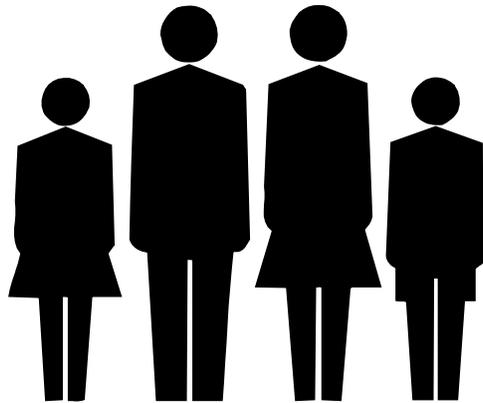


# UNIVERSAL PRECAUTIONS

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## in Foster & Adoptive Family Homes



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Prepared by Iowa State University,  
Child Welfare Research & Training Project  
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Universal Precautions in Foster and Adoptive Family Homes compiled from information circulated by U.S. Department of Labor-Occupational Safety and Health Administration, Centers for Disease Control and Iowa Department of Health.

## Universal Precautions in Foster and Adoptive Family Homes

### Purpose

This self-instructional module was developed to identify ways for foster and adoptive families to prevent the spread of infection through blood borne pathogens and to:

- Minimize all exposure to blood borne pathogens and other potentially infectious material.
- Prevent foster and adoptive families from underestimating the risk of exposure to blood borne pathogens and other potentially infectious material.

### Overview of Problem

On March 6, 1992, U.S. Department of Labor Occupation Safety and Health Administration (OHSa) law became effective requiring that certain health precautions be followed whenever exposure to blood borne pathogens was possible in the work place. The enactment of this law became immediately apparent on televised sports. Whenever an injury occurs, the game is stopped and sideline coaches don latex gloves to provide care to the injured player. What some might consider an over-reaction to a simple scratch is now the law and a necessary step to provide the spread of life threatening infections.

The media and basketball star Ervin “Magic” Johnson have brought information about HIV and the AIDS virus into every home in America; however, just as prevalent is the Hepatitis B virus. Both viruses are transmitted through contact with contaminated blood or body fluids containing blood.

All children and adults are subject to contracting infectious diseases; however, some individuals because of the practice of high risk behaviors are placed at greater risk. In the case of HIV/AIDS and HBV (Hepatitis B Virus) transmission occurs through the exchange of blood and/or certain body fluids. The three main ways these viruses are spread:

- Having sex with an infected person.
- Sharing needles with an infected person (examples are injecting drugs such as heroin, cocaine, and steroids or using unsterilized equipment for tattooing or ear/body piercing.
- Babies born to infected mothers.

Although these are the main ways infection is transmitted, risk of transmission occurs whenever there is contact with body fluids which contain blood from an infected person. Most people who are infected may look and feel fine. No one, including themselves, suspects they are carrying an infectious virus.

Youth are at particular risk of this infection. According to CDC’s Youth Risk Behavior Survey of students in grades 9-12, fifty-four percent of the students reported they had sexual intercourse. Nineteen percent reported they had four or more sexual partners. Male students were more likely than female students to have four or more sex partners. While eighty-two percent of the currently sexually active students report using contraceptives, only forty-six percent use condoms. (MMWR 12-18-92) In 1991, an estimated 8 million or forty percent of all junior and senior high school students reported weekly consumption of alcohol, an activity associated with unprotected sexual behavior. (A Decade of Denial, 1992)

These youth represent all the youth in America, however, “Teens at increased risk of H IV infection include runaway and homeless youth, gay and bisexual youth, youth in juvenile facilities and adult jails, those in foster care, injecting drug users, crack cocaine users, those who have been sexually assaulted, out of school youth and minority youth.” (A Decade of Denial, 1992)

It is unfortunate but needs to be acknowledged that the children and youth entering the foster and adoptive systems may have, through their own or the acts of others, been placed at high risk of infection. Without putting undue stress upon the family or the child, the use of the universal precautions in caring for all children is warranted.

In order to ensure the protection of you and your family members, the universal precautions required by OHSa for business are adapted here for use in the home.

Before we begin we need to identify and define the terms that are commonly used in infection control.

## **DEFINITIONS**

### **AIDS**

Acquired Immunodeficiency Syndrome (AIDS).

### **Blood**

Human blood, human blood components, and products made from human blood.

### **Blood Borne Pathogens**

Pathogenic micro-organisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to Hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

### **Contaminated**

The presence or reasonably anticipated presence of blood or other potentially infectious material on an item or surface.

### **Contaminated Laundry**

Laundry which has been soiled with blood or other potentially infectious materials.

### **Decontamination**

The use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item.

### **HBV**

Hepatitis B Virus.

### **HIV**

Human immunodeficiency virus.

### **Sterilize**

The use of physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

### **Universal Precautions**

A method of infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other blood borne pathogens.

### **Application of Universal Precautions in Family Foster and Adoptive Care**

HBV (Hepatitis B virus) and HIV (AIDS virus) are found in the blood of infected persons. You should consider blood or other body fluids which contain visible blood (for example bloody stools) as a potential source for infection. The few instances of contact with HIV infected blood which resulted in infection were caused by needle sticks or blood splashed on skin that had sores or breaks. Simple precautions can further reduce this already small risk. Wear gloves if you may have contact with blood or blood-tinged body fluids. Also, if you have any cuts, sores, or breaks on exposed skin, cover them with a bandage. (CDC bulletin NAIEP 09-91)

## **PROCEDURES**

### **Gloves**

Gloves should be worn when it is reasonably anticipated that contact with blood or other body fluids may occur. Gloves which may be worn:

- Disposable hospital-type latex gloves are used once and thrown away.
- Rubber household gloves which can be cleaned and disinfected can be reused. Household gloves which are peeling, cracked, or have holes must be discarded and replaced.

Always wash hands, even if gloves are worn, after contact with blood.

### **Hand Washing**

Routine hand washing is one of the most effective ways to prevent infections. Proper hand washing requires the use of soap and water and vigorous washing. Hands should be lathered well and washed for 15-30 seconds. Attention should be given to the whole hand including the area under the fingernails, the wrists, and the backs of the hands. Then rinse under a stream of running water for approximately 10 seconds. Soap suspends easily removable soil, bacteria and virus allowing them to be washed off. Running water is necessary to carry away dirt and debris. Make sure to dry hands thoroughly with a clean towel.

### **Disinfecting Solution**

Household areas which may become contaminated should be cleaned with a disinfectant. A solution which is easily made in the home is a 10% solution of household bleach and tap water. (1 part bleach to 9 parts water or 1/4 cup bleach to 2 1/4 cups water) The solution should be replaced often, at least monthly, since effectiveness is diminished with age. The solution can be stored

in a light-proof spray bottle and used to sanitize all surfaces. Care should be taken to avoid bleaching some surfaces. Keep this solution out of the reach of small children.

### **Laundry**

If blood is visible, care should be taken in handling dirty laundry; however, routine use of detergent and washing and drying procedures can be followed. The same precautions you take when visible blood is present need to be taken in the possible presence of vaginal secretions and semen. Bag blood stained items and keep separate for stain removal prior to laundering.

### **Trash Disposal**

Paper towels, sanitary pads and tampons, bandages, disposable diapers, tissues and other items which may be soiled with blood, semen, or vaginal fluids should be placed in a plastic bag. Bag should be securely closed before placing in the trash container.

### **Dishes**

As is recommended for normal hygienic practice, all eating and cooking utensils are washed between use with hot soapy water followed by a thorough rinsing.

### **Diapering**

Wash your hands after each diaper change. Any skin care items recommended by the child's physician should be labeled and used only for the specific child.

Gloves should be worn if contact with feces cannot be avoided when changing diapers and cleaning the diaper area, or if you have a skin rash or break in the skin such as a cut.

This precaution is usually necessary only in the presence of diarrhea with loose watery stools, or when there is visible blood. Always wash hands after removing gloves.

After each diaper change, the changing area should be sanitized with a 10% bleach solution, or other household disinfectant.

## **Drooling**

Use a cloth or tissue to wipe off drools. Wash hands.

## **How You Won't Get AIDS or HBV**

Regardless of what you may have heard, the AIDS virus and HBV is easily avoided. You can't just "catch" AIDS or HBV like a cold or flu because both are a different type of virus. The AIDS and Hepatitis B virus is transmitted through sexual intercourse, the sharing of needles to inject drugs, tattoo the skin or pierce ears, or to babies before or during birth.

*\* Adapted from America Responds to AIDS  
CDC Publication "How You Won't Get AIDS"*

- You won't get the AIDS or Hepatitis B virus through every day contact with people around you in school, in the work place, at parties, stores, or by swimming in a pool, even if a person is infected with the AIDS or Hepatitis B virus. Students attending school with someone infected with AIDS are not in danger from casual contact.
- You won't get AIDS from a mosquito bite. The AIDS virus is not transmitted through the mosquitoes' salivary glands like other diseases such as malaria or yellow fever. You can't get it from bed bugs, lice or other insects, either.
- You won't get it from clothes, a telephone, or a toilet seat.
- It can't be passed through a washed glass or eating utensils.
- You don't have to worry about shaking hands, hugging, or being in a crowded elevator with a person who is infected with HIV or HBV, or who has AIDS.
- You won't get AIDS from saliva, sweat or tears.
- You won't get AIDS or Hepatitis B from food that has been handled, prepared or served by someone who is infected with the AIDS or Hepatitis B virus.
- You won't get AIDS or Hepatitis B from a closed mouth kiss.
- Don't worry about getting AIDS or Hepatitis B from every day contact with an infected person. You need to take precautions such as wearing rubber gloves only when blood or other body fluids are present.
- You cannot become infected by donating blood to a blood bank.

## **You Can Become Infected With HIV in Two Main Ways:**

- Having sexual intercourse - anal, vaginal, or oral - with an infected person.
- Sharing drug needles or syringes with an infected person.

The OSHA standards in the work place require that all situations where blood is present be treated as if that blood contains blood borne pathogens. It is no less important in the home. If an injury occurs to a neighbor child playing in your yard, universal precautions should be followed while still meeting the child's immediate needs. Child nurturing often is delivered in these "immediate circumstances," the sidewalk fall, the playground scuffle, or the bumped head. The first response is to scoop up the child and provide a hug and then to offer the appropriate medical intervention. No one wants to live in a world where there are no "good Samaritans" or nurturing adults, but these simple procedures to protect yourself and family need to be followed.

There is currently no state which requires that every child entering foster care be tested for HIV or HBV. In some cases the full information of the risk behaviors of the parents or the history of the child is unknown at the time of the placement. It is known that infants born to mothers who are HIV positive and have not received prenatal HIV drug therapy will test positive at birth; however, with maternal drug therapy AND drug therapies administered to the child, infant infection can be reduced to nearly zero. Children born to HBV carrier mothers are themselves at approximately 40% risk of being carriers.

In the case of care provided to older children the risk of the child being a carrier of HBV or HIV often is dependent upon the risk behaviors to which they have been exposed through their own or acts of others. Even high risk behaviors, if practiced with infected individuals, do not always lead to infection but foster and adoptive families are strongly encouraged to follow universal precautions in their homes to further minimize any risk of infection.



After completion of this training module, **each** adult with child caring responsibility must individually complete the following questions to obtain training credit. A separate sheet may be used for completing the questionnaire, if necessary. Keep the booklet for future reference. **Send only the questionnaire for training credit.** Each questionnaire will be reviewed for accuracy of information. After successful completion you will receive a certificate.

Submit your completed questionnaire to:

Four Oaks Foster and Adoptive Family Connections  
6900 NE 14<sup>th</sup> Street, Suite 25  
Ankeny, IA 50023  
gototraining@fouroaks.org

Please print legibly:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

County: \_\_\_\_\_

Email: \_\_\_\_\_

Four Oaks Family Connections Caseworker (First and Last Name): \_\_\_\_\_

1. List the three main ways that blood borne pathogens may be spread.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

2. Describe appropriate method of dishwashing.

\_\_\_\_\_  
\_\_\_\_\_

3. List three examples of high risk behaviors.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

4. Use of what chemical increases the risk of sexual activity in teens?

\_\_\_\_\_

5. An effective disinfecting solution can be prepared from what two common household liquids?

\_\_\_\_\_

What is the ratio? \_\_\_\_\_ parts \_\_\_\_\_ to \_\_\_\_\_ parts \_\_\_\_\_

6. List 5 ways HIV and HBV are not spread.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

7. Gloves should be worn under what circumstances?

\_\_\_\_\_

\_\_\_\_\_

8. List 3 ways I plan to incorporate universal precautions in my home.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please indicate future topics you would like made available in Self-Instructional Modules.

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2/26/2019

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2/26/2019