



MEMO

Date: November 9, 2012

To: Child Care Center Administrators
School Administrators

From: Tracy K. Miller, MPH, State Epidemiologist *tkm*

Re: Child Care/School Infection Control Manual

I am writing to let you know about the new Child Care and School Infection Control Manual developed by the North Dakota Department of Health, Division of Disease Control. This manual serves as a guide to increase understanding about infectious diseases in group care settings for children among caregivers/teachers and parents/guardians.

This manual is an easy reference guide that can be used to supplement your facility's current infection control procedures or in-house infection control manual. This manual is intended to be used as a quick information resource to help guide you through a variety of infectious diseases and environmental procedures.

Inside the front cover is a list of corrections made since the printing of this manual and this manual will be update periodically. This manual and all updates will be available online at: www.ndhealth.gov/disease/Publications.asp?DivisionID=9

Unless otherwise specified, the content of this manual was adapted from the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention.

If you have further questions or are in need of further guidance regarding infectious diseases in your facility, please feel free to contact the Division of Disease Control at 701.328.2378.

North Dakota Child Care/School Infection Control Manual Corrections Since Printing

Page 3 – bullet point #3; fever above 100 degrees. Should be changed to:

- Fever above 100 degrees along with difficulty breathing, changes in behavior, lethargy, irritability, or persistent crying

Page 5 – First bullet under diarrhea states. “Diarrhea not contained in the toilet (all infants and children in diapers with diarrhea must be excluded until either the diarrhea stops or the continued loose stools are deemed not to be infectious by a licensed health-care professional).” Should be changed to:

- Diarrhea not contained in the toilet or the diaper. Exclusion until stools are contained in the diaper or when toilet-trained children no longer have accidents and when stool frequency becomes less than two stools above that child’s normal frequency.

Page 11 – Pinkeye - Children should be excluded if they have bacterial conjunctivitis and children may return when antibiotic eye drops or ointment is started. Should be changed to:

- Conjunctivitis without fever and without behavioral change do not need to be excluded; if 2 or more children in a group care setting develop conjunctivitis in the same period, seek advice from the program health consultant or public health authority.

Page 12 – RSV - Children can return when they are fever free for 24 hours without the use of fever reducing medicine. Should be changed to:

- If child has fever along with difficulty breathing, changes in behavior, lethargy, irritability, or persistent crying they should be excluded.

Page 16 – Hand Washing; the following information should be added:

- The use of hand sanitizers by children over twenty-four months of age and adults in child care programs is an appropriate alternative to the use of traditional hand washing with soap and water.
- For visibly dirty hands, hand washing with soap and water is preferred. However, rinsing under running water or wiping with a water-saturated towel should be used to remove as much dirt as possible before using a hand sanitizer.
- Hand sanitizers using an alcohol-based active ingredient must contain 60% to 95% alcohol in order to be effective to kill germs, including multi-drug resistant pathogens.
- Child care programs should follow the manufacturer’s instructions for use, check instructions to determine how long the hand sanitizer needs to remain on the skin surface to be effective.
- Supervision of children is required to monitor effective use and to avoid potential ingestion or inadvertent contact of hand sanitizers with eyes and mucous membranes.

Even in health care settings, hand washing must still be done because of visible hand soiling, removal of residue of sanitizer rub, and for use around patients with C. diff. So one hand hygiene method should not be used at the exclusion of the other, the best way to ensure good hand hygiene is to offer both methods.

Page 19 – Under sanitizing, bullet #5 manual states: Air dry; do not towel dry. Should be changed to:

- Air dry or let stand for recommended contact time before towel drying

Pages 20-21 – **Food contact surfaces:** Clean and sanitize after each use. Should be changed to:

- **Food contact surfaces:** Clean and sanitize before and after each use.
- Also a general recommendation update: Microfiber cloths should be preferred for cleaning. They should be laundered between each use. If microfiber cloths are not appropriate for use, disposable towels should be preferred for cleaning. If clean reusable rags are used, they should be laundered separately between each one-time use for cleaning. Disposable towels should be sealed in a plastic bag and removed to outside garbage. Cloth rags should be placed in a closed, foot-operated, plastic-lined receptacle until laundering. When a mop is needed, microfiber mops should be considered as a preferred cleaning method over conventional loop mops. Use of sponges in child care facilities for cleaning purposes is not recommended.

Page 26 – Hot food should be held at 140°F or warmer. Should be changed to:

- Hot food should be held at 135°F or warmer

Page 27 – Breast Milk; the following information should be added:

- Labels for containers of human milk should be resistant to loss of the name and date/time when washing and handling. This is especially important when the frozen bottle is thawed in running tap water. There may be several bottles from different mothers being thawed and warmed at the same time in the same place.
- If a child has been mistakenly fed another child's bottle of expressed human milk, contact the North Dakota Department of Health or visit nrckids.org/CFOC3/HTMLVersion/Chapter04.html
STANDARD 4.3.1.4: Feeding Human Milk to Another Mother's Child

Vaccines Recommended for Teachers and Child Care Workers

Those in close contact with children on a daily basis risk being exposed to many contagious diseases. For this reason, it is important that child care workers and teachers are vaccinated. The following vaccines are recommended for child care workers and teachers to protect themselves as well as the children they care for.

Tdap

Tdap is the tetanus, diphtheria and pertussis vaccine. It is important that teachers and child care workers receive Tdap, because it is essential for protecting against pertussis. Pertussis (or whooping cough) is a coughing illness that is severe in infants and young children. It is also known as the “100 day cough,” because it causes coughing that can last a long period of time. It is important that child care workers receive Tdap not only to avoid getting pertussis, but also to avoid spreading it to those they care for.

Influenza

The flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat and lungs. It can cause mild to severe illness and at times can lead to death. Children are at high risk for suffering severe complications from influenza. For this reason, it is extremely important that teachers and child care workers receive a seasonal flu vaccine each year. Receiving the flu vaccine will help you and those you care for stay healthy during flu season.

MMR

Although rare, measles, mumps, and rubella cases still occur in the United States and North Dakota. All three are highly contagious diseases and can be severe in children and adults. It is important that teachers and child care workers have immunity to these serious diseases. The MMR vaccine will protect against these diseases, which commonly occur in childhood.

Varicella (Chickenpox)

Chickenpox is still a common childhood disease, even with the availability of the varicella vaccine. Chickenpox can be very serious and may require hospitalization in some cases. Those at high risk for complications from chickenpox include infants, adults and adolescents. Child care workers and teachers who have never had the disease or have not been vaccinated should be vaccinated as soon as possible. The varicella vaccine series consists of two doses.

Hepatitis B

People caring for children may have contact with blood or bodily fluids of children. It is important that those caring for children who may be exposed to blood or bodily fluids (first aid care) be up to date with their hepatitis B vaccinations. Hepatitis B is a serious disease spread through blood or bodily fluids and can result in serious complications, including liver disease. The hepatitis B vaccine protects against hepatitis B infection. The vaccine is given in a series of three doses over six months. It is important to receive all three doses of the series to ensure protection against the virus.

Hepatitis A

Child care workers and teachers might want to consider receiving the hepatitis A vaccine as well. The hepatitis A virus is usually found in the stools (feces) of infected people. Hepatitis A sometimes spreads among young children in child care because many are in diapers and cannot wash their own hands, and no one knows they have the disease because they have no symptoms. Spreading of hepatitis A among school-aged children is less common, because they are more likely to have symptoms and most have learned to wash their hands before eating and after using the toilet. Hepatitis A can cause severe complications. Two doses of vaccine over six months will complete the hepatitis A series.



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