

INFECTION PREVENTION AND CONTROL

Practice and promote good hand hygiene and cough etiquette

Hand hygiene is either washing with plain soap and water or using an alcohol based hand sanitizer. Hand hygiene is considered to be the single most important infection prevention and control strategy you can implement.

You should wash your hands when:

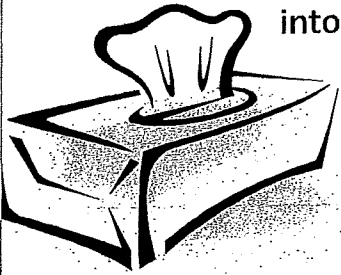
- a) They are visibly dirty;
- b) When arriving for work;
- c) After using the toilet, changing a diaper or helping a child use the toilet;
- d) Before and after preparing food, before feeding a child and before eating;
- e) After sneezing, coughing or blowing your nose or after helping children clean their nose;
- f) After caring for a child with an infection;
- g) Before and after giving medication, applying an ointment, cream or sunscreen;
- h) Before and after applying a bandage or performing first aid;
- i) After cleaning up ANY body fluid (blood, mucus, urine, drool, vomitus etc.);
- j) After environmental cleaning and/or disinfecting;
- k) After handling soiled or contaminated clothing or linens;
- l) Before putting on disposable gloves (vinyl or plastic) and after taking them off;
- m) After handling or caring for pets;



Alcohol based hand rub (ABHR) is often the method of choice for hand hygiene in health care settings but is generally not recommended for routine use in child care. However, ABHRs are very useful when a sink and running water are unavailable such as with outings or picnics. It is important that children are supervised when using ABHRs as they can be harmful if swallowed and are also flammable substances.



Cough or respiratory etiquette is a personal practice that helps to prevent the spread of respiratory infections caused by viruses and bacteria. Teaching children to cough and sneeze into their sleeves or a tissue, taking care to dispose of the tissue and washing their hands before moving to another activity is an easy way to help stop the spread of germs and educate them on the importance of personal hygiene.



Have a written illness policy for children and staff

- a) Rules for hand hygiene and cough etiquette, diapering and toileting, cleaning and disinfecting and food handling;
- b) Requirements for up-to-date immunization and health records;
- c) Understanding of the circumstances in which a parent will be called early to pick-up a child;
- d) Requirements for current parent and emergency contact information for each child;
- e) A general description of when a sick child or caregiver should stay home;
- f) Consent, permission and special instructions for administering medications or using specialized medical devices (e.g. insulin pump);
- g) Circumstances where the local Public Health Authorities need to be notified.

COMMUNICABLE DISEASE GUIDELINE CHART FOR CHILD CARE CENTERS

Disease & Incubation	Signs/Symptoms	How Transmitted	When Communicable	Restrictions	Control Measures
Cytomegalovirus	Fever, sore throat	Contact secretions with infected infant.	3 to 8 weeks after exposure	None	Strict hand washing procedures after diapering and toileting.
Chicken Pox (Varicella)	Fever, skin eruption with blister like lesions	Airborne or direct contact w/vesicle fluid	1-2 days before outbreak, till blisters dry	Until all the blisters have dried	Vaccination and isolation of sick individuals.
Diarrheal Diseases: (Varies) Salmellosis Shigellosis Giardiasis Rotaviral Enteritis E Coli 0157:H7 Cryptosporidiosis Campylobacteriosis Varies from 6-14 hrs	Abnormally loose or frequent stools, vomiting and sometimes fever. A physician should diagnose specific cause.	Fecal-oral route, through contaminated articles, food/beverages and hands.	Throughout acute infection and as long as organisms are in stool.	Exclude until diarrhea is gone for 24 hours or as advised by local health department and physicians.	Proper handwashing, sanitize all contaminated articles and equipment. Keep diapering and food service tasks and items separate. Notify parents. Check with health consultant for specifics. Notify local health department when clusters of cases occur.
Head Lice (Pediculosis) Eggs hatch in 7 days/1 week (can multiply in 8-10 days, lives 20-30 days).	Severe itching; small lice eggs closer than 1/4" to nits on hair. Bumpy rash on nape of neck, behind ears and/or crown of head may appear after persistent infestation.	Direct contact with infested individual or their clothing, article to article contact, i.e. coats, blankets and hats.	As long as live lice remain on an infested person, or until eggs are 1/4" away from scalp	Until after child and household is treated.	Vacuum to get rid of lice in environment. Wash all clothing and bedding in hot soapy water for 20 minutes. Notify parents. Keep all children's personal items and clothing separate.
Scabies 2-6 weeks-initial exposure 1-4 days-Re-exposure	Mite burrows under skin. Red, itchy rash tends to be in lines or burrows usually on wrists, elbow creases or between fingers.	Skin to skin contact. Shared clothing.	Until mites are destroyed	Exclude for 24 hours after treatment completed.	Notify parents. Wash all clothing and bedding in hot soapy water for 20 minutes. Keep all children's personal items and clothing separate.
Impetigo 4-10 days Staphylococcus Streptococcus 1-3 days	Blisters, crusts, scabs on skin which are flat and yellow may be weeping.	Direct contact with infected area or with nasal discharges from infected child.	When weeping, crusted lesions are present.	Exclude until on antibiotic Rx for 24 hrs. and lesion no longer "weeping" and forming yellow crust.	Child and staff wash hands frequently throughout day. Notify parent. Wear disposable gloves when treating. Cover draining lesions with dressing.
Measles	Fever, red eyes, cough, spots on tongue and mouth, blotchy rash 3 rd and 7 th day, usually lasting 4 to 7 days	Droplet and direct contact with nasal or throat secretions.	7-18 days from exposure	From time of initial fever till 4 days after rash appears.	Hand washing after contact with secretions and vaccination
Pertussis	Irritating cough can last 1-2 months-Often has a typical "whoop"	Direct contact with oral or nasal secretions	6-20 days	5 Full days after antibiotics	Hand washing after handling secretions. Covering mouth during coughing; then hand washing.
Pinkeye (Conjunctivitis) Bacterial: 24-72 hrs. Viral: Usually 12-72 hrs. (3 days)	Tearing, swollen eyelids, redness of eyes, purulent discharge from eyes.	Contact with discharges from eye, nose or mouth. Contaminated fingers and shared articles.	During active symptoms and while drainage persists. Dependent upon cause of the infection.	Exclude until drainage/secretion of eye is gone or on antibiotic Rx for full 24 hrs.	Notify parents. Wash all items used by child; good handwashing by staff and children. Check all children for symptoms for 3 days.
Rubella	Low grade fever, headache, mild redness of eyes, fine rash	Contact with nasal and throat secretions.	14-23 days	7 days from onset	Vaccination and strict hand washing procedures.
Strep Throat/Scarlet Fever 1-3 days (rarely longer)	Red, painful throat, fever. May develop rash (Scarlet Fever).	Sneezing & coughing on others, contact with mucus or saliva, contaminated articles.	2 days before symptoms until on antibiotic Rx for 24-48 hrs. Untreated cases 10-21 days.	Exclude until on antibiotic Rx for full 24 hrs. and no fever. (Must be treated for 10 days).	Notify parents. Sanitize all articles use by child. Proper handwashing. Notify local health department when cluster of cases of the symptoms, sore throat and fever occur.
Ringworm (Varies by site) Mainly: 4-10 days	Red Scaling, itchy, circular lesions and broken hairs from skin/head	Personal contact with infected humans or animals, skin to skin contact or with contaminated articles	As long as lesions/infection is active. Some lesions may not be seen with the human eye.	If on Rx, may return; otherwise exclude unless lesions are coverable	Wash all items used by infected child, cover lesions, proper handwashing; notify parents
Fifth Disease 4-20 days 4-14 days; up to 21 days	Mild or no fever, "slapped cheek" rash spreading throughout body, lacy rash on arms on legs; rash may recur with sunlight, warm bath or exercise.	Sneezing & coughing on others, contact with mucus or saliva, contaminated articles	Prior to onset of rash; Not communicable after onset of rash. During the week prior to the rash appearance.	None	Wash hands frequently; sanitize all articles used by children. Pregnant women should tell health care provider if they have been in contact with an infected person.
Meningitis Bacterial: 1-10 days (usually less than 4 days) Viral: Varics	Fever, headache, vomiting, chills, neck pain or stiffness, muscle spasm, irritability	Sneezing & coughing on others, contact with mucus or saliva, contaminated articles, or fecal-oral route- depending upon organism involved	Bacterial-Noncommunicable 24 hrs. after starting antibiotic Rx. Viral- Prolonged period	Exclude, return with Dr.'s permission after treatment.	Notify parents and local health department. Clean and sanitize all articles; proper handwashing
Hepatitis A 15-50 days. Average 25-30 days	Upset stomach, tired, dark colored urine, light colored stool, yellowish skin & eyes, fever, jaundice (often	Fecal-oral route, through contaminated articles, food/beverages & hands.	Two weeks prior to jaundice until 1 week after jaundice (yellow) appears. If no jaundice one week prior until 2 weeks after	Exclude for 2 weeks or until 1 week after jaundice	Proper handwashing; sanitize all contaminated articles & equipment; notify parents and local health department. (Immune Globulin for the staff