

RESPITE UNIT PROGRAM

Universal Precautions

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Infection Control

Infection control is an important and ongoing concern in Head Start programs. Children's health is promoted by limiting the potential spread of infection among children and staff. The infection control procedures necessary when HIV-infected children may be in a program are the same procedures that should always be in place for the safety of all children, whether or not an HIV-infected child is in the program. Having children with HIV infection enrolled in a Head Start program may make staff more conscious of infection control procedures. However, the principles of infection control remain constant, whether HIV or other infectious agents are the cause for concern.

HIV Transmission

In addition to the risk of infection from sexual contact, HIV can be transmitted through transfusion with HIV-infected blood or blood products, or from a needle stick injury involving a needle used by an HIV-infected person. The most common form of transmission of HIV by needles occurs when persons using illegal injecting drugs share needles. It is also possible to become infected when infected blood, or a bodily fluid containing infected blood, comes in contact with mucous membranes or skin that is broken or open. Universal precautions have been recommended for anyone who might come in contact with blood or body fluids.

These precautions apply also to body fluids that contain blood and to certain body fluids that are not generally found outside the body, for example, vaginal secretions, semen, and cerebrospinal fluid. Bodily fluids to which universal precautions do not apply (unless blood is present in them) include feces, tears, sputum, saliva, nasal secretions, vomitus, and urine. However, these fluids can contribute to the spread of infections other than HIV, so some precautions should be taken in handling them.

Hand Washing

Hand washing is the cornerstone of infection control. Good practice mandates that staff members always wash their hands

- after using the toilet,
- after helping a child with toileting or diapering,
- after wiping runny noses,
- when preparing to assist with eating or feeding, or
- after accidental contact with blood or blood-tinged fluids.

Universal Precautions

As protection against the blood-related modes of transmission, health and child care workers should use universal precautions when coming in contact with the blood of all clients, or bodily fluids containing blood.

Staff member should adhere to the following universal precautions:

- Wear latex gloves when coming into contact with blood, skin and mucous membrane cuts, or any open skin lesion.
- Use gloves only for the care of one child, then discard the gloves.
- Wash hands after discarding the gloves.
- Properly dispose of contaminated materials exposed to blood, such as needles.

Strict adherence to universal precautions prevents exposure to blood-borne pathogens including HIV and hepatitis B.

Nasal secretions, saliva, sputum, sweat, tears, urine, vomitus, and feces are not implicated in the transmission of HIV unless they contain visible blood. Gloves are not necessary for diaper changing unless the health or child care worker has open skin lesions or the child has diarrhea or visible blood in the stool. Casual contact between infected and uninfected individuals does not transmit HIV.

Often staff worry that they will be confronted with a blood spill when they are unprepared, such as a child's fall on the playground or an unexpected nosebleed. If gloves are not readily available, the use of a barrier -- such as a diaper or towel between the staff member and the blood can be used until appropriate materials are available. Older children can be taught to hold the towel or gauze over the bleeding area themselves. A practical approach used by one school system is to give all teachers pocket-size kits, consisting of gloves, and gauze in a zippered plastic sandwich bag, to keep in their desks and carry on the playground or field trips. Hands should be washed thoroughly and immediately if they should come into contact with blood.

When health services are provided, disposable needles and syringes should be placed into puncture-resistant containers near the areas in which they were used. No attempt should be made to recap, bend, or manipulate used needles since these activities increase the risk of needle stick injuries. Such injuries have seldom been implicated in the transmission of HIV, however. Clothing, bed sheets, and other items that may have come in contact with the blood should be isolated and disinfected or disposed of as medical waste. Contact the local health department about the proper disposal of medical waste.

Exposure to Infection

Staff may be concerned that children with HIV infection are exposed to infections from other children. In general, the benefits of a Head Start program to children with HIV infection outweigh the risks of exposure to common illnesses. However, staff should remind parents to tell their health care providers that their children are receiving child care in a group setting. If a child's resistance to infection is seriously compromised, the health care provider may recommend a smaller group setting or a home-based program.

Outbreaks of childhood illnesses can pose a risk to children with HIV infection. Chicken pox, which is a relatively mild illness in healthy children, can be serious for children with HIV and measles can be life threatening. Head Start programs should have a policy to routinely notifying all parents of outbreaks of chicken pox or measles. Families should then notify their health care providers immediately that the child has been exposed. Medical interventions (including immunizations) can be offered that will decrease the child's risk of contracting the disease, but such interventions can be offered only in a very brief time period after exposure.

Exclusion from Participation

Policies that temporarily exclude children from Head Start programs for selected infectious diseases are based on state child care regulations and Head Start standards, and they apply to all children, regardless of any other health problems or disabilities they may have. Children with HIV infection should have the same routine screening tests as other children and should be excluded from participation only if they have one of the communicable diseases described in the exclusion policy. Each program should review its own exclusion policy to be certain that it is current.