

Chapter 5: Injury Prevention and Infection Control

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Childhood Injury Prevention

Injury prevention is the understanding that injuries are not random uncontrollable events, but preventable, with identifiable risk factors. Many injuries happen in predictable, preventable ways.

As a child care provider, you are responsible for the health and safety of the children in your care. A healthy and safe environment for children means they can live and play in your facility or home free from harm.

Keys to a SAFE environment

- Supervise – close supervision of children at all times.
- Anticipate – ask yourself “What are the possible hazards?”
- Formulate – make a plan by asking “What do I do if.....?”
- Educate – educate all providers and children of possible hazards in the environment.

Teach children safety rules and awareness throughout the day, every day.

Steps to prevent injuries:

- Never leave infants or young children alone on changing tables, beds, couches, vehicles, or any surface from which they can fall.
- Use only cribs and portable cribs that meet current federal safety guidelines.
- Keep a harness or safety strap on babies in high chairs.
- Keep play areas uncluttered.
- Keep playground equipment in good condition.
- Remove poisons and toxic products or keep in locked cabinets out of reach.
- SUPERVISE! SUPERVISE! SUPERVISE! Provide adequate staff on the playground and in classrooms to supervise all activities.
- Learn and practice CPR and relief of airway obstruction.

Bicycle safety

“Use your head, wear a helmet.”

The single most effective safety device available to reduce head injury and death from bicycle crashes is a bicycle helmet.

- Enforce the rule that **children must wear a helmet EVERY TIME** they ride a bike, riding toy, scooter and skateboard. This includes motorized riding toys.
- Make sure the helmet sits flat atop the head, has strong, wide straps that fasten snugly under the chin, and meets the Consumer Product Safety Commission Standard (it should have a CPSC sticker).
- The wheeled toy should be the right size for the child – when sitting on the seat their feet should rest flat on the ground with the handlebars or steering wheel within reach.
- Keep a lookout for obstacles in the riding path.
- Be aware of the traffic flow.
- Inflate tires properly.
- Be a role model and wear a helmet when you ride.
- Remove the helmet when done riding – it could get caught in playground equipment.

Here is a reminder from the U.S. Consumer Product Safety Commission:

Children should always wear helmets while riding their bikes. But when a child gets off the bike, take off the helmet. There is a "hidden hazard" of strangulation if a child wears a helmet while playing on playground equipment.

Burn prevention

Unintentional burn injuries can occur from fireplaces, appliances, grills, chemicals, electrical outlets, fires, hot water, and other hot liquids. More than one half of all burn center admissions for young children in Oklahoma are for a scald injury from hot water or other hot liquids such as coffee, tea and soup.

Unintentional scalds can be prevented by following these tips:

- Set hot water heater thermostats between 100 and 120 degrees Fahrenheit.
- Always check the temperature of the water before placing a child in the bath.
- Keep hot beverages out of children’s reach.
- Never hold a child while drinking a hot beverage.
- When cooking, keep children out of the kitchen and place pan and pot handles toward the back of the stove where little hands cannot reach them.
- Allow food to cool slightly before serving to children.
- Supervise! Supervise! Supervise!

Other burn prevention tips:

- Do not allow electrical cords to hang off counters or other surfaces; children may pull the appliance (and the hot food) onto themselves.
- Keep clothing irons, curling irons, and their cords out of reach of children.
- Keep children out of the midday sun and off hot surfaces.
- Keep children away from the grill when in use and until it has cooled completely.
- Test smoke alarms and practice fire drills and safely exiting the building each month.

Choking hazard safety

A choking hazard is any object that could be caught in a child's throat blocking their airway and making it difficult or impossible to breathe.

Food is a common choking hazard. Foods commonly linked to childhood choking:

- Whole grapes
- Nuts and seeds
- Chunks of meat or cheese
- Hot dogs
- Chunks of peanut butter
- Raw vegetables
- Raisins
- Popcorn
- Chips
- Hard pretzels
- Hard or sticky candy
- Marshmallows
- Chewing gum

Cut food into small pieces that are NOT round in shape, enforce the rule that all children must remain seated while eating, and provide continual supervision.

Common objects that can be a choking hazard for children:

- Latex balloons
- Coins
- Marbles
- Button batteries
- Magnets
- Pen and marker caps
- Small balls
- Hair barrettes and beads
- Toys with small parts

Keep floors swept and continually monitor for small parts. Invest in a small parts tester, also called a "choke tube" to see which toys are too small for the children three years and younger.

Always have staff on site with current certification in CPR and Airway Obstruction.

Emergency preparedness

As a child care provider, it is important that you prepare for all types of emergencies in order to keep children safe. Your best protection is knowledge and preparation. In addition to fire and tornado drills and preparing for medical emergencies, it is necessary to *develop an Emergency Plan* for a wide range of emergency situations.

Your Emergency Plan should be in writing and include details about:

- How you will account for each child's location during and after an emergency.
- How to handle situations after emergencies; such as damage to a structure with people still inside.
- What will happen after the emergency is over – how children will be reunited with their parents?
- Will you continue to take shelter until emergency crews arrive?

It's important to be careful not to slip into a routine when conducting drills. Each drill should be taken seriously every time it is done. Providers should also think outside the box when preparing to conduct drills and developing their Emergency Plan because emergencies are never routine. Conduct drills at different times of the day with all your staff members and prepare for “uncommon” emergencies like intruders or explosions not just the “more typical” fire and tornado emergency drills. For example, a situation threatening the safety of the children and personnel, such as shootings, hostages, or intruders would require a lock down procedure. Take special consideration for children with special needs and infants. Staff may need extra preparation when helping these children during an emergency.

Conduct drills so that all staff members and children become familiar with the procedures.

Prepare an emergency supply kit that all staff know about and take it on your practice drills. Provide information about your *Emergency Plan* to families whose children attend your child care program. As always, review your licensing requirements for specific instructions on what is needed in your emergency plan and talk with your licensing worker if you have any questions.

Types of emergencies to cover in your Emergency Plan

- Abduction by non-custodial adult
- Fire
- Human threats such as bomb threats or hostage situations
- Injuries requiring medical or dental care
- Lost or missing child
- Natural disasters such as tornado, blizzard, flood, earthquake
- Poison exposure, including exposure to toxic substances
- Potentially violent situations in the program, including individuals with threatening behaviors
- Power failure or water failure
- Procedures for serious injuries and illnesses
- Reporting emergencies

Ways caregivers and children can plan for and practice procedures for Emergency

Preparedness:

- Caregivers maintain current First Aid and CPR training.
- Children and caregivers practice drills and handling of all different types of emergencies.
- Children and caregivers know at least two exits from the rooms and the building.
- Caregivers have at least two evacuation location sites (one nearby, one farther away) and at least two ways to reach the alternate sites.
- Discuss your plans, evacuations, locations, and drills with staff members, children, and families.

You can do all of these around the same time each year to ensure compliance with licensing requirements and keep your program safe and in order:

- Emergency equipment and first aid kits are regularly tested and restocked or replaced.
- Review Emergency Plans with everyone.
- Update families' emergency information.

Communicate your Emergency Plan:

- Share your Emergency Plan with families upon enrollment and at least yearly thereafter.
- Help families update their personal information like phone numbers and emergency contacts at least yearly.
- Train staff at least yearly on your Emergency Plan.
- Give copies of all changes or updates in your Emergency Plan to staff members and families.
- Share your Emergency Plan with local emergency responders such as the fire department.

Emergency Plans will vary for each program. It is important to have a plan that is specific for your child care facility that all staff members are aware of. Some available tools and resources for developing your Emergency Plan are listed below.

- Federal Emergency Management Agency (FEMA) <http://www.ready.gov/>
- Centers for Disease Control and Prevention <http://www.cdc.gov/> (search "Emergency Preparedness")
- National Association of Child Care Resource and Referral Agencies <http://www.naccrra.org> (search *Emergency Preparedness*)
- Oklahoma Licensing Requirements for Child Care Facilities
- Sesame Street "Let's Get Ready" interactive guide for children, families, and staff. <http://www.sesamestreet.org/>

Emergency supplies list

These items are needed at your child care program in case of evacuation or natural disaster. Place items in an easy-to-carry waterproof container. The supplies should be stocked to last 3-6 hours. This list should be adjusted to fit the specific needs of each child care program.

- ___ Battery powered radio (a weather radio is best)
 - ___ Battery powered flashlight for each staff member
 - ___ Extra batteries for flashlights and radio
 - ___ First Aid Kit
 - ___ List of emergency phone numbers and contacts for each child
 - ___ 6 hour supply of all baby food, including breast milk and formula *
 - ___ Baby bottles
 - ___ Bottled water
 - ___ Plenty of snacks for children and staff
 - ___ All prescription medication for children and staff in attendance *
 - ___ Paper cups, paper towels, paper plates, and plastic utensils
 - ___ Diapers, diaper wipes, and ointments for infants and children still in diapers
 - ___ Plastic trash bags
 - ___ Books, small toys, and games for the children
 - ___ Extra blankets, towels, sheets, clothes, etc.
 - ___ Any extra materials for children with special needs
- *these items to be added when grabbing the kit for evacuation

First Aid Kits

Readily available first aid kits should be maintained in the center or home, and an additional kit should be available when transporting children. The kits should always be inaccessible to children.

First Aid Kits should contain

- non-medicated adhesive strips
- sterile gauze pads
- rolled flexible or stretch gauze
- bandage tape
- disposable non-porous, latex-free gloves
- blunt-tipped scissors
- tweezers
- thermometer that is non-glass and non-mercury
- a current first aid guide
- a copy of the posted program information and emergency numbers.
- The telephone number for the **Poison Control Center** should be written in or on the first aid kit. **1-800-222-1222**

In addition, **the first aid kits in vehicles** should include:

- a cold pack
- liquid soap and water or individually packaged moist, disposable towelettes, for cleaning wounds

- hand sanitizer and moist, disposable towelettes, for hand hygiene
- plastic bags for disposal of items contaminated with blood or other body fluids
- a pen or pencil and a note pad

Review your emergency supply kit and first aid kits often to discard and replace materials. Make sure staff members know the location of each kit.

Fall prevention

Young children are independent, curious, and like to climb. They should be supervised at all times and kept off high surfaces to prevent fall injuries.

Infants

- Never leave an infant alone on a counter, bed, table, couch, or other high place.
- Always keep at least one hand on the infant when changing diapers or dressing.
- An infant carrier should be stable and placed where the child and carrier can't fall.
- Lower the crib mattress as the child grows. If the child is climbing out of the crib, consider if it is time to move to a toddler bed.
- Keep safety straps securely fastened when using a stroller, high chair, swing, carrier, or shopping cart.
- Keep play area clear of hard, sharp-edged objects and toys.
- **Get rid of your baby walkers** if you haven't already. Walkers are involved in more injuries than any other piece of baby equipment.
- Don't let other children hold or carry an infant unless closely watched.

Young children

- Install safety gates at the top and bottom of stairs and keep stairs free of clutter.
- Install window guards - screens keep bugs out, not children in.
- Keep windows locked when closed.
- Keep doors to balconies and fire escapes locked.
- Place outdoor equipment in a safe location.
- Outdoor play equipment such as swings, slides and climbing toys should be placed on impact absorbing surfaces such as wood chips or chipped rubber.
- Anchor all outdoor play equipment not designed to be portable.
- Playground equipment should be in good repair and age appropriate.
- Watch children closely when they are playing on slides, swings, and seesaws.
- Hold the child's hand while climbing stairs or riding escalators; teach the child to hold onto handrails to avoid falling.
- Bicycles should be in good repair and the correct size for the child.
- Never let your children ride a bicycle without a helmet. If the child is riding on a bicycle with an adult, the child should be in a rear-mounted seat and wearing a helmet.
- A child with a disability needs more attention and supervision to avoid falls.
- These safety precautions apply to child care and at home.

Infant Safe Sleep

Reduce the risk of sudden infant death syndrome (SIDS) and other sleep-related causes of infant death

Sudden Infant Death Syndrome is the sudden unexplained death of a baby younger than one year of age that doesn't have a known cause even after a complete investigation. SIDS is the leading cause of death in babies from 1 month to 1 year of age. Other sleep-related causes of infant death are those linked to how or where a baby sleeps or slept. They are due to accidental causes, such as; suffocation; entrapment when baby gets trapped between two objects, such as a mattress and a wall, and can't breathe; or strangulation, when something presses on or wraps around baby's neck, blocking baby's airway.

To reduce infant deaths from SIDS, suffocation, or strangulation use the following strategies:

- Always place baby on his or her back to sleep, for naps and at night.
- Use a firm sleep surface, such as a mattress in a safety-approved crib, covered by a fitted sheet.
- Keep soft objects, toys, and loose bedding out of baby's sleep area.
- Make sure nothing covers baby's head.
- Do not let baby get too hot during sleep. Dress baby in light sleep clothing, such as a one-piece sleeper, and keep the room at a comfortable temperature.
- Do not use pillows, blankets, sheepskins, or crib bumpers anywhere in baby's sleep area.
- Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.
- Do not smoke or allow anyone to smoke around baby.
- Breastfeeding is recommended and is associated with a reduced risk of SIDS.
- Baby should be up-to-date on all immunizations.
- Never place a crib near a window with mini-blind or curtain cords, or near baby monitor cords; babies can strangle on cords.
- Remember tummy time! Place baby on his or her stomach while awake and someone is watching. Tummy time helps baby's head, neck and shoulder muscles develop.

Always Back To Sleep

The American Academy of Pediatrics (AAP) recommends placing all healthy babies to sleep on their backs in order to reduce the risk of SIDS and other sleep-related causes of infant death.

- Babies should be placed on their backs for both nighttime sleeping and naps.
- Babies placed on their backs are not at increased risk of choking. Babies naturally swallow or cough up fluids.
- Babies are less likely to re-breathe air during sleep while on their backs. There is more air space around baby's nose and mouth.

Props, wedges and positioning devices are not needed to keep babies in the back position, and are not tested or proven to be safe in the crib.

Safe sleep environment

- Place each baby alone in a safety-approved crib or portable crib.
- The crib has a firm mattress with a well-fitted sheet.
- Toys and other soft bedding, including bumper pads, comforters, blankets, pillows, stuffed animals and wedges are not placed in infants' cribs.
- Keep baby's face uncovered. Babies are at an increased risk of dying if their head becomes covered during sleep.
- Keep the child care environment smoke-free. Exposure to secondhand smoke increases the risk for Sudden Infant Death Syndrome.
- Prevent babies from overheating. The infant room should be maintained at a comfortable temperature.
- Infants are **NOT** covered with a blanket. If additional warmth is needed, a one-piece blanket sleeper or an infant sleep sack may be used.
- Make sure everyone who cares for the infants knows to place them on their backs for sleep.

Promote infant safe sleep practices

- Develop a written policy on infant sleep safety to share with parents when they enroll their child.
- Train all staff on Infant Safe Sleep practices.
- Distribute Infant Safe Sleep information to all staff and families.
- Display Infant Safe Sleep posters.
- Tell everyone caring for babies about Infant Safe Sleep practices.

Back to sleep, tummy to play

Tummy time when babies are awake is important because:

- Play in this position strengthens the neck and trunk muscles needed for head control.
- This position also strengthens the shoulders, arm and hand muscles.
- Skills learned during tummy time enable an infant to move around and explore.
- Exploration leads to higher-level thinking and problem solving skills.
- Infants need time off the back of their heads to avoid a flattening appearance or uneven head shape.

Visit the Safe to Sleep Public Action Campaign: <http://www.nichd.nih.gov/sts/>.

Motor vehicle safety

Car safety seats and child passenger safety

According to the National Highway Traffic Safety Administration child safety seats decrease the risk of death in passenger crashes by 71% for infants and 54% for toddlers.

The American Academy of Pediatrics recommends:

- Children ride rear-facing in an infant carrier or convertible car seat from birth until the child reaches the height and weight specified by the child safety seat manufacturer.
- Children should remain rear-facing until they are 2 years of age.
- After your child has outgrown his/her rear-facing car seat, he/she may ride in a forward-facing seat (combination seat or booster seat).
- A forward-facing seat with an internal harness should be used until the child reaches the harness weight limit indicated by the manufacturer. The minimum weight is 40 pounds.
- Your child should ride in a belt-positioning booster until the vehicle seat belt fits correctly (usually around 8-9 years of age).
- A belt-positioning booster should always be secured with a seat belt, even when the child is not riding in it so it does not become a projectile in a crash.
- Seat belts are made for persons who are at least 4 feet, 9 inches tall, as long as the seat belt fits correctly.

When using a seat belt

- The shoulder belt should lie on the collar bone and across the middle of the chest.
- The lap belt should be snug and lie across the upper thighs/pelvic bones.
- The child should be able to sit with his/her back against the vehicle seat back with knees bent comfortably over the vehicle seat and feet on the floor.

Always refer to your car owner's manual and child safety seat manual for correct installation instructions, or have your seat installed or checked by a **Certified** Child Passenger Safety Technician.

Common errors in child passenger safety

Selection errors

- Child does not meet weight and height requirements of safety seat.
- Child is too small or too young for safety seat.
- Safety seat is too old or the history of a safety seat is unknown.
- Safety seat has been involved in a moderate to severe crash.
- Safety seat is under current recall (check with your child safety seat manufacturer).

Harness errors

- Harness is not used.
- Harness straps are too loose.
- Harness straps are routed through the wrong slots or are secured incorrectly.
- Harness straps are placed on the child incorrectly.
- Harness straps are damaged or twisted.
- Retainer clip (chest clip) is too low.

Installation errors

- Safety seat is facing the wrong direction (based on child's age and weight).
- Recline angle of the safety seat is incorrect.
- Carrying handle of infant carrier is positioned incorrectly while vehicle is in motion.
- Safety seat should only be installed with safety belt **OR** lower anchors and tethers (LATCH), not both (unless specified by the car seat manufacturer).
- **NEVER** install a rear-facing child safety seat in front of an active airbag.

Front seat air bags may hurt children. Riding in the back seat of the vehicle is the safest way for children to travel.

Resources: Injury Prevention Service at OSDH, and Safe Kids Oklahoma

Heatstroke safety – kids in hot cars

Kids in hot cars are a deadly combination. These deaths are preventable. Here are some tips to make sure it doesn't happen:

- **Never leave a child or children alone in a parked car**, even with the windows rolled down, or air conditioning on. Children's body temperature can heat up to 3 to 5 times faster than adults. A core temperature of 107 is lethal.
- Always look in the front and back of the vehicle before locking the doors and walking away.
- Always lock your vehicle doors and trunk and keep the keys out of children's reach. If a child is missing, quickly check all vehicles, including the trunk.
- Never let children play in an unattended vehicle. Teach them a vehicle is not a play area.
- Heatstroke can occur in temperatures as low as 57 degrees. On an 80 degree day, temperatures inside a vehicle can reach deadly levels in just 10 minutes.

If dropping your child off is not part of your normal routine come up with some ways to remind yourself that your child is in the car:

- Place an item that you take with you, like a purse or briefcase (or your left shoe) on the back seat next to the car seat so you'll check the back seat before you leave the car.
- Write a note and place it on the dashboard of the car.
- Set a reminder on your cell phone or calendar. You can also download the Baby Reminder App for iPhones.
- Ask your child care provider to call you if your child doesn't show up.

If you see a child alone in a hot vehicle call 911 or your local emergency number immediately!
Kids in hot cars are a deadly combination. Don't take the chance. Look before you lock!

Resources

National Highway Traffic Safety Administration - www.safercar.gov/heatstroke

San Francisco State University, Department of Earth & Climate Studies

www.ggweather.com/heat/

Safe Kids - www.safekids.org

Children's Hospital of Philadelphia – www.chop.edu

Poison prevention

- Keep all medications and poisonous household products out of the reach of children and in their original containers.
- Try to reduce the number of cleaning products used and substitute nontoxic products for poisonous ones when possible.
- Check all children's art supplies to make sure they are nontoxic.
- Some pet supplies are poisonous and must be stored as such – aquarium chemicals, flea sprays and pet medications.
- Move all dangerous items to a cabinet or closet a minimum of 4 feet above the floor, out of the reach of children, and install cabinet and drawer latches.
- Do not call medicine “candy”.
- Avoid taking medication in front of children.
- Never leave children alone with household products or drugs.
- Be sure all purses and backpacks are inaccessible to children.

Suffocation and strangulation prevention

- Infants should never sleep on waterbeds, sofas, soft mattresses or other soft surfaces.
- Infants less than one year of age should not be on adult or youth beds.
- Plastic bags, including garbage and dry cleaning bags, should be kept out of the reach of children.
- Keep balloons, including uninflated balloons, out of the reach of young children. Immediately pick up and dispose of pieces of broken balloons.
- Tie up or clip off blind and drapery cords; keep cribs away from cords.
- Don't hang anything with strings or ribbon over infant cribs.
- When feeding a child in a high chair, use the safety straps, including the crotch strap. This will prevent the child from slipping down, which could cause serious injury or even death.

- Avoid the use of hoods with drawstrings in the clothing of young children. The drawstrings could catch on something and strangle a child.
- Remove bike helmets when done riding bikes or riding toys.
- Never attach ropes, clotheslines, or pet leashes to playground equipment because children can strangle on them.

Sun safety

Prolonged exposure to sun, repeated sunburn, and even one severe sunburn may lead to skin cancer later in life.

- Keep babies younger than 6 months out of direct sunlight. Find shade under a tree, an umbrella, or the stroller canopy.
- In the hottest part of the summer, children should do most of their outdoor play before 10:00 A.M. and after 3:00 P.M.
- All outdoor playgrounds should have shaded areas.
- Children over six months of age should use sunscreen with an SPF of at least 30 and it should be applied 30 minutes before going outside.
- Reapply sunscreen every 30 minutes, even on cloudy days.
- Sunscreen should not be used on children under six months of age because the chemicals may be too strong for their skin.
- Wear lightweight, loose-fitting clothing in the sun.
- Receive parents' written permission to apply sunscreen to their children. (This can be done using the same permission form for medication).

Water safety

Children less than five years of age have the highest rate of drowning and near drowning of all age groups. **Children can drown in just a few seconds.**

- Always stay close and watch children when they are in or near water. Be sure there are adequate personnel during water play and when taking the children swimming.
- Constantly supervise children involved in water play or in a bathtub.
- No standing water! Check for standing water on the playground after a rain.

- Keep toilet lids down and empty buckets and containers immediately after use.
- Never take a child swimming if his/her parents have not given written consent.
- Never take children to a pool that does not have trained lifeguards on duty.
- Completely surround swimming pools with childproof fences and keep gates locked.

Weapons and ammunition safety

Keep all weapons and ammunition, such as firearms, cap pistols, bows and arrows, and hunting knives, in an inaccessible area. In addition:

- Weapons are kept unloaded in locked containers or cabinets.
- Ammunition is kept in locked containers or cabinets, separate from weapons.
- Keys, combinations, and codes used for locked storage are inaccessible.
- Parents are informed of weapons upon enrollment.

Infection Control

Many infectious diseases can be prevented by following these simple steps:

1. **Wash Hands Often!** Hand washing is the most important way to reduce the spread of infection. All staff, volunteers, and children should wash hands at the following times:
 - a. Upon arrival for the day, after breaks, or when moving from one child care group to another.
 - b. Before and after:
 - Preparing food or beverages
 - Eating, handling food, or feeding children
 - Giving medications or applying a medical ointment or cream
 - Playing in water that is used by more than one person
 - Diapering
 - c. After:
 - Using the toilet or helping a child use a toilet
 - Handling bodily fluid (mucus, blood, vomit), from sneezing, wiping and blowing noses, from mouths, or from sores
 - Handling animals and cleaning up animal waste
 - Playing in sand, on wooden play sets, and outdoors
 - Cleaning and handling the garbage

1. Routinely clean, sanitize, and disinfect surfaces.

Programs should follow a routine schedule of cleaning, sanitizing, and disinfecting. Cleaning, sanitizing, and disinfecting products should not be used in close proximity to children, and adequate ventilation is needed during use.

We sometimes use these terms interchangeably, but they are not the same. Here is how the United States Environmental Protection Agency (EPA) defines them:

To clean means to physically remove dirt and debris from the surface by scrubbing, washing, wiping, and rinsing. This can be done with water and a mild soap or detergent.

To sanitize means to apply a product that reduces germs to safer levels. Sanitizing surfaces destroys enough germs to reduce the risk of becoming ill from contact with those surfaces. Sanitizing is recommended for food surfaces (dishes, utensils, cutting boards, high chair trays) and other objects intended for the mouth like pacifiers and teething toys.

To disinfect means to apply a product that destroys nearly all germs when applied to hard, nonporous surfaces. Disinfecting is a higher level of germ killing and is recommended for hard nonporous surfaces such as toilets, changing tables, and other bathroom surfaces; blood spills and other potentially infectious body fluids like vomit, urine and feces.

2. Get immunized.

Keep records of all immunizations for the children and the staff.

3. Keep pets healthy.

All pets should be routinely cared for by a veterinarian.

4. Handle and prepare food safely.

- Plan carefully when purchasing your food. Buy perishable foods, such as dairy products or fresh meat, at the end of your shopping trip. Refrigerate as soon as possible.
- Store food properly. Don't allow juices from meat, seafood, poultry, or eggs, to drip on other foods. Use containers to keep these products from contaminating other foods. Don't leave perishable food out for more than 2 hours.
- Use care when preparing and cooking food. Wash your hands and clean and disinfect all kitchen surfaces and utensils before, during, and after handling, cooking, and serving food. Wash raw fruits and vegetables. Avoid eating raw eggs or partially cooked eggs. Cook all poultry and meat until the juices run clear. Use different dishes and utensils for raw foods and cooked foods. Keep cold foods cold and hot foods hot.
- Store leftovers properly. Avoid leaving leftovers out for more than 2 hours. Promptly refrigerate or freeze perishable items.

Appropriate antibiotic use

Antibiotics only cure bacterial infections, not viral infections such as:

- Colds or flu
- Most coughs and bronchitis
- Sore throats not caused by strep
- Many ear infections
- Runny noses

What is appropriate antibiotic use? Antibiotics are strong medicine, and need to be taken correctly. This means:

1. Taking antibiotics exactly as prescribed.
2. Always finishing an antibiotic prescription, even if you feel better.
3. If you are taking an antibiotic and you do not feel better within a couple of days, report to your healthcare provider.
4. Do not pressure your healthcare provider to prescribe an antibiotic for you. Some illnesses such as viral or minor infections should not be treated with antibiotics.
5. Never take an antibiotic that was prescribed for someone else, or was left over from a previous infection.

What is the risk when antibiotics are not taken correctly? Bacteria can change and become resistant to antibiotics when they are not taken correctly. Infections caused by antibiotic-resistant bacteria can be more difficult to treat. Sometimes antibiotic-resistant infections can only be treated with intravenous (IV) antibiotics which must be given in a healthcare facility.

What is antibiotic-resistance? Antibiotic resistance happens when bacteria become able to resist the effects of agents such as antibiotics that could usually cure the infection.

Are antibiotic-resistant infections spread more easily? No, they are spread in the same ways as non-resistant infections, and also prevented in the same ways.

Communicable disease

A communicable disease is an illness that can be transmitted or spread from one person or animal to another.

Three factors are required for this to occur:

- A pathogen – a disease-causing agent such as a bacteria, virus, or parasite.
- A susceptible host – a person who can become infected with the pathogen.
- A method of transmission – a route for the infectious agent to go from the original source to another host.

Germs are living species that are invisible without a microscope and may cause illness. Once germs leave the body through coughs, sneezes, saliva, blood, bowel movements or urination, they die unless they find their way into another human body.

Common methods of transmitting disease

- Airborne transmission
- Fecal-oral transmission
- Direct contact
- Indirect contact

Cover your cough: cough etiquette (*See Appendix for Cover Your Cough Poster*)

Many serious illnesses such as influenza (flu), respiratory syncytial virus (RSV), and whooping cough are spread by coughing, sneezing, or unclean hands.

What is it? Help stop the spread of germs that can make you and others sick by covering your mouth when you cough or sneeze. Staff members should teach children the importance of “*covering your cough*” and set an example for them.

What should be done?

- Cover your mouth and nose with a tissue when you cough or sneeze.
- Put your used tissue in the waste basket.
- If you don't have a tissue, cough or sneeze into your upper sleeve or elbow.
- After using a tissue, wash your hands with soap and warm water for 20 seconds.
 - If soap and water are not available, use an alcohol-based hand rub.
- DO NOT cough or sneeze into your hands. Your hands will then spread germs to everything you touch.
 - But if you forget, just wash your hands with soap and water immediately.

Decrease the spread of disease

There are many ways to decrease the spread of disease in a child care setting:

- **WASH HANDS OFTEN!** Use soap and water when washing hands and dry with a paper towel.
- Prevent germs from spreading to others by teaching children to cover their mouth and nose with a tissue or their upper sleeve when coughing or sneezing. Dispose of tissues immediately and have children wash their hands.
- Use individual tissues for wiping and blowing noses. Dispose of tissues immediately into a covered waste container and wash hands before touching anything else.
- Keep surfaces, toys and equipment clean and sanitized.
- Require children to keep immunizations up to date.
- Urge everyone to get a flu vaccine.
- Prepare and handle food safely.

Outbreaks of illness

What is it? An **outbreak**, also called a **cluster**, happens when the number of people with the same symptoms is higher than normally expected. This might just be a “hunch”, so pay attention to that feeling and follow the steps below to stop the spread.

1. Limit exposures.

- A. Remove children and employees with symptoms of illness from contact with others. Supervise children until their parent or appropriate adult arrives to take them home.
- B. Clean hands are very important: Because most illnesses are spread on unclean hands, remind all children and employees to wash their hands frequently using soap and water or alcohol-based hand products. Be sure these items are adequately stocked. Employees may need to wear gloves, so be sure these are available as well.
- C. Cover your cough: Because fluids from coughs and sneezes contain germs, remind children and employees to use a tissue to cover their noses and mouths when coughing or sneezing, then immediately throw it away, and wash their hands. Encourage people to cough into their sleeve when a tissue isn't readily available. Employees who assist children with nose-blowing should wash their hands immediately afterwards.

2. Call the health department as soon as possible. The Acute Disease Service of the Oklahoma State Department of Health has an epidemiologist on call 24 hours a day, 7 days a week, all year long to work with you. The number is 405-271-4060. You may need to leave a message, but your call will be returned shortly.

3. Start a list of the ill persons. This is also called a line list. The health department can send you a blank form if needed. The information on the form will include each person's age, classroom, symptoms, and date they became ill. Remember to include employees on the list.

- 4. Be ready to provide as much of this information as you can when you call the health department:**
- A. The total number of people in your program by group (employees, attendees, other).
 - B. The total number of people who are ill by each group.
 - C. If anyone has been seen by a healthcare provider, and their name (if known).
 - D. If any lab tests were done (if known), and if so, the name of the hospital or healthcare provider (if known).
 - E. If anyone has been hospitalized, and if so, when and where.
- 5. Additional information that may be needed, depending on the illness and your setting:**
- A. Menus for meals served during the two weeks before the first illness.
 - B. A floor plan of your facility.
 - C. Numbers of people by group and their vaccination records.

Taking these steps early can help prevent a larger outbreak, and protect other children and employees.

Proper diapering procedures (*See Appendix for Diapering Poster*)

1. Have diapering area ready before bringing the child to the area. Supplies need to be within reach and include a clean diaper, wipes, a plastic bag for soiled clothes, and a plastic-lined, hands-free, covered trash container.
2. Cover the diapering surface with disposable paper and put on disposable gloves.
3. Place the child on the diapering table and remove bottom clothes and any soiled clothing. **ALWAYS KEEP ONE HAND ON THE CHILD!**
4. Unfasten the diaper and clean the child's diaper area. With the soiled diaper under the child, lift the child's legs to clean the child's bottom. Clean from front to back with a fresh wipe each time.
5. Put soiled wipes in the soiled diaper. Remove the diaper and dispose of in in a plastic-lined, hands-free, covered can. If the disposable paper is soiled, use the paper that extends under the child's feet to fold up under the child's bottom. Remove gloves and dispose of them in hands-free can.
6. Use a fresh wipe to clean your hands. Use a fresh wipe to clean the child's hands.
7. Put a clean diaper under the child. Apply diaper cream with a tissue if needed. Fasten the diaper and dress the child.
8. Wash the child's hands. Place the child at the sink, moisten the child's hands, apply liquid soap and help rub, rinse with running water, then dry with a single use towel.
9. Return the child to a supervised area away from the diapering table.
10. Clean and disinfect the diaper changing area: discard the paper liner, remove visible soil with soap and water, apply EPA-registered disinfectant and use according to instructions. Be sure to leave the disinfectant on the surface for the required contact time.
11. Wash your hands with soap and running water.
12. Record the diaper change in the child's daily log. Include the time of diaper change and the contents. Note any problems such as skin redness, rashes, or loose stool.

Diaper rash

What is diaper rash?

Diaper rash can be any rash that develops inside the diaper area. In mild cases, the skin might be red. In more severe cases, there may be painful open sores. Diaper rash is usually seen around the abdomen, genitalia, and inside the skin folds of the thighs and buttocks. Mild cases clear up within 3 to 4 days without any treatment. If a rash persists or develops again after treatment, consult provider.

What causes diaper rash?

Medical experts believe diaper rash is caused by too much moisture, chaffing and rubbing, prolonged contact of the skin with chemical irritants (feces, urine, detergents, etc.), which become trapped in the diaper area and cause irritation, yeast infection, bacterial infection and allergic reaction to diaper material.

When skin stays wet for too long, the layers that protect it start to break down. When wet skin is rubbed, it also damages easily. Moisture from a soiled diaper can harm baby's skin and make it more prone to chafing. When this happens, a diaper rash may develop. Further rubbing between the moist folds of the skin only makes the rash worse. This is why diaper rash often forms in the skin folds of the groin and upper thighs.

Babies taking antibiotics or nursing babies whose mothers are taking antibiotics are more likely to get diaper rashes caused by yeast infections. Yeast infects the weakened skin and causes a bright red rash with red spots at its edges. These can be treated with over-the-counter antifungal medications. If symptoms persist, contact provider.

What should be done?

- Change wet or soiled diapers often.
- Use clear water from a squirt bottle to cleanse the diaper area – it lets you clean and rinse without rubbing.
- Pat dry; do not rub. Allow the area to air dry fully.
- Use creams or ointments with *written parental permission*.
- If the rash worsens or does not improve after four or five days of treatment, or if blisters or pus-filled sores are present, and/or if the child has a fever of 100.4 degrees or higher, **notify parents to seek medical attention.**

What can be done to prevent diaper rash?

- Change diapers frequently.
- Do not put the diaper on airtight. Keep the diaper loos enough to prevent wet and soiled parts from rubbing against the skin so much.
- Gently clean the diaper area with clear water and pat the skin dry.
- Allow the skin to air dry for a few minutes before diapering.
- Apply a thin layer of a protective ointment or cream – *after obtaining written parental permission*.
- Do not use powders or cornstarch.

Proper hand washing procedures (*See Appendix for Hand Washing Poster*)

Adults and children should wash their hands:

- Upon arrival for the day, after breaks, when moving from one child care group to another, and when leaving for the day.

Before and after:

- Preparing food or beverages
- Eating, handling food, or feeding a child
- Giving medication or applying a medical ointment of cream
- Playing in water that is used by more than one person, and playing with play dough

After:

- Using the toilet or helping a child use a toilet
- Diapering
- Handling body fluid from sneezing, wiping and blowing noses, from mouths, or from sores. Remember to wear disposable gloves when treating a bloody injury.
- Handling animals or cleaning up animal waste
- Playing in sand, on wooden play sets, and outdoors
- Cleaning and handling the garbage

How to wash hands:

1. Moisten hands with warm running water and use liquid soap.
2. Rub hands together front, back, wrists, and between fingers for at least 10-20 seconds. (Sing two verses of Twinkle Twinkle, or a favorite hand washing song).
3. Rinse wrists to fingertips until free of soap under warm running water.
4. Dry hands with paper towel.
5. Use paper towel to turn off faucets and dispose of towel in a lined hands-free trash container.

Alternative Method for heavy infant or child unable to stand at sink:

Here is an alternative method to washing the hands of an infant or toddler at the sink if they are too heavy to hold or have a special need that prevents standing at the sink. Use the “three paper towel” method as follows:

1. Wipe the child’s hands with a damp paper towel moistened with a drop of liquid soap.
2. Wipe the child’s hands with a 2nd paper towel wet with clear water.
3. Dry the child’s hands with a 3rd paper towel.
4. Discard used paper towels in a lined, hands-free trash container.

Universal (Standard) Precautions

What is this? Universal Precautions are the use of hand hygiene, gloves, and any other method to protect contact with a body fluid that could make you sick. The idea is that you cannot tell from looking at someone whether they may have germs that could make you sick. Therefore, you need to always protect yourself.

What should be done?

Hand washing

- After diapering or toileting children
- After handling body fluids of any kind
- Before and after giving first aid (such as cleaning cuts and scratches or bloody noses)
- After cleaning up spills or objects contaminated with body fluids
- Right after you remove gloves

Clean single-use disposable gloves should be worn

- During contact with blood or body fluids which contain blood (such as vomit or feces which contain blood you can see)
- When individuals have cuts, scratches or rashes which cause breaks in the skin of their hands

When wearing gloves, remember:

- The gloves get contaminated, so do not spread germs by touching anything else.
- Remove gloves right after you've finished the task for which you wore them.
- Always wash your hands immediately after removing gloves.

Why? Because tiny holes were found in up to 50% of gloves after they were worn. You want to remove any germs that may have slipped in on your hands.

Other important processes included in Universal Precautions:

- Cleaning all toys and surfaces with a bleach and water solution mixed daily. Clean at least daily, more often when soiled.
- Cleaning all diapering areas with a bleach and water solution. Clean after each use.
- Place any clothes or items that are soaked or caked with blood in to a plastic bag, tie it, then place that into another plastic bag and tie it. Send them home for washing.
- Sharps such as lancets for fingersticks, or syringes for injections given by parents must be placed in a special container for safe disposal. Ask the parent for a Sharps Container to safely store these sharps until the parent can take them home for disposal.
- Hepatitis B vaccination is recommended for all workers. This is a three-dose series. Per OSHA standards, the first dose should be given within 10 days of beginning employment, or within 24 hours after a potential blood exposure.
- Educate workers to report any contact with blood on their broken skin (cuts, scratches, open rashes or chapped skin) or on their mucous membranes (in the eye, mouth or nose).
- Keep records of documentation for every exposure situation, including if the worker was seen by a healthcare provider, and was offered the hepatitis B vaccination if she/he did not already have the series.
- Train all workers regarding Universal Precautions procedures upon employment.

See www.osha.gov for more information about Universal Precautions.

UPDATED BLEACH/WATER CONCENTRATION INFORMATION

For 8.25% strength bleach concentration:

| Sanitize (100 PPM) | Disinfect (600 PPM) | Special Clean-up (5000 PPM) |
|---|--|--|
| CLEAN & SANITIZE AFTER EACH USE: <ul style="list-style-type: none"> Children’s mouthed toys Food service areas, dishes | CLEAN & DISINFECT AFTER EACH USE: <ul style="list-style-type: none"> Diaper changing surface | CLEAN & USE AS NEEDED FOR VOMIT AND DIARRHEA: <ul style="list-style-type: none"> Not for other bodily fluids |
| SANITIZE DAILY OR MORE OFTEN WHEN SOILED: <ul style="list-style-type: none"> Dishcloths, synthetic sponges Common surfaces (other than in bathrooms), floors, mats, tables, countertops and hard surfaces, doorknobs, etc. | DISINFECT DAILY OR MORE OFTEN WHEN SOILED: <ul style="list-style-type: none"> Bathroom areas | MIX SOLUTION WHEN NEEDED, THEN DISCARD <ul style="list-style-type: none"> WEAR GLOVES AND MASK TO PROTECT YOURSELF |
| 1/8 teaspoon bleach/pint of water | ¾ teaspoon bleach/pint of water | 2 tablespoons bleach/pint of water |
| 1/4 teaspoon bleach/quart of water | 1½ teaspoons bleach/quart of water | 4 tablespoons bleach/quart of water |
| 1 teaspoon bleach/gallon of water | 2 tablespoons bleach/gallon of water | 1 cup (8 oz.) bleach/gallon of water |

And for 5.25% strength bleach concentration (if you can find it):

| Sanitize (100 PPM) | Disinfect (600 PPM) | Special Clean-up (5000 PPM) |
|---|--|--|
| CLEAN & SANITIZE AFTER EACH USE: <ul style="list-style-type: none"> Children’s mouthed toys Food service areas, dishes | CLEAN & DISINFECT AFTER EACH USE: <ul style="list-style-type: none"> Diaper changing surface | CLEAN & USE AS NEEDED FOR VOMIT AND DIARRHEA: <ul style="list-style-type: none"> Not for other bodily fluids |
| SANITIZE DAILY OR MORE OFTEN WHEN SOILED: <ul style="list-style-type: none"> Dishcloths, synthetic sponges Common surfaces (other than in bathrooms), floors, mats, tables, countertops and hard surfaces, doorknobs, etc. | DISINFECT DAILY OR MORE OFTEN WHEN SOILED: <ul style="list-style-type: none"> Bathroom areas | MIX SOLUTION WHEN NEEDED, THEN DISCARD <ul style="list-style-type: none"> WEAR GLOVES AND MASK TO PROTECT YOURSELF |
| 1/8 teaspoon bleach/pint of water | 1¼ teaspoons bleach/pint of water | 3 tablespoons bleach/pint of water |
| 1/4 teaspoon bleach/quart of water | 1 tablespoon bleach/quart of water | 6 tablespoons bleach/quart of water |
| 1 teaspoon bleach/gallon of water | ¼ cup bleach/gallon of water | 1 ½ cup bleach/gallon of water |

