomatic infected child should be promptly enrolled. The AIDS virus is not spread through normal person-to-person contact in child care. In fact, there may already be HIV infected infants and children in the child care center that no one knows about. The child's parents may not know about their child's condition or the family may choose not to tell the child care center about the HIV infection.

For the symptomatic HIV infected child, who is sick with chronic infections and illnesses, the decision to enroll in group child care should be made on a case-by-case basis. The child's parents, physician, and the Center Director or Center Nurse (or Health Coordinator) will together decide whether enrollment or continued enrollment is safe for the infected child. It is the safety of the HIV infected child that must be protected. The child with HIV will be exposed to the germs of the other children and these "common illnesses" can be life-threatening for them. In group care, children are exposed to many more germs than if they stayed home with family or attended a very small child care facility, such as a Family Child Care Home.

Can we ask Parents if their child is HIV + or has AIDs?

You can ask parents if their child has any medical condition that is easily transmitted through casual contact. HIV/AIDS is not easily transmitted through casual contact. There is also no law that says they have to answer you, or that the answer they give will be true.

Children who have HIV/AIDS are protected by the ADA (Americans with Disabilities Act). You are required by law to protect the child's confidentiality. Since HIV/AIDS cannot be spread by casual contact, you are not permitted to inform parents that a particular child has HIV/AIDS. Remembering that we cannot discriminate against a child or family because of their HIV condition, you may ask questions that make it easier for parents to share difficult or sensitive information. One way is to ask: "Does your child have any health problem that I need to know about so that we can give the best care possible?"

The answers parents give to this question will more often be such illnesses as ear infections or asthma, but it is a good question about giving all the children the best care.

What about children who bite?

Biting is a common developmentally normal phase for many small children. Saliva does not spread the HIV virus so a biting child is not a risk for transmitting the HIV virus. Infected blood must get into another person's blood to spread the virus.

Who should know about a child's HIV Infection?

It would be best if the director/provider knew that a child has HIV/AIDS, so that the child may be protected from exposure to other illnesses like chickenpox. However many parents will keep this information secret because of fear of what others think about AIDS. When a parent does tell the director/provider that his/ her child has HIV, the director must be extremely careful to protect the family's right to keep this information private. These children, like all children, need to have as normal a life as possible.

The only staff that need to know the identity of an HIV infected child are: 1) the center director (or family day care home provider); 2) the center nurse (or health coordinator); and 3) the center director's immediate supervisor. The center director is best able to protect the privacy of the child in the local center, with the advice and support of the center nurse. If the center director is absent from the center, or in need of day-to-day support, the supervisor will

provide assistance.

The caregivers and other center staff should not be told except in unusual situations and only with the parent's specific permission. Daily hygiene procedures and the consistent use of universal precautions are designed to protect everyone in the center-whether HIV infection is known or not. Staff who follows these procedures can be confident that they have not exposed themselves or the children to another person's infection.

What if rumors start that a Child with AIDS is in the center?

Answer any direct questions honestly and without breaking confidentiality. Good answers would be: "If an HIV infected child is eligible for the program and medically able to attend the center, the child will be enrolled"; or "I" cannot answer personal questions about another child".

The best solution is to quickly have a parent meeting to explain the enrollment policy, "universal precautions" and hand washing in the center, and general information about AIDS and the spread of HIV. Invite a resource person from the County Public Health Unit to help you prepare for the meeting.

Be careful to protect the privacy and confidentiality of the children in the center when dealing with rumors or questions from other parents or community members.

Should all children be tested for AIDS?

No, testing all children for AIDS is not needed or recommended.

There is no spread of HIV by normal day-to-day contact in child care. Hugging, kissing as friends do, carrying, diapering, sneezing, coughing, playing with toys, and eating together do not spread HIV infection. "Universal precautions" regarding the use of disposable gloves for handling blood and body fluids should be followed as if everyone is HIV infected.

Is it safe for adults with AIDS to work in child care?

There is no danger to the children or other staff from routine contact with adult caregivers who have HIV. Staff with HIV should discuss with their own physicians any special precautions to protect themselves from the many illnesses of the children in the center.

Because of the fear associated with AIDS, many adults will not tell anyone about their positive HIV status. Because HIV/AIDS is covered by the American with Disabilities Act, child care facilities cannot lawfully exclude an applicant from employment due to their HIV/AIDS status or their perceived HIV/AIDS status.

Do HIV + Children need special food service plans?

Children with HIV can eat alongside other children and staff, they can be served family style. They can help set the table and clean up, and can have their dishes and utensils washed with everyone else's dishes.

In the centers, sharing food, utensils, and drinking cups is not allowed. Such sharing may spread colds or diarrhea germs. Children who set the table should wash their hands before helping and all children should wash their hands before eating meals and snacks.

Children with HIV do not need to be served food in any special way. Dishes, utensils, and cups used by these children should be washed and sanitized the same as all dishes are. If the center uses disposable plates, spoons and cups for **all** children at mealtime, those used by the children with HIV/AIDS should be disposed of in the same way as for all children.

What about bus or van transportation?

Drivers, bus aides, and teachers must follow "universal precautions" with all children at all times. (See "What are the details of "universal precautions"?) Some centers provide daily transportation and many programs take children on field trips. Children with HIV can ride the bus or van just like all other children.

AS a reminder:

1. Treat everyone as if they are HIV infected.
2. Have latex disposable gloves in the First Aid Kit. Wear gloves when contact with blood or body fluids is likely. Use one pair of gloves, one time, for one child, and then throw them away in a plastic container.
3. Cover open, bleeding sores with gauze bandages and get medical treatment if needed. (Transportation staff must know how to refer a child with open, untreated sores to the doctor and not accept the child for care that day.)
4. Keep the inside of the bus or van clean. Sanitize the vehicle seat or child safety seat when soiled by any child's blood, saliva, runny nose, urine, or feces. Wear gloves and use paper towel and approved bleach and water solution to clean blood or body fluids from surfaces.
5. Use gloves when caring for a child who becomes sick on the bus since hand washing is not available. Wash hands as soon as possible.
6. If the vehicle is involved in an accident, emergency workers already know to wear disposable gloves to give first aid to bleeding people.

What training will the staff need?

From the first day a person starts to work in the child care center all staff need to know:

- They may be caring for an HIV+ child now or in the future;
- Routine contact with HIV infected individuals will not spread AIDS;
- AIDS is spread by intimate sexual contact or the exchange of blood;
- Wearing latex disposable gloves and using good hand washing practice in the child care center when handling blood or body fluids will add protection against direct blood exposure.
- Good washing of soiled surfaces and careful hand washing will not only protect against AIDS but will also reduce the spread of other germs and illnesses in the center.

There are AIDS Hotline telephone numbers for every state.

Here are the numbers to call for more AIDS information.

The Nationwide Public Health Service AIDS Hotline telephone numbers are:

English.....1-800-232-4623

Spanish.....1-800-344-SIDA

Hearing Impaired.....1-800-243-7889



Human Services Department
Community Partnerships Division
Child Care Licensing & Enforcement Section
115 S Andrews Avenue, Room 119
Ft. Lauderdale, FL 33301

This public document was promulgated at a cost of \$447.00, or \$0.447 per copy, to inform the public about AIDS and HIV for Child Care Centers.

An equal opportunity employer and provider of services.