MODULE 2
Preventing Infectious Diseases

• Controlling Spread
• Tools
• Vaccines
• Reducing Germs
• Sanitation
• Food Handling
• Policies and Procedures
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Controlling Spread of Infection

Overview of Tools to Control Infection—People

- Promote health of teacher/caregiver and children
  - Nutrition
  - Sleep
  - Exercise
  - Safe activities and healthful practices
  - Immunization with vaccines
  - Manage risks for children and staff who have special needs

Can you give an example of 1 of these?
Overview of Tools to Control Infection—Places/Environment

- Facility design
  - Enough space to prevent crowding
  - Surfaces easily cleanable
  - Separation of food areas from toileting and diapering
  - Enough flushing toilets and well-designed diaper-changing stations
  - Heating, ventilation, and air conditioning systems meet health standards

- Program Plan
  - Group size and staffing facilitates practicing infection control routines
  - Mixed-age and mixed-group arrangements require extra infection control effort

Overview of Tools to Control Infection—Germs

- Wash hands
- Clean and sanitize surfaces
- Follow Standard Precautions for exposure to blood
- Carefully dispose of material that might contain bad germs
- Exclude ill people from the group when it matters

Vaccines

- Current recommended adult and child vaccine schedules at www.cdc.gov/vaccines
- How do you:
  - Check vaccine records?
  - Promote flu vaccine use?
Checking Vaccine Records
- Why should early education programs check whether child and staff vaccines are up to date?
- Why are so many people overdue for vaccines?
- Easing the burden of checking:
  - Public health vaccine registries
  - Tracking software
  - Get help from a Child Care Health Consultant
  - Use the CDC Web site vaccine checker at www.cdc.gov/vaccines

Hand Washing
- Make sinks, soap, and towels available
- Do at routine times
- Use good technique
- Have fun washing
- Soap and water is best

When should children and adults wash their hands in child care settings?
Role-play proper technique for hand washing

Controversial Issues
- Gloves
  - Required only when contact with blood is possible
  - May be used in diapering, changing soiled clothes, wiping noses, or other situations where contact with body fluids might occur
  - Hands must be washed even when gloves are worn
- Hand sanitizers
  - Toxic, flammable, expensive, and need enough of the sanitizer for required contact time
- Antibacterial soaps
  - Neither required nor recommended
What Does Your Program Do

- To clean and sanitize toys?
- To clean bedding?
- To clean soft toys?
- To clean soft surfaces on furniture?
- To clean carpets and hard surface floors?
- To clean tables, door, and cabinet handles?
Sanitary Food Handling
• Prevent food-borne illness with sanitary food handling practices
• Keep perishable foods at safe temperatures (below 40°F or above 140°F)
• Prevent contamination of food during handling
• Examine foods brought from home to be sure they have been held at safe temperatures during transport

What Does “Clean” Mean?

Sanitizing Versus Disinfecting
• Sanitize: reduce, not eliminate, germs to a level that is unlikely to cause disease
• Disinfect: destroy or inactivate infectious fungi and bacteria, not necessarily spores

Methods: immersing, wiping, and spraying
Informing Parents and Child Care Staff

- Daily Health Check
- Talking with parents about health policies
- Notification when children are ill
- Providing medical reports
- Children with special needs

Video: Informing Parents and Staff

Policies and Procedures


- Model Child Care Health Policies, available online at www.ecels-healthychildcarepa.org, print version available from the National Association for the Education of Young Children at www.naeyc.org
Policies and Procedures
• Does your program have clearly written policies to minimize infectious illnesses?
• Do you share these policies with families and child care staff?
• Do the policies need updating?
• What can you do to review and revise your program policies to minimize infectious illness?

Using Caring for Our Children
Look-up exercise:
• Staff exclusion for illness
• Staff modeling of healthy behavior
• Space for an ill child

What Are the Infectious Disease Issues for Each of These?
• Pets
• Storage of gear and bedding
• Separation of groups
Review: Focus of Tools to Control Infection

- People
- Places/Environment
- Germs

References


- CDC, www.cdc.gov/flu/about/qa/fluvaccine.htm (Slide 6)


Module 2: Preventing Infectious Diseases

Objectives

A. Knowledge
Each participant will be able to:
1. Identify the 3 factors involved in controlling the spread of infection.
2. Explain the role of nutrition, healthy lifestyle, and immunization in preventing infectious diseases.
3. Identify 4 ways to reduce the number of germs in child care settings.
4. Explain at least 1 activity that families, caregivers/teachers, and health care professionals can do to prevent infectious diseases.

B. Attitude
Each participant will be able to:
1. Feel knowledgeable about good diaper changing techniques.
2. Plan to promote healthy lifestyles in children and staff by practicing good nutrition, and getting adequate exercise and rest.
3. Commit to updating and implementing policies and procedures to decrease the spread of infectious diseases, like effective hand washing and sanitizing.
4. Commit to keeping vaccine status current, plan to encourage other staff to do likewise, and explore how to improve efforts to have parents keep their children’s immunizations updated.

C. Behavior
Each participant will:
1. Perform a self-assessment of vaccine status.
2. Demonstrate the proper technique for hand washing.
Module 2: Preventing Infectious Diseases

References


- Aronson SS, Shope TR. Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide. 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009:26 (Slides 5, 9, 14)


- CDC, www.cdc.gov/flu/about/ga/fluvaccine.htm (Slide 6)


Module 2: Preventing Infectious Diseases

Resources

1. CFOC 2nd ed standard 3.014


3. California Childcare Health Program: www.ucsfchildcarehealth.org (search pest management)


5. www.aap.org/immunization

6. CFOC 2nd ed standard 3.021
For each child, each day: code top box “+” = present, or “O” = absent, or N = not scheduled
code bottom box “O” = well, or with the numbers from bottom of the page

| Age in Months | Name | Daily Hours in Care | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |

Total Placed on Register: ________________________  Number of days facility was open: ________________________

Symptom Codes:
1 = Asthma, wheezing  2 = Behavior change with no other symptom  3 = Diarrhea  4 = Fever  5 = Headache  6 = Rash
7 = Respiratory (cold, cough, runny nose, earache, sore throat, pink eye)  8 = Stomachache  9 = Urine problem  10 = Vomiting
11 = Other  (specify on back)
Diaper Changing

Components of a Diapering Area

Diaper-changing areas should
• Not be located in food preparation areas.
• Not be used for temporary placement of food or utensils.
• Be conveniently located, washable, with all surfaces, including walls and floors, made of a nonporous material without cracks or crevices that are difficult to clean and sanitize.
• Have tightly covered, hands-free receptacles within arm’s reach to prevent environmental contamination.
• Take into account whether caregivers must provide simultaneous supervision of the other children in the group. If so, the diaper-changing table should be positioned to allow caregivers/teachers to maintain constant sight and sound supervision of children.
• Be designed to prevent contamination of surfaces during, and as a result of, the diaper-changing process.
• Provide at least one diaper-changing table per infant or toddler group to
  ~ Allow sufficient time for changing diapers.
  ~ Allow for cleaning and sanitizing between uses.
• Be used only by those children in one group because
  ~ Disease spreads more easily when caregivers/teachers from different groups use the same diaper-changing surface and sinks for diapering. This means that diaper-changing tables should not be placed between or shared between classrooms because doing so promotes cross-contamination.
• Be organized to maximize the opportunity for one-on-one time between the child and the teacher/caregiver. Skilled teachers plan diaper-changing areas to give the child visual stimulation, but use objects that do not add to the burden of cleaning and sanitation after the diaper change. For example, mirrors on the wall or ceiling, mobiles, and laminated pictures on the walls or ceiling are interesting for children to look at, and they offer an opportunity for the caregiver and child to interact while diapering is done. While this interaction distracts the child during the diapering activity, more importantly, it fosters language and caring relationships. If the child is given something to hold while being diapered, that object must be considered contaminated and taken from the child to be cleaned and sanitized when the soiled diaper is removed from the child’s bottom.

Changing Table Requirements

Changing tables should be
• Made of moisture-proof, nonabsorbent, smooth surfaces that do not trap soil and are easily sanitized
• Sturdy
• At a convenient height (between 28” and 32” high) for use by caregivers/teachers
• Be equipped with railings or barriers that extend at least 6” above the change surface
• Be free of restraining straps or any other objects that pose an additional challenge to cleaning and sanitizing after each diaper change

Sinks in Diaper-Changing Areas

• Sinks in diaper-changing areas should be within arm’s reach of the caregivers/teachers so hand washing can be done before any other surfaces are touched and contaminated.
• At least one sink should be available for every 2 changing tables.
• Sinks and diaper-changing tables should be assigned to a specific group of children.
• Sinks should not be used for bathing or removing smeared fecal material.
• Drinking utensils and food should not be washed in these sinks.

Diaper-Changing Steps

The procedure for diaper changing is designed to reduce surface contamination that, later, will come in contact with uncontaminated surfaces such as hands, furnishings, and floors. Posting this multistep procedure may help caregivers/teachers routinely follow the correct steps to changing a child’s diaper.

Staff who will be involved with food handling should avoid being involved with diaper changing if at all possible until after food handling duties are completed. All staff should follow these diapering procedures.

Step 1: Get organized.

Before bringing child to diaper area, gather the needed supplies.
• Nonabsorbent paper liner, large enough to cover changing surface from the child’s shoulders to beyond the child’s feet (so that the table surface is protected and

➤continued
Diaper Changing, continued

the paper liner can be folded back under the child after removing the soiled diaper and cleaning the child’s bottom, if the surface under the child’s bottom becomes soiled during cleanup)

- Fresh diaper
- Clean clothes (if needed)
- Wipes for cleaning child’s bottom and wiping the caregiver’s/teacher’s and child’s hands between taking off the soiled diaper and putting on the clean diaper
- Plastic bag for soiled clothes
- Disposable gloves (If used, put on before touching soiled clothing or diapers and remove before touching clean diapers and surfaces.)
- Thick application of any diaper cream (when appropriate) removed from the container to a piece of disposable material (eg, a small piece of the table liner paper)

**Step 2: Carry the child to changing table, avoiding contact with soiled clothing.**

- Always keep a hand on the child.
- If the child’s feet cannot be kept out of the diaper or from contact with soiled skin during the changing process, remove the child’s shoes and socks so the child does not contaminate them with stool or urine.
- Put any soiled clothes in a plastic bag and securely tie the bag to send the soiled clothes home.

**Step 3: Clean the child’s diaper area.**

- Place the child on the diaper-changing surface and unfasten the diaper, but leave the soiled diaper under the child.
- If safety pins are used, close each pin immediately once it is removed and keep pins out of the child’s reach (never hold pins in your mouth).
- Lift the child’s legs as needed to use disposable wipes to clean the skin on the child’s genitalia and buttocks.
- Remove stool and urine from front to back, and use a fresh wipe each time.
- Put the soiled wipes in the soiled diaper or directly into a plastic-lined, covered, foot-operated receptacle.

**Step 4: Remove the soiled diaper without contaminating any surface not already in contact with stool or urine.**

- Fold the soiled surface inward.
- Put soiled disposable diapers in a plastic-lined, covered, hands-free receptacle. If reusable cloth diapers are used, put the soiled cloth diaper (without emptying or rinsing) in a plastic bag or into a plastic-lined, covered, foot-operated receptacle to give to parents or the laundry service.
- If gloves were used, remove them and put them into a plastic-lined, covered, hands-free receptacle.
- Whether or not gloves were used, use a disposable wipe to clean the surfaces of the caregiver’s/teacher’s hands, and another wipe to clean the child’s hands, and put the wipes into the plastic-lined, hands-free, covered can.
- Check for spills under the child. If there are any, use the paper that extends under the child’s feet to fold the disposable paper over so that a fresh, unsoiled paper surface is now under the child’s buttocks.

**Step 5: Put on a clean diaper and dress the child.**

- Slide a fresh diaper under the child.
- Use tissue to apply any necessary diaper creams, discarding the tissue in a plastic-lined, covered, foot-operated receptacle.
- Observe, note, and plan to report any skin problems such as redness, skin cracks, or bleeding.
- Fasten the diaper (if pins are used, place your hand between the child and diaper when inserting the pin) and put on the child’s clothing and shoes, being careful to stand the child only on a clean surface so that the child’s shoes do not carry contamination from the diaper-changing table around the room.

This is the end of the soiled portion of the diaper change. Gloves should be off and all soiled articles should be in the hands-free can.

➤ continued
Diaper Changing, continued

Step 6: Wash the child’s hands and return the child to a supervised area.

• Use soap and water (no less than 60°F [15.6°C] and no more than 120°F [48.9°C]) to wash the child’s hands.
• If a child is too heavy to hold or cannot stand at the sink, use the following method to wash hands:
  ~ Wipe the child’s hands with a damp paper towel moistened with a drop of liquid soap.
  ~ Wipe the child’s hands with a paper towel wet with clean water.
  ~ Dry the child’s hands with a paper towel.

Step 7: Clean and sanitize the diaper-changing surface.

• Dispose of the paper liner used on the diaper-changing surface in a plastic-lined, covered, hands-free receptacle.
• Clean any visible soil from the changing surface with detergent and water; rinse with water.
• Spray a sanitizing bleach solution onto the entire changing surface (see “Sanitation, Disinfection, and Maintenance” on page 20).
• Leave the bleach sanitizer on the surface for at least 2 minutes. (The surface can be wiped dry or left to air-dry.)

Step 8: Wash your hands and record the diaper change in the child’s daily log.

• Wash hands using soap and water, using a paper towel to turn off water faucet.
• In the daily log, record what was in the diaper and any problems (eg, diarrhea, unusual color or odor, blood in the stool, any skin irritation).

The procedure for diaper changing is designed to
• Reduce surface contact that leads to contamination of uncontaminated surfaces.
• Ensure the child’s safety by assembling supplies before bringing child to the changing area.
• Reduce possible contamination and spreading of disease by taking supplies directly from their containers and leaving containers in their assigned areas.

Remember,
• Food preparation should not be permitted in the diapering area.
• Gloves are not necessary, but may reduce contamination of hands and infectious agents under the fingernails.
• After diapering, clean visible soil from surfaces followed by application of a sanitizing solution. If a spray solution of bleach (1 tablespoon bleach to 1 quart of water) is used, apply the spray until the surface is wet enough to glisten, and then leave the solution on for 2 minutes before wiping or allow the surface to air dry (see “Sanitation, Disinfection, and Maintenance” on page 20). If there is no visible soil, there is no need to clean with detergent first. The 2-minute waiting time for the bleach solution to work can be used conveniently to wash the caregiver’s hands, record the diaper change, and gather supplies for the next child’s diaper change. By the time these tasks are completed, if another child must use the diaper-changing table, and 2 minutes have elapsed with the table still wet from the bleach solution, the table can be wiped dry with a paper towel.
Insect Repellent: Safety Considerations

• Do not allow young children to apply insect repellent to themselves; have an adult do it for them.

• Apply it to your own hands and then rub your hands on the child.

• Avoid children’s eyes and mouth and use it sparingly around their ears. Do not apply over cuts, wounds, or irritated or sunburned skin.

• Do not apply repellent to children’s hands; children may tend to put their hands in their mouths.

• Use just enough to cover exposed skin.

• Do not apply repellent to skin under clothing.

• Do not use sprays in enclosed areas or near food.

• Reapply if washed off by sweating or by getting wet.

• Wash the treated skin with soap and water when the children return inside.

• If repellent is applied to clothing, wash treated clothing before wearing again.

• Keep repellents out of reach of children.

• If a child develops a rash or other reaction from any insect repellent, discontinue use, wash the repellent off with soap and water and contact the poison control center (800-222-1222) or a physician, followed by the child’s parent.

References:

Centers for Disease Control and Prevention. What You Need to Know About Mosquito Repellent. 2007. Available at: www.cdc.gov/ncidod/dvbid/westnile/mosquitorepellent.htm

## Cleaning and Sanitizing Chart

<table>
<thead>
<tr>
<th>Area</th>
<th>Clean</th>
<th>Sanitize</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Classroom/Child Care/Food Areas</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Countertops/tabletops, floors, doorknobs, and cabinet handles</td>
<td>X</td>
<td>X</td>
<td>Daily and when soiled</td>
</tr>
<tr>
<td>Food preparation/service surfaces</td>
<td>X</td>
<td>X</td>
<td>Before/after contact with food activity; between preparation of raw and cooked foods</td>
</tr>
<tr>
<td>Carpets and large area rugs</td>
<td>X</td>
<td></td>
<td>Vacuum daily when children are not present. Clean with a carpet-cleaning method approved by the local health authority. Clean carpets only when children will not be present until carpet is dry. Clean carpets at least monthly in infant areas, at least every 3 months in other areas, and when soiled.</td>
</tr>
<tr>
<td>Small rugs</td>
<td></td>
<td></td>
<td>Shake outdoors or vacuum daily. Launder weekly.</td>
</tr>
<tr>
<td>Utensils, surfaces/toys that go in the mouth or have been in contact with saliva or other body fluids</td>
<td>X</td>
<td>X</td>
<td>After each child’s use, or use disposable, one-time utensils or toys.</td>
</tr>
<tr>
<td>Toys that are not contaminated with body fluids. (None of these items should be shared among children without washing first because of the potential for spread of germs by close contact of these items with the skin and hair of the body.)</td>
<td>X</td>
<td></td>
<td>Weekly and when visibly soiled. Many of these articles may be washed in a dishwasher or clothes washer. Small toys, such as plastic blocks, can be put in a net bag for washing.</td>
</tr>
<tr>
<td>Blankets, sleeping bags, cubbies</td>
<td></td>
<td></td>
<td>Monthly and when soiled</td>
</tr>
<tr>
<td>Cribs and crib mattresses</td>
<td>X</td>
<td></td>
<td>Weekly, before use by different child, and whenever soiled or wet</td>
</tr>
<tr>
<td>Phone receivers</td>
<td>X</td>
<td>X</td>
<td>Weekly</td>
</tr>
<tr>
<td><strong>Toilet and Diapering Areas</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand-washing sinks, faucets, surrounding counters, soap dispensers, doorknobs</td>
<td>X</td>
<td>X</td>
<td>Daily and when soiled</td>
</tr>
<tr>
<td>Toilet seats, toilet handles, doorknobs or cubicle handles, floors</td>
<td>X</td>
<td>X</td>
<td>Daily or immediately if visibly soiled</td>
</tr>
<tr>
<td>Toilet bowls</td>
<td>X</td>
<td>X</td>
<td>Daily</td>
</tr>
<tr>
<td>Changing tables, potty chairs (Use of potty chairs in child care is discouraged because of high risk of contamination.)</td>
<td>X</td>
<td>X</td>
<td>After each child’s use</td>
</tr>
<tr>
<td><strong>General Facility</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mops and cleaning rags</td>
<td>X</td>
<td>X</td>
<td>Before and after a day of use, wash mops/rags in detergent and water, rinse in water, immerse in sanitizing solution, and wring as dry as possible. After cleaning and sanitizing, hang mops and rags to dry.</td>
</tr>
<tr>
<td>Waste and diaper containers</td>
<td></td>
<td></td>
<td>Daily</td>
</tr>
<tr>
<td>Any surface contaminated with body fluids (eg, saliva, mucus, vomit, urine, stool, blood)</td>
<td>X</td>
<td>X</td>
<td>Immediately, using standard precautions as specified in Caring for Our Children, Standard 3.026</td>
</tr>
</tbody>
</table>

Hand Hygiene

When to Wash Hands
To prevent the spread of infection, signs should be posted at each sink indicating when and how staff, volunteers, and children should wash their hands.

Hand washing should occur
• When arriving for the day or when moving from one group of children to another
• Before and after
  ~ Eating, handling food, or feeding a child; especially important for children who eat with their hands to decrease the amount of saliva (which may contain organisms) on their hands
  ~ Administering a medication
  ~ Playing with water that is used by more than one person
• After
  ~ Diapering and toileting
  ~ Handling body fluids (eg, mucus, blood, vomit)
  ~ Wiping noses, mouths, and sores
  ~ Handling uncooked food (especially raw meat and poultry)
  ~ Handling pets and other animals (including tropical fish) or cleaning their cages or litter boxes
  ~ Playing in sandboxes (to prevent the ingestion of parasites that could be present in contaminated sand and soil)
  ~ Cleaning
  ~ Handling garbage
• When leaving for the day

How to Wash Hands
Children and staff should wash hands using the following method:
• Make sure a clean, disposable paper (or single-use) towel is available.
• Turn on water (no less than 60°F [15.6°C] and no more than 120°F [48.9°C]).
• Moisten hands with water and apply liquid soap to hands.
• Rub hands together vigorously until soapy lather appears, and continue for at least 10 seconds; rub areas between fingers, around nail beds, under fingernails and jewelry, and on back of hands.
• Rinse hands under running water until free of soap and dirt. Leave water running while drying hands.

• Dry hands with a clean, disposable paper towel or single-use cloth towel.
• If taps do not turn off automatically, turn taps off with a disposable paper towel or single-use cloth towel.
• Shared towels can transmit infectious diseases.
• To dispose of towels
  ~ Throw disposable towel in lined trash container.
  ~ Place single-use cloth towel in laundry hamper.
  ~ Hang individually labeled cloth towels to dry.
• If desired, use hand lotion from a liquid lotion dispenser to prevent chapping.

Use a source of clean, running water. Running water will initially rinse off some soil, provide moisture for a good lather, and rinse the skin thoroughly to leave the skin clean.

Children and staff should use liquid soap because
• Although adequately drained bar soap has not been shown to transmit bacteria, bar soaps sitting in water have been shown to be heavily contaminated with Pseudomonas and other bacteria.
• Many children do not have the dexterity to handle a bar of soap, and many adults do not take the time to rinse the soil off before putting down the bar of soap.

Additional information
• Premoistened cleansing towelettes
  ~ Do not effectively clean hands and may spread pathogens from one hand to another.
  ~ May be used when running water is not available (eg, during an outing).
  ~ May be used while in the middle of diapering. After removing the soiled diaper and before putting on a clean diaper, the caregiver’s/teacher’s hands (and often the child’s hands, too) may come in contact with feces or urine by touching the soiled skin in the diaper area. Stepping away from the diaper table to wash hands at a sink at this point is not practical.
  Using a wipe to reduce the level of soil on the caregiver’s/teacher’s and child’s hands at this point is a reasonable compromise.
• Antibacterial soaps may be used, but are neither required nor recommended.

➤continued
Hand Hygiene, continued

Assisting Children With Hand Washing

Encouraging and teaching children good hand-washing practices must be done in a safe manner. Washing infants’ hands helps reduce the spread of infection. Washing under running water is best. Staff should wash their own hands after assisting children with hand washing.

Caregivers/teachers should provide assistance
• At a sink for infants who can be safely cradled in one arm
• For children who can stand, but not wash their hands by themselves

For the child who is unable to stand and too heavy to hold at the sink to wash hands under running water, the following method should be used:
• Wipe the child’s hands with a damp paper towel moistened with a drop of liquid soap, and discard towel.
• Wipe the child’s hands with a clean, wet paper towel until hands are free of soap, and discard towel.
• Dry the child’s hands with a clean paper towel.

Using Alcohol-based Hand Rubs

The use of alcohol-based hand-rub products (eg, liquid, gel, or foam hand sanitizers) does not substitute for hand washing in the group care setting. Hand washing is required to remove visible soil. Alcohol-based hand rubs should be limited to instances in which no sink is available. These products require an alcohol content of 60% or greater to be effective at killing germs. They are highly toxic if ingested by children, and they are flammable.

Caregivers/teachers should do the following:
• Limit the use of alcohol-based hand rubs to areas of the facility that are inaccessible to children (eg, in a kitchen that is off-limits to children or the maintenance equipment area).
• Discourage alcohol-based hand rubs for hand hygiene in child-use areas. If they are used in these areas because of lack of sinks, ensure that no child can have independent use of the container or dispenser.
• Be sure that hand hygiene using alcohol-based hand rubs conforms to the manufacturer’s instructions. The procedure for using alcohol-based rubs should include the following:
  ~ Apply the required volume of the product to the palm of one hand and rub together; cover all surfaces of the hands and fingers until the hands are dry. The required volume should keep the hand surfaces wet for at least 15 seconds or longer if indicated by the manufacturer.
  ~ Check the dispenser systems for hand-hygiene rubs on a regular schedule to be sure they deliver the required volume of the product and do not become clogged or malfunction in some other way.
  ~ Store supplies of alcohol-based hand rubs in cabinets or areas approved for flammable materials.
  ~ Monitor hand hygiene with unannounced and regular direct observation. When hand rubs are used, check how much of the product is being used to be sure the appropriate amount gets used as a way to verify that the staff who are authorized to use this method of hand hygiene are continuing to use the material properly.

Available at www.aap.org/bookstore
Bedding, Personal Clothing, and Cribs

Sleep equipment should be used only by one child and cleaned and sanitized before use by another child. Equipment used by one child should be stored separately from that used by others.

- Cribs and crib mattresses should have a nonporous, easy-to-wipe surface.
- Bedding (eg, sheets, pillows, blankets, sleeping bags) should be washable.
- Lice infestation, scabies, and ringworm are among the most common contagious diseases in child care and school settings. Although no evidence exists to show that lice are transmitted except by head-to-head contact, some skin diseases have been shown to spread if bedding materials, jackets with hoods, and hats used by various children are stored so that they touch each other.

Potty Chairs and Toilets

- Potty chair use is not recommended and should be discouraged. Toilets adapted for use by children are preferable.
- If potty chairs are used, they should be:
  ~ Made with a surface that is easily cleaned and sanitized
  ~ Used only in a bathroom area
  ~ Used over a surface that will not be damaged by moisture
  ~ Out of reach of toilets or other potty chairs
  ~ Emptied into a toilet, then cleaned in a sink that is used only for cleaning and sanitizing potty chairs
- Toilets should be kept visibly clean and separate from the children’s activity area.

Staff Training

Provide training for staff who are responsible for cleaning, including the following:

- How to handle, mix, and store cleaning solutions. (See “Sanitation, Disinfection, and Maintenance” on page 20.)
- Proper use of protective barriers (eg, gloves).
- Proper handling and disposal of contaminated materials, such as soiled diapers or bandages that are contaminated with blood or body fluids.
- Information required by the US Occupational Safety and Health Administration about the use of any chemical agents. Even if custodial services are provided under a contract with an outside service organization, be sure that an assigned staff member supervises routine cleaning of the facility according to the facility’s schedule. Be sure that the staff have read the Material Safety Data Sheet for any products they use.

Hand Hygiene

Because many infected people carry communicable diseases without having symptoms and are contagious before they experience symptoms, caregivers/teachers need to protect themselves and the children they serve by carrying out hygienic procedures on a routine basis.

Why Is Hand Hygiene Important?

Hand hygiene is the most effective means of reducing germs and infections in group care settings. Studies have shown that unwashed or improperly washed hands are primary carriers of infections. Lack of hand washing and poor hand-washing techniques have contributed to many outbreaks of diarrhea among children and staff in group care settings. Conversely, adherence to good hand-washing techniques has consistently demonstrated a reduction in disease transmission in child care and school settings. While working with children, caregivers/teachers should not wear elaborate jewelry or long or artificial nails, because these interfere with effective hand washing. Using hand lotion after hand washing to prevent chapping and cracking of skin also is important.

Although alcohol-based hand rubs have come into common use in hospitals and other health care settings, hand washing is still the preferred method of hand hygiene in educational settings. Alcohol-based hand rubs should only be used when there is no visible soil, and when soap and water washing is not practical. Proper use of alcohol-based hand rubs requires that the product contain at least 60% alcohol and that the amount of product applied to the skin be sufficient to keep the hands wet with the solution for the length of time specified on the manufacturer’s label, generally 15 seconds. This is not less time than it takes to wash hands with soap and water. While the alcohol-based hand rubs are convenient carry-along products, they are expensive, toxic, and flammable. If they are used, precautions to handle these risks are required. Instructions for the use of these products are included in “Hand Hygiene” on page 25.

Diaper Changing

See “Diaper Changing” on page 27 for sanitary procedures.
The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide. 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009. Available at www.aap.org/bookstore.

Sanitation—Reduce, but not necessarily eliminate, microorganisms from the inanimate environment to levels considered safe as determined by public health codes or regulations.

Disinfection—Used on hard, inanimate surfaces and objects to destroy or irreversibly inactivate infectious fungi and bacteria, but not necessarily their spores.

Sterilize—Used to destroy or eliminate all forms of microbial life including fungi, viruses, and all forms of bacteria and their spores.


~ Consult with your local health department or regulatory licensing authority for any product other than household bleach.

❖ Surface sanitizing method.
  o Household bleach is inexpensive, relatively safe, and easy to use, and can be mixed as follows:
    - For all tasks that do not involve blood, mix ¼ cup of household bleach to 1 gallon of tap water (or 1 tablespoon of household bleach to 1 quart of water) for a 1:64 dilution. Because chlorine evaporates from bleach and is weakened by sunlight and heat, this minimal dilution may become too diluted to be effective if not made fresh daily from the stock bottle of household bleach. Freshly purchased stock supplies should be used within a few months so they, too, do not become too weak to be effective when diluted.
    - To sanitize with the freshly made 1:64 dilution of bleach, spray the diluted solution on the surface until glossy. Leave the bleach solution on the surface for at least 2 minutes before wiping it off with a clean paper towel, or allow it to air-dry.
    - If blood is involved, change the strength of the bleach and water solution to 1:10 and conduct the same cleaning and sanitizing procedure, carefully bagging all articles in contact with potentially contaminated surfaces.
  o Dipping methods for sanitizing dishes and toys that have been washed and rinsed also are useful.
    - Follow the manufacturer’s instructions on the containers for products other than bleach.
    - Household bleach
      - Mix 1.5 teaspoons of household bleach per gallon of water (100 parts per million chlorine) that is not less than 75°F (23.9°C).
      - Immerse the object to be sanitized for at least 2 minutes.
      - Allow the object to air-dry.
    - Hot water immersion
      - Completely immerse in hot water at 170°F (76.7°C) for not less than 30 seconds.
      - Air-dry.

❖ Disinfecting: eliminating virtually all germs from surfaces through the use of chemicals registered with the US EPA as disinfectants or physical agents (eg, heat).

Prevention of Disease Transmission
Baseline routine frequency of cleaning and sanitization can be found in the “Cleaning and Sanitizing Chart” on page 21. Frequency of cleaning and sanitation should be increased when

- There are outbreaks of illness.
- There is known contamination.
- There is visible soil, blood, or other body fluids.
- There are recommendations by the health department to control certain infectious diseases.

Fecal bacteria in the environment have been shown to increase during outbreaks of diarrheal illnesses. Health officials may recommend a more frequent cleaning schedule in certain areas, depending on the nature of the problem.

General Guidelines for Surfaces and Equipment
- Carpets, porous fabrics, other surfaces that trap soil, and potentially contaminated materials, such as potted plants, should not be used in toilet rooms, diaper-changing areas, and food preparation areas.
- Walls, ceilings, floors, furnishings, equipment, and other surfaces should be maintained in good repair and kept clean.
- Because children will touch any reachable surface (including floors), all surfaces may be contaminated and can spread infectious disease agents. Generally, sanitizing agents are not very effective at removing visible soil, and do not work well to sanitize if visible soil is present. Therefore, all surfaces must be properly cleaned and then sanitized.
- Respiratory tract secretions (nasal discharge, drool, eye secretions) may contaminate surfaces. They may contain viruses that remain infectious for varying periods of time, making it possible to acquire an infection by touching these surfaces. Children usually have respiratory tract secretions on their hands and may have viruses in their respiratory tract before and after they seem sick. That is why any surface that might have been in contact with a child’s hands must be cleaned and sanitized so often.
- All surfaces, furnishings, and equipment that are not in good repair or have been contaminated by body fluids should not be used until repaired, cleaned, and, if needed, sanitized effectively. Have a way to take out of service any...
surfaces or furnishings that cannot be cleaned or repaired right away. For example, you can use a plastic bin labeled, “dirty—to be washed”, for soiled toys, and yellow plastic tape or yarn to rope off areas that must be temporarily put out of use.

- Adhere to appropriate hand and personal hygiene for children and staff. (See “Hand Hygiene” on page 25.)
- Clean all toys—make it a priority to use toys that can be washed in a dishwasher or washing machine.
- Clean/sanitize tables and countertops, including those used for play, food handling, and eating.
- Clean/disinfect spills of blood or body fluids.
- Sanitize floors and handles of doors and cabinets—all surfaces that children touch.
- Use caution when shampooing rugs used by children who are crawling. Cleaning with potentially hazardous chemicals should be scheduled to minimize exposure to children.
- To prevent animal and insect access, cover sandboxes when they are not in use.
- Ensure that pets are appropriately enclosed and their enclosures are kept clean of waste.
- Ensure that staff wash hands before and after contact with any animal, and after handling animal waste, cages, or bedding (including fish tanks).
- Provide separate and sanitary sleep equipment for each child.
- One way to measure compliance with the standard for cleanliness is to wipe a surface with a clean mop or rag and then insert the mop or rag in cold rinse water. If the surface is clean, no residue will appear in the rinse water.

**Cleaning Equipment**

- Only utility gloves/equipment designated for cleaning and sanitizing toilets should be used. After each use, wash utility gloves with soapy water and then let them air-dry.
- Disposable gloves commonly are made of latex or vinyl. If individuals sensitive to latex are present in the facility, only vinyl disposable gloves should be used.
- Disposable towels are preferred for cleaning, and should be placed in a plastic-lined container until removed to outside garbage.
- After each day of use, place cloth rags in a closed, foot-operated receptacle until laundered.
- Reusable rags should be cleaned and sanitized before and after each day of use.
- Sponges are not recommended because they retain organic material that promotes bacterial growth.
- Mops should be assumed to be contaminated because they are used to remove contamination from floors and other soiled surfaces. Be sure they are cleaned and sanitized before and after a day of use.

~ Bleach solution that is used for sanitizing the child care and school environment (see “Routine Cleaning, Sanitizing, and Disinfecting of Contaminated Surfaces” on page 20) can be used for sanitizing mops and rags. Detachable mop heads and reusable rags may be cleaned in a washing machine without other types of articles in the same load, and dried in a mechanical dryer or hung to dry.

**Waste Receptacles**

Waste receptacles in toilet rooms should be kept clean, lined with plastic bags, in good repair, and emptied daily. Those that receive materials that are contaminated with body fluids should be of the hands-free type, such as a foot-operated receptacle. All other waste receptacles should be kept clean and emptied daily. This practice prevents the spread of disease.

**Toys**

- All toys can spread disease. Toys become contaminated when children touch them or put them into their mouths. If other children play with or mouth the toy, those children can get the germs on their hands and mucous membranes.
- Toys that cannot be washed and, if needed, sanitized should not be used.
- Mouthed toys or toys contaminated by body secretions or excretions should be removed from the play area until they are washed with water and detergent, rinsed, sanitized, and air-dried.
- Machine-washable cloth toys should be used only by one child until these toys are laundered.
- Indoor toys should not be shared between groups of infants or toddlers unless they are washed/sanitized before being moved from one group to another.
- Small, hard-surfaced toys can be cleaned in a dish pan labeled “soiled toys,” containing soapy water to remove soil, or a dry container can be used to bring the soiled toys to a toy cleaning area later in the day. A dishwasher that can sanitize dishes can be used to clean and sanitize hard-surfaced toys.
- Have more than one set of toys on hand so that one set can be used while the other is cleaned.

**Mouthed Objects**

Thermometers, teething toys, and similar objects should be cleaned, and reusable parts should be sanitized between uses. Pacifiers should be cleaned, and not shared. Pacifiers should never be placed in a caregiver’s mouth.
**Bedding, Personal Clothing, and Cribs**

Sleep equipment should be used only by one child and cleaned and sanitized before use by another child. Equipment used by one child should be stored separately from that used by others.

- Cribs and crib mattresses should have a nonporous, easy-to-wipe surface.
- Bedding (eg, sheets, pillows, blankets, sleeping bags) should be washable.
- Lice infestation, scabies, and ringworm are among the most common contagious diseases in child care and school settings. Although no evidence exists to show that lice are transmitted except by head-to-head contact, some skin diseases have been shown to spread if bedding materials, jackets with hoods, and hats used by various children are stored so that they touch each other.

**Potty Chairs and Toilets**

- Potty chair use is not recommended and should be discouraged. Toilets adapted for use by children are preferable.
- If potty chairs are used, they should be:
  - Made with a surface that is easily cleaned and sanitized
  - Used only in a bathroom area
  - Used over a surface that will not be damaged by moisture
  - Out of reach of toilets or other potty chairs
  - Empty to a toilet, then cleaned in a sink that is used only for cleaning and sanitizing potty chairs
- Toilets should be kept visibly clean and separate from the children’s activity area.

**Staff Training**

Provide training for staff who are responsible for cleaning, including the following:

- How to handle, mix, and store cleaning solutions. (See “Sanitation, Disinfection, and Maintenance” on page 20.)
- Proper use of protective barriers (eg, gloves).
- Proper handling and disposal of contaminated materials, such as soiled diapers or bandages that are contaminated with blood or body fluids.
- Information required by the US Occupational Safety and Health Administration about the use of any chemical agents. Even if custodial services are provided under a contract with an outside service organization, be sure that an assigned staff member supervises routine cleaning of the facility according to the facility’s schedule. Be sure that the staff have read the Material Safety Data Sheet for any products they use.

**Hand Hygiene**

Because many infected people carry communicable diseases without having symptoms and are contagious before they experience symptoms, caregivers/teachers need to protect themselves and the children they serve by carrying out hygienic procedures on a routine basis.

**Why Is Hand Hygiene Important?**

Hand hygiene is the most effective means of reducing germs and infections in group care settings. Studies have shown that unwashed or improperly washed hands are primary carriers of infections. Lack of hand washing and poor hand-washing techniques have contributed to many outbreaks of diarrhea among children and staff in group care settings. Conversely, adherence to good hand-washing techniques has consistently demonstrated a reduction in disease transmission in child care and school settings. While working with children, caregivers/teachers should not wear elaborate jewelry or long or artificial nails, because these interfere with effective hand washing. Using hand lotion after hand washing to prevent chapping and cracking of skin also is important.

Although alcohol-based hand rubs have come into common use in hospitals and other health care settings, hand washing is still the preferred method of hand hygiene in educational settings. Alcohol-based hand rubs should only be used when there is no visible soil, and when soap and water washing is not practical. Proper use of alcohol-based hand rubs requires that the product contain at least 60% alcohol and that the amount of product applied to the skin be sufficient to keep the hands wet with the solution for the length of time specified on the manufacturer’s label, generally 15 seconds. This is not less time than it takes to wash hands with soap and water. While the alcohol-based hand rubs are convenient carry-along products, they are expensive, toxic, and flammable. If they are used, precautions to handle these risks are required. Instructions for the use of these products are included in “Hand Hygiene” on page 25.

Hand washing is best; use hand rubs only when there is no visible soil, and soap and water washing is not practical.

**Diaper Changing**

See “Diaper Changing” on page 27 for sanitary procedures.
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authority to contribute to transmission of the illness at the facility. These conditions that do not require exclusion include:

a) Presence of bacteria or viruses in urine or feces in the absence of illness symptoms, like diarrhea. Exceptions include children infected with highly contagious organisms capable of causing serious illness such as E. coli 0157:H7, Shigella, or Salmonella typhi. Children with E. coli 0157:H7 or Shigella shall be excluded from child care until two stool cultures are negative and they are cleared to return by local health department officials. Children with Salmonella typhi shall be excluded from child care until three stool cultures are negative and they are cleared to return by local health department officials;

b) Nonpurulent conjunctivitis, defined as pink conjunctiva with a clear, watery eye discharge and without fever, eye pain, or eyelid redness;

c) Rash without fever and without behavior changes;

d) CMV infection, as described in STANDARD 6.021 and STANDARD 6.022;

e) Hepatitis B virus carrier state, provided that children who carry HBV chronically have no behavioral or medical risk factors, such as unusually aggressive behavior (biting, frequent scratching), generalized dermatitis, or bleeding problems;

f) HIV infection, provided that the health, neurologic development, behavior, and immune status of an HIV-infected child are appropriate as determined on a case-by-case basis by qualified health professionals, including the child’s health care provider, who are able to evaluate whether the child will receive optimal care in the specific facility being considered and whether that child poses a potential threat to others;

g) Parvovirus B19 infection in a person with a normal immune system.

RATIONALE: Excluding children with many mild infectious diseases is likely to have only a minor impact on the incidence of infection among other children in the group and the staff (32). Thus, when formulating exclusion policies, it is reasonable to focus on the needs and behavior of the ill child and the ability of staff in the out-of-home child care setting to meet those needs without compromising the care of other children in the group (32).

COMMENTS: The lay term pink eye is used interchangeably to describe purulent and nonpurulent conjunctivitis. The infectious characteristics of purulent and nonpurulent conjunctivitis, however, are quite different. For more information on the difference between purulent and nonpurulent conjunctivitis, see STANDARD 3.068, on conjunctivitis.

For additional information on child inclusion, exclusion, and dismissal, see STANDARD 6.003 on exclusion during antibiotic treatment of Haemophilus influenzae type b (Hib); STANDARD 6.008, on exclusion during antibiotic treatment of meningococcal infection; STANDARD 6.011, on exclusion during antibiotic treatment of pertussis; STANDARD 6.034 on excluding children with an immune system that does not function properly to prevent infection.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

STANDARD 3.069
STAFF EXCLUSION FOR ILLNESS

Please note that if a staff member has no contact with the children, or with anything with which the children come into contact, this standard does not apply to that staff member.

A facility shall not deny admission to or send home a staff member or substitute with illness unless one or more of the following conditions exists (65). The staff member shall be excluded as follows:

a) Chickenpox, until all lesions have dried and crusted, which usually occurs by 6 days;

b) Shingles, only if the lesions cannot be covered by clothing or a dressing until the lesions have crusted;

c) Rash with fever or joint pain, until diagnosed not to be measles or rubella;

d) Measles, until 4 days after onset of the rash (if the staff member or substitute is Immunocompetent);

e) Rubella, until 6 days after onset of rash;

f) Diarrheal illness, three or more episodes of diarrhea during the previous 24 hours or
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Infectious Diseases Curriculum

- Blood in stools, until diarrhea resolves; if E.coli 0157:H7 or Shigella is isolated, until diarrhea resolves and two stool cultures are negative;
- Vomiting illness, two or more episodes of vomiting during the previous 24 hours, until vomiting resolves or is determined to result from noncommunicable conditions such as pregnancy or a digestive disorder;
- Hepatitis A virus, until 1 week after onset or as directed by the health department when immunoglobulin has been given to appropriate children and staff in the facility;
- Pertussis, until after 5 days of appropriate antibiotic therapy (which is to be given for a total of 14 days) and until disease preventive measures, including preventive antibiotics and vaccines for children and staff who have been in contact with children infected with pertussis, have been implemented;
- Skin infection (such as impetigo), until 24 hours after treatment has been initiated;
- Tuberculosis, until noninfectious and cleared by a health department official;
- Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and end of fever;
- Head lice, from the end of the day of discovery until after the first treatment;
- Scabies, until after treatment has been completed;
- Purulent conjunctivitis, defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep, and including eye pain or redness of the eyelids or skin surrounding the eye, until 24 hours after initial antibiotic treatment and end of fever;
- Haemophilus influenzae type b (Hib), prophylaxis, until antibiotic treatment has been initiated;
- Meningococcal infection, until all staff members, for whom antibiotic prophylaxis has been recommended, have been treated. See STANDARD 6.006 through STANDARD 6.008;
- Respiratory illness, if the illness limits the staff member’s ability to provide an acceptable level of child care and compromises the health and safety of the children.

Child care providers who have herpes cold sores shall not be excluded from the child care facility, but shall:
1) Cover and not touch their lesions;
2) Carefully observe handwashing policies;
3) Refrain from kissing or nuzzling infants or children, especially children with dermatitis.

RATIONALE: Adults are as capable of spreading infectious disease as children are. See also the Rationale for Child Inclusion/Exclusion/Dismissal, STANDARD 3.065.

COMMENTS: Other management procedures should be followed as stated in Child Inclusion/Exclusion/Dismissal, STANDARD 3.065. For additional information on infectious disease, see STANDARD 6.001 through STANDARD 6.039.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

CARING FOR ILL CHILDREN

STANDARD 3.070

SPACE REQUIREMENTS FOR CARE OF ILL CHILDREN

Environmental space utilized for the care of children who are ill with infectious diseases and cannot receive care in their usual child care group shall meet all requirements for well children and include the following additional requirements:

a) If the program for ill children is in the same facility as the well-child program, well children shall not use or share furniture, fixtures, equipment, or supplies designated for use with ill children unless it has been cleaned and sanitized before use by well children;

b) Indoor space that the facility uses for ill children, including hallways, bathrooms, and kitchens, shall be separate from indoor space used with well children; this reduces the likelihood of mixing supplies, toys, and equipment. The facility may use a single kitchen for ill and well children if the kitchen is staffed by a cook who has no child care responsibilities other than food preparation and who does not handle soiled dishes and utensils until after food preparation and food service are completed for any meal;

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STANDARD 2.061
HEALTH EDUCATION TOPICS

Health education for children and staff shall include physical, oral, mental/emotional, nutritional, and social health and shall be integrated daily in the program of activities, to include such topics as:

a) Body awareness;
b) Families (including cultural heritage);
c) Personal/social skills;
d) Expression of feelings;
e) Self-esteem;
f) Nutrition;
g) Personal hygiene;
h) Safety (such as home, vehicular care seats and belts, playground, bicycle, fire, and firearms);
i) Conflict management and violence prevention;
j) First aid;
k) Physical health;
l) Handwashing;
m) Awareness of special needs;
n) Importance of rest and sleep;
o) Fitness;
p) Oral health;
q) Health risks of secondhand smoke;
r) Taking medications;
s) Dialing 911 for emergencies.

RATIONALE: For young children, health and education are inseparable. Children learn about health and safety by experiencing risk taking and risk control, fostered by adults who are involved with them. Whenever opportunities for learning arise, facilities should integrate education to promote healthy behaviors. Health education should be seen not as a structured curriculum, but as a daily component of the planned program that is part of child development. Certified health education specialists are a good resource for this instruction. The American Association for Health Education (AAHE), the National Commission for Health Education Credentialing, Inc. (NCCHEC), and the State and Territorial Injury Prevention Directors’ Association (STIPDA) provide information on this specialty. Contact information for the AAHE, NCCHEC, and STIPDA is located in Appendix BB.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

STANDARD 2.062
GENDER AND SEXUALITY

The facility shall prepare caregivers to appropriately discuss with the children anatomical facts related to gender identity and sexuality differences.

RATIONALE: Open discussions among adults concerning childhood sexuality increase their comfort with the subject. The adults’ comfort may reduce children’s anxiety about sexuality.

COMMENTS: Developing a common approach to matters involving young children, sexuality and gender identity is not always easy because the views of facility administrators, caregivers, parents, and community leaders do not always coincide (53).

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

STANDARD 2.063
STAFF MODELING OF HEALTHY BEHAVIOR

The facility shall require all staff members to model healthy behaviors and attitudes in their contact with children in the facility, including eating nutritious foods, complying with no tobacco use policies, and handwashing protocols.

RATIONALE: Modeling is an effective way of confirming that a behavior is one to be imitated.

COMMENTS: Modeling healthy behavior and attitudes can be specified in the plan as compliance with no tobacco use policies, handwashing protocols, and so forth.

See Policy on Smoking, Tobacco Use, Prohibited Substances, and Firearms, STANDARD 8.038 and STANDARD 8.039. See also Hygiene, STANDARD 3.012 through STANDARD 3.019, on handwashing protocols.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home
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of futons and ensure that bedding is not shared, thereby reducing transmission of infectious diseases and keeping children out of traffic areas.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

STANDARD 5.148 BUNK BEDS


RATIONALE: Falls and entrapment between mattress and guardrails, bed structure and wall, or between slats from bunk beds are a well-documented cause of injury in young children.

COMMENTS: Consult the CPSC, the manufacturer’s label, or the consumer safety information provided by the American Furniture Manufacturer’s Association (AFMA) for advice. Contact information for the CPSC, the ASTM, and the AFMA is located in Appendix BB.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

AREAS FOR SPECIAL THERAPIES AND INJURED OR ILL CHILDREN

STANDARD 5.149 SPACE FOR ILL CHILD

Each facility shall have a separate room or designated area within a room for the temporary or ongoing care of a child who needs to be separated from the group because of injury or illness. This room or area shall be located so the child may be supervised. Toilet and lavatory facilities shall be readily accessible. If the child under care is suspected of having a communicable disease, all equipment the child uses shall be cleaned and sanitized after use. This room or area may be used for other purposes when it is not needed for the separation and care of a child or if the uses do not conflict.

RATIONALE: Children who are injured or ill may need to be separated from other children to provide for rest and to minimize the spread of potential infectious disease. Toilet and lavatory facilities must be readily available to permit frequent handwashing and provide rapid access in the event of vomiting or diarrhea to avoid contaminating the environment. Handwashing sinks should be stationed in each room not only to provide the opportunity to maintain cleanliness but also to permit the caregiver to maintain continuous supervision of the other children in care.

COMMENTS: Separate rooms need not be used for mild illness since children may consider isolation as a form of punishment. For additional information on caring for injured or ill children, see STANDARD 3.072 though STANDARD 3.080; and STANDARD 8.011 and STANDARD 8.012. See STANDARD 3.066, for situations that require separation or isolation.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

STANDARD 5.150 SPACE FOR THERAPY SERVICES

In addition to accessible classrooms, in facilities where some but fewer than 15 children need occupational or physical therapy and some but fewer than 20 children need individual speech therapy, centers shall provide a quiet, private, accessible area within the child care facility for therapy. No other activities shall take place in this area at the time therapy is being provided.

Family child care homes and facilities integrating children who need therapy services shall receive these services in a space that is separate and private during the time the child is receiving therapy.

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