Managing Common Illness

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National Indian Head Start Directors Association
26th National Training Conference
Arlington, Virginia
June 6-9, 2016

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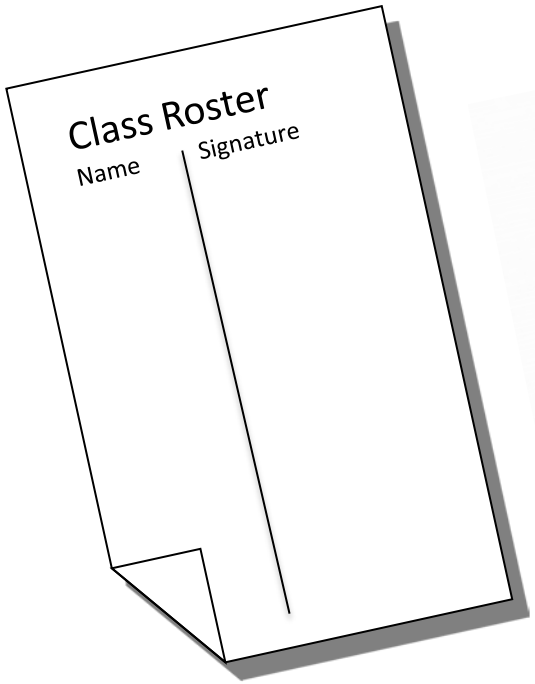
Welcome!



Please sign in.

Thank you for silencing your cell phone!

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Curriculum Adapted In Part From:

- ***Cavity Free Kids: Oral Health Education for Prenatal – Preschoolers and Their Families,*** Amy Requa, MSN, CRNP, Pennsylvania Head Start Association, State Oral Health Coordinator, Delta Dental, Washington Dental Service Foundation, Community Advocates for Oral Health
- ***Managing Infectious Diseases,*** Susan S. Aronson, MD, FAAP, ECELS Pediatric Advisor, PA Chapter of the American Academy of Pediatrics; adapted from the AAP curriculum for *Managing Infectious Diseases in Early Education and Child Care Settings*.
- ***Managing Infectious Diseases in Head Start,*** **The Head Start National Center on Health, Region XI Native American Child and Family Conference**, Jonathan Kotch MD, MPH, FAAP, Trish Isbell PhD, MPH, MEd, Elizabeth (Betsy) LM Miller, BSN, RN, BC, Child Care Health & Safety, LLC

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Objectives

1. Identify modes of disease transmission **(spread)**
2. Name 3 common infectious illness and the modes of transmission that may affect children
3. Discuss how to reduce the risk of infectious diseases including:

   - good hygiene
   - healthy lifestyles
   - Immunizations
   - environmental controls

4. Identify criteria and rationale for short term exclusion
5. Discover what resources are available in preventing and managing common illness
6. Describe how attitude may prevent or encourage actions to control infectious illness

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Ice breaker

- Work in small groups
- Introduce yourself to one another
- ***"Head Start & Early Head Start care is like gardening because…."***
- Brainstorm ideas
- Each group shares their best idea with large group

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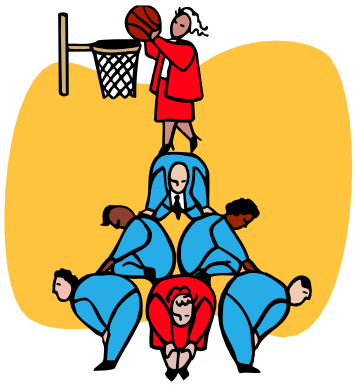
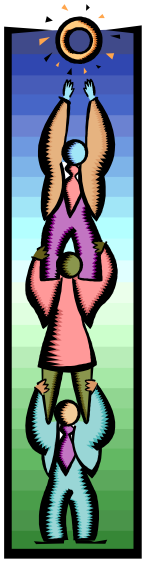
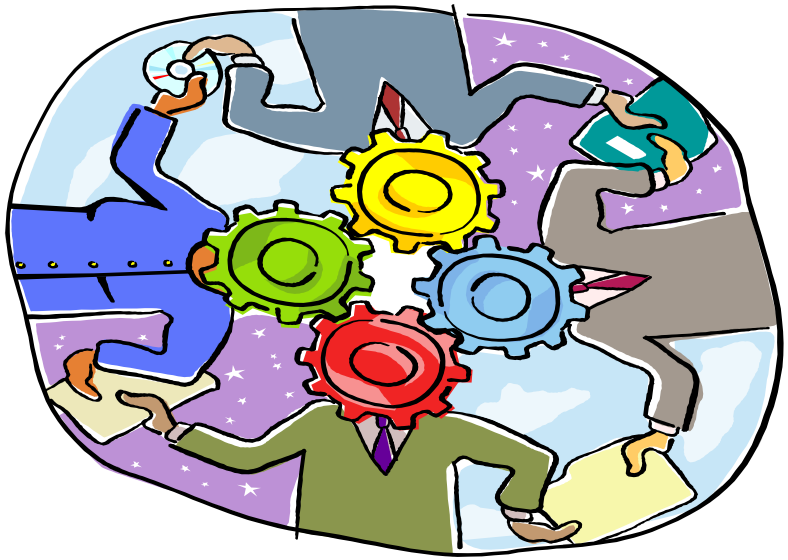
What Will You Try When You Return Home?





What	Who	When



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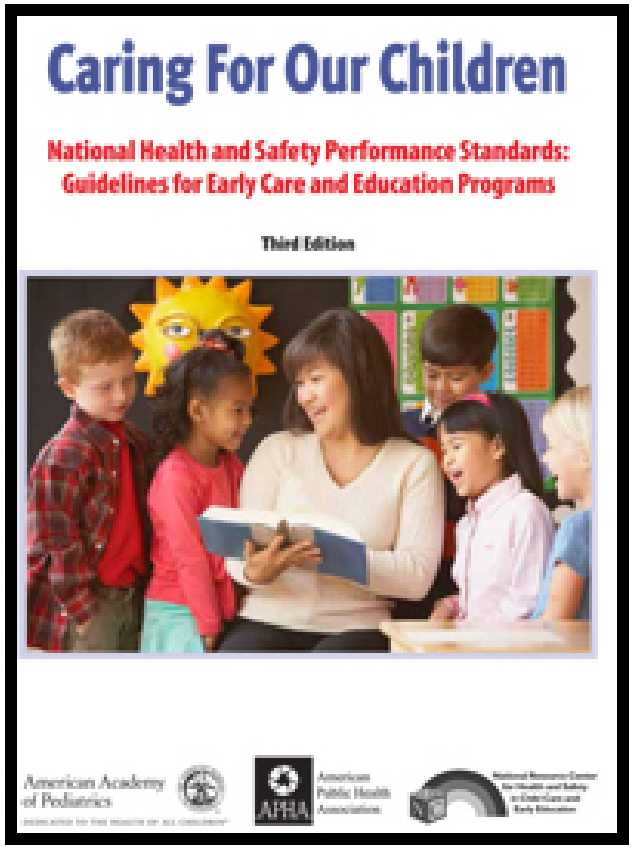
Resources



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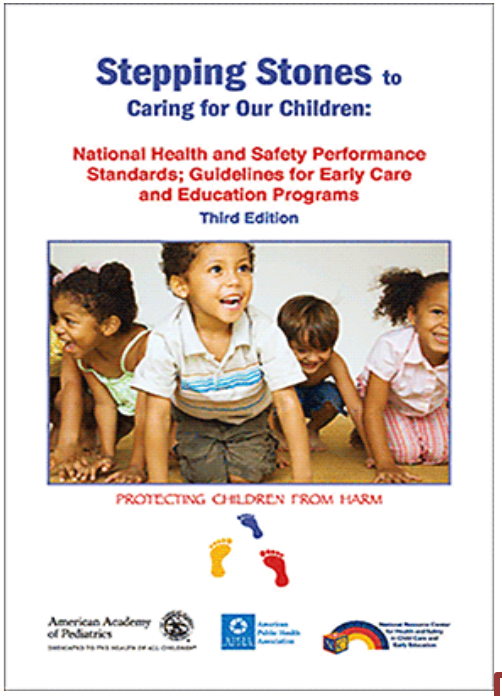

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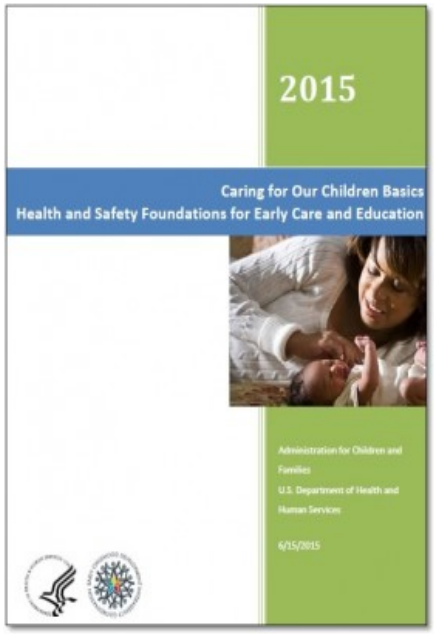

CFOC3: 10 chapters, 686 standards and 39 appendices. The latest, best practice standards in all areas.

Stepping Stones: Select standards from CFOC3 when put into practice, are most likely to prevent serious adverse outcomes.

CFOC 3 Basics: represents **minimum** health / safety standards experts believe should be in place where children are cared for outside of their homes. Use of CFOC Basic - not a federal requirement.

CFOC 3 and Stepping Stones
http://shop.aap.org/
http://cfoc.**nrckids**.org

CFOC 3 Basic-
https://www.acf.hhs.gov/sites/default/files/ecd/caring_for_our_children_basics.pdf

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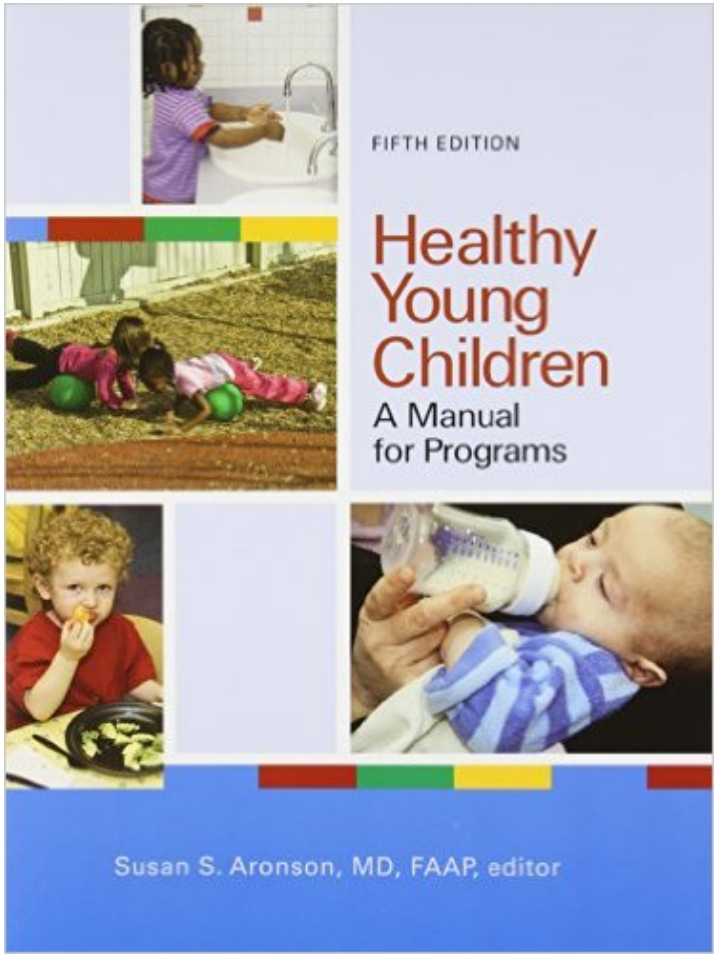
Resource

Healthy Young Children, 5th Edition, 2012 available in hard copy print from NAEYC, http://www.naeyc.org/



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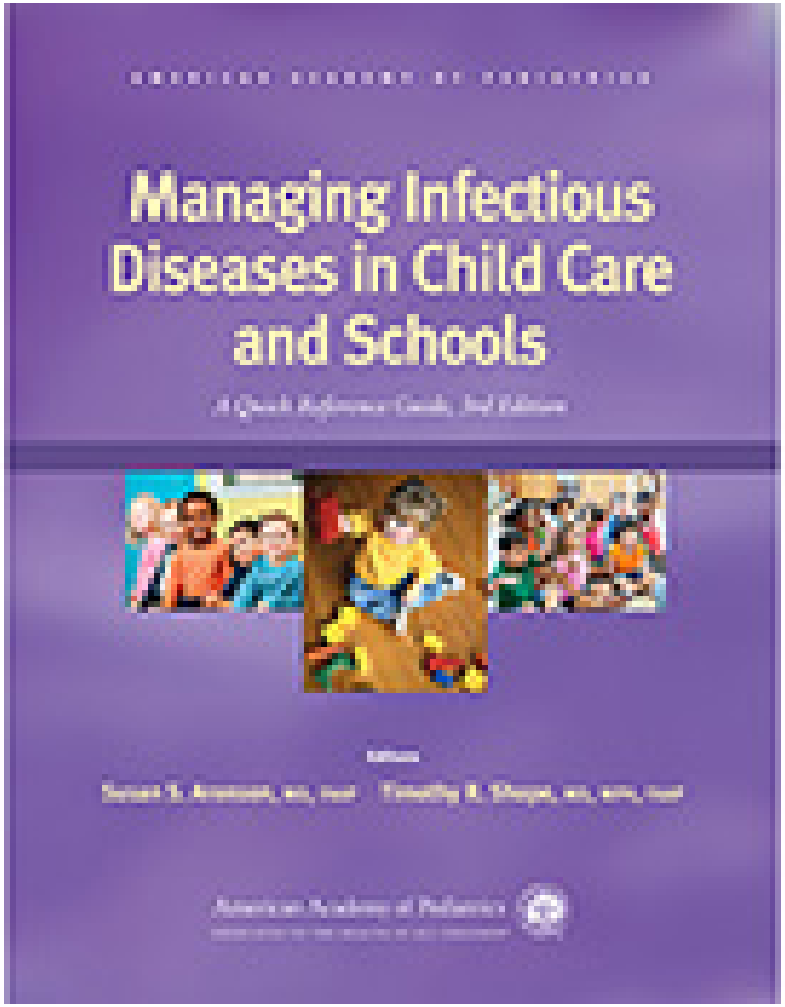
Resource – Infectious Disease

Users may copy Quick Reference Sheets about specific diseases

Available from the American Academy of Pediatrics
http://shop.aap.org/



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Consider the Approach to Prevention of Infectious Illness in Head Start Classrooms

Knowledge

Information ≠ Knowledge

Attitude

Behavior

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Terms

- Infection: A germ causes a disease
- Contamination: A germ gets on or in a body, surface, food or water
- Contagious: Germs spread to others
- Infectious: Capable of causing an infection
- Communicable: Can be spread to others

Essentially the same

Types of “Germs”

- Viruses
  - Frequently get better on their own
  - Few medications to treat viruses; treat with rest and symptom control
- Bacteria
  - Often treated with antibiotics
- Fungus
  - Found on body surfaces; treated with creams or oral medication
- Parasites
  - May cause diarrhea or invade internal tissues
  - Often treated with anti-parasitic medications

Why Are Children More Vulnerable to Infectious Diseases?

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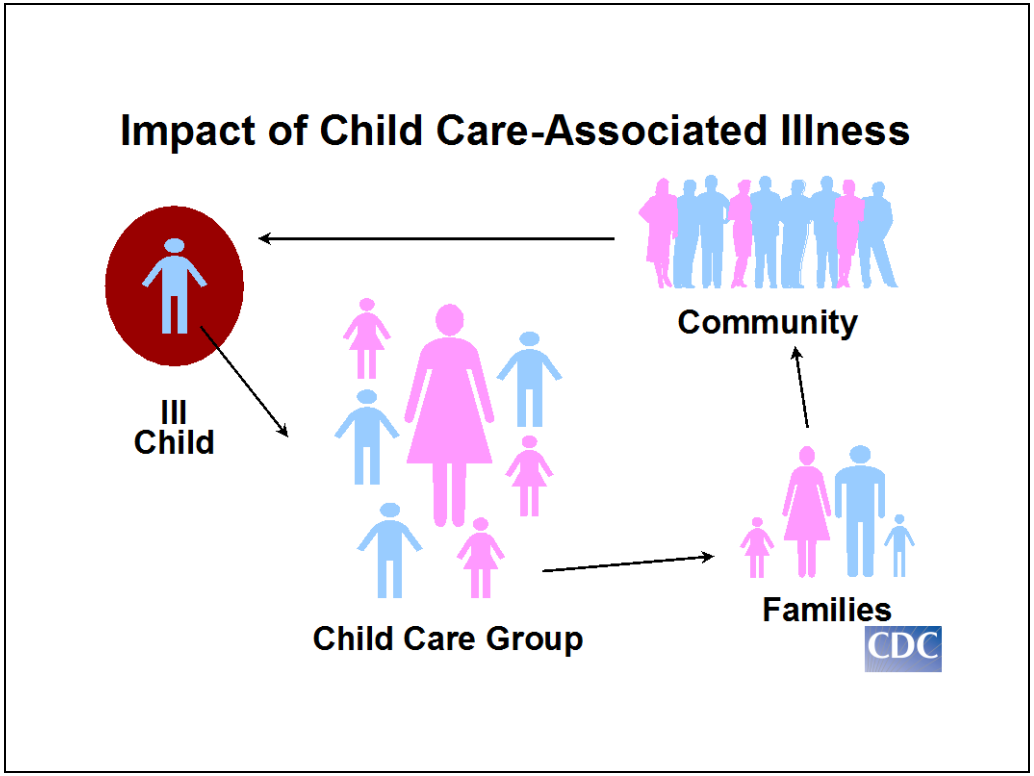
The Impact



Reprinted with permission from Cordell RL, Centers for Disease Control and Prevention. Sanitation issues in child care: practical approaches to solving tough problems in the child care environment. Keynote address to Healthy Child Care North Carolina Invitational Conference, March 12, 2002, Chapel Hill, NC.

Infectious Disease Control Responsibilities of Head Start Programs

- Disease Prevention
- Health Education
- Policy Development
- Resource and Referral

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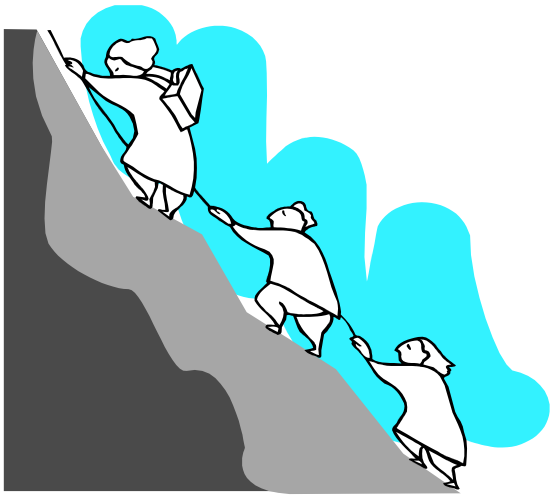
What Are the Challenges?

- To increase knowledge and awareness
- To develop a positive attitude
- To communicate more effectively
- To enhance behavior



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Person Risks

- Children younger than 2 years of age
- Physical proximity to sick children or adults
- Size of facility (number of children)
- Age-mixing
- Staff who both diaper and feed or prepare food
- Staff experience, education and training
- Staff to child ratio

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Prevention of Infectious Disease in Head Start Settings

Disease Management

- Avoid combining infants/ young toddler with older children
- Exclude children who are ill
- Isolate children who become ill
- Follow consistent recording and reporting procedures

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Tasks Related to Managing Infectious Diseases (1 of 4)

Care for infants:

- Immature immune systems
- More vulnerable to some infections

Change diapers:

- Stool carries germs
- Proper diaper changing technique can prevent outbreaks of certain diseases

Hand Hygiene (washing):

- Reduces spread of germs from touched surfaces

Tasks Related to Managing Infectious Diseases (2 of 4)

Prepare food:

- Foodborne illness is a common way to spread infection
- Eggs, meat, and dairy products need careful handling to ensure they are safe to eat

Clean up after meals:

- Saliva can contain infectious organisms (germs) that spread disease
- Eating utensils and eating surfaces need to be cleaned well

Tasks Related to Managing Infectious Diseases (3 of 4)

Immunizations strengthens the battle against infectious diseases

Immunization (Vaccines) Record Check and Tracking:

- **Children:**
  - At enrollment
  - Recommended Immunization Interval Schedule
  - Yearly fall influenza vaccine for **all children 6 months and older**
- **Adults:**
  - At employment hiring
  - Vaccines

    Hepatitis B, Tdap booster, Mantaux (tuberculin skin test –PPD)
  - Yearly fall influenza vaccine for **all adults working in HS/EHS**

Current recommended adult and child vaccine schedules are at www.cdc.gov/vaccines

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Tasks Related to Managing Infectious Diseases (4 of 4)

Give Medications:

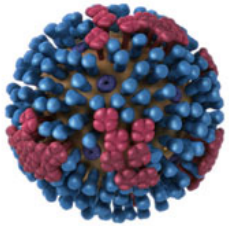
- Chronic health problems or infectious illness
- Poses bigger risks in group care settings
- Special training with skills check is needed

Stay home when sick:

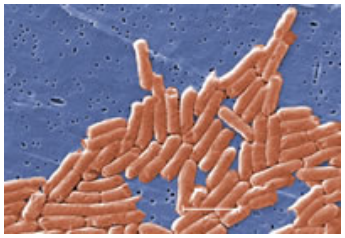
- Working when sick spreads bad germs
- Science shows exclusion criteria works

Documented Infectious Diseases

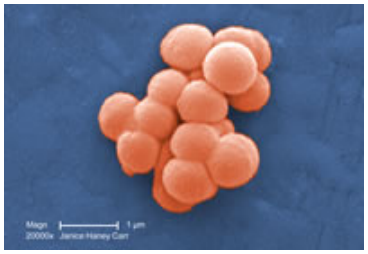
Some documented infectious diseases in children and/or adult staff in out-of-home early childhood education programs



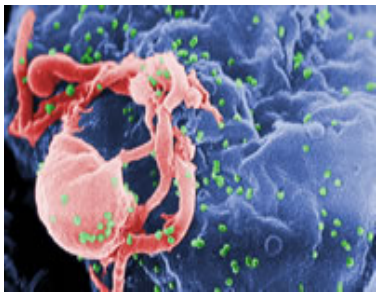
2009 H1N1



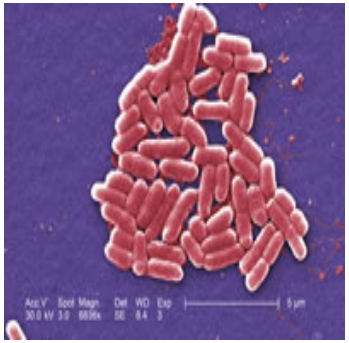
Salmonella



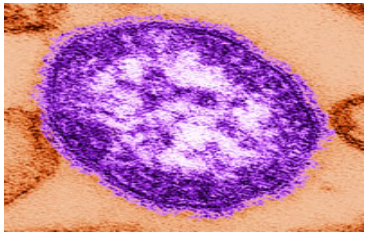
Streptococcus



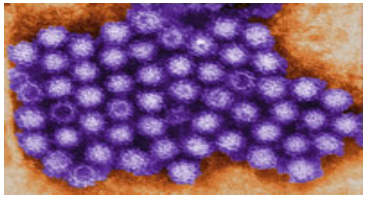
HIV



E-Coli



Measles



Norovirus

Pictures of germs copied from Center for Disease Control Library-public access

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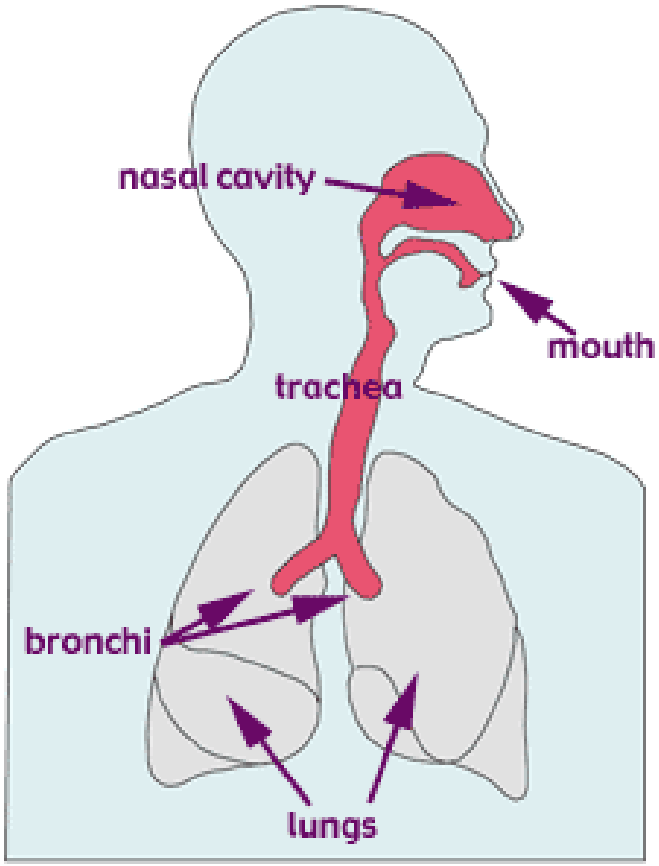
Modes of Disease Transmission

1. Respiratory Route
2. Fecal-Oral Route
3. Direct Contact With People
4. Body Fluid Route (blood, urine, saliva)
5. Vector Borne Route *transmit infectious diseases between humans or from animals to humans. (Bloodsucking insects)*

http://www.who.int/mediacentre/factsheets/fs387/en/

Respiratory Transmission



J. Vilenski, 1999-2003

- Recurrent otitis media (ROM)
- Meningitis
- Seasonal In**FLU**enza
- Upper Respiratory Illness
  - Common Cold
  - Sinusitis
  - Sore throat
- Immunizable diseases
  - Bacterial Meningitis
  - Chicken pox
  - Diphtheria
  - Measles
  - Mumps
  - Pertussis
  - Pneumonia

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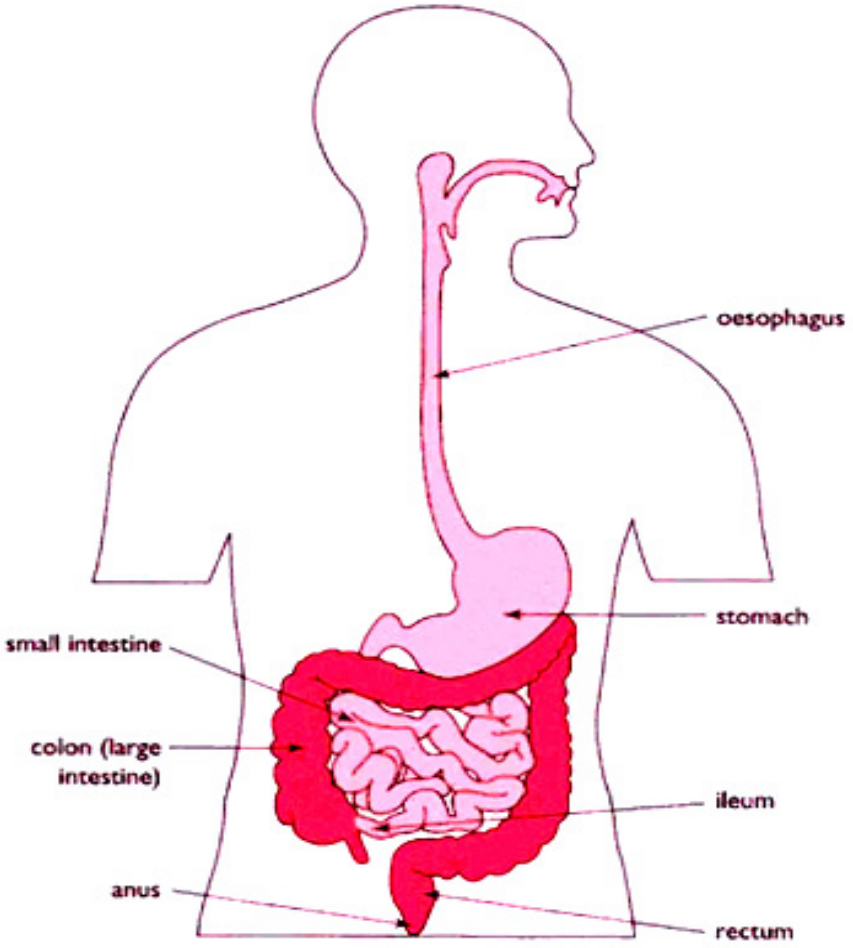
Fecal-Oral Transmission

- Hepatitis A
- Diarrhea
- Vomiting
- Hand, Foot and Mouth
- Pinworms



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Direct Contact With People

- Cold sores
- Conjunctivitis
- Impetigo
- Lice
- Scabies
- Ringworm

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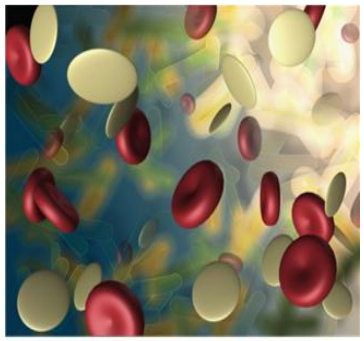
Body Fluids



- Dental Caries
- Cytomegalovirus (CMV)
- Hepatitis B
- Hepatitis C
- HIV

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Vectors

Ticks

- Lyme Disease
- Rocky Mountain Spotted Fever

Mosquitoes

- West Nile Virus
- Zika Virus

Fleas

- Bubonic Plague

Cotton Rat,
Deer Mouse,
Rice Rat ,
White-footed Mouse

-Hantavirus

Many of these diseases are preventable through informed protective measures http://www.who.int/mediacentre/factsheets/fs387/en/, 2/2016

Vector – Fleas Plague

- Bacteria usually found in small animals and their fleas.
  (Rats, Squirrels, Rabbits, Prairie Dogs, Chipmunks)
  - Enters your body if you have a break in your skin that comes into contact with an infected animal's blood. This is a distinct mechanism from getting a flea bite. More commonly enters your body because of an infected flea bite.
- People infected usually develop “flu-like” symptoms after an incubation period of 3-7 days.
- 3 forms depending on the route of infection:
  - bubonic (joints), pneumonic (respiratory route) septicemic (blood)
- Bubonic, most common
- Domestic cats / dogs can become infected with plague from flea bites or from eating infected rodents.

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Mayo Clinic: http://www.mayoclinic.org/diseases-conditions/plague/manage/ptc-20196861?p=1 Internet accessed 5/1/2016

Vector – Fleas Plague Prevention

- No effective vaccine is available; antibiotics can help
- **Rodent-proof your home.** Remove potential nesting areas, piles of brush, rock, firewood, junk. Don't leave pet food in areas that rodents can easily access.
- **Keep pets free of fleas**
- **Wear gloves** when handling potentially infected animals, to prevent contact between your skin and harmful bacteria.
- **Use insect repellent.** Closely supervise your children and pets when spending time outside in areas with large rodent populations. **Need to be more specific about the kind of insect repellent that is safe for young children, and to wash it off when the kids come inside.**

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Mayo Clinic: http://www.mayoclinic.org/diseases-conditions/plague/manage/ptc-20196861?p=1 Internet accessed 5/1/2016

Vector – Mosquito Zika Virus

- Mosquitoes are the deadliest animals in the world because of the diseases they spread.
- A female mosquito infected with Zika can continue biting people over its lifespan of about **30** days.

- Only **2** known species of mosquitoes spread Zika, (*aedes aegypti, aedes albopictus*)out of 176 species of mosquitoes identified in the US.

Zika and Pregnancy, CDC, http:// www.cdc.gov/vitalsigns/zika/index.htm l internet accessed 5/13/16

Vector – Mosquito Zika Virus

- Transmitted by mosquito
- Greatest risk for complications is a pregnant woman's fetus
- Linked to cases of microcephaly (smaller brain)
- US States: (As of May 5, 2016)
  - Travel-associated Zika virus disease cases reported: 472
  - **Locally acquired vector-borne cases reported: 0**
- US Territories (As of May 5, 2016)
  - Travel-associated cases reported: 3
  - Locally acquired cases reported: 658

Zika and Pregnancy, CDC, http:// www.cdc.gov/vitalsigns/zika/index.htm l internet accessed 5/8/16

Vector – Mosquito

Zika Virus Prevention

- Pregnant women should avoid travel to any area where the Zika Virus is found
- Prevent mosquito bites
- Cover up arms and legs
- Use EPA-registered insect repellent, which is safe to use during pregnancy.
- **What repellent is safe for pregnant women?**

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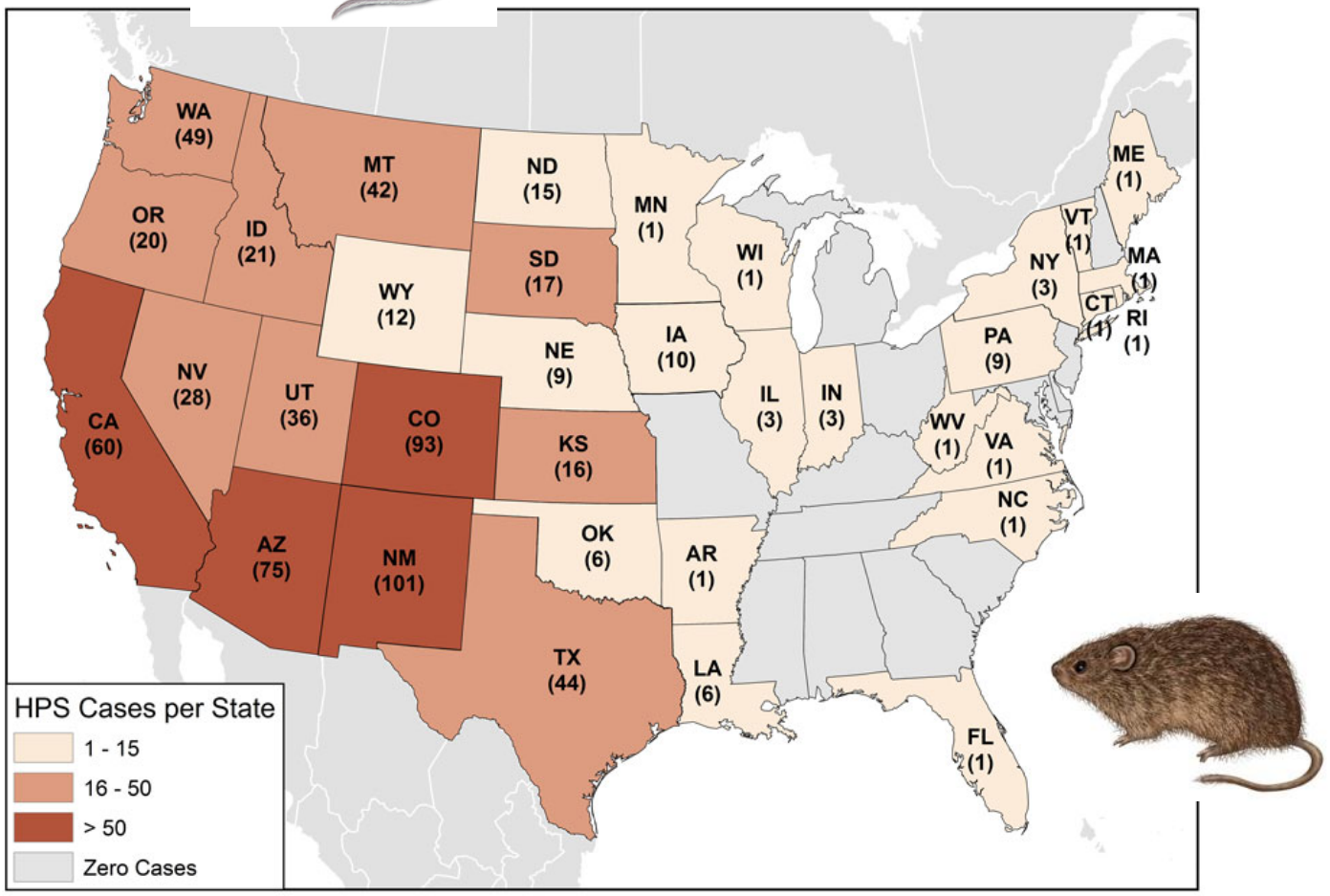
Zika and Pregnancy, CDC, http:// www.cdc.gov/vitalsigns/zika/index.htm | internet accessed 4/25/16

http://www.cdc.gov/vitalsigns/zika/images/graphic-b_1185px.jpg , Internet Accessed 5/13/16

Vector

Hantavirus



Hantavirus Pulmonary Syndrome (HPS) Cases, by State of Reporting
Cumulative Case Count Per State Valid as of January 8, 2016

internet accessed 5/1/2016

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Vector – Hantavirus

- Deer Mouse
  - Prefers woodlands, but also appearing in desert areas
  - Found throughout *North America*, preferring woodlands

- White-footed Mouse
  - prefers wooded and brushy areas, sometimes in more open ground
  - Throughout *southern New England, Mid-Atlantic, Southern states, Midwestern and Western states*

- Cotton Rat
  - Prefers overgrown areas with shrubs / tall grasses.
  - *Found in Southeastern USA*

- Rice Rat
  - prefers marshy areas and is semi-aquatic.
  - *Found in Southeastern USA*

Hantavirus Pulmonary Syndrome (HPS) Cases, by State of Reporting Cumulative Case Count Per State Valid as of January 8, 2016; Internet accessed 5/1/2016

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Vector  Hantavirus Spreads

- Breathing in dust that is contaminated with rodent urine or droppings
- Direct contact with rodents or their urine and droppings
- Bite wounds, although this does not happen frequently

Vector Hantavirus

Prevent Rodent Infestations

- **Seal up** holes inside and outside the home to prevent entry by rodents
- **Trap up** rodents around the home to help reduce the rodent population
- **Clean up** Avoid illness: Take precautions before and while cleaning rodent-infested areas

http://www.cdc.gov/rodents/prevent_infestations/index.html
internet accessed 5/1/2016

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What Type of Spread of Disease Is This?

What Type of Spread of Disease Is This?

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What Type of Spread of Disease Is This?

What Type of Spread Is Shown Here?

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What Type of Spread of Disease Is This?

How Does This Spread Disease?

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Tools to Control Infection—People

- Promote health of teacher/caregiver and children
  - Diet and Exercise
  - Hand hygiene (washing) (CFOC 3: Standard 3.2.2.1 through 3.2.2.5)
  - Immunizations child / adult
  - Oral Hygiene - Child and Staff
  - Sleep
  - Safe activities and healthful practices
  - Special Needs Risk Management (Child and Adult)

Tools to Control Infection—Germs

- Clean, sanitize or disinfect surfaces
- Standard Precautions: blood exposure
  (Standard 3.2.3.4, CFOC 3rd edition)
- Carefully dispose of material that might contain bad germs
- Exclude ill people from the group when it matters

Tools to Control Infection—Places/Environment

- Facility design
  - Prevent crowding (***42-50 square feet** of **usable floor space per child:***
    CFOC 3 STANDARD 5.1.2.1 excludes:
    - Walkways
    - Staff work areas
    - Activity equipment storage
    - Furniture
    - Office
    - Washrooms
  - Surfaces easily cleanable
  - Separation of food areas from toileting and diapering
  - Enough flushing toilets and well-designed diaper-changing stations
  - Heating, ventilation / air conditioning systems meet health standards

Tools to Control Infection—Places/Environment (Cont.)

- Program Plan
  - Group size and staffing facilitates practicing infection control routines
  - Mixed-age groups together
    - Provides a larger pool of germs to be shared with everyone
    - Because of infant and toddler touching behaviors and their need for diapering, they are more likely to share germs with whoever is in their group.
    - Mixed age group arrangements require extra infection control effort

Scenario

In the toddler room, before naptime, 10-month-old Jack seems a little less active than normal and has a runny nose. He has been playing on and off and is still participating in various activities. The teacher checks his temperature and it is 101°F.

- Does Jack need to be excluded?
- Does your program have a policy to cover this situation?

Hand Hygiene (Washing)

CFOC3: Standards 3.2.2.1, 3.2.2.2, 3.2.2.5

- Make sinks, liquid soap, and single-use paper towels available
- Do at routine times
- Use good technique
- Have fun washing
- Soap and water is best

- Lather 20 seconds, **NOT under running water**
- Rinse
- Dry with single use paper towel
- Turn water off with paper towel
- Open restroom door with paper towel
- Hand lotion (adults only)

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Fingernails

CFOC3 Standard 3.2.3.4

- Natural fingernails that are long or wearing artificial fingernails or extenders is **not recommended**
- Natural fingernails should be kept short, clip or use an emery board
- HS / EHS should develop an organizational (written) policy on the wearing of non-natural nails by staff

Issues

CFOC 3 Standards 3.2.1.4, 3.2.1.5, 3.2.2.1 through 3.2.2.3

- **Gloves**
  - Required only when contact with blood is possible
  - May be used in diapering, changing soiled clothes, wiping noses, assisting with oral hygiene or other situations where contact with body fluids might occur
  - *Hands must be washed after removing gloves*
- **Hand Sanitizers**
  - Toxic, flammable, expensive, and need enough of the sanitizer for required contact time. OK alternative ***only if hands visibly clean for adults*** and 1:1 closely supervised children > 24 months old
- **Antibacterial Soaps**
  - Neither required nor recommended

Glo Germ™Activity

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Immunizations

Preschool-aged children currently have the highest age-specific incidence of many vaccine-preventable diseases.

What are some vaccine-preventable diseases?

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Checking Vaccine Records

CFOC 3 Standard 7.2.0.3

- The rates of immunization is consistently and across the board higher in IHS/tribal facilities then in the general population.*
- In some IHS/tribal places the rate is as high as 97% vaccinated *
- Easing the burden of checking:
  - Public health vaccine registries
  - Tracking software, e.g. WellCareTracker™ www.wellcaretracker.org
  - Get help from a Child Care Health Consultant
  - Use the CDC Web site vaccine checker at www.cdc.gov/vaccines

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* Dr. Shaquita L. Bell, MD, University of Washington School of Medicine, AAP-IHSIG, Email 5/2/16

Unimmunized Children

CFOC 3: Standard 7.2.0.2, **Comments**

Vaccine Safety and Parental Choice

- When *parents choose not to immunize*, the unimmunized child is at risk for serious diseases, puts other children and caregivers/ teachers who spend time with the unimmunized child at risk.
- If a vaccine-preventable disease occurs to which children are susceptible and potentially expose the unimmunized children, the DOH should be consulted to determine whether the unimmunized children should be excluded and for how long.
- The distinction between children who are unimmunized because of medical contraindications, and children who are unimmunized because of parental choice, the latter should be excluded from HS/EHS.*

*Dr. Jonathan Kotch, MD, FAAP, 5/10/16

Oral Health Disparities

The most vulnerable children:

- Low income
- Members of racial and ethnic minorities
- Those with disabilities and complex health conditions

25% of children experience 80% of the decay

Cavity Free Kids: Oral Health Education for Prenatal – Preschoolers and Their Families

DELTA DENTAL
Washington Dental Service Foundation
Community Advocates for Oral Health

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Oral Health is a Family Affair

To keep children's teeth healthy,
parents must care for their own teeth, too.

Cavity Free Kids: Oral Health Education for Prenatal – Preschoolers and Their Families

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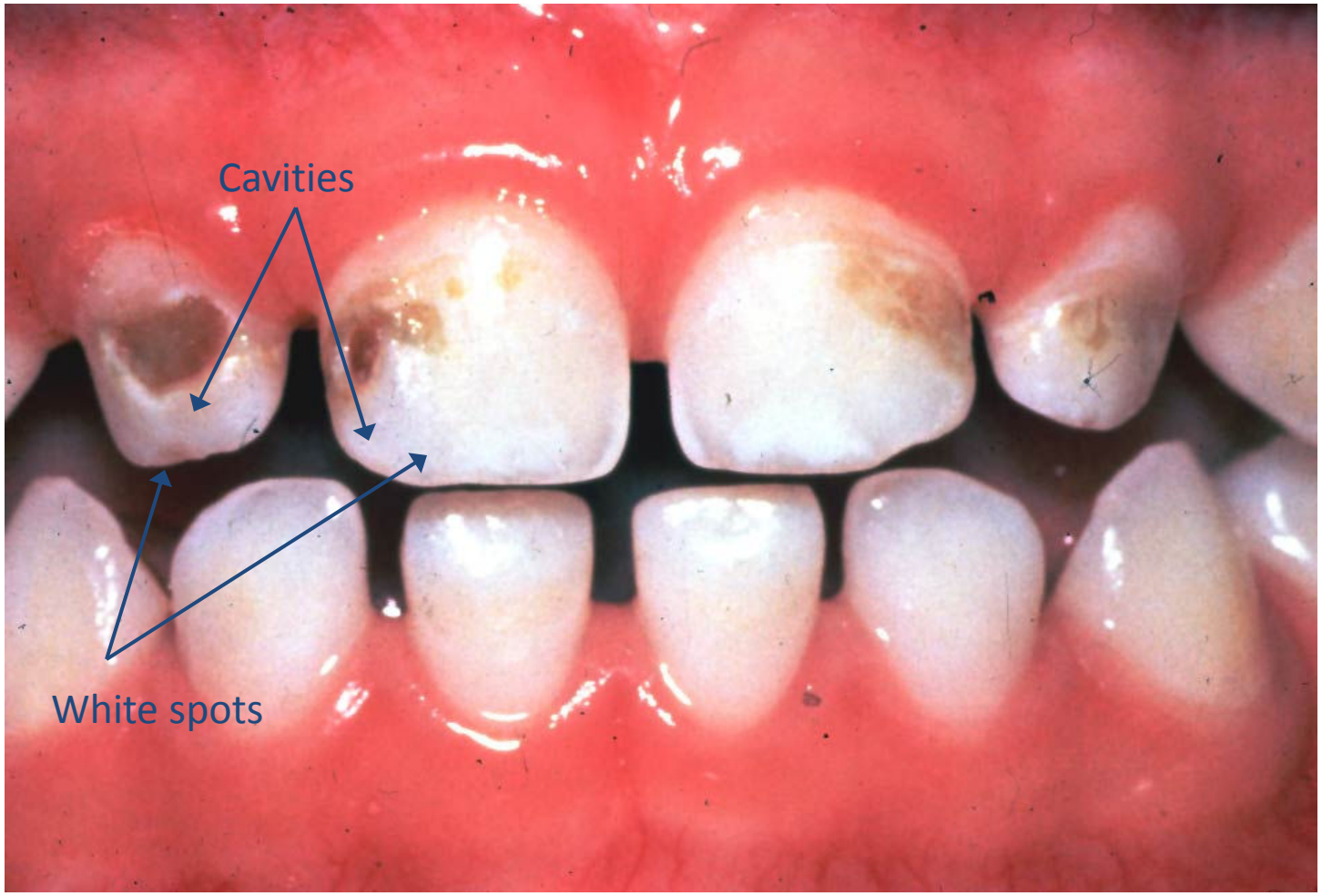
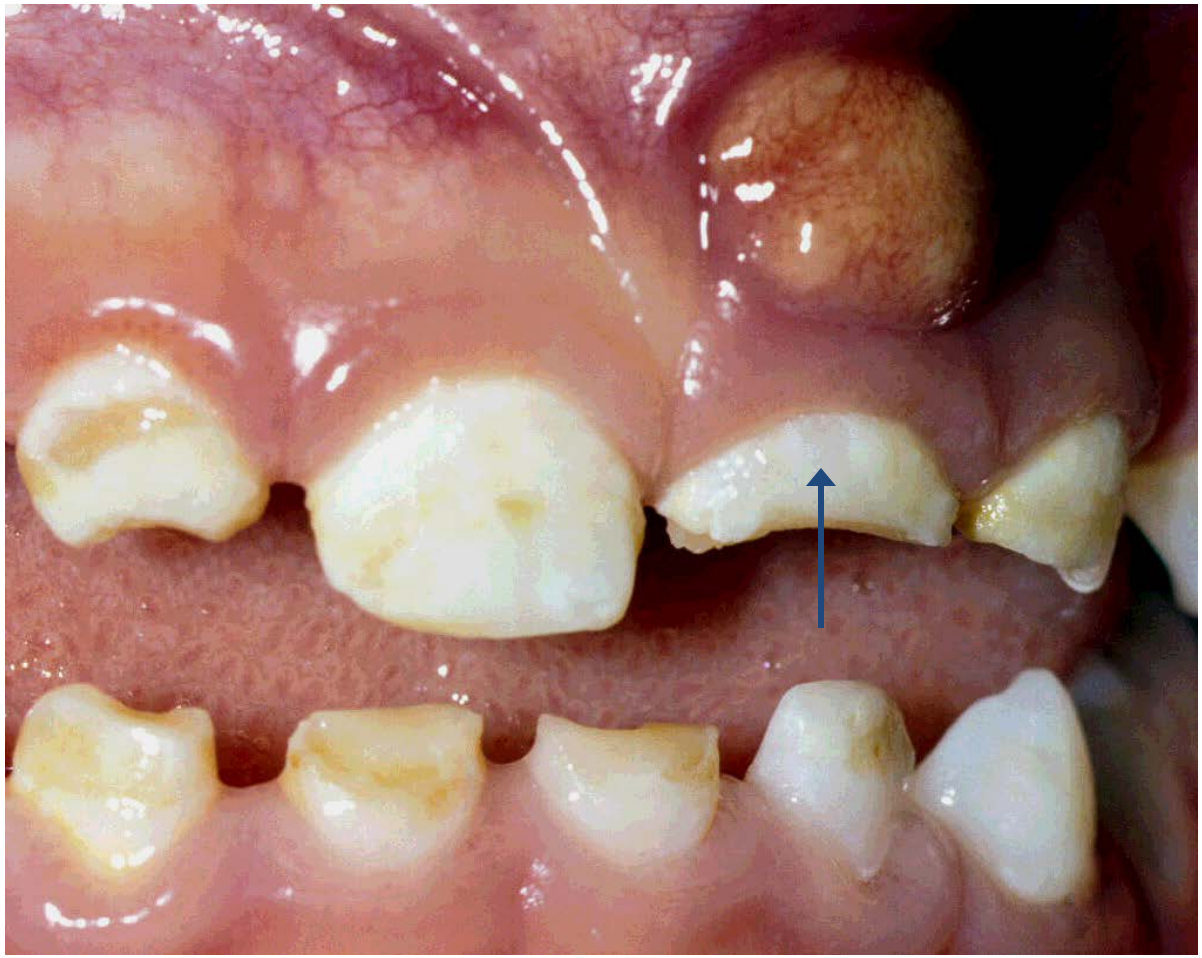
Cavities are a Sign of Dental Disease



University of Washington

Untreated Decay and Abscess



Bryan Williams, DDS

Facial Swelling From Abscess

Bryan Williams, DDS

Dental Disease is Progressive,

BUT

Dental Disease is Reversible

Our goal is to prevent…or catch it early

Cavity Free Kids: Oral Health Education for Prenatal – Preschoolers and Their Families

Where to Go For Dental Care

- Dental Offices
- Health Care Providers
- Mobile Clinics
- Community Health Centers

Cavity Free Kids: Oral Health Education for Prenatal – Preschoolers and Their Families

Changing: Diapers, Pull-ups, and Soiled Underwear (Pg. 1 of 2)

- Diapering *(CCA Global)*
- Changing Soiled Underwear for Toddlers
- A Dozen **COMMON ERRORS** in Diapering

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Changing: Diapers, Pull-ups, and Soiled Underwear (Pg. 2 of 2)

- Cytomegalovirus (CMV)
  - Cause a flu-like illness in adults
  - Harm to a fetus (hearing, mental, or coordination problems)
  - Spread: person / person, via urine
  - Good Hand hygiene (washing)
  - **Exclude: *No unless***
    - Unable to participate / staff cannot care
    - Child meets other exclusion criteria

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Evaluate This Diapering Set-up

What Does “Clean” Mean?

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Sanitation and Disinfection

CFOC 3: STANDARD 3.3.0.1

Task	Purpose
Clean	To physically remove all dirt and contamination. Friction of cleaning removes most germs and exposes remaining germs to sanitizer or disinfectant used later
Sanitize	To reduce germs on inanimate surfaces to levels considered safe by public health codes or regulations.
Disinfect	To destroy or inactivate most germs on any inanimate object, but not bacterial spores.

CFOC 3, page 117 - Comment

Patterns of Infection

1. Affect children and adults equally
2. Infection is not apparent in children, but may be apparent in child care staff and/or parents
3. Infection is apparent in the children, but not in older siblings or adults
4. Infection is mild or not apparent in children, staff or families, but it may seriously affect the fetus of previously uninfected pregnant staff or parents

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Child Care at 2:00 pm

A 20-month-old child wakes up from a nap and is flushed. She does not want to play with other children and is irritable. Her temperature was taken and is 101°F.

- Who do you think this situation affects:
  A. Parents?
  B. Teachers/Caregivers at the center?
  C. Parent's employers and co-workers?
  D. The child's health care professional?

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Manage Common Illnesses

- Daily Health Check
- Exclusion decisions
- Symptoms versus Disease

What to Do When Kids Get Sick After the Daily Health Check?

- Monitor children for
  - Participation in activities
  - Need for additional care
- If participation decreases or need for care increases, then check for other symptoms
- If other symptoms are present
  - Make a decision about exclusion
    - **Exclusion** usually means stopping them at the door. A child who gets sick during the day may be considered for **isolation***
  - Notify parents
  - Care for child until the parent arrives

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*Dr. Jonathan Kotch, MD, FAAP, 5/10/16

Short Term Exclusion

- How do you make decisions about exclusion?
- What are characteristics of good exclusion criteria?
- Is exclusion an effective way to reduce transmission of germs?

Reasons for Short Term Exclusion

The caregiver/teacher should exclude if the illness:

1. Prevents the child from participating comfortably in activities
2. Results in a need for care that is greater than the staff can provide without compromising the health and safety of the other children
3. Specific disease, symptom or condition
   - Child needs to be diagnosed
   - Child poses increased risk to others until treated with medications.

Situations that *Require Medical Attention Right Away*

When to Call 911?

(and the parents)

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Symptoms Versus Diseases

- Children develop symptoms first but do not yet have a diagnosis
- Caregivers/teachers **SHOULD NOT** need to make the diagnosis of a specific disease
- Caregivers/teachers **DO** need to recognize symptoms for which exclusion, medical referral, is necessary

Symptoms Requiring Exclusion

- Fever **WITH** behavior change
- Diarrhea (in some cases)
- Blood in stool
- Vomiting more than 2 times in 24 hours
- Abdominal pain (in some cases)
- Drooling with mouth sores

Some (but not all) of these symptoms require a visit to a health care professional

Exclusion

Fever

- Elevation of normal body temperature, many reasons
- **Axillary** above **100 F**
- **Oral** above **101 F**
- **Rectal** above **102 F**
- **Exclude**: ***Only if***
  - Infant 2 months (60 days) or younger
  - Fever associated with behavioral changes or other signs of illness
  - Child unable to participate, staff cannot care for child w/o compromising others

Diarrhea

- More watery & frequent stools than usual
- **Spread**: Fecal / Oral route
- **Control**: Good hand hygiene (washing)
- **Exclude**: ***YES if***
  - Not contained in diaper
  - Causes “accidents” in toilet trained child
  - Exceeds 2 or more stools above normal

Eyes

Courtesy of Jason Besser-Jones

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Lice (Pediculosis Capitis)

Courtesy of the AAP and Edward Marcuse, MD

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Child Develops New Symptoms

Case Studies

- What are your responsibilities to the affected child and parents? To the other children, and the child care staff? – Exclude or Include?
- When should you notify other parents?
- When should you require a health visit?
- When should you notify the Health Manager or health department?

Child Already Has a Diagnosis

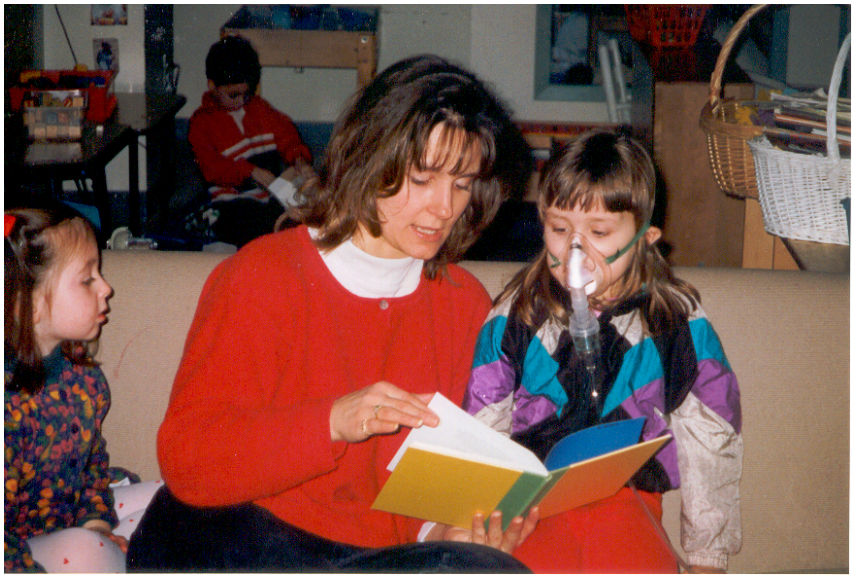
- Sometimes children return to care with a diagnosis from a health care professional
- What is your responsibility to other child care staff, children, and for the affected child?
- When should you notify other parents? How?
- When should you notify the health consultant or health department?

Goals of Exclusion

- Is NOT usually to reduce spread of mild infections since symptoms occur after germs have already been spread
- Ensure children who cannot participate or need more care than possible are at home
- Ensure children have adequate supervision and maintain teacher/caregiver to child ratios
- Keep certain serious conditions out of the program (these are uncommon)

Common Chronic Health Problems

- AI/AN children are 80% more likely to have asthma as non-Hispanic white children
- Children exposed to secondhand tobacco smoke exposure are at increased risk for acute lower respiratory tract infections



Asthma - Wheezing

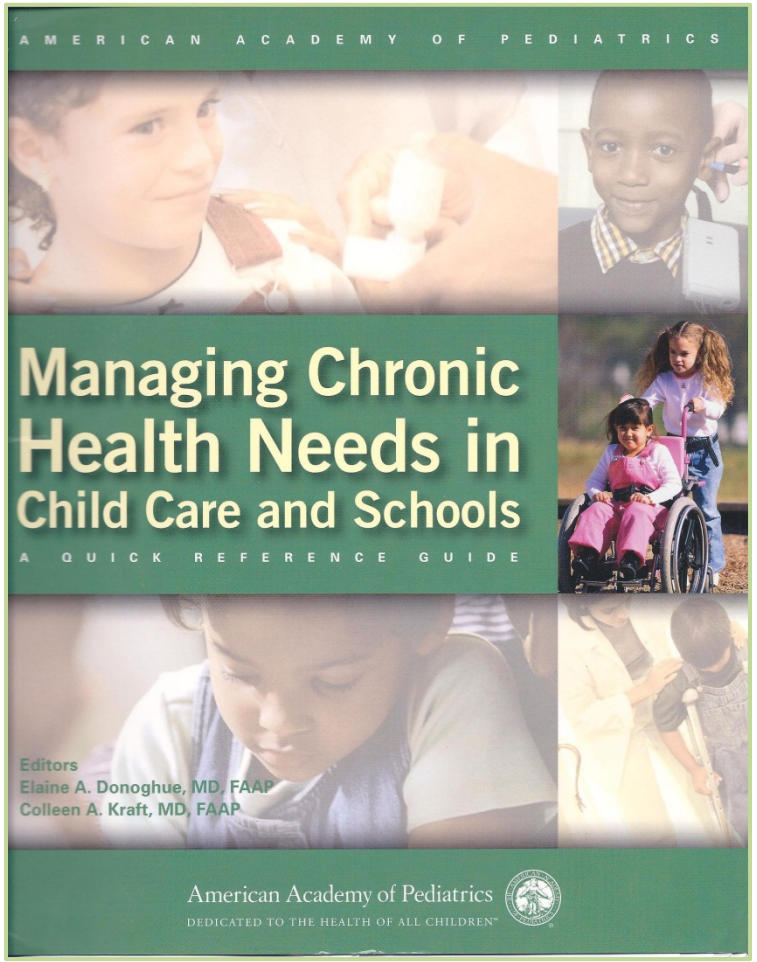
Special Needs Care Plan

Asthma and AI / AN http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=30 ; http://minorityhealth.hhs.gov/, Internet Accessed 5/9/16

Resource – *Managing Chronic Health Needs in Child Care and Schools*

How to plan & coordinate services; Quick Reference Sheets about many chronic health needs

(Available from the American Academy of Pediatrics http://shop.aap.org/



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Demonstration

How

might

germs

spread

asymptomatically?

Infectious Disease Outbreak Control CFOC 3: Standard 3.6.1.4

- **Outbreak**: is a sudden rise in the occurrence of a disease
- Notify your Health Manager, child care health consultant **or** health department
- *Managing Infectious Diseases in Child Care and Schools, 3rd Ed, Pages 189-191*
- Pandemic Influenza Preparedness: www.aap.org

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Know Where to Report

State and Local Department of Health (DOH) Role

CFOC 3: Standard 10.5.0.1

- To identify, prevent & control of infectious disease, injuries and injury risk in child care settings
- Know your state and local DOH phone numbers & who to contact
- Obtain your state's Infectious / Reportable Disease Form

Requirements for Facilities to Report to Health Department

CFOC 3: Standard 10.5.0.3

- All HS/EHS facilities should report outbreaks to DOH (increased expression of illness)
- Early recognition and prompt intervention will reduce the spread of infection in HS/EHS and to the community

http://www.azdhs.gov/preparedness/epidemiology-disease-control/index.php#reporting-schools ; Internet accessed 5/8/2016

Sanitary Food Handling

Clean-Separate-Cook-Chill

- **Clean**: hands, surfaces, fresh fruit & vegetables
- **Separate**: don't cross contaminate raw meat, seafood, poultry, eggs
- **Cook**: Check food with a thermometer, hold at 140° F, or chill quickly
- **Chill**: keep perishable foods below 40° F
- **Check:** foods brought from home

http://foodsafety.gov
www.fightbac.org

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Prevention of Bloodborne Diseases

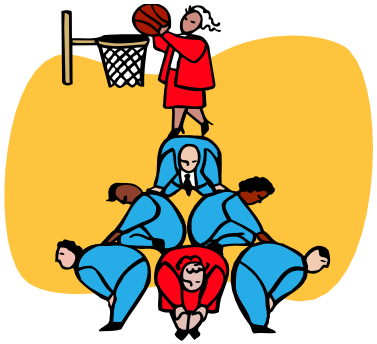
CFOC3 Standard 7.6.1.3

- OSHA requires employers make Hepatitis B (HBV) immunization available **within 10 days of initial assignment** involving the potential of occupational exposure to blood, body fluids containing blood or other potentially infectious material:
  - **Hepatitis B immunization** (3 injection series)
  - **Free of charge to practitioners** who are identified to be at risk for coming in contact with a blood exposure
  - If employee initially declines, but at a later date, within the initial 10 working days, decides to accept HBV, the employer should make HBV available at that time
  - Sign **"OSHA's Hepatitis B Vaccine Declination"** statement

What is Child Care Health Consultation?

CFOC 3: Standard 1.6.0.1,

Consultation is a productive and positive, voluntary partnership between a Child Care Health Consultant and a HS /EHS Health Services Manager or HS/EHS Director.



Together they:

- identify the focus of consultation;
- agree on goals for change; and
- select, implement and evaluate strategies to address the goals (Buysse & Wesley, 2005).

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Who Is A Child Care Health Advocate?

CFOC 3: Standard 1.6.0.1

- Is a regular member of the staff of a center or large or small family child care home
  - HS / EHS Health Services Manager, Director, Assist. Director, Lead Teachers
- The health advocate works with a child care health consultant on health and safety issues that arise in daily interactions

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On-Line, College Credit Course Child Care Health Advocate

- **Earn three (3) college credits while taking an up-to-date course through Northampton Community College, PA.**
- Teaches practical implementation of health and safety in the early education and child care setting.
- Addresses how to comply with guidelines of NAEYC and national health professional organizations.
- Susan Aronson, MD, FAAP, PA Chapter of the American Academy of Pediatrics developed the course curriculum to teach early childhood practitioners how to see to it that their programs integrate health and safety as best practice.
- **Classes offered: Fall and Spring Semesters**
- Interested participants can call **610-332-6585** or email che@northampton.edu for more information.
- ***NOTE:*** *Colleges or universities interested to offering this course may contact Susan S. Aronson, MD, FAAP at eceles@paaap.org*

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Policy Development

- Assist in the development, review and revision of written policies based on Head Start Performance Standards, informed by *CFOC, **3rd Edition***
- Ensure that policies are culturally competent and family-centered
- Assist the director and staff as

  they implement new or

  revised policies

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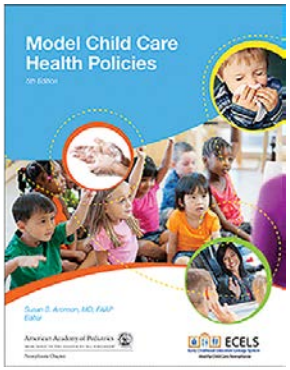
Written Policies (1 of 2)

CFOC 3: STANDARD 9.2

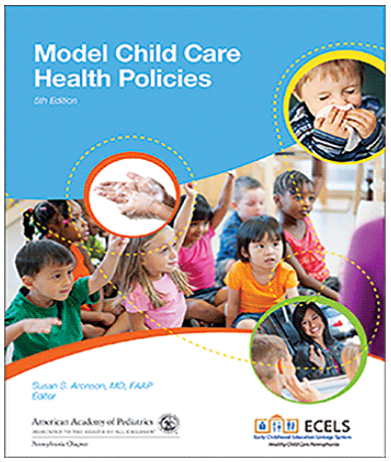


- Obtaining preventive health service information
- Exclusion/Inclusion from group care
- Staff health
- Immunizations and dealing with under-immunized children and staff
- Food preparation
- Hand hygiene (washing), toileting and diaper changing
- Sanitation and hygiene procedures (cleaning toys, storing personal materials)
- Oral health activities
- Night-time care if provided

MCCHP: http://www.**ecels-healthychildcarepa**.org

Written Policies (2 of 2)

CFOC 3: STANDARD 9.2



- Universal precautions
- Daily health checks
- Care of an acutely ill child
- Parental notification & parent notification of program re child and family health issues
- Reporting diseases to health department
- Use of medications
- Outbreaks including pandemics
- Confidentiality & consent for information exchange with child's medical home

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MCCHP: http://www.**ecels-healthychildcarepa**.org

Health Education

- HS /EHS Health Services Manager,
  & Staff
  - disease prevention
  - new or existing licensing regulations, or health initiatives
- Children
- Parents/guardians
- Integrate health education and healthy behaviors into each day
- Provide parents & staff written health and safety materials
- Develop a newsletter or display posters about infectious disease prevention

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- Provide parents & staff written health and safety materials
- Develop a newsletter or display posters about infectious disease prevention

Staff Evaluations

Monthly / yearly demonstration observations:

- Proper **handwashing performance** at appropriate times and use of the recommended technique
- Correct **diaper changing** procedure
- Correct determination for **cleaning, sanitizing** and **disinfecting**

Procedures based on **Caring for Our Children**, 3rd Ed.

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How Does Attitude Prevent **or** Encourage Actions to Control Infectious Illness?

- Families have profound expertise about their child's health and well-being
- Families make the decisions about their child's health
- Families will have the responsibility for long-term follow-up
- Families have culturally rooted beliefs about health
- Families need to know/feel that they are our partners

Linkage to Community Resources (1 of 2)

- Connect children, families and Head Start staff to community resources by
  - providing contact information
  - making referrals and following-up with families and community service providers
- Link to:
  - Indian Health Services
  - Bureau of Indian Education
  - Other AI/AN agencies
  - Department of Health

Linkage to Community Resources (2 of 2)

- Develop / maintain a list of community infectious disease resources or share a resources file with information on eligibility criteria, hours of operation, cost of services, etc.
- Serve on the Health Services Advisory Committee or recommend other community professionals who could serve

Summary (1 of 3)

Infectious diseases:

- Requires a combination of ill child, HS/EHS, family, community
- Spread by:
  - Respiratory route
  - Fecal – oral route
  - Direct contact
  - Body fluids
  - Vectors
- Decrease infectious diseases by:
  - Proper hygiene
  - Immunizations (Child & Adult)
  - Environmental controls
  - Healthy lifestyle

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Summary (2 of 3)

- Daily health check:
  - Important tool to identify and controlling infectious disease
  - Managing children with special needs

- Exclusion from child care
  - Unable to participate
  - Require too much care
  - Specific symptoms or conditions

Summary (3 of 3)

- Exclusion decisions should be based on written criteria

- ***Only 3 primary reasons for exclusion:***
  - Prevents the child from participating comfortably in activities.
  - Results in a need for care that is greater than the staff can provide without compromising the health and safety of the other children.
  - Specific diseases, symptoms and conditions listed in *Managing Infectious Diseases in Child Care and Schools.*

Revisit Objectives

1. Identify modes of disease transmission **(spread)**
2. Name 3 common infectious illness and the modes of transmission that may affect children
3. Discuss how to reduce the risk of infectious diseases including:
   - good hygiene
   - healthy lifestyles
   - immunizations
   - environmental controls
4. Identify criteria and rationale for short term exclusion
5. Discover what resources are available in preventing and managing common illness
6. Describe how attitude may prevent or encourage actions to control infectious illness

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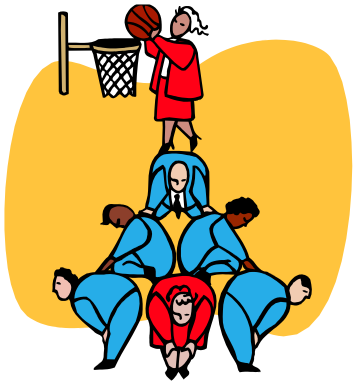
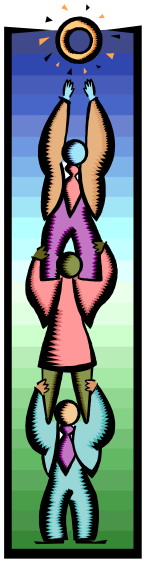
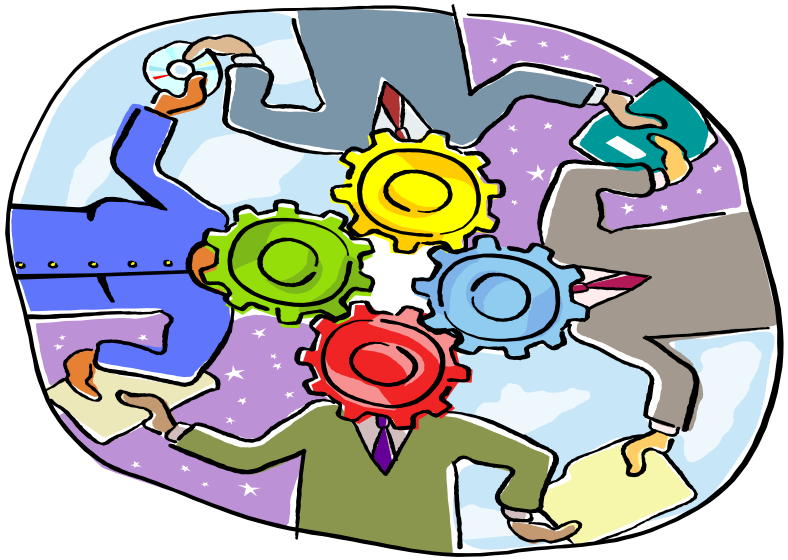
What Will You Try When You Return Home?





What	Who	When



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Thank You For <u>All</u> That You Do To Keep Our Children Healthy and Safe

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For more information, look for my ad in the 2016-2017 NIHSDA Academic Monthly Planner.

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(610) 764-8977 ▪ Betsy@cchealthsafety.com
www.cchealthsafety.com

Learn what current best practice health & safety resources are available to support your work.

Expert Child Care Health Consultant (CCHC) support for HS & EHS Administrators, Directors and Health Managers on health and safety issues. Presently CCHC with Rural America Initiatives Dakota Transitional HS & EHS, South Dakota. Formerly served and trained Navajos throughout New Mexico.

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PO Box 153 Betsy@cchealthsafety.com
Newtown Square, PA 19073-0153 www.cchealthsafety.com

Professional Development (PD)

Course Hours	Title	Overview
3 Hrs	**Using Ages and Stages Questionnaires® (ASQ,ASQ:SE)**	Learn how to use the ASQ® and ASQ:SE® as a screening tool for children ages 3 months to 5 years. The session provides information on how to administer, score and share results with families. Including resources for making referrals to additional services if needed.
5 Hrs	**American Heart Association (AHA) Heartsaver® Pediatric First Aid with Child-Infant CPR**	The **Heartsaver® Pediatric First Aid CPR AED Course** is designed to meet the regulatory requirements for child care workers in all 50 United States. It teaches how to respond to and manage illnesses and injuries in a child or infant in the first few minutes until professional help arrives. The course covers the Four Steps of Pediatric First Aid (Prevent, Be Safe, Phone 911, Act) and modules in Pediatric First Aid, child/Infant choking and CPR/AED. Learn through video and inter-active, hands-on demonstrations.
2 Hours	**Asthma**	Uses interactive discussion, visual aids and hands-on demonstrations to address the causes, symptoms, bodily responses of asthma episodes. Learn current prevention and management for asthma episodes. (ECERS-ITERS: Program Structure, Personal Care Routines.)
2 Hours	**Bloodborne Pathogens:** Keeping Safe When Touching Blood	Learn how to minimize risk of exposure to disease causing pathogens (germs, viruses, etc.) Learn how to meet Standard Precautions recommended by the Centers for Disease Control and Prevention (CDC) and Occupational Safety and Health Administration (OSHA) requirements. Explore the adequacy of your facility's policies and Exposure Control Plan. Discuss how to handle a biting incident. (ECERS-ITERS: Personal Care Routines, Parents and Staff.)
2 Hours	**Caring for the Caregiver**	Learn how to recognize and manage occupational health risks, drawing on the content in Caring for Our Children, 3rd Ed. Addresses management of stress, infectious disease risks, and musculo-skeletal (ergonomic) challenges intrinsic to providing early learning and school-age care. Includes assessment of personal and work-site health promotion strategies. (ECERS-ITERS: Parents and Staff.)
2 Hours Or 3 Hours	**Cavity Free Kids**	Educates early learning providers, children, and families about oral health through: classroom activities, songs, lesson plans, parent meetings and home visits with user-friendly tools to incorporate five essential oral health concepts into classroom activities, home visits, parent education and family fun nights. The Five Essential Oral Health Concepts are: *Let's Clean Our Teeth, Get a Dental Check Up, Why We Need Teeth, What Hurts/Weakens Teeth,* and *We Can Keep Our Teeth Strong.*
2 Hours	**Common Illness**	Use a game approach to teach appropriate response to common illnesses. Content includes myths and facts about childhood illnesses and when temporarily ill children need to be excluded from their group. Includes distribution of current reference materials and the opportunity to practice using them. The reference for the discussion is Managing Infectious Diseases in Child Care and Schools, a publication of the American Academy of Pediatrics. Handouts include some of the tables and Quick Reference Sheets from this book. (ECERS-ITERS: Personal Care Routines, Parents and Staff.)

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Professional Development (PD)

2 Hours	**Food Allergy**	Use an interactive curriculum from the Food Allergy and Anaphylaxis Network. It includes a video and mock epinephrine (EpiPen®) demonstration. Explore how to read food labels to find hidden ingredients that are the same as common food allergens. Learn the basics of food allergy and allergen types in foods. Discuss how to modify the early learning and school-age program for a child with a food allergy and plan for handling a food allergy response. (ECERS-ITERS: Personal Care Routines.)
2 Hours	**Head Bumps Matter:** How to Protect Young Brains	Apply methods to reduce and / or appropriately respond to child head injuries. This workshop will address ways to reduce the risk of head injuries, which may have long-lasting consequences for a child, during acting play, as well as how to use injury logs and accommodate a child who has sustained a brain injury in group care. Learn to recognize and respond to signs and symptoms of brain injury. (ITERS-R, ECERS-R: Personal Care Routines)
4 Hours / session **16 Hours**	**I Am Moving** **I Am Learning**	Workshop consists of 4 sessions (4 hours each) for a total of 16 hours. You may take a single session at a time ***or*** all four sessions to receive credit for this series. **The 4 sessions are**: ***Opportunity Knocks** ***Body Language and Moving MVPA** (Moderate to Vigorous Physical Activity) ***Observing and Evaluating Motor Skills** ***Reversing Current Obesity Trends**
2 Hours	**Infant and Toddler Health and Safety**	Use Caring for Our Children, 3rd Ed., ITERS-R and PA Child Care Facility Regulations, to evaluate, improve infant/toddler health and safety practices. Interactive teaching methods shall reinforce correct procedures: diapering/toilet learning, support breastfeeding, SIDS facts, and safe sleep practices.
3 Hours	**Medication Administration**	Workshop draws on the 2010 curriculum published by the American Academy of Pediatrics. Learn to manage the risks involved in giving medication in group care settings using the ***5 Rights***: the **right child** receives the **right medication** in the **right dose**, by the **right method** at the **right**. Practice skills and discuss scenarios to identify gaps in practice. Review key elements that should be in documentation of medication and policies/procedures. Demonstrations/discussions include tips for giving a variety of medications: liquids and pills, eye, ear, nose, topical medications, e.g., diaper cream and sunscreen, inhalers and emergency medicines.
1 Hour	**Medication Administration Skills Checklist (ECELS)**	***Prerequisite:** Successful completion of: 3 hour ECELS Medication Administration workshop or the National American Academy of Pediatrics 2 hour e-learning Medication Administration self-learning module.* Observation by a licensed nurse using the ECELS Medication Administration Skills Checklist to document that they observed the staff member correctly demonstrate oral medication administration skills using the ECELS Medication Administration Skills Checklist. (ECERS-ITERS: Personal Care Routines.)

Managing Common Illness

National Indian Head Start Directors Association
26th National Training Conference
June 9th 2016

OBJECTIVES

1. Identify modes of disease transmission
2. Name 3 common infectious illness and the modes of transmission that may affect children
3. Discuss how to reduce the risk of infectious diseases including:
   - good hygiene
   - healthy lifestyles
   - immunizations
   - environmental controls
4. Identify criteria and rationale for short term exclusion
5. Discover what resources are available in preventing and managing common illness
6. Describe how attitude may prevent or encourage actions to control infectious illness

PLANS FOR CHANGE

What	Who	When

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On-Site Consultation & Professional Development (PA-PQAS)

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Fever

What is fever?

Fever is an elevation of the normal body temperature. Fever is most commonly caused by a viral or bacterial infection, but it can be a sign of illnesses not caused by infections, such as exercising in a very warm environment, rheumatoid arthritis, a reaction to a vaccine or medication, or cancer.

What is considered a fever?

Axillary (armpit) temperatures above 100°F (37.8°C), oral temperatures above 101°F (38.3°C), rectal temperatures above 102°F (38.9°C), or equivalent temperatures taken with proper use of other reliable instruments usually are considered to be above normal in children. Children's temperatures may be elevated for a variety of reasons, most of which do not indicate serious illness.

Does fever mean a child is contagious?

- Children with fever are not always contagious. Noncontagious causes of fever include urinary tract infections and causes unrelated to infections.
- The most common cause of fever is a viral upper respiratory infection (the common cold). Although the common cold is contagious, it is not particularly harmful to others. Some children have a fever and never develop other symptoms, and the fever resolves by itself. Many infections cause a child to be contagious for several days before a fever develops. Some infections cause a child to remain contagious long after the fever has resolved. Finally, many children spread germs without ever developing a fever or other symptoms.

Is fever harmful to the child?

- No. Most (virtually all) fevers that occur because of infectious diseases are not harmful. The very high body temperatures in heatstroke are harmful. Children should never be left unattended in a car because the temperature can rise quickly and cause heatstroke and even death in a young child. Exercising in excessively hot weather or in overheated rooms indoors can be harmful also.
- Children with fever are usually less active and need to drink more to avoid dehydration.
- Some young children with fever may have a brief seizure. Most brief seizures (that last less than 15 minutes) associated with fever occur in children younger than 6 years and are not harmful. They are frightening to witness but do not result in any kind of brain damage. However, a child who has experienced a seizure should be referred to a health professional for evaluation, unless the child's seizure fits the pattern of a previously identified seizure disorder that the program has been taught to manage for that child.
- Fever is one way the body may respond to an infection. When fever develops, all the infection-fighting mechanisms tend to speed up and can help the body fight the infection. High elevations in body temperatures can require more replacement of body fluids and sometimes affect behavior.
- Children may have high elevations in body temperature and appear relatively well. Therefore, fever is not a good indication of severity of illness. Behavior is a much more reliable indicator of the significance of illness. If a child appears moderately ill with a fever, he should be referred for a medical evaluation.

What are the roles of the teacher/caregiver and the family?

- Measure a temperature only if a child is acting ill.
- If a child who is acting ill (behavior change) has a fever, notify the staff member designated by the child care program or school for decision-making and action related to care of ill children. That person in turn should alert the parents/guardians for pickup.
- Treating the fever is not necessary unless the child is uncomfortable. Evidence suggests that fever helps the body fight infection. Acetaminophen (eg, Tylenol) or ibuprofen (eg, Advil, Motrin) may be considered for the child's comfort if the child feels ill; however, reducing fever also reduces the child's ability to fight the infection and so makes the germs feel better. Generally there is no rush to reduce a child's temperature. Aspirin should never be administered to children with fever because of the potential risk of Reye syndrome. Any child receiving a medication should have a note from the child's health professional and a medication bottle with the child's name and clear dosing instructions printed on it. If a child is uncomfortable and has a fever and the requirement for a note and clearly labeled medication are met, the program can administer fever-reducing medication while waiting for parents/legal guardians to come pick up the child.

➤*continued*

- There is no need to cool the child to try to bring down the fever unless the child's temperature is high from exposure to extreme heat, often associated with vigorous exercise (heat exhaustion or heatstroke)—such instances are medical emergencies that require immediate health professional care.
- Infants younger than 4 months with fever should be evaluated by a medical professional. Any infant younger than 2 months with a rectal temperature above 100.4°F should get medical attention immediately—within an hour if possible. The fever is not harmful; however, the illness causing it may be serious in this age group.

Exclude from group setting?

Only if

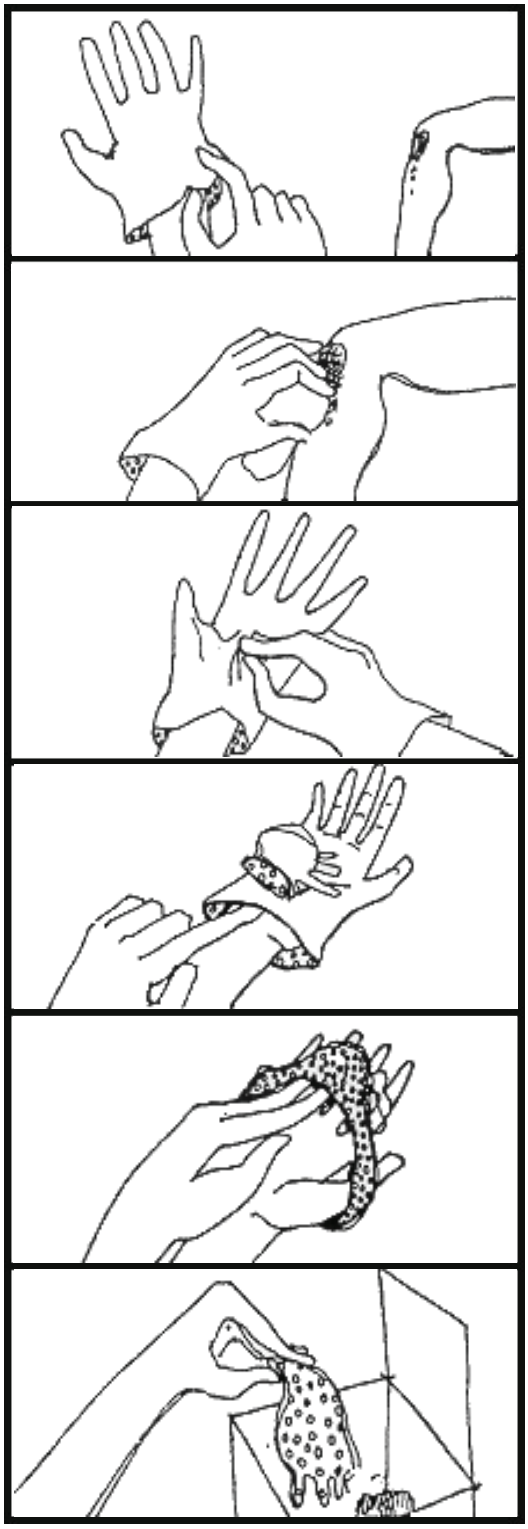
- Fever is noted in an infant younger than 2 months (60 days).
- Fever is associated with behavior change or other signs of illness. These signs of illness are anything (other than the fever) that indicates that the child's condition is different from what is usual when the child is healthy. Exclusion for fever and signs of illness transfers the responsibility to the family to monitor the child.
- The child is unable to participate and staff members determine that they cannot care for the child without compromising their ability to care for the health and safety of the other children in the group.

Readmit to group setting?

When exclusion criteria are resolved, the child is able to participate, and staff members determine that they can care for the child without compromising their ability to care for the health and safety of the other children in the group. A health professional visit is not required after every exclusion for fever.

Gloving

Wash hands prior to using gloves if hands are visibly soiled.



Put on a clean pair of gloves.

Provide the appropriate care.

Remove each glove carefully. Grab the first glove at the palm and strip the glove off. Touch dirty surfaces only to dirty surfaces.

Ball-up the dirty glove in the palm of the other gloved hand.

With the clean hand strip the glove off from underneath at the wrist, turning the glove inside out. Touch dirty surfaces only to dirty surfaces.

Discard the dirty gloves immediately in a step can. Wash your hands.

Note that sensitivity to latex is a growing problem. If caregivers/teachers or children who are sensitive to latex are present in the facility, non-latex gloves should be used.

Adapted with permission from: California Department of Education. 1995. *Keeping kids healthy: Preventing and managing communicable disease in child care.* Sacramento, CA: California Department of Education.

2016 Recommended Immunizations for Children from Birth Through 6 Years Old

Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
HepB	HepB			HepB						
		RV	RV	RV						
		DTaP	DTaP	DTaP		DTaP				DTaP
		Hib	Hib	Hib	Hib					
		PCV	PCV	PCV	PCV					
		IPV	IPV		IPV					IPV
					Influenza (Yearly)*					
					MMR					MMR
					Varicella					Varicella
					HepA§					

Is your family growing? To protect your new baby and yourself against whooping cough, get a Tdap vaccine in the third trimester of each pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

NOTE: If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

* Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

§ Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.

SEE BACK PAGE FOR MORE INFORMATION ON VACCINE-PREVENTABLE DISEASES AND THE VACCINES THAT PREVENT THEM.

For more information, call toll free
1-800-CDC-INFO (1-800-232-4636)
or visit
http://www.cdc.gov/vaccines

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against *Haemophilus influenzae* type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pinkeye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR**vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord) , encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

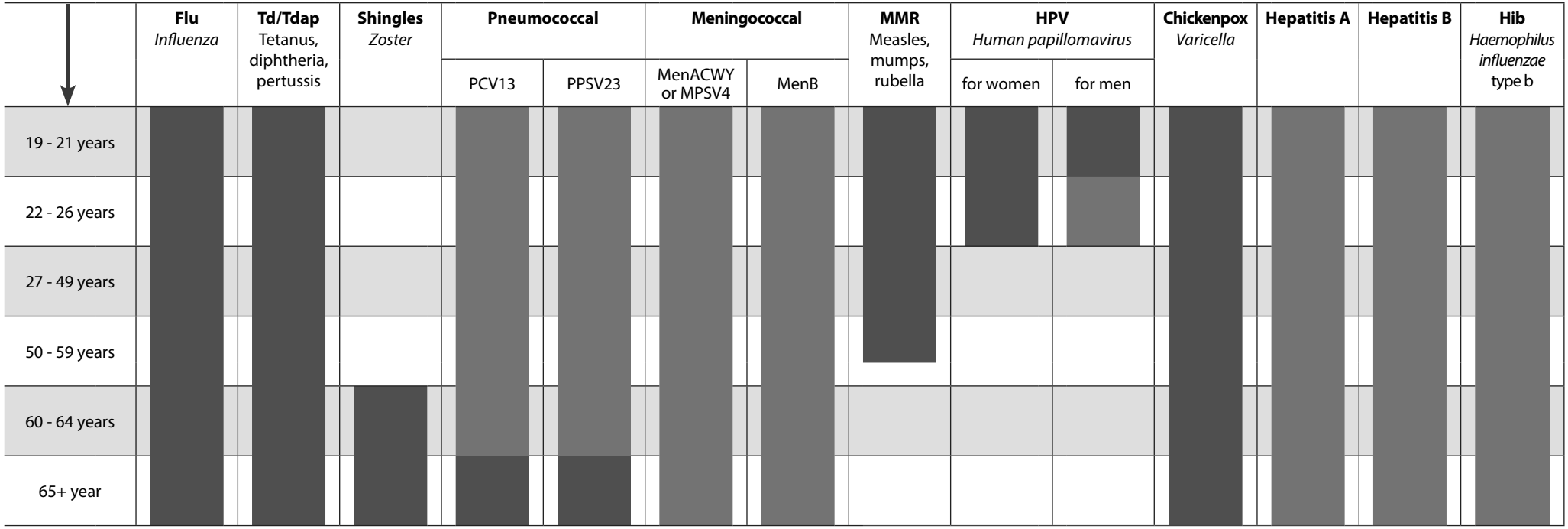
* DTaP combines protection against diphtheria, tetanus, and pertussis.
** MMR combines protection against measles, mumps, and rubella.

Last updated January 2016 • CS261834-D -

INFORMATION FOR ADULT PATIENTS

2016 Recommended Immunizations for Adults: **By Age**

If you are this age, talk to your healthcare professional about these vaccines →



More Information:

- **Flu:** You should get flu vaccine every year.
- **Td/Tdap:** You should get a Td booster every 10 years. You also need 1 dose of Tdap. Women should get a Tdap vaccine during every pregnancy to protect the baby.
- **Shingles:** You should get shingles vaccine even if you have had shingles before.
- **Pneumococcal:** You should get 1 dose of PCV13 and at least 1 dose of PPSV23 depending on your age and health condition.
- **MMR, HPV, Chickenpox, Hepatitis A, Hepatitis B, Hib:** **You should get this vaccine if you did not get it when you were a child.**
  - You should get HPV vaccine if you are a woman through age 26 years or a man through age 21 years and did not already complete the series.

Recommended For You: This vaccine is recommended for you ***unless*** your healthcare professional tells you that you cannot safely receive it or that you do not need it.

May Be Recommended For You: This vaccine is recommended for you if you have certain risk factors due to your health, job, or lifestyle that are not listed here. Talk to your healthcare professional to see if you need this vaccine.

If you are traveling outside the United States, you may need additional vaccines.
Ask your healthcare professional about which vaccines you may need at least 6 weeks before you travel.

For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines

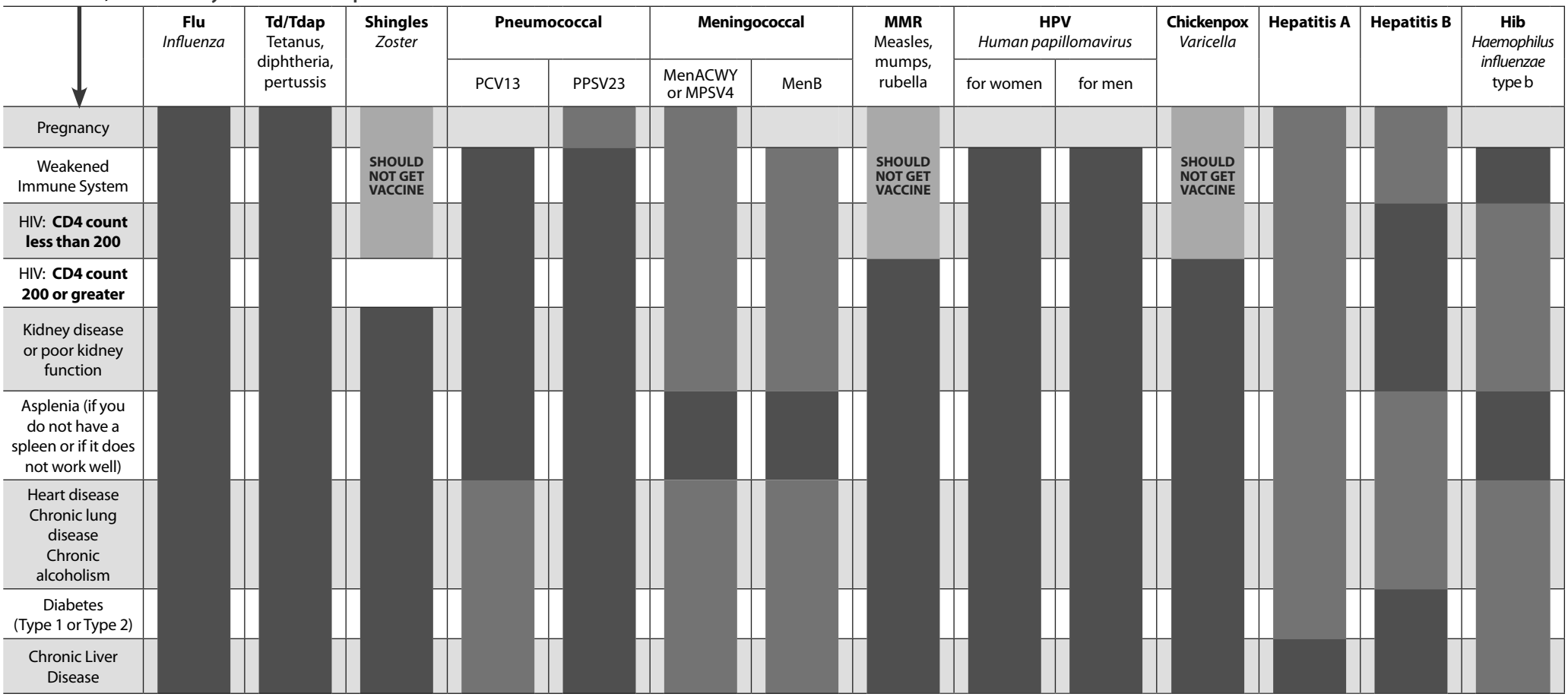
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS262412

INFORMATION FOR ADULT PATIENTS

2016 Recommended Immunizations for Adults: **By Health Condition**

If you have this health condition, talk to your healthcare professional about these vaccines →



More Information:

You should get flu vaccine every year.

You should get a Td booster every 10 years. You also need 1 dose of Tdap vaccine. Women should get Tdap vaccine during every pregnancy.

You should get shingles vaccine if you are age 60 years or older, even if you have had shingles before.

You should get 1 dose of PCV13 and at least 1 dose of PPSV23 depending on your age and health condition.

You should get this vaccine if you did not get it when you were a child.

You should get HPV vaccine if you are a woman through age 26 years or a man through age 21 years and did not already complete the series.

You should get Hib vaccine if you do not have a spleen, have sickle cell disease, or received a bone marrow transplant.

For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines

Recommended For You: This vaccine is recommended for you ***unless*** your healthcare professional tells you that you cannot safely receive it or that you do not need it.

May Be Recommended For You: This vaccine is recommended for you if you have certain other risk factors due to your age, health, job, or lifestyle that are not listed here. Talk to your healthcare professional to see if you need this vaccine.

YOU SHOULD NOT GET THIS VACCINE

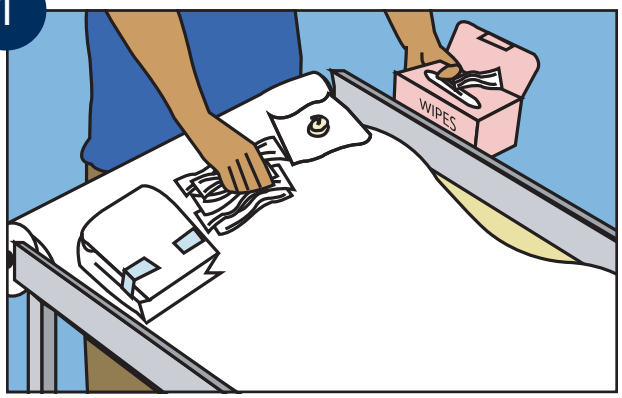
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS262412

Diapering

This poster is based on *Caring for Our Children, 3rd Edition*, a publication of the American Academy of Pediatrics, American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education. It was created by CCA Global with guidance from the PA Chapter of the AAP.

1



Cover surface with disposable paper.

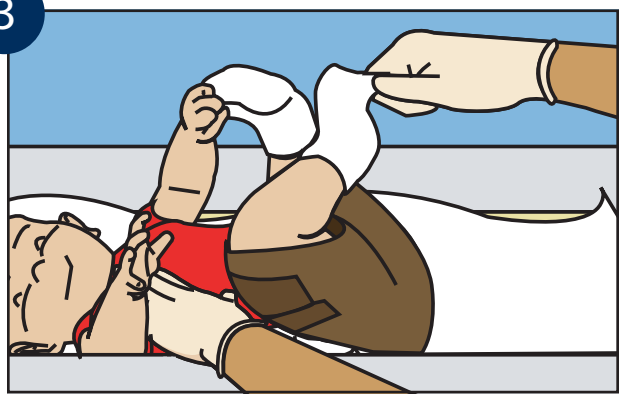
Remove from containers and place on diapering surface **away from child's reach**:

- Wipes
- Clean diaper
- Dab of diapering cream on facial tissue
- Plastic bag for soiled clothes
- [Put on gloves if using]

2

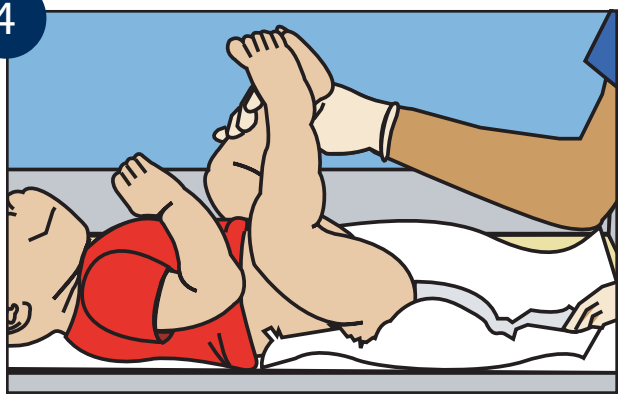
Place child on diapering surface. Always keep a hand on the child.

3



Remove bottom clothing including shoes & socks if feet cannot be kept from contacting soiled skin or surfaces. [If clothing is soiled, remove and place in plastic bag.]

4

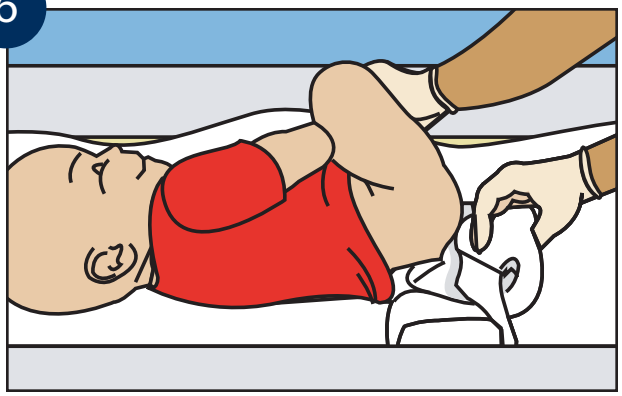


Unfasten diaper but keep soiled diaper under child's bottom.

5

Lift child's legs and clean skin from front to back. Use fresh wipe each time.

6

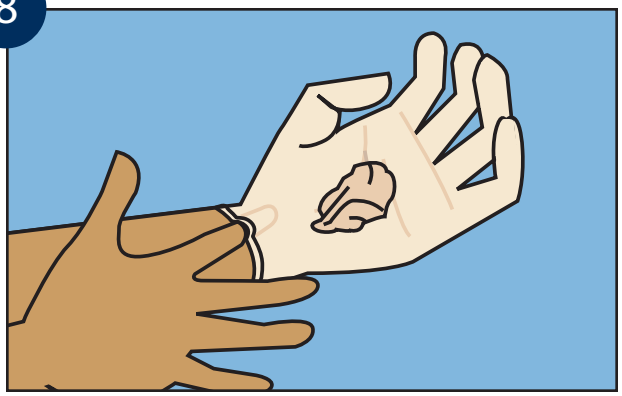


Put soiled wipes in soiled diaper or directly into a hands-free, plastic-lined can. Then, dispose of soiled diaper in the hands-free can.

7

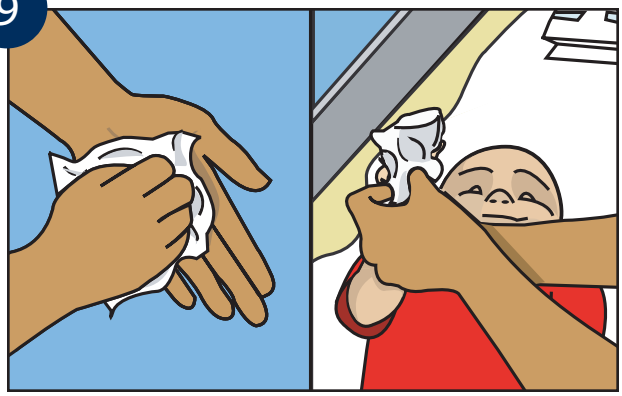
If paper is soiled, use corner to fold clean side of paper back under child's cleaned bottom.

8



Remove gloves.
Dispose in hands-free can.

9

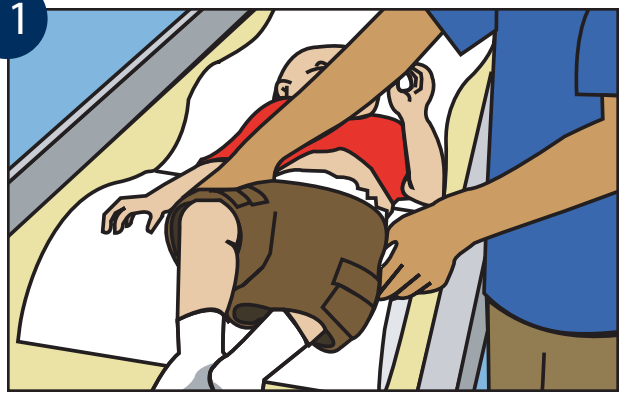


Use separate fresh wipe on adult's and child's hands. Dispose in hands-free can.

10

Put clean diaper under child's bottom.
[If using diaper cream, apply with facial/ toilet tissue or glove, then discard in hands-free can.]

11



Fasten diaper and dress child.

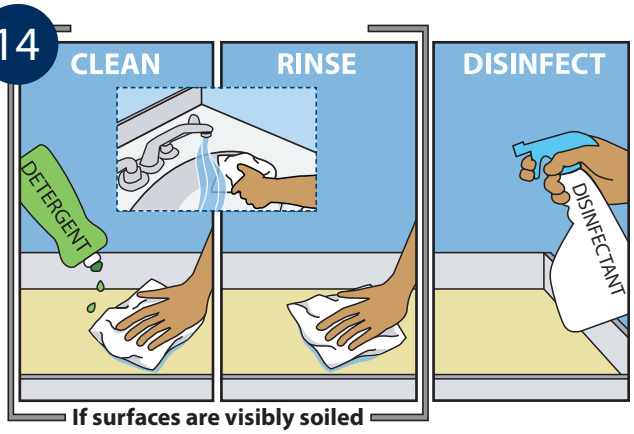
12

Wash child's hands at sink.*

13

Return child to supervised area.

14



A. Dispose of changing table paper.

B. If diapering surfaces are visibly soiled:
   - Clean surfaces with detergent, water and paper towels.
   - Rinse surfaces with water.

C. Wet all diapering surfaces with disinfectant solution.

D. Leave solution on for required contact time.

15

WASH HANDS*

If diapering surface is wet after required contact time, dry with clean paper towel before next change.

* If hands are not visibly soiled, alcohol-based hand sanitizers are OK for adults and children over 24 months.

16

Record in Daily Report form for family:
- Time of diaper change
- Diaper contents
- Any problems such as loose stool, skin irritation, etc.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Pennsylvania Chapter

FACT SHEET

Changing Soiled Underwear for Young Children

Disposable training pants (e.g. Pull-Ups®) and underwear for children who still have "accidents" may help many children move from diapers toward independent toileting. However, changing soiled disposable training pants, underwear and other soiled clothing introduces an increased risk of spread of infection. During the change, many surfaces may be contaminated with germs in urine and feces. Teachers/caregivers need to follow procedures to limit the spread of germs.

The Risks

Urine of toddlers and preschool age children should be expected to have Cytomegalovirus (CMV) – a germ which can cause a flu-like illness in adults, and severe harm to a fetus of a pregnant mother. Many studies have shown that a large proportion of young children are infected with CMV (cytomegalovirus) without having symptoms themselves.

Feces are common carriers of bacteria and many viruses. In child care settings where sanitation is not a priority, germs that cause diarrhea are commonly found in large amounts on floors, tables, toys and the hands of caregivers and children. Astrovirus, calicivirus, rotavirus, norovirus, adenovirus, hepatitis A, pin worms, *Cryptosporidium parvum*, *Giardia, Shigella, Salmonella*, *Camplobacter, Clostridium difficile* and disease-causing *Escherichia coli* are among the germs that can spread through improper changing routines in child care.

Prevention

Two key references detail the measures that every group care program should follow to reduce the spread of infection:

- *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*, third edition provides "best practice recommendations" from the national American Academy of Pediatrics (AAP). The Quick Reference Sheets in the book explain the risks and control measures for individual types of infections. Chapter 3 is about preventing infection. To order a copy of the book, call the AAP at 888/227-1770 or go to www.aap.org/bookstore.
- *Caring for Our Children,* third edition, 2011 includes the national standards for best practice on a wide range of health and safety topics. The details about hand hygiene are in Standard 3.2.2.2. *Appendix K* is an easy to read table that lists which surfaces should be cleaned and sanitized or disinfected, and when to carry out these measures. *Appendix J* explains the differences between cleaning, sanitizing and disinfecting. The document can be purchased from AAP, American Public Health Associaiton and the National Association for the Education of Young Children or accessed at no cost (with the most recent updates and clarifications) on the website of the National Resource Center for Health and Safety in Child Care (http://nrckids.org)

Procedure for Changing Soiled Disposable Underpants or Cloth Garments

1. Get organized.

Assemble all supplies for the change, removing supplies from their containers to avoid contamination of the containers during the change. Have a hands-free, plastic-lined, covered, waste can available to receive the contaminated disposable items from the change. These items might include clean disposable training pants or cloth garments, a disposable material to cover the area where the change will occur, the expected amount of wipes, gloves (recommended, although not required) and 1 plastic bag for any soiled clothing.

To avoid back strain use a changing table that brings the child to a comfortable height. Tables with built-in steps or an ordinary sturdy step ladder that the child can climb with the teacher/caregiver's help and supervision are helpful. Using a changing table helps establish a well-organized changing area.

Cover the surface on which the change occurs with sufficient disposable material to protect whatever is underneath – and big enough so the teacher/caregiver can fold over any contaminated portion of the disposable material. Only a clean surface should come in contact with the child's clothing once the soiled articles have been removed – i.e. when the child is being dressed. Whatever is used must cover the entire area where any soiled materials will be in contact, and must be of a substance or thickness that will not allow fluids that contain germs to get through to the undersurface. No matter what disposable covering is used, the teacher/caregiver must clean any visibly soiled surface and then disinfect all contaminated surfaces, including the surface under the disposable covering after the change is completed. Some germs get through any covering. Be sure to use a surface under the disposable material that is easy to clean and disinfect such as a non-porous mat, plastic sheet or seamless linoleum.

2. Avoid contact with soiled items.

Consider whether to change the child lying down or standing up. Changing toddlers standing up may promote a consistent message about being "big." However, having the child lie down for the change makes it easier to clean the child's bottom, is less awkward for the caregiver to manage, and better defines the surfaces that are likely to be contaminated during the procedure. If the child's hands are clean, the child may help assemble the supplies, and help put on clean clothing to be a "big helper."

If the child is changed standing up, it is likely that clothing, shoes and socks will be soiled. The teacher/caregiver must remove theses items before the change begins. If the shoes become soiled, germs will spread wherever the child walks after the change. Studies have shown that floors in play areas in child care are heavily contaminated with fecal

bacteria, most likely due to footwear that spread germs from contact with feces and urine. The child's clothing may also get contaminated, so have the child hold the upper body clothing up above his/her waist. This keeps the child's hands busy and the teacher/caregiver knows where the child's hands are during the changing process. Another approach is to use a plastic clothes pin that can be washed and disinfected after the change to hold the clothing up and out of the way.

If the child is wearing soiled disposable underpants, pull the sides apart, rather than sliding the garment down the child's legs. The objective is to reduce contact of urine or feces with other surfaces. **If the child is wearing soiled cloth underwear, remove the underwear and any soiled clothing, doing your best to minimize the contact of soiled surfaces with the child's skin and anything else. Throw the disposable items directly into a hands-free, plastic lined waste container. Place all soiled clothing that needs to be laundered directly into a plastic bag after the article is removed.**
Avoid further contamination of surfaces by temporary placement of soiled articles on other surfaces. Do not rinse soiled clothing in the toilet or elsewhere. To avoid further contamination of the environment, send all soiled clothing home for cleaning without rinsing it in the child care setting. Any handling of soiled articles increases the risk of spreading germs to other children in the group.

If the child's shoes are soiled, wash and disinfect them before putting them back on the child. It is a good idea for the child care facility to have a few extra pairs of socks and some donated spare shoes in appropriate sizes for those who are involved in toilet learning.

3. Clean the child's skin.

Wipe the child's skin with disposable wipes from front to back, using a fresh wipe each time. Dispose of the wipes directly into a hands-free, plastic-lined, covered waste can.

4. Throw away disposable items.

Throw away the wipes and all disposable items directly into a hands-free, plastic-lined, covered waste can. Check the disposable surface material under the child's feet. If there is any contamination, fold it over to put a fresh, unsoiled surface under the child.

If the teacher/caregiver wore gloves during the change, the gloves should go directly into the hands-free, plastic-lined, covered waste can, before touching any clean clothing. Whether or not gloves were used, **either a) use a disposable wipe to clean your hands and then another to clean the child's hands, putting each wipe directly into a hands-free, plastic-lined, covered waste can, or b) use an alcohol-based hand sanitizer for this step for the adult and for a child who is over 24 months of age.**

5. Put on clean underwear and clothing.

Assist the child, as needed, in putting on clean disposable underpants or cloth underwear, then in re-dressing. Put the child's shoes and socks back on.

6. Child performs hand hygiene.

Have the child wash his/her hands at the sink after the change is completed. Wash with liquid soap and running water, lather for 10-20 seconds, and then turn off any faucet handle with

a paper towel. (*Caring for Our Children* standards specify lathering for 20 seconds and allow children over 24 months of age to use alcohol-based hand sanitizer under 1:1 supervision if the directions on the sanitizer are followed. PA regulations require hand washing.) **Return the child to a supervised area.**

7. Clean and disinfect contaminated surfaces.

Fold the contaminated material used as the disposable changing surface so what is touched as it is discarded is mostly the clean, outer surface. Throw it away into a hands-free, plastic-lined, covered waste can. Make sure that all remaining surfaces that were touched during the change are visibly clean, or clean them with detergent and then rinse them with water. **Disinfect all potentially contaminated surfaces with a disinfecting solution** – either an EPA-registered product whose label indicates it is suitable for disinfecting changing surfaces, or a properly diluted household bleach solution that is not an EPA-registered product**. Under federal law, EPA-registered products must be used as specified on the manufacturer's label. If the disinfecting solution is a dilution of bleach in water (1 tablespoon bleach to 1 quart of water) the entire surface must be wet with the solution for a contact time of at least two minutes**. The bleach and water dilution should be made fresh daily. Bleach evaporates from the solution over the course of a day.

8. Teacher/caregiver performs hand hygiene.

Wash the teacher/caregiver's hands after completing the disinfecting step. Wash by wetting the hands, applying liquid soap and lathering for 10-20 seconds (20 seconds is recommended by the CDC and in *Caring for Our Children*) rinse, use a paper towel to dry the hands and then to turn off the faucet handle if required to stop the faucet water flow.

The original version of this fact sheet was prepared in 2006 with input and comments from:
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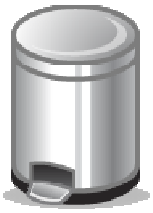
Updated by Susan S. Aronson MD, FAAP - 11/2012

A Dozen COMMON ERRORS in Diapering

1. **Bringing supply containers to the diapering table**
   -instead of removing the content needed for the single diaper change so the containers become contaminated and spread germs from one child to another.
2. **Using too little disposable paper under the child**
   -so that if the stool or urine content soils the area outside the diaper itself,
   -so there isn't enough paper to fold over and put a clean surface under the child while putting the clean diaper and clothing on the child. The paper should extend from shoulder to feet.
3. **Failing to move clothing out of diaper changing contamination area before the diaper change**
   -so clothing becomes contaminated and carries germs from the diaper contents around the caregiving area.
4. **If using disposable gloves, failing to remove them after dropping the soiled diaper and soiled wipes into the hands-free lidded refuse container.**
5. **Not wiping the caregiver's and child's hands before moving to the clean steps: putting on the clean diaper and clean clothing**
6. **Standing children on soiled tables in shoes**
   -so the shoes become contaminated and carry germs across the floors where children crawl and play.

7. **Not leaving the disinfecting solution in contact with the surface for enough time for the chemical to reduce the population of germs**
   -a solution of 1 to 3 tablespoon of bleach to 1 qt. of cool water made fresh daily, requires 2 minutes of contact time.
   -For other disinfectant solutions, follow the manufacturer's instructions. See CFOC, 3rd Ed. and ECELS website for discussion of sanitizers and disinfectant solutions.
8. **Not having a sink within arm's length of the diapering area**
9. **Not having a separate sink for diapering and food preparation or not disinfecting the sink after using it for diapering if it will be used for other purposes**
10. **Using a wash basin or some other alternative to a portable sink when a portable sink could be purchased**
    -Portable sinks are an alternative to consider when the preferable installation of sinks with plumbing in infant-toddler/twos areas is very difficult. A web search for portable sinks will find a number of manufacturers of portable sinks, some with hands-free faucets. Cost in 2012 is approximately $1,000 compared with a newly installed plumbed sink where no service and sewer lines were available.
    -Do not buy hands-free soap-dispensers, as disposable liquid soap containers are better than the expensive soap refills that the hands-free soap dispensers require.
11. **Using trash containers that require touching of the exterior of the surface to put refuse in the container**
    -Hands-free trash containers should be tall enough so children cannot get into them.
    -They should be plastic-lined. Currently marketed varieties include step-cans and electric-eye operated lid lifts.
    -Any type of trash container that requires the operator to touch it to use it is not appropriate.



12. **Not having someone observe each person's diapering technique periodically to spot problems that inadvertently creep into routines - to control the risk of infection for everyone**

Selecting an Appropriate Sanitizer or Disinfectant

One of the most important steps in reducing the spread of infectious diseases in child care settings is cleaning, sanitizing or disinfecting surfaces that could possibly pose a risk to children or staff. Routine cleaning with detergent and water is the most common method for removing some germs from surfaces in the child care setting. However, most items and surfaces in a child care setting require sanitizing or disinfecting after cleaning to further reduce the number of germs on a surface to a level that is unlikely to transmit disease.

What is the difference between sanitizing and disinfecting?

Sometimes these terms are used as if they mean the same thing, but they are not the same.

Sanitizer is a product that reduces but does not eliminate germs on inanimate surfaces to levels considered safe by public health codes or regulations. A sanitizer may be appropriate to use on food contact surfaces (dishes, utensils, cutting boards, high chair trays), toys that children may place in their mouths, and pacifiers. See Appendix K, Routine Schedule for Cleaning, Sanitizing and Disinfecting for guidance on use of sanitizer vs. disinfectant.

Disinfectant is a product that destroys or inactivates germs (but not spores) on an inanimate object. A disinfectant may be appropriate to use on hard, non-porous surfaces such as diaper change tables, counter tops, door & cabinet handles, and toilets and other bathroom surfaces. See Appendix K, Routine Schedule for Cleaning, Sanitizing and Disinfecting for guidance on use of sanitizer vs. disinfectant.

The U.S. Environmental Protection Agency (EPA) recommends that only EPA-registered products be used. Only a sanitizer or disinfectant product with an EPA registration number on the label can make public health claims that they are effective in reducing or inactivating germs. Many bleach and hydrogen peroxide products are EPA-registered and can be used to sanitize or disinfect. Please see the "How to Find EPA Registration Information" section below to learn more specific information on the products.

Always follow the manufactures' instructions when using EPA-registered products described as sanitizers or disinfectants. This includes pre-cleaning, how long the product needs to remain wet on the surface or item, whether or not the product should be diluted or used as is, and if rinsing is needed. Also check to see if that product can be used on a food contact surface or is safe for use on items that may go into a child's mouth. Please note that the label instructions on most sanitizers and disinfectants indicate that the surface must be pre-cleaned before applying the sanitizer or disinfectant.

Are there alternatives to chlorine bleach?

A product that is not chlorine bleach can be used in child care settings IF:

- it is registered with the EPA;
- it is also described as a sanitizer or as a disinfectant;
- it is used according to the manufacturer's instructions.

Check the label to see how long you need to leave the sanitizer or disinfectant in contact with the surface you are treating, whether you need to rinse it off before contact by children, for any

precautions when handling, and whether it can be used on a surface that may come in contact with child's mouth.

Some child care settings are using products with hydrogen peroxide as the active ingredient instead of chlorine bleach. Check to see if the product has an EPA registration number and follow the manufacturer's instructions for use and safe handling. (Please see the "How to Find EPA Registration Information" section below for more information.) Remember that EPA-registered products will also have available a Material Safety Data Sheet (MSDS) that will provide instructions for the safe use of the product and guidance for first aid response to an accidental exposure to the chemical.

In addition, some manufacturers of sanitizer and disinfectant products have developed "green cleaning products" that have EPA registration. As new environmentally-friendly cleaning products appear in the market, check to see if they are EPA-registered.

Household Bleach & Water

Many household bleach products are now EPA-registered. When purchasing EPA-registered chlorine bleach, make sure that the bleach concentration is for household use, and not for industrial applications. Household chlorine bleach is typically sold in retail stores as an 8.25% sodium hypochlorite solution.

EPA-registered bleach products are described as sanitizers and disinfectants. Check the label to see if the product has an EPA registration number and follow the manufacturer's safety and use instructions. (Please see the "How to Find EPA Registration Information" section below for more information.) Pay particular attention to the mixing "recipe" and the required contact time (i.e., the time the solution must remain on a surface to be effective) for each use. Remember, the recipe and contact time are most likely different for sanitizing and disinfecting.

If you are not using an EPA-registered product for sanitizing and disinfecting, please be sure you are following state or local recommendations and/or manufacturer's instructions for creating safe dilutions necessary to sanitize and/or disinfect surfaces in your early care and education environment. Using too little (a weak concentration) bleach may make the mixture ineffective; however, using too much (a strong concentration) bleach may create a potential health hazard.

To safely prepare bleach solutions:

- Dilute bleach with cool water and do not use more than the recommended amount of bleach.
- Select a bottle made of opaque material.
- Make a fresh bleach dilution daily; label the bottle with contents and the date mixed.
- Wear gloves and eye protection when diluting bleach.
- Use a funnel.
- Add bleach to the water rather than the water to bleach to reduce fumes.
- Make sure the room is well ventilated.
- Never mix or store ammonia with bleach or products that contain bleach.

To safely use bleach solutions:

- Apply the bleach dilution after cleaning the surface with soap or detergent and rinsing with water if visible soil is present.
- If using a spray bottle, adjust the setting to produce a heavy spray instead of a fine mist.
- Allow for the contact time specified on the label of the bleach product.
- Apply when children are not present in the area.
- Ventilate the area by allowing fresh air to circulate and allow the surfaces to completely air dry or wipe dry after the required contact time before allowing children back into the area.
- Store all chemicals securely, out of reach of children and in a way that they will not tip and spill.

Adapted from: California Childcare Health Program. 2013. Safe and Effective Cleaning sanitizing and Disinfecting. *Health and Safety Notes* (March).

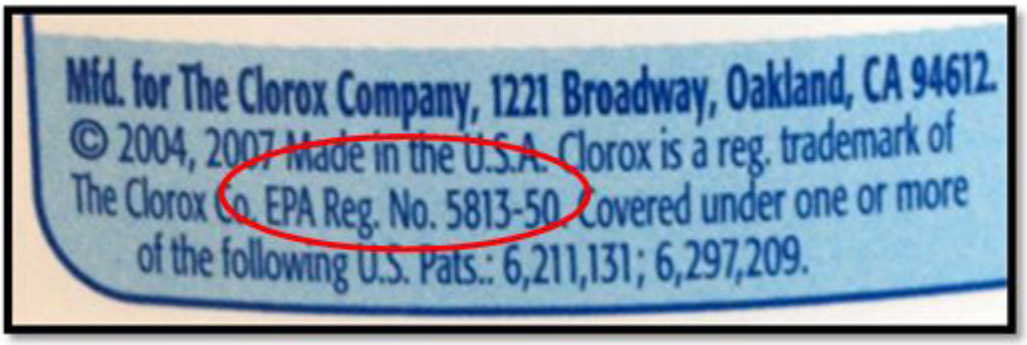
To Review:

- Determine if the surface requires sanitizing or disinfecting;
- Check the labels of all products to see if they are EPA-registered; there are alternatives to chlorine bleach;
- Many chlorine bleach products (8.25% sodium, hypochlorite) are now EPA-registered
    - If EPA-registered, you must follow the label instructions for "recipes" and contact times;
- If using non-EPA-registered products, follow state or local recommendations for "recipes" and contact times;
- Prepare and use the solutions safely;
- Use products that are safe for oral contact when used on food contact surfaces or on items that may mouthed by children.

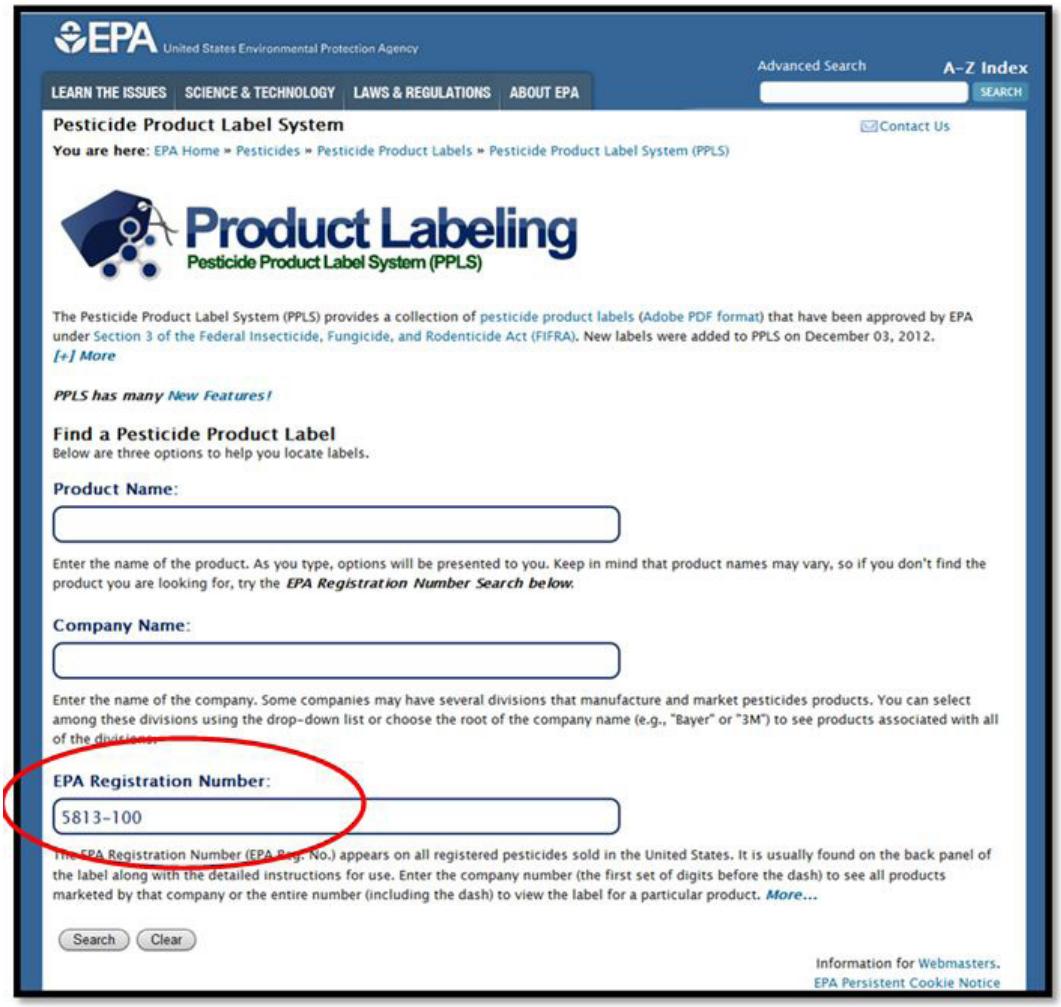
How to Find EPA Registration Information

The following information is intended to serve as a visual guide to locating EPA registration numbers and product label information. Any products featured in the examples below are used for illustrative purpose only, and do not represent an endorsement by the National Resource Center for Health and Safety in Child Care and Early Education (NRC). The NRC does not endorse specific products.

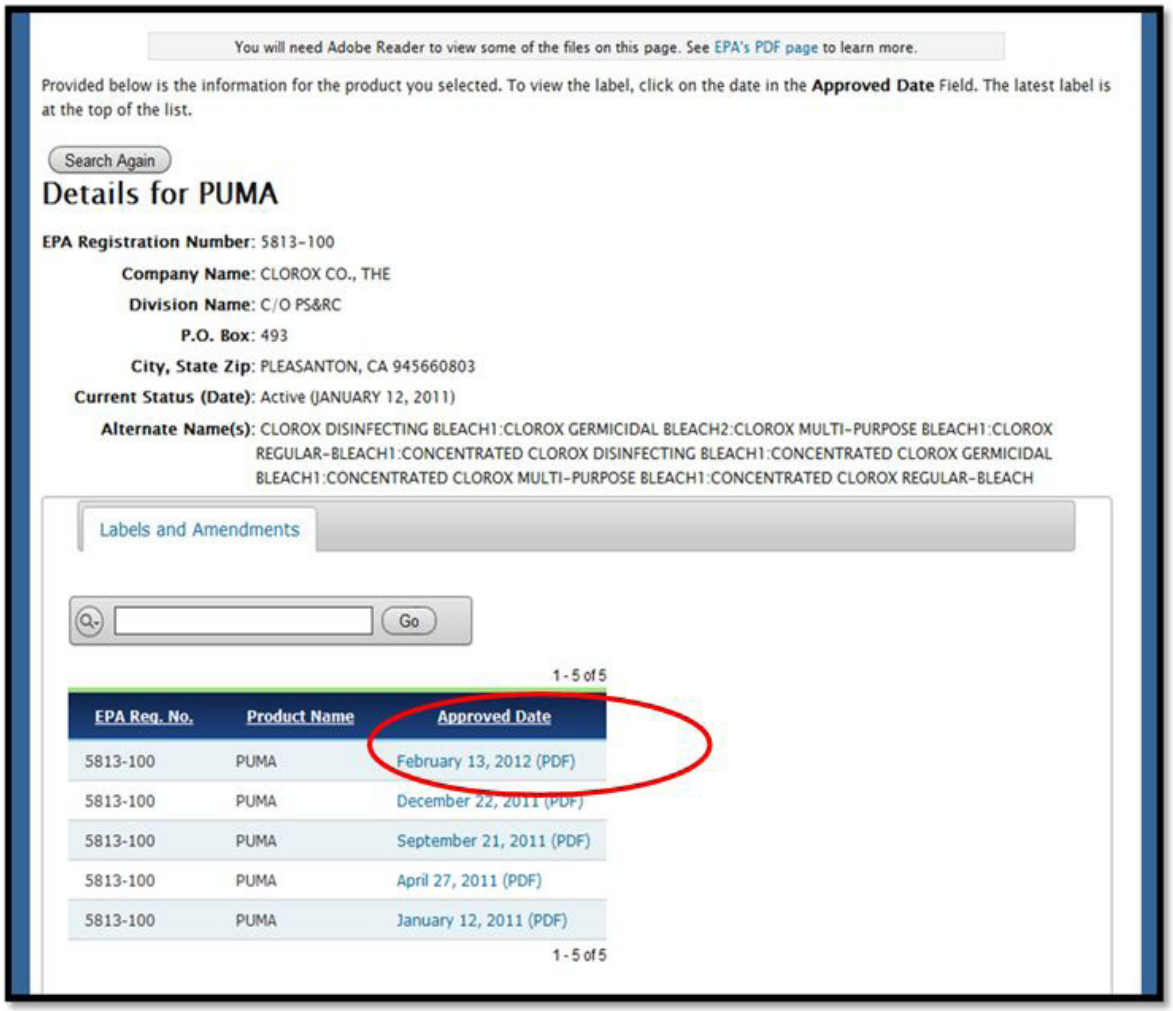
1. Locate the EPA Registration number on the product label:



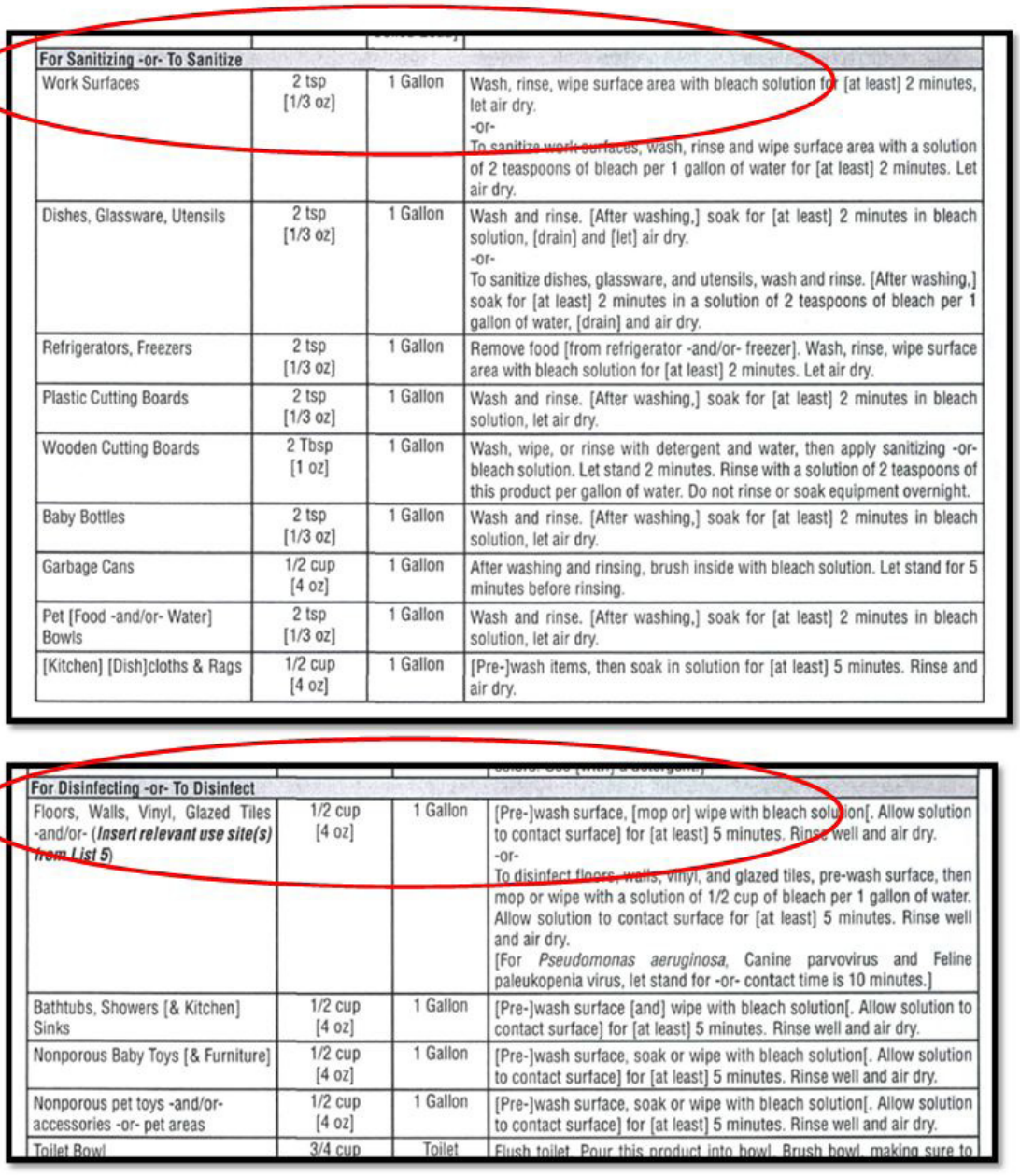
2. Go to http://iaspub.epa.gov/apex/pesticides/f?p=PPLS:1. Enter this number into the box titled “EPA Registration Number” and click the Search button:



3. You should see the details about the product, and beneath that, a portable document file (PDF) bearing the date that this product was registered by the EPA (if there is a list, the PDF at the top of the list should show the most recent approval). Click on that most recently-approved PDF. You will need a PDF file reader to access this file. There are a variety of readers available and most are free.



4. The PDF should come up on your screen. Scroll down to the section that shows the directions for using the product as a sanitizer or disinfectant. Follow the directions listed for your intended use.



For Sanitizing -or- To Sanitize			
Work Surfaces	2 tsp [1/3 oz]	1 Gallon	Wash, rinse, wipe surface area with bleach solution for [at least] 2 minutes, let air dry. -or- To sanitize work surfaces, wash, rinse and wipe surface area with a solution of 2 teaspoons of bleach per 1 gallon of water for [at least] 2 minutes. Let air dry.
Dishes, Glassware, Utensils	2 tsp [1/3 oz]	1 Gallon	Wash and rinse. [After washing,] soak for [at least] 2 minutes in bleach solution, [drain] and [let] air dry. -or- To sanitize dishes, glassware, and utensils, wash and rinse. [After washing,] soak for [at least] 2 minutes in a solution of 2 teaspoons of bleach per 1 gallon of water, [drain] and air dry.
Refrigerators, Freezers	2 tsp [1/3 oz]	1 Gallon	Remove food [from refrigerator -and/or- freezer]. Wash, rinse, wipe surface area with bleach solution for [at least] 2 minutes. Let air dry.
Plastic Cutting Boards	2 tsp [1/3 oz]	1 Gallon	Wash and rinse. [After washing,] soak for [at least] 2 minutes in bleach solution, let air dry.
Wooden Cutting Boards	2 Tbsp [1 oz]	1 Gallon	Wash, wipe, or rinse with detergent and water, then apply sanitizing -or- bleach solution. Let stand 2 minutes. Rinse with a solution of 2 teaspoons of this product per gallon of water. Do not rinse or soak equipment overnight.
Baby Bottles	2 tsp [1/3 oz]	1 Gallon	Wash and rinse. [After washing,] soak for [at least] 2 minutes in bleach solution, let air dry.
Garbage Cans	1/2 cup [4 oz]	1 Gallon	After washing and rinsing, brush inside with bleach solution. Let stand for 5 minutes before rinsing.
Pet [Food -and/or- Water] Bowls	2 tsp [1/3 oz]	1 Gallon	Wash and rinse. [After washing,] soak for [at least] 2 minutes in bleach solution, let air dry.
[Kitchen] [Dish]cloths & Rags	1/2 cup [4 oz]	1 Gallon	[Pre-]wash items, then soak in solution for [at least] 5 minutes. Rinse and air dry.

For Disinfecting -or- To Disinfect			
Floors, Walls, Vinyl, Glazed Tiles -and/or- (***Insert relevant use site(s) from List 5***)	1/2 cup [4 oz]	1 Gallon	[Pre-]wash surface, [mop or] wipe with bleach solution[. Allow solution to contact surface] for [at least] 5 minutes. Rinse well and air dry. -or- To disinfect floors, walls, vinyl, and glazed tiles, pre-wash surface, then mop or wipe with a solution of 1/2 cup of bleach per 1 gallon of water. Allow solution to contact surface for [at least] 5 minutes. Rinse well and air dry. [For *Pseudomonas aeruginosa*, Canine parvovirus and Feline paleukopenia virus, let stand for -or- contact time is 10 minutes.]
Bathtubs, Showers [& Kitchen] Sinks	1/2 cup [4 oz]	1 Gallon	[Pre-]wash surface [and] wipe with bleach solution[. Allow solution to contact surface] for [at least] 5 minutes. Rinse well and air dry.
Nonporous Baby Toys [& Furniture]	1/2 cup [4 oz]	1 Gallon	[Pre-]wash surface, soak or wipe with bleach solution[. Allow solution to contact surface] for [at least] 5 minutes. Rinse well and air dry.
Nonporous pet toys -and/or- accessories -or- pet areas	1/2 cup [4 oz]	1 Gallon	[Pre-]wash surface, soak or wipe with bleach solution[. Allow solution to contact surface] for [at least] 5 minutes. Rinse well and air dry.
Toilet Bowl	3/4 cup	Toilet	Flush toilet. Pour this product into bowl. Brush bowl, making sure to

A Final Note

Remember that any cleaning, sanitizing or disinfecting product must always be safely stored out of reach of children. Always follow the manufacturer's instruction for safe handling to protect yourselves and those in your care.

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Routine Schedule for Cleaning, Sanitizing, and Disinfecting

Areas	Before Each Use	After Each Use	Daily (At the End of the Day)	Weekly	Monthly	Comments
Food Areas						
• Food preparation surfaces	Clean, Sanitize	Clean, Sanitize				Use a sanitizer safe for food contact
• Eating utensils & dishes		Clean, Sanitize				If washing the dishes and utensils by hand, use a sanitizer safe for food contact as the final step in the process; Use of an automated dishwasher will sanitize
• Tables & highchair trays	Clean, Sanitize	Clean, Sanitize				
• Countertops		Clean	Clean, Sanitize			Use a sanitizer safe for food contact
• Food preparation appliances		Clean	Clean, Sanitize			
• Mixed use tables	Clean, Sanitize					Before serving food
• Refrigerator					Clean	
Child Care Areas						
• Plastic mouthed toys		Clean	Clean, Sanitize			
• Pacifiers		Clean	Clean, Sanitize			Reserve for use by only one child; Use dishwasher or boil for one minute
• Hats			Clean			Clean after each use if head lice present
• Door & cabinet handles			Clean, Disinfect			

• Floors			Clean			Sweep or vacuum, then damp mop, (consider micro fiber damp mop to pick up most particles)
• Machine washable cloth toys				Clean		Launder
• Dress-up clothes				Clean		Launder
• Play activity centers				Clean		
• Drinking Fountains			Clean, Disinfect			
• Computer keyboards		Clean, Sanitize				Use sanitizing wipes, do not use spray
• Phone receivers			Clean			
Toilet & Diapering Areas						
• Changing tables		Clean, Disinfect				Clean with detergent, rinse, disinfect
• Potty chairs		Clean, Disinfect				
• Handwashing sinks & faucets			Clean, Disinfect			
• Countertops			Clean, Disinfect			
• Toilets			Clean, Disinfect			
• Diaper pails			Clean, Disinfect			
• Floors			Clean, Disinfect			Damp mop with a floor cleaner/ disinfectant
Sleeping Areas						
• Bed sheets & pillow cases				Clean		Clean before use by another child
• Cribs, cots, & mats				Clean		Clean before use by another child
• Blankets					Clean	

Cleaning Up Body Fluids

Treat urine, stool, vomit, blood, and body fluids, except for human milk, as potentially infectious. Spills of body fluid should be cleaned up and surfaces disinfected immediately.

a) For small amounts of urine and stool on smooth surfaces, wipe off and clean away visible soil with a little detergent solution. Then rinse the surface with clean water.

b) Apply a disinfectant following the manufacturer's instructions. See Appendix J.

For larger spills on floors, or any spills on rugs or carpets:

c) Wear gloves while cleaning. While disposable gloves can be used, household rubber gloves are adequate for all spills except blood and bloody body fluids. Disposable gloves should be used when blood may be present in the spill;

d) Take care to avoid splashing any contaminated material onto the mucous membranes of your eyes, nose or mouth, or into any open sores you may have;

e) Wipe up as much of the visible material as possible with disposable paper towels and carefully place the soiled paper towels and other soiled disposable material in a leak-proof, plastic bag that has been securely tied or sealed. Use a wet/dry vacuum on carpets, if such equipment is available;

f) Immediately use a detergent, or a combination detergent/disinfectant to clean the spill area. Then rinse the area with clean water. Additional cleaning by shampooing or steam cleaning the contaminated surface may be necessary;

g) For blood and body fluid spills on carpeting, blot to remove body fluids from the fabric as quickly as possible. Then disinfect by spot-cleaning with a combination detergent/disinfectant, and shampooing, or steam-cleaning the contaminated surface;

h) If directed by the manufacturer's instructions, dry the surface;

i) Clean and rinse reusable household rubber gloves, then apply disinfectant. Remove, dry and store these gloves away from food or food surfaces. Discard disposable gloves;

j) Mops and other equipment used to clean up body fluids should be:

1) Cleaned with detergent and rinsed with water;

2) Rinsed with a fresh disinfectant solution;

3) Wrung as dry as possible;

4) Air-dried.

k) Wash your hands afterward, even though you wore gloves;

l) Remove and bag clothing (yours and those worn by children) soiled by body fluids;

m) Put on fresh clothes after washing the soiled skin and hands of everyone involved.

For guidance on sanitizers and disinfectants, please refer to Appendix J, Selecting an Appropriate Sanitizer or Disinfectant.

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Pinkeye (Conjunctivitis)

What is conjunctivitis?

Inflammation (ie, redness, swelling) of the thin tissue covering the white part of the eye and the inside of the eyelids

What are the signs or symptoms?

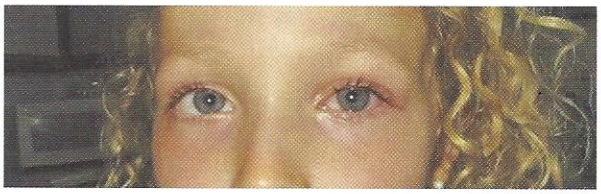
There are several kinds of conjunctivitis, including

- Bacterial
  - —Red or pink, itchy, painful eye(s).
  - —More than a tiny amount of green or yellow discharge.
  - —Infected eyes may be crusted shut in the morning.
  - —May affect one or both eyes.
- Viral
  - —Pink, swollen, watering eye(s) sensitive to light.
  - —May affect only one eye.
- Allergic
  - —Itching, redness, and excessive tearing, usually of both eyes.
- Chemical
  - —Red, watery eyes, especially after swimming in chlorinated water.
- Immune mediated, such as that related to a systemic disease like Kawasaki disease.

What are the incubation and contagious periods?

Depending on the type of conjunctivitis, the incubation period varies.

- Bacterial
  - —The incubation period is unknown because the bacteria that cause it are commonly present in most individuals and do not usually cause infection.
  - —The contagious period ends when the course of medication is started or when the symptoms are no longer present.
- Viral
  - —Sometimes occurs early in the course of a viral respiratory tract disease that has other signs or symptoms.
  - —One type of viral conjunctivitis, adenovirus, may be contagious for weeks after the appearance of signs or symptoms. Children with adenovirus infection are often ill with fever, sore throat, and other respiratory tract symptoms. This virus may uncommonly cause outbreaks in child care and school settings. Antibiotics for this condition do not help the patient or reduce spread.



MARK PETER HUGHES

Child with pinkeye

  - —The contagious period continues while the signs or symptoms are present.
- Allergic
  - —Occurs in response to contact with the agent that causes the allergic reaction. The reaction may be immediate or delayed for many hours or days after the contact.
  - —No contagious period.
- Chemical
  - —Usually appears shortly after contact with the irritating substance.
  - —No contagious period.

How is it spread?

Hands become contaminated by direct contact with discharge from an infected eye, or by touching other surfaces that have been contaminated by respiratory tract secretions, and gets into the child's eyes.

How do you control it?

- Consult a health professional for diagnosis and possible treatment. The role of antibiotics in preventing spread is unclear. Antibiotics shorten the course of illness a very small amount. Most children with pinkeye get better after 5 or 6 days without antibiotics.
- Careful hand hygiene before and after touching the eyes, nose, and mouth.
- Careful sanitation of objects that are commonly touched by hands or faces, such as tables, doorknobs, telephones, cots, cuddle blankets, and toys.

What are the roles of the teacher/caregiver and the family?

- Report the infection to the staff member designated by the child care program or school for decision-making and action related to care of ill children. That person in

➤*continued*

turn alerts possibly exposed family and staff members to watch for symptoms.
- Notify child's parent/guardian to consult with the child's health professional about diagnosis and treatment by telephone or office visit. Documentation from the child's health professional is not required.
- Seek advice from the health department or the program's health consultant about how to prevent further spread if 2 or more children in one room have red eyes with watery discharge.
- Review hand-hygiene techniques and sanitation routines.
- Complete course of medication, if prescribed, for bacterial conjunctivitis.

Exclude from group setting?

No, unless
- The child is unable to participate and staff members determine that they cannot care for the child without compromising their ability to care for the health and safety of the other children in the group.
- The child meets other exclusion criteria, such as fever with behavior change (see "Conditions Requiring Temporary Exclusion" on 55).
- There is a recommendation of the health department or the child's health professional.

Readmit to group setting?

- When exclusion criteria are resolved, the child is able to participate, and staff members determine that they can care for the child without compromising their ability to care for the health and safety of the other children in the group.
- Antibiotics are not required to return to care.

Comments

- It is helpful to think of pinkeye like the common cold. Both conditions may be passed on to other children but resolve without treatment. We do not exclude for the common cold. Pinkeye generally results in less symptoms of illness than the common cold. The best method for preventing spread is good hand hygiene.
- One form of viral conjunctivitis, caused by adenovirus, can cause epidemics. If 2 or more children in a group care setting develop conjunctivitis in the same period, seek the advice of the program's health consultant.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Lice (Pediculosis Capitis)

What are head lice?

- Small, tan-colored insects (less than 1/8" long) that
  - —Live on blood they draw from the scalp.
  - —Live for days to weeks depending on temperature and humidity.
  - —Crawl. (They do not hop or fly.)
  - —Deposit tiny, gray/white eggs, known as *nits,* on a hair shaft 3 to 4 mm from the scalp because the eggs need the warmth from the scalp for hatching.
  - —Cannot live for more than 48 hours away from the scalp as adult insects, and as eggs cannot hatch at temperatures lower than those found close to the scalp.
- Having an infestation with lice may cause irritation and scratching, which can lead to secondary skin infection.
- Families and teachers/caregivers often get very upset about lice; however, head lice do not carry disease. Head lice infestations occur in all socioeconomic groups and do not represent poor hygiene.
- Often, normal activities are disrupted because people become so upset about these insect pests.

What are the signs or symptoms?

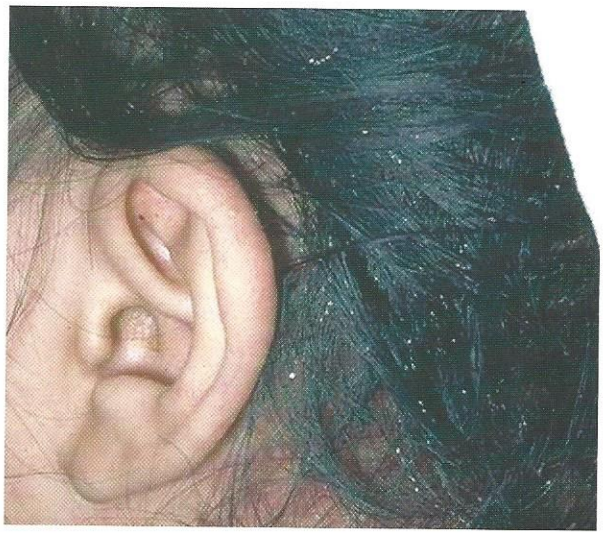
- Itching of skin where lice feed on the scalp or neck or complaints about itchiness by older children.
- Nits may be glued to hair, most easily seen behind ears and at or near the nape of the neck.
- Scratching, especially behind and around ears and at the nape of the neck.
- Open sores and crusting from secondary bacterial infection that may be associated with swollen lymph nodes (commonly called *swollen glands).*

What are the incubation and contagious periods?

- Incubation period: 7 to 12 days from laying to hatching of eggs
  - —Lice can reproduce 2 to 3 weeks after hatching.
- Contagious period: Until live lice are no longer present

How are they spread?

- Direct head-to-head contact with infested hair. Shared objects that contact the head are not thought to pose much of a risk of spread of lice because the insects stay close to their blood supply on the scalp. However, sharing hats, headgear, and other objects that are in contact with the head or other parts of the body without washing them between uses may transfer lice that may have crawled from an infested child's head onto these objects. Avoid sharing clothing and headgear without washing them between users.
- Only lice, not nits, spread the infestation. (Nits must be very near a warm scalp to hatch—within ¼ of an inch.)



EDGAR K. MARCUSE, MD

Child with nits on hair behind ears and at nape of neck

How do you control them?

- By using medications (pediculicides) that kill lice and nits. Resistance of lice and nits to these chemicals has been reported, but the extent of resistance to the chemicals varies. Some chemicals may require 2 treatments. Because the chemicals are toxic, they should be used according to approved instructions only. If a particular chemical fails to work, repeated use of that chemical is unlikely to be successful, and an alternative chemical that has been shown to be effective should be tried.
- None of the suggested remedies using common household products (eg, salad oils, mayonnaise, petroleum jelly) have been shown to be effective. Some that have been tried (eg, kerosene) are very dangerous.
- Mechanical removal of the lice and nits by combing them out of wet hair with a special fine-tooth comb may have some benefit compared with no treatment, for situations where the use of a chemical treatment is not acceptable to the family. However, this treatment is tedious and very time-consuming. There is no evidence that combing improves treatment success rates if the child is receiving a chemical treatment at the same time.

➤*continued*

- Household and close contacts should be examined and treated if they have infestations.
- The following supplemental measures are not thought to be very helpful because spread is primarily from head to head. They are options, not requirements.
  - —Articles that were in contact with the infested individual can be laundered by exposure for 5 minutes to temperatures greater than 128.3°F (53.5°C) and dried on the hot setting. In addition, clothing and bedding can be dry-cleaned.
  - —Toys, personal articles, bedding, other fabrics, and upholstered furniture that cannot be laundered with hot water and a dryer or dry-cleaned can be kept away from people (eg, in a plastic bag) for more than 2 days if there is concern about lice having crawled from an infested child onto these articles.
  - —Floors, carpets, mattresses, and furniture can be vacuumed (a safe alternative to spraying). Because head lice can only live for 1 to 2 days away from the scalp, chemical treatment of the environment is not necessary.
- Help prevent lice infestation by discouraging activity that causes head-to-head contact.

What are the roles of the teacher/caregiver and the family?

- Report the infestation to the staff member designated by the child care program or school for decision-making and action related to care of ill children. That person in turn alerts possibly exposed family and staff members to watch for symptoms.
- Have parents/guardians consult with a health professional for a treatment plan.
- Check children observed scratching their heads for lice; if lice are found, check all contacts.
- Educate teachers/caregivers and families on how to recognize lice and nits.

Exclude from group setting?

Yes, at the end of the program or school day.

- Children with lice should be referred for treatment at the end of the day.
- Until the end of the program or school day, avoid any activity that involves the child in head-to-head contact with other children or sharing of any headgear.

Readmit to group setting?

After the child has received the treatment recommended by the child's health professional

Comments

- Removal of nits from the hair near the scalp that might contain live eggs is very difficult. Those farther than ¼" from the scalp do not have live lice in them. Nit removal may help reduce diagnostic confusion about reinfestation of children who have been successfully treated. However, no-nit policies that require children to be nit free are not recommended because they have not been shown to be effective in controlling outbreaks, may keep the child out of the program needlessly, and unduly burden the child's parents/guardians who must implement this measure.
- Education of families and teachers/caregivers about the relatively benign consequences of head lice infestations should be attempted to reduce the level of disruption for the infested child and all the others involved in the program. It may be necessary to arrange for a health professional to provide this education to overcome the widespread beliefs about this problem.
- The itching results from an allergic reaction to the saliva of the lice; itching often persists for weeks after the infestation has resolved.

American Academy of Pediatrics
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Health & Safety Resources

For National Indian Head Start Directors Association Conference

June 6 – 9, 2016

Limited List, Internet accessed May 2016

PA Chapter of American Academy of Pediatrics (AAP), Rose Tree Cortporate Center II, 1400 North Providence Road, Suite 3007, Media, PA 19063. Phone (484) 446-3000, www.healthychildcare.org/index.html

Traffic Injury Prevention Project www.pakidstravelsafe.org Information available about Bike Safety, Car Seats, Pedestrian, School Bus, Special Needs. This is information used in the *Head Bumps Matters—Protecting Your Brains* workshop.

Early Childhood Eduation Learning System-Healthy Child Care Pennsylvania (ECELS-HCCPA), Pennsylvania Chapter Acadmey of Pediatrics (PA AAP), Rose Tree Cortporate Center II, 1400 North Providence Road, Suite 3007, Media, PA 19063. Phone (484) 446-3000, www.ecels-healthychildcarepa.org

Publications tab

- Manuals/Pamphlets/Policies
  - Caring for Our Children
  - How to Choose and Use a Child Care Health Consultant
  - Model Child Care Health Policies

Professional Development / Training tab

- Audio Conferences
- College Course Online **Child Care Health Advocate (CCHA):** Directors, lead teachers and family child care providers can earn three (3) college credits while taking an up-to-date course through Northampton Community College, PA. The course teaches practical implementation of health and safety in the early education and child care setting. The course addresses how to comply with guidelines of NAEYC and national health professional organizations. Susan Aronson, MD at the PA Chapter of the American Academy of Pediatrics developed the course curriculum to teach early childhood practitioners how to see to it that their programs integrate health and safety as best practice. Interested participants can call **610-332-6585** or email che@northampton.edu for more information. ***NOTE:*** *Interested colleges or universities interested to offering this course may contact Susan S. Aronson, MD, FAAP at ecles@paaap.org*
- Self-Learning Modules
- Webinars

Tools tab

- ***WellCareTracker™*** www.ecels-healthychildcarepa.org/tools/well-care tracker assesses the completeness and timeliness of routine preventive health services, immunizations, vision and hearing screening, lead and anemia screening, etc. **WellCareTracker™** (WCT) determines which immunizations and/or services are up-to-date, currently due, or overdue based on the American Academy of Pediatrics' recommendations in its Guidelines for Health Supervision schedule of services. WCT will generate compliance reports for childcare programs. ***NOTE:*** *Although WellCareTracker™ was originally designed for Pennsylvania child care centers, it is currently in use in* ***Connecticut, Illinois, Louisiana, Texas,*** *and* ***Utah****.*

American Academy of Pediatrics (AAP), 141 Northwest Point Blvd., Elk Grove Village, IL, 60007, (847) 434-4000, www.healthychildcare.org/index.html

Shop AAP Bookstore for the following resources shop.aap.org/ : Caring for Our Children: National Health and Safety Performance Standards, 3rd Edition; Stepping Stones to Caring for Our Children, 3rd edition; Managing Chronic Health Needs in Child Care and Schools; Managing Infectious Diseases in Child Care and Schools, 3rd Edition; Model Child Care Health Policies, 5th Edition; Preventing Childhood Obesity in Early Care and Education Programs!

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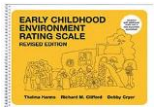
Administration for Children and Families, Office of Head Start (OHS), 8th Floor Portals Building, Washington, DC 20024, 1-866-763-6481 EST, www.acf.hhs.gov/programs/ohs/—Head Start is a national program that promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families.

Glo Germ™ Glo Box available at **www.glogerm.com** (can be purchased as part of a kit or by itself)

Public Playground Safety Handbook *published by* **U.S. Consumer Product Safety Commission,** 4330 East West Highway, Bethesda, MD 20814, Phone (301) 504-7923 www.cpsc.gov This is information used in the *Head Bumps Matters—Protecting Your Brains* workshop.

Environment Rating Scales (ERS) http://ers.fpg.unc.edu/



(**ECERS-R**) *The Early Childhood Environment Rating Scale-Revised*: A thorough revision of the ECERS, designed to assess group programs for preschool-kindergarten aged children, from 2 through 5 years of age. Total scale consists of 43 items. (Available in Spanish).

(**ITERS-R**) *The Infant/Toddler Environment Rating Scale-Revised*: A thorough revision of the ITERS, designed to assess group programs for children from birth to 2 ½ years of age. Total scale consists of 39 items. (Available in Spanish).

(**FCCERS-R**) *The Family Child Care Environment Rating Scale-Revised*: A thorough revision of the FDCRS, designed to assess family child care programs conducted in a provider's home. Total scale consists of 38 items. (Available in Spanish).

(**SACERS**) *The School-Age Care Environment Rating Scale*: Designed to assess before and after school group care programs for school-age children, 5 to 12 years of age. The total scale consists of 49 items, including 6 supplementary items for programs enrolling children with disabilities.

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