

**Signs of Illness,
Including Blood Borne Pathogens:
*The Prevention and Control of Communicable
Diseases in the Child Care Setting*
2013 Manual**



Presented by the Washoe County Health District
in cooperation with community partners
www.washoecounty.us/health/daycare

To Report a communicable disease or possible outbreak, please
contact the Epi Team at 328-2447.

Washoe County



Health District

WCHD would like to thank all of our community partners who have joined us and contributed to the “Signs of Illness” class for child care providers. Their participation has helped increase access to training in Washoe County and had improved the quality of this program. Our community partners are:

Children’s Cabinet (TMCC)-Deb Azhikakath-Gilbert, ER Tech, EMS Instructor

Early Head Start-Doreen Begley, RN, MSN

Certified CPR-Sheri Blackwell, ER Tech and EMS instructor

Imagination Station Learning Center-Liz Wright, RN

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“SIGNS OF ILLNESS” CLASS OUTLINE

I. Welcome:

A. Objectives:

- a. Recognize signs and symptoms of communicable diseases
- b. Know when to exclude children and staff
- c. Understand how disease is spread
- d. Learn how to prevent transmission of disease

II. Communicable Diseases and How They Are Spread:

A. 4 Modes of Transmission

A. Respiratory

- i. DVD: “Why Don’t We Just Do It In Our Sleeves?”

B. Direct Contact

C. Blood Borne

D. Fecal-Oral Contact

III. Health Check/Exclusions (blue chart/pocket card)

IV. Handwashing (CDC Podcast or activity)

V. Health Inspection

E. Cleaning/Sanitizing

F. Disinfection

G. Gloving (demo)

H. Diapering (demo)

VI. Outbreak Prevention and Reporting

VII. Review

If you have questions, please contact (775) 328-2627 or by email at rgonzales@washoecounty.us.

You may also visit our website for more resources at:
www.washoecounty.us/health/daycare

How Childhood Diseases are Spread

Many common childhood diseases are **communicable**. That is, they spread from one person to another. Everyone knows that some illnesses (like chickenpox) can spread. But many people don't know that diseases like diarrhea, hepatitis, and impetigo can also spread.

Communicable diseases are spread by **germs**. Germs are so small that you can't see them without a microscope. Yet just a few germs on a hand, a sink or a toy may be enough to spread a disease.

Germs spread through **body secretions**. Intestinal tract infections spread through stool. Respiratory tract infections spread through coughs, sneezes, and runny noses. Other diseases spread through direct contact, or touching.

You can't always tell when someone has a communicable disease. Many people who have communicable diseases have **symptoms**. That is, they—or you—can tell they're sick. Sometimes, though, people have communicable diseases—and spread germs—even when they **seem** to be well.

Also, someone can pass disease germs from one person to another—for example, by unwashed hands or a dirty tissue—without getting the disease himself.

This means that procedures to prevent the spread of communicable diseases must **always** be followed—not just when a person in your facility is already sick.

There are four methods that communicable diseases are spread. Some diseases can be spread in several different ways. For example, chickenpox can be spread through the air or by direct contact with the germ. The four methods of disease transmission are:

1. Respiratory Transmission
2. Direct Contact
3. Fecal/Oral Contact
4. Bloodborne Pathogens



Table of Common Communicable Diseases

1. Respiratory Transmission (*Note: IP = Incubation Period*)




Respiratory transmission occurs when communicable disease germ passes from the lungs, throat, or nose of one person to another person through the air. Diseases spread in this way are the most common types of infections seen in child care. The average child gets 5-6 respiratory infections per year. The child in **child care** will average 7-10 infections per year. Staff will also have more respiratory infections including colds, influenza, strep throat and chickenpox.

| Disease | Mode of Transmission | Signs & Symptoms | Prevention | Exclusions | Other |
|--|---|--|---|---|---|
| Common Cold (rhino-virus) <i>IP is 12 hours to 5 days.</i> | Through direct contact or by inhalation of airborne droplets. Indirectly by hands and articles freshly soiled by discharges of nose and throat of an infected person. | Runny nose, sneezing, tearing eyes, irritated nose and throat, chills, malaise (body weakness). Fever is uncommon in children, rare in adults. | Good personal hygiene, as in covering the mouth when coughing and sneezing, sanitary disposal of discharges from mouth and nose, and frequent handwashing. | No exclusion necessary unless fever is present. If fever present, exclude until child is without fever for 24 hours and is well enough to participate in normal daily activities. | Usually last 2-7 days, can be accompanied by sinusitis, otitis media (ear infections), laryngitis, or bronchitis. |
| Influenza (Types A, B, C) <i>IP is 1-3 days.</i> | Airborne spread among crowded populations in enclosed spaces predominates; also by direct contact through droplet spread. Influenza virus persists for hours in dried mucous. | Sudden onset of: fever 100.4°-104°F, headache, muscle aches, upper respiratory symptoms such as cough and runny nose. | Basic personal hygiene with frequent handwashing, protect coughs and sneezes, and avoid hand to mucous membrane transmission. Have flu shot in the fall of every year. Stay home if you have the flu. | May return 24 hours after treatment with antiviral medication or 7 days after onset of illness. | Avoid Aspirin (or Aspirin-containing products) because of the risk of Reye Syndrome. Influenza is a vaccine preventable disease. Pneumonia and death can result from the flu. |

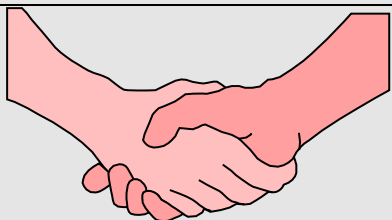
1. Respiratory Transmission (Continued) (Note: IP = Incubation Period)

| Disease | Mode of Transmission | Signs & Symptoms | Prevention | Exclusions | Other |
|--|---|--|---|---|--|
| <p>Chicken-pox (varicella virus)</p> <p><i>IP is 10-21 days, usually 14-16 days.</i></p> | <p>Person-to-person by direct contact with the blister fluid or secretions from the nose or mouth of an infected person. Airborne spread occurs from secretions from the nose or mouth.</p> | <p>Sudden onset of slight fever, irritability, and skin rash (red, raised) that begins on the chest, back, underarms, neck, and face. It starts out as red bumps, which turn into small blisters within several hours, and then scab over after a few days. Most common on areas that are covered.</p> | <p>Avoid contact with infected persons. This is a very contagious disease. If you suspect your child has chickenpox do not go to your doctor's office without calling first. They will want to keep your child separate from others to prevent further spread.</p> | <p>Until day 6 after the rash began; not all lesions may be scabbed. May return sooner if all the blisters have dried into scabs.</p> | <p>Avoid Aspirin (or Aspirin-containing products) because of the risk of Reye Syndrome. Reye Syndrome is a serious neurological illness that can be fatal.</p> |
| <p>Fifth Disease (human parvovirus)</p> <p><i>IP is usually 4-14 days, range 4-21 days.</i></p> | <p>Most likely when an infected person coughs or sneezes contaminated droplets into the air and another person inhales them. A person can also get infected from touching these secretions and then touching his/her mouth or nose. Can be epidemic among children.</p> | <p>Mild, usually non-febrile disease with a rash that causes an intense redness of the cheeks (slapped face appearance). This is followed by a lace-like rash on the trunk and extremities (in 1-4 days). This rash fades but may recur for 1-3 weeks when exposed to sunlight or heat (e.g. bathing).</p> | <p>Avoid exposure to persons with the disease (this is difficult as Fifth Disease is communicable before rash onset). Wash hands thoroughly with soap and warm running water after contact with secretions from the nose or mouth. Dispose of tissues.</p> | <p>Not communicable after onset of rash. No need to exclude if other rash-causing illnesses are ruled out.</p> | <p>Complications can include arthritis and joint pain in those patients with blood disorders such as anemia. If a woman is pregnant and has been exposed to Fifth Disease she needs to consult with her physician. There is a less than 10% risk of problems with fetus.</p> |

1. Respiratory Transmission (Continued) (Note: IP = Incubation Period)

| Disease | Mode of Transmission | Signs & Symptoms | Prevention | Exclusions | Other |
|--|--|---|--|---|---|
| <p>TB (Tuber- culosis)</p>  <p>IP is 8-10 Weeks</p> | <p>Transmitted in the air when a person with TB disease coughs, sneezes, speaks, yells or sings. If a person inhales the TB bacteria they may become infected.</p> | <p>Low energy, loss of appetite, fever, cough, weight loss or poor weight gain. Note: Children <10 yrs. are generally NOT infectious.</p> | <p>As a childcare worker you are required to have a TB skin test every two years. A TB skin test is placed on the forearm and is a screening test that indicates TB infection. A person who has a TB skin test is required to return 48-72 hours after the skin test is placed to have a nurse read the test. A person may be required to have a second skin test if the first skin test was negative.</p> | <p>Yes, if actively coughing.</p> <p>A positive TB skin test does not mean that a person is contagious; it only means that a person has been infected with tuberculosis at some time in his or her life. People with positive skin tests need further medical evaluation (e.g. chest x-ray). Based on the chest x-ray and other tests, a physician can tell whether the person has active TB disease in the lungs or other parts of the body.</p> | <p>.Generally, prolonged exposure to a person with TB disease is required to become infected. There is medication available for persons with a positive TB skin test that will prevent active TB disease from developing. There are effective medications that will cure TB disease. Antibiotic prophylaxis may be recommended. Consult with the Health District.</p> |

2. Direct Contact (Note: IP = Incubation Period)



Disease transmission through direct contact occurs when a healthy person has direct contact with an infected person's skin or body fluids.

| Disease | Mode of Transmission | Signs & Symptoms | Prevention | Exclusions | Other |
|--|---|---|---|---|--|
| Pink Eye (Conjunctivitis) (Bacterial viral, allergic) <i>IP is 1-3 days.</i> | Bacterial and viral infections can be spread by direct contact with discharges from an infected eye or with articles contaminated with discharge. | Irritated, red, teary eyes with a yellow discharge that makes eyelids sticky. | Keep children's eyes wiped free of discharge. Dispose of tissues. Avoid contact with eye drainage. Wash hands thoroughly with soap and warm running water after contact with eye drainage. Do not share any articles, such as towels and washcloths. Clean and disinfect mouthed toys at least daily and when soiled. Try to prevent sharing of toys when conjunctivitis is present. | Until 24 hours after antibiotic treatment has been started. | Remember that good handwashing is essential. |

2. Direct Contact (Continued) (Note: IP = Incubation Period)

| Disease | Mode of Transmission | Signs & Symptoms | Prevention | Exclusions | Other |
|--|--|--|---|--|--|
| <p>Impetigo (Staph/Strep bacteria)</p> <p><i>IP is 1-10 days.</i></p> | <p>Person-to-person through direct contact with the discharge from lesions, through secretions from the nose and throat, or through droplets expelled during coughing and sneezing.</p> | <p>Honey-colored, crusted sores, usually on face around nose or mouth. This is a very contagious disease.</p> | <p>Wash hands thoroughly with soap & warm running water after contact with lesions. Wear gloves if applying ointment to lesions or use cotton-tipped swabs. Cover lesions as a barrier to prevent spread, whenever possible. Discourage children from scratching infected area. Do not share towels or clothing. Clean & disinfect toys at least daily & when soiled.</p> | <p>Until 24 hours after antibiotic treatment has started.</p> | <p>This organism can get into the bloodstream causing pneumonia, lung abscess, and other more serious complications.</p> |
| <p>Ringworm of the Body (Tinea corporis)</p> <p><i>IP is 4-10 days.</i></p> | <p>Direct contact with lesions of infected persons or pets (especially cats), or from contaminated objects, such as hats, caps, combs, brushes, towels, pillows, clothing, hair ribbons, barrettes, etc.</p> | <p>Flat, spreading, ring-shaped lesions. The edge of the lesion may be dry and scaly or moist and crusted. As the lesion spreads outward the center often becomes clear.</p> | <p>Launder clothing and towels in hot water and fungicidal agent; practice general cleanliness in facility and frequent cleaning of chairs, benches, etc.</p> | <p>May return when treatment has been started. The lesions must be covered (by child's clothing—covering with a Band-Aid is not recommended) when the child returns to child care.</p> | <p>Treat with topical fungicide such as Miconazole (Tinactin). A prescription medication (griseofulvin) may be taken orally. Watch for secondary infections.</p> |

2. Direct Contact (Continued) (Note: IP = Incubation Period)

| Disease | Mode of Transmission | Signs & Symptoms | Prevention | Exclusions | Other |
|--|---|--|---|--|--|
| <p>Head Lice (<i>Pediculus humanus capitis</i>)</p> <p><i>Eggs hatch in 7-10 days.</i></p> | <p>Direct contact with an infested person. To a lesser extent, indirect contact with infested person's personal belongings, especially shared clothing and headgear. Head lice can survive for only 1-2 days without a food source.</p> | <p>Itching of the head and neck. Look for: 1) crawling lice in the hair, usually few in number; 2) eggs (nits) glued to the hair, often found behind the ears and at the back of the neck; and 3) scratch marks on the head or back of the neck at the hairline.</p> | <p>Avoid physical contact with an infested person and their belongings; especially clothing, combs, brushes, hair accessories (barrettes, etc.), towels, bedding, clothing, hats, and headgear, such as head phones and sports helmets.</p> | <p>Until first treatment is completed and no live lice are seen.</p> | <p>Treatment of choice is NIX, which is a one-treatment application. Environment must be cleaned. Machine washing and drying using hot cycles can delouse clothing, bedding, or cloth toys. Dry cleaning or storing clothing in a plastic bag for 2 weeks is also effective.</p> |
| <p>Strep Throat & Scarlet Fever (<i>Streptococcus bacteria</i>)</p> <p><i>IP is 1-3 days.</i></p> | <p>Direct or intimate contact with patients or carriers, rarely by indirect contact through objects or hands. Nasal carriers are particularly likely to transmit disease.</p> | <p>Fever ($\geq 101^{\circ}\text{F}$), sore throat, and in scarlet fever, a sandpaper-like rash 1-3 days after onset of sore throat. Rash covers entire body including hands and feet. Lasts about 1 week and then hands and feet may begin to peel. The tongue is at first white and then turns a glistening red called "strawberry tongue" at about 4-5 days.</p> | <p>Teach importance of covering mouth when coughing or sneezing and of washing hands afterward.</p> | <p>Until 24 hours after treatment with an antibiotic has been started.</p> | <p>Complications include otitis media (ear infection), peritonsillar abscess, rheumatic fever.</p> |

3. Fecal/Oral Contact (Note: IP = Incubation Period)



Disease transmission through fecal/oral contact occurs when contaminated hands touch objects such as food, utensils, toys, etc. that someone else puts in their mouth. Hands are contaminated by touching feces or objects contaminated with feces.

| Disease | Mode of Transmission | Signs & Symptoms | Prevention | Exclusions | Other |
|--|---|---|--|--|---|
| Coxsackie Virus (Hand, foot, and mouth disease) <i>IP is 3-5 days.</i> | The virus is spread through the fecal-oral route. It is also spread through droplets that are expelled from the nose and mouth during sneezing and coughing. | Sudden onset of fever, sore throat, small lesions in mouth, on palms of hands and on soles of feet. | Handwashing after toileting and diapering, good personal hygiene, such as covering mouth when coughing and sneezing, sanitary disposal of discharges from mouth and nose, frequent handwashing. | Until fever and sore throat are gone for 24 hours, and child feels well enough to participate in program's activities. *currently excludable until all blisters are gone!! (2013) | Child may return to program with lesions (blisters) on feet or hands. The lesions are not contagious. Virus may be present in the stool for several weeks. Good handwashing is essential. |
| Norovirus <i>IP is 1-2 days</i> | The viruses leave the body through the stool of an infected person and enter another person when hands, food, or objects (such as toys) contaminated with stool are placed in the mouth. Vomiting will also suspend viral particles in the air, resulting in contamination of the surrounding area. | The main symptoms are watery diarrhea and vomiting. The affected person can also have a headache, fever, nausea and abdominal cramps ("stomach ache"). In general, with norovirus, children experience more vomiting than adults. | Handwashing after toileting and diapering. Washing hands before preparing or eating food. Norovirus can remain infectious on environmental surfaces for many days therefore routine cleaning and sanitizing is very important to stop the spread of this virus. | Exclude all ill children and employees with vomiting and/or diarrhea for 48 hours after symptoms stop. * Norovirus can continue to be present in the feces of infected persons for a week or more, even after they recover or even if they have never been sick or show any symptoms. | If people practice good personal hygiene after going to the bathroom it may limit the spread of the disease. * Clean and disinfect areas where vomiting and diarrhea incidents occur (25 feet surrounding the location of incident) with chlorine solution at $\frac{1}{2}$ cup of bleach-1 gallon of water. |

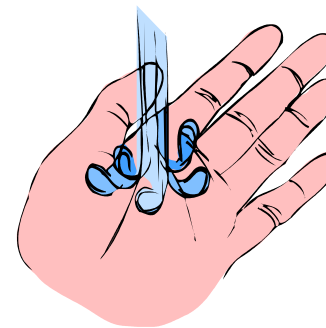
3. Fecal/Oral Contact (Continued) (Note: IP = Incubation Period)

| Disease | Mode of Transmission | Signs & Symptoms | Prevention | Exclusions | Other |
|--|---|---|--|--|---|
| Hepatitis A <i>IP is 15-50 days, average 28-30 days.</i> | The virus is spread through the stool of an infected person and enters another person by the fecal-oral route (stool-to-mouth) through contaminated hands or objects . Spread can occur when a person does not wash his/her hands after using the toilet or changing diapers and later prepares food. | Sudden onset of fever, tiredness, loss of appetite, nausea and abdominal pain. Followed in several days by jaundice (yellowing of the skin and eyes), dark colored urine, light colored stools. Symptoms vary greatly from severe to none at all. | Avoid sharing cups, food and utensils with anyone. Always practice good handwashing techniques, using soap and water after using the toilet or diapering children and before preparing food. A shot of Immune globulin (IG) may be recommended for persons who have been exposed to hepatitis A within the last two weeks. | Consult with Health Department. Each situation must be evaluated to determine whether the person with hepatitis A is still infectious and poses a risk to others. People with hepatitis A are considered contagious from 2 weeks before onset of symptoms to one week after onset of jaundice. | Children may pass the virus to family members or child care staff without ever having symptoms. A vaccine is now available. Consult with the Health Department. |

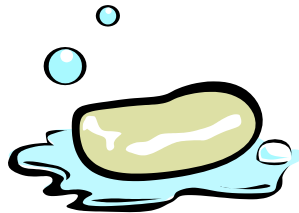
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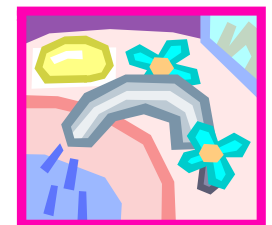
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Hands



Please!!!



4. Bloodborne Pathogens (Note: IP = Incubation Period)

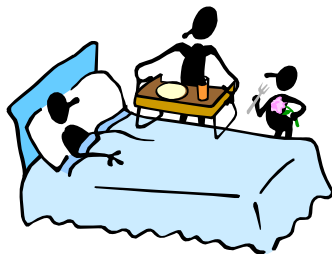


Bloodborne pathogens transmit disease when blood (and sometimes other body fluids) from an infected person enters open cuts in the skin, comes in contact with the mucous membrane that lines body cavities, such as the nose and the eye, or comes into direct contact with the bloodstream, as with a needle. An example of how this occurs in child care is when one child bites another or bites a care provider.

| Disease | Mode of Transmission | Signs & Symptoms | Prevention | Exclusions | Other |
|---|---|---|--|--|---|
| Hepatitis B <i>IP is 45-180 days, average 60-90 days.</i> | Virus is present in the blood and other body fluids that may contain blood. It can be spread person-to-person when blood from an infected person enters open cuts of another person or through sexual contact. Although virus can be found in saliva, the amount of virus in the saliva is so low that spread is very unlikely. May be transmitted by a human bite. | Gradual onset of loss of appetite, tiredness, abdominal pain, nausea, vomiting, dark (tea or cola-colored) urine, light-colored stools, and sometimes rash or joint pain. Jaundice (yellowing of eyes or skin) may be present in adults but is uncommon in young children. Symptoms vary greatly from none at all to severe illness. 75% of people have no symptoms. 5-25% become a chronic carrier of the disease. | For infants and children up to 18 years of age vaccine is available through the Vaccines for Children program. Testing and vaccination is available for people exposed to hepatitis B at the Health Department. Vaccination is recommended for those at high risk such as health care workers and those in contact with blood. Use gloves for clean up of accidents and injuries involving blood. Follow procedure for blood & body fluid spills. Hepatitis B can survive in dried blood for up to 1wk | None. Practice standard precautions—wear gloves when touching any body fluid. If child has unusually aggressive behavior (e.g. biting), oozing sores that cannot be covered, or bleeding problems, this should be assessed on a case-by-case basis by a team of medical experts. | Complications if a person becomes a carrier include cirrhosis of the liver, liver cancer, chronic active hepatitis and death. 140,000-320,000 people in the United States become infected with this disease every year. This disease can be prevented by getting the 3 dose series of hepatitis B vaccine or 2 dose series combination HepA/HepB vaccine. |

Suggestions for Promoting Health & Hygiene in a Child Care Setting

Exclusions



Certain symptoms in children may suggest the presence of a communicable disease. Children who have the following symptoms should be excluded from the child care setting until 1) a health care provider has determined the symptoms are not associated with a communicable disease, or 2) there is no longer a threat to the health of other children and/or staff in the child care setting.

Exclude children with any of the following conditions*:

| | |
|---|---|
| Fever Axillary (armpit): 100°F or higher Oral: 101°F or higher | When accompanied by behavior changes, stiff neck, difficulty breathing, rash, sore throat, and/or other signs or symptoms of illness; or the child is unable to participate in normal activities. Use temperature measurement before fever reducing medications are given. Medicating for a fever does not eliminate the chance of spreading illness if other symptoms are present. |
| Signs/symptoms of possible severe illness | Unusually tired, uncontrolled coughing, irritability, persistent crying, difficulty breathing, or wheezing should be evaluated by the health care provider to rule out severe illness. Until diagnosed not to be contagious. |
| Diarrhea | Until diarrhea stops for 24 hours or until a medical exam indicates that it is not contagious. Defined as having 6 or more loose stools in a 24-hour period, one uncontained stool, or one bout of bloody diarrhea. ** |
| Vomiting | Until vomiting stops, in no danger of dehydration and determined not to be contagious. Vomiting is defined as two or more episodes in the previous 24 hours or one episode for projectile vomiting. ** |
| Mouth sores with drooling | Until a medical exam indicates the child may return. For Herpes Simplex exclude children who drool until they no longer have active sores in the mouth. |
| Rash with fever or behavior change | Until a medical exam indicates these symptoms are not those of a communicable disease that requires exclusion. Exclude for skin infections until 24 hours after treatment is started if contagious. |
| Eye drainage | Until 24 hours after treatment has started when thick mucus or pus drainage is present. |
| Unusual color of skin, eyes, stool, or urine | Until a medical exam indicates the child does not have hepatitis (yellow eyes or skin [jaundice]; gray or white stool; dark, tea, or cola-colored urine). |

For the mildly ill child, exclude if the child is unable to participate in normal activities or if the child needs more care than can be provided by the child care staff.

It is required that child care providers have policies that are clearly written for excluding sick children from the child care setting. These policies should be given to parents when the child is enrolled to prevent problems later when the child is ill. These policies may be stricter than Washoe Health District recommendations.

****Exclusions may differ during an outbreak situation and for known cases of Norovirus.**

Washoe County Department of Social Services
Regulations for Child Care Facilities Addendum VI

LIST OF REPORTABLE DISEASES AND CONDITIONS - Referred to in subsections 22.5 and 26.15 of the Regulations

| | |
|---|---|
| AIDS | Lyme Disease |
| Amebiasis | Lymphogranuloma venereum |
| Animal bite from a rabies susceptible species | Malaria |
| Anthrax | † Measles (rubeola) |
| † Botulism | Meningitis (specify type) |
| Brucellosis | Meningococcal disease |
| Campylobacteriosis | Mumps |
| Chancroid | Pertussis |
| Chlamydia | † Plague |
| Cholera | Poliomyelitis |
| Coccidioidomycosis | Psittacosis |
| Cryptosporidiosis | Q Fever |
| † Diphtheria | † Rabies (human or animal) |
| E.coli 0157:H7 | Relapsing Fever |
| Encephalitis | Respiratory Syncytial Virus Infection (RSV) |
| † Extraordinary occurrence of illness | Rocky Mountain Spotted Fever |
| † Foodborne disease outbreak | Rotavirus infection |
| Giardiasis | † Rubella (including congenital) |
| Gonorrhea | Salmonellosis |
| Granuloma inguinale | Severe Reaction to Immunization |
| Haemophilus influenzae (invasive) | Shigellosis |
| Hansen's Disease (leprosy) | Syphilis (including congenital) |
| † Hantavirus | Tetanus |
| Hemolytic-uremic syndrome | Toxic Shock Syndrome |
| Hepatitis A, B, C, delta, unspecified | Trichinosis |
| HIV infection | † Tuberculosis |
| Influenza | Tularemia |
| Legionellosis | Typhoid Fever |
| Leptospirosis | Yersiniosis |
| Listeriosis | |

† Must report when suspect.

All reportable diseases and conditions must be reported immediately.

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Washoe County Health District

Outbreak Identification and Reporting

An outbreak at a child care facility is the occurrence of any illnesses in a childcare facility at a rate higher than what is normally expected. This is determined by:

- * Baseline illness rate (normal number of illnesses with same or similar symptoms in your childcare facility)
- * Dependent on size of facility
- * Remember when in doubt, call for guidance



Reporting outbreaks in Washoe County:

- * When you have more than the usual numbers of kids and/or staff out with same or similar symptoms.
- * Call Health Department Communicable Disease Line (328-2447)
- * Why?
 1. It's required by Law
 2. Obtain Support
 3. Assist in HD to find source of outbreak
 4. Keep your business open and thriving

**Exclusion for an outbreak may be longer than it is for any particular illness.*

What does the health department do once an outbreak is identified?

- * Provide guidelines for increased disinfection
- * Assists with exclusion of ill kids/staff
- * Help staff monitor daily for new illness
- * Determines when outbreak is contained and it is safe to resume normal operations

| Solution | General Sanitization | | Disinfection For Spills of Blood or Blood-Containing Body Fluids (CDC Recommendation) | |
|----------|---|--------------|---|----------|
| Purpose |  <p>Use to sanitize toys, tables, diaper changing tables, cribs, sleeping mats, etc.</p> | |  <p>Use to disinfect surfaces that have come into contact with blood/blood containing body fluids.</p> | |
| Item | Water | Bleach* | Water | Bleach |
| Amount | 1 gallon | ¼ cup | 1 gallon | 1 ½ cups |
| | 1 quart | 1 tablespoon | | |
| | 1 pint | 1 ½ teaspoon | | |

- Never mix bleach with ammonia or any other cleaning agent!! Toxic gases or acids are produced which will cause choking, serious breathing problems, burns to skin and respiratory system
- Make solutions fresh daily, label with date and contents
- Clean items and surfaces before disinfecting
- Store bleach in a closed container and out of the reach of children
- **FOR NOROVIRUS:** double sanitizing mixture to 1 gallon to ½ cup bleach (1 quart to 2 tablespoons, etc.)

CLEANING AND SANITIZING GUIDELINES FOR SPECIFIC ITEMS

All items must be cleaned with soap or detergent and water; then rinsed before sanitizing or disinfecting.

| Area | Items to be Cleaned | Clean | Sanitize | Frequency |
|------------------------------------|--|-------|--|---|
| Classrooms/ Child Care/ Food Areas | Uncarpeted floors | X | X | Swept and mopped daily and when soiled |
| | Tabletops used for eating | X | X | Before and after contact with food activity. |
| | Surfaces and toys that go into the mouth or have been in contact with saliva | X | X | After each child's use, or use disposable, one-time utensils or toys. |
| | Bottles, bottle caps, nipples, pacifiers, teething toys | X | X | After each use. Clean insides of bottles, caps & nipples with a bottle brush & soapy water; squirt water through nipple, sanitize after each cleaning. |
| | Thermometers | X | X | After each use. |
| | High chair trays | X | X | At least daily and when soiled. |
| | Toys in rooms where older, non-diapered children are cared for | X | X | Weekly or sooner if soiled. |
| | Frequently touched toys in rooms in which infants and toddlers are cared for | X | X | Daily or sooner if soiled. |
| | Sleeping devices including cribs, crib mattresses, portable cribs and playpens | X | X | Weekly, before use by a different child, and whenever soiled or wet. |
| | Phone receivers | X | X | Weekly |
| | Water play table | X | X | Before adding water to table, discard after play done. Let air dry after sanitizing. |
| | Dress-up clothes not worn on the head. Sheets and pillowcases, individual cloth towels (if used), combs and hairbrushes, wash cloth and machine-washable cloth toys. (None of these items should be shared between children.) | X | | Laundry machine washable items and place into a hot dryer weekly or sooner if soiled. During lice or similar infestation such items shall not be used. |
| | Carpets and large area rugs | X | | Vacuum daily when children are not present. Clean carpets only when children will not be present until the carpet is dry. Clean carpets every three months or more often if necessary. |
| Small rugs | X | | Shake outdoors or vacuum daily, launder weekly. | |
| Hats | X | | After each child's use or use disposable hats that only one child wears. | |
| Toilet & Diapering Areas | Hand washing sinks, faucets, surrounding counters, soap dispensers, door knobs | X | X | Daily and when soiled. |
| | Toilet seats, toilet handles, door knobs or cubicle handles, bathroom floors | X | X | Daily, or immediately if visibly soiled. |
| | Toilet bowls | X | X | Daily. |
| | Changing tables, potty chairs (use of potty chairs in child care is discouraged because of high risk of contamination). | X | X | After each child's use. |
| General Facility | Mops | X | X | Before and after a day of use, wash mops in detergent and water, rinse in water, immerse in sanitizing solution, and wring out as dry as possible. After cleaning and sanitizing, hang mops or rags to dry. |
| | Cleaning rags | X | X | Laundry rags separately after each use. Place used rags in a receptacle with a tight fitting lid. |
| | Wade pools | X | X | Empty, clean and disinfect after each use. |
| | Waste and diaper containers | X | X | Daily and when visibly soiled. |
| | Any surface contaminated with body fluids: saliva, mucus, vomit, urine, or stool | X | X | Immediately after each soiling. |

Adapted from: *Caring for Our Children: National Health and Safety Performance Standards*. American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care, 2002.
Infectious Diseases in Child Care Settings: Information for Directors, Caregivers, Parents & Guardians, and School Health Staff, Hennepin County Community Health Department, 2003.

Washoe County Diapering Procedures for Child Care

1. Gather supplies:

- Disposable liner (optional)
- Gloves (optional)



8. Apply skin care ointments

- Put onto a clean, single service, disposable item (like tissue or Q-tip) prior to application
- Individual ointment must be labeled!



2. Carry child to changing table

- Avoid contact with soiled clothing



9. Diaper child/baby:

- Slide clean diaper under buttocks
- Adjust and fasten
- Re-dress



3. Unfasten soiled diaper



10. Wash the child's hands

- Can use wipes if child unable to wash hands

Return child to group



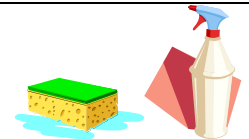
4. Clean diaper area:

- Disposable wipes
- Front to back



11. Clean and sanitize

- Diaper changing table after each use
- Dispose of table liner, if used



5. Fold the used diaper over and secure it with tabs.

- *If gloves are worn, pull the gloves inside out over the secured diaper as the gloves are removed.*



12. Wash your hands! (caregiver)



6. Dispose of all contaminated materials in a receptacle:

- With a lining
- With a tightly fitting lid
- Used for diapering materials only
- Kept out of reach of children



13. Document:

- Any skin problems
- Any rash on the child
- Unusual stool frequency, color, or odor



7. Wipe hands (Caregiver and child's) with a disposable wipe



14. Report information above to parent or guardian at pick up



Cleaning and Sanitizing

Child care settings bring children together for long periods of time. This close prolonged contact may expose children to many different disease-causing germs. Although the environment cannot be made germ-free, keeping their numbers at low levels can lessen the harmful effects of germs. Frequent thorough handwashing, cleaning and proper sanitizing or disinfecting objects that come into contact with children, and proper handling and disposal of contaminated items, can most effectively control germs.

Cleaning is the mechanical process of scrubbing to remove dirt, debris, and large numbers of germs. Soil can block the effects of sanitizer and bio-films can just contribute to bacterial growth. It is important to remove the "visible" soil before sanitizing.

General sanitization is the process in which a chemical or heat is used to reduce germs to a "safe" level for children. High temperature or chemical dishwashers can be used for the cleaning and sanitizing process. Providers must follow these simple steps to keep germs at a safe level in their facilities:

1. Clean **item/surface with soapy water**
2. Rinse **with water!**
3. **Spray to sanitize**
4. Air dry **or wipe**



It is important to remember to:

- ✓ Mix chemicals correctly according to the label
- ✓ Label and store chemicals safely
- ✓ Always consider the safety of children when cleaning.
- ✓ Always have a clean surface before sanitizing
- ✓ Always clean the least dirty items and surfaces first (for example, countertops before floors, sinks before toilets).

- ✓ Always clean high surfaces first, then low surfaces.
- ✓ Clean completely on a regular schedule and spot clean as needed.

Handwashing

Handwashing is the most important thing you can do to prevent the spread of disease! Please, **supervise** children to help them learn to do good handwashing.

Always remember these important steps:

- * Use liquid **soap and running water** (antibacterial soap is not necessary!)
- * **Rub hands** vigorously for **20 seconds** (sing a song!)
- * **Wash** all surfaces including:
 - ✎ backs of hands
 - ✎ wrists
 - ✎ between fingers
 - ✎ under fingernails
- * **Rinse** well
- * **Dry** with disposable towel
- * Use disposable towel to turn water off and open the door

Handwashing should be done at all of the following times:

- * After you get to work.
- * Before & after eating, preparing, or serving food, and setting the table.*
- * Before & after giving medication.*
- * After using the toilet*
- * After a diaper change, or assisting a child with toilet use.*
- * After handling items or children soiled with body fluids or wastes (blood, vomit, stool, urine, drool, and eye matter).*
- * After handling an animal*
- * After outdoor play or playing in sandbox*
- * Whenever hands look, feel, or smell unclean*
- * After coughing/sneezing or blowing your nose into hands
- * Before/after using water tables or moist items such as clay*
- * Before going home

*per Washoe County Regulations for Child Care Providers

Toys

- * Wash, rinse, and sanitize!!
- * Clean and sanitize infant and toddler toys daily
- * Toys for older children are cleaned and sanitized weekly
- * Dress up clothes should be washed weekly
- * Dishwashers can help with the wash step
- * Only NSF certified dishwashers can sanitize
- * Always use 3 step process

Potty Chairs/Toileting Area

- * Toileting area should be convenient for hand washing.
- * Potty chairs should have a removable waste container that can be emptied immediately after each use. Chair frames should be smooth and easily cleaned and disinfected.
- * Toilets and potty chairs should be cleaned and disinfected during naptime and at the end of the day or when obviously soiled with feces.
- * Disinfect the sink where the potty chair was cleaned.

Food Handling/Storage

The tips below can help prevent food contamination and the spread of illness due to food borne causes.

- * Wash hands before food prep
- * Refrigerate at 40°F or below
- * Get rid of formula/milk after 1 hour at room temp
- * Keep food away from diapering areas
- * Personal items that are hand washed should be
 - **washed,**
 - **rinsed,** and
 - **sanitized** in a **sanitizing solution** (one tablespoon of bleach in one gallon of water) and **air-dried.**



Immunizations

There are many childhood diseases that are now vaccine-preventable. Policies are in place requiring children to get their immunizations before attending childcare. These requirements protect the children who receive vaccines as well as those who cannot receive them or whose parents sign a waiver of exemption due to religious beliefs.

Children are required to have the following vaccines if they attend childcare in Washoe County:

| | |
|--------------------|---|
| Dtap | Hepatitis A |
| Polio | Measles, Mumps, Rubella (MMR) |
| HIB | Pneumococcal pneumonia (prevnar) |
| Hepatitis B | Chickenpox |

Providers are encouraged to stay up to date with adult vaccines. Childcare providers are in contact with many children and their families and indirectly with the siblings, schools, and workplaces associated with those families.

Adult immunizations recommended for providers include:

Tdap (one time Tdap, then Td every 10 years)
Influenza (yearly)
MMR
HBV (3 dose series once in lifetime) and
HAV (2 dose series in lifetime) **OR**
HAV/HBV (3 dose series once/lifetime)

Resources

1. Caring For Our Children: National Health and Safety Performance Standards 2nd Ed., 2004.
2. Centers for Disease Control. CDC.gov
3. Managing Infectious Diseases in Child Care and Schools; A Quick Reference Guide, 2nd Ed. Aronson, Susan and Shope, Timothy; American Academy of Pediatrics, 2009.

BLOODBORNE PATHOGENS: In Child Care Settings

Although the risk of contact with blood containing a bloodborne pathogen (BBP) is low in the child care setting, standard precautions must be followed by child care providers who are in contact with children. Hepatitis B virus, HIV, and hepatitis C virus are bloodborne pathogens.

Bloodborne transmission of disease occurs when blood from an infected person comes into contact with the mucous membranes or non-intact skin of a healthy person. Transmission can be prevented through appropriate infection control practices.

Standard Precautions

Standard precautions are when all blood, bodily fluids, non-intact skin and mucous membranes are treated as though they are contaminated and capable of spreading disease. This means that personal protective equipment, like gloves or masks, must be available to protect the child care provider and appropriate infection control procedures must be followed.

Quick Facts

- HIV does not live in dried blood
- Hepatitis B (HBV) lives 1 week in dry blood and is 100 times more infectious than HIV
- Hepatitis C lives 2-5 days in dry blood
- Hepatitis is the most common BBP in the US
- Immunizations are available for children and adults for HBV
- There is no vaccine for HCV yet
- Parents are not required to share information about their child's HBV status, but are encouraged to do so
- Parents do not have to share information about the HIV status of their children

- No reported cases of HIV infection are known to have resulted from transmission in out-of-home child care
- OSHA requires an Exposure Control Plan for the facility and annual training of staff about bloodborne pathogens.
- Urine and feces are not considered a risk for bloodborne transmission unless visibly contaminated with blood

Hepatitis

Hepatitis is a disease that affects the liver. The most common forms of Hepatitis are Hepatitis A virus (HAV), Hepatitis B virus (HBV) and Hepatitis C virus (HCV). While HBV and HCV are bloodborne, HAV passes from an infected person to another through the fecal-oral route and is easily prevented through vaccine and hand washing.

HBV transmission in a child care setting is most likely to occur through bites, scratches, or playground injuries. Nose bleeds could be a potential source of exposure as well. If the status of both children involved in the biting incident is unknown, the risk is expected to be "extremely low" because of the expected low incidence in preschool-age children and vaccine requirements.

Generally, no exclusion is necessary for HBV. However, this may be assessed on a case by case basis if the child has other risk factors like aggressive behavior, oozing sores, or bleeding disorders.

HCV transmission most commonly occurs through piercing of the skin or injections contaminated with blood from an infected person. General risk due to these exposures is about 10 times greater than the risk for contracting HIV, but lower than HBV. HCV can cause liver damage and complications that can be life threatening over time. Standard precautions can prevent exposure to HCV.

HIV

HIV is a disease that gradually destroys the body's immune system that helps fight infections. Infected individuals can transmit the virus in their body fluids throughout their lifetime. Children and caregivers with HIV infection are at increased risk for severe complications from infections, but do not need to be excluded from child care to prevent HIV transmission.

HIV is most commonly passed by an infected individual to another person through sexual contact, contact with blood or body fluids containing blood, and from mother to child during birth. The risk of transmission through biting is believed to be rare, however, as a precaution, if a bite results in blood exposure for either party, post-exposure follow-up is recommended.

The risk of HIV transmission in out-of-home care seems to be very low, however providers are encouraged to use standard precautions to prevent exposure incidents. It is not usually spread by the type of contact that occurs in child care and school settings. It is not spread through non-bloody saliva, tears, stool, or urine.

Exposure Control Plan

An **exposure control plan** is a plan to decrease exposure to germs in blood and other body fluids. It includes:

- Who is responsible
- What employees have occupational exposure
- Policies and procedures to follow to prevent and/or respond to an exposure incident
- Hepatitis B forms
- Post-exposure evaluation and follow-up
- Record keeping
- Exposure Incident Report Form
- Other important forms and contact information.

An **exposure incident** is a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact (injection/piercing) with blood or other potentially infectious

materials (OPIM) that results from the performance of and employee's duties. **OPIM** is Blood, semen, vaginal secretions, joint fluid, saliva in dental procedures. Vomit, urine, feces, sweat, and tears are only considered **OPIM if visibly contaminated with blood**. Gloves are *not* required by the CDC for a diaper change.

Sample **Exposure Control Plans** can be found at: www.washoecounty.us/health/daycare

Blood or Body Fluid Spills

1. Clean soiled areas:

- Isolate the areas where a vomiting or diarrhea incident occurred (25 feet surrounding the location of the incident).
- Wear disposable gloves and masks.
- When heavily contaminated, absorb and remove as much of the vomit/feces as possible with paper towels or disposable cloths.
- Clean soiled areas with detergent and hot water *prior* to disinfecting.
- Dispose of paper towels/cloths in plastic waste bags.

2. Disinfect soiled areas:

- Use freshly made disinfectant chlorine solution or an effective virucide. See manufacturer's instructions for appropriate use.
- Dispose of gloves, mask and cloths in plastic waste bags. Put plastic bags in the regular trash.
- Wash hands thoroughly using soap and water and dry them just as thoroughly with disposable paper towels.

Resources

4. Caring For Our Children: National Health and Safety Performance Standards 2nd Ed., 2004.
5. Centers for Disease Control. CDC.gov
6. Managing Infectious Diseases in Child Care and Schools; A Quick Reference Guide, 2nd Ed. Aronson, Susan and Shope, Timothy; American Academy of Pediatrics, 2009.

REPORTING NUMBERS Communicable Diseases and OSHA

OSHA

Occupational Safety and Health Administration

www.osha.gov

In case of emergency call 1-800-321-OSHA

How to Report Workplace Hazards

By Phone: Call **(702) 486-9020** (Southern Nevada) or **(775) 824-4600** (Northern Nevada).

By Internet: <http://www.osha.gov/pls/osha7/eComplaintForm.html>

By Mail: For Southern Nevada: Nevada OSHA, 1301 N Green Valley Pkwy Ste #200, Henderson, NV 89074;

For Northern Nevada: Nevada OSHA, 4600 Kietzke Lane, Bldg F, Ste #153, Reno, NV 89052

Nevada OSHA site: <http://www.osha.gov/dcsp/osp/stateprogs/nevada.html>

Outbreak and Communicable Disease Reports

Washoe County Health District

Telephone (775) 328-2447

Fax (775) 328-3764

epicenter@washoecounty.us

State of Nevada and Rural Area Reports:

Nevada State Health Division

4150 Technology Way, Suite 211

Carson City, NV 89706

775-684-5918 (office)

775-684-5999 (fax)

murrutia@health.nv.gov

FOR ASSISTANCE and OSHA questions, Call:

OSHA Safety Consultation and Training Section

4600 Kietzke Labe, Suite E-144

Reno, NV 89502

(775) 824-4630

FAX (775) 688-1478