

INFECTIOUS DISEASES IN CHILDCARE SETTINGS

Informational Guidelines for Directors,
Caregivers, and Parents

Second Edition

January 2006



Department of Health and Social Services
Delaware Division of Public Health
Health Information and Epidemiology
Jesse Cooper Building
417 Federal Street
Dover, Delaware 19901
302-744-4541
888-295-5156



Delaware Childcare Licensing Website:

<http://www.state.de.us/kids/occl/occl.shtml>

Table of Contents

	Page
About this book	5
Chapter 1. Introduction: Keeping Children Healthy	6
Chapter 2. Health History and Immunizations for Children	7-8
Health History and Immunizations for Caregivers	9
Immunization Schedule	10
Ten Things You Need to Know about Immunizations	11-12
Chapter 3. Infection Overview:	13
Infection Spread by Direct Contact with People or Objects	13
Infection Spread by the Fecal-Oral Route	13
Infection Spread by the Respiratory Route	13
Infection Spread through Blood, Urine, and Saliva	14
Chapter 4. Infection Control Measures:	
Sanitation and Disinfection	15
Washing and Disinfecting Bathrooms and other Surfaces	16
Washing and Disinfecting Diaper Changing Areas	16
Washing Potty Chairs and Toilets	16-17
Washing and Disinfecting Clothing, Linen and Furnishings	17
Washing and Disinfecting Toys	17-18
Cleaning up Body Fluids	18
Hand Washing	19
Hand Washing Steps and Diagram	20-21
Diaper Changing Steps	22-23
Food Safety and Sanitation	24-25
Breast Milk and HIV Exposure	26
Pets in the Childcare Setting	27
Chapter 5. Caregiver/Teacher Health	28
Health Appraisals	28
Health Limitations of Staff	28
Health Risks for Pregnant Childcare Providers	29
Chapter 6. Recognizing the Ill Child:	
Daily Health Assessment Check	30
When to get Immediate Medical Help	30
Exclusion Criteria	31
Provider Exclusion/Re-admittance Criteria	32
Preparing for Managing Illness	33
Delaware Reportable Diseases	34
Chapter 7. Oral Health Diseases:	
Early Childhood Caries (ECC)	35
Acute Herpetic Gingivostomatitis	35
Avulsion (Tooth Loss by Trauma)	36

Chapter 8. Quick Reference Sheets – Fact Sheets:	37
Asthma	38
Baby Bottle Tooth Decay	39
Bacterial Meningitis	40
Biting Incidents	41
<i>Campylobacter</i> Infections	42
Chickenpox (Varicella)	43
Cold Sores	44
Common Cold	45
Cryptosporidiosis	46
Cytomegalovirus (CMV)	47
Diarrheal Diseases	48
Diphtheria	49
Earache (Otitis Media)	50
<i>Escherichia coli</i> 0157:H7 Infections	51
Fifth Disease (Human Parvovirus B19)	52
Foodborne Illnesses	53
Giardiasis	54
Hand-Foot-Mouth Disease (Coxsackie A)	55
Head Lice (Pediculosis Capitis)	56
Hepatitis A	57
Hepatitis B	58
Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS)	59-60
Impetigo	61
Infectious Mononucleosis	62
Influenza	63
Injuries - Intentional/Unintentional	64-65
Lyme disease (non-infectious)	66
Measles	67
Mumps	68
Pertussis (Whooping Cough)	69
Pinkeye (Conjunctivitis)	70
Pinworms	71
Pneumonia	72
Respiratory Syncytial Virus (RSV)	73
Ringworm (Tinea)	74
Roseola (Human Herpesvirus 6)	75
Rotavirus	76
Rubella (German Measles)	77
<i>Salmonella</i>	78
Scabies	79
Shigellosis	80
Strep Throat (Streptococcal Pharyngitis) and Scarlet Fever	81
Sudden Infant Death Syndrome (SIDS)	82-84
Tetanus	85
Tuberculosis (TB)	86
Urinary Tract Infection (UTI)	87
West Nile Virus	88
Yeast Infections (Thrush/Diaper Rash)	89

Chapter 9. Parent/Guardian Alert Sample Letters	90
<i>Campylobacter</i>	91-92
Chickenpox	93-94
Conjunctivitis	95-96
<i>E.coli 0157:H7</i>	97-98
Fifth Disease	99-100
<i>Giardia</i>	101-102
Hib Disease	103-104
Hand-Foot-Mouth Disease	105-106
Head Lice	107-110
Hepatitis A	111-112
Impetigo	113-114
Meningococcal Illness	115-116
Pinworm	117-118
Ringworm	119-120
<i>Salmonella</i>	121-122
Scabies	123-124
<i>Shigella</i>	125-126
Strep Throat	127-128
Chapter 10. Bioterrorism:	129
Creating Written Emergency Plans for Natural & Man-made Disasters	129
Chapter 11. Role of the Health Care Consultant in Childcare and Schools	130-131
Glossary	132-135
Resources	136-141
References	141

About This Book

This manual is the 2nd edition of the *Infectious Diseases in Childcare Settings*. It was developed as a tool to encourage common understanding among caregivers, teachers, families, and health care professionals about infectious diseases and to aid with efforts for reducing illnesses, injuries and other health problems in childcare settings.

This guide explains the health history of immunizations, ways to prevent and control the spread of communicable diseases, symptoms of common infections seen in childcare settings, how infections are spread, when to seek medical care, inclusion/exclusion criteria, fact sheets, and sample letters to give to parents.

The information in this guide is based on the latest recommendations addressing health and safety in childcare settings from the following organizations:

- American Academy of Pediatrics
- American Public Health Association
- US Department of Health and Human Services
- Centers for Disease Control and Prevention
- State of Delaware Department of Services for Children, Youth and their Families

Should you have concerns regarding the contents of this manual, please direct your inquiries to:



Department of Health and Social Services
 Delaware Division of Public Health
 Health Information and Epidemiology
 Jesse Cooper Building
 417 Federal Street
 Dover, Delaware 19901
 302-744-4541
 888-295-5156



Funding for the *Infectious Diseases in Childcare Settings*, 2nd edition, was provided in part by Grant No.1 U93 MC 00225-01 from the Maternal and Child Health Bureau (Title V., Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.

Chapter 1.

Introduction: Keeping Children Healthy



Delaware's early care providers, teachers, families and health professionals are committed to keeping all children healthy. As families enter the workforce, they must rely on childcare centers to provide a safe, healthy and caring environment for their child. These children are very susceptible to contagious diseases because they have not been exposed to many infections (e.g., viruses, bacteria, parasites, fungi) and have no resistance to them, or have not received recommended immunizations. Therefore, children are acquiring infections at an earlier age. A variety of infections has been documented in children attending childcare, sometimes with spread to caregivers and to others at home.

Infants and toddlers have high hand to mouth activity. They play and eat close together. Their hygiene habits and immune systems are not well developed. In addition, wherever there are children in diapers, the spread of diarrheal diseases may readily occur as the result of poor or inadequate hand-washing, diaper changing and environmental sanitation measures. In general, sending home (excluding) mildly ill children is not an effective way to control the spread of most germs. Individuals who are not ill or never become ill can spread many infections. All of these factors make infections in childcare settings common and fast spreading.

This manual contains disease fact sheets specifically meant for childcare settings. These fact sheets may be distributed to parents and staff; fact sheets will help staff determine when children should be sent home or readmitted to your facility.

Chapter 2.

Health History of Immunizations Policy for Children in Childcare

You need to know the health history and medical emergency information for every child in your care. When a child enrolls in your childcare facility, you should find out:

- Where parents can be reached--full names, work, and home phone numbers and addresses.
- At least two people to contact if parents cannot be reached--phone numbers and addresses.
- The child's regular health care providers--names, addresses, and phone numbers.
- The hospital that the child's family uses--name, address, and phone number.
- The date of the child's last physical examination. Any child who has not had a well baby or well child examination recently (within the past 6 months) should be examined within 30 days of entering your childcare facility.
- Any special health problems or medical conditions that a child may have and procedures to follow to deal with these conditions. Examples of conditions needing procedures are allergies, asthma, diabetes, epilepsy, and sickle cell anemia. These conditions can cause sudden attacks that may require immediate action.
- You should know:
 - 1) What happens to the child during a crisis related to the condition.
 - 2) How to prevent a crisis?
 - 3) How to deal with a crisis?
 - 4) Whether you need training in a particular emergency procedure.
- The child's vaccination status. Whether the child has been evaluated with a TB skin test (using the Mantoux method with tuberculin purified protein derivative [PPD]).

You should require that all children admitted to your care be up to date on their vaccinations. The state of Delaware requires you to have written proof of each child's up-to-date vaccinations. Children attending childcare especially need all of the recommended vaccinations to protect themselves, the other children, and the childcare provider, and their families. Several diseases that can cause serious problems for children and adults can be prevented by vaccination. These diseases are chicken pox, diphtheria, Haemophilus influenzae meningitis, hepatitis A, hepatitis B, influenza, measles, mumps, pneumococcal disease polio, rubella (German measles or 3-day measles), tetanus, and whooping cough (pertussis). Many of these diseases are becoming less common because most people have been vaccinated against them. However, cases still occur and children in childcare are at increased risk for many of these diseases because of the many hours they spend in close contact with other children. State law requires that all children undergo lead screening at 1 year of age. Medicaid children must also be screened again at 2 years of age.

Children who are not up to date on their vaccinations should be taken out of childcare (excluded) until they have begun the series of shots needed. Each child in your care should have a certificate of up-to-date immunizations in your files. Each child shall also have on file an age-appropriate health appraisal certified by a licensed physician or nurse practitioner that shall be updated yearly up to school age. Included in this health appraisal should be a description of any disability or impairment that may affect adaptation to childcare.

**STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN,
YOUTH AND THEIR FAMILIES
OFFICE OF CHILDCARE LICENSING**

Family Childcare
Large Family Childcare Home
Day Care Center

NAME _____

BIRTHDATE _____

CHILD HEALTH APPRAISAL

SECTION A: TO BE COMPLETED BY PARENT BEFORE PHYSICAL EXAMINATION

CHECK IF CHILD HAS PROBLEMS WITH ANY OF THE FOLLOWING: GIVE ADDITIONAL COMMENTS BELOW

<input type="checkbox"/> Allergies (food, medicine, bee sting etc.)	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Fainting	<input type="checkbox"/> Physical Handicap
<input type="checkbox"/> Constipation/Diarrhea	<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Speech Difficulty	<input type="checkbox"/> Behavior Problem
<input type="checkbox"/> Other _____	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Difficulty	<input type="checkbox"/> Asthma

Comments: _____

ADDITIONAL INFORMATION ABOUT YOUR CHILD (include serious illness, accidents, operations, medications, etc. with dates):

Parent/Guardian's Signature _____ Date _____

SECTION B: TO BE COMPLETED BY EXAMINING PHYSICIAN/PEDIATRIC NURSE PRACTITIONER

CODE: X - Within Normal Limits O - See Remarks Below

_____ Scalp, Skin	_____ Heart	_____ Vision	_____ Ear, Nose	_____ Lungs
_____ Hearing	_____ Throat	_____ Abdomen	_____ Blood Pressure	_____ Eyes
_____ Genitalia	_____ Teeth	_____ Extremities	_____ Neck, Glands	_____ Nervous System
_____ Height	_____ Weight			

REMARKS AND RECOMMENDATIONS _____

IS CHILD PROGRESSING NORMALLY FOR AGE GROUP? _____

DTP/Hib 1 / /	DTP/Hib 2 / /	DTP/Hib 3 / /	DTP/ Hib 4 / /	DTaP/Hib 4 / /
DTP/DTaP 1 / DT / /	DTP/DTaP 2 / DT / /	DTP/DTaP 3 / DT / /	DTP/DTaP 4 / DT / /	DTP/DTaP 5 / DT / /
Td 1 / /	Td 2 / /	Td 3 / /		
OPV/IPV 1 / /	OPV/IPV 2 / /	OPV/IPV 3 / /	OPV/IPV 4 / /	TB Screening 12 mo / /
MMR 1 / /	MMR 2 / /	HepB 1 / /	HepB 2 / /	HepB 3 / /
Hib 1 / /	Hib 2 / /	Hib 3 / /	Hib 4 / /	Hep B/Hib 1 / /
Hep B/Hib 2 / /	Hep B/Hib 3 / /	Varicella 1 / /	Varicella 2 / /	Influenza 1 / /
Influenza 2 / /	Pneumococcal Polysaccharide 1 / /	Pneumococcal Polysaccharide 2 / /	Pneumococcal Conjugate 1 / /	Pneumococcal Conjugate 2 / /
Pneumococcal Conjugate 3 / /	Pneumococcal Conjugate 4 / /	Hep A 1 / /	Hep A 2 / /	Lyme Vax 1 / /
Lyme Vax 2 / /	Lyme Vax 3 / /	Other: / /	Lead Screening 12 mo / /	

Examiner's Signature _____ @ M.D. @ P.N.P. Date: _____

Printed Name: _____ Telephone: _____

Health History and Immunization Policy for Childcare Providers

Children, especially those in groups, are more likely to get infectious diseases than are adults. As a childcare provider, you will be exposed to infectious diseases more frequently than will someone who has less contact with children. To protect yourself and children in your care, you need to know what immunizations you received as a child and whether you had certain childhood diseases. If you are not sure, your health care provider can test your blood to determine if you are immune to some of these diseases and can vaccinate you against those to which you are not immune.

Child caregivers shall also have on file written evidence of health appraisals signed by a licensed physician or nurse practitioner. These shall include a health history, physical examination, immunization status, vision/hearing screening, TB screening (see below), and assessment of any health related limitations or communicable diseases that may impair the caregiver's ability to perform specific job duties.

Tuberculosis Screening

Persons who are beginning work as childcare providers should have a TB skin test (Mantoux method using tuberculin purified protein derivative [PPD]) to check for infection with the TB germ, unless there is documentation of a positive test result in the past, or of active TB that has been treated already. The first time that they are tested, persons who cannot document any previous TB skin test results should have a two-step test. (That is, if the first test result is negative, the skin test is repeated within one month.) Persons who have negative results from their skin tests when they start childcare work should have their skin tests repeated every 2 years while the results are still negative.

Recommended Immunization Schedule for Childcare Providers:

IMMUNIZATION	HOW OFTEN
Influenza	Annually, (in Oct. or Nov.) for all providers
Measles, Mumps, Rubella (MMR)	Providers born before 1957 can be considered immune to measles and mumps. Others are immune if they have a history of measles or mumps or have received at least one dose of rubella vaccine on or after their first birthday. A blood test indicating immunity to rubella or one dose of rubella vaccine is required.
Tetanus, Diphtheria (Td)	Childcare providers should have a record of receiving a series of 3 doses (usually given in childhood) and a booster dose given within the past 10 years.
Polio	Childcare providers, especially those working with children who are not toilet-trained, should have a record of a primary series of 3 doses (usually given in childhood) and a supplemental dose given at least 6 months after the third dose in the primary series.
Hepatitis A	CDC recommends Hepatitis A vaccine for childcare providers.
Chickenpox	CDC recommends Chickenpox vaccine for all childcare providers who have not had Chickenpox. Providers who know they have had the disease are considered immune.
Hepatitis B	Childcare providers who may have contact with blood or body fluids, or who work with developmentally disabled or aggressive children, should be vaccinated against Hepatitis B with one series of 3 doses of vaccine.

Recommended Childhood and Adolescent Immunization Schedule UNITED STATES • 2005

Vaccine ▼	Age ▶	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	24 months	4-6 years	11-12 years	13-18 years
Hepatitis B ¹		HepB #1	HepB #2		HepB #3			HepB Series					
Diphtheria, Tetanus, Pertussis ²			DTaP	DTaP	DTaP	DTaP				DTaP	Td	Td	
<i>Haemophilus influenzae</i> type b ³			Hib	Hib	Hib	Hib							
Inactivated Poliovirus			IPV	IPV	IPV					IPV			
Measles, Mumps, Rubella ⁴						MMR #1				MMR #2	MMR #2		
Varicella ⁵						Varicella			Varicella				
Pneumococcal Conjugate ⁶			PCV	PCV	PCV	PCV				PCV	PPV		
Influenza ⁷						Influenza (Yearly)			Influenza (Yearly)				
----- Vaccines below red line are for selected populations -----													
Hepatitis A ⁸										Hepatitis A Series			

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2004, for children through age 18 years. Any dose not administered at the recommended age should be administered at any subsequent visit when indicated and feasible.

■ Indicates age groups that warrant special effort to administer those vaccines not previously administered. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine

are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at www.vaers.org or by telephone, 800-822-7967.

- Range of recommended ages
- Preadolescent assessment
- Only if mother HBsAg(-)
- Catch-up immunization



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



The Childhood and Adolescent Immunization Schedule is approved by:
 Advisory Committee on Immunization Practices www.cdc.gov/nip/acip
 American Academy of Pediatrics www.aap.org
 American Academy of Family Physicians www.aafp.org

Ten Things You Need to Know about Immunizations

1. "Why should my child be immunized?"

Children need immunizations (shots) to protect them from dangerous childhood diseases. These diseases have serious complications and can even kill children.

2. "What diseases do vaccines prevent?"

Measles

Mumps

Polio

Rubella (German Measles)

Pertussis (Whooping Cough)

Diphtheria

Tetanus

Haemophilus influenzae type b (Hib disease)

Hepatitis B

Varicella (chickenpox)

Influenza

Pneumococcal disease

3. "How many shots does my child need?"

The following vaccinations are recommended by age two and can be given in five visits to a doctor or clinic:

One vaccination against measles/mumps/rubella (MMR)

Four vaccinations against Hib (a major cause of spinal meningitis)

Three vaccinations against polio

Four vaccinations against diphtheria, tetanus, and pertussis (DTP)

Three vaccinations against hepatitis B

One vaccination against varicella

Four vaccinations against pneumococcal disease

One annual vaccination against influenza

4. "Are the vaccines safe?"

Serious reactions to vaccines are extremely rare, but do occur. However, the risks of serious disease from not vaccinating are far greater than the risks of serious reaction to the vaccination.

5. "Do the vaccines have any side effects?"

Yes, side effects can occur with vaccination, depending on the vaccine: slight fever, rash or soreness at the site of injection. Slight discomfort is normal and should not be a cause for alarm. Your health care provider can assist you with additional information.

6. "What do I do if my child has a serious reaction?"

If you think your child is experiencing a persistent or severe reaction, call your doctor or get the child to a doctor right away. Write down what happened and the date and time it happened. Ask your doctor, nurse or health department to file a Vaccine Adverse Event Report form or call 1-800-338-2382.

7. "Why can't I wait until school to have my child immunized?"

Immunizations must begin at birth and most vaccinations completed by age two. By immunizing on time (by age 2), you can protect your child from being infected and prevent the infection of others at school or at daycare centers. Children under five are especially susceptible to disease because their immune systems have not built up the necessary defenses to fight infection.

8. "Why is a vaccination health record important?"

A vaccination health record helps you and your health care provider keep your child's immunizations on schedule. A record should be started at birth when your child should receive his/her first vaccination and updated each time your child receives the next scheduled vaccination. This information will help you if you move to a new area or change health care providers, or when your child is enrolled in daycare or starts school. Remember to bring this record with you every time your child has a health care visit.

9. "Where can I get free vaccines?"

The Vaccines for Children Program will provide free vaccines to needy children. Eligible children include those without health insurance coverage, those whose health insurance does not pay for vaccines, and those who are enrolled in Medicaid, American Indians and Alaskan Natives.

10. "Where can I get more information?"

You can call the Delaware Public Health Immunization Program at 1-800-282-8672 or the National Immunization Information Hotline for further immunization information: 1-800-232-2522 (English) or 1-800-232-0233 (Spanish).



Chapter 3.

Infection Overview

In a childcare setting, close personal contact and inadequate hygiene of young children provide a good opportunity for the spread of germs. Germ is the common term for a large variety of microorganisms (an organism too small to be seen without a microscope) that can grow in or on people. Infection is the term used to describe a situation in which the germ causes disease. Germs include bacteria, viruses, parasites, and fungi.

Infection Spread by Direct Contact with People or Objects

Infection can spread through direct contact with an infected area of someone's body or contact with contaminated hands or any substance or surface that holds infectious material (i.e., saliva, mucous, diaper changing table). Many objects can absorb, retain, and transport germs. In childcare settings, the surfaces of floors, activity and food tables, diaper changing tables, doorknobs, toilet room surfaces, toys, and fabric objects may have many germs on them if they are not properly cleaned and sanitized. Direct head to head touching, shared hats and hairbrushes, or storing jackets so they touch each other can spread infestations such as lice. Skin to skin or skin to bedding touching can spread impetigo and scabies. Mouth to mouth kissing can spread respiratory germs of all types.

Infection Spread by the Fecal Oral Route

Children in diapers at any age constitute a high risk for the spread of gastrointestinal infections through contamination by microscopic (organisms too small to be seen with the eye-need the aid of a microscope to be studied) amounts of the material produced by a bowel movement. The medical term for this substance is fecal matter or stool. With typical frequent diaper changing and mouthing behaviors, hands, floors, toilet and faucet handles, diaper changing areas, toys, and countertops frequently are contaminated with fecal matter. Germs can spread by the fecal oral route if the infected person does not wash hands after toileting or before food preparation or if anyone eats food contaminated with disease causing germs.

Infection Spread by the Respiratory Route

Airborne droplets that have germs from the respiratory tract can spread by breathing the air too close when someone coughs or sneezes, or touching surfaces that have moist secretions from an infected person's nose, eye, mouth or throat. The most common surfaces that spread airborne droplets are hands. Teaching children to cover their mouths or noses with their hands when they cough or sneeze actually helps to spread germs. Unless good hand washing is practiced right after using hands to cover a sneeze or cough, the hands will spread germs. It is best to use a disposable tissue to cover a cough or sneeze; then wash hands before touching anything else. In childcare settings, sometimes this is not always possible. Teach children to direct a sudden cough or sneeze to an empty space on the floor, or use an elbow or shoulder as a barrier.

Infection Spread through Blood, Urine, and Saliva

Contact with blood and other body fluids of another person require more intimate exposure than usually occurs in childcare settings. Some infections are spread through contact with contaminated blood with a cut that lets germs into the body. Following standard precautions to remove blood from the environment safely prevents transmission of bloodborne germs. Because it is impossible to know who might have a bloodborne disease, routine use of standard precautions protects everyone against the spread of HIV, Hepatitis B, Hepatitis C, and Hepatitis D. Saliva and urine often contain viruses long after a child has recovered from an illness. Good hand washing and standard precautions will help prevent the spread of these viruses.



Chapter 4.

Infection Control Measures

Sanitation and Disinfection

Keeping the childcare environment clean and orderly is very important for health, safety, and the emotional well-being of both children and providers. Thorough cleaning is one of the most important steps in reducing the number of germs and the spread of disease. Surfaces most likely contaminated are those children contact. These include toys that children put in their mouths, crib rails, food preparation areas, and surfaces likely to become very contaminated with germs, such as diaper-changing areas.

Routine cleaning with soap and water is the most useful method for removing germs from surfaces in the childcare setting. Good mechanical cleaning (scrubbing with soap and water) physically reduces the numbers of germs from the surface, just as hand washing reduces the numbers of germs from the hands. Removing germs in the childcare setting is especially important for soiled surfaces, which cannot be treated with chemical disinfectants, such as some upholstery fabrics.

However, some items and surfaces should receive an additional step, disinfection, to kill germs after cleaning with soap and rinsing with clear water. Items that can be washed in a dishwasher or hot cycle of a washing machine do not have to be disinfected because these machines use water that is hot enough for a long enough period of time to kill most germs. The disinfection process uses chemicals that are stronger than soap and water. Disinfection usually requires soaking or drenching the item for several minutes to give the chemical time to kill the remaining germs. Commercial products that meet the Environmental Protection Agency's (EPA's) standards for "hospital grade" germicides (solutions that kill germs) may be used for this purpose. A homemade solution of household bleach and water is another alternative. Bleach is cheap and easy to get. Bleach solution kills most infectious agents, is nontoxic and safe if handled properly. (Be aware that some infectious agents are not killed by bleach. For example, cryptosporidium is only killed by ammonia or hydrogen peroxide.)

Recipe for:

Bleach Disinfecting Solution

(For use in bathrooms, diapering areas, etc.)

1/4 cup bleach/1 gallon cool water

OR

1-tablespoon bleach/1 quart cool water

Weaker Bleach Disinfecting Solution

(For use on toys, eating utensils, etc.)

1-tablespoon bleach/1gallon cool water

NEVER mix bleach with anything but fresh tap water!

Other chemicals may react with bleach, creating and releasing a toxic chlorine gas.

Add the bleach to the water. A solution of bleach and water loses its strength very quickly and easily. It is weakened by organic material, evaporation, heat, and sunlight. Therefore, bleach solution should be mixed fresh each day to make sure it is effective. Any leftover solution should be discarded at the end of the day. Label all spray bottles of bleach to prevent accidents.

Keep the bleach solution you mix each day in a cool place out of direct sunlight and out of the reach of children.

Washing and Disinfecting Bathrooms and other Surfaces

Bathroom surfaces, such as faucets, handles, and toilet seats should be washed and disinfected several times a day, if possible, but at least once daily or when obviously soiled. The bleach and water solution or chlorine-containing scouring powders or other commercial bathroom surface cleaners/disinfectants can be used in these areas. Surfaces that infants and young toddlers are likely to touch or mouth, such as crib rails, should be washed with soap and water and disinfected with a nontoxic disinfectant, such as bleach solution, at least once daily and more often if visibly soiled. After the surface has been drenched or soaked with the disinfectant for at least 10 minutes, surfaces likely to be mouthed should be thoroughly wiped with a fresh towel moistened with tap water. Be sure not to use a toxic cleaner on surfaces likely to be mouthed. Floors, low shelves, door knobs, and other surfaces often touched by children wearing diapers should be washed and disinfected at least once a day and whenever soiled.

Washing and Disinfecting Diaper Changing Areas

Diaper changing areas should:

- Not be located in food preparation areas.
- Not be used for temporary placement of food or utensils.
- Be conveniently located and washable.
- Be positioned to allow caregivers to maintain constant sight and sound supervision of children.

Diaper changing tables should:

- Made of moisture-proof, nonabsorbent, smooth surfaces that do not trap soil.
- Easy to clean and disinfect.
- Have a raised edge or low “fence” around the area to prevent a child from falling off.
- Be next to a sink with running water.
- Be at a convenient height for childcare providers.
- Be out of reach of children.

Diaper changing areas should be cleaned and disinfected after each diaper change as follows:

- Clean the surface with soap and water and rinse with clear water.
- Dry the surface with a paper towel.
- Thoroughly wet the surface with the recommended bleach solution.
- Air dry; do not wipe.

Washing Potty Chairs and Toilets

Potty chairs are difficult to keep clean and out of reach of children. Small size flushable toilets or modified toilet seats and step aids are preferable. If potty chairs are used for toilet training, you should use potty chairs only in the bathroom area and out of reach of toilets or other potty chairs. After each use of a potty chair, you should:

- Immediately empty the contents into a toilet, being careful not to splash or touch the water in the toilet.
- Rinse the potty with water from a sink used only for custodial cleaning. Do NOT rinse the potty in a sink used for washing hands. A sink used for food preparation should NEVER be used for this purpose.
- Dump the rinse water into the toilet.

- Wash and disinfect the potty chair.
- Wash and disinfect the sink and all exposed surfaces.
- Wash your hands thoroughly.

Washing and Disinfecting Clothing, Linen and Furnishings

Do not wash or rinse clothing soiled with fecal material in the childcare setting. You may empty solid stool into the toilet, but be careful not to splash or touch toilet water with your hands. Put the soiled clothes in a plastic bag and seal the bag to await pick up by the child's parent or guardian at the end of the day. Always wash your hands after handling soiled clothing.

Explain to parents that washing or rinsing soiled diapers and clothing increases the chances that you and the children may be exposed to germs that cause diseases. Although receiving soiled clothes is not pleasant, remind parents that this policy protects the health of all children and providers. Each item of sleep equipment, including cribs, cots, mattresses, blankets, sheets, etc., should be cleaned and sanitized before being assigned to a specific child. The bedding items should be labeled with that child's name, and should only be used by that child. Children should not share bedding. Infants' linens (sheets, pillowcases, blankets) should be cleaned and sanitized daily, and crib mattresses should be cleaned and sanitized weekly and when soiled or wet. Linens from beds of older children should be laundered at least weekly and whenever soiled. However, if a child inadvertently uses another child's bedding, you should change the linen and mattress cover before allowing the assigned child to use it again. All blankets should be changed and laundered routinely at least once a month.

Washing and Disinfecting Toys

- Infants and toddlers should not share toys.
- Consistent use of toys that children (particularly infants and toddlers) put in their mouths should be washed and disinfected between uses by individual children.

Toys for infants and toddlers should be chosen with this in mind. If you cannot wash a toy, it probably is not appropriate for an infant or toddler. Children in diapers should only have washable toys. Each group of children should have its own toys. Toys should not be shared with other groups.

- When an infant or toddler finishes playing with a toy, you should retrieve it from the play area and put it in a bin reserved for dirty toys. This bin should be out of reach of the children.

Toys can be washed later, at a more convenient time; then transferred to a bin for clean toys and safely reused by other children.

To wash and disinfect a hard plastic toy:

- Scrub the toy in warm, soapy water. Use a brush to reach into the crevices.
- Rinse the toy in clean water.
- Immerse the toy in a mild bleach solution and allow it to soak in the solution for 10-20 minutes.
- Remove the toy from the bleach solution and rinse well in cool water.
- Air dry.

Hard plastic toys that are washed in a dishwasher, or cloth toys washed in the hot water cycle of a washing machine, do not need to be additionally disinfected.

Stuffed toys used by only a single child should be cleaned in a washing machine every week or more frequently if heavily soiled.

Toys and equipment used by older children and not put into their mouths should be cleaned at least weekly and when obviously soiled. A soap and water wash followed by clear water rinsing and air-drying should be adequate. No disinfection is required. (These types of toys and equipment include blocks, dolls, tricycles, trucks, and other similar toys.)

Do not use wading pools, especially for children in diapers.

Water play tables can spread germs. To prevent this:

- Disinfect the table with chlorine bleach solution before filling it with water.
- Disinfect all toys to be used in the table with chlorine bleach solution.
- Avoid using sponge toys. They can trap bacteria and are difficult to clean.
- Have all children wash their hands before and after playing in the water table.
- Do not allow children with open sores or wounds to play in the water table.
- Carefully supervise the children to make sure they do not drink the water.

Cleaning up Body Fluids

Spills of body fluids, including blood, feces, vomit, urine, nasal and eye discharges, and saliva should be cleaned up immediately. Wear gloves unless the fluid can be easily contained by the material (i.e., paper towel, tissue or cloth) being used to clean it up. Be careful not to get any of the fluid you are cleaning in your eyes, nose, mouth, or any open sores. Clean and disinfect any surfaces, such as countertops and floors on which body fluids have been spilled.

Discard fluid-contaminated material in a plastic bag that has been securely sealed. Mops used to clean up body fluids should be:

- Cleaned
- Rinsed with a disinfecting solution
- Wrung as dry as possible
- Hung to dry completely

Be sure to wash your hands after cleaning up any spill.



Hand Washing

Most experts agree that the single most effective practice that prevents the spread of germs in the childcare setting is good hand washing by childcare providers, children and others. Some activities in particular expose children and providers to germs or allow the opportunity to spread them. You can stop the spread of germs by washing your hands and teaching children in your care good hand washing practices.

When Hands should be washed:

Children:

- Upon arrival at the childcare facility
- Immediately before and after eating
- After using the toilet or having their diapers changed
- Before using water tables
- After playing on the playground
- After handling pets, pet cages, or other pet objects
- Whenever hands are visibly dirty
- Before going home

Providers:

- Upon arrival at work
- Immediately before handling food, preparing bottles, or feeding children
- After using the toilet, assisting a child using the toilet, or changing diapers
- After contact with any body fluids, including wet or soiled diapers, runny noses, vomit, saliva, etc.
- After handling pets, pet cages, or other pet objects
- Whenever hands are visibly dirty or after cleaning up a child, bathroom items or toys
- After removing gloves* used for any purpose
- Before giving or applying medication or ointment to a child or self
- Before going home

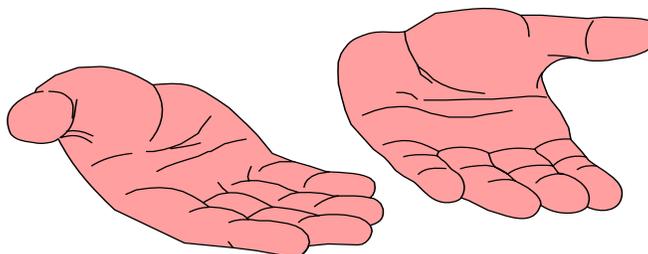
* If gloves are used, hands should be washed immediately after gloves are removed even if hands are not visibly contaminated. Use of gloves alone will not prevent contamination of hands or spread of germs and should not be considered a substitute for hand washing.

Rubbing hands together under running water is the most important part of washing away infectious germs. Pre-moistened towelettes or wipes and waterless hand cleaners should not be used as a substitute for washing hands with soap and running water. Towelettes should only be used to remove residue, such as food, off a baby's face or feces from a baby's bottom during diaper changing.

When running water is unavailable, such as during an outing, towelettes or waterless hand cleaners may be used as a temporary measure until hands can be washed under running water. A childcare provider may use a towelette to clean hands while diapering a child who cannot be left alone on a changing table that is not within reach of running water. However, hands should be washed as soon as diapering is completed and child is removed from the changing table. Water basins should not be used as an alternative to running water. If forced to use a water basin as a temporary measure, clean and disinfect the basin between each use. Outbreaks have been linked with sharing wash water and washbasins.

How to Wash Hands

- Always use warm, running water and a mild, preferably liquid, soap. Antibacterial soaps may be used, but are not required. Pre-moistened cleansing towelettes do not effectively clean hands and do not take the place of hand washing.
- Wet the hands and apply a small amount (dime to quarter size) of liquid soap to hands.
- Rub hands together vigorously until a soapy lather appears and continue for at least 15 seconds. Be sure to scrub between fingers, under fingernails, and around the tops and palms of the hands.
- Rinse hands under warm running water. Leave the water running while drying hands.
- Dry hands with a clean, disposable (or single use) towel, being careful to avoid touching the faucet handles or towel holder with clean hands.
- Turn the faucet off using the towel as a barrier between your hands and the faucet handle.
- Discard the used towel in a trash can lined with a fluid-resistant (plastic) bag. Trashcans with foot-pedal operated lids are preferable.
- Consider using hand lotion to prevent chapping of hands. If using lotions, use liquids or tubes that can be squirted so that the hands do not have direct contact with container spout. Direct contact with the spout could contaminate the lotion inside the container.
- When assisting a child in hand washing, either hold the child (if an infant) or have the child stand on a safety step at a height at which the child's hands can hang freely under the running water.
- Assist the child in performing all of the above steps and then wash your own hands.





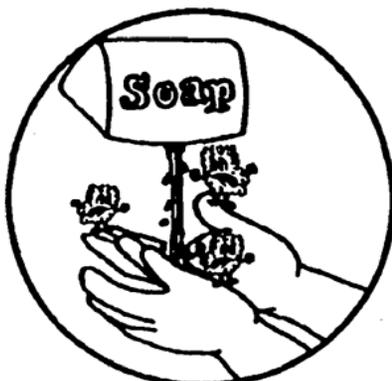
PLEASE POST

HANDWASHING

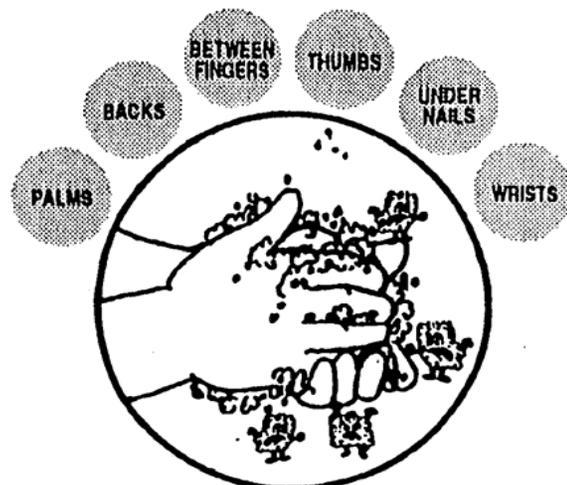
Steps



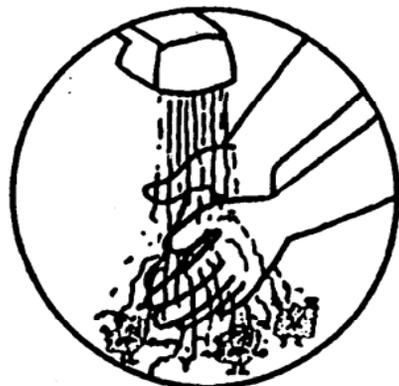
1. WET



2. SOAP



3. WASH



4. RINSE



5. DRY



6. TURN OFF WATER WITH PAPER TOWEL

Diaper Changing Steps

Two different diaper-changing methods may be used to minimize the risk of transmitting infection from one child to another or to a provider. One method involves the use of gloves and the other does not. The method you select should be used consistently in your childcare setting. Whichever method you choose, you should never wash or rinse diapers or clothes soiled with fecal material in the childcare setting. Because of the risk of splashing, and gross contamination of hands, sinks, and bathroom surfaces, rinsing increases the risk that you, other providers, and the children would be exposed to germs that cause infection. All soiled clothing should be bagged and sent home with the child without rinsing. (You may dump solid feces into a toilet.) You need to tell parents about this procedure and why it is important.

The following recommended procedure notes additional steps to be included when using gloves. Gloves are not required, but some people prefer to use gloves to prevent fecal material from getting under their nails. Childcare providers should keep their fingernails short, groomed, and clean. Using a soft nailbrush to clean under the nails during hand washing will remove soil under the nails.

Recommended procedure for diapering a child:

- Get Organized – Before bringing child to diaper area, wash hands and gather needed supplies.
 - Non-absorbent paper lining to cover changing surface
 - Fresh diaper and clean clothes (if needed)
 - Baby wipes or pre-moistened towelettes for cleaning child's bottom
 - Child's personal, labeled ointment (if provided by parents)
 - Plastic bag for soiled clothing
 - Disposable gloves (if used, put on before touching soiled clothing or diapers and remove before touching clean diapers or surfaces)
 - Trash disposal bag
- Place a disposable covering (such as roll paper) on the portion of the diapering table where you will place the child's bottom. Diapering surfaces should be smooth, non-absorbent, and easy to clean. Do not use areas that come in close contact with children during play, such as couches, floor areas where children play, etc.
- If using gloves, put them on now.
- Using only your hands, pick up and hold the child away from your body. Do not cradle the child in your arms and risk soiling your clothes.
- Lay the child on the paper or towel.
- Remove soiled diaper and soiled clothes.
- Put disposable diapers in a plastic lined trash receptacle.
- Put soiled re-useable diaper and/or soiled clothes WITHOUT RINSING in a plastic bag to give to parents.
- Clean child's bottom with a baby wipe or pre-moistened disposable towelette.
- Place the soiled towelette in a plastic lined trash receptacle
- If the child needs a more thorough washing, use soap, running water, and paper towels.
- Remove the disposable covering from beneath the child. Discard it in a plastic lined receptacle.
- If you are wearing gloves, remove and dispose of them now in a plastic lined receptacle.

- Wash your hands! NOTE: The diapering table should be next to a sink with running water so that you can wash your hands without leaving the diapered child unattended. However, if a sink is not within reach of the diapering table, do not leave the child unattended on the diapering table to go to a sink; wipe your hands with a pre-moistened towelette instead. NEVER leave a child alone on the diapering table.
- Wash the child's hands under running water.
- Diaper and dress the child.
- Disinfect the diapering surface immediately after you finish diapering the child.
- Return the child to the activity area.
- Clean and disinfect the diapering area, all equipment and supplies that were touched and soiled crib or cot, if needed.
- Wash your hands under running water.



Food Safety and Sanitation

Food safety and sanitation are important aspects of providing healthy food for children. Improper food preparation, handling, or storage can quickly result in food being contaminated with germs that may lead to illness such as hepatitis A or diarrheal diseases if the contaminated food is eaten. Cleaning products and foods should always be stored in different locations, out of reach of children.

To wash, rinse, and disinfect dishes by hand:

- Fill one sink compartment or dishpan with hot tap water and a dishwashing detergent.
- Fill the second compartment or dishpan with hot tap water.
- Fill the third compartment or dishpan with hot tap water and 1-1/2 tablespoons of liquid chlorine bleach for each gallon of water.
- Scrape dishes, utensils, and dispose of excess food.
- Immerse scraped dish or utensil in first sink compartment or dishpan and wash thoroughly.
- Rinse dish or utensil in second dishpan of clear water.
- Immerse dish or utensil in third dishpan of chlorinated water for at least 1 minute.
- Place dish or utensil in rack to air dry.

Dishwashers are approved to use for cleaning and sanitation of dishes and utensils.

Note: Food preparation and dishwashing sinks should only be used for these activities and should never be used for routine hand washing or diaper changing activities.



Understanding and following a few basic principles can help prevent food spoilage and transmission of infections. To prevent foodborne infections:

- Keep food at safe serving and storage temperatures at all times to prevent spoiling and the risk of transmitting disease. Food should be kept at 40°F or colder or at 140°F or warmer. The range between 40°F and 140°F is considered the "danger zone"; this is the range bacteria grow most easily. Leftovers, including hot foods such as soups or sauces, should be refrigerated immediately and should not be left to cool at room temperature. Using shallow pans or bowls will facilitate rapid cooling. Frozen foods should be thawed in the refrigerator, not on counter tops, or in the sink with cold water, not hot or warm water.
- Use only approved food preparation equipment, dishes, and utensils. Check childcare licensing regulations if in question about equipment. Only use cutting boards that can be disinfected (made of nonporous materials such as glass, Formica, or plastic), and use separate boards for ready-to-eat foods (including foods to be eaten raw) and for foods which are to be cooked, such as meats.

- Use proper hand washing techniques. Proper hand washing is important for everyone in a childcare setting, but is especially necessary for food handlers to prevent the spread of infections or contamination of the food.
- Do not handle food if you change diapers. In a large childcare setting, food handlers should not change diapers and should avoid other types of contact that may contaminate their hands with infectious secretions. This may not be practical in a small childcare setting in which the provider must also prepare the food. In this case, proper hand washing is essential.
- Do not prepare or serve food if you have diarrhea, unusually loose stools, or any other gastrointestinal symptoms of an illness, or if you have infected skin sores or injuries, or open cuts. Small, uninfected cuts may be covered with nonporous, latex gloves.
- Supervise meal and snack times to make sure children do not share plates, utensils, or food that is not individually wrapped.
- Eating utensils that are dropped on the floor should be washed with soap and water before using.
- Discard food that is dropped on the floor and remove leftovers from the eating area after each snack or meal.
- Clean, sanitize, and properly store food service equipment and supplies. Use only utensils and dishes that have been washed in a dishwasher or if washed by hand, with sanitizers and disinfectants approved for this use. Otherwise, use disposable, single-use articles that are discarded after each use.
- Clean and sanitize tabletops on which food is served after each use.
- Only accept expressed breast milk that is fresh and properly labeled with the child's name. Expressed breast milk to be used during the current shift should accompany the child that day. Do not store breast milk at the facility overnight. Send any unused expressed breast milk home with the child that day. NEVER feed a child breast milk unless it is labeled with that child's name.
- Except for an individual child's lunch, only accept food that is commercially prepared to be brought into the childcare setting.
- Numerous institutional outbreaks of gastrointestinal illness, including infectious hepatitis, have been linked to consumption of home-prepared foods. Food brought into the childcare setting to celebrate birthdays, holidays, or other special occasions should be obtained from commercial sources approved and inspected by the local health authority.
- Each individual child's lunch brought from home should be clearly labeled with the child's name, the date, and the type of food it is. It should be stored at an appropriate temperature until it is eaten.
- Food brought from a child's home should not be fed to another child.
- Raw eggs can be contaminated with *Salmonella*. No foods containing raw eggs should be served, including homemade ice cream made with raw eggs.



Breast Milk and HIV Exposure

If a child has been mistakenly fed another child's bottle of expressed breast milk, the possible exposure to HIV should be treated the same as accidental exposure to other body fluids.

You should:

→ Inform the parents of the child who was given the wrong bottle that:

- Their child was given another child's bottle of expressed breast milk,
- The risk of transmission of HIV is very small (see discussion below),
- They should notify the child's physician of the exposure, and
- Child should have a baseline test for HIV.

→ Inform the mother who expressed the breast milk of the bottle switch, and ask:

- If she has ever had an HIV test and, if so, would she be willing to share the results with the parents?
- If she does not know if she has ever had an HIV test, if she would be willing to contact her physician and inquire. If she has had testing, is she willing to share the results?
- If she has never had HIV testing, would she be willing to be tested and share the results with the parents? In addition, ask when the breast milk was expressed, and how it was handled prior to being brought to the facility. Provide the exposed child's physician information on when the milk was expressed and how it was handled prior to being brought to the childcare center.

Risk of HIV transmission from expressed breast milk consumed by another child is believed to be low because:

In the United States, women who are HIV positive and are aware of that fact are advised not to breast-feed their infants. Chemicals present in breast milk act together, with time and cold temperatures, to destroy the HIV present in expressed breast milk.

The risk to childcare providers who feed children bottles of expressed breast milk is extremely low because the risk of transmission from skin/mucous membrane exposures to HIV is extremely low (probably much lower than the 0.5% involved with blood and other body fluids with higher levels of virus). Therefore, you do not need to wear gloves when giving bottles of expressed breast milk. If breast milk is spilled on your skin, wash the area with soap and water as soon as possible.



Pets in the Childcare Setting



Many childcare providers who care for children in their own homes have pets. Pets can be excellent companions for children. Pets can meet emotional needs of children for love and affection. Caring for pets also gives children an opportunity to learn how to treat and be responsible for others. However, some guidelines for protecting the health and safety of the children should be followed. Delaware childcare licensing allows pets if there is proof of rabies vaccination from each dog or cat 6-months or older. Animals shall be free from disease and shall be cared for in a safe and sanitary manner.

ALL REPTILES carry *Salmonella*. Therefore, small reptiles that might be handled by children, including turtles, snakes and iguanas, can easily transmit *Salmonella* to them. Lizards, snakes and turtles are not appropriate pets for childcare centers.

Pets that are generally allowed in childcare settings include, fish, gerbils, hamsters, guinea pigs, domestic-bred rats, domestic-bred mice, rabbits, dogs, cats and some birds.

- Children should immediately wash hands after handling any pet or pet item.
- All pets, whether kept indoors or outdoors, should be in good health, show no evidence of disease, and be friendly toward children.
- Dogs or cats should have documented proof of immunizations, and be kept on flea, tick and worm control programs.
- Pet living quarters should be kept clean. All pet waste should be disposed of immediately. Litter boxes should not be accessible to children.
- Childcare providers should always be present when children play with pets.
- Children should be taught how to behave around a pet. They should be taught not to provoke the pet or remove the pet's food. They should always keep their faces away from a pet's mouth, beak or claws.
- If you have a pet in your childcare facility, tell parents before they enroll their child. Some children have allergies that might require the parents to find other childcare arrangements.

An animal bite that breaks or punctures the skin has a significant chance of producing a bacterial infection. If any wild animal or pet bites and breaks the skin, the wound should be evaluated by a healthcare professional. Animal bites are common and bites of some animals (e.g. stray dogs, raccoons, bats) may transmit the rabies virus.

Rabies is a very serious viral infection that infects the nervous system. Rabies is transmitted by a variety of wild animals. The virus can also be spread by unimmunized pets and in rare cases, immunized pets that have been infected. If a pet or wild animal bites someone and breaks the skin, the situation requires immediate attention. The bitten person may need to begin immediate treatment and the animal should be observed by a veterinarian for signs of rabies. The virus spreads from the animal's saliva entering the bite site. **Report all suspected exposures of rabies promptly to public health authorities (1-302-744-4545) so proper treatment can be administered.**

Signs and symptoms of rabies include anxiety, difficulty swallowing, seizures and paralysis. Once signs or symptoms develop, rabies is nearly always a fatal disease.

Chapter 5.

Caregiver/Teacher Health

Caregiver/teacher health is very important in maintaining a successful and healthy environment. A daily evaluation of each staff member, substitute, or volunteer for obvious signs of illness by an administrator is important. These informal checks should be part of each day's routine greeting as each person enters the childcare facility. Adults who care for children should have regular health checkups, be up to date on immunizations and take appropriate precautions to minimize the exposure of others to infections and illnesses.

Health Appraisals

Adults who care for children are required to have:

- Documentation on file that the individuals health appraisal include:
 - Health history;
 - Physical and dental exams;
 - Vision and hearing screening;
 - Tuberculosis (TB) screen test w/follow up of any positive results;
 - A review of immunization status of measles, mumps, rubella, diphtheria, tetanus, and polio;
 - A review of occupational health concerns;
 - Assessment of need for vaccines against influenza, pneumococcus, and hepatitis B, and of risk exposure to common childhood infections such as parvovirus, Cytomegalovirus (CMV), and chickenpox;
 - Assessment of health related limitations or communicable diseases that may impair the caregiver's ability to perform the job;
- After initial family care licensure, adults shall be required to provide written evidence of follow up for known medical problems or as required by Office of Childcare Licensure. For each adult who cares for children, there shall be written evidence of freedom of active infection of tuberculosis verified within one year prior to initial application, with further testing required at intervals recommended by the Division of Public Health.

Health Limitations of Staff

Staff and volunteers must have a licensed health professional's release to return to work when:

- The program has any concern that the adult may have a harmful communicable disease or because of continuing symptoms or unclear information about the status of the adult.
- They experience a condition that may affect their ability to do their jobs.
- They require accommodations to prevent illness or injury in their work.
- They return after a serious or prolonged illness or after a job related injury.
- Their condition or health could affect assignment to a new role in the childcare program or school.
- There are insurance issues or liability risks for the childcare program or school related to their health problem.

Health Risks for Pregnant Childcare Providers

Knowing your health history is especially important if you are pregnant or could become pregnant and are providing childcare. Several childhood diseases can harm the unborn child, or fetus, of a pregnant woman exposed to these diseases for the first time. These diseases are:

Chickenpox or Shingles (Varicella Virus)—First-time exposure to this virus during pregnancy may cause miscarriage, multiple birth defects, and severe disease in newborns. Chickenpox can be a serious illness in adults. Most people (90% to 95% of adults) were exposed to chickenpox as children and are immune. For women who do not know if they had chickenpox as a child, a blood test can verify if they are immune. If they are not immune, a chickenpox vaccine is now available. Vaccination against chickenpox before you get pregnant may reduce the risk of passing the virus to your fetus should you become pregnant in the future and then are exposed to chickenpox. Because the vaccine may harm a fetus, the vaccine is not given to pregnant women. Your physician will ask you if you are pregnant before giving you the vaccination and will advise you to avoid pregnancy for one month following each dose of vaccine.

Cytomegalovirus (CMV)—First-time exposure to CMV during pregnancy may cause hearing loss, seizures, mental retardation, deafness, and/or blindness in the newborn. In the United States, cytomegalovirus is a common infection passed from mother to child at birth. Providers who care for children less than 2 years of age are at increased risk of exposure to CMV. Most people, and 40% to 70% of women of childbearing age, have been exposed to CMV and are immune. There is no licensed vaccine against CMV.

Fifth Disease (erythema infectiosum)—First-time exposure to fifth disease during pregnancy may increase the risk of fetal damage or death. Most people, and 30% to 60% of women of childbearing age, have been exposed to the virus and are immune. There is no vaccine licensed for fifth disease.

Rubella (German or 3-day measles)—First-time exposure to rubella during the first three months of pregnancy may cause fetal deafness, cataracts, heart damage, mental retardation, miscarriage, or stillbirth. Rubella can also be a severe illness in adults. Everyone who works in a childcare facility should have proof of immunity to rubella on file at the facility. Childcare providers can be considered immune only if (a) they have had a blood test for rubella antibodies and the laboratory report shows antibodies or, (b) they have been vaccinated against rubella on or after their first birthday. Providers who are not immune should be vaccinated. Because it is not known whether the vaccine may harm a fetus, a woman should not be vaccinated if she is pregnant. After vaccination, a woman should avoid getting pregnant for three months.



Chapter 6. Recognizing the Ill Child

Daily Health Assessment Check

Childcare providers should assess each child's health status when the child arrives and periodically throughout the day. This assessment involves observing the child, speaking with parents and if applicable, talking with the child. Staff should be instructed to observe and document:

- Changes in behavior or appearance
- Any skin rashes or itchy skin or scalp
- Signs of fever, such as flushed appearance or shivering
- Complaints of pain or not feeling well
- Vomiting, diarrhea or drainage from eye(s)
- When a child or family member has been exposed to a harmful communicable disease.

When to get Immediate Medical Help

Call emergency medial services (911) for the child who:

- Has difficulty breathing or is unable to speak
- Has blue, purple, or gray skin or lips
- Is unconscious
- Is vomiting blood
- Has a stiff neck with headache or fever
- Is severely dehydrated with sunken eyes, lethargy, and is not producing tears and is not urinating
- Has had a serious injury or has severe pain
- Is increasingly less responsive

Get medical attention within one hour for a child who:

- Has a fever and who looks more than mildly ill
- Is younger than 2 months with a temperature above 100°F axillary or 101°F rectally
- Has a quickly spreading purple or red rash
- Has a large volume of blood in stools
- Has an injury that may require medical treatment such as a cut that may require stitches
- Has an animal bite that breaks the skin
- Has any medical condition that is outlined in the child's care plan as requiring medical attention.



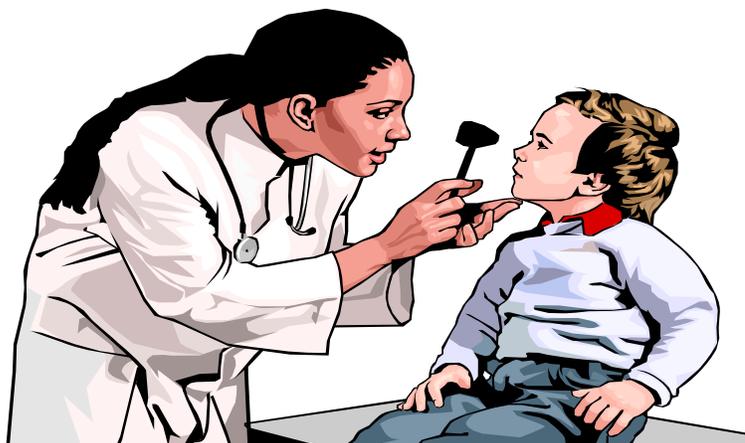
Exclusion Criteria

As a childcare provider, you will need a clearly written policy for excluding sick children from your childcare facility. Give each parent and guardian a copy of your Exclusion for Illness Policy when each child is enrolled. Explain the policy and answer any questions that the parents or guardians have at that time. This will prevent problems later when a child is sick.

Children can become sick quickly. You should be aware of signs and symptoms of illness and know what to do if a child becomes ill. You should have a procedure for recording in writing, and reporting any unusual illness or injury.

Symptoms Requiring Removal of a Child from the Childcare Setting:

- **Fever**--AND sore throat, rash, vomiting, diarrhea, earache, irritability, or confusion. Fever is defined as having a temperature of 100°F or higher taken under the arm, 101°F taken orally, or 102°F taken rectal. For children 4 months or younger, the lower rectal temperature of 101° is considered a fever threshold.
- **Diarrhea**--runny, watery, or bloody stools
- **Vomiting**--Two or more times in a 24-hour period
- **Body rash with fever**
- **Sore throat with fever**
- **Severe coughing**--child gets red or blue in the face, makes high-pitched whooping sound after coughing, or vomits during coughing
- **Eye discharge**--thick mucous or pus draining from the eye
- **Yellowish skin or eyes**
- **Child is irritable, continuously crying, or requires more attention than you can provide without compromising the health and safety of other children in your care**



Provider Exclusion/Re-admittance Criteria

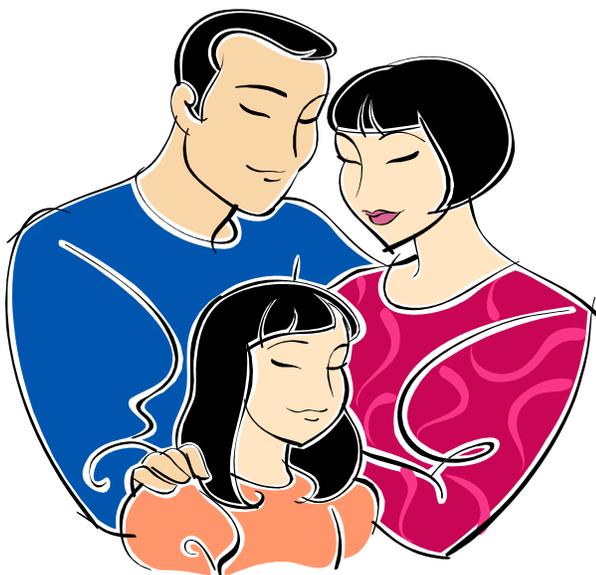
A childcare provider should be temporarily excluded from providing care to children if she or he has one or more of the following conditions.

<u>Condition</u>	<u>Exclude from Childcare Facility</u>
Chickenpox	Until six days after the start of rash or when pox has crusted.
Shingles	Only if sores cannot be covered by clothing or a dressing; if not, exclude until sores have crusted and are dry. A person with active shingles should not care for immune suppressed children.
Measles	Until five days after rash starts.
Rubella	Until six days after rash starts.
Mumps	Until nine days after glands begin to swell.
Diarrheal illness	If three or more episodes of loose stools during previous 24 hours, or if diarrhea is accompanied by fever, until diarrhea resolves.
Vomiting	If two or more episodes of vomiting during the previous 24 hours, or if accompanied by a fever, until vomiting resolves or is determined to be due to such noninfectious conditions as pregnancy or a digestive disorder.
Hepatitis A	For one week after jaundice appears or as directed by public health, especially when no symptoms are present.
Pertussis	Until five days of antibiotic therapy.
Impetigo	Until 24 hours after antibiotic treatment begins and lesions are not draining.
Active Tuberculosis (TB)	Until Public Health approves return to the facility.
Strep throat	Until 24 hours after initial antibiotic treatment and fever has ended.
Scabies/head lice/etc.	Until 24 hours after treatment has begun.
Purulent conjunctivitis	Until 24 hours after antibiotic treatment has begun.

Preparing for Managing Illness

Caregivers and teachers should:

- Prepare families for inevitable illness ahead of time.
- Review with families the exclusion criteria and that the program staff (not the families) make the final decision about whether ill children whose families want them to participate may stay based on the exclusion criteria.
- Develop, with a health consultant, protocols and procedures for handling children's illnesses, including care plans and exclusion policies.
- Only ask a health professional not to re-admit if further professional advice is needed to determine whether a child is a health risk to others or the child needs special care.
- Rely on the family's description of the child's behavior to determine whether the child is well enough to return, unless the child's status is unclear from the family's report.



Delaware Reportable Diseases

Division of Public Health-Epidemiology Branch 1-888-295-5156

Acquired Immune Deficiency Syndrome (AIDS) (S)	Malaria
Amoebiasis	Measles (T)
Anthrax (T)	Melioidosis
Arboviruses	Meningitis
Babesiosis	Meningococcal Infections, all types (T)
Botulism (T)	Monkey Pox (T)
Brucellosis (T)	Mumps (T)
Campylobacteriosis	Norovirus
Chancroid (S)	Nosocomial Disease Outbreak (T)
Chlamydia trachomatis infection (S)	Pelvic Inflammatory Disease (S)
	(<i>N.gonorrhoea</i> , <i>C.trachomatis</i> , or unspecified)
Cholera (T) (toxigenic <i>Vibrio cholerae</i> 01 or 0139)	Pertussis (T)
Coccidioidomycosis	Plague (T)
Creutzfeldt-Jakob Disease (T)	Poliomyelitis (T)
Cryptosporidiosis	Psittacosis
Cyclosporidiosis	Q Fever
Cytomegalovirus	Rabies (T) (man and animal)
Dengue Fever (T)	Reye Syndrome
Diphtheria (T)	Rheumatic Fever
Enterohemorrhagic <i>E. Coli</i> including but not limited to 0157:H7 infection (T)	Ricin Toxin (T)
Ehrlichiosis	
Encephalitis	Rickettsial Disease
Enterococcus species, Vancomycin resistant	Rocky Mountain Spotted Fever
ESBL resistance (Extended-Spectrum β -lactamases)	Rubella, including congenital (T)
Foodborne Disease Outbreaks (T)	Salmonellosis
Giardiasis	Severe Acute Respiratory Syndrome (SARS) (T)
Glanders (T)	Shigatoxin Production
Gonococcal Infections (S)	Shigellosis
Granuloma Inguinale (S)	Silicosis
Guillain Barre	Smallpox (T)
Hansen's Disease (Leprosy)	<i>Staphylococcal</i> Enterotoxin (T)
Hantavirus (T)	<i>Staphylococcal aureus</i> , Methicillin Resistant (MRSA)
	<i>Staphylococcal aureus</i> , Vancomycin Intermediate or Resistant (VISA, VRSA) (T)
<i>Haemophilus influenzae</i> , invasive	<i>Streptococcal</i> Disease, invasive group A or B (T)
Hemolytic Uremic Syndrome (HUS) (T)	<i>Streptococcus pneumoniae</i> , invasive (sensitive or resistant)
Hepatitis A (T)	Syphilis (S)
Hepatitis B, C, and other types	Tetanus (T)
Herpes (congenital) (S)	Toxic Shock Syndrome (<i>Streptococcal</i> or <i>Staphylococcal</i>)
Herpes (genital) (N)	Toxoplasmosis
Histoplasmosis	Trichinellosis
Human Immunodeficiency Virus (HIV) (S)	Tuberculosis (T)
Human papillomavirus (genital warts) (S)	Tularemia (T)
Influenza (N)	Typhoid Fever (T)
Influenza Associated Infant Mortality (T)	Typhus Fever (endemic flea borne, louse borne, tickborne)
Kawasaki Syndrome	Vaccine Adverse Reaction
Lead Poisoning	Varicella (chicken pox)
Legionellosis	<i>Vibrio</i> , non-cholera
Leptospirosis	Viral Hemorrhagic Fevers (T)
Listeriosis	Waterborne Disease Outbreaks (T)
Lyme Disease	Yellow Fever (T)
Lymphogranuloma venereum (S)	Yersiniosis

(T) report by rapid means

(N) report in number only when so requested

(S) - sexually transmitted disease, report required in 1 day

For all diseases not marked by (T) or (N): Others - report required in 2 days

Chapter 7. Oral Health Diseases: Early Childhood Caries (ECC)

Early Childhood Caries (ECC) is an infectious disease that can start as soon as an infant's teeth erupt. ECC can progress rapidly and may have a lasting negative impact on a child's health problem. ECC is defined as any child five years old or younger that has one or more decayed teeth, missing teeth (resulting from cavities), or fillings in any primary (baby) tooth. Caries (decay) is caused by several factors initiated by bacteria, primarily *Streptococcus mutans* (*S. mutans*). When food is consumed, bacteria are able to break down carbohydrates, producing acids that cause mineral loss from teeth. This mineral loss results in cavities when the attack is extended and exceeds an individual's resistance and ability to heal. This resistance and healing ability are determined partly by bodily processes and partly by health behaviors. *S. mutans* can be transmitted from the adult human mouth to the infant or child. Avoiding mouth to mouth and/or hand to mouth contact is recommended unless medically necessary.

Early Childhood Caries (ECC) is a fairly new name for this chronic childhood disease. There are several risk factors associated with ECC and early recognition and intervention by childcare providers are vital in controlling the disease.

Risk Factors include:

- Low-income families, un-insured or under-insured families
- Sleeping with a bottle
- Placing sugary liquids in the bottle (soda, juice)
- Dipping the pacifier in juice, soda, or sugar to console an infant/child
- More than three snacks per day
- Parents/guardians do not brush child's teeth
- Child lives in unfluoridated area and does not take fluoride supplements
- Siblings or parents have cavities

Remember that offering children lots of candy and sugary snacks can be a wonderful reward. It can also be very damaging in the long-term outcome of their dental health. Offer healthy snacks as incentives or sugar-free candy. Contact the Delaware Division of Public Health for more information.

Acute Herpetic Gingivostomatitis

Acute Herpetic Gingivostomatitis represents the oral symptoms of primary infection with the herpes simplex virus (*HSV-1*). It is known that over 90% of the population have antibodies to *HSV-1* and therefore this oral disease is considered "common" oral pathology. This virus is spread by physical contact and there is no documentation that this disease is spread through airborne droplets. This painful infection may be encountered in your facility and caregivers should recognize the signs and symptoms associated with this disease.

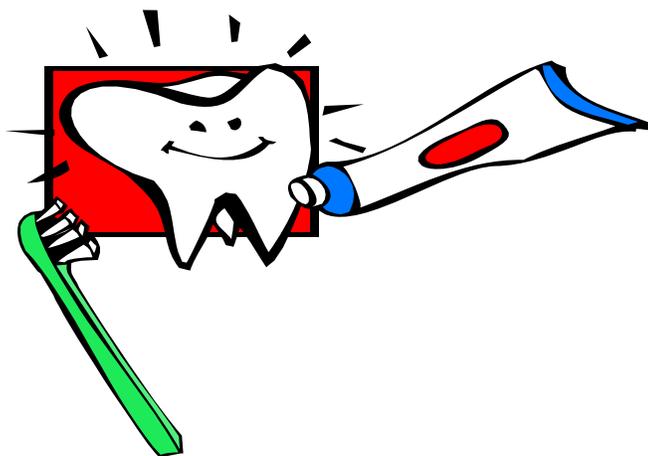
Signs and Symptoms include:

- Usual onset age is between 6 months and 5 years of age
- High fever of 103°-105°F, malaise, headache and swollen lymph nodes
- Vesicular eruptions on the skin, lip borders, or any surface area inside the mouth, which progress to ulcers
- Dehydration is not uncommon and can result in hospitalization for infants
- This disease can be spread to other areas of the body (eyes, etc.); much care should be provided in preventing cross contamination
- Mild cases resolve in 5-7 days

Avulsion (Tooth loss by Trama)

Avulsion is defined as the traumatic separation of the tooth from the alveolus (supporting bone). The initial management of this injury is critical for successful treatment.

- Instruct caregiver to hold the tooth by the crown (the part of the tooth that is usually visible and avoid touching the root(s).
- If the tooth is dirty from being on the ground, rinse with cool water. Do not scrub or remove any gum tissue from the root surface.
- Keep the tooth moist. It is recommended to put the tooth into milk. If milk is not available, water or a wet towel will be adequate until you reach the dental office or dental clinic.
- Get to a dental clinic immediately. The longer the lapse between the tooth loss and the replantation, the poorer the prognosis.



Chapter 8. Quick Reference Sheets – Fact Sheets





Asthma in the Childcare Setting

Asthma is a chronic breathing disorder and is the most common chronic health problem among children. Children with asthma have attacks of coughing, wheezing, and shortness of breath, which may be very serious. These symptoms are caused by spasms of the air passages in the lungs. The air passages swell, become inflamed, and fill with mucous, making breathing difficult. Many asthma attacks occur when children get respiratory infections, including infections caused by common cold viruses. Attacks can also be caused by exposure to cigarette smoke, stress, strenuous exercise, weather conditions, including cold, windy, or rainy days, allergies to animals, dust, pollen, or mold, indoor air pollutants such as paint, cleaning materials, chemicals, perfumes, or outdoor air pollutants, such as ozone.

As with any child having a chronic condition, the childcare provider and parents should discuss specific needs of the child and whether they can be sufficiently met by the provider.

Children with asthma may be prescribed medications to relax the small air passages and/or to prevent passages from becoming inflamed. These medications may need to be administered every day or only during attacks. The childcare provider should be given clear instructions on how and when to administer all medication and the name and telephone number of the child's doctor. The childcare provider should be provided with and keep on file an asthma action plan for each child with asthma. An asthma action plan lists emergency information, activities or conditions likely to trigger an asthma attack, current medications being taken, medications to be administered by the childcare provider, and steps to be followed if the child has an acute asthma attack. Additional support from the child's health care providers should be available to the childcare provider as needed.

Some preventive measures for reducing asthma attacks include:

Avoid allergic agents such as dust, plush carpets, feather pillows, and dog and cat dander. Install low-pile carpets, vacuuming daily, and dusting frequently can help to reduce allergic agents. A child who is allergic to dogs or cats may need to be placed in a facility without pets. Stop exercise if the child begins to breathe with difficulty or starts to wheeze. Avoid strenuous exercise. Avoid cold, damp weather. A child with asthma may need to be kept inside on cold, damp days or taken inside immediately if cold air triggers an attack.

If a child with asthma has trouble breathing:

****If a child is unable to breathe, call 911****

- Stop the child's activity and remove whatever is causing allergic reaction, if you know what that is.
- Calm the child; give medication prescribed, if any, for an attack.
- Contact the parents.
- If the child does not improve very quickly and the parents are unavailable, call the child's doctor.
- Record the asthma attack in the child's file. Describe the symptoms, how the child acted during the attack, what medicine was given, and what caused the attack, if known.



Baby Bottle Tooth Decay and Oral Health in the Childcare Setting

Although the responsibility for a child's oral health rests with parents, childcare providers play an important role in maintaining the oral health of children in childcare settings. Knowing a few basic oral health guidelines can greatly help a childcare provider's ability to do so.

Although tooth decay is not as common as it used to be, it is still one of the most common diseases in children. Many children still get cavities. While fluoridated drinking water and fluoride-containing toothpaste have helped to improve the oral health of both children and adults, regular tooth brushing and a well-balanced diet are still very important to maintaining good oral health.

Primary, or baby, teeth commonly begin to come in or erupt in a baby's mouth at about 4 to 6 months of age and continue until all 20 have come in at about the age of 2-1/2 years. This eruption of primary teeth, or teething, can cause sore and tender gums that appear red and puffy. To relieve the soreness, give the baby a cold teething ring or washcloth to chew on. Teething medicine is not recommended.

Many primary teeth will not be replaced by permanent teeth for 10 to 12 years. Until that time, they need to be kept healthy to enable a child to chew food, speak, and have an attractive smile. Primary teeth are at risk for decay soon after they erupt. Tooth decay is caused by germs (bacteria) and sugars from food or liquids building up on a tooth. Over time, these bacteria dissolve the enamel, or outer layer, of the tooth. This damaged area is called a cavity. Regular brushing prevents the build-up of bacteria and sugars and the damage they cause.

Baby bottle tooth decay (or nursing bottle mouth) is a leading dental problem for children under 3 years of age. Baby bottle tooth decay occurs when a child's teeth are exposed to sugary liquids, such as formula, fruit juices, and other sweetened liquids for a continuous or extended period of time. The practice of putting a baby to bed with a bottle, which the baby can suck on for hours, is the major cause of this dental condition. The sugary liquid flows over the baby's upper front teeth and dissolves the enamel, causing decay that can lead to infection. The longer the practice continues, the greater the damage to the baby's teeth and mouth. Treatment is very expensive.

The American Academy of Pediatric Dentistry has developed the following guidelines for preventing baby bottle tooth decay:

Do not allow a child to fall asleep with a bottle containing milk, formula, fruit juices, or other sweet liquids. Never let a child walk with a bottle in her mouth. Comfort a child who wants a bottle between regular feedings or during naps with a bottle filled with cool water. Always make sure a child's pacifier is clean and never dip a pacifier in a sweet liquid. Introduce children to a cup as they approach 1 year of age. Children should stop drinking from a bottle soon after their first birthday. Notify the parent of any unusual red or swollen areas in a child's mouth or any dark spot on a child's tooth so that the parent can consult the child's dentist.



Bacterial Meningitis in the Childcare Setting

Meningitis is an inflammation of the membranes that cover the brain and spinal cord. The cause of this inflammation is infection with either bacteria or viruses.

Meningitis caused by a bacterial infection (sometimes called spinal meningitis) is one of the most serious types, sometimes leading to permanent brain damage or even death. Bacterial meningitis is most commonly caused by bacteria called *Neisseria meningitidis* (meningococcal meningitis), *Streptococcus pneumoniae*, or *Haemophilus influenzae* serotype b (H. flu meningitis). These bacteria are carried in the upper back part of the throat (called the nasopharynx) of an infected person and are spread either through the air (when the person coughs or sneezes organisms into the air) or by direct contact with secretions from the nasopharynx of the infected person. However, transmission usually occurs only after very close contact with the infected person.

Symptoms of bacterial meningitis include sudden onset of fever, headache, neck pain or stiffness, vomiting (often without abdominal complaints), and irritability. These symptoms may quickly progress to decreased consciousness (difficulty in being aroused), convulsions, and death. **For this reason, if any child displays symptoms of possible meningitis, he or she should receive medical care immediately.**

Meningitis caused by *Haemophilus influenzae* serotype b (Hib) can be prevented with Hib vaccine, which is part of routine childhood immunizations. Some cases of meningococcal meningitis can also be prevented by vaccine. However, this vaccine is not used routinely and usually only during outbreaks or in high-risk children.

Children with bacterial meningitis are usually hospitalized. Providers are often told only that the child has meningitis and may not know the exact type.

If a child or adult in your childcare, facility is diagnosed with bacterial meningitis:

Contact Division of Public Health, Health Information and Epidemiology at 1-888-295-5156 to verify the type of meningitis involved. Epidemiology will contact the child's physician and will explain what you need to know concerning the type of meningitis the child has.



Biting Incidents

Biting can be a common occurrence in the childcare or school setting. The risk of hepatitis B virus (HBV) or Human Immunodeficiency Virus (HIV) transmission from a bite is extremely low for both the child who was bitten and the child who did the biting. The extremely low risk of transmission is related to the difficulty transmitting the virus by biting. In addition, all infants are now being vaccinated against the hepatitis B virus and the prevalence of HBV carriers among preschool children (3-5 year olds) is expected to be low. Policies and procedures should be in place before the incident occurs in order to ensure proper communication with the parents.

When a biting occurs between two children, the following activities should be considered:

- Determine the significance of the bite (skin breakage, presence of open wound or puncture wound).
- Provide immediate first aid to the bite wound.
- Inform parents of both children of the biting incident. If the bite was significant, encourage the parents to consult with their primary health care provider about any follow-up measures. The names of the children should be kept confidential. However, in the event that relevant health/medical information is known for either child involved in the incident, parental consent to release information to the other parent must be obtained. Childcare policies should be written to address these situations.

Reasons for consulting with the health care provider include:

- Human bites may cause local infection.
- The bitten child should be current with tetanus/diphtheria/pertussis (DPT) immunization.
- It is unlikely that the bite will be the source of transmission for a communicable disease like HBV or HIV, therefore follow-up blood testing for the biting child or the child who was bitten is not usually recommended. However, each situation must be evaluated individually.
- Document the incident as established by policy.
- Parents and childcare providers should address the biting behaviors so measures can be taken to prevent further incidents.
- A child who is HBV or HIV positive and who continues to bite should be assessed by a team of medical experts to determine whether the child can safely remain in the childcare or school setting.



Campylobacter Infections in the Childcare Setting

Campylobacter infections are caused by a group of bacteria, which are found in many different birds and mammals. While we once thought that this group only caused infections in other animals, we now know that the *Campylobacter* are responsible for a number of diseases, including diarrheal illness in humans. Persons often become infected when they eat or drink foods or liquids contaminated with feces of infected animals. Similar exposure to human feces, especially from diapered children, may promote transmission in childcare settings. Many people become infected from eating poorly cooked meats, especially poultry. Waterborne infections result from drinking water from contaminated wells, springs or streams, and this is a leading cause of diarrhea among backpackers in some parts of the United States.

Although outbreaks of campylobacter diarrhea have been reported from childcare facilities, these are rare and childcare providers are more likely to encounter this as a sporadic case.

To prevent *Campylobacter* infections in your facility:

- Make sure that all meats, especially poultry, are cooked completely before serving. Take care to avoid contaminating foods that will not be cooked with juice from raw meats and poultry.
- Practice good hygiene, especially careful hand washing after handling pets and cleaning their cages or pens.
- Isolate animals with diarrhea from children and take them to a veterinarian for diagnosis and treatment. However, these bacteria may also be present in feces of apparently healthy pets.

Exclude child until 48 hours of effective therapy or until diarrhea resolves, whichever is shorter. Although *Campylobacter* may be present in the feces for a few weeks after diarrhea has ceased, transmission is believed less likely than during diarrhea.

Notify the Division of Public Health, Health Information and Epidemiology at 1-888-295-5156 if you become aware that a child or adult in your facility has developed *Campylobacter*. This infection is reportable.



Chickenpox in the Childcare Setting

Chickenpox is a very contagious disease caused by the varicella zoster virus. Most children in the United States experience chickenpox before they are school-aged. A vaccine against chickenpox is available. Although chickenpox is not a serious disease for most children, those whose immune systems are impaired (i.e., newborns and persons who are on chemotherapy for cancer, have AIDS, or take steroids like cortisone or prednisone) may experience severe disease, or even death. Chickenpox can also cause more severe health problems in pregnant women, causing stillbirths or birth defects, and can be spread to babies during childbirth. Occasionally chickenpox can cause serious, life-threatening illnesses, such as encephalitis or pneumonia, especially in adults. In the past, some children who had chickenpox and were given aspirin developed Reye's syndrome, which affects the liver and brain and results in the abrupt onset of seizures and, in some cases, death. For this and other reasons, aspirin should not be given to any child.

Chickenpox usually begins as an itchy rash of small red bumps on the scalp that spreads to the stomach or back before spreading to the face. However, this pattern can vary from person to person. It is believed to be spread person-to-person when a susceptible person is exposed to respiratory tract secretions (i.e., those produced by coughing or running noses) or directly to fluid from the open sores of an infected person. The disease is so contagious in its early stages that an exposed person who is not immune to the virus has a 70% to 80% chance of contracting the disease.

After infection, the virus stays in the body for life. Although people cannot get chickenpox twice, this same virus causes “shingles” or herpes zoster. An adult with shingles can spread the virus to another adult or child who has not had chickenpox and the susceptible person can then develop chickenpox. However, persons who had chickenpox previously and are exposed outside childcare are unlikely to bring the infection to childcare unless they become ill.

If an adult or child develops chickenpox in the childcare setting:

Temporarily exclude the sick child or adult from the center. Allow the person to return when all chickenpox blisters have crusted over. Notify all staff members and parents that a case of chickenpox has occurred. Urge anyone who has an impaired immune system or who might be pregnant to consult a physician about the need for special preventive treatment. Contact the Division of Public Health, Health Information and Epidemiology at 1-888-295-5156 for further information and to report chickenpox.

If a case of shingles occurs in the childcare setting:

The infected person should cover any lesions. If that is not possible, the person should be excluded from the childcare setting until the lesions crust over.

Note: Children who have received the chickenpox vaccine may experience mild symptoms lasting a few days. However, still follow the exclusion guidelines outlined in this protocol.



Cold Sores in the Childcare Setting

Cold sores are usually caused by type 1 of the herpes simplex virus. Children often become infected with this virus in early childhood and many have no symptoms. When symptoms do occur, they may include fever, runny nose, and painful lesions (fever blisters or cold sores) on the lips or in the mouth. The blisters or cold sores usually form scabs and heal within a few days.

Cold sores are spread by direct contact with the lesions or saliva of an infected person. Spreading the virus within families is common.

To prevent the spread of herpes simplex virus in the childcare setting:

- Make sure all children and adults in the facility use good hand washing practices.
- Do not allow children to share toys that can be put in their mouths. The virus may be present even though sores are absent or not noticeable.
- After a child has mouthed a toy, remove it from the play area and put it in a bin for toys to be disinfected at day's end.

Only exclude a child with open blisters or mouth sores if the child is a biter, drools uncontrollably, or mouths toys that other children may in turn put in their mouths.

- Do not kiss the child or allow the child to kiss others where direct contact with the sore may occur.
- Use gloves if applying medicated ointment to the sore.



The Common Cold in the Childcare Setting

The common cold is caused by many different types of viruses. Usual symptoms can include sore throat, runny nose and watering eyes, sneezing, chills, and a general, all-over achiness.

Colds may be spread when a well person breathes in germs that an infected person has coughed, sneezed, or breathed into the air or when a well person comes in direct contact with the nose, mouth, or throat secretions of an infected person (i.e., when a well person's hands touch a surface that the infected person has coughed or sneezed on).

To prevent the spread of colds:

- Make sure that all children and adults use good hand washing practices.
- Clean and disinfect all common surfaces and toys on a daily basis. (See section on "Cleaning and Disinfection").
- Make sure the childcare facility is well ventilated, either by opening windows or doors or by using a ventilation system to periodically exchange the air inside the childcare facility.
- Make sure that children are not crowded together, especially during naps on floor mats or cots.
- Teach children to cover coughs and wipe noses using disposable tissues in a way that secretions are contained by the tissues and do not get on their hands.

Excluding children with mild respiratory infections, including colds, is generally not recommended as long as the child can participate comfortably and does not require a level of care that would jeopardize the health and safety of other children. Such exclusion is of little benefit since viruses are likely to be spread even before symptoms have appeared.



Cryptosporidiosis in the Childcare Setting

Cryptosporidiosis is an infectious diarrheal disease caused by the *Cryptosporidium* parasite. Cryptosporidiosis is a common cause of diarrhea in children, especially those in childcare settings. Symptoms usually include watery diarrhea and stomachache, but can also include nausea and vomiting, general ill feeling, and fever. Healthy people who contract cryptosporidiosis almost always get better without any specific treatment. Symptoms can come and go for up to 30 days, but usually subside in less. However, cryptosporidiosis can cause severe illness in persons with compromised immune systems, such as those with HIV infection or those taking drugs that suppress the immune system.

Cryptosporidiosis is spread through fecal-oral transmission by feces of an infected person or an object that has been contaminated with the infected person's feces. Infection can also occur if someone ingests food or water contaminated with the parasite. Cryptosporidiosis outbreaks in childcare settings are most common during late summer/early fall (August/September), but may occur at any time. The spread of cryptosporidiosis is highest among children who are not toilet-trained, and higher among toddlers than infants, probably due to the toddlers' increased movement and interaction with other children. For childcare providers, the risk is greatest for those who change diapers.

Cryptosporidium is tougher to kill than most disease-causing organisms. The usual disinfectants, including most commonly used bleach solutions, have little effect on the *Cryptosporidium* parasite. An application of a 3% concentration of hydrogen peroxide seems to be the best choice for disinfection during an outbreak of cryptosporidiosis in the childcare setting.

If an outbreak of cryptosporidiosis occurs in the childcare setting:

Contact the Division of Public Health, Health Information and Epidemiology at 1-888-295-5156. Cryptosporidiosis is reportable. Health officials may require negative stool cultures from the infected child before allowing return to the childcare setting.

Exclude any child or adult with diarrhea until the diarrhea has ceased.

- Make sure everyone in the childcare setting practices good hand washing technique, using disposable towels.
- Wash your hands after using the toilet, after helping a child use the toilet, and after diapering a child and before preparing or serving food. Note: In larger facilities, when staffing permits, people who change diapers should not prepare or serve food.
- Have children wash their hands upon arrival at your childcare facility, after using the toilet, after having their diapers changed (adult's should wash infants or small child's hands), and before eating snacks or meals.
- Disinfect toys, bathrooms, and food preparation surfaces daily.
- Notify parents of children who have been in direct contact with a child who has diarrhea. Parents should contact the child's physician if their child develops diarrhea.
- Make sure children wear clothing over their diapers to reduce the opportunity for diarrheal leakage.
- Notify any childcare provider, the parents of any children, or any household contacts of a person known to have an impaired immune system. They should consult their physicians.



Cytomegalovirus (CMV) in the Childcare Setting

Cytomegalovirus is a virus with which most people eventually become infected. Children and staff in the childcare setting are especially likely to be infected. Children usually have no symptoms when they become infected with CMV. Occasionally, older children in childcare develop an illness similar to mononucleosis, with a fever, sore throat, enlarged liver, and general ill feeling. **However, there is no reason to exclude a child with CMV from childcare.**

CMV is spread from person to person by direct contact with body fluids such as blood, urine, or saliva. Thus, it may be spread through intimate contact such as in diaper changing, kissing, feeding, bathing, and other activities where a healthy person is exposed to the urine or saliva of an infected person. CMV can also be passed from a mother to a child before birth. Congenital infection with CMV can cause hearing loss, mental retardation, and other birth defects. Since the greatest risk of damage to a fetus occurs during a woman's first infection with CMV, women who have never been infected with CMV are at risk of delivering an infant with CMV disease if they become infected during pregnancy. Childcare providers who are, or may become pregnant should be carefully counseled about the potential risks to a developing fetus due to exposure to cytomegalovirus.

Female childcare providers who expect to become pregnant should:

- Be tested for antibodies to CMV.
- If test shows no evidence of previous CMV infection, reduce contact with infected children by working, at least temporarily, with children age 2 years or older, among whom there is far less virus circulation.
- Carefully wash hands with warm water and soap after each diaper change and contact with children's saliva.
- Avoid contact with children's saliva by not kissing children on the lips and by not placing children's hands, fingers, toys, and other saliva-laden objects in their own mouths.

Note: Contact with children that does not involve exposure to saliva or urine poses no risk to a mother or childcare provider and should not be avoided out of fear of potential infection with CMV.



Diarrheal Diseases in the Childcare Setting

Diarrhea can be caused by a variety of different germs, including bacteria, viruses, and parasites. However, children can sometimes have diarrhea without having an infection, such as when diarrhea is caused by food allergies or from taking medicines such as antibiotics. A child should be considered to have diarrhea when the child's bowel movements are both more frequent than usual and more watery than usual.

Children with diarrhea may have additional symptoms including nausea, vomiting, stomachaches, headache, or fever. **Children who are not toilet trained and have diarrhea should be excluded from childcare settings regardless of the cause.**

Diarrhea is spread from person to person when a person touches the stool of an infected person or an object contaminated with the stool of an infected person and then ingests the germs, usually by touching the mouth with a contaminated hand. Diarrhea can also be spread by contaminated food. Children in diapers and childcare providers who change their diapers have an increased risk of diarrheal diseases.

To prevent diarrheal diseases from spreading in the childcare setting:

Exclude any child or adult who has diarrhea until these symptoms are gone.

- Make sure that everyone in the childcare setting practices good hand washing technique.
- Wash your hands after using the toilet, helping a child use the toilet, and diapering a child and before preparing, serving, or eating food.
- Have children wash their hands upon arrival at your childcare facility, after using the toilet, after having their diapers changed (adults should wash infant or small child's hands), and before eating snacks or meals.
- Disinfect toys, bathrooms, and food preparation surfaces daily.
- Use disposable paper towels for hand washing.
- Use disposable table liners on changing tables and disinfect tables after each use.
- If possible, the person who prepares and/or serves food should not change diapers.
- If possible, diapered children should be cared for by different caregivers in a room separate from toilet-trained children.
- Use diapers with waterproof outer covers that can contain liquid stool or urine, or use plastic pants.
- Make sure children always wear clothes over diapers.
- Wear gloves according to center protocol.

Notify the Division of Public Health, Health Information and Epidemiology at 1-888-295-5156 if you learn that a child in your care has diarrhea due to *Shigella*, *Campylobacter*, *Salmonella*, *Giardia*, *Cryptosporidium*, Hepatitis A, or *Escherichia (E). coli*. A health care provider should see any child with prolonged, severe diarrhea or diarrhea with fever, or a known exposure to someone with infectious diarrhea.



Diphtheria in the Childcare Setting

Diphtheria is a disease caused by bacteria, *Corynebacterium diphtheriae*, which invades the throat. Symptoms are usually like a common cold and are characterized by a runny nose, which may become blood tinged, sore throat and tonsillitis. Fever is not usually high. Diphtheria is usually spread through the airborne route or by contact with saliva or nasal secretions of an infected person. Up-to-date vaccination with the DPT (diphtheria is the “D”) vaccine can prevent this very serious, life-threatening disease.

Because almost all children are vaccinated, diphtheria is now rare in the United States. However, some children are not adequately vaccinated and cases still can occur. To prevent its spread in a childcare setting:

Review immunization records of all children upon admission and periodically thereafter. Any child whose immunizations are incomplete or not up-to-date should be referred to the health department or the child's physician for proper immunization.

Exclude an infected child for at least 1 week after initiation of antibiotic therapy. A negative culture should be documented before return.

Upon notification by a parent or healthcare worker that a child absent from the childcare setting has contracted diphtheria, immediately contact the Division of Public Health, Health Information and Epidemiology at 1-888-295-5156 for instructions on preventive measures to be taken.

The local health department may advise caregivers to closely observe all children and adults in the childcare setting for sore throats for seven days (the incubation period), request that anyone developing a sore throat see a physician, and carefully observe group separation and good hygiene procedures.



Earache (Otitis Media) in the Childcare Setting

An earache or ear infection (otitis media) is usually a complication of an upper respiratory infection, such as a cold. Otitis media usually occurs in children under three years of age. Symptoms include inflammation of the middle ear, often with fluid building up behind the eardrum. The child may cry persistently, tug at the ear, have a fever, be irritable, and be unable to hear well. These symptoms may sometimes be accompanied by diarrhea, nausea, and vomiting. Otitis media is common in young children whether they attend childcare or are cared for at home. However, some children appear to be more susceptible to otitis media than other children.

Otitis media is not contagious, but the upper respiratory illnesses that can lead to otitis media are infectious. Upper respiratory infections are spread when one person is exposed to the respiratory secretions of an infected person, which have contaminated the air or an object.

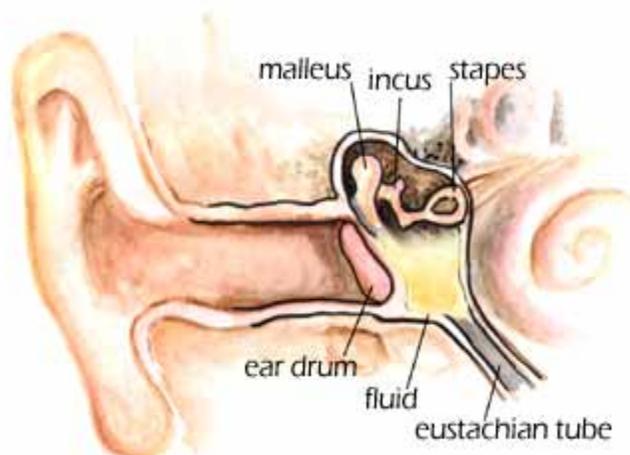
Otitis media is often treated with antibiotics. Some doctors give children daily antibiotics to prevent otitis media in children who have had repeat cases. Some children with chronic infections may require an operation to insert a tube to drain the fluid from the ear.

A child with an earache does not need to be excluded from the childcare setting unless the child is too ill to participate in normal activities or needs more care than the provider can give without compromising the care given to the other children.

To help prevent the upper respiratory infections, which may lead to otitis media:

- Teach children to cover their mouths with a disposable tissue when they cough and blow their noses with disposable tissues.
- Only use a tissue once and then immediately throw it away.
- Do not allow children to share toys that they put in their mouths.
- After a child has discarded a toy that can be put in the mouth, pick it up and put it in a bin for dirty toys that is out of reach of the children. Wash and disinfect these toys before allowing children to play with them again.
- Make sure all children and adults use good hand washing practices.

Cross section of the middle ear showing middle ear fluid





***E. coli* O157:H7 infections in the Childcare Setting**

Escherichia (E.) coli bacteria are found in the digestive tracts of most humans and many animals. Usually, these infections are harmless and may even be beneficial. Not all *E. coli* are alike and, in a few cases, illness may result from infection with particular strains. One strain, *E.coli* O157:H7 causes one of the most serious digestive tract infections in the United States. Some persons infected with this strain may have very mild illness while others develop severe bloody diarrhea. In some instances, infection may result in widespread breakdown of red blood cells leading to an often fatal, hemolytic uremic syndrome (HUS).

Infections with this organism are often the result of eating undercooked meat (especially hamburger). However, feces may also spread this infection and children and staff may pick it up from ill persons in childcare facilities.

To prevent the spread of *E. coli* O157:H7 infections in your childcare facility:

- Practice good hygiene and careful hand washing.
- Make sure that meat, especially hamburger, served in childcare facilities are cooked well done.
- **Exclude from childcare until two stool cultures (obtained at least 1 day apart) have tested negative for *E. coli* O157:H7.** Request that parents take any child with bloody diarrhea to a physician for evaluation.

Notify the Division of Public Health, Health Information and Epidemiology at 1-888-295-5156 of any child with bloody diarrhea known to be caused by *E. coli* O157:H7.



Fifth Disease in the Childcare Setting

Fifth disease, also called erythema infectiosum or "slapped cheek disease," is an infection caused by parvovirus B19. Outbreaks most often occur in winter and spring, but a person may become ill with fifth disease at any time of the year. Symptoms begin with a mild fever and complaints of tiredness. After a few days, the cheeks take on a flushed appearance that looks like the face has been slapped. There may also be a lacy rash on the trunk, arms, and legs. Not all infected persons develop a rash.

Most persons who get fifth disease are not very ill and recover without any serious consequences. However, children with sickle cell anemia, chronic anemia, or an impaired immune system may become seriously ill when infected with parvovirus B19 and require medical care.

If a pregnant woman becomes infected with parvovirus B19, the fetus may suffer damage, including the possibility of stillbirth. The woman herself may have no symptoms or a mild illness with rash or joint pains.

Fifth disease is believed to be spread through direct contact or by breathing in respiratory secretions from an infected person. The period of infectiousness is before the onset of the rash. Once the rash appears, a person is no longer contagious. **Therefore, a child who has been diagnosed with fifth disease need not be excluded from childcare.**

If an outbreak of fifth disease occurs in the childcare setting:

- Notify all parents. Pregnant women and parents of children who have an impaired immune system, sickle cell anemia, or other blood disorders may want to consult their physicians.
- Make sure that all children and adults use good hand washing techniques.



Foodborne Illnesses in the Childcare Setting

Food safety and sanitation are important aspects of providing healthy food for children. Improper food preparation, handling, or storage can quickly result in food being contaminated with germs that may lead to illness such as hepatitis A or diarrheal diseases if the contaminated food is eaten.

Understanding and following a few basic principles can help prevent food spoilage and transmission of infections. To prevent foodborne infections:

- Keep food at safe serving and storage temperatures at all times to prevent spoiling and the risk of transmitting disease. Food should be kept at 40°F or colder or at 140°F or warmer. The range between 40°F and 140°F is considered the "danger zone" because within this range bacteria grow most easily. Leftovers, including hot foods such as soups or sauces, should be refrigerated immediately and should not be left to cool at room temperature. Using shallow pans or bowls will facilitate rapid cooling. Frozen foods should be thawed in the refrigerator, not on counter tops, or in the sink with cold water, not hot or warm water.
- Use only approved food preparation equipment, dishes, and utensils. Check childcare licensing regulations if in question about equipment. Only use cutting boards that can be disinfected (made of nonporous materials such as glass, Formica, or plastic), and use separate boards for ready-to-eat foods (including foods to be eaten raw) and for foods which are to be cooked, such as meats.
- Use proper hand washing techniques. Proper hand washing is important for everyone in a child-care setting, but is especially necessary for food handlers to prevent the spread of infections or contamination of the food.
- Don't handle food if you change diapers. In a large childcare setting, food handlers should not change diapers and should avoid other types of contact that may contaminate their hands with infectious secretions. This may not be practical in a small childcare setting in which the provider must also prepare the food. In this case, proper hand washing is essential.
- Don't prepare or serve food if you have diarrhea, unusually loose stools, or any other gastrointestinal symptoms of an illness, or if you have infected skin sores or injuries, or open cuts. Small, uninfected cuts may be covered with nonporous, latex gloves.
- Supervise meal and snack times to make sure children do not share plates, utensils, or food that is not individually wrapped.
- Eating utensils that are dropped on the floor should be washed with soap and water before using.
- Discard food dropped on the floor and remove leftovers from eating areas after each snack or meal.
- Clean, sanitize, and properly store food service equipment and supplies. Use only utensils and dishes that have been washed in a dishwasher or, if washed by hand, with sanitizers and disinfectants approved for this use. Otherwise, use disposable, single-use articles that are discarded after each use.
- Clean and sanitize after each use table tops on which food is served.
- Only accept expressed breast milk that is fresh and properly labeled with the child's name. Expressed breast milk to be used during the current shift should accompany the child that day. Do not store breast milk at the facility overnight. Send any unused expressed breast milk home with the child that day. NEVER feed a child breast milk unless it is labeled with that child's name.
- Except for an individual child's lunch, only accept food that is commercially prepared to be brought into the childcare setting.
- Numerous institutional outbreaks of gastrointestinal illness, including infectious hepatitis, have been linked to consumption of home-prepared foods. Food brought into the childcare setting to celebrate birthdays, holidays, or other special occasions should be obtained from commercial sources approved and inspected by the local health authority.
- Each individual child's lunch brought from home should be clearly labeled with the child's name, the date, and the type of food it is. It should be stored at an appropriate temperature until it is eaten.
- Food brought from a child's home should not be fed to another child.
- Raw eggs can be contaminated with *Salmonella*. No foods containing raw eggs should be served, including homemade ice cream made with raw eggs.



Giardiasis in the Childcare Setting

Giardiasis is a diarrheal illness caused by a parasite, *Giardia lamblia*. Many children infected with *Giardia* have no symptoms. Other children may have foul-smelling, greasy diarrhea, gas, stomachaches, fatigue, and weight loss. *Giardia* can easily be spread in the child's home and parents and siblings may become infected.

Giardia is spread from person to person when a person touches the stool of or an object, which has been contaminated by the stool of an infected person and then ingests the germs. Infection is often spread by not properly washing hands after bowel movements, after changing diapers, or before preparing foods. *Giardia* may also be transmitted through contaminated water, such as in water play tables. Outbreaks have also been linked to portable wading pools and contaminated water supplies.

To prevent the spread of giardiasis in your childcare facility:

Exclude any child or adult with acute diarrhea.

- Make sure that all children and adults practice good hand washing technique.
- In a large childcare facility, the person preparing food should not change diapers.
- In a small childcare facility, the childcare provider should carefully wash hands after changing diapers and before handling foods.
- If possible, keep diapered children apart from toilet-trained children.
- Wash and disinfect toys that can be put in a child's mouth after each child's use.
- Make sure that diapers have waterproof outer covers or use plastic pants.
- Children should wear clothes over diapers.
- Do not use portable wading pools.
- Wash children's hands before they use water play tables.

Note: Notify the Division of Public Health, Health Information and Epidemiology at 1-888-295-5156 if you become aware that a child or adult in your facility has developed *Giardia*. This infection is reportable.



Hand-Foot-and-Mouth Disease (Coxsackie A) in the Childcare Setting

Hand-foot-and-mouth disease is a common childhood illness caused by Coxsackievirus A16. In many people, infection with the virus causes mild or no symptoms. In others, infection may result in painful blisters in the mouth, on the gums and tongue, on the palms and fingers of the hand, or on the soles of the feet. The fluid in these blisters contains the virus, and symptoms may last for 7 to 10 days. The infection usually goes away without any serious complications.

Hand-foot-and-mouth disease can be spread when the virus present in the blisters is passed to another person. The virus can be passed through saliva from blisters in the mouth, through the fluid from blisters on the hands and feet, or through the infected person's feces.

Outbreaks in childcare facilities usually coincide with an increased number of cases in the community. If an outbreak occurs in the childcare setting:

→ Make sure that all children and adults use good hand washing technique.

Do not exclude ill persons because exclusion may not prevent additional cases since the virus may be excreted for weeks after the symptoms have disappeared. In addition, some persons excreting the virus may have no symptoms. However, some benefit may be gained by excluding children who have blisters in their mouths and drool or who have weeping lesions on their hands.



Head Lice in the Childcare Setting

Head lice are tiny insects that live primarily on the head and scalp. They should not be confused with body lice, which may be found in clothing and bedding as well as on the body, or crab lice that infest the pubic area. Head lice are found only on humans and should not be confused with fleas, which may be found on dogs, cats, and other pets.

Although small, adult head lice may be seen with the naked eye. Because lice move rapidly and only a few may be present, using a hand lens or magnifying glass may allow them to be seen more easily. Head lice suck blood, and the rash caused by their feeding activities may be more noticeable than the insects themselves. Head lice attach their eggs at the base of a hair shaft. These eggs, or nits, appear as tiny white or dark ovals and are especially noticeable on the back of the neck and around the ears. Adult head lice cannot survive for more than 48 hours apart from the human host.

Head lice are primarily spread through direct head-to-head contact, although sharing personal items such as hats, brushes, combs, and linens may play a role in their spread between children. Children with head lice should be treated with a medicated shampoo, rinse, or lotion developed specifically for head lice. These treatments are very powerful insecticides and may be toxic if not used as recommended. The need to remove nits or egg capsules is controversial. Those found more than 1/4 inch from the scalp probably have already hatched or are not going to hatch. Treatments containing permethrin (an insecticide) have a high residual activity and are usually effective in killing nits as well as adult lice.

To prevent the spread of head lice when a case occurs in the childcare setting:

Temporarily exclude the infested child from the childcare setting until 24 hours after effective treatment. To assure effective treatment, check previously treated children for any evidence of new infection daily for 10 days after treatment. Repeat treatment in 7 to 10 days may be necessary.

- Nits can be removed using a fine-toothed comb. A pet flea comb may work best. Some commercial products may make removing nits easier. Commercial preparations to remove nits should be used according to the manufacturer's recommendations to assure that the residual activity of the insecticide is not affected.
- On the same day, screen all children in the classroom or group and any siblings in other classrooms for adult lice or nits. Do not use the same comb on multiple children. This can spread the lice from one child to another. Children found to be infested should also be excluded and treated. Simultaneous treatment of all infested children is necessary to prevent spread back to previously treated children.
- Educate parents regarding the importance of following through with the same recommendations at home and notifying the facility if head lice have been found on any member of the household.
- Although head lice are not able to survive off humans for more than a few days, many persons recommend washing clothes (including hats and scarves) and bedding in very hot water, and vacuuming carpets and upholstered furniture in rooms used by person infested with these insects. Combs and hairbrushes may be soaked in hot (65°C) water for at least one hour.



Hepatitis A in the Childcare Setting

Hepatitis A is an infection of the liver caused by the hepatitis A virus (HAV). Young children often have no symptoms or very mild symptoms of disease. Adults and older children are more likely to have typical symptoms, which include fever, loss of appetite, nausea, diarrhea, and generally ill feeling (malaise). The skin and whites of the eyes take on a yellow color (jaundice). A person with no symptoms is still infectious to others.

HAV is spread by the fecal-oral route. This means the disease is spread by putting something in the mouth that has been contaminated with the stool of an infected person. It can also be spread when a person eats food or drinks beverages that have been handled by a person infected with HAV and not subsequently cooked. Outbreaks of hepatitis A among children attending childcare centers and persons employed at these centers have been recognized since the 1970s. Because infection among children is usually mild or they show no symptoms, and people are infectious before they develop symptoms, outbreaks are often only recognized when adult contacts (usually parents) become ill. Poor hygienic practices among staff who change diapers and also prepare food contribute to the spread of hepatitis A. Children in diapers are likely to spread the diseases because of contact with contaminated feces. Outbreaks rarely occur in childcare settings serving only toilet-trained children.

A new vaccine is available to prevent hepatitis A and is currently licensed for children older than one year of age. Although hepatitis A outbreaks sometimes occur in childcare settings, they do not happen often enough to make it necessary for childcare providers or children attending childcare to be routinely vaccinated against hepatitis A. When outbreaks occur in childcare settings, gamma globulin may be administered to children, providers, and families of childcare attendees to limit transmission of HAV.

If a child or adult in your childcare facility is diagnosed with HAV:

Exclude the child or adult from the childcare setting until 1 week after onset of symptoms.

- Gamma globulin, if administered within the first 2 weeks after exposure, can prevent the infection from spreading to other children and families.
- Use good hand washing and hygiene practices.

Note: Notify the Division of Public Health, Health Information and Epidemiology at 1-888-295-5156 if you become aware that a child or adult in your facility has developed Hepatitis A. This infection is reportable.



Hepatitis B in the Childcare Setting

Hepatitis B is an infection of the liver caused by the hepatitis B virus (HBV). This virus is completely different from hepatitis A. Only about 10% of children who become infected with HBV show any symptoms. When children do have symptoms they may be similar to those for hepatitis A: fatigue, loss of appetite, jaundice, dark urine, light stools, nausea, vomiting, and abdominal pain. However, hepatitis B is a much more serious infection. After infection with HBV, chronic infection develops in 70% to 90% of infants, 15% to 25% of 1-4 year old children, and 5% to 10% of older children and adults. Premature death from cirrhosis or liver cancer occurs in 15% to 25% of persons with chronic infection. Persons who develop chronic HBV infection may remain infectious for the rest of their lives.

HBV infection is most commonly spread:

- By infected mothers to newborn infants through blood exposure at birth.
- By sharing contaminated needles during intravenous drug abuse.
- Through sexual intercourse.
- Through exposure of cuts or mucous membranes to contaminated blood.

HBV infection can also be transmitted if infected blood or body fluids are exposed to non-intact skin of an uninfected person, such as by biting, if the skin is broken. However, this is rare.

To reduce the spread of hepatitis B:

- Require parents to submit up-to-date immunization certificates when previous certificates expire.
- Make sure that all children and adults use good hand washing practices.
- Do not allow children to share toothbrushes.
- Clean up blood spills immediately.
- Wear gloves when cleaning up blood spills.
- Wear gloves when changing a diaper soiled with bloody stools.
- Disinfect any surfaces on which blood has been spilled, using freshly prepared bleach solution.
- If a childcare provider has open sores, cuts, or other abrasions on the hands, the provider should wear gloves when changing diapers or cleaning up blood spills.
- Observe children for aggressive behavior, such as biting.

Note: Notify the Division of Public Health, Health Information and Epidemiology at 1-888-295-5156 if you become aware that a child or adult in your facility has developed Hepatitis B. This infection is reportable.



Human Immunodeficiency Virus (HIV) Infections in the Childcare Setting

When a person is first infected with HIV, he or she may have no symptoms or may become ill with a fever, night sweats, sore throat, general tiredness, swollen lymph glands, and a skin rash lasting for a few days to a few weeks. These early symptoms then go away by themselves. However, the virus stays in the body (becomes a chronic infection) and causes increasing loss of immune function that results in the body becoming unable to fight off infections to which we are all normally exposed. The late stage of this infection is called acquired immunodeficiency syndrome (AIDS). A person who is infected becomes potentially infectious to others for life.

Early symptoms of HIV infection in children include failure to grow and gain weight, chronic diarrhea without a specific cause, enlarged liver and spleen, swollen lymph glands, chronic thrush (yeast infections) and Candida (yeast) skin infections, pneumonia, and other bacterial, viral, fungal, and parasitic infections that healthy children do not usually get. However, many children are infected with HIV for many years before developing any symptoms.

HIV is not easily transmitted. HIV is most commonly spread:

- By sharing contaminated needles for intravenous drug abuse.
- Through sexual intercourse.
- By infected pregnant women to the fetus.
- By exposure to infected blood through a blood transfusion.

Less commonly, HIV may be spread:

- By infected mothers who breastfeed their infants.
- Occupationally to health care workers, primarily after being stuck with a needle containing HIV in infected blood.
- By exposure of open skin or mucous membranes to HIV contaminated body fluids. (Although it is very rare, a few cases have been reported in which HIV was spread by contact with blood or other body fluids from an infected person.)

No vaccine against HIV is available. However, HIV is not likely to be spread from one child to another in a childcare setting, and no such case has ever been reported. The child's parents or guardians should inform the family home provider or center director when an HIV-positive child is admitted to childcare. Because of concern over stigmatization, the person aware of a child's HIV infection should be limited to those who need such knowledge to care for the children in the childcare setting. In situations where there is concern about the possibility of exposure of others to infected blood or other body fluids, a child who is infected with HIV should be evaluated by a team that includes the child's parents or guardians, the child's physician, public health personnel, and the proposed childcare provider to determine the most appropriate childcare setting. This evaluation should consider the behavior, neurologic development, and physical condition of the child and the expected type of interaction with others in the childcare setting. In each case, risks and benefits to both the infected child and to others in the childcare setting should be weighed.

Children with HIV infection need to be closely monitored by their physicians because they are more susceptible to severe manifestations of infectious illnesses than are other children. Children

with HIV infection should receive childhood vaccinations (diphtheria-pertussis-tetanus vaccine, measles-mumps-rubella vaccine, inactivated polio vaccine, *Haemophilus b* conjugate vaccine, influenza vaccine, and pneumococcal vaccine) following the immunization schedule. Parents of children with weakened immune systems, whether due to HIV infection or other causes, should be advised when certain infectious diseases, such as cryptosporidiosis and fifth disease, have occurred in the childcare setting. Such children may need to be removed from the childcare setting until the outbreak has subsided in order to protect them from infections that could have severe complications for them.

If a childcare provider has a weakened immune system, he or she should discuss with his or her physician precautions to be taken to avoid becoming infected with the many infections that young children are likely to transmit.

To reduce the risk of spread of HIV in the childcare setting, all childcare providers should routinely follow precautions necessary to prevent the spread of any bloodborne infection (including hepatitis B):

- Make sure all children and adults use good hand washing practices.
- Make sure all adults use good diapering practices.
- Wear gloves when changing a diaper soiled with bloody stools.
- Wash skin on which breast milk has spilled with soap and water immediately.
- Do not allow children to share toothbrushes.
- Clean up blood spills immediately.
- Wear gloves when cleaning up blood and body fluid spills.
- Disinfect any surfaces on which blood or body fluids have been spilled with freshly prepared bleach solution.
- If a childcare provider has open sores, cuts, or other abrasions on the hands, wear gloves when changing diapers or cleaning up blood spills.
- Cover open wounds on children and adults.



Impetigo in the Childcare Setting

Impetigo is a skin infection usually caused by one of two types of bacteria, group A *Streptococci* and *Staphylococcus aureus*. Impetigo appears as a blistering rash. When the blisters open, they produce a thick, golden-yellow discharge that dries, crusts, and adheres to the skin.

Impetigo is spread from person to person through direct contact with the discharge from the lesions. This infection can rapidly spread among persons in close contact, such as children in a childcare facility.

If a child in your facility has impetigo:

Exclude the child from the center until 24 hours after treatment has begun and the rash is no longer draining.

- Infected areas should be washed with mild soap and running water.
- Wash the infected child's clothes, linens, and towels at least once a day and never share them with other children.
- Wear gloves while applying any antibiotic ointment that a physician may recommend, and wash your hands afterwards. (Antibiotics taken by mouth may also be prescribed.)
- Make sure policies on cleaning and disinfecting toys are followed.



Infectious Mononucleosis in the Childcare Setting

The Epstein - Barr virus (EBV) causes infectious mononucleosis. EBV is believed to be present in saliva. Most young children infected with EBV show no symptoms, unlike older children and adults, who may have fever, fatigue, enlarged neck lymph nodes, and inflamed throat and tonsils.

Infectious mononucleosis is spread from person to person through contact with the saliva of an infected person. The virus spreads more rapidly among children in closed or overcrowded conditions. Most adults have been exposed to EBV by the age of 18 years and are immune.

If a person in your facility develops infectious mononucleosis:

Exclude until symptomatically able to tolerate general activity or perform duties.

- Make sure all children and adults do not share eating or drinking utensils.
- Make sure all children and adults follow good hand washing practices.



Influenza in the Childcare Setting

Influenza (sometimes called “the flu”) is a potentially serious viral disease that can make people of any age ill. Influenza can cause fever, chills, cough, sore throat, headache, and muscle aches. The influenza virus is usually passed when an infected person coughs or sneezes and another person inhales droplets containing the virus. Although most people are ill for only a few days, some have much more serious illness and need to be hospitalized. Thousands of people die each year from influenza-related complications. Most influenza-related deaths are in the elderly.

Anyone who wants to reduce his or her chance of catching influenza may receive the vaccination. Since the influenza virus changes frequently, yearly vaccination in October to early November is recommended for protection from influenza. Influenza vaccination is recommended for all adults in the childcare setting, especially those who are in any of the following high-risk categories:

- 65 years of age and over.
- Have chronic lung or heart disease.
- Require regular medical care for chronic metabolic (including diabetes mellitus), kidney, blood, or suppressed immune system diseases.
- Live or work with people who are in any of the above categories (or with children on long-term aspirin therapy.)
- Any child 6 months and older can be vaccinated against influenza.

Children in the following groups are at high risk of serious disease with influenza and should be vaccinated:

- Have chronic lung (including asthma) or heart disease.
- Require regular medical care for chronic metabolic (including diabetes mellitus), kidney, blood, or suppressed immune system diseases.
- Are on long-term aspirin therapy.
- Children who are in frequent contact, at home or in the childcare setting, with people who are in any of the above high-risk categories should be vaccinated against influenza.

If a child or staff person develops a fever (100°F or higher under the arm, 101° orally, or 102° rectal) AND chills, cough, sore throat, headache, or muscle aches, he or she should be sent home until symptoms resolve.

During an epidemic of influenza, you should:

- Closely observe all children for symptoms and refer anyone developing symptoms to his or her physician.
- Make sure all children and adults follow good hand washing and hygiene practices, including use and proper disposal of paper tissues.
- In large facilities, follow appropriate group separation practices.
- Closely observe all children for symptoms and refer anyone developing symptoms to his or her physician.
- Notify parents.

Note: Notify the Division of Public Health, Health Information and Epidemiology at 1-888-295-5156 if you become aware that a child or adult in your facility has developed Influenza. This is a reportable condition.



Injuries in the Childcare Setting

The risk of an injury happening is directly related to the physical environment and children's behaviors, and how these are managed. Injuries can be divided into two categories; unintentional and intentional. Unintentional injuries may result from choking, falls, burns, drowning, swallowing toxic or other materials (poisoning), cuts from sharp objects, exposure to environmental hazards such as chemicals, radon, or lead, or animal bites, or other "accidents." Intentional injuries are usually due to bites, fights, or abuse.

Preventing Injuries

You can prevent most injuries that occur in the childcare setting by:

- Supervising children carefully.
- Checking the childcare and play areas for, and getting rid of, hazards.
- Using safety equipment for children, such as car seats and seat belts, bicycle helmets, and padding, such as for the knees and elbows.
- Understanding what children can do at different stages of development. Children learn by testing their abilities. They should be allowed to participate in activities appropriate for their development even though these activities may result in some minor injuries, such as scrapes and bruises. However, children should be prevented from taking part in activities or using equipment that is beyond their abilities and that may result in major injuries such as broken bones.
- Teaching children how to use playground equipment safely (i.e., going down the slide feet first).

Preparing for Injuries

- Injuries require immediate action. You will need to assess the injury to determine what type of medical attention, if any, is required.
- Everyone working with children should have up-to-date training in first aid and cardiopulmonary resuscitation (CPR).
- At a minimum, one person with this training must be present at the childcare site at all times.

Unintentional Injuries

Children are often injured unintentionally during the normal course of a day. Many of these injuries, such as scrapes and bruises, are minor and only need simple first aid. Other injuries can be serious and require medical attention beyond first aid.

Call 911 if an injured child has any of the following conditions:

- severe neck or head injury
- choking
- severe bleeding
- shock
- chemicals in eyes, on skin, or ingested in the mouth
- near-drowning



Intentional Injuries & Aggressive Behavior

Children show aggression (hostile, injurious, or destructive behavior) either verbally (what they say) or physically (how they act). Verbal aggression by other children or adults, such as belittling, ridiculing, or taunting a child, can injure a child's self-esteem. Physical aggression, such as biting, hitting, scratching, and kicking, may result in physical injuries. Parents have become greatly concerned about physical injuries that cause bleeding to their child, especially being bitten by another child, because they fear this may expose their child to a risk of infection from HIV, which causes AIDS, or hepatitis B virus, which can lead to liver damage.

To deter aggressive behavior you should:

- Set clear limits for children's behavior. Explain those limits to children and their parents.
- Explain to a child showing aggressive behavior how the aggressive actions affect the victim.
- Redirect a child's aggressive behavior by, for example, engaging the child in a sport or activity that interests the child.
- Teach and reinforce coping skills.
- Encourage children to express feelings verbally, in a healthy way.
- Provide acceptable opportunities for children to release anger. Running outside, kicking balls, punching bags, and other physical play allows children to let off steam.



Lyme Disease

Lyme disease is NOT an infectious disease and is NOT transmitted from person to person. A child or caregiver in a daycare situation is not able to infect other persons. Therefore, there are no exclusion criteria for a child or caregiver that has Lyme disease. The following information may be helpful should you have any questions regarding this tickborne, bacterial disease.

Lyme disease is a bacterial disease transmitted by ticks to humans and animals. It is the most common tick transmitted disease in the United States. Most cases of Lyme disease occur between May and October.

Spread

Lyme disease is spread by the bite of an infected deer tick or western-blacklegged tick. Ticks search for host animals from the tips of grasses and shrubs and transfer to animals or persons that brush against the vegetation. Lyme disease is not transmitted from person to person and there is no evidence that it can be transmitted directly from wild or domestic animals. Campers, hikers, outdoor workers and others who frequent wooded, brushy, or grassy places are commonly exposed to ticks.

Symptoms

Within days to weeks following a tick bite, 80% of patients will have a red, slowly expanding, circular, "bull's eye" rash, accompanied by fatigue, fever, headache, stiff neck, muscle aches, and joint pain. If untreated, weeks to months later, some patients may develop arthritis, including intermittent episodes of swelling and pain in the large joints; neurologic abnormalities, and rarely, cardiac problems.

Treatment and Prevention

Early stage Lyme disease is treated with oral antibiotics. Late stage disease is treated with more aggressive intravenous (IV) antibiotics. Limiting exposure to ticks reduces the likelihood of infection. When outdoors, frequently check your clothing and skin to detect ticks before they become attached. Apply tick repellents to your legs and clothing to prevent tick attachment. Tick populations may be effectively controlled with application of pesticides to vegetation along trails. Mowing grass frequently in yards and outside fences also helps to reduce tick populations.

Tick Removal Guidelines

Grasp the tick with tweezers or forceps as close as possible to the attachment (skin) site, pull upward, and out with firm and steady pressure. If tweezers are not available, use fingers shielded with tissue paper or rubber gloves. Do not handle with bare hands. Be careful not to squeeze, crush, or puncture the body of the tick, which may contain infectious fluids. After removing the tick, thoroughly disinfect the bite site and wash your hands. Consult a physician if there is concern about incomplete tick removal. It is important that a tick be completely removed as soon as it is discovered.



Measles in the Childcare Setting

The measles virus causes measles. Symptoms include a fever, runny nose, cough, and sore and reddened eyes followed by a red-brown blotchy rash. The rash usually starts on the face and spreads down the body, and lasts three or more days. Most children with measles become quite ill, but recover with no ill effects. Occasionally, however, measles can lead to pneumonia or inflammation of the brain, permanent disability or death. Adults and very young children tend to have more severe illness.

Measles is vaccine preventable. Measles vaccine is administered as part of the MMR (measles, mumps, and rubella) vaccine series to children beginning at 12 to 15 months and again at 4 to 6 years of age or 11 to 12 years of age.

Measles is highly contagious and is spread easily from person to person through the air when an infected person coughs or sneezes and a susceptible person inhales the organism. These particles may remain suspended in the air and persons have become infected simply by being in a room after an infected person has left. Thus, all children and any adult who did not have the disease as a child should be vaccinated. Adults born prior to 1957 are considered immune. Childcare providers born after 1956 should receive two doses of MMR vaccine, with at least one dose given after 1967 at age 12 months or older.

If a case of measles occurs in your facility:

Exclude the infected person from the facility until 5 days after the rash appears.

- Notify parents. Any unimmunized children and adults should be immunized or excluded from the center until two weeks after the rash appears in the last case of measles in the facility.
- Closely observe all children to determine whether any additional cases may be developing.

Note: Notify the Division of Public Health, Health Information and Epidemiology at 1-888-295-5156 if you become aware that a child or adult in your facility has developed Measles. This disease is reportable.



Mumps in the Childcare Setting

The mumps virus causes mumps. Although mumps does not usually cause serious long-term problems, the acute symptoms, such as severe swelling of the salivary glands under the jawbone can be very uncomfortable. Adults are more likely to have serious complications if they become infected. Childcare providers should be aware that exposure to the virus in the first trimester of pregnancy may increase the rate of spontaneous abortion. Mumps is spread from person to person through direct contact with saliva, secretions from the respiratory tract and urine of an infected person.

Mumps is vaccine-preventable. Adults born before 1957 are considered immune. The mumps vaccine is administered as part of the MMR (measles, mumps, and rubella) vaccine series to children beginning at 12 to 15 months and again at 4 to 6 years of age or 11 to 12 years of age.

If a case of mumps occurs in your facility:

Exclude the infected child from the facility until nine days after the swelling begins, or until the swelling subsides.

- Notify parents.
- Make sure all children and adults follow good hand washing practices.
- In large facilities follow appropriate group separation practices.
- Review the immunization records of all children in the facility to assure they have received their first mumps vaccination. Those not adequately vaccinated should be referred to their physicians.
- Closely observe all children for symptoms and refer anyone developing symptoms to his or her physician.

Note: Notify the Division of Public Health, Health Information and Epidemiology at 1-888-295-5156 if you become aware that a child or adult in your facility has developed Mumps. This disease is immediately reportable.



Pertussis (Whooping Cough) in the Childcare Setting

Pertussis (whooping cough) is a very contagious and dangerous infection of the respiratory tract caused by the bacterium *Bordetella pertussis*. Whooping cough gets its name from the whooping sound the child makes when trying to draw a breath after a coughing spell. Not all children with whooping cough make this sound; very young children may not be strong enough. Symptoms generally include those of a cold, such as runny nose and a cough that gradually worsens. Violent coughing spells frequently end with vomiting.

Pertussis is spread from person to person through the air. A person who is not immune to pertussis becomes infected by inhaling air that has been contaminated with the respiratory secretions of an infected person who has coughed.

Before vaccines and antibiotics were developed, pertussis was a common cause of death in young children. Today, Pertussis is vaccine preventable. Children in the United States are now immunized with the pertussis vaccine beginning at 2 months of age and again at 4 months, 6 months, 15 months, and 4 to 6 years. All children attending a childcare facility should be up to date on vaccinations.

If a child or adult in your facility is diagnosed with pertussis:

Exclude the infected person from the facility until that person has been on antibiotics for at least 5-7 days and physician advises return.

- Make sure that all children and staff observe careful hand washing technique.
- In large facilities follow appropriate group separation.
- Require up-to-date immunization certificates for all children in your care.
- Carefully monitor all children and staff for coughs. Anyone developing a persistent cough should be immediately referred to his or her physician.

Note: Notify the Division of Public Health, Health Information and Epidemiology at 1-888-295-5156 if you become aware that a child or adult in your facility has developed Pertussis. This disease is immediately reportable.



Pinkeye (Conjunctivitis) in the Childcare Setting

Pinkeye, also called conjunctivitis, can be caused by bacterial or viral infections or by allergic reactions to dust, pollen, and other materials. Bacterial and viral infections usually produce white or yellowish pus that may cause the eyelids to stick shut in the morning. The discharge in allergic conjunctivitis is often clear and watery. All types involve redness and burning or itching eyes. Pinkeye in childcare settings is most often due to bacterial or viral infections. It can usually be treated with antibiotics. Red and sore eyes may be part of viral respiratory infections, including measles.

The germs that cause conjunctivitis may be present in nasal secretions, as well as in the discharge from the eyes. Persons can become infected when their hands become contaminated with these materials and they rub their eyes. Eyes can also become infected when a person uses contaminated towels or eye makeup.

If a child in your facility develops pinkeye:

- Contact the child's parents and ask them to have the child seen by the doctor. Eye injuries and foreign bodies in the eye can cause similar symptoms.
- Monitor the other children for signs of developing pinkeye.
- Make sure all children and staff use good hand washing practices and hygiene including proper use and disposal of paper tissues used for wiping nasal secretions.
- Eliminate any shared articles, such as towels. Use disposable paper towels.
- Disinfect any articles that may have been contaminated.
- **Exclude children with a white or yellow discharge (bacterial conjunctivitis) until they have been treated with an antibiotic for at least 24 hours.** Children with a watery discharge generally do not need to be excluded unless there have been other children in the group with similar symptoms, but should be monitored for signs of more serious illness, such as fever or rash.



Pinworms in the Childcare Setting

Pinworms are tiny parasitic worms that live in the large intestine. The female worms lay their eggs around the anus at night. Symptoms include anal itching, sleeplessness, irritability, and anal irritation due to scratching. Pinworms may also be present without symptoms. Pinworms are common in school-aged children.

Pinworms are spread when an uninfected person touches the anal area of an infected person (i.e., during diaper changing) or sheets or other articles contaminated with pinworm eggs, then touches the mouth, transferring the eggs, and then swallowing. An infected person can spread pinworms by scratching the anal area, then contaminating food or other objects, which are then eaten or touched by uninfected persons. Pinworms can be spread as long as either worms or eggs are present. Eggs can survive up to two weeks away from a human host.

To prevent the spread of pinworms:

- If you suspect a child has pinworms, call the parents and ask them to have the child seen by a physician.
- Observe proper hand washing among children and adults, particularly before eating and after using the toilet.
- Clean and disinfect bathroom surfaces.
- Vacuum carpeted areas.
- Machine wash bed linens and hand towels using hot water. Machine dry using a heat setting (not air fluff). The family should do the same at home.
- Require that the nails of all children in your care be kept short and discourage nail biting.
- Discourage children from scratching the anal area.
- **Exclude a child with pinworms from the childcare facility until 24 hours after the child has received the first treatment.** The entire family may have to be treated to prevent re-infection.



Pneumonia in the Childcare Setting

Pneumonia is an inflammation of the lungs primarily caused by a viral or bacterial infection. Infection of the lungs often is secondary to an infection that starts in the nose and throat area and then spreads to the lungs. The infection can start in the lungs from an infection brought there by the blood. Signs and symptoms of pneumonia are coughing, rapid, difficult breathing, fever, muscle aches, loss of appetite and lethargy. The germ that causes the pneumonia can spread if the person is still infectious at the time the pneumonia develops. Most of the germs that cause pneumonia spread by direct or close contact with mouth and nose secretions and touching contaminated objects.

If a child or adult in the childcare facility develops pneumonia:

- Make sure that procedures regarding hand washing, hygiene, disposal of tissues used to clean nasal secretions, and cleaning and disinfection of toys, tables and doorknobs are followed.

Immunizations prevent some of the bacterial infections that cause pneumonia. Influenza vaccine may prevent pneumonia that sometimes occurs as a complication of influenza infection. Influenza vaccine should be considered for all children in group care settings and their caregivers because they are at increased risk for influenza infection.

Do not exclude ill children unless they are unable to participate comfortably in activities or require a level of care that would jeopardize the health and safety of the other children in your care.



Respiratory Syncytial Virus (RSV) in the Childcare Setting

Respiratory syncytial virus causes infections of the upper respiratory tract (like a cold) and the lower respiratory tract (like pneumonia). It is the most frequent cause of lower respiratory infections, including pneumonia, in infants and children under two years of age. Almost 100% of children in childcare get RSV in the first year of their life, usually during outbreaks in the winter months. In most children, symptoms appear similar to a mild cold. About half of the infections result in lower respiratory tract infections and otitis media. An RSV infection can range from very mild to life threatening or even fatal. Children with heart or lung disease and weak immune systems are at increased risk of developing severe infection and complications. RSV causes repeated symptomatic infections throughout life.

RSV is spread through direct contact with infectious secretions such as by breathing them in after an infected person has coughed or by touching a surface an infected person has contaminated by touching it or coughing on it. A young child with RSV may be infectious for 1 to 3 weeks after symptoms subside.

The most effective preventive measure against the spread of RSV and other respiratory viral infections is careful and frequent hand washing. Once one child in a group is infected with RSV, spread to others is rapid. Frequently, a child is infectious before symptoms appear.

If a child or adult in the childcare facility develops an illness caused by RSV infection:

- Make sure that procedures regarding hand washing, hygiene, disposal of tissues used to clean nasal secretions, and cleaning and disinfection of toys are followed.
- If multiple cases occur, cohorting or separating ill children from well/recovered children may help to reduce the spread of RSV.

Do not exclude ill children unless they are unable to participate comfortably in activities or require a level of care that would jeopardize the health and safety of the other children in your care.



Ringworm in the Childcare Setting

Ringworm is a fungus infection of the scalp or skin. Symptoms include a rash that is often itchy and flaky. Ringworm on the scalp may leave a flaky patch of baldness. On other areas of the skin ringworm causes a reddish, ring-like rash that may itch or burn. The area may be dry and scaly or it may be moist or crusted. The same fungi that infect humans can also infect animals such as dogs and cats, and infections may be acquired from pets as well as from infected children.

Ringworm is spread by direct contact with a person or animal infected with the fungus. It can also be spread indirectly through contact with articles (such as combs or clothing) or surfaces, which have been contaminated with the fungus.

A child with ringworm is infectious as long as the fungus remains present in the skin lesion. The fungus is no longer present when the lesion starts to shrink.

If you suspect that a child in your facility has ringworm:

- Notify the parents and ask them to contact the child's physician for diagnosis.
- Observe good hand washing technique among all children and adults.
- Prohibit sharing of personal items, such as hair care articles, towels, and clothing.
- Dry skin thoroughly after washing.
- Wash bathroom surfaces and toys daily.
- Vacuum carpeted areas and upholstered furniture.
- Pets with skin rashes should be evaluated by a veterinarian for evaluation. If the pet's rash is caused by fungus, children should not be allowed to be exposed to the pet until the rash has been treated and heals and the pet has been bathed.
- **Exclude a child with ringworm until after treatment has begun.**



Roseola (Human Herpes virus 6) in the Childcare Setting

Roseola (exanthem subitum) is caused by a virus called human herpes virus 6 (HHV-6) and, possibly, human herpesvirus 7 (HHV-7). It is most common in children 6 months to 24 months of age. Symptoms include a high fever that lasts for 3 to 5 days, runny nose, irritability, eyelid swelling, and tiredness. When the fever disappears, a rash appears, mainly on the face and body, and lasts for about 24 to 48 hours. However, other complications of roseola are rare.

Roseola is spread from person to person, but it is not known how. Roseola is not very contagious. Usually, roseola goes away without any treatment.

A child with fever and rash should be excluded from childcare until seen by a physician and fever and rash are gone. A child with rash and no fever may return to childcare.



Rotavirus Diarrhea in the Childcare Setting

Rotavirus is one type of virus that causes diarrhea, especially in young children. It is a common cause of diarrhea in the childcare setting. Rotavirus infection usually occurs during the winter months. Some children have no symptoms of rotavirus infection while others may have severe vomiting, watery diarrhea, and fever. In some instances, there may also be a cough or runny nose. Rotavirus diarrhea usually lasts from four to six days, but may last longer and cause intermittent diarrhea in children who have compromised immune systems.

Rotavirus infections may be highly contagious. Children and adults can become infected by coming in direct contact with the viruses that are in the feces of an infected child and then passing those viruses to the mouth (fecal-oral transmission). Often, another child or adult touches a surface that has been contaminated and then touches his or her mouth. A child with rotavirus infection may be contagious before the onset of diarrhea and for a few days after the diarrhea has ended.

Although there is no specific therapy for rotavirus diarrhea, the most effective therapy is to encourage ill children to drink plenty of fluids to avoid dehydration.

To prevent the spread of rotavirus infection in your facility:

- Make sure that everyone in the childcare setting practices good hand washing
- Wash your hands after using the toilet, helping a child use the toilet, diapering a child, and before preparing or serving food
- Have children wash their hands upon arrival at your childcare facility, after using the toilet, after having their diapers changed (adults should wash infants or small child's hands), and before eating snacks or meals
- Disinfect toys, diaper changing surfaces, bathrooms, and food preparation surfaces daily
- Use disposable paper towels for hand washing
- Parents should contact the child's physician if their child develops extensive, prolonged diarrhea

Exclude any child or adult with diarrhea from the childcare setting until these symptoms are gone.



Rubella (German Measles) in the Childcare Setting

Rubella, also called German measles or three-day measles, is a very contagious disease caused by the rubella virus. The virus causes fever, swollen lymph nodes behind the ears, and a rash that starts on the face and spreads to the torso and then to the arms and legs. Rubella is no longer very common because most children are immunized beginning at 12 months of age. Rubella is not usually a serious disease in children, but can be very serious if a pregnant woman becomes infected. Infection with rubella in the first three months of pregnancy can cause serious injury to the fetus, resulting in heart damage, blindness, deafness, mental retardation, miscarriage, or stillbirth.

Rubella is spread person-to-person by breathing in droplets of respiratory secretions exhaled by an infected person. It may also be spread when someone touches his or her nose or mouth after their hands have been in contact with infected secretions (such as saliva) from an infected person. A person can spread the disease from as many as five days before the rash appears to five to seven days after.

Rubella is vaccine preventable. The rubella vaccine is part of the MMR (measles, mumps, and rubella) vaccine series administered to children beginning at 12 months of age.

All childcare providers should be immune to rubella. People are considered immune only if they have received at least one dose of Rubella vaccine on or after their first birthday or if they have laboratory evidence of rubella immunity.

If a child or adult in the childcare facility develops rubella:

- Review all immunization records of the children in your care. Any children under 12 months who have not yet been vaccinated against rubella should be excluded until they have been immunized or until three weeks after the onset of rash in the last case.
- Refer any pregnant women who have been exposed to rubella to a physician.
- Follow good hand washing and hygiene procedures.
- Carefully observe other children, staff, or family members for symptoms.

Exclude the infected child or adult until seven days after the onset of the rash.

Note: Notify the Division of Public Health, Health Information and Epidemiology at 1-888-295-5156 if you become aware that a child or adult in your facility has developed Rubella. This disease is immediately reportable.



Salmonella Infections in the Childcare Setting

The *Salmonella* group of bacteria is a common cause of diarrheal illness among persons in the United States. These bacteria are often found in the digestive tract of a variety of animals, as well as humans. Persons with *Salmonella* infections often experience fever, stomach cramps, nausea and vomiting, in addition to diarrhea. Symptoms may persist for two weeks or more but are usually gone within a week.

Salmonella is present in the feces of ill and recently recovered persons and infections may be spread from person to person. However, outbreaks in childcare settings are rare and most persons are believed to have acquired their infections from contaminated food. Some foods, such as chicken, come from naturally infected sources while others, such as tomatoes and some vegetables, are contaminated during processing. Food handlers may also contaminate food if they are infected or do not practice good hygiene in preparing food. Ordinarily safe foods, such as baked goods, may become contaminated from juices of uncooked foods such as poultry. Although it has been known that *Salmonella* may be present in cracked eggs for some time, it is only recently that salmonella has been found in uncooked whole eggs. Given sufficient moisture and temperatures between 40-140°C, small numbers of salmonella will quickly increase to the point where they can cause illness in a large numbers of persons. Some pets, especially animals such as turtles, lizards and birds, often carry *Salmonella* in their digestive tracts.

While childcare providers are most likely to encounter this condition because of infection outside their facility, they need to be aware of good hygiene and food handling practices to prevent foodborne illness from occurring within their facility. Additionally, providers may reduce the likelihood of *Salmonella* infection by:

- Making sure that children and adults wash their hands after handling animals or cleaning their cages or pens. Because of the risk of *Salmonella* infection, turtles, lizards, and other reptiles should not be kept as pets in childcare centers.
- Limiting the serving of snacks and treats prepared outside the facility and served for special occasions to those from commercial sources. Home-prepared snacks may be not only prepared under less than optimal circumstances but may be transported and stored under conditions that will allow bacteria to grow.
- Avoid food containing raw eggs, including homemade ice cream made with raw eggs.
- Make sure that lunches brought from home are refrigerated when necessary. These include meals containing raw vegetables as well as those with meats. Dairy products and liquid formula should also be kept refrigerated in order to limit the growth of bacteria, including *Salmonella*.

Exclude any child or adult with *Salmonella* infection during acute illness, and until symptoms resolve, usually 5-7 days.

Note: Notify the Division of Public Health, Health Information and Epidemiology at 1-888-295-5156 if you become aware that a child or adult in your facility has developed *Salmonella*. This is a reportable condition.



Scabies in the Childcare Setting

Scabies is caused by a tiny mite, *Sarcoptes scabiei* that burrows into the skin, causing a rash. The rash is usually found on the wrists, elbows, or between the fingers. In infants, the rash may appear on the head, neck, or body.

Scabies is spread by skin-to-skin contact. Because mites can survive only briefly if not on the human body, you can only get scabies from direct contact with another person or by sharing an infected person's clothes. Over-the-counter insecticide lotion treatments are available for killing the mites. Young children suspected of having scabies should see a physician, as should persons with extensive skin disease.

If scabies is diagnosed in either a child or adult in your facility:

- Notify any other adults or the parents of children who may have had direct contact with the infected person. Other providers and children and their families may have been infected and may need treatment.
- The rash may take 2-6 weeks to develop in persons who have not had scabies previously. If a person has had scabies previously, it will take only days for the rash to develop.

To treat scabies:

- Bathe thoroughly
- Follow complete directions on the package insert of the insecticide lotion, and apply the lotion from neck to toes for the designated length of time
- Bathe again and put on freshly laundered clothes
- Wash all clothes, bedding, and towels used by the infected person in hot water and dry them in a hot dryer
- Monitor the infected person by directly inspecting the body. A second treatment may be needed a week later

Exclude the person until 24 hours after treatment has been completed.



Shigellosis in the Childcare Setting

Shigellosis is a diarrheal illness caused by the *Shigella* group of bacteria. Infection is spread by the fecal-oral route. Only a few bacteria are needed to cause an infection and, unlike many of the diarrheal agents in childcare settings, *Shigella* may spread through groups of children who are toilet trained as well as through groups of children who are in diapers.

Depending on the infectious dose, infection with *Shigella* may be very mild or it may result in severe bloody diarrhea, fever, cramping, nausea, and vomiting. Numerous outbreaks have been reported from childcare settings. Children may spread infections acquired in childcare facilities to their parents and siblings and whole families may be ill within a matter of days. Deaths have been reported from this illness and it is one of the more serious infections providers are likely to encounter in the childcare setting.

If you suspect a case of shigellosis in your childcare facility:

- Prompt intervention may help prevent the spread of shigellosis to others. Contact the Division of Public Health for assistance and advice if indicated
- Make sure all children and adults use careful hand washing and that staff are practicing good diapering practices
- Make sure procedures for cleaning and disinfecting toys are being followed; that toys are being cleaned and disinfected between use by children who are likely to put them in their mouths, especially in groups where there have been ill children
- Notify parents of children in the involved classroom of the illness, ask that they have any child with diarrhea, vomiting or severe cramping evaluated by a physician, and that they inform you of diarrheal illness in your child and family. Explain to them the value of hand washing with soap and running water in stopping the spread of infection in the home.
- In the event of an outbreak, the Division of Public Health may recommend a more extensive notification of parents

Exclude the ill child until 5 days of antibiotic therapy have been completed or stool cultures are negative. Other children with diarrhea should be cultured and excluded as well. In the absence of treatment with antibiotics, two negative cultures should be obtained before readmitting children.

Note: Notify the Division of Public Health, Health Information and Epidemiology at 1-888-295-5156 if you become aware that a child or adult in your facility has developed Shigellosis. This is a reportable condition.



Strep Throat and Scarlet Fever in the Childcare Setting

Strep throat is caused by group A *Streptococcus* bacteria. Strep throat is more common in children than in adults. Strep throat is easily spread when an infected person coughs or sneezes contaminated droplets into the air and another person inhales them. A person can also be infected from touching these secretions and then touching their mouth or nose.

Symptoms of strep throat infections may include severe sore throat, fever, headache, and swollen glands. If not treated, strep infections can lead to scarlet fever, rheumatic fever, skin, bloodstream, and ear infections, and pneumonia. A bright red, rough textured rash that spreads all over the child's body characterizes scarlet fever. Rheumatic fever is a serious disease that can damage the heart valves.

If you suspect a case of strep throat in your childcare facility:

- Call the parents to pick up the child and have her or him evaluated by a health care professional.
- Request that the parents inform you if the child is diagnosed with strep so that you can carefully observe the other children for symptoms of sore throat and fever; notify other parents to closely observe their children.

Exclude a child diagnosed with strep throat until 24 hours after beginning antibiotic therapy.



Sudden Infant Death Syndrome (SIDS) in the Childcare Setting

SIDS is a term used to describe the sudden, unexplained death of an infant that remains unexplained after a thorough case investigation that includes a complete autopsy, an examination of the death scene, and a review of the clinical history. SIDS is the leading cause of death of children one month to one year of age. In the United States, 5,000-6,000 infant deaths are attributed to SIDS each year. Many of these occur in the childcare setting.

The cause of SIDS is unknown. SIDS is not contagious. SIDS is not caused by vomiting, choking, or minor illnesses such as colds or infections. Deaths due to vaccine reactions or child abuse are not classified as SIDS deaths. While we don't know what causes SIDS, we have identified four factors associated with increased risk of SIDS: (1) placing a baby on the stomach (prone position) to sleep; (2) being exposed to tobacco smoke during pregnancy and after birth; (3) using soft surfaces and objects that trap air or gases, such as pillows, in a baby's sleeping area; and (4) not breastfeeding a baby. However, risk factors alone do not cause SIDS. Most babies with one or more of the above risk factors do not succumb to SIDS.

To decrease the risk of SIDS in the childcare setting: Place babies on their backs to sleep. This recommendation from the American Academy of Pediatrics and the National Back to Sleep Campaign applies to most babies. **However, some babies should lie in a prone position, such as those with respiratory disease, symptomatic gastro-esophageal reflux, or certain upper airway malformations.** If uncertain about a baby's best sleeping position, consult the baby's parents or doctor. Do not smoke; provide a smoke-free environment for babies in your care; encourage parents who smoke to quit. Recent research indicates that the risk of SIDS doubles among babies exposed only after birth to cigarette smoke and triples for those exposed both during pregnancy and after birth. Use firm, flat mattresses in safety-approved cribs for babies' sleep. Do not use soft sleeping surfaces and objects that trap gas in the babies' sleeping area. The U.S. Consumer Product Safety Commission has issued advisories for parents on the hazards to infants sleeping on beanbag cushions, sheepskins, foam pads, foam sofa cushions, synthetic-filled adult pillows, and foam pads covered with comforters. Encourage mothers who breastfeed to provide you with bottled breast milk that is clearly labeled with their child's name. Studies show that babies who died of SIDS were less likely to have been breastfed. Breastfeeding helps to prevent gastrointestinal and respiratory illnesses and infections.

If a child in your care is not breathing and is unresponsive: Call 911. Begin cardiopulmonary resuscitation (CPR). Immediately notify the child's parents.

If a child in your care dies: Do not disturb the scene of death (i.e., do not move anything), if possible. Contact your emergency childcare backup person to tend to the other children. Document the entire sequence of events. Prepare to talk with law enforcement officers, a coroner or medical examiner, and licensing and insurance agencies. Notify the parents of the other children in your care of the death. You may later need to provide additional information regarding the death.

If the death of a child in your care is attributed to SIDS: Seek support and SIDS information from the Division of Public Health, or from local, state, or national SIDS resources. For inquiries or to request materials, call "Back to Sleep" at 1-800-505-CRIB or write "Back to Sleep" at P.O. Box 29111, Washington, DC 20040. Obtain a copy of "When Sudden Infant Death Syndrome (SIDS) Occurs in Childcare Settings..." contact the National Sudden Infant Death Syndrome Resource Center, 2070 Chain Bridge Road, Suite 450, Vienna, Virginia 22182. Telephone: (703) 821-8955, ext. 249; Facsimile: (703) 821-2098. Provide the parents of other children in your care information on SIDS that is appropriate for them and for their children.

For further information or support, contact the SIDS Alliance at 1-800-221-7437 OR 1-410-653-8226.

A CHILD CARE PROVIDER'S GUIDE TO SAFE SLEEP

Helping you to reduce the risk of SIDS

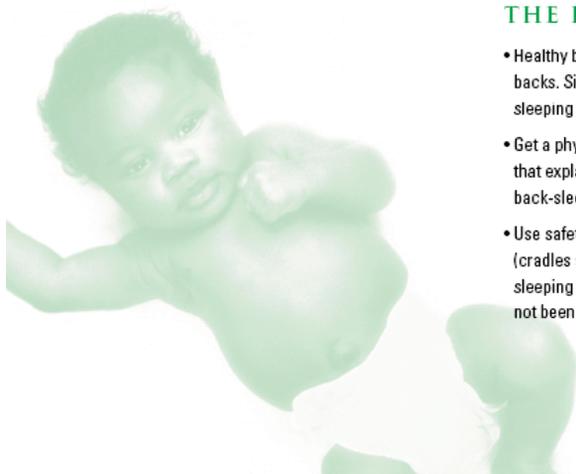
DID YOU KNOW?

- About 20% of sudden infant death syndrome (SIDS) deaths occur while an infant is being cared for by someone other than a parent. Many of these deaths occur when infants who are used to sleeping on their backs at home are then put to sleep on their tummies by another caregiver. We sometimes call this "unaccustomed tummy sleeping."
- Unaccustomed tummy sleeping increases the risk of SIDS. Babies who are used to sleeping on their backs and are put to sleep on their tummies are 6-9 times more likely to die from SIDS.

WHO IS AT RISK FOR SIDS?

- SIDS is the cause of death for nearly 2,500 babies in the United States (in 2000).
- It is the leading cause of death between 1 month and 12 months of age.
- It is most common among infants that are 2-4 months old.
- It is more common during the winter months.
- It is more common in male babies.

But, because we don't know what causes SIDS, safe sleep practices should be used to reduce the risk of SIDS in every infant under the age of 1 year.



KNOW THE TRUTH... SIDS IS NOT CAUSED BY:

- Immunizations
- Vomiting or choking

WHAT CAN CHILD CARE PROVIDERS DO?

- Create and use a safe sleep policy— *Reducing the Risk of Sudden Infant Death Syndrome, Applicable Standards from Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out of Home Child Care Programs* outlines what should be included in the safe sleep policy. Visit <http://nrc.uchsc.edu/SPINOFF/SIDS/SIDS.htm> to download a free copy.
- Practice SIDS reduction in your program by using the *Caring for Our Children* standards.
- Talk with a child care health consultant about health and safety in child care.
- Talk with families about sleep positioning.
- Don't smoke around babies, especially in the room where they sleep.
- Be able to respond to an infant medical emergency.
- Be aware of bereavement/grief resources.

A SAFE SLEEP POLICY SHOULD INCLUDE THE FOLLOWING:

- Healthy babies should always sleep on their backs. Side sleeping is not as safe as back sleeping and is not advised.
- Get a physician's note for non-back sleepers that explains why the baby should not use a back-sleeping position.
- Use safety-approved cribs and firm mattresses (cradles and bassinets may provide safe sleeping enclosures, but safety standards have not been established for these items).

- Keep cribs free of toys, stuffed animals, and extra bedding.
- Place the child's feet to the foot of the crib and tuck in a light blanket along the sides and foot of the mattress. The blanket should not come up higher than the infant's chest. Another option is to use sleep clothing and nothing else in the infant's crib.
- Sleep only 1 baby per crib.
- Keep the room at a temperature that is comfortable for a lightly clothed adult.
- Visually check on sleeping babies often.
- No smoking around babies. Make sure babies are being watched when you go outside to smoke. Child care providers who smoke should do so outside, with an overcoat on. The overcoat will be removed when they return to work. Never allow smoking in a room where babies sleep, as exposure to smoke is linked to an increased risk of SIDS.
- Have supervised "tummy time" for awake babies. This will help babies strengthen their muscles and develop normally.
- Teach staff about safe sleep policies and practices and be sure to review these practices often.

When a new baby is coming into the program, be sure to talk to the parents about your safe sleep policy and how their baby sleeps. If the baby is to sleep in a way other than on her back, the child's parents or guardians need a note from the child's physician that explains how she should sleep and the medical reason for this position. You should only accept a medical reason for a sleep position other than on the back. This note should be kept on file and all staff, including substitutes and volunteers, should be informed of this special situation. It is also a good idea to put a sign on the baby's crib.

If you are not sure of how to create a safe sleep policy, try working with a child care health consultant to create a policy that fits your child care center or home.



Face up to wake up – healthy babies sleep safest on their backs.



Do not place pillows, quilts, pillow-like bumpers, toys, or anything in the crib.



If a light blanket is needed, tuck all sides along bottom half of crib, below baby's arms.



Supervised tummy time during play is important to baby's healthy development.

HOW CAN I REDUCE THE RISK OF INFANTS IN MY CARE?

Follow these guidelines to help protect the infants in your care:

TUMMY TO PLAY AND BACK TO SLEEP

- Tummy time is playtime when infants are awake and placed on their tummies while someone is watching them. Have as much tummy time as possible to allow infants to develop normally. Limit time spent in freestanding swings, bouncy chairs, and car seats. These items all put added pressure on the back of the baby's head.
- Place healthy babies to sleep on their backs to reduce the risk of SIDS. Side sleeping is not as safe as back sleeping and is not advised. Babies sleep comfortably on their backs, and no special equipment or extra money is needed.

SAFE SLEEP PRACTICES

- Always put babies to sleep on their backs during naps and at nighttime.
- Avoid letting the baby get too hot. The infant could be too hot if you notice sweating, damp hair, flushed cheeks, heat rash, and/or rapid breathing. Dress the baby lightly for sleep. Set the room temperature in a range that is comfortable for a lightly clothed adult.
- Don't cover the heads of babies with a blanket or over bundle them in clothing and blankets.

Supported in part by Grant No. U93 MC 00184 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.

American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

SAFE SLEEP ENVIRONMENT

- Place each baby in a safety-approved crib with a firm mattress and a well-fitting sheet.
- Put babies to sleep only in a safety-approved crib. Don't put babies to sleep on chairs, sofas, waterbeds, or cushions. Standard adult beds are NOT safe places for babies to sleep in child care settings.
- Toys and other soft bedding, including fluffy blankets, comforters, pillows, stuffed animals, and wedges should not be placed in the crib with the baby. These items can impair the infant's ability to breathe if they cover his face. If bumper pads are used in cribs, they should be thin, firm, well-secured, and not "pillow-like".
- The crib should be placed in an area that is always smoke-free.
- Support parents who want to breastfeed or feed their children breast milk.

AM I A CHILD CARE PROVIDER?

Some child care providers work in child centers or family child care homes, but other kinds of child care providers could be grandparents, babysitters, family friends, or anyone who cares for a baby. These guidelines apply to any kind of child care provider. If you ever care for a child who is less than 12 months of age, you should be aware of and follow these safe sleep practices.

If you have questions about safe sleep practices and back to sleep please contact the Healthy Child Care America program at the American Academy of Pediatrics at hcca@aap.org or 847/434-4915. Remember, if you have a question about the health and safety of an infant in your care, talk to the parents, and with their permission, talk to the baby's doctor.

RESOURCES:

American Academy of Pediatrics
www.aappolicy.org
Changing Concepts of Sudden Infant Death Syndrome: Implications for Infant Sleeping Environment and Sleep Position -
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;105/3/650>

Healthy Child Care America
www.healthychildcare.org

Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care, Second Edition Visit the National Resource Center for Health and Safety in Child Care Web site at <http://nrc.uchsc.edu/> to download a free copy. Hard copies are available from the American Academy of Pediatrics Bookstore at www.aap.org.

National Institute for Child and Human Development Back to Sleep Campaign
 Order free educational materials from the Back to Sleep Campaign at <http://www.nichd.nih.gov/sids/sids.cfm>

First Candle/SIDS Alliance
<http://www.sidsalliance.org/>

Association of SIDS and Infant Mortality Programs
<http://www.asip1.org/>

CJ Foundation for SIDS
<http://www.cjsids.com/>

American Indian and Alaska Native SIDS Risk Reduction Resource
http://www.cjsids.com/resource_kit/CJ_resource.htm

National SIDS and Infant Death Program Support Center
<http://sids-id-psc.org/>

National SIDS and Infant Death Resource Center
<http://www.sidscenter.org/>



Tetanus in the Childcare Setting

Tetanus, also called lockjaw, is very rare in the United States due to the very high immunization rates of persons living here. Tetanus is completely preventable through vaccination. Children receive tetanus vaccine in combination with the pertussis and diphtheria vaccine. After childhood, adults need a booster injection every 10 years to make sure they are protected.

Tetanus is caused by infection with the bacteria *Clostridium tetani*. These bacteria are common in the soil but are quickly killed by oxygen. Any wound or cut contaminated with the soil and not open to the air (such as a puncture wound or even a rose prick) will provide a suitable environment for the bacteria. Tetanus is usually acquired when a person who has not been immunized acquires such a wound by stepping on a dirty nail or being cut by a dirty tool. The bacteria infect the wound and produce a toxin that spreads through the blood. This toxin can cause severe muscle spasms, paralysis, and frequently death.

Anyone who has an open wound injury should determine the date of his or her last tetanus booster. A person, who has not had a booster within the past 10 years, should receive a booster dose of vaccine and/or other medications to prevent tetanus disease. For some wounds, a person may need a booster if more than five years have elapsed since the last dose. Because tetanus is not spread person-to-person, tetanus in one childcare attendee or provider will not spread to others.

Note: Notify the Division of Public Health, Health Information and Epidemiology at 1-888-295-5156 if you become aware that a child or adult in your facility has developed Tetanus. This is a reportable condition.



Tuberculosis (TB) in the Childcare Setting

TB is a disease caused by bacteria called *Mycobacterium tuberculosis*. These germs can be spread from person to person. These germs can be spread through the air when a person with TB disease coughs, sneezes, yells, or sings. Children, although they may be infectious, usually are not as likely as adults to transmit TB to others. Objects such as clothes, toys, dishes, walls, floors, and furniture do not spread TB. TB can be serious for anyone, but is especially dangerous for children younger than five years old and for any persons who have weak immune systems, such as those with HIV infection or AIDS.

You should know the difference between the two stages of TB: (1) TB infection is just having the TB germ in the body without being sick, and (2) active TB or TB disease is having the germ and also being sick, with the symptoms of active TB (see description of symptoms below).

When a child has TB infection, it means that the child was infected by an adult with active TB, often a person in the home. Most persons who have TB infection do not know it because it does not make them sick. A person with only TB infection cannot spread TB to others and does not pose an immediate danger to the public. TB infection is diagnosed only by the TB skin test. This safe, simple test is given at most local health departments. A small injection is made under the skin, usually on the forearm. In persons who are infected with the TB germ, the skin test causes a firm swelling in the skin where the test was given. After 1 or 2 days, a health care provider reads the results of the TB skin test.

A TB-infected person can take 6 to 12 months of medicine to get rid of the TB germs and to prevent active TB. This preventive treatment is most important for TB-infected children younger than five years old, persons infected with the TB germ within the past two years, and TB-infected persons who have a weak immune system, especially HIV infection or AIDS, because these persons are more likely to get active TB after infection.

Persons with active TB have symptoms such as a cough that “won’t go away,” a cough that brings up blood, a fever lasting longer than two weeks, night sweats, feeling very tired, or losing a noticeable amount of weight. The TB skin test cannot show active TB. A physician conducting a physical exam, a chest x-ray, and laboratory tests must diagnose active TB. The treatment for active TB usually involves taking at least three different drugs for at least six months.

In childcare settings, TB has been spread from adults to children, although the spread of TB in such settings is rare. In family home childcare settings, TB infection has been passed from sick adults living in the home to children, even though the sick adults may not have been taking care of the children directly. The spread of TB from child to child in a childcare setting has not been reported.

Children who have active TB should not attend childcare until they have been given permission. Usually, they may return to childcare as soon as they are feeling well and on medication, but the Division of Public Health should decide this along with their physician. Well children should not be kept out of childcare if they only have a positive skin test result.

Persons who are beginning work as a childcare provider should have a TB skin test to check for infection with TB bacteria.

Note: Notify the Division of Public Health, Health Information and Epidemiology at 1-888-295-5156 if you become aware that a child or adult in your facility has developed TB. This is a reportable disease.



Urinary Tract Infection (UTI)

A Urinary Tract Infection (UTI), commonly known as a bladder infection, is caused by bacteria that attach to the inside lining tissue of the urinary system or tract.

The urinary tract includes:

Kidneys - which form the urine from liquid waste in the blood

Ureters - tubes that carry urine from the kidneys to the bladder

Bladder - which stores urine

Urethra - where urine exits the body

The most common urinary tract infections are caused by bacteria from feces on the skin that enter through the urethra to infect the bladder, particularly in girls. Anything that irritates the opening of the urethra can make it easier for infection to occur. In girls, the urethra is much shorter than in boys, so infection from the outside into the bladder happens more easily. Bathing in soapy water or a bubble bath can be irritating and predispose girls to getting urinary tract infections.

Some kidney infections occur by infection through the blood stream from an infection elsewhere in the body, especially in infants. This type of cause is uncommon. Most urinary tract infections occur from the spread of infection up the urinary tract from the outside. Signs and symptoms of urinary tract infections are pain when urinating, increased frequency of urinating, fever, cloudy, milky or reddish urine and loss of potty training after the child has had good control of urine for a period of time, especially when loss of control occurs in the daytime with little warning.

If a child in the childcare facility develops a urinary tract infection:

- Have the child with symptoms of a urinary tract infection evaluated by a healthcare provider for a diagnosis and proper treatment. Ignoring urinary tract infections can lead to kidney damage, even if the symptoms seem to go away by themselves.
- Wipe the area around the genitalia from front to back, especially in girls, to avoid spreading fecal bacteria from the rectal into the urinary and vaginal area.
- Dilute the urine by having the child drink fluids frequently. Diluting the urine gives bacteria less food to grow and makes it easier for the body to fight the infection.

Do not exclude ill children unless they are unable to participate comfortably in activities or require a level of care that would jeopardize the health and safety of the other children in your care.



West Nile Virus and Children

Children, including infants, are not at greater risk than other individuals for becoming infected with West Nile Virus. Anyone can become infected with the virus if bitten by an infected mosquito, but children need adult help in taking precautions against mosquito bites. Parents and caregivers should take the following precautions to help protect children from getting mosquito bites.

From April to October, when mosquitoes are most active, take the following precautions:

- If outside during evening, nighttime and dawn hours when mosquitoes are most active and likely to bite, children and adults should wear protective clothing such as long pants, long-sleeved shirts, and socks
- If outside during evening, nighttime and dawn hours, consider the use of an insect repellent containing 10% or less DEET for children and no more than 30% DEET for adults
- USE DEET ACCORDING TO MANUFACTURER'S DIRECTIONS
- Do not use DEET on infants or pregnant women
- Do not allow young children to apply DEET themselves
- Do not apply DEET directly to children; apply to your own hands and then put it on the child
- DEET is effective for approximately four hours. Avoid prolonged or excessive use of DEET. Use sparingly to cover exposed skin and clothing
- Wash all treated skin and clothing after returning indoors
- Store DEET out of reach of children

Most mosquitoes are not infected with the West Nile virus. Even in areas where mosquitoes may be found that carry the virus, very few mosquitoes, less than 1%, are infected. Most people, including children, who are bitten by mosquitoes carrying the WNV, will experience no symptoms or very mild illnesses. Even though the chances are slight that your child could become infected with WNV, parents or caregivers should contact a doctor immediately if a child develops symptoms such as high fever with: confusion; muscle weakness; severe headaches; stiff neck; or if his or her eyes become sensitive to light. The mosquitoes that most commonly carry WNV are generally more active during evening, nighttime and dawn hours, so children who attend school during the daytime are at minimal risk for exposure. If children take a field trip to an area where there are weeds, tall grass, bushes or known high mosquito activity, or if the trip is at dusk, during the evening, nighttime or at dawn, students should be advised to wear long pants, long sleeves and socks to minimize the possibility of exposure to mosquitoes. Although there is no specific treatment, medication, or cure for the virus itself, the symptoms and complications of the disease can be treated. Most people who get this illness recover from it. Serious illness is more common in the elderly and those with weakened immune systems. A vaccine for West Nile virus does not exist.

Mosquitoes lay their eggs in standing water. Weeds, tall grass, and bushes provide an outdoor home for the common house mosquito, which is most commonly associated with WNV. Mosquitoes can enter homes through unscreened windows or doors, or broken screens.

- Make sure that doors and windows have tight-fitting screens. Repair or replace all screens in your home that have tears or holes
- Remove all discarded tires from your property
- Dispose of tin cans, plastic containers, ceramic pots, or similar water-holding containers
- Make sure roof gutters drain properly. Clean clogged gutters in the spring and fall
- Clean and chlorinate swimming pools, outdoor saunas and hot tubs. If not in use, empty and cover
- Drain water from pool covers
- Change the water in birdbaths at least once a week
- Turn over plastic wading pools and wheelbarrows when not in use
- Eliminate any standing water that collects on your property
- Remind or help neighbors to eliminate breeding sites on their properties



Yeast Infections (Thrush/Diaper Rash) in the Childcare Setting

Yeast infections are caused by various species of *Candida*, especially *Candida albicans*. These organisms are part of the germs normally found in various parts of the body and ordinarily do not cause any symptoms. Certain conditions, such as antibiotic use or excessive moisture, may upset the balance of microbes and allow an overgrowth of *Candida*. In most persons, these infections flare up and then heal. However, in newborns or persons with weak immune systems, this yeast can cause more serious or chronic infections.

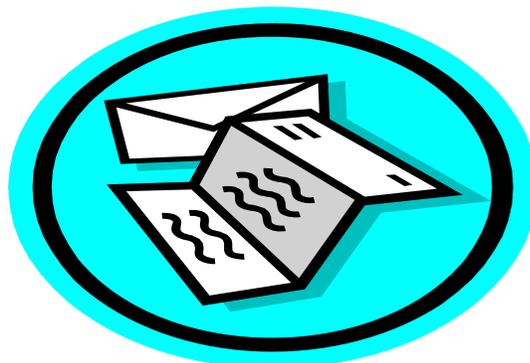
Many infants acquire *Candida* infections from their mothers during birth. Many of those that escape this infection soon acquire *Candida* from close contacts with family members, relatives, and friends. These early exposures may result in an oral infection (thrush) that appears as creamy white, curd-like patches on the tongue and inside of the mouth. In older persons, treatment with certain types of antibiotics or inhaled steroids (for asthma) may upset the balance of microbes in the mouth, allowing an overgrowth of *Candida* that will also result in thrush. Outbreaks of thrush in childcare settings may be the result of increased use of antibiotics rather than newly acquired *Candida* infections.

Candida may also exacerbate diaper rash, as this yeast grows readily on damaged skin. The infected skin is usually fiery red with lesions that may have a raised red border. Children who suck their thumbs or other fingers may occasionally develop *Candida* around their fingernails.

Oral thrush and *Candida* diaper rash are usually treated with the antibiotic nystatin. A corticosteroid cream can be applied to highly inflamed skin lesions on the hands or diaper areas. For children with diaper rash, childcare providers should change the diaper frequently, gently clean the child's skin with water and a mild soap and pat dry. While cornstarch or baby powder may be recommended for mild diaper rash, it should not be used for children with inflamed skin. High absorbency disposable diapers may help keep the skin dry. Plastic pants that do not allow air to circulate over the diaper area should not be used, although the diapering system should be able to hold urine or liquid stool.

Children with thrush and *candida* diaper rash need not be excluded from childcare as long they are able to participate comfortably. Childcare providers should follow good hygiene including careful hand washing and disposal of nasal and oral secretions of children with thrush, in order to avoid transmitting the infection to children who are not already infected.

Chapter 9. Parent/Guardian Alert Sample Letters





Sample Letter on *Campylobacter*

Dear Parent or Guardian:

___ A child in our center has *Campylobacter*.

PLEASE TAKE THE FOLLOWING PRECAUTIONS

1. Watch your child and members of your family for diarrhea or stomach cramps.
2. If your child develops severe diarrhea, bloody diarrhea, or diarrhea with fever or vomiting, do not send him/her to the center.
 - If your child develops mild diarrhea, please call us to discuss whether he/she should attend the center.
 - In either case, ask your health care provider to do a stool test for *Campylobacter*. (He/she will probably also want to test any other family member who develops diarrhea.)
 - If the test is positive, keep your child home until diarrhea or illness is over, and your child has received medication.
3. Please keep us informed about how your child is doing, and about any positive tests or prescribed medications.

What is *Campylobacter*? *Campylobacter* is a very small (microscopic) bacteria that can infect the intestines and stools. People who catch it may or may not be sick or have diarrhea. Many people who catch it are only mildly ill. However, some people have severe, bloody diarrhea, fever, stomach cramps, and vomiting. The bacteria can continue to be passed in the stools for several weeks after the illness itself seems over.

How do you catch *Campylobacter*? *Campylobacter* germs live in the intestines and are passed out of the body in the stools. (Remember they are microscopic--you cannot see them). If people do not wash their hands well after going to the bathroom, changing diapers, or helping a child go to the bathroom, germs stay on their hands and the children's hands. The germs can then be spread to food and drink or to objects, and eventually, to other people's hands and mouths. The germs are then swallowed by the other person or child, multiply in their intestines, and cause an infection.

How do you know you have *Campylobacter*? *Campylobacter* can be diagnosed by a test called a "stool culture". It may take 72 hours or longer to grow the germ from the stool and identify it.

What can you do to stop the spread of this germ? Be sure everyone washes their hands carefully after using the bathroom, changing diapers helping a child use the bathroom. Wash your hands before preparing or eating food. Babies and children need to have their hands washed too at these times.

If someone in your family develops diarrhea, talk with your health care provider about getting a stool culture. This is critical for family or household members who handle or prepare food as a job.

Medication is usually recommended for children and adults with campylobacter in their stools, as it shortens the length of time the bacteria is passed out in the stools, although it does not shorten the duration of the diarrhea. Your health care provider will decide on the best medicine for you or your child.



Carta Modelo sobre *Campylobacter*

Estimado Padre, Madre o Custodio:

___ Uno de los niños de nuestro centro tiene *Campylobacter*.

POR FAVOR TOME LAS SIGUIENTES PRECAUCIONES

1. Observe si niño o miembros de su familia tienen diarrea o contracciones dolorosas del estómago.
2. Si su niños contrae una diarrea severa, diarrea con sangre o diarrea con fiebre o vómitos, no lo envíe al centro.
 - Si su niños contrae una diarrea ligera, por favor llámenos para conversar si puede asistir al centro.
 - En cualquiera de los casos, pida a su proveedor de atención médica que haga una prueba de heces para detectar *Campylobacter*. (Él/ella probablemente ordenará una prueba a otros miembros de la familia que también tengan diarrea).
 - Si la prueba es positiva, mantenga a su niños en casa hasta que la diarrea o enfermedad pase y su niño haya recibido medicamentos.
3. Por favor manténganos informados de cómo se siente su niño y sobre las pruebas positivas o medicamentos recetados.

¿Qué es *campylobacter*? *Campylobacter* es una bacteria muy pequeña (microscópica) que puede infectar los intestinos y las heces. Las personas que contraen esto, puede que tengan o no tengan diarrea. Muchas personas que la contraen se sienten ligeramente enfermas. Sin embargo, algunas personas tienen diarrea severa, con sangre, contracciones dolorosas del estómago y vómitos. La bacteria puede continuar pasando a las heces por varias semanas después de que la enfermedad parece haber desaparecido.

¿Cómo se adquiere *campylobacter*? Los gérmenes de *Campylobacter* viven en los intestinos y salen del cuerpo en las heces. (Recuerde que son microscópicos, no se les puede ver). Si las personas no se lavan bien las manos después de ir al baño, cambiar pañales, o ayudar a un niños a ir al baño, los gérmenes se quedan en las manos y en las manos de los niños. Los gérmenes pueden luego ser esparcidos en los alimentos, bebidas u objetos, y eventualmente, a las manos y bocas de otras personas. Los gérmenes luego son tragados por otra persona o niño, se multiplican en los intestinos y causan la infección.

¿Cómo sabe que tiene *campylobacter*? *Campylobacter* puede ser diagnosticado por una prueba llamada "cultivo de heces". Puede tomar 72 horas o más para que el germen crezca en las heces y se pueda identificar.

¿Qué puede hacer para evitar que este germen se esparza? Asegúrese que todos se laven las manos cuidadosamente después de ir al baño, cambiar pañales o ayudar a un niños a ir al baño. **Lave** las manos antes de preparar alimentos o comer. Los bebés y niños también necesitan que se les laven las manos.

Si alguien en su familia contrae diarrea, hable con su proveedor de atención médica sobre cómo realizar un cultivo de heces. Esto es crítico para su familia o miembros del hogar que manejan o preparan alimentos como parte de su trabajo.

Usualmente se recomiendan medicamentos para niños y adultos con *Campylobacter* en sus heces, ya que acorta el tiempo en que la bacteria pasa a las heces, aunque no acorta la duración de la diarrea. Su proveedor de atención médica decidirá la mejor medicina para usted o su niños.



Sample Letter on Chickenpox

Dear Parent/Guardian:

___ A child/staff member in our center has chickenpox

___ Your child may have chickenpox.

What is it? Chickenpox is a very contagious infection caused by a virus. It usually begins with a mild fever and an itchy rash. The rash starts as crops of small, red bumps, which become blistery, oozy, and then crust over.

How is it spread? It is spread through exposure to infected fluids from the nose, throat, or skin rash of someone with chickenpox. This can occur either by sharing breathing space or by directly touching the infected fluids. Chickenpox is contagious from two days **before** the rash starts until all the rash is dried and crusted. After exposure, it takes ten days to three weeks before the rash appears.

How is it treated? Chickenpox is generally not a serious disease and there is no specific treatment for it. The symptoms can be treated with plenty of fluids, rest, fever control, and anti-itching medicines and lotions.

ASPIRIN (Salicylate) – containing products should not be used for fever control in children with chickenpox. This is because there is a possible association between the use of aspirin and a rare, but very serious disease, called Reye's syndrome (vomiting associated with liver problems and coma).

What should you do?

1. Watch your child for the next ten days to three weeks for the chickenpox rash.
2. If your child develops a suspicious rash, do not send him/her to the center. Your health care provider can diagnose chickenpox and give you anti-itching medicine or lotion for your child.
3. If your child develops chickenpox, she/he can return to the center one week after the rash begins, or when all the blisters are dried up and crusted over.
4. If one of your children develops chickenpox, other people in the family who have not had it will probably get it too. Chickenpox is very easily spread.



Carta Modelo sobre Varicela

Estimado Padre, Madre o Custodio:

___ Uno de los niños/miembro del personal de nuestro centro tiene Varicela

___ Su niños puede que tenga Varicela.

¿Qué es? La Varicela es una infección muy contagiosa causada por un virus. Usualmente comienza con una fiebre suave y una erupción con picazón. La erupción comienza como una serie de ronchas pequeñas, rojas, que llegan a ponerse como ampollas, que supuran y luego se cubren con una costra.

¿Cómo se esparce? Se esparce a través de la exposición a fluidos infecciosos de la nariz, garganta o erupción de la piel de alguien con varicela. Esto puede ocurrir ya sea por compartir el espacio donde se respira o por tocar directamente los fluidos infecciosos. La Varicela es contagiosa desde dos días antes que la erupción comience hasta que toda la erupción esté seca y con costras. Después de la exposición, toma de diez días a tres semanas hasta que la erupción aparezca.

¿Cómo se trata? Generalmente la Varicela no es una enfermedad seria y no hay tratamiento específico para ella. Los síntomas pueden ser tratados con abundantes líquidos, descanso, control de la fiebre, medicinas y lociones contra la picazón.

PRODUCTOS QUE CONTENGAN ASPIRINA (Salicilato) NO DEBEN USARSE PARA EL CONTROL DE LA FIEBRE EN NIÑOS CON VARICELA. Esto es debido a que hay una asociación posible entre el uso de aspirina y una enfermedad rara, pero muy seria, llamada Síndrome de Reye (vómitos asociados con problemas al hígado y coma).

¿QUÉ DEBE HACER?

1. Observe a su niños por los siguientes diez días a tres semanas por la erupción de la Varicela.
2. Si su niños contrae una erupción sospechosa, no lo envíe al centro. Su proveedor de atención médica puede diagnosticar la Varicela y darle a su niños una medicina o loción contra la picazón.
3. Si su niños contrae varicela, puede regresar al centro una semana después que la erupción comience, o cuando todas las ampollas hayan secado y estén con costra.
4. Si uno de sus niños contrae Varicela, otras personas en la familia que no han tenido esta enfermedad pueden contraerla también. La Varicela se propaga muy fácilmente.



Sample letter on Conjunctivitis

Dear Parent or Guardian:

___ A child in our center has conjunctivitis ("pink eye").

___ Your child may have conjunctivitis.

PLEASE TAKE THE FOLLOWING PRECAUTIONS:

1. Watch your child and members of your family for "pink eye".
2. If your child develops pink eye, see your health care provider. Your child may need an eye medication.
3. **DO NOT SEND YOUR CHILD TO THE DAYCARE CENTER** until after the day you start giving the medicine. If your health care provider decides not to prescribe an eye medicine, he/she should give you a note to send into the Day Care Center with your child. In your doctor's note, he/she should explain the diagnosis of the child, and why no medication is needed.
4. Tell us at the Center if your child is being treated for "pink eye".

What is Conjunctivitis? Conjunctivitis is an infection of the eyes, commonly known as "pink eye". It is most often caused by a virus (like colds) but can also be caused by bacteria. The white parts of the eyes become pink or red, the eyes may hurt, feel itchy or scratchy, and they may produce lots of tears and discharge. In the mornings, the discharge (which is pus) may make the eyelids stick together. (Some children and adults have allergies which can cause everything listed above except pus.)

Conjunctivitis is a mild illness. It is not dangerous. Doctors usually prescribe an antibiotic eye medication, just in case it is due to bacteria.

How do you catch conjunctivitis? The discharge from the eye (the pus) is infectious. If children rub their eyes, they get it on their hands. They can then touch someone's eyes or hands or touch an object (toy or table). If other children get discharge on their hands and then touch their own eyes, they can catch it. It can spread easily among small children who touch their eyes, and everything else, and who do not know how (or forget) to wash their hands.

What can you do if your child has conjunctivitis?

1. Keep your child's eyes wiped free of discharge. Use paper tissues, and then throw them away promptly.
2. Always wash your hands after wiping your child's eyes.
3. Teach your child to wash his/her hands after wiping his/her eyes.
4. Ask your health care provider if your child needs to receive eye medicine.
5. Be sure to carefully wash anything that touches your child's eyes (such as washcloths, towels, toy binoculars, and toy cameras).



Carta Modelo sobre Conjuntivitis

Estimado Padre, Madre o Custodio:

___ Uno de los niños de nuestro centro tiene conjuntivitis (“conjuntivitis catarral”).

___ Su niños puede que tenga conjuntivitis.

POR FAVOR TOME LAS SIGUIENTES PRECAUCIONES:

1. Observe a su niños y miembros de su familia por “conjuntivitis catarral.”
2. Si su niños contrae conjuntivitis catarral, vea a su proveedor de atención médica. Su niños puede que necesite un medicamento para los ojos.
3. **NO ENVÍE A SU NIÑO A LA GUARDERÍA** hasta después del día en que comience a darle la medicina. Si su proveedor de atención médica decide no recetar una medicina para los ojos, él o ella debe darle una nota que debe enviar a la Guardería con su niños. En la nota de su médico, él o ella debe explicar el diagnóstico de su niños, y por qué no es necesaria la medicina.
4. Díganos en el Centro si su niño está siendo tratado por “conjuntivitis catarral.”

¿Qué es Conjuntivitis? Conjuntivitis es una infección de los ojos, comúnmente conocida como “conjuntivitis catarral”. Es mayormente causada por un virus (como de resfriados), pero puede también ser causada por una bacteria. Las partes blancas de los ojos se vuelven rosadas o rojas, duelen los ojos, se siente picazón y pueden producirse muchas lágrimas y una supuración. En las mañanas, la supuración (que es pus) puede que haga que los párpados se peguen. (Algunos niños y adultos tienen alergias que pueden causar todo lo indicado arriba, con la excepción de pus.)

La conjuntivitis es una enfermedad suave. NO es peligrosa. Los médicos usualmente recetan un medicamento antibiótico para los ojos, por si sea debido a bacterias.

¿Cómo se contrae la conjuntivitis? La supuración del ojo (el pus) es infecciosa. Si los niños se soban los ojos, la adquieren en las manos. Ellos pueden luego tocar los ojos o manos de alguien o tocar un objeto (juguete o mesa). Si otros niños adquieren la supuración en las manos y luego se tocan los ojos, pueden adquirir la enfermedad. Ésta se puede propagar fácilmente entre los niños pequeños quienes se tocan los ojos, y todo lo demás, y quienes no saben cómo (o se olvidan) de lavar las manos.

¿Qué debe hacer si su niño tiene conjuntivitis?

1. Mantenga los ojos de su niños limpios de supuración. Use papel higiénico, luego bótelo inmediatamente.
2. Lave las manos siempre después de limpiar los ojos de su niños.
3. Enseñe a su niños a lavarse las manos después de limpiarse los ojos.
4. Pregunte a su proveedor de atención médica si su hijo necesita recibir medicina para los ojos.
5. Asegúrese de lavar cuidadosamente cualquier cosa que se ponga en contacto con los ojos del niños (tales como toallitas, toallas, binoculares de juguete y cámaras fotográficas de juguete).



Sample Letter for *E. Coli* O157-H7

Dear Parent or Guardian:

___ A child in our center has *E. coli* O157-H7.

PLEASE TAKE THE FOLLOWING PRECAUTIONS

1. Watch your child and members of your family for diarrhea or stomach cramps.
2. If your child develops severe diarrhea, diarrhea with blood or mucous, fever, or vomiting, do not send him/her to the center. Take your child to your family physician and ask for a stool test for *E. coli* O157-H7.

The physician will probably want to also do this test on any other person in your family who comes down with diarrhea.

If the test is positive, keep your child home until any serious diarrhea or illness is over and your child has received proper treatment.

3. Please keep us informed about how your child is doing and about any positive tests or treatment.

What is *E. coli* O157-H7? *E. coli* O157-H7 is a very small (microscopic) bacteria that can infect the intestines and stools. People who catch it may or may not be sick or have diarrhea. Of those who become ill, the illness may be mild or severe. Some people have fever, stomach pain, and bloody, mucous stools. The bacteria can continue to be passed in the stools for several weeks after the illness itself seems over.

How do you catch *E. coli* O157-H7? *E. coli* O157-H7 germs live in the intestines and are passed out of the body in the stools. Remember, they are microscopic - you cannot see them. If people do not wash their hands well after having a bowel movement, changing diapers, or helping a child go to the bathroom, the germs stay on their hands and the children's hands. The germs can then spread to food, drink or to objects and eventually to other people's hands and mouths. The germs are then swallowed by the other person, multiply in their intestines, and cause an infection.

How do you know you have *E. coli* O157-H7? *E. coli* O157-H7 can be diagnosed by a test called a "stool culture." It may take 72 hours to grow the germs from the stool and identify it.

What can you do to stop the spread of this germ?

Be sure everyone washes their hands carefully **after** using the bathroom or also helping a baby or child with diapers or toileting and **before** preparing or eating food. Babies and children also need to have their hands washed at these times.

If someone in your family develops diarrhea, talk with your health care provider about getting a stool test. This is critical for family or household members who handle or prepare food as a job.

Your physician may or may not recommend medication.



Carta Modelo sobre *E. Coli* O157-H7

Estimado Padre, Madre o Custodio:

___ Uno de los niños de nuestro centro tiene *E. coli* O157-H7.

POR FAVOR TOME LAS SIGUIENTES PRECAUCIONES

1. Observe si su niño o miembros de su familia tienen diarrea o contracciones dolorosas del estómago.
2. Si su niños contrae una diarrea severa, diarrea con sangre o mucosidad, fiebre o vómitos, no lo envíe al centro. Lleve a su niños a su médico y pida que se le haga una prueba de heces para detectar *E. coli* O157-H7.

Él/ella probablemente querrá hacer también una prueba a otros miembros de la familia que también tengan diarrea.

Si la prueba es positiva, mantenga a su niños en casa hasta que la diarrea o enfermedad pase, y su niños haya recibido el tratamiento adecuado.

3. Por favor, manténganos informados de cómo se siente su niño y sobre las pruebas positivas o tratamiento.

¿Qué es el *E. coli* O157-H7? El *E. coli* O157-H7 es una bacteria muy pequeña (microscópica) que puede infectar los intestinos y las heces. Las personas que contraen esto, puede que tengan o no tengan vómitos o diarrea. En las personas que se enferman, la enfermedad puede ser suave o severa. Algunas personas tienen fiebre, dolor de estómago, heces con sangre y mucosidad. La bacteria puede continuar pasando a las heces por varias semanas después de que la enfermedad parece haber desaparecido.

¿Cómo se adquiere el *E. coli* O157-H7? Los gérmenes del *E. coli* O157-H7 viven en los intestinos y salen del cuerpo en las heces. (Recuerde que son microscópicos, no se les puede ver). Si las personas no se lavan bien las manos después de ir al baño, cambiar pañales, o ayudar a un niños a ir al baño, los gérmenes se quedan en las manos y en las manos de los niños. Los gérmenes pueden luego ser esparcidos en los alimentos y bebidas u objetos, y eventualmente, a las manos y bocas de otras personas. Los gérmenes luego son tragados por otra persona, se multiplican en los intestinos y causan la infección.

¿Cómo sabe que tiene el *E. coli* O157-H7? El *E. coli* O157-H7 puede ser diagnosticado por una prueba llamada "cultivo de heces". Puede tomar 72 horas o más para que el germen crezca en las heces y pueda ser identificado.

¿Qué puede hacer para evitar que este germen se esparza?

Asegúrese que todos se laven las manos cuidadosamente **después** de ir al baño, o ayudar a un bebé o a un niños con los pañales o de llevarlo al baño, y **antes** de preparar alimentos o comer. Los bebés y niños necesitan que se les laven las manos también, en estos momentos.

Si alguien en su familia contrae diarrea, hable con su proveedor de atención médica sobre cómo realizar un cultivo de heces. **Esto es crítico para su familia o miembros del hogar que tratan o preparan alimentos como parte de su trabajo.**

Su médico puede que recomiende o no medicamentos.



Sample Letter on Fifth Disease

___ A child in our center has Fifth Disease.

___ Your child may have Fifth Disease.

What is Fifth Disease?

Fifth disease is a benign rash illness of childhood sometimes called erythema infectiosum. A virus called Parvovirus B19 causes the disease. The illness begins with prodromal phase of mild fever with non-specific symptoms of headache, malaise and muscle aches. This lasts for only a few days before the eruption of the characteristic rash. The rash begins as a red, flushed appearance on the cheeks, giving a "slapped cheek" appearance. It then spreads to the trunk and the extremities as a bumpy red rash. As the rash appears the child usually begins to feel better.

The virus can cause stillbirth and fetal hydrops in pregnant women experiencing a primary infection. Please consult your physician if you are pregnant and a child in the childcare facility has fifth disease.

How does a person get Fifth Disease?

The virus is contracted from infected individuals before they show symptoms. The virus is spread by close contact, presumably through respiratory secretions. The virus may also be spread on inanimate objects to susceptible children.

How is Fifth Disease treated?

There is no treatment for fifth disease. Tylenol may be given to reduce fever and muscle aches. Pregnant women should consult their physician for treatment advice.

Exclusion and return.

Children with fifth disease do not need to be excluded from day care, as they are unlikely to be infectious after the rash appears, and the clinical diagnosis is made.



Carta Modelo sobre la Quinta Enfermedad

___ Uno de los niños de nuestro centro tiene la Quinta Enfermedad

___ Su niños puede que tenga la Quinta Enfermedad.

¿Qué es la Quinta Enfermedad? La Quinta Enfermedad es una enfermedad de la niñez con erupción benigna, algunas veces llamada eritema infecciosa. La enfermedad es causada por un virus llamado Parvovirus B19. La enfermedad comienza con una fase prodrómica de fiebre moderada con síntomas no específicos de dolor de cabeza, malestar y dolor de músculos. Esto dura solamente unos pocos días antes de la erupción característica. La erupción comienza como una apariencia de mejillas ruborizadas, dando la apariencia de “mejillas abofeteadas”. Luego se esparce al tronco y a las extremidades como una erupción roja abultada. Cuando la erupción aparece, el niño usualmente comienza a sentirse mejor.

El virus puede causar nacimiento sin vida e hidropesía fetal en mujeres embarazadas que experimenten una infección primaria. Por favor consulte con su médico si está embarazada y un niños tiene la quinta enfermedad.

¿Cómo se adquiere la Quinta Enfermedad? El virus se contrae de personas infetadas después que aparecen los síntomas. EL virus se propaga por contacto cercano, presumiblemente a través de las secreciones respiratorias. El virus puede también esparcirse en objetos inanimados a niños que son susceptibles.

¿Cómo se trata la Quinta Enfermedad? No hay tratamiento para la Quinta Enfermedad. Tylenol puede que sea dado para reducir la fiebre y dolor de músculos. Las mujeres embarazadas deben consultar con su médico para recibir consejo para el tratamiento.

Exclusión y retorno al centro. Los niños con la quinta enfermedad no necesitan ser excluidos de la guardería, ya que es improbable que sean infecciosos después de la aparición de la erupción, y el diagnóstico clínico sea realizado.



Sample letter on *Giardia*

Dear Parent or Guardian:

___ A child in our Day Care Center has *Giardia*.

___ Your child may have *Giardia*.

PLEASE TAKE THE FOLLOWING PRECAUTIONS:

1. Watch your child and members of your family for diarrhea, stomach cramps, gas and nausea.
2. If your child develops diarrhea or diarrhea with fever or vomiting, do not send him/her to the center.

Please ask your health care provider to do a stool test for *Giardia*. He/she will probably want to do this test on any other person in your family who comes down with diarrhea.

If the test is positive keep your child home until any serious diarrhea or illness is over and your child has received medication. If the test is negative please keep your child home until the diarrhea stops.

3. Please keep us informed about how your child is doing and about any positive tests or treatment.

What is *Giardia*? *Giardia* is a very small (microscopic) parasite that can infect the intestines and stools. People who catch it may or may not be sick or have diarrhea. Of those who become ill, most are only mildly sick. However, some people have bad smelling diarrhea, gas, stomach cramps, lack of appetite and nausea. It may last a long time and cause weight loss. The infection, whether or not it causes symptoms, can come and go for months if not treated.

How do you catch *Giardia*? *Giardia* germs live in the intestines and are passed out of the body into the stools. Remember, they are microscopic, so you cannot see them. If people do not wash their hands well after going to the bathroom, changing diapers, or helping a child go to the bathroom, germs stay on their hands and on the children's hands. The germs can then spread to food or drink or to objects and, eventually, to other people's hands and mouths. The germs are then swallowed by the other person or child, multiply in their intestines, and cause an infection. Obviously, it can spread easily among small children who normally get their hands into everything and may not wash their hands well.

How do you know you have it? *Giardia* can be diagnosed by a test called "stool culture for ova and parasites", in which the stool is examined under a microscope. However, because *Giardia* is passed in the stools off and on, several stools taken over several days may need to be examined.

What can you do to stop the spread of this germ? Be sure everyone washes their hands carefully after using the bathroom, or helping a baby or child with diapers or toileting, and before preparing or eating food. Babies and children need to have their hands washed too!

If someone in your family develops diarrhea, talk to your health care provider about getting a stool test. This is critical for family or household members who handle or prepare food as a job.

Medication is recommended for children and adults with *Giardia* in their stools, as it shortens both the length of the illness and the time the germ is found in the stool. Your health care provider will decide the best medicine for you or your child.



Carta Modelo sobre *Giardia*

Estimado Padre, Madre o Custodio:

___ Uno de los niños de nuestra Guardería tiene *Giardia*.

___ Su niños puede que tenga *Giardia*

POR FAVOR TOME LAS SIGUIENTES PRECAUCIONES:

1. Observe si su niño o miembros de su familia tienen diarrea, contracciones dolorosas del estómago, gases y náuseas.
2. Si su niño contrae una diarrea severa, diarrea con fiebre o vómitos, no lo envíe al Centro.

Pida a su proveedor de atención médica que haga una prueba de heces para detectar *Giardia*. Él/ella probablemente querrá hacer esta prueba a otras personas de su familia que también tengan diarrea. Si la prueba es positiva, mantenga a su niño en casa hasta que la diarrea sea o enfermedad pase, y su niños haya recibido medicamentos. Si la prueba es negativa, por favor mantenga a su niños en casa hasta que la diarrea sea controlada.

3. Por favor, manténganos informados de cómo se siente su niño y sobre las pruebas positivas o tratamiento.

¿Qué es *Giardia*? *Giardia* es una bacteria muy pequeña (microscópica) que puede infectar los intestinos y las heces. Las personas que contraen esto, puede que tengan o no tengan vómitos o diarrea. De las personas que llegan a enfermarse, la mayoría se sienten ligeramente enfermas. Sin embargo, algunas personas tienen diarrea con mal olor, gases, contracciones dolorosas del estómago, falta de apetito y náuseas. Puede durar un tiempo largo y causar pérdida de peso. La infección, ya sea que cause o no cause síntomas, puede ir y venir por meses si no es tratada.

¿Cómo se adquiere la *Giardia*? Los gérmenes de *giardia* viven en los intestinos y salen del cuerpo en las heces. (Recuerde que son microscópicos, no se les puede ver). Si las personas no se lavan bien las manos después de ir al baño, cambiar pañales, o ayudar a un niño a ir al baño, los gérmenes se quedan en las manos y en las manos de los niños. Los gérmenes pueden luego ser esparcidos en los alimentos y bebidas u objeto y eventualmente, a las manos y bocas de otras personas. Los gérmenes luego son tragados por otra persona o niños, se multiplican en los intestinos, y causan la infección. Obviamente, se puede esparcir fácilmente entre niños pequeños quienes normalmente agarran todo y puede que no se laven bien las manos.

¿Cómo sabe que tiene *Giardia*? *Giardia* puede ser diagnosticada por una prueba llamada "cultivo de heces por huevos y parásitos", en la cual las heces son examinadas bajo microscopio. Sin embargo, debido a que la *giardia* pasa intermitentemente a las heces, varias muestras de heces tomadas durante varios días puede que sean necesarias para ser examinadas..

¿Qué puede hacer para evitar que este germen se propague? Asegúrese que todos se laven las manos cuidadosamente después de ir al baño, o de ayudar a un bebé o niños con los pañales o el baño, y antes de preparar alimentos o comer. ¡Los bebés y niños necesitan que se les laven las manos también!

Si alguien en su familia contrae diarrea, hable con su proveedor de atención médica sobre cómo realizar una prueba de heces. Esto es crítico para su familia o miembros del hogar que tratan o preparan alimentos como parte de su trabajo.

Se recomiendan medicamentos para niños y adultos con *giardia* en sus heces, ya que acorta el tiempo de la enfermedad como el tiempo en que el germen se encuentre en las heces. Su proveedor de atención médica decidirá la mejor medicina para usted o su niños.



Sample letter on Hib Disease

Dear Parent or Guardian:

A child in our daycare center has a serious infectious illness caused by a bacterium named *Haemophilus influenzae*, type B. A short way of writing the name is Hib. Hib spreads from person-to-person by being in close contact. It is not at all related to the regular "flu".

___ Your child has been in close contact (same classroom or shared activities) with this child/staff person.

___ Your child has not been in close contact with the ill person.

Hib can cause very serious illnesses such as meningitis (infection of the covering of the brain), pneumonia, arthritis, epiglottitis (infection of the upper throat), blood infections, and skin infections, all of which need hospital treatment and intravenous antibiotics. Because these bacteria can spread from child to child in a center, and because it can cause serious illness, we want to make you aware of the fact that your child may have been exposed.

WHAT SHOULD YOU DO?

1. Call your health care provider and tell him or her that your child is at a center where another child has come down with an illness caused by *Haemophilus influenzae*, type B (Hib). Tell him or her whether your child has been in close contact and the center's policy on Hib.
2. Watch your child for signs of illness or a fever. If your child becomes ill, take him/her to your healthcare provider. Watch carefully for a month, but especially carefully in the next week. The center will also be very watchful over the next month. If another child comes down with this illness, we will notify you.



Carta Modelo sobre la Enfermedad de Hib

Estimado Padre, Madre o Custodio:

Uno de los niños de nuestra guardería tiene una enfermedad seria infecciosa causada por una bacteria llamada *Influenza Hemófila*, tipo B. Una manera corta de escribir el nombre es Hib. Hib se propaga por contacto de persona a persona. No tiene ninguna relación con la “gripe” común.

___ Su niños ha estado en contacto (la misma clase o actividades compartidas) con este niños/miembro del personal.

___ Su niños no ha estado en contacto con la persona enferma.

Hib puede causar varias enfermedades serias como meningitis (infección de la membrana que cubre el cerebro), neumonía, artritis, epiglotis (infección de la parte superior de la garganta), infecciones de la sangre, e infecciones de la piel, todo lo que necesita tratamiento hospitalario y antibióticos intravenosos. Ya que esta bacteria se puede propagar de niños a niños en el centro y debido a que puede causar una enfermedad seria, queremos que tenga conocimiento del hecho que su niños puede que haya estado expuesto.

¿QUÉ DEBE HACER?

1. Llame a su proveedor de atención médica y comuníquelo que su niños está en un centro, donde otro niños ha contraído una enfermedad causada por la *Influenza Hemófila*, tipo B (Hib). Comuníquelo si su niños ha estado en contacto y los reglamentos del centro referentes a Hib.
2. Observe a su niños por señales de enfermedad o fiebre. Si su niños llegara a enfermarse, llévelo a su proveedor de atención médica. Obsérvelo cuidadosamente por un mes, pero especialmente cuidadosamente en la siguiente semana.
El centro también será bien observado en el mes siguiente. Si otro niños contrayera esta enfermedad, se lo comunicaremos.



Sample letter on Hand, Foot and Mouth disease

___ A child in our center has Hand, Foot, and Mouth disease.

___ Your child may have Hand, Foot and Mouth disease.

What is Hand, Foot, and Mouth Disease? Hand, Foot and Mouth Disease is a viral disease, which usually affects children less than ten years old. The disease usually appears during the summer and fall months. It lasts six to ten days.

What are the symptoms? Symptoms appear four to six days after exposure. They include a sore throat, runny nose, cough, sneezing, ulcers on the tongue, and blisters on the hands, feet or buttocks. A low-grade fever (100-101°F) is common.

How is Hand, Foot, and Mouth Disease diagnosed? A doctor will diagnose the illness at the office visit. Laboratory tests are usually unnecessary.

How is Hand, Foot, and Mouth Disease treated? There is no specific treatment. You may take a non-aspirin pain reliever. Mouth rinses and soothing drinks comfort persons with this disease. Keep blistered areas clean and dry.

Are there any complications? Complications are rare, but meningitis (an infection of the brain's covering.), encephalitis (an infection of the brain) and other secondary infections can occur.

How is Hand, Foot and Mouth Disease spread? Hand, Foot and Mouth Disease is spread from one person to another by direct contact with discharges from the nose and mouth, by feces, or by articles contaminated by either. Feces may spread the virus for a few weeks after the person recovers.

How can Hand, Foot and Mouth Disease be prevented? Reduce person-to-person contact. Wash contaminated articles in hot soapy water. Wash hands immediately after changing diapers, or helping persons with this disease.

Exclusion and return to daycare. Children with diarrhea or blisters should not attend school or day care. Children may return when diarrhea stops and blisters have scabs. The child may return with a slight fever (100°F).



Carta modelo sobre la enfermedad de Manos, Pies y Boca

___ Un niños en nuestro centro tiene la enfermedad de Manos, Pies y Boca.

___ Su niños puede que tenga la enfermedad de Manos, Pies y Boca.

¿Qué es la Enfermedad de Manos, Pies y Boca? La Enfermedad de Manos, Pies y Boca es una enfermedad viral que usualmente afetca a los niños menores de diez años de edad. La enfermedad usualmente aparece durante el verano y meses de otoño. Dura entre seis y diez días.

¿Cuales son los síntomas? Los síntomas aparecen entre cuatro a seis días después de la exposición. Incluyen dolor de garganta, nariz que gotea, tos, estornudos, úlceras en la lengua, y ampollas en las manos, pies o nalgas. Una fiebre baja (100-101°F) es común.

¿Cómo se diagnostica la Enfermedad de Manos, Pies y Boca? Un médico diagnosticará la enfermedad en la visita al consultorio. Las pruebas de laboratorio son usualmente innecesarias.

¿Cómo se trata la Enfermedad de Manos, Pies y Boca? No hay tratamiento específico. Puede tomar un calmante para el dolor que no sea aspirina. Enjuagues de la boca y bebidas refrescantes calman a las personas con esta enfermedad. Mantenga limpias y secas las áreas con ampollas.

¿Hay algunas complicaciones? Las complicaciones son raras, pero pueden ocurrir meningitis (una infección de la membrana del cerebro), encefalitis (una infección del cerebro) y otras infecciones secundarias.

¿Cómo se propaga la Enfermedad de Manos, Pies y Boca? La Enfermedad de Manos, Pies y Boca se propaga de una persona a otra por contagio directo con excreciones de la nariz y boca, por las heces, o por artículos contaminados con algunas de ellas. Las heces pueden propagar el virus por unas pocas semanas después que la persona se recupera.

¿Cómo se puede prevenir la Enfermedad de Manos, Pies y Boca? Reduzca el contacto de persona a persona. Lave los artículos contaminados en agua caliente con jabón. Lave las manos inmediatamente después de cambiar pañales o ayudar a las personas con esta enfermedad.

Exclusión y regreso a la guardería. Los niños con diarrea o ampollas no deben asistir a la escuela o guardería. Los niños pueden regresar cuando se haya controlado la diarrea y las ampollas estén con costras. El niños puede regresar con una fiebre ligera (100°F).



Sample Letter on Head Lice

Dear Parent or Guardian:

___ A child in our center has head lice.

PLEASE TAKE THE FOLLOWING PRECAUTIONS

1. Check your child's hair for eggs (nits).
2. If you suspect your child has head lice, see your health care provider for diagnosis and treatment.
3. Tell us if your child is diagnosed as having head lice.
4. If head lice are diagnosed, do not send your child to the center until he/she has been treated.

What are head lice and how do you know if your child has them?

Head lice are very small, light-brown insects (less than one-eighth inch long) which live only in people's hair, especially the back of the scalp, above the neck, and behind the ears. They do not jump or fly; they do not live on animals. They live by biting the scalp or skin and drinking blood. The bites cause intense itching. Lice are not dangerous, but they make a person very uncomfortable.

Lice live for 20 to 30 days and lay about six eggs a day. These eggs, called nits, are very small, about the size of a fleck of dandruff, but shaped like teardrops or pears, are pearl gray in color, and are glued onto single strands of hair. Sometimes they can best be seen by looking at a few strands of hair at a time held in natural daylight. The nits are very hard to pull off the hair, not like dandruff which can be brushed easily.

Usually, you will not see the lice, only the eggs. You will need to look carefully. Spend about ten minutes and start with the hair on the back of the head. If you are not sure, ask your health care provider to check your child's head.

How does a person get head lice?

Head lice are very easy to catch, for both children and adults. Having lice is not a sign of not being clean or having a dirty house. The lice can crawl from head to head or from a personal item like a hat or pillow to a head. The eggs or nits may be in combs, brushes, hats, scarves, etc., and they may be passed on and then hatched on the next person. Head lice spread only from person to person; you cannot catch them from grass, trees or animals. If your child does have head lice, your health care provider may want to treat everyone in your family. Regardless, you should check everyone's hair carefully. Anyone else with nits should definitely be treated.

How do you get rid of head lice?

There are several medicines, used as shampoos, available to treat head lice. Kwell Shampoo* and Proderm Lotion* are available by prescription only. Other products such as RID*, REC Shampoo*, XXX*, A-200 Pynrate* and NIX* are available over-the-counter. Your doctor will tell you which is best.

All of these products must be used carefully, and all safety guidelines must be observed. It is especially important to consult a physician before treating (1) infants, (2) pregnant or nursing women, or (3) anyone with extensive cuts or scratches on the head or neck.

Although all of these products kill lice, none will kill 100 percent of the nits. Nit removal may be time consuming and difficult due to their firm cementing onto the hair. A solution of vinegar and water may help to dissolve the "cement" and make removal easier. There are special, fine-tooth combs to aid in nit removal; a regular comb will not remove them. A daily nit check for the next ten days is advisable; if you see new nits (less than one-fourth inch from the scalp) or newly hatched lice, it may be necessary to repeat the treatment.

Too many treatments can be dangerous; follow your health care provider's instructions.

- Clean all personal items, giving special attention to the following:
- Clothes -- especially coats, sweaters, hats, scarves, pajamas, robes, nightgowns.
- Bedding -- sheets, pillowcases, blankets, pillows.
- Toiletries and Towels -- combs, brushes, curlers, barrettes, etc.
- Furry or cloth toys -- especially those that have been near the child's head or in the child's bed.

Ways to clean personal items:

- Choose one of the following methods for each item to be cleaned:
- Wash in hot water in washing machine, dry as usual.
- Put in HOT dryer for 20 minutes.
- Dry clean.
- Store in sealed plastic bags for 14 days (any eggs present will hatch, but the louse will die for lack of food, (i.e., blood. Any lice will also die). This method is especially good for blankets, pillows, toys and clothing that are hard to wash.
- Boil combs, brushes, curlers, etc., for 10 minutes, or soak in 2% Lysol and water, or a bleach solution (1/4 cup bleach to 1-gallon water) for one hour.

*Brand names are mentioned for identification purposes only and are not an endorsement. Other similar products may also be used.

Careful vacuuming of carpets, floors and furniture is all that is necessary for the rest of the house. Insecticide sprays are not recommended; they can be harmful to people and animals.

When can my child go back to the Center? Your child may go back as soon as the shampoo has been given, you have removed as many nits as possible from your child's hair, and you have cleaned or stored personal items. Keep checking your child's hair for new nits for at least two weeks.



Carta Modelo sobre Piojos en la Cabeza

Estimado Padre o Madre o Custodio:

___ Uno de los niños de nuestro centro tiene piojos en la cabeza.

POR FAVOR TOME LAS SIGUIENTES PRECAUCIONES

1. Revise el cabello de su niños por huevos (liendres).
2. Si sospecha que su niños tiene piojos en la cabeza, vea a su proveedor de atención médica para recibir un diagnóstico y tratamiento.
3. Comuníquenos si su niños ha sido diagnosticado con tener piojos en la cabeza.
4. Si se diagnostican piojos en la cabeza, no envíe a su hijo al centro hasta que él/ella haya sido tratado.

¿Qué son los piojos de la cabeza y cómo sabe si su hijo los tiene?

Los piojos de la cabeza son muy pequeños, son insectos de color marrón claro (menos de un octavo de pulgada de largo), que sólo viven en el cabello de las personas, especialmente en la parte trasera del cuero cabelludo, encima del cuello y detrás de las orejas. No saltan ni vuelan, no viven en los animales. Viven mordiendo el cuero cabelludo o piel y succionando sangre. Las mordeduras causan una picazón intensa. Los piojos no son peligrosos, pero provocan incomodidad.

Los piojos viven entre 20 y 30 días y colocan aproximadamente seis huevos al día. Estos huevos, llamados liendres, son muy pequeños, aproximadamente del tamaño de una partícula de caspa, pero en forma de lágrimas o peras, son de color gris perlado, y están pegados en hebras del cabello. Algunas veces pueden ser vistos mejor mirando a unas pocas hebras del cabello a la vez sostenidas a la luz natural del día. Estas liendres son difíciles de quitar del cabello (no son como la caspa, la cual se puede cepillar fácilmente).

Usualmente, no se ven los piojos, solamente los huevos. Necesita mirar cuidadosamente. Pase aproximadamente diez minutos y comience con el cabello en la parte trasera de la cabeza. Si no está seguro, pida a su proveedor de atención médica que revise la cabeza de su niños.

¿Cómo adquiere una persona los piojos en la cabeza?

Los piojos en la cabeza son muy fáciles de adquirir, tanto en los niños como en los adultos. El tener piojos no es una señal de no ser limpio o de tener una casa sucia. Los piojos pueden arrastrarse de cabeza a cabeza, o de un objeto personal como de un sombrero o de una almohada a la cabeza. Los huevos o liendres pueden estar en peines, cepillos, sombreros, bufandas, etc. y pueden ser transmitidos y luego incubados en la persona próxima. Los piojos en la cabeza se propagan solamente de persona a persona; no se pueden adquirir del césped, árboles o animales.

Si su niños tiene piojos en la cabeza, su proveedor de atención médica puede que quiera tratar a todos en su familia. De todas maneras, debe revisar el cabello de todos cuidadosamente. Cualquier persona con liendres debe ser definitivamente tratada.

¿Cómo se puede deshacer de los piojos en la cabeza?

Hay varias medicinas, usadas como champús, disponibles para tratar a los piojos en la cabeza. El champú Kwell* y la Loción Proderm* están disponibles con receta médica solamente. Otros productos tales como RID*, REC Shampoo*, XXX*, A-200 Pyninate* y NIX* están disponibles sin receta médica. Su médico le dirá cuál es el mejor.

Todos estos productos deben ser usados cuidadosamente, y todas las pautas de seguridad deben ser observadas. Es especialmente importante consultar a un médico antes de tratar a (1) bebés, (2) mujeres embarazadas o que estén amamantando, ó (3) cualquier persona que tenga muchos cortes o rasguños en la

cabeza o cuello. Aunque todos estos productos matan a los piojos, ninguno matará en 100 por ciento a todas las liendres. El eliminar a las liendres puede que tome mucho tiempo y sea una tarea difícil al pegarse firmemente en el cabello. Una solución de vinagre y agua pueden ayudar a disolver la “cementación” y hacer que la eliminación sea más fácil. Hay peines especiales, con dientes muy finos para ayudar a la eliminación de las liendres; un peine común no las eliminará. Una revisión diaria de liendres por los siguientes diez días es lo aconsejable; si se ven nuevas liendres (a menos de un cuarto de pulgada del cuero cabelludo) o nuevos piojos que han sido incubados, puede que sea necesario repetir el tratamiento. Demasiados tratamientos pueden ser peligrosos; siga las instrucciones de su proveedor de atención médica.

- Limpie todos los objetos personales, dando especial atención a lo siguiente:
- Ropas – especialmente abrigos, jerseys, sombreros, bufandas, pijamas, batas, vestidos de dormir.
- Ropa de cama – sábanas, fundas de almohadas, frazadas, almohadas.
- Artículos de Baño y Toallas -- peines, cepillos, ruleros, ganchos para el cabello, etc.
- Juguetes de peluche o de tela – especialmente los que han estado cerca de la cabeza del niños o en la cama del niños.

Maneras de limpiar los artículos personales:

Escoja uno de los siguientes métodos para cada artículo a ser limpiado:

- Lave en agua caliente en la lavadora, seque como lo hace usualmente.
- Ponga la secadora en CALIENTE por 20 minutos.
- Lave en seco.
- Almacene en bolsas de plástico selladas por 14 días (si hay huevos, éstos serán incubados, pero el piojo morirá por falta de alimento (por ejemplo, sangre. Todos los piojos morirán). Este método es especialmente bueno para frazadas, almohadas, juguetes y ropa que sea difícil de lavar
- Hierva los peines, cepillos, ruleros, etc. por 10 minutos, o remójelos en una solución de 2% Lysol y agua, o en una solución de lejía (1/4 taza de lejía en 1 galón de agua) por una hora.

***Nombres de marcas conocidas se mencionan para propósitos de identificación solamente y no son una promoción. Otros productos similares pueden también ser usados.**

El cuidado al aspirar las alfombras, pisos y muebles, es todo lo que es necesario para el resto de la casa. No se recomiendan aerosoles de insecticidas; éstos pueden ser dañinos para las personas y animales.

¿Cuándo puede regresar mi niño al Centro? Su niños puede regresar tan pronto como se le haya tratado con el champú, y se hayan eliminado tantas liendres como sea posible del cabello de su niños, y usted haya limpiado o almacenado los artículos personales. Siga revisando el cabello de su niños por nuevas liendres por lo menos dos semanas.



Sample Letter on Hepatitis A

Dear Parent or Guardian:

A child or staff member in our center has been diagnosed with a viral infection called Hepatitis A and your child may have been exposed.

What is Hepatitis A?

Hepatitis A is an infection of the liver caused by a virus. It can cause tiredness, fever, lack of appetite, nausea, and jaundice (yellowing of the skin and whites of the eyes, with darkening of the urine). The illness usually lasts one to two weeks. Young children do not usually become jaundiced. However, they may have a "flu-like" illness or nothing at all.

How do you get Hepatitis A?

The virus lives in the intestines and is passed out of the body in the stools. The virus is microscopic--you cannot see it. If people do not wash their hands well after toileting a child or themselves, or wash the child's hands, the virus can be spread to other people, food, drink, or other things. The germs can then be swallowed by another person, multiply in the intestines, and cause illness two to eight weeks later. If a person is exposed (swallowed some germs), the illness may be prevented by a shot of immune globulin.

How is Hepatitis A diagnosed?

Hepatitis A is diagnosed by a blood test.

What can you do?

1. Be sure everyone in your household washes their hands after going to the toilet, helping a child go to the toilet, or changing a diaper. They must wash the children's hands too. This is the most important thing to do! Hands should also be washed before touching food, eating, or feeding.
2. Your child or your household may need a shot of immune globulin. The immune globulin is available free of charge from the Division of Public Health. Other people in your household need the shot as well. See your health care provider.
3. If anyone in your household develops signs of Hepatitis A, ask your health care provider to do a blood test and report if it is positive.



Carta Modelo sobre Hepatitis A

Estimado Padre, Madre o Custodio:

Uno de los niños o uno de los miembros del personal en nuestro centro ha sido diagnosticado con una infección viral, llamada Hepatitis A, y su niños puede que haya estado expuesto a ella.

¿Qué es?

Hepatitis A es una infección del hígado causada por un virus. Puede causar cansancio, fiebre, falta de apetito, náusea, e ictericia (la piel y el blanco de los ojos se ponen amarillos con un oscurecimiento de la orina). La enfermedad usualmente dura entre una a dos semanas. Los niños pequeños usualmente no se ponen amarillos. Sin embargo, pueden tener una enfermedad que "parece como la gripe", o ningún síntoma.

¿Cómo se adquiere?

El virus vive en los intestinos y se pasa del cuerpo a las heces. El virus es microscópico, no se le puede ver. Si las personas no se lavan bien las manos después de ir al baño o de llevar al baño a un niños, o lavan las manos del niños, el virus puede ser propagado a otras personas, alimentos, bebidas, u otras cosas. Los gérmenes pueden ser tragados por otra persona, multiplicarse en los intestinos, y causar la enfermedad dos a ocho semanas después. Si una persona se expone (quiere decir que traga algunos gérmenes) la enfermedad puede ser prevenida por una inyección de globulina inmune.

¿Cómo se diagnostica?

Hepatitis A se diagnostica con una prueba de la sangre.

¿Qué puede hacer?

1. Asegúrese que todos en su hogar se laven las manos después de ir al baño, después de ayudar a un niños a ir al baño, o después de cambiar un pañal. Deben lavar las manos de los niños también. ¡Esto es lo más importante que se debe hacer! Las manos se deben lavar antes de tocar alimentos, comer, o dar de comer.
2. Su niños o su familia puede que necesite una inyección de globulina inmune. (La globulina inmune está disponible gratis en la División de Salud Pública). Otras personas en su familia necesitan la inyección también. Vea a su proveedor de atención médica.
3. Si alguien en su familia contrae los síntomas de Hepatitis A, pida a su proveedor de atención médica que le haga una prueba de sangre y comuníquenos si es positiva.



Sample letter on Impetigo

Dear Parent or Guardian:

___ A child in our daycare center has Impetigo.

___ Your child may have Impetigo.

PLEASE TAKE THE FOLLOWING PRECAUTIONS:

1. Check your child's skin for an impetigo rash.
2. Take your child to your health care provider if you suspect your child has an impetigo rash so that medicine may be prescribed.
3. Tell us if your child was treated for impetigo.
4. If your child has impetigo, he/she may return after taking medicine for 24 hours.

What is Impetigo?

Impetigo is a skin infection common in young children. It is mostly seen on the face and around the mouth, but can occur any place on the skin.

What does Impetigo look like?

The skin is red and may be oozing. There may be small bumps clustered together or larger red areas. These areas may have honey-colored crusts or blisters. It spreads quickly. It is often itchy. Children may scratch the crusts off and cause a little bleeding.

What causes Impetigo?

Impetigo is caused by common skin germs, like strep and staph. These germs usually only cause infection when the skin is injured (scraped, cut, scratched, etc.). It can spread easily among small children who touch everything and, is therefore, very common among this age group.

How is Impetigo diagnosed and treated?

Your health care provider can tell you if your child has impetigo. Usually it is treated with some combination of a special soap, antibiotic ointment, and an oral antibiotic.

The most important thing is to keep the impetigo rash clean and dry. You may want to cover it lightly so the ooze and crusts cannot be spread to other people. Anybody who does touch the rash should wash his/her hands very well.



Carta modelo sobre Impétigo

Estimado Padre, Madre o Custodio:

___ Uno de los niños de nuestra guardería tiene Impétigo.

___ Su niño puede que tenga Impétigo.

POR FAVOR TOME LAS SIGUIENTES PRECAUCIONES:

1. Revise la piel de su niños por una erupción de impétigo.
2. Lleve a su niños a su proveedor de atención médica si sospecha que su niños tiene una erupción de impétigo, de tal manera que se le receten medicinas.
3. Comuníquenos si su niños fue tratado por impétigo.
4. Si su niño tiene impétigo, él/ella puede regresar al centro después de tomar el medicamento por 24 horas.

¿Qué es Impétigo?

Impétigo es una infección de la piel común en niños pequeños. Se ve mayormente en la cara y alrededor de la boca, pero puede ocurrir en cualquier lugar de la piel.

¿Cómo se manifiesta?

La piel se pone roja y puede supurar. Puede que aparezcan pequeños bultos juntos o áreas rojas más grandes. Estas áreas puede que tengan costras de color miel o ampollas. Se propaga rápidamente. A menudo se produce picazón. Los niños puede que se rasquen las costras y se produzca un poco de sangrado.

¿Que produce el Impétigo?

El Impétigo se produce por gérmenes comunes de la piel (como estreptococo y estafilococo). Estos gérmenes producen usualmente infección cuando la piel está herida (raspada, cortada, rasguñada, etc.). Se puede propagar fácilmente entre niños pequeños quienes tocan todo y es, por consiguiente, muy común entre el grupo de esta edad.

¿Cómo se diagnostica y trata el Impétigo?

Su proveedor de atención médica puede decirle si su niños tiene impétigo. Usualmente se trata con alguna combinación de un jabón especial, crema antibiótica, y un antibiótico oral.

Lo más importante es mantener la erupción de impétigo limpia y seca. Puede que quiera cubrirla suavemente, de tal manera que la supuración y las costras no se propaguen a otras personas. Toda persona que toque la erupción debe lavarse muy bien las manos.



Sample letter on Meningococcal Illness

Dear Parent or Guardian:

A child or staff member in our daycare center has a serious infectious illness caused by bacteria named *Neisseria meningitidis*. These bacteria can spread among children who are in close contact. There is a medicine called Rifampin, which can be taken to reduce the risk of infection in people in close contact with the ill person.

___ Your child has been in close contact (same classroom or shared activities) with this child/staff person.

___ Your child has not been in close contact with the ill person.

WHAT SHOULD YOU DO?

1. Call your doctor or nurse practitioner and tell them your child is at a center where another child/staff person has come down with a meningococcal illness. Tell them whether your child has been in close contact with the ill person.
2. If your child has had close contact, get a prescription of rifampin for your child unless there is a medical reason not to. Rifampin can help eliminate the germ from someone who has been exposed.

If your child has had close contact, he/she should not come back to the daycare center until rifampin has been started.

3. For the next three weeks, watch your child for signs of illness or a fever. If your child becomes ill, take him/her to a doctor immediately, whether or not Rifampin was given, because medicine is not always 100% effective. *N. meningitidis* usually causes meningitis, an infection of the coverings of the brain, which is often fatal if not treated with antibiotics.

The center will be very watchful over the next three weeks and will inform you if anyone else becomes ill.



Carta modelo sobre la Enfermedad del Meningococo (Meningitis Cerebral)

Estimado Padre, Madre o Custodio :

Uno de los niños o uno de los miembros del personal de nuestra guardería tiene una enfermedad seria infecciosa causada por una bacteria llamada *Neisseria meningitidis*. Esta bacteria se puede propagar entre niños que están en contacto. Hay una medicina llamada Rifampin que se puede tomar para reducir el riesgo de infección en las personas que están en contacto con la persona enferma.

___ Su niños ha estado en contacto (la misma clase o actividades compartidas) con este niños/miembro del personal.

___ Su niños no ha estado en contacto con la persona enferma.

QUÉ DEBE HACER?

1. Llame a su proveedor de atención médica y comuníquese que su niños está en un Centro, donde otro niño/ miembro del personal ha contraído la enfermedad del meningococo. Comuníquese si su niños ha estado en contacto con la persona enferma.
2. Si su niños ha tenido contacto, obtenga una receta de rifampin para su niños, a menos que haya una razón médica para no hacerlo. Rifampin puede ayudar a eliminar el germen de alguien que ha estado expuesto.

Si su niños ha tenido contacto, no debe regresar a la guardería hasta que se haya comenzado con el tratamiento de Rifampin.

3. Por tres semanas, observe a su niños por señales de enfermedad o fiebre. Si su niños llegar a enfermarse, llévelo inmediatamente al médico, ya sea que se le haya dado o no se le haya dado Rifampin, porque la medicina no es 100 por ciento efectiva. *N. meningitidis* usualmente produce meningitis, una infección de la membrana del cerebro, que es a menudo fatal si no se trata con antibióticos.

El centro también será bien observado en las próximas tres semanas y le informaremos si alguien más llegara a enfermarse.



Sample letter on Pinworm

Dear Parent or Guardian:

___ A child in our center has pinworms.

___ Your child may have pinworms.

PLEASE TAKE THE FOLLOWING PRECAUTIONS

1. Watch your child for pinworms.
2. If you think your child may have pinworms, call your healthcare provider to find out how to test for them.
3. If your child does have pinworms, please tell us at the center.

What are pinworms?

Pinworms are small, white, thread-like worms that live in the large intestine and only infect people. The female worms crawl out through the anus at night and lay eggs around the opening. This can cause intense itching in this area. It does not cause teeth grinding, or bedwetting as some people mistakenly believe. It is not a dangerous disease, just a very irritating one.

Who can get pinworms?

Anyone can. If a child gets them, other family members can catch them.

How do you catch pinworms?

When children scratch their bottoms, the eggs get on their hand and under their fingernails. The children may then touch someone else's mouth, food, or a toy or table. Someone else may get the eggs on his or her hands and eventually swallow it. The egg hatches inside the body. It is very easy to spread pinworms around and to catch them repeatedly.

If you think your child has pinworms, have your family physician examine your child. The physician may order a pinworm test to detect the pinworm eggs, this test is sometimes called the "scotch tape" test. If the test is positive, your child or your entire family may be treated for pinworms.

What do you do about pinworms?

The doctor or nurse will ask you to place sticky tape on your child's bottom first thing in the morning and then look at the tape under the microscope. If there are pinworm eggs on the tape, he/she will give your child a medication, which cures the infection. He/she may also treat your whole family because other people in households are often infected, but are not aware of it.

REMEMBER: Always wash your hands and your child's hands carefully before eating or preparing food and after going to the bathroom.



Carta modelo sobre Oxiuros

Estimado Padre, Madre o Custodio:

___ Uno de los niños de nuestro centro tiene oxiuros.

___ Su niños puede que tenga oxiuros.

POR FAVOR TOME LAS SIGUIENTES PRECAUCIONES

1. Observe a su niños por oxiuros.
2. Si cree que su niños tiene oxiuros, llame a su proveedor de atención médica para que averigüe cómo hacer una prueba.
3. Si su niños tiene oxiuros, por favor comuníquese al centro.

¿Que son los oxiuros?

Los oxiuros son gusanos pequeños, blancos, parecen hilos, que viven en el intestino grueso solamente infetcan a las personas. Los gusanos hembras se arrastran a través del ano durante la noche y colocan sus huevos alrededor de la apertura. Esto puede causar una picazón intensa en esta área. No causan chirrido de los dientes, o el orinarse en la cama como algunas personas lo piensan erróneamente. No es una enfermedad peligrosa, sólo una enfermedad irritante.

¿Quién puede adquirir oxiuros?

Cualquiera puede adquirirlos. Si un niño los adquiere, otros miembros de la familia pueden adquirirlos.

¿Cómo puede contraer los oxiuros?

Cuando los niños se rascan sus traseros, los huevos se quedan en las manos y dentro de sus uñas. Los niños pueden luego tocar la boca de alguien, alimentos, o un juguete, o la mesa. Alguien más puede adquirir los huevos en las manos y eventualmente tragárselos. El huevo se incuba dentro del cuerpo. Es muy fácil que los oxiuros se propaguen alrededor y de adquirirlos una y otra vez.

Si usted cree que su niño tiene oxiuros, haga que su médico lo examine. El médico puede ordenar una prueba de oxiuros para detectar los huevos de oxiuros, esta prueba se llama la prueba de "cinta scotch". Si la prueba es positiva, su niños o su familia entera puede que sean tratados por oxiuros.

¿Qué debe hacer con los oxiuros?

El médico o enfermera le pedirá que coloque un pedazo de cinta pegajosa en el trasero de su niños como primera cosa en la mañana y luego mirar a la cinta bajo el microscopio. Si hay huevos de oxiuros en la cinta, le recetará a su niños una medicina que cure la infección. Puede que trate a su familia entera debido a que otras personas en el hogar podrían estar también infetcadas, pero no tienen conocimiento de ello.

RECUERDE: Lave siempre las manos y las manos de su niños cuidadosamente antes de comer o preparar alimentos y después de ir al baño.



Sample letter on Ringworm

Dear Parent or Guardian:

___ A child in the daycare center has ringworm.

___ Your child may have ringworm.

PLEASE TAKE THE FOLLOWING PRECAUTIONS:

1. Check your child for ringworm.
2. Take your child to your health care provider if you think he/she has ringworm.
3. Tell the center if your child has ringworm.

What is ringworm?

Ringworm is a rash caused by a fungus. It is not dangerous, and it can be treated easily. It does spread easily.

What does the rash look like?

On the body, you often see red rings that are slightly raised, itchy and scaly. On the scalp, you may see circles of hair loss. On the feet you may see cracking and peeling between the toes. Another kind causes whitish patches on the face or body.

How do you catch ringworm?

Ringworm is spread by touching the rash on another person or touching scales or broken hairs, which have fallen off the rash.

How do you know if your child has it?

Your health care provider can tell you by looking at the rash. Sometimes other tests are needed.

When can my child return to daycare?

Children can return to the center the same day treatment (usually an ointment or solution) is started.



Carta modelo sobre Tiña

Estimado Padre, Madre o Custodio:

___ Uno de los niños de la Guardería tiene tiña.

___ Su niños puede que tenga tiña.

POR FAVOR TOMA LAS SIGUIENTES PRECAUCIONES:

1. Revise a su niños por tiña.
2. Lleve a su niños a su proveedor de asistencia médica si cree que tiene tiña.
3. Comunique al centro si su niños tiene tiña.

¿Qué es tiña?

Tiña es una erupción causada por un hongo. No es peligrosa, y puede ser tratada fácilmente. Se propaga fácilmente.

¿A qué se parece la erupción?

En el cuerpo se ven a menudo anillos rojos que son ligeramente abultados, escamosos y que producen picazón y. En el cuero cabelludo se pueden ver círculos de pérdida del cabello. En los pies puede que se vean rajaduras y peladuras entre los dedos. Otro tipo causa manchas de color blanco en la cara o el cuerpo.

¿Cómo adquiere la tiña?

La tiña se propaga al tocar la erupción en otra persona o al tocar las peladuras, o pelos quebradizos que se han caído de la erupción.

¿Cómo sabe si su hijo tiene esta enfermedad?

Su proveedor de atención médica puede decírselo al mirar la erupción. Algunas veces se necesitan otras pruebas.

¿Cuándo puede mi niño regresar a la Guardería?

Los niños pueden regresar al centro el mismo día que se haya empezado con el tratamiento (usualmente una pomada o solución).



Sample Letter on *Salmonella*

Dear Parent or Guardian:

— A child in our center has *Salmonella*.

PLEASE TAKE THE FOLLOWING PRECAUTIONS

1. Watch your child and members of your family for diarrhea or stomach cramps.
2. If your child develops severe diarrhea or diarrhea with fever or vomiting, do not send him/her to the center.

If your child develops mild diarrhea, please call us to discuss whether he/she should come to the center.

In either case, ask your health care provider to do a stool test for *Salmonella*. He/she will probably want to do this test on any other person in your family who develops diarrhea.

If the test is positive, keep your child home until any serious diarrhea or illness is over.

3. Please keep us informed about how your child is doing and about any positive tests.

What is *Salmonella*?

Salmonella is a very small (microscopic) bacterium that can infect the intestines and stools. People who catch it and become ill may have only mild diarrhea, or may have severe diarrhea, painful stomach cramps, and fever. After swallowing the germs, people usually become sick within six to 72 hours. The diarrhea usually goes away on its own in two to five days. However, the germ can continue to be passed in the stools for several weeks, even after all signs of illness have disappeared.

How do you get *Salmonella*?

Salmonella germs live in the intestines and are passed out of the body into the stools. (Remember, they are microscopic - you cannot see them.) If people do not wash their hands well after going to the bathroom, changing diapers, or helping a child go to the bathroom, germs stay on their hands and the children's hands. The germs can then be spread to food or drink or to objects, and eventually to other people's hands and mouths. The germs are then swallowed by the other person or child, multiply in their intestines, and cause an infection. Obviously, *Salmonella* can spread among small children who normally get their hands into everything and may not wash their hands well.

How do you know you have *Salmonella*?

Salmonella can be diagnosed by a test called a "stool culture." It may take 72 hours to grow the germ from the stool and identify it.

What can you do to stop the spread of this germ?

Be sure everyone washes their hands carefully **after** using the bathroom or helping a baby or child with diapers or toileting, and **before** preparing or eating food. Babies and children also need to have their hands washed at these times.

If someone in your family develops diarrhea, talk with your health care provider about getting a stool test. This is critical for family or household members who handle or prepare food as a job.

Medication is not usually recommended for this infection, as it does not shorten the illness. Medication can actually lengthen the amount of time the germ is found in the stools.

REMEMBER: The most important prevention is hand washing after going to the bathroom yourself, and washing your hands as well as your child's hands after changing diapers or helping them in the bathroom and before touching food.



Carta Modelo sobre *Salmonella*

Estimado Padre, Madre o Custodio:

— Uno de los niños de nuestro centro tiene *Salmonella*.

POR FAVOR TOME LAS SIGUIENTES PRECAUCIONES

1. Observe a su niños y miembros de su familia por diarrea o contracciones dolorosas del estómago.
2. Si su niños contrae una diarrea severa, diarrea con fiebre o vómitos, no lo envíe al centro.

Si su niños contrae una diarrea suave, por favor llámenos para conversar si puede asistir al centro.

En cualquiera de los casos, pida a su proveedor de atención médica que haga una prueba de heces para *Salmonella*. Él/ella probablemente ordenará esta prueba también a otras personas de la familia que también tengan diarrea.

Si la prueba es positiva, mantenga a su niños en casa hasta que la diarrea o enfermedad pase.

3. Por favor, manténganos informados de cómo se siente su niños, y sobre cualquiera de las pruebas positivas.

¿Qué es la *Salmonella*? La *Salmonella* es una bacteria muy pequeña (microscópica) que puede infetar los intestinos y las heces. Las personas que contraen esto, y llegan a ponerse enfermas, puede que tengan una diarrea suave, o puede que tengan una diarrea severa, contracciones dolorosas del estómago y fiebre. Después de tragar los gérmenes, las personas llegan a enfermarse usualmente dentro de seis a 72 horas. La diarrea desaparece por sí sola dentro de dos a cinco días. Sin embargo, el germen puede continuar pasando en las heces por varias semanas, aún después que todos los signos de la enfermedad hayan desaparecido.

¿Cómo se adquiere la *Salmonella*? Los gérmenes de *salmonella* viven en los intestinos y salen del cuerpo en las heces. (Recuerde que son microscópicos, no se les puede ver). Si las personas no se lavan bien las manos después de ir al baño, cambiar pañales, o ayudar a un niño a ir al baño, los gérmenes se quedan en las manos y en las manos de los niños. Los gérmenes pueden luego ser esparcidos en los alimentos o bebidas u objetos, y eventualmente, a las manos y bocas de otras personas. Los gérmenes luego son tragados por otra persona o niños, se multiplican en los intestinos, y causan la infección. Obviamente, la salmonela puede propagarse entre niños pequeños, que normalmente ponen las manos en todo, y que puede que no se laven bien las manos.

¿Cómo sabe que tiene *Salmonella*? La *salmonella* puede ser diagnosticada por una prueba llamada "cultivo de heces". Puede tomar 72 horas o más para que el germen crezca en las heces y se pueda identificar.

¿Qué puede hacer para detener que este germen se esparza? Asegúrese que todos se laven las manos cuidadosamente **después** de ir al baño, o ayudar a un bebé o niños con los pañales, llevarlo al baño, y **antes** de preparar o comer alimentos. Los bebés y niños necesitan que se les laven las manos también, en estos momentos.

Si alguien en su familia contrae diarrea, hable con su proveedor de atención médica sobre cómo realizar un cultivo de heces. Esto es crítico para su familia o miembros del hogar que tratan o preparan alimentos como parte de su trabajo.

Usualmente no se recomiendan medicamentos para esta infección, ya que no acorta la enfermedad. Los medicamentos pueden realmente alargar el tiempo en que el germen se encuentra en las heces.

RECUERDE: La prevención más importante es lavarse las manos después de ir al baño, y lavar las manos así como las de su niños después de cambiar pañales o de ayudarlo a ir al baño y antes de tocar los alimentos.



Sample letter on Scabies

Dear Parent or Guardian:

___ A child in our center has scabies.

___ Your child may have scabies.

PLEASE TAKE THE FOLLOWING PRECAUTIONS:

1. Watch for signs of an itchy rash (usually in lines) over the next two to six weeks.
2. If a rash develops, see your health care provider.
3. Tell us at the center that your child has scabies.

What is scabies?

Scabies is a common skin rash caused by microscopic animals called mites, which are found only on people. The mite digs under the skin and lays eggs, which then hatch. The new mites dig more paths and lay more eggs. The rash appears as red bumps and short wavy lines in the skin (where the mites have dug). It is especially common between fingers and toes, and at the wrist and ankle, but can occur anywhere. The rash itches intensely. Scabies is not dangerous, but it is very annoying.

Who can get scabies?

Anyone can.

How do you get scabies?

You catch it from another person, who has it, or from clothes or bedding used by a person with scabies. The mites cannot jump or fly, but they can crawl. They can live for three days off the body.

If my child has scabies, what should I do?

1. See your health care provider to get medicine to treat the scabies.
2. Wash in hot water all clothes, hats, sheets, pillowcases, blankets, towels, etc. that your child has used. Dry on the hottest setting in the dryer.
3. If there are things that you do not want to wash (pillows, blankets, toys, stuffed animals), put them in tightly closed plastic bags for four days.
4. Thoroughly vacuum all carpets and upholstered furniture. Pesticide sprays are not recommended; they can be harmful to people and animals.

When can my child go back to the day care center if he/she has scabies?

The day after receiving treatment. Sometimes your doctor may want to treat the entire family because scabies can spread so easily.

REMEMBER: Scabies is annoying, but not dangerous.



Carta modelo sobre Sarna

Estimado Padre, Madre o Custodio:

___ Uno de los niños nuestro centro tiene sarna.

___ Su niños puede que tenga sarna.

POR FAVOR TOME LAS SIGUIENTES PRECAUCIONES:

1. Observe señales de una erupción con picazón (usualmente en líneas) en las próximas dos a seis semanas.
2. Si se desarrolla una erupción, vea a su proveedor de atención médica.
3. Comuníquenos en el centro que su niños tiene sarna.

¿Qué es sarna?

Sarna es una erupción común de la piel causada por animales microscópicos llamados ácaros que se encuentran solamente en personas. El ácaro excava debajo de la piel y coloca los huevos, que luego incuban. Los nuevos ácaros excavan más caminos y colocan más huevos. La erupción aparece como ronchas rojas y líneas onduladas cortas en la piel (donde los ácaros han excavado). Es especialmente común entre los dedos de la mano y del pie, y en la muñeca y tobillo, pero pueden ocurrir en cualquier parte. La erupción pica intensamente. La sarna no es peligrosa, pero es muy molesta.

¿Quién puede adquirir la sarna?

Cualquier persona puede adquirirla.

¿Cómo se adquiere la sarna?

La puede adquirir de otra persona, que la tiene, o de ropas o de ropa de cama usada por la persona con sarna. Los ácaros no pueden saltar o volar, pero pueden arrastrarse. Pueden vivir por tres días fuera del cuerpo.

Si mi hijo tiene sarna, ¿qué debo hacer?

1. Vea a su proveedor de atención médica para obtener medicinas para tratar la sarna.
2. Lave en agua caliente todas la ropa, sombreros, sábanas, fundas de almohadas, frazadas, toallas, etc. que su hijo haya usado. Seque en la temperatura más caliente de la secadora.
3. Si hay cosas que no quiere lavar (almohadas, frazadas, juguetes, animales de peluche) póngalos en bolsas de plástico selladas por cuatro días.
4. Aspire completamente todas las alfombras y muebles tapizados. No se recomiendan los aerosoles pesticidas; pueden ser dañinos a las personas y animales.

¿Cuándo puede mi niño regresar a la guardería si tiene sarna?

El día después que reciba el tratamiento. (Algunas veces su médico puede que quiera tratar a la familia entera debido a que la sarna se propaga muy fácilmente).

RECUERDE: La sarna es molesta, pero no es peligrosa.



Sample Letter on *Shigella*

Dear Parent or Guardian:

— A child in our center has *Shigella*.

PLEASE TAKE THE FOLLOWING PRECAUTIONS

1. Watch your child and members of your family for diarrhea or stomach cramps.
2. If your child develops severe diarrhea, diarrhea with blood or mucous, fever, or vomiting, do not send him/her to the center.

If your child develops mild diarrhea, please call us to discuss whether he/she should attend the center.

In either case, ask your health care provider to do a stool test for *Shigella*. He/she will probably want to also do this test on any other person in your family who comes down with diarrhea.

If the test is positive, keep your child home until any serious diarrhea or illness is over, and your child has received medication.

3. Please keep us informed about how your child is doing and about any positive tests or treatment.

What is *Shigella*? *Shigella* is a very small (microscopic) bacterium that can infect the intestines and stools. People who catch it may or may not be sick or have diarrhea. Of those who become ill, most are only mildly ill. However, some people have fever, stomach pain, and bloody, mucous stools. The bacteria can continue to be passed in the stools for several weeks after the illness itself seems over.

How do you get *Shigella*? *Shigella* germs live in the intestines and are passed out of the body in the stools. Remember, they are microscopic - you cannot see them. If people do not wash their hands well after doing to the bathroom, changing diapers, or helping a child go to the bathroom, germs stay on their hands and the children's hands. The germs can then spread to food or drink or to objects and eventually to other people's hands and mouths. The germs are then swallowed by the other person, multiply in their intestines, and cause an infection.

How do you know you have *Shigella*? *Shigella* can be diagnosed by a test called a "stool culture." It may take 72 hours to grow the germs from the stool and identify it.

What can you do to stop the spread of this germ?

Be sure everyone washes their hands carefully **after**, using the bathroom or helping a baby or child with diapers or toileting and **before** preparing or eating food. Babies and children need to have their hands washed, too, at these times.

If someone in your family develops diarrhea, talk with your health care provider about getting a stool test. This is critical for family or household members who handle or prepare food as a job.

Medication is recommended for children and adults with *Shigella* in their stools, as it shortens the length of the illness and the amount of time the germ is found in the stools. Your health care provider will decide on the best medicine for you or your child.

REMEMBER: The most important prevention is hand washing after doing, to the bathroom yourself, and washing your hands as well as your child's hands after changing diapers or helping them in the bathroom.

ADDITIONAL NOTES:

1. Encourage treatment of persons with positive *Shigella* culture.
2. If more than one unrelated *Shigella* case occurs in one daycare center, additional screening of asymptomatic children is necessary.
3. Cultures should not be taken until 48 hours after cessation of antibiotics.



Carta Modelo sobre *Shigela* (*Disenteria bacilar*)

Estimado Padre, Madre o Custodio:

— Uno de los niños de nuestro centro tiene *Shigela*.

POR FAVOR TOME LAS SIGUIENTES PRECAUCIONES

1. Observe si su niño o miembros de su familia tiene diarrea o contracciones dolorosas del estómago.
2. Si su niños contrae una diarrea severa, diarrea con sangre o mucosidad, fiebre o vómitos, no lo envíe al centro. Si su niños contrae una diarrea suave, por favor llámenos para hablar si es que puede asistir al centro. En cualquiera de los casos, pida a su proveedor de atención médica que haga una prueba de heces para *Shigela*. Él/ella probablemente ordenará esta prueba también a otras personas de la familia que también tengan diarrea. Si la prueba es positiva, mantenga a su niños en casa hasta que la diarrea seria o enfermedad pase y su niños haya recibido medicamentos.
3. Por favor, manténganos informados de cómo se siente su niño y sobre cualquiera de las pruebas positivas o tratamiento.

¿Qué es la *Shigela*? La *Shigela* es una bacteria muy pequeña (microscópica) que puede infetar los intestinos y las heces. Las personas que contraen esto, puede que se pongan o no se pongan enfermas o tengan diarrea. De las personas que se llegan poner enfermas, la mayoría se ponen sólo ligeramente enfermas. Sin embargo, algunas personas tienen fiebre, contracciones dolorosas del estómago y heces con sangre y mucosidad. La bacteria puede continuar pasando en las heces por varias semanas, después que la enfermedad parezca que haya terminado.

¿Cómo se adquiere la *Shigela*? Los gérmenes de *Shigela* viven en los intestinos y salen del cuerpo en las heces. (Recuerde que son microscópicos, no se les puede ver). Si las personas no se lavan bien las manos después de ir al baño, cambiar pañales, o ayudar a un niños a ir al baño, los gérmenes se quedan en las manos y en las manos de los niños. Los gérmenes pueden luego ser esparcidos en los alimentos o bebidas u objetos y eventualmente, a las manos y bocas de otras personas. Los gérmenes luego son tragados por otra persona, se multiplican en los intestinos, y causan una infección.

¿Cómo sabe que tiene *Shigela*? La *shigela* puede ser diagnosticada por una prueba llamada "cultivo de heces". Puede tomar 72 horas o más para que los gérmenes crezcan en las heces y se puedan identificar.

¿Qué puede hacer para detener que este germen se esparza?

Asegúrese que todos se laven las manos cuidadosamente **después** de ir al baño, o ayudar a un bebé o niños con los pañales, llevarlo al baño, y **antes** de preparar o comer alimentos. Los bebés y niños necesitan que se les laven las manos también, en estos momentos.

Si alguien en su familia contrae diarrea, hable con su proveedor de atención médica sobre cómo realizar un cultivo de heces. **Esto es crítico para su familia o miembros del hogar que tratan o preparan alimentos como parte de su trabajo.**

Usualmente se recomiendan medicamentos para niños y adultos con *Shigela* en sus heces, ya que acorta el tiempo en que la bacteria pasa a las heces, aunque no acorta la duración de la diarrea. Su proveedor de atención médica decidirá la mejor medicina para usted o su niño

RECUERDE: La prevención más importante es lavándose las manos después de ir al baño, y lavar las manos así como las de su niños después de cambiar pañales o de ayudarlo a ir al baño.

NOTAS ADICIONALES:

1. Aliente el tratamiento de las personas con cultivo positivo de *shigela*.
2. Si más de un caso no relacionado de *shigela* ocurriese en nuestra guardería, se necesitará un examen adicional de niños asintomáticos.
3. Los cultivos no se deben hacer hasta 48 horas después del cese de antibióticos.



Sample letter on Strep Throat

Dear Parent or Guardian:

___ A child in the daycare center has strep throat.

___ Your child may have strep throat.

PLEASE TAKE THE FOLLOWING PRECAUTIONS:

1. Watch your child for signs of a sore throat and other signs of strep (headache, fever, stomachache, swollen and tender neck glands).
2. If your child develops a sore throat and any of these other signs, please see your health care provider. Tell your doctor or nurse practitioner that another child in the Center has strep and ask to have your child tested for strep throat.

What is strep throat? Strep throat is a sore throat caused by the streptococcus bacteria. Most sore throats, however, are caused by viruses and are not treated with antibiotics. The strep germs are passed around through nose and mouth secretions.

How do I find out if my child has strep throat? If your child has a sore throat and other signs of strep, your health care provider will do a throat culture or a rapid test. In one to two days you will have the results of the culture. If strep is found, your child will receive treatment.

Why is it important that my child receive treatment? There are three reasons:

1. If not treated, or not treated long enough, your child may continue to spread the infection to other members of your family or to other children in the Center. Treatment reduces spread.
2. Rarely, some children with this illness later develop rheumatic fever (abnormalities of the heart valves and inflammation of the joints); treatment with antibiotics can usually prevent this.
3. Treatment will also prevent other rare, but possibly dangerous, complications.

Who gets strep throat? Anyone can. It is very common in pre-school and school-aged children.

When can my child return to the Daycare Center? After taking medicine for 24 hours.

How can you prevent the spread of strep?

1. Wash your hands and your child's hands after wiping noses and before eating or preparing food.
2. Dishes should be washed carefully in hot soapy water or a dishwasher.
3. Children should not share cups, spoons, etc.
4. Toys that are put in the mouth should not be shared. Sharing of food should be discouraged.



Carta modelo sobre Infección y dolor de la Garganta causada por Estreptococos

Estimado Padre, Madre o Custodio:

Uno de los niños nuestro centro tiene infección y dolor de la garganta causada por estreptococos

Su niño puede que tenga infección y dolor de la garganta causada por estreptococos.

POR FAVOR TOME LAS SIGUIENTES PRECAUCIONES:

1. Observe a su niños por signos de dolor de garganta y otros síntomas causados por estreptococos (dolor de cabeza, fiebre, dolor de estómago, glándulas del cuello hinchadas y delicadas).
2. Si su niños contrae dolor de garganta y cualquiera de estos otros síntomas, por favor vea a su proveedor de atención médica. Comuníquelo a su médico o enfermera profesional que otro niños en el centro tiene estreptococos y pida que su niños sea examinado por infección y dolor de la garganta causada por estreptococos.

¿Qué es infección y dolor de la garganta causada por estreptococos? Es una infección y dolor de la garganta causada por la bacteria del estreptococo. (La mayoría de dolores de garganta, sin embargo, son causados por virus y no son tratados con antibióticos). Los gérmenes del estreptococo se pasan de una persona a otra a través de las secreciones de la nariz y boca.

¿Cómo puedo averiguar si mi hijo tiene una infección y dolor de la garganta causada por la bacteria del estreptococo? Si su niños tiene un dolor de garganta y otros síntomas causados por estreptococos, su proveedor de atención médica hará un cultivo de la garganta o una prueba rápida. En uno o dos días tendrá los resultados del cultivo. Si se encuentran estreptococos, su niño recibirá tratamiento.

¿Por qué es importante que mi niño reciba tratamiento? Hay tres razones:

1. Si no se trata, o no se trata por tiempo suficiente, su niños puede continuar propagando la infección a otros miembros de su familia o a otros niños en el centro. El tratamiento reduce la propagación.
2. Muy raramente, algunos niños con esta enfermedad contraen después fiebre reumática (anormalidades de las válvulas del corazón e inflamación de las articulaciones); el tratamiento con antibióticos puede usualmente prevenir esto.
3. El tratamiento también prevendrá otras raras, pero posibles complicaciones peligrosas.

¿Quién adquiere la infección y dolor de la garganta causada por estreptococos? Cualquiera puede adquirirla. Es muy común en los niños de la edad pre-escolar y edad escolar.

¿Cuándo puede mi niño regresar a la guardería? Después de tomar medicina por 24 horas.

¿Cómo puede prevenir la propagación de la infección y dolor de la garganta causada por estreptococos?

1. Lave las manos y las manos de su niños después de limpiar las narices y antes de comer o preparar alimentos.
2. Los platos deben lavarse cuidadosamente en agua caliente con jabón o con detergente para lavar platos.
3. Los niños no deben compartir tazas, cucharas, etc.
4. Los juguetes que se ponen en la boca no deben ser compartidos. Se debe desaprobar el compartir alimentos.

Chapter 10.

Bioterrorism: Being Prepared

It is very unlikely that children in childcare and school settings will be the subjects of bioterrorism. However, this information is provided to address any questions that may arise. Some infectious agents have the potential to be used in acts of bioterrorism. Children may be particularly vulnerable to a bioterrorist attack because, compared with adults, they have a more rapid respiratory rate, increased skin absorption, a higher ratio of skin surface area to weight, and less fluid reserve. Accurate and rapid diagnosis may be more difficult in children because of their inability to describe symptoms. The symptoms of illnesses caused by bioterrorism agents are similar to symptoms of many infectious diseases. Therefore, it will be hard to know when a bioterrorist attack has occurred. If a number of children become ill at the same time, notify your health consultant and the Delaware Division of Public Health immediately.

Creating Written Emergency Plans for Natural and Man-made Disasters

In the past, practicing fire drills and having a basic plan to evacuate your program or family childcare home seemed adequate preparation for an emergency. Especially in relation to recent world events, we are becoming increasingly aware of the need for more in-depth emergency planning. If a natural or man-made disaster occurred, your level of preparation could mean the difference between remaining as safe as possible to increasing the likelihood of being affected by the danger at hand.

We encourage each program director and family childcare provider to develop written emergency plans describing procedures for handling both natural and man-made disasters such as fire, flood, earthquake, extreme weather conditions, power failure or utility disruptions, chemical or toxic spills, bomb threats, or terror attacks.

Your plans should include procedures for the following:

- Training staff or helpers about disaster preparedness
- Assigning staff or helpers specific responsibilities during a disaster
- Accounting for all children, staff or helpers
- Having a relocation process, when appropriate
- Remaining at the facility or “sheltering-in-place,” when appropriate
- Having necessary emergency supplies, food and water
- Contacting appropriate emergency response activities
- Contacting the parents/guardians of the children

Your plan should be individualized to the particular needs of the children, staff, or helpers in your facility or family childcare home. Since we are sure that remaining safe in any emergency is your goal, it is definitely to everyone’s advantage to be as prepared as possible. Please take time to think through how you would respond to various types of emergencies and begin to write your facilities emergency plans. Share your plans with parents and guardians of the children in your care to let them know you are doing all you can to keep their children safe and sound.

Chapter 11.

Role of the Health Consultant in Childcare and Schools

All childcare and school settings should have access to a health consultant who can provide consultation and technical assistance. The health consultant is a health professional with expertise in child health and development who works with caregivers/teacher to recognize and promote the health and safety of staff, children, and families. In Delaware, medical professionals and early education professionals who have successfully completed the Childcare Health Consultant training program at Wesley College are recognized as Childcare Health Consultants. The Wesley program utilizes the accredited National Training Institute of Childcare Health Consultant Curriculum developed by the University of North Carolina at Chapel Hill, School of Public Health-Maternal and Child Health.

Who is the Health Consultant?

The health consultant should be a pediatrician, family health physician, pediatric nurse practitioner, pediatric/community health nurse, or health professional with expertise in:

- Mental Health
- Nutrition
- Health education
- Oral Health
- Environmental Health
- Emergency management
- Infectious diseases
- Issues relation to caring for children with special health care needs

Although some state regulations require a health consultant, others do not. Please refer to the National Resource Center for Health and Safety in Childcare Web site, <http://nrc.uchsc.edu> for the regulations for each state. Delaware currently allows early education professionals who have completed the specialized training to provide consultation on health and safety standards in childcare settings.

What are the Qualifications of Health Consultant?

The health consultant should have knowledge and expertise in the following areas:

- Routines
- Conditions and constraints for caregivers/teachers
- Pediatric health care and early brain development
- Community, state, and national resources and regulations
- Principles of consultation
- Working with diverse populations
- Oral, written and electronic communication
- Communication with non-health-related personnel and local health authorities
- Techniques to teach health and safety to adult learners who are not health professionals

What Does a Health Consultant Do?

The health consultant should be in regular contact with the childcare program or school and able to:

- Perform an assessment of the program focusing on health, safety, nutrition practices and facility issues
- Assist in the development of an implementation of written health policies
- Contribute to the professional development of caregivers/teachers
- Assist caregivers/teachers with the inclusion of children with special health care needs
- Create health care plans for children with special health care needs, in collaboration with health professionals in the child's medical home
- Delegate prescribed care to caregivers/teachers
- Assist the program in the event of a communicable disease outbreak

Why Does a Childcare Program or School Need a Health Consultant?

To assist in:

- Preventing infectious diseases in children, staff, and families
- Preventing injuries
- Promoting health by using:
 - Written policies
 - Food safety practices
 - Sanitation procedures
 - Play equipment assessments
 - Health record reviews
 - Illness and injury records
 - Education of staff and families

Where Can a Childcare Program or School Find a Health Consultant?

- Division of Public Health: CCHC directory on the DPH website: <http://www.dhss.delaware.gov/dhss/dph/chca/dphearlychildcchcdir.html>
- Family and Workplace Connection
- Clinicians who care for children
- State chapter of the American Academy of Pediatrics, <http://www.aap.org>
- A parent who is a health professional (with appropriate limitations of access to confidential information about children and families in the program)
- Through the Healthy Childcare America program, <http://www.healthychildcare.org>
- For more information about training of health consultants, visit the National Training Institute for Childcare Health Consultants Web site at <http://www.sph.unc.edu/courses/childcare>

Glossary

Acute: Adjective describing an illness that has a sudden onset and is of short duration.

Assessment: An in-depth appraisal conducted to diagnose a condition or determine the importance or value of a procedure.

Bacteria: Plural of bacterium. Organisms that may be responsible for localized or generalized diseases and can survive in and out of the body. They are much larger than viruses and usually can be treated effectively with antibiotics.

Bleach Solution: For sanitizing environment surfaces—use a spray solution of one-quarter ($\frac{1}{4}$) cup of household liquid chlorine bleach (sodium hypochlorite) in one (1) gallon of water, prepared fresh daily.

Body Fluids: Urine, feces, saliva, blood, nasal discharge, eye discharge, and injury or tissue discharge.

Bronchitis: Most often a bacterial or viral infection that causes swelling of the tubes (bronchi) leading to the lungs.

Caregiver: Used here to indicate the primary staff who works directly with the children in the center and childcare provider in small and large family daycares and in schools.

Carrier: A person who carries within his or her body a specific disease-causing organism, has no symptoms of disease and can spread the disease to others. For example, some children may be carriers of *Giardia* and have no symptoms.

CDC: Abbreviation for the Centers for Disease Control and Prevention.

Center: A facility that provides care and education for any number of children in a non-residential setting and is open on a regular basis (i.e., it is not a drop-in facility).

Chronic: Adjective describing an infection or illness that lasts a long time (months or years).

Clean: To remove dirt and debris (e.g., blood, urine, feces) by scrubbing and washing with a detergent solution and rinsing with water.

Communicable disease: A disease caused by a microorganism (e.g., bacterium, virus, fungus, parasite) that can be transmitted from person to person via an infected body fluid or respiratory spray, with or without an intermediary agent (e.g., louse, mosquito) or environmental object (e.g., table surface). Many communicable diseases are reportable to the local health department.

Compliance: The act of carrying out a recommendation, policy, or procedure.

Contamination: The presence of infectious microorganisms in or on the body, environmental surfaces, articles of clothing, or food or water.

Contraindication: Something (e.g., symptom, condition) that makes a particular treatment or procedure inadvisable.

Croup: Spasms of the airway that cause difficult breathing and a cough sounding like a seal's bark. Various bacteria and viruses can cause croup.

Dermatitis: An inflammation of the skin caused by irritation or infection.

Diphtheria: A serious infection of the nose and throat caused by the bacterium *Corynebacterium diphtheriae*, producing symptoms of sore throat, low fever, chills, and grayish membrane in the throat. The membrane can make swallowing and breathing difficult and may cause suffocation. The bacteria produce a toxin (a type of poisonous substance) that can cause severe and permanent damage to the nervous system and heart. This infection has been eliminated in areas where standard infant immunizations and boosters are preformed.

Disinfect: To eliminate virtually all germs from inanimate surfaces with chemicals or physical agents (e.g., Heat).

Enteric: Describes the location of infections affecting the intestines (often with diarrhea) or liver.

EPA: Abbreviation for the US Environmental Protection Agency, established in 1970, which administers federal programs on air and water pollution, solid waste disposal, pesticide regulation, and radiation and noise control.

Epiglottitis: Tissue lid of the voice box. When this organ becomes swollen and inflamed it can block breathing passages. *Haemophilus influenzae* type b commonly causes epiglottitis.

Evaluation: Impressions and recommendations formed after a careful appraisal and study.

Exclusion: Denying admission of an ill child or staff member to a facility.

Excretion: Waste material that is formed and not used by the body (e.g., feces, urine).

Facility: A legal definition of the buildings, grounds, equipment, and people involved in providing childcare of any type.

Febrile: The condition of having an abnormally high body temperature (fever), often as a response to infection.

Fever: An elevation of body temperature. Body temperature can be elevated by overheating caused by over dressing or a hot environment, reactions to medications, and response to infection. For this purpose, fever is defined as temperature above 101°F orally, above 102°F rectal, or 100°F or higher taken axillary (armpit) or measured by an equivalent method. Fever is an indication of the body's response to something, but is neither a disease nor a serious problem itself.

Fungi: Plural of fungus. Plantlike organisms such as yeasts, molds, mildew, and mushrooms that get their nutrition from other living organisms or dead organic matter.

Germ: A small mass of living substance capable of developing into an organism or one of its parts.

Group A streptococcus: Bacterium commonly found in the throat and on the skin that can cause a range of infections, from relatively mild sore throats and skin infections to life-threatening diseases.

Group care setting: A facility where children from more than one family receive care together.

HBV: Abbreviation for hepatitis B virus.

Healthcare professional: Practices medicine by an established licensing body with or without supervision. The most common types of healthcare professionals include physicians, nurse practitioners, and physician assistants.

Health consultant: A physician certified pediatric or family nurse practitioner, registered nurse, or environmental, oral, mental health, nutrition, or other health professional that has pediatric and childcare experience and is knowledgeable in pediatric health practice, childcare, licensing, and community resources. The health consultant provides guidance and assistance to childcare staff on health aspects of the facility.

Hib: Abbreviation for *Haemophilus influenzae* type b.

HIV: Abbreviation for human immunodeficiency virus.

Hygiene: Protective measures taken by individuals to promote health and limit the spread of infectious diseases.

Immune globulin (gamma globulin, immunoglobulin): An antibody preparation made from human plasma. Provides temporary protection against diseases such as hepatitis A. Health officials may wish to give doses of immune globulin to children in childcare when cases of hepatitis appear.

Immunity: The body's ability to fight a particular infection.

Immunizations: Vaccines that are given to children and adults to help them develop protection (antibodies) against specific infections. Vaccines may contain an inactivated or killed agent or a weakened live organism.

Impervious: Not allowing entrance or passage; impenetrable.

Incubation period: Time between exposure to an infectious microorganism and beginning of symptoms.

Infant: A child between the time of birth and age of ambulation (usually between birth & 12 months).

Infection: A condition caused by the multiplication of an infectious agent in the body.

Infectious: Capable of causing an infection.

Infestation: Common usage of this term refers to parasites (e.g. lice, scabies) living on the outside of the body.

Ingestion: The act of taking material (whether food or other substance) into the body through the mouth.

Intradermal: Relating to areas between the layers of the skin (as in intradermal injections).

Jaundice: Yellowish discoloration of the whites of the eyes, skin, and mucous membranes caused by deposition of bile salts in these tissues. It occurs as a symptom of various diseases such as hepatitis that affect the processing of bile.

Lethargy: Unusual sleepiness.

Mantoux intradermal skin test: Involves the intradermal injection of a standardized amount of tuberculin antigen. The reaction to the antigen on the skin can be measured and the result used to assess the likelihood of infection with tuberculosis.

Medications: Any substances that are intended to diagnose, cure, treat, or prevent disease or affect the structure or function of the body of humans or other animals.

MMR: Abbreviation for the vaccine against measles, mumps, and rubella.

Organisms: Living things. Often used as a general term for germs (e.g., bacteria, viruses, fungi, parasites) that can cause disease.

OSHA: Abbreviation for the Occupational Safety and Health Administration of the US Department of Labor, which regulates health and safety in the workplace.

Parasite: An organism that lives on or in another living organism (e.g., tick, louse, mite).

Parent: The child's natural or adoptive mother or father, guardian, or other legally responsible person.

Pesticides: Chemicals used to kill pests, particularly insects.

Poliomyelitis: A disease caused by the polio virus with signs that may include paralysis and meningitis but often only include minor flu-like symptoms. This infection has been almost entirely eliminated in areas where standard infant immunizations and boosters are preformed.

RSV: Abbreviation for respiratory syncytial virus

Rhinovirus: A virus that causes the common cold.

Sanitize: To remove filth or soil and small amounts of certain bacteria. For an inanimate surface to be considered sanitary, the surface must be clean and the number of germs must be reduced to such a level that disease transmission by that surface is unlikely. This procedure is less rigorous than disinfection and is applicable to a wide variety of routine housekeeping procedures involving, for example, bedding, bathrooms, kitchen countertops, floors, and walls.

Screening: Mass examination of a population group to detect the existence of a particular disease (e.g., diabetes, tuberculosis).

Secretions: Wet materials such as saliva that are produced by cells or glands and have a specific purpose in the body.

Seizure: A sudden attack or convulsion caused by involuntary, uncontrolled bursts of electrical activity in the brain that can result in a wide variety of clinical manifestations including muscle twitches, staring, tongue biting, loss of consciousness, and total body shaking.

Staff: Used here to indicate all personnel employed at the childcare facility or school, including caregivers, teachers, and personnel who do not provide direct care to children (e.g., cooks, drivers, housekeeping).

Standard precautions: Apply to contact with non-intact skin, mucous membranes, blood, all body fluids, and excretions except sweat, whether they contain visible blood or not. The general methods of infection prevention are indicated for all people in the group care setting and designed to reduce the risk of transmission of microorganisms from recognized and unrecognized sources of infection. Standard precautions involve use of barriers against spread of bloodborne disease as in universal precautions as well as cleaning and sanitizing surfaces contaminated by other body fluids. Group care adaptation of standard precautions is as follows:

- Use of nonporous gloves is optional except when blood or blood containing body fluids may be involved.
- Gowns and masks are not required.
- Appropriate barriers include materials such as disposable diaper table paper and disposable towels and surfaces that can be sanitized in-group care settings.

Streptococcus: A common bacterium that can cause sore throat, upper respiratory illnesses, pneumonia, skin rashes, skin infections, arthritis, heart disease (rheumatic fever), and kidney disease (glomerulonephritis).

TB: Abbreviation for tuberculosis.

Toddler: A child between the age of ambulation and toilet learning/training (usually between 13 and 35 months).

Transmission: The passing of an infectious organism or germ from person to person.

Under immunized: A person who has not received the recommended number or types of vaccines for his or her age according to the current national and local immunization schedules.

Universal precautions: Apply to blood and other body fluids containing blood, semen, and vaginal secretions, but not to feces, nasal secretions, sputum, sweat, tears, urine, saliva, and vomitus, unless they contain visible blood or are likely to contain blood. Universal precautions include avoiding injuries caused by sharp instruments or devices and the use of protective barriers such as gloves, gowns, aprons, masks, or protective eyewear, which can reduce the risk of exposure of the worker's skin or mucous membranes that could come in contact with

materials that may contain blood-borne pathogens while the worker is providing first aid or care.

Virus: A microscopic organism, smaller than a bacterium that may cause disease. Viruses can grow or reproduce only in living cells.

Resources

American Academy of Pediatrics 141 Northwest Point Blvd. Elk Grove Village, IL 60007	847-434-4000
American Public Health Association (Health & childcare inquiries) 800 1 st , NW Washington DC 20001-3710	202-777-2742
“Back to Sleep” (SIDS Prevention) 31 Center Drive, Room 2A32 Bethesda, MD 20892-2425	800-505-2742
Centers of Disease Control & Prevention (CDC) Childcare Health & Safety Program 1600 Clifton Road, N.E. Atlanta, GA 30333	404-639-6424
Public inquiries on specific diseases	404-639-3534
Childcare Licensing 1825 Falkland Road Wilmington, DE 19805	302-892-5800
Or	
Childcare Licensing Barratt Building, Suite 103 821 Silver Lake Blvd. Dover, DE 19904	302-739-5487 800-822-2236
US Consumer Product Safety Commission Public playground safety & “Handbook for Public Safety” 4330 East West Highway Bethesda, MD 20814-4408	301-424-6421
Delaware Department of Health & Social Services Herman M. Holloway, Sr. Campus 1901 North DuPont Highway-Main Building New Castle, DE 19720	302-577-4357
Delaware Division of Public Health Health Information and Epidemiology Jesse Cooper Building 417 Federal Street Dover, DE 19901	302-744-4541 888-295-5156
Delaware Public Health Laboratory PO Box 1047 30 Sunnyside Road Smyrna, DE 19977	302-223-1520

Delaware State County Health Units

Kent County Health Unit 302-739-5305
 James Williams State Service Center
 805 River Road
 Dover, DE 19901

New Castle County Health Unit 302-995-8653
 2055 Limestone Road, Suite 300
 Wilmington, DE 19809

Sussex County Health Unit 302-856-5340
 Georgetown State Service Center
 546 South Bedford Street
 Georgetown, DE 19947

Northern Health Services (Administrator) 302-995-8653

Southern Health Services (Administrator) 302-856-5355

Other State Service Centers**Kent County**

Carroll's Plaza 302-739-4437
 1114 South DuPont Highway
 Dover, DE 19901

Milford State Service Center 302-424-7200
 11-13 Church Avenue
 Milford, DE 19963

Milford Draper Building 302-422-1400
 10 Church Avenue
 Milford, DE 19963

New Castle County

Appoquinimink State Service Center 302-378-5781
 120 Silver Lake Road
 Middletown, DE 19709

Claymont State Service Center 302-798-4093
 3301 Green Street
 Claymont, DE 19703

DeLaWarr State Service Center 302-577-3814
 500 Rogers Road
 New Castle, DE 19720

Hudson State Service Center 302-453-2800
 501 Ogletown Road
 Newark, DE 19711

Herman M. Holloway, Sr. Campus Lewes Bldg. 302-255-9500
 1901 N. DuPont Highway 800-372-2022
 New Castle, DE 19720

Northeast State Service Center 302-552-3530
 1624 Jessup Street
 Wilmington, DE 19802

Porter State Service Center 302-577-3504
 509 West 8th Street
 Wilmington, DE 19801

Robscott Building 302-368-6610
 153 Chestnut Hill Road
 Newark, DE 19713

Sussex County

Bridgeville State Service Center 302-337-8261
 North Cannon & Mill Streets
 Bridgeville, DE 19933

Laurel State Service Center 302-875-2280
 440 North Poplar Street
 Laurel, DE 19956

Pyle State Service Center 302-732-9504
 R.D. 4, Box 281-1
 Frankford, DE 19945

Shipley State Service Center 302-628-2011
 350 Virginia Avenue
 Seaford, DE 19973

Poison Control Centers

Washington DC 202-625-3333
 National Capitol Poison Control Center

Maryland Poison Center 410-706-7604

Philadelphia, PA Poison Control Center 800-222-1222
 215-386-2100

Police

Emergency (All areas) 911

Kent County

Dover Police 302-736-7111

Milford Police 302-422-8081

Smyrna Police 302-653-9217

New Castle County

Newark Police 302-366-7111

Wilmington Police 302-654-5151

 Elsmere Borough Police 302-998-1173

 Westover Hills Police 302-654-5524

New Castle County Police 302-573-2800

Sussex County

Georgetown Police 302-856-6613

Delaware State Police, Georgetown 302-856-5850

Internet Resources

Delaware Division of Public Health

<http://www.dhss.delaware.gov/dhss/dph/chca/dphearlychildhome.html>

Division of Public Health, CCHC directory

<http://www.dhss.delaware.gov/dhss/dph/chca/dphearlychildcchedir.html>

American Academy of Pediatrics

<http://www.aap.org>

American Academy of Pediatrics, Healthy Childcare America

<http://www.healthychildcare.org/HCCP.cfm>

ADA

<http://www.ada.org>

Delaware Office of Childcare Licensing

<http://www.state.de.us/kids/occl/occl.shtml>

US Department of Health & Human Services

<http://www.hrsa.gov>

US Maternal and Child Health Bureau

<http://mchb.hrsa.gov>

Delaware Emergency Management Agency (DEMA)

http://state.de.us/dema/services/disaster_prep.shtml

Federal Emergency Management Agency (FEMA)

<http://www.fema.gov>

American Red Cross

<http://www.redcross.org/services/disaster/>

US Department of Homeland Security

<http://www.ready.gov>

National Childcare Information Center

<http://nccic.org> or call 800-616-2242

National Resource Center for Health and Safety in Childcare

<http://nrc.uchsc.edu>

Emergency Preparedness Center

<http://www.areyouprepared.com>

Healthy Childcare America

<http://www.healthychildcare.org>

Healthy Childcare America, SIDS Information

<http://www.healthychildcare.org/pdf/SIDSchildcaresafesleep.pdf>

Consultation Resources

Office of Childcare Licensing

Wilmington Office

302-892-5800

Dover Office

302-739-5487

Childcare Health Consultants

Family & Workplace Connection

New Castle County

302-479-1676

Kent & Sussex Counties

800-660-6602

or contact directly at their website:

<http://www.dhss.delaware.gov/dhss/dph/chca/dphearlychildcchcdir.html>

Delaware's Division of Public Health

Office of Emergency Medical Services for Children

302-739-6637

New Castle County Office of Emergency Preparedness	302-573-2855
City of Wilmington Office of Emergency Preparedness	302-576-3914
Kent County Emergency Management	302-735-3465
Sussex County Emergency Operations Center	302-855-7801

References

American Academy of Pediatrics, Committee on Infectious Diseases, *2003 Red Book: Report of the Committee on Infectious Diseases*. Pickering LK, ed. 26th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2003

American Academy of Pediatrics, *Managing Infectious Diseases in Childcare and Schools*. Elk Grove Village, IL: American Academy of Pediatrics; 2005

For a general guide on caring for young children, refer to American Academy of Pediatrics. *Caring for Your Baby and Young Child: Birth to Age 5*. Shelov SP, Hannemann RE, eds. 4th ed. New York, NY: Bantam Books; 2004

Donowitz, L.G., ed. *Infection Control in the Childcare Center and Preschool*. Philadelphia, PA: William & Wilkins; 1999

American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care (2002). *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, 2nd edition*. Elk Grove Village, IL: American Academy of Pediatrics and Washington, DC: American Public Health Association. Also available at <http://nrc.uchsc.edu>.