

# CHILD CARE

plus +

SPRING 1995

Supporting Inclusion in Early Childhood Settings

Vol. 5, No. 3

## + HIV/AIDS and Child Care: Myth and Reality

AIDS . . . HIV infection . . . these are frightening words in our world today. Since 1981, information and misinformation about this disease has run rampant. It is important to understand what this disease is . . . and it is also very important to understand what it **is not**.

### What is AIDS and HIV?

AIDS stands for *acquired immunodeficiency syndrome* which is a disease that eventually breaks down the body's defenses against disease and infection. Because their defense system fails, people with AIDS can develop a variety of life-threatening illnesses. AIDS is caused by a very unusual virus called *Human Immunodeficiency Virus* or *HIV*. The virus is what attacks a person's immune system and weakens or destroys it.

If HIV enters your body, you may become infected with HIV. A person who is infected can infect others, even if he or she does not have any symptoms of being sick. You cannot tell by looking at people whether or not they are infected with HIV. Children infected with HIV may remain healthy for years, or they may quickly develop health problems.

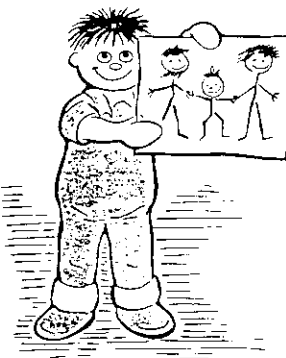
### How do young children get HIV?

HIV is **hard to get!** The virus spreads only through contact with blood, certain body fluids, or sex. About 25% of children born to HIV-infected mothers carry the virus. HIV can also be passed to a baby through breast milk of an HIV-infected mother (although this is rare). In the past, some children were infected through blood transfusions. Today, the blood used in transfusions is screened for the virus, and infection from this source is very unlikely.

### Aren't there other ways to get HIV?

Remember, HIV is hard to get! You **cannot** get HIV from:

- ✓ kissing, hugging, touching, swimming, bathing, or playing.
- ✓ coughing, sneezing, tears, urine, runny noses, or sharing food.
- ✓ toilet seats, door knobs, clothing, toys or dishes.
- ✓ mosquito bites or petting animals.



### Is the child with HIV safe?

As long as the child's immune status remains good and regular health precautions are maintained, the child with HIV is "safe." Infections from other children pose the most risk as the child's immune system becomes weakened. If the child with HIV becomes ill, the guidelines you use to exclude any sick child apply to him as well.

### Are the other children safe?

Yes. HIV is very hard to get! There has never been a case of HIV being transmitted in any child care, preschool, or school setting. HIV is frequently called a "fragile" virus--it has a short life outside the human body. Blood is the only body fluid that presents a risk in child care. And even when a child is bleeding, the blood must get directly into another person's bloodstream to transmit HIV. Unbroken skin acts as a protective barrier. If a child with HIV has a cut or scratch, the treatment is the same as it is for any other child--put on gloves, wash the wound with soap and water, and put on a bandaid.

### What about biting???

Children biting each other is of great concern in child care but not a significant concern for the transmission of HIV. A small fraction of all bites result in broken skin; an even smaller fraction of bites draw blood. The chances of HIV being transmitted through a child's bite is so terribly small that it is not even considered to be a practical concern.

Fear of "catching" HIV or of having children who are HIV-positive in child care can be lessened by having clear program policies for infection control in general. Precautions for HIV are the same as with any infectious disease:

- ✓ wash hands frequently.
- ✓ wear disposable gloves while diapering and cleaning cuts and scrapes.
- ✓ clean surfaces with a bleach and water solution.

Families of children with HIV or AIDS have the right to be treated just like other families in the community. The American's with Disabilities Act (ADA) says that you may not refuse enrollment to a child solely because of his or her HIV status. When child care providers are fully informed about this disease, they can support a parent's decision to enroll his or her child in an enriching, playful, and nurturing child care program. A child with HIV is a **child** first. Do that child a favor and keep current on the ever-changing information concerning this baffling, deadly, and preventable disease.+ kmg

### In This Issue

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## + FROM THE SOURCE:

Wait! I'm not an "expert"!

It is unreasonable to expect early childhood professionals to be **experts** on every issue which might affect children in their care. However, it is reasonable to expect them to know where to go to find experts. Information about HIV/AIDS is very specialized, so where do they find the individuals or agencies who specialize in this topic?

HIV is a health issue. The most obvious experts in any community can be found at local hospitals and doctor's offices. Public health nurses also have materials on HIV and often provide training for the public. There is a growing number of AIDS clinics, AIDS Councils, and other agencies which have current information and offer toll-free numbers. Because of the health implications, local Departments of Health have facts concerning HIV and are likely to be a primary site for HIV testing.

Because HIV is transmitted primarily through blood, the American Red Cross has developed numerous pamphlets concerning AIDS/HIV. These are available at local Red Cross Chapter Offices or Blood Centers. Many chapters provide free HIV informational sessions for students, parents, and other groups. For local offices, see "American Red Cross" in the phone book.

Informed providers make good decisions related to the nurturing and education of children in their care. They can also be an important source of accurate information to staff, parents, and the community. Ensuring the best quality of care for a child who has HIV involves ongoing education. Where early childhood professionals are concerned, it may truly be a case of "who they know, not what they know" that guarantees that decisions are made based on the best available information.+

## + MAKING IT WORK:

Always Be Prepared

Although many early childhood professionals are worried about the possibility of HIV being transmitted in their programs, they can stop worrying when they practice proper infection control procedures and Universal Precautions. Without consistent use of these practices, children are far more likely to be infected by blood-borne or fecal-borne diseases such as hepatitis A, pinworms, giardia, and common diarrhea than HIV. However, proper infection control prevents them all!

One way to be prepared for cuts, scrapes, toileting accidents, and cleanup of blood, urine, and fecal matter is by collecting prevention supplies in a waist (or fanny) pack. Waist packs are manageable and easily accessible. Fill the pack with the following supplies:

- disposable gloves - wear for body fluid cleanups typical in diapering, bleeding noses, and clearing away vomit
- bandaids, small Ace wrap, and gauze
- tissues
- damp, soapy washcloth in a zip-lock bag (replace after each use or, at least, daily) - helps clean and cover wounds, wipe up toileting accidents, and can even be used to sooth an overheated child
- disposable wipes - use for everything from wiping sticky faces, to helping prevent the spread of germs by cleaning little (and big!) hands
- tweezers - handy to extract objects (slivers) which, left unattended, might result in infection.

Whether solving disputes in the sandbox or braving the wilderness on a nature walk, good providers are like good scouts . . . they're **always** prepared!+

## + NOTES FROM HOME:

### A Grandmother's Story

(Reprinted with permission from *How Can I Tell You?* (1992) by the Association for the Care of Children's Health.)

Eva is the maternal grandmother and legal guardian of 14-year-old Jameel and 4-year-old Kiyah. Eve took over the care of her grandchildren several months prior to the death of her daughter, Liah.

*Eva: At home, I had a copy of the book Jimmy and the Eggs Virus and I had left it laying around the living room for some time. At first Kiyah paid no attention to it, and I thought she didn't even notice it. Suddenly she picked it up and brought it to me and asked me to read it to her. The book is a story about a little boy who overheard his parents saying that he has the 'eggs' virus. Later he learns that what he really has is the AIDS virus. I read the book to her all the way through... Two days later, it was time for another clinic appointment. Afterward we stopped to get hamburgers. She asked me to take her to the bathroom and when we were in there she suddenly asked, 'Grandma, do I have the Eggs virus?' I told her that she did, and then I did my best to explain it to her, including the proper names. I also told her that she could not tell anyone else about it. I explained to her that some people are not very nice about this illness. She seemed to take it all in stride, as she had done with my answers to her other questions in the past.*

Although Eva responded to her granddaughter's questions with honest and developmentally appropriate answers, she was unwilling to tell even close friends about the child's condition. When Eva went back to work, she placed Kiyah with Emma but did not tell her that Kiyah was HIV-infected even though Emma was an old family friend who had cared for Kiyah's mother when she was a child.

*Eva: I trusted Emma a great deal, but I felt I could not tell her the diagnosis. There was so much stigma attached to AIDS and no way you could predict how anyone would react. Emma was very important to me and to Kiyah, I just could not bear the thought of losing her too.+*

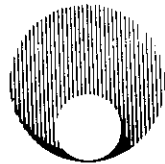
## + SPOTLIGHT: Where To Go From Here

With information about HIV and AIDS being updated continually, it is vitally important that early childhood professionals obtain current and accurate information about this disease. We would like to spotlight a number of resources which have been particularly useful and are easily accessible to child care providers.

### ★ NATIONAL RESOURCES ★

★ The **National Pediatric & Family HIV Resource Center (NPHRC)** offers a range of services to professionals caring for children, youth, and families affected by HIV infection. NPHRC provides consultation, technical assistance, and training, and serves as a forum for exploring public policy issues related to the care of children and youth with HIV infection. NPHRC is a joint project of the University of Medicine and Dentistry of New Jersey-New Jersey Medical School and Children's Hospital of New Jersey. For information, please contact:

National Pediatric & Family HIV Resource Center  
15 South Ninth Street  
Newark, NJ 07107  
(201) 268-8251  
(800) 362-0071



★ The **CDC National AIDS Clearinghouse** is the Center for Disease Control and Prevention's reference, referral, and materials distribution service for people working in the field of HIV-prevention, service delivery, and care. The clearinghouse collects, organizes, and disseminates information on a wide variety of HIV-related organizations and educational materials. For information, please contact:

CDC National AIDS Clearinghouse  
P.O. Box 6003  
Rockville, MD 20849-6003  
(800) 458-5231



★ The **American Red Cross** has developed numerous pamphlets concerning AIDS and HIV, including: *HIV Infection and AIDS*; *Women, Sex and AIDS*; *Men, Sex and AIDS*; *Teenagers, Sex, and AIDS*; *Children, Parents & AIDS*; and *School Systems and AIDS*. These brochures are available at local Red Cross Chapter Offices or Blood Centers. For information, look under "American Red Cross" in the phone book.



### ★ RESOURCES FOR EARLY CHILDHOOD ★

★ As part of their AIDS Campaign for Kids & Families, the **Association for the Care of Children's Health** has developed *The Checklist for Early Childhood Programs*. The checklist is designed to be a self-help tool for early childhood programs interested in initiating, expanding, or assessing services to children with HIV infection and their

families. It is intended to provide a framework for ensuring that the approaches to care for children with HIV are comprehensive and family-centered. The checklist can be copied for use in programs and staff training. To obtain a copy of the checklist, write or call:

Association for the Care of Children's Health  
7910 Woodmont Ave., Suite 300  
Bethesda, MD 20814  
(301) 654-6549



★ *Serving Children with HIV Infection in Child Day Care: A Guide for Center-Based and Family Day Care Providers* is a 1991 publication of the **Child Welfare League of America (CWLA)**. This guide was developed by CWLA because child care represents a critical front-line support for parents and an opportunity for millions of children to receive developmentally appropriate care. They assert that since there is no evidence of transmission of HIV infection through every day, casual contact in the child care setting, child care professionals are the ones best prepared to offer services to children who are HIV-infected. For information concerning the purchase of this guideline, write:

Child Welfare League of America  
Publications Department  
440 First Street, N.W., Suite 310  
Washington, DC 20001-2085

### ★ CHILDREN'S RESOURCES/BOOKS ★

★ *Come Sit By Me* by M. Merrifield, M.D., is a beautifully illustrated book about Karen and her friend, Nicholas. It presents information about HIV infection for preschool-age children, their families, and child care providers. This book includes a separate information section for older students and adults on common questions and answers concerning HIV infection. This book is \$6.95 and is published by:

Women's Press  
517 College Street, Suite 233  
Toronto, Ontario, Canada M6G 4A2

★ Another wonderful book for young children is *Jimmy and the Eggs Virus* by M. Tasker. This book tells the story of Jimmy who overhears his parents saying that he has the "Eggs" virus. This heart-filled story follows Jimmy through his understanding about what having the eggs virus really means. This book is also \$6.95 and is available from:

Children's Hospital AIDS Program  
Children's Hospital of New Jersey  
United Hospital Medical Center  
15 South 9th Street  
Newark, NJ 07107  
(201) 268-8273

## + WHAT DO I DO WHEN

**QUESTION:** *My staff saw a TV show about HIV infection in young children and are very upset by the implications. They want me to write a policy about children with HIV in our program. What should I do?*

**ANSWER:** HIV infection and AIDS are upsetting topics, especially when it concerns small children. Whether or not to write a specific HIV policy for your program can be decided by answering the following three questions:

**1.** What are the honest implications of this disease for your program or any other early childhood program? Clear, direct, no-nonsense facts about HIV--how it is transmitted, how it is prevented, and how your program will handle prevention--must be shared with staff and parents. Staff should clearly understand that, because of the ways HIV is transmitted (blood and sex), there has never been a documented case of HIV infection in any early childhood setting. Explain that even though HIV is a very **infectious** disease, it is not considered **contagious** in early childhood programs. As a result, a child with HIV infection should be cared for the same as any other child: with love and careful attention to his or her health, safety, and opportunities to develop and learn.

**2.** Should you have a special policy about enrolling children with HIV? First, look at your present enrollment policy. Does your policy establish a framework which helps you offer all children who enroll the same individualized care and attention? Great! Since children with HIV do not pose a significant threat to other children or to caregivers, they are included under the protection of the Americans with Disabilities Act (ADA). This means that children with HIV should not be denied access to your program solely on the basis of their HIV status (just like children with disabilities cannot be denied access based on their having a disability). Second, you are free

to mention children with HIV **within** your regular enrollment policy as an example of the range of children you are prepared to include enthusiastically in your program.

**3.** What health policies do you have in writing already? Most programs have a policy concerning infection control, disinfection, handwashing, and the reasons a sick child might be excluded. As you look carefully at these policies, one thing will become crystal clear. The preventive measures you use for many other infectious diseases are the same ones you use to prevent the transmission of HIV: wear gloves when dealing with body fluids (blood, diapering, vomit), disinfect surfaces and toys with standard bleach/water solution (1 Tbsp bleach to 1 quart of water), and **WASH HANDS!!!** You will also find that your policy excluding children who have a fever above 100 degrees F., who are vomiting, or who have a contagious condition (pink eye, open sores, diarrhea, etc.) apply when the child with HIV is ill.

At this point, your response may be not to write an HIV policy at all. Once you review existing policies, you may discover that you do not need to develop an additional policy specific to HIV, because the great policies you have already cover your staff's concerns.+

*(If you have a question about children with disabilities in child care settings, please send your question to CHILD CARE plus+.)*

*CHILD CARE plus+* is designed to support inclusion of children with disabilities in early childhood settings by supporting child care providers, parents, and community service providers including social workers, therapists, physicians, teachers, and administrators.

Editorial Board

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For subscription information, call 1-800-235-4122 or write

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Corbin Hall - The University of Montana  
Missoula, MT 59812

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