

Caring for Children with HIV

by Jill Campbell

As child care providers, you spend your lives providing a safe and loving environment to children. You try to make your home a haven where children can grow and learn free from the world's perils. But sometimes the realities of the world can even knock on the door of home child care settings.

Did you know:

- The Pediatric AIDS Foundation estimates that between 10,000 and 20,000 children are infected with HIV (human immunodeficiency virus)—and only 28 states require reporting of children with HIV?
- The Centers for Disease Control (CDC) reports that the incidence of HIV is growing *most rapidly* among women of child-bearing years?
- The CDC also reports that the number of people with HIV in suburban and rural areas is growing?

There is a greater need for providers of HIV-positive children than you may think. After all, parents of children with HIV have to work, too, and for many, the cost of a nanny or private nursing care would be prohibitive. Are *you* prepared for the task?

HIV in Child Care—Is there a risk?

As the number of HIV-positive children grows, at some point you may be asked to accept an HIV-positive child into your care. Should you consider it? What are the risks?

"To date, there are no documented cases of transmission of HIV in a child care setting, even through biting," reports the Child Care Law Center, a San Francisco-based non-profit legal services organization.

"Skin in a wonderful protective covering," says Elaine Gross, a clinician at the National Pediatric and Family HIV Resource Center in New Jersey. Children rarely bite hard enough to break the skin—but even if they did, "the child doing the biting will get the other child's blood in his mouth." So it is unlikely that an HIV-positive child could transmit the disease by biting another child.

"I can't say that [HIV transmission] could never happen. But we have been dealing with this epidemic since the late '70s, and there has not been a single case of transmission in a child care [setting]," Ms. Gross says. "This has to be reassuring to people."

Transmission Facts

Since HIV was identified in 1981, the virus has been investigated intensively. And all major research organizations agree that there are three main ways HIV can be transmitted: during unprotected sexual intercourse; from an infected mother to her child during pregnancy, delivery, or

from breast milk; and through the contact between the blood of an infected person and the mucous membrane or blood of an uninfected person.

HIV is not transmitted through casual contact such as touching, hugging, light kissing, sharing food, being sneezed or cried on, or using the same toilets. Tears, urine, saliva, vomit, and sweat are harmless as long as there are no signs of blood.

However, providers often do see blood on the job. A child may fall and scrape a knee, get a paper cut, have a bloody nose, or come to your home with a bandaged injury that re-opens during play. That's when "universal precautions" can help.

Universal Precautions

Universal precautions are a standard set of routine practices that providers can follow to prevent the spread of any blood-borne disease. The precautions have been outlined by the Centers for Disease Control (CDC), Occupational Safety and Health Administration (OSHA), and other organizations involved in HIV education.

There are three very strong reasons why child care providers should follow universal precautions:

First, under the Americans with Disabilities Act of 1990, a child's parents have the right to not disclose information regarding the child's HIV status. *Therefore, you may not know whether a child in your care has HIV.*

Second, since July 1992, OSHA has put out regulations that any child care center that employs at least one aide or volunteer, full-time or part-time, must adopt and practice universal precautions.

Third, the universal precautions prevent any inadvertent contact with the blood-borne pathogen and keep the day care environment safe and free of germs for all children.

Even if you are not required to follow the universal precautions as enforced by OSHA, it's still a good idea to follow the precautions for safety's sake. Keep in mind that HIV is not the only blood-borne disease.

Universal Precautions—as defined by OSHA:

1. Wash hands after diapering or wiping a child's nose, before preparing or eating foods, after using the bathroom, and after any cleaning.
2. Wear latex gloves when you come into contact with blood or blood-containing body fluids, such as when diapering, and when you have abrasions on your hands. Never reuse the gloves.
3. Clean all surfaces and the children's play areas with a disinfectant on a daily basis. A bleach solution of 1/4 cup bleach and 1 gallon of water is sufficient for disinfecting.

4. Dispose of materials that contain blood in securely closed trash receptacles that are lined with red garbage bags. Some states, like California, may require the receptacle to be marked with the words "Biohazardous Waste."

Other Safety Precautions

In addition to the universal precautions, there are other preventative measures you can take to ensure safety in your home. The *HIV/AIDS and Child Care Fact Book*, published by the Canadian Child Care Federation and available from the National Association for the Education of Young Children (NAEYC), suggests that preventing accidents and teaching safe practices to children are also good ways to minimize risk.

- Remove broken toys or any sharp objects from the playground daily.
- Teach children to wash their own wounds when injured and not to touch any one else's blood.
- Label breastfed infants' bottles so that children receive only their own mother's milk.

Care for the Child with HIV

You can keep other children safe from harm by taking universal precautions. But are you capable of caring for a child with HIV? The answer is that most HIV-positive children will not need more intensive care than the other fully healthy children.

"From the perspective of a communicable disease, universal precautions are sufficient," says Ruth Neil, who teaches a seminar on caring for children with HIV at the National Resource Center for Health and Safety in Child Care in Denver, Colorado.

"[Special training] is not necessary unless the child requires certain medications," she says. However, "it is useful for the provider to have knowledge of the course of the disease."

If you are concerned about your ability to care for a child with HIV, you can take training courses offered through your state child care agency or, with the parent's permission, contact the child's physician or a public health official to determine how you can best accommodate the child's needs.

And both Ms. Neil and Ms. Gross highly recommend the *HIV/AIDS and Child Care Fact Book and Facilitator's Guide* available from NAEYC. The book does an excellent job of covering issues surrounding caring for children with HIV, according to Ms. Neil and Ms. Gross.

The Law

In 1990, Congress passed the Americans with Disabilities Act (ADA), which prohibits discrimination on the basis of a disability, including HIV. All public accommodations, such as restaurants, hotels, and child care centers, are affected by this law. Therefore, it is illegal for any child care provider to deny admission of a child solely based on the child's HIV status.

The only child care centers exempt from this law are centers run by religious entities, such as churches, synagogues, or mosques. However, privately-run child care centers operating on the premises of religious organizations are not exempt.

Any provider who denies an HIV-positive child admission because of the child's HIV status will face legal consequences. But laws vary from state to state, so "it's hard to answer what the absolute consequences may be," says Maria Gill de la Madrid, attorney for the Child Care Law Center. "There may be fines or a civil law suit."

And in some cases, the Department of Justice may become involved in the lawsuit. On June 30, 1997, the United States filed lawsuits against three child care centers in Wisconsin for denying admission of a 4-year old with HIV. For more information on how the ADA affects child care, visit the ADA web site: www.usdoj.gov/crt/ada/adahom1.htm. Though the rules may vary, the same rules apply equally to family child care providers and child care centers.

A Right to Know/A Right to Privacy

Because children with HIV pose *no direct threat* to others, their HIV status does not need to be public knowledge.

According to the Child Care Law Center, "a direct threat is a condition which poses a significant risk to the health or safety of others, and such a determination must be based on current medical or other objective information."

Medical professionals must assess the child's risk to others and inform the child's parents. If the child is deemed as no direct threat (and children with HIV are rarely considered a direct threat), the parents can choose not to tell a provider. In other words, parents of the child with HIV *are not required* to tell you if their child has HIV.

But can you ask about a child's HIV status when filling out medical forms? "Providers are allowed to ask for medical information, and many states require information, but the ADA says it must be relevant to care," says Ms. Gill de la Madrid. And since children with HIV pose no direct threat, parents are under no obligation to respond. Moreover, inquiring about HIV status may be construed as an invasion of

ND Providers Facing Discrimination? By Jill Campbell

The same law which protects the privacy of HIV-positive children in child care also protects the privacy of HIV-positive child care providers. But a group of child care providers in North Dakota argues that a required state licensing form is breaking that law.

In North Dakota, all persons who plan to work with children for a living are required to fill out a "Self Certification" form. In the medical history section of the form the applicant is asked whether he or she has HIV or AIDS. Upon submittal, the form is considered an open, public record; anyone can access the information.

Ron Lawler, president of North Dakota Child Care Providers, Inc., has been fighting for a change in the form. "By putting this question on the form, the DHS and its agents, all of the county social service agencies, seem to be committing a crime," Lawler stated in a letter denouncing the use of the form. "Standards of the Americans with Disabilities Act apply here."

And Lawler has the support of the American Civil Liberties Union of the Dakotas. "Exactly how will children's health and safety be protected by requiring public disclosure of this information, particularly diseases which may not be transmitted through the type of conduct generally associated with child care providers?" Keith Elston of the ACLU asked of Bismarck's

privacy.

However, should the child's health deteriorate to the point that they do become a direct threat, the parents of the child must inform the provider. But they still needn't say the threat is due to an HIV infection.

Confidentiality

If a parent does choose to confide in you, the information should be kept between you and the parent. "Because HIV is not transmissible on a casual basis, there is no need for anyone [else] to know," according to the Child Care Law Center.

Attorney General Heidi Heitkamp.

So far Attorney General Heitkamp has only responded by reminding the NDCCPI and ACLU of the state's right to require a form and keep the form on public record. She has not addressed the legality of the HIV and AIDS questions.

These laws may seem to favor HIV-positive children over the uninfected children around them. But we all know that HIV is a sensitive topic and a virus surrounded by myths. Rumors of a child having HIV can be devastating to the child's entire family.

"It is most vital that providers find a way to really feel comfortable with having an HIV-positive child in their group, so the child isn't stigmatized or treated differently," says Ms. Neil. Children with HIV are no threat to a child care facility. They, perhaps even more than other children, need a loving environment in which they can feel free to live.

For More Information:

- *HIV/AIDS and Child Care Fact Book and Facilitator's Guide* available through National Association for the Education of Young Children 1-800-424-2460. Web site: <http://www.naeyc.org>
- Americans with Disabilities Act--legal questions 1-800-514-0301 Web site: www.usdoj.gov/crt/ada/adahom1.htm
- Centers for Disease Control National HIV & AIDS Hotline 1-800-342-AIDS. Internet URL: <http://sunsite.unc.edu/ASHA>
- Child Care Law Center (415) 495-5498 between 9am–12pm PST, Tuesdays and Thursdays
- National Pediatric and Family HIV Resource Center 1-800-362-0071. Web site: www.pedhiv aids.org
- National Resource Center for Health and Safety in Child Care 1-800-598-KIDS.