

Preface

This manual is a guidebook to answer questions about taking care of AIDS virus infected children in childcare centers. It is written in simple language so that all staff in a center will feel comfortable about the information given and will read it whenever a question about AIDS comes up.



However, this manual is about Child Care AIDS questions and Child AIDS questions. It is not about the more common, adult-to-adult spread of the AIDS virus. If you need information about what may put you at high risk of exposure to the AIDS virus, “safer sex” precautions, or drug “works” disinfections, call the confidential AIDS hotline. There are many

pamphlets and booklets that can be sent to you to answer your specific, personal question about AIDS.



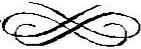
There are AIDS Hotline telephone numbers for every state listed in the back of this manual to call for more AIDS information.

The Nationwide Public Health Service AIDS Hotline telephone numbers are:

English..... 1-800-342-AIDS

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

Hearing Impaired1-800-243-7889



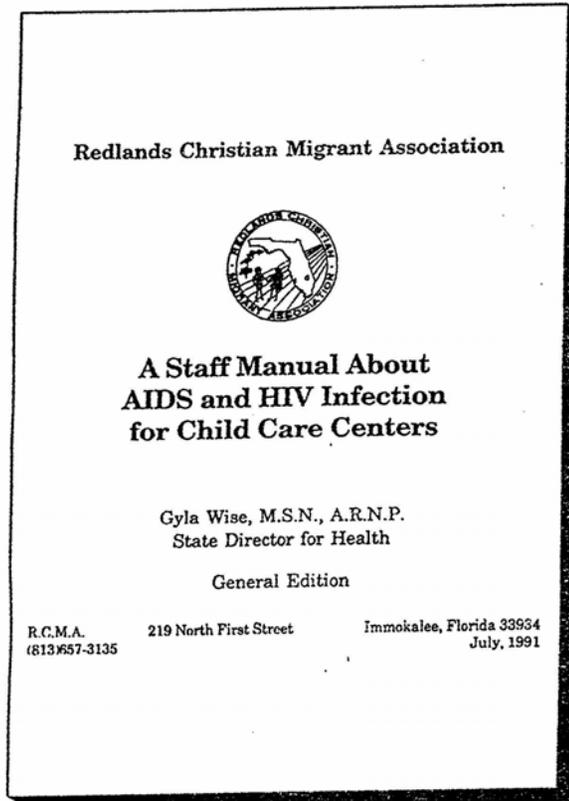
This manual is designed to be used by child care agencies and education programs as a guide in staff education and policy concerning HIV infected children in group settings. It is made available with the understanding that Broward County, Human Services Department, Bureau of Children's Services, is not engaged in rendering medical, legal, or other professional advice or service. This manual does not and should not substitute for specific professional advice from a competent medical, or legal professional.



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Taken in its entirety from a publication entitled:*

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



What is AIDS?

AIDS is a disease that infects and weakens the person's immune system, leaving the person unprotected from other life threatening illnesses. It is caused by a virus called **HIV (Human Immunodeficiency Virus)**. **HIV** may also infect the brain causing neurological 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 body fluids. It is only **spread** by fluids which contain large enough amounts of the virus: these are blood, semen, and vaginal secretions, or other body fluids if there is blood in it that you can see. Activities that pass as 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, before March 1958

Anyone who has the virus can spread the virus. The person may not be sick and may not even show 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 contact 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 the HIV infection! There have been a lot of studies, especially here in Florida, that prove 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)

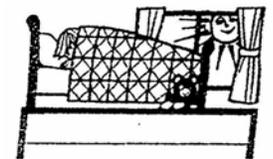
1) Asymptomatic HIV Infection

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 illnesses 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.

2) 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 illnesses 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 times, 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.

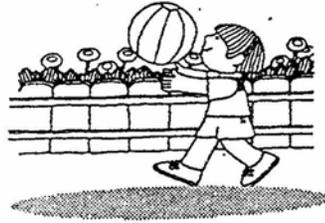
3) Acquired Immune Deficiency Syndrome (AIDS)



AIDS is diagnosed by a doctor when a person with HIV has certain diseases, which healthy people with normal immune systems do not get. The two most common diseases that mean a person has AIDS are Pneumocystis carinni pneumonia (which causes a persistent cough, fever, and difficulty breathing) and a cancer called Kaposi's sarcoma (noticed by purple blotches and bumps on the skin). These diseases and others 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 test, 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.



Children with HIV Infection

- 18% received contaminated blood or blood products before 1985
- 80% had a mother with HIV infection
- 2% are older children or teenagers who are sexually active or share needles for drug use

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 childbirth. It is estimated that about one-third of the babies born to mothers with the AIDS virus will actually be infected (and about two-thirds will **not** be infected). Infected mothers also infect their babies through breast milk, so HIV+ women should not breast feed.

Women become infected by the AIDS virus by:

- Sharing needles to use drugs;

- Having sexual intercourse with a man who shares needles for drug use;
- Having sexual intercourse with a man who has numerous sexual partners;
- Having sex with men who have sex with men
- Having sex with numerous partners

In the United States, 79% of women with AIDS are of childbearing age.



The number of women infected by sexual contact with men is growing. The number of babies born HIV infected is also growing.

There is no evidence that a child can be infected with HIV by normal, causal 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, childcare, 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 HIV infection is called the ELISA test. This test does not show whether the HIV virus is in the blood, though. The ELISA 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 her antibodies, through her blood, to the developing baby in her uterus. The unborn baby will get antibodies for HIV, for chicken pox, 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. 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, then it will become negative, after their maternal antibodies have been filtered out.

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. The germs are common childhood germs, causing 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. It is the fact that these infections last so long and happen so often that suggests HIV infection as the cause.

Some children with HIV infection develop brain damage because the virus directly infects the brain. These children either fail to develop normal skills or lose skills that they have already developed. Motor and cognitive development is 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 chicken pox and measles.

Can HIV+ children be enrolled in childcare?

Yes, children with HIV can be enrolled in childcare- 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 federal funded childcare 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 childcare. In fact, there may already be HIV infected infants and children in the childcare 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 childcare 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 HIV child will be exposed to the germs of the other children and these "common illnesses" can be life threatening. In group care, children are exposed to many more germs than if they stayed home with the family or attended a very small child care facility, such as Family Day Care Home.

Can we ask parents if their child is HIV+ or has AIDS?

There is no law that says you can't ask. There is also no law that says they have to answer you, or that the answer they give will be true.

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 about ear infections or asthma, but it is a good question about giving all the children the best care.

Can AIDS be spread in a child care center?

There are no reported cases of children catching the AIDS virus in schools or in 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:

- a) wear latex disposable gloves when giving first aid;
- b) throw the gloves away in a plastic bag;
- c) wash hands carefully with soap and running water.

Gloves and hand washing protect against getting one person's blood in 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 surfaces used by someone with HIV infection. (It is true that the virus has been found in very small amounts in saliva and tears, but **no** case of HIV has ever been caused by these fluids.)

What are “universal precautions” ?

To treat everyone as if they are HIV infected, to wear disposable gloves when contact with blood or bloody body fluid is likely, and to clean up bloody spills with disposable paper towels are called “universal precautions.”



“Universal precautions” are meant to protect both caregivers and children from direct contact with blood or bloody fluids that may spare the AIDS virus. HIV and Hepatitis B are spread when an infected person's blood gets into the body of another person. Procedures which keep the virus from getting into your body prevent this spread of HIV infection.

“Universal Precautions” must be followed when contact with blood is likely. Also follow “universal precautions” to avoid direct contact with other body fluids if there is blood in it that you can see. There is no way to always know who is HIV infected, so you must treat everyone like they are infected and always follow the “universal precautions” when you see blood.



If a public health nurse or child care licensing person asks if your center uses “universal precaution” 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 containing blood, by wearing latex disposable gloves for first aid and for cleaning bloody 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 bag, then in an outdoor trash container. Wash your hands with soap and running water. Do not clean blood or bloody 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) Gloves are **not** needed if you come in contact with body fluids that do **not** contain blood you can see. These include urine, stool, vomit, tears, saliva, and nasal discharge. For cleaning up these fluids or changing a child's diaper, gloves are not needed. Wash your hands with soap and running water after changing diapers or handling any body fluids.

3) Use each pair of disposable gloves only once, for one person, then throw them away.

4) Change diapers on a non-porous changing table, sanitized after each use.

5) Never allow the sharing of toothbrushes.

6) Clean and sterilize baby bottles and nipples as usual.

7) Use disposable plastic covers on thermometers when checking a sick child's temperature.

8) Wash the center's linens 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 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.



9) Wash teething toys everyday in cold soapy water and rinse. Do not allow infants to share teething toys because it spreads colds, flu and diarrhea.



10) Teach children and others not to pick scabs off-they may look nice, but scabs keep blood in and infection out.



11) 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.

12) Do not join in "blood brother" or "blood sister" blood sharing games.

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 everyday.

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:

a) before eating, feeding, or handling food;

b) after toileting or diapering (wash the infants hands after the diaper is changed!);

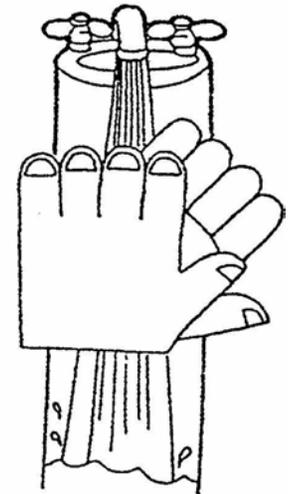
c) before and after giving first aid;

d) after wiping noses, mouths, bottoms, or sores;

e) after cleaning surfaces soiled with body fluids (blood, mucous, vomit);

f) before giving medicine;

g) after taking off disposable diapers.



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 child is a good way to prevent infection for everyone.

Staff who have dry, chapped hands, with cracks or bleeding sores should pay particular attention to their skin. They should wear disposable gloves for diapering and for handling strong cleaners. Mild soap and hand lotion after hand washing helps to prevent dryness or 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 affected area 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 puss. Dispose of the gloves in a plastic bag 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 gloved soiled with blood in a sealed plastic bag, then in an outdoor trash container. Hand washing with soap and running water should be done after caring for a child with a nosebleed.

Diaper changing and rinsing soiled clothing.

Some caregivers like to wear disposable gloves when changing a diaper heavily soiled with feces to keep their hands cleaner. This practice does no harm, but is not necessary for diaper changes unless blood can be seen in the feces (stool). The AIDS virus has not been found in feces. Gloves should be worn when changing diapers with bloody diarrhea or blood streaked stool. Hand washing with soap and running water is necessary after all diaper changing, even when disposable gloves are worn.



Wear disposable 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 cleaners.

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 if I am accidentally exposed to blood?

It may happen that staff or children accidentally have blood contact (if you do not wear gloves when you take care of a child's nosebleed and your hands are cut, cracked, or chapped; if, in a car accident or tornado, injured bleeding people are lying close together or are caring for one another).

What special care does an HIV+ child need?

See that the child gets prompt medical attention when ill.

The child with HIV infection 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 HIV infected child. See that dental care is received and that good-toothbrushing habits are followed.



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

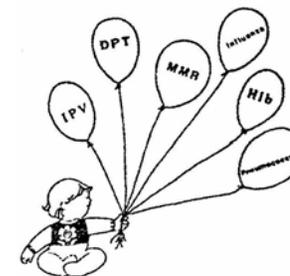
Chicken pox can kill an HIV infected child. Explain to the parents of the HIV+ child that this temporary suspension in services is for the protection of their child. The center director should report exposure of chickenpox to the HIV+ child's doctor. A shot of immune globulin may be given to the HIV+ child to help protect 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 are responsible for seeking medical advice as they have been instructed by their doctor.

Keep the 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.

Do HIV+ children need special food service plans?

HIV+ children can eat alongside other children and staff, can be served family style, can help set the table and clean up, and can have their dishes and utensils washed with everyone else's dishes. Good nutrition is an important part of helping the child feel healthy. Consult the doctor or dietician if there seem to be problems with nutrition or eating.

Remember, even in families with HIV+ children, AIDS is only spread through direct blood contact and sexual contact. Saliva has never spread AIDS to another person.

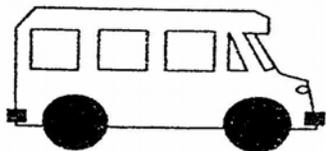
In the center, sharing of food, utensils, and drinking cups is not allowed. Such sharing will spread colds or diarrhea germs. Children who set the table will wash their hands before helping and all children will wash their hands before eating meals and snacks.



The HIV+ child does **not** need to be served in any special way. Dishes, utensils, and cups used by the HIV+ child 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 HIV+ child should be disposed of in the same way as for all children.

What about bus or van transportations?

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 (from home to center, then back home) and many programs take children on field



trips. HIV infected children 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 bloody body fluid is likely. Use one pair of gloves, one time, for one child, then throw them away in a plastic bag.
- 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 care that day.)
- 4) keep the inside of the bus or van clean. Sanitize the vehicle seat or child safety seat when soiled by ant child's blood, saliva, runny nose, urine, or feces. Wear gloves and use paper towel to clean blood or bloody 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 about children who bite?

Caregivers should be concerned with the biting behavior of all children in the center. Biting is a common phase of toddlers and many people worry about an HIV+ child spreading the virus by biting someone,



But saliva has never spread the virus to another person – 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 center director knew that a child is HIV infected, 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 center director that his/her child is HIV infected, 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 who 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 are designed to protect everyone in the center-whether HIV infection is known or not. Staff who follow these procedures can be confident that they have not exposed themselves or other children to another person's infection.

What if rumors start that an AIDS child 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 any personal questions about another child."

Rumors spread to more people and not many people will ask direct questions. 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 infection. HIV+ staff should discuss with their own physicians any special precautions to protect themselves from the many illnesses of the children in the center.



Those who have positive HIV blood test must be responsible about their sexual contacts and about proper hygiene when they have cuts or rashes which may allow blood loss.

Because of the fear associated with AIDS, many adults will not tell anyone about their positive HIV blood test. To not hire someone who is HIV+ would be discriminatory, unfair, and is against the law.

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:

- 1) that they may be caring for an HIV+ child now or in the future;
- 2) that routine contact with HIV infected individuals will **not** spread AIDS;
- 3) that AIDS is spread by intimate sexual contact or the exchange of blood;
- 4) that wearing latex disposable gloves and using good hand washing practice in the child care center when handling blood or bloody body fluids will add protection against direct blood exposure;
- 5) that 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.

Training for staff should include the points above. Emphasize, in training and day-to-day in the center, that all people should be treated as if they have the AIDS virus, that staff must use latex disposable gloves when handling blood or bloody body fluids, and that staff follow hand washing procedures. Counseling and training for outreach workers, center directors, and others who work closely with the families and know of the HIV infection should be more specific. The topics and thoughts that follow will need to be discussed at some time.

1) **Fears and reactions.** Fear of dying, fear of spreading the virus to loved ones, panic, anger, guilt and blaming helplessness. Staff members' feelings must be looked at and worked through by providing accurate information and realizing that others have similar feelings.

2) **Reactions of staff members' family.** Perhaps a husband says he will divorce her if she works with an AIDS child. Fears of family and friends affect staff members. Accurate information and learning how to talk to others about HIV and the ways to prevent its spread will help.

3) **Working with a dying child.** Death is a hard thing to talk about- especially the death of a child. Knowing that the HIV infected child will likely die before school age adds stress to the job. The child's parents may also be dying, making death more an issue for the child, family, and caregivers.

4) **Stress of "crisis families".** Families of HIV infected children are faced with many difficulties during the time we work with them. Most of the children have an HIV infected parent. The parent may be very ill or dying, drug abuse may be part of their lifestyle, or the child may be in foster care. These situations add to the stress that staff feel in serving the families. Counseling sessions for the staff may be helpful.

5) **After a child dies.** Caregivers and staff closely involved with a child feel pain and grief when a child dies. Do things with the child before death to create memories: make a photo album, plant a tree, and celebrate special events together. Remembering shows that the child was valuable and that the work of caring for the child was important. Love may change after death, but it is not forgotten.



In most county public health units, there is someone designated as a resource person on AIDS. This individual should be a good resource for staff training, parent meetings, and educational materials in your area.

Many school districts, agencies, and AIDS Task Force groups have videos and resource materials available.

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

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State HIV/AIDS Hotlines

These AIDS Hotlines are the official sources of HIV and AIDS information for people in each state. They can help people find AIDS-related educational, medical, and practical services in their local area. The information is free, private, and callers do not have to tell their names.

Alabama HIV/AIDS Hotline.....	1-800-228-0469
Alaska HIV/AIDS Hotline.....	1-800-478-2437
Arizona HIV/AIDS Hotline.....	1-800-334-1540
California, Northern HIV/AIDS Hotline.....	1-800-367-2437
	TTY/TDD 1-415-864-6606
California Southern HIV/AIDS Hotline.....	1-800-922-2437
	Spanish 1-800-222-7432
	TTY/TDD 1-800-553-2437
Colorado HIV/AIDS Hotline.....	1-800-252-2437
Delaware HIV/AIDS Hotline.....	1-800-422-0429
District of Columbia HIV/AIDS Hotline.....	1-202-332-AIDS
Florida HIV/AIDS Hotline.....	English 1-800-FLA-AIDS
	Spanish 1-800-545-SIDA
	Haitian Creole 1-800-1AID-S101
Georgia HIV/AIDS Hotline.....	1-800-551-2728
	TTY/TDD 1-404-876-9950
Hawaii HIV/AIDS Hotline.....	1-808-922-1313
Idaho HIV/AIDS Hotline.....	1-800-677-2437
Illinois HIV/AIDS Hotline.....	1-800-AID-AIDS
	TTY/TDD 1-800-782-0432
Indiana HIV/AIDS Hotline.....	1-800-848-AIDS
Iowa HIV/AIDS Hotline.....	1-800-445-2437
Kansas HIV/AIDS Hotline.....	1-800-232-0040
Kentucky HIV/AIDS Hotline.....	1-800-654-2437
Louisiana HIV/AIDS Hotline.....	1-800-99A-IDS9
Maine HIV/AIDS Hotline.....	1-800-851-2437
Maryland HIV/AIDS Hotline.....	1-800-638-6252
	TTY/TDD 1-800-553-3140
Massachusetts AIDS Hotline.....	1-800-235-2331
	Spanish 1-617-262-7248
	TTY/TDD 1-800-235-2331

Michigan HIV/AIDS Hotline.....	1-800-872-2437
	TTY/TDD 1-313-547-3655
Minnesota HIV/AIDS Hotline.....	1-800-248-2437
Mississippi HIV/AIDS Hotline.....	1-800-826-2961
Missouri HIV/AIDS Hotline.....	1-800-533-2437
Montana HIV/AIDS Hotline.....	1-800-233-6668
Nebraska HIV/AIDS Hotline.....	1-800-782-AIDS
Nevada HIV/AIDS Hotline.....	1-800-842-AIDS
New Hampshire HIV/AIDS Hotline.....	1-800-872-8909
New Jersey HIV/AIDS Hotline.....	1-800-624-2377
New Mexico HIV/AIDS Hotline.....	1-800-545-2437
New York HIV/AIDS Hotline.....	1-800-541-AIDS
	Spanish 1-800-233-SIDA
North Carolina HIV/AIDS Hotline.....	1-800-342-AIDS
North Dakota HIV/AIDS Hotline.....	1-800-472-2180
Ohio HIV/AIDS Hotline.....	1-800-332-AIDS
	TTY/TDD 1-800-DEA-FFTY
Oklahoma HIV/AIDS Hotline.....	1-800-522-9054
	TTY/TDD 1-800-522-9054
Oregon HIV/AIDS Hotline.....	1-800-777-AIDS
Pennsylvania HIV/AIDS Hotline.....	1-800-662-6080
Puerto Rico Departamento de Salud.....	1-800-765-1010
Rhode Island HIV/AIDS Hotline.....	1-800-726-3010
South Carolina HIV/AIDS Hotline.....	1-800-322-2437
South Dakota HIV/AIDS Hotline.....	1-800-322-2437
Tennessee HIV/AIDS Hotline.....	1-800-525-2437
Texas HIV/AIDS Hotline.....	1-800-299-2437
	TTY/TDD 1-800-252-8012
Utah HIV/AIDS Hotline.....	1-801-538-6094
Virgin Islands HIV/AIDS Hotline.....	1-809-773-1311
Vermont HIV/AIDS Hotline.....	1-800-882-AIDS
Virginia HIV/AIDS Hotline.....	1-800-533-4148
	TTY/TDD 1-800-533-4148
Washington HIV/AIDS Hotline.....	1-800-272-AIDS
West Virginia HIV/AIDS Hotline.....	1-800-642-8244
Wisconsin HIV/AIDS Hotline.....	1-800-334-2437
Wyoming HIV/AIDS Hotline.....	1-800-327-3577

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