

# BANANAS HANDOUT

## Promoting Health & Hygiene In A Child Care Setting

A child can become ill whether in child care or at home. But when an illness occurs among a group of children, the situation becomes more complicated. It affects everyone – all the children in care as well as their families, the staff, and, of course, the sick child who still needs care. The program must decide what implications an illness has to all these parties. At the same time, the parent is sure to feel torn between the demands of employment and the lack of alternatives for the care during the time a child is sick.

Here are the most prevalent illnesses in child care grouped by the way the illness is spread:

- **Respiratory infections** such as colds and flu are responsible for the greatest number of illnesses. Most colds exhibit themselves as fever, runny nose, coughing and sneezing. Many lead to ear infections or lower respiratory infections. These infections are generally transmitted by secretions from the nose or mouth or through droplets coughed or sneezed into the air and/or spread by hands or objects.
- **Intestinal infections** which cause diarrhea are transmitted directly from the feces to the mouth usually by way of the hands, food or other objects which go into the mouth.
- **Skin infections** such as impetigo, lice, scabies or ringworm. These are generally transmitted through direct contact.



It is inevitable that children in group care will get sick. They play very intimately, sharing toys and joys with one another. In addition, children at younger ages have lower resistance to illnesses. Children in group care have an increased exposure to illnesses because they have more contact with other kids who carry germs. You can help parents prepare by informing them about your illness policies when they are enrolling and by discussing sick child care plans.

### Getting off to a good start...

Begin with getting the health and safety training required by licensing for all family child care providers and in centers it is required that there is always someone at the site who has the training. BANANAS offers the required EMSA approved 15 hour course that includes CPR, First Aid, and Preventive Health. Then require that every child who enters care have health insurance (when possible) and is under medical supervision. Inform families without insurance that they may be eligible for free or affordable health insurance from Healthy Families or Medi-Cal. (Call 888-747-1222 for more information.) Make sure all immunizations and health checkups are current.

Remind all the adults who work with children (yourself included!) to review their own immunization records and childhood illness history because they will be exposed to many common childhood illnesses. Staff members who are unsure about what immunizations they have received should consult with their individual health care providers.

Request a completed child's health history (form LIC 702) and Physicians' Report (form LIC 701) and get additional information if there are health concerns. All child care programs are required to know that the children in their care are up to date on their immunizations. The immunization schedule in the current child care regulations reflect the minimum requirements. Request a copy of the official immunization history for your files as parents must keep the original record. Then transfer the information to the state immunization Blue Card and compare to the schedule. If the immunizations are not current you cannot admit a new child or must get a updated record for a currently enrolled child. Immunization Blue Cards are available from BANANAS or you may request them along with other immunization materials from the Health Department, Immunization Unit 267-3230. You can learn more about maintaining your immunization records in the health and safety training course offered at BANANAS.

What follows is the ideal immunization schedule recommended by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians.

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B <sup>1</sup>		HepB	HepB			HepB						
Rotavirus <sup>2</sup>				RV	RV	RV <sup>2</sup>						
Diphtheria, Tetanus, Pertussis <sup>3</sup>				DTaP	DTaP	DTaP	see footnote <sup>3</sup>	DTaP				DTaP
<i>Haemophilus influenzae</i> type b <sup>4</sup>				Hib	Hib	Hib <sup>4</sup>	Hib					
Pneumococcal <sup>5</sup>				PCV	PCV	PCV	PCV				PPSV	
Inactivated Poliovirus <sup>6</sup>				IPV	IPV	IPV	IPV					IPV
Influenza <sup>7</sup>						Influenza (Yearly)						
Measles, Mumps, Rubella <sup>8</sup>							MMR			see footnote <sup>8</sup>		MMR
Varicella <sup>9</sup>							Varicella			see footnote <sup>9</sup>		Varicella
Hepatitis A <sup>10</sup>							HepA (2 doses)				HepA Series	
Meningococcal <sup>11</sup>											MCV4	

Range of recommended ages for all children

Range of recommended ages for certain high-risk groups

Tetanus, Diphtheria, Pertussis <sup>1</sup>						Tdap	Tdap
Human Papillomavirus <sup>2</sup>			see footnote <sup>2</sup>			HPV (3 doses)(females)	HPV Series
Meningococcal <sup>3</sup>			MCV4			MCV4	MCV4
Influenza <sup>4</sup>						Influenza (Yearly)	
Pneumococcal <sup>5</sup>						Pneumococcal	
Hepatitis A <sup>6</sup>						HepA Series	
Hepatitis B <sup>7</sup>						Hep B Series	
Inactivated Poliovirus <sup>8</sup>						IPV Series	
Measles, Mumps, Rubella <sup>9</sup>						MMR Series	
Varicella <sup>10</sup>						Varicella Series	

Range of recommended ages for all children

Range of recommended ages for catch-up immunization

Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 21, 2010. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

Approved for use during 2010. Check with Alameda County Health Services, 268-2139, to see if recommendations have changed.

### Handwashing

Careful handwashing by the children and staff is one of the most important factors in communicable disease control. It should be done after toileting or diapering and before meals, snacks or food preparation. Handwashing should consist of vigorous scrubbing with soap followed by thorough rinsing under running water. It doesn't matter if the water is hot or cold. Although initiating handwashing routines with young children may be frustrating, persistence and patience will help children develop handwashing as a habit. Adding safe steps to an adult size sink will save your back and make it possible for the little ones to reach running water. Liquid soap, especially when used in a dispenser, is preferred. Use paper towels to dry hands and then to shut off the water faucets. Faucets can be installed that have large handles which can be shut off with the elbows. Since frequent handwashing by staff can cause dry, chapped hands, provide a soothing hand lotion to use during the day.

### Toileting Area

The toileting area should be in a location which is convenient for handwashing. Step stools and toilet adapters which help children use flush toilets are preferred. Potty chairs, if used, should be emptied immediately after use and disinfected. Toilets should be cleaned with a disinfectant solution during naptime and at the end of the day or when obviously soiled with feces. Staff should wear utility gloves when cleaning toilets or potty chairs.

### Diapering

There are four types of diapers currently available: disposable paper diapers, reusable cloth diapers worn with plastic pull-on pants, reusable cloth diapers worn with a modern front closure waterproof cover, and a single unit reusable diaper with

an inner cotton lining attached to an outer waterproof covering. The data on the environmental impact of cloth versus paper diapers has changed over the years and which type of diaper to use in child care programs remains controversial. However, it is clear that some diapers are better at reducing the spread of disease through feces or urine. The two types that meet the national health and safety recommended standards are disposable diapers and single unit reusable diapers with an inner cotton lining attached to an outer waterproof covering. Whichever type is used, it's important that the diaper changing area or anything else that comes in contact with the child's feces or urine should be washed and disinfected after every diaper change. The area should be located near a water faucet, preferably within arm's reach for convenient handwashing. The changing area should be separate from the food preparation area. Any surface used for diapering children should never come in contact with food. The diapering table or counter surface should be a smooth, non-porous material such as formica, hard plastic, stainless steel or a washable pad covered with smooth vinyl. It should be free of cracks and easily cleaned (use a diluted disinfectant solution in a spray bottle, and then air-dry the surface).

Sometimes, disposable pads placed between the infant's buttocks and the surface will make clean-up easier. However, using pads does not eliminate the need to clean the changing surface itself with a disinfectant after each change. Suggestions for disposable pads are bleached newsprint, paper towels, or waxed paper on a wall dispenser (especially good because it doesn't absorb liquid). Each pad should be disposed of after each change.

If cloth diapers are used, their contents should be emptied in the toilet, but not rinsed. Disposable diapers should be discarded to a closed garbage can which is lined with a strong plastic bag and operated with a foot pedal. The can should be located near the changing area and only used for diapers. It should be emptied as needed.

Regardless of the type of diapers used, the steps to reducing the spread of illness are the same:

1) proper handwashing by adults and children; 2) surface sanitizing; 3) proper diaper disposal; 4) minimizing the handling of diaper wastes; and 5) having the children wear clothes over diapers. There is no agreement on whether latex gloves should be routinely used for diaper changing. However, they should always be available for especially "messy" changes; in cases where visible blood is present in feces or urine; and for those staff members who prefer to use them. And remember, any diarrhea discovered when changing a diaper should always be evaluated to determine if the child should be isolated from the other children and/or sent home from care.

## **Food Preparation and Storage**

Food preparation, serving and storage areas should be kept clean, dry and separate from the toileting and diapering areas. Never use the same sink for food and diapering. People should wash their hands thoroughly before handling food. Foods, especially dairy products, eggs, meat and poultry should be refrigerated at 40°F and should never be left unrefrigerated for long periods of time. Leftovers should be refrigerated before cooling and should be dated. Cleaning dishes, utensils, bottles and nipples in a dishwasher is most effective. In order to sterilize the dishes the hot water provided to the dishwasher should be between 120°F and 140°F. However, children can be scalded in less than a minute by water hotter than 120°F, so where children have access to hot water, it should be set below 120°F.

The temperature of the water can be controlled by a scalding prevention device or the hot water to the sink the children commonly use can be shut off. Handwashed dishes should be washed in hot soapy water. As an extra protection, after rinsing, dishes can be dipped in a disinfectant solution of 1 tablespoon of bleach to 1 gallon of water and then air-dried. Discard dishes that are cracked or chipped because they can harbor germs as well as old crusted food. High chairs, table tops and small chairs where children eat should be washed and sanitized with a bleach solution. On sunny days, these items can be taken outside to dry.

## **Preventing Respiratory Infections**

- Have plenty of tissues or rolls of toilet paper readily available for nose-wiping and put all soiled tissues in covered containers. Don't use a handkerchief – you must use a different tissue for each child.
- Teach children and staff to cover their mouths with a tissue when they cough or sneeze and to wash their hands afterwards — or to cough or sneeze into a sleeve.
- Avoid dry overheated rooms which can make respiratory passages more susceptible to infection. Open the windows to dilute stale air with fresh air. Go outdoors daily.
- Space cots or sleeping mats at least 3 feet apart and place children alternately head to foot, a child with his head in one direction on one cot, the next child with her head in the opposite direction. Cover cots or mats with a sheet or washable blanket marked with the child's name – this will keep the cot clean.
- If you have a dishwasher, use it daily to wash plastic toys which the children put in their mouths.
- Wipe off doorknobs, shelves at children's level, crib rails, mats and other small baby furniture as well as toys which cannot be placed in a dishwasher at least once or twice a week. First, use soap and water to wipe off the layer of saliva that is usually present on these objects. Then follow-up with a disinfectant solution.
- Encourage children to get plenty of rest and to drink lots of fluids, especially those rich in Vitamin C.

## Special Precautions When Handling Blood

Always wash your hands well after handling body fluids. Since some diseases such as Hepatitis B and HIV/AIDS can be transmitted through blood-to-blood contact, be especially careful handling blood (e.g. cleaning a child's wound) if you have any open sores or cracked skin. Use latex gloves to clean up or handle blood and use a more concentrated solution of bleach disinfectant, 1 part bleach to 10 parts water, to clean surfaces. Always dispose of materials with blood on them in a doubled sealed plastic bag. These procedures are called "universal precautions" and are required by law. Hepatitis B immunizations should be provided to all adults, such as first aiders, who may handle blood.

### Disinfectant Solution (mix fresh daily)

For Cleaning Large Surfaces  
¼ cup bleach  
1 gallon of water

For Use In a Squirt Bottle  
1 tablespoon bleach  
1 quart of water

Keep the solutions in well-marked containers out of the children's reach. For especially dirty surfaces, it is very effective to wash with a soapy detergent, rinse, apply the disinfectant and then air-dry.

### Conclusion

Instituting good hygiene practices in a child care setting will minimize the spread of illness, but, remember, illnesses cannot be totally eliminated. There are many situations where child care providers will need to seek additional advice, especially when an illness or its effects on the child or the group is not commonly known.

The first step is to build a trusting relationship with all the parents so that everyone will share health and illness information. If a provider has adequate information about any illnesses occurring in child care, s/he can also be in a position to allay any anxiety the other parents may have about their own children. The child's health care provider is always a good source of personal health information. Since confidentiality laws prohibit you from getting health information directly from the health care provider, it's best to work through the parent - sharing your concerns in writing and requesting written feedback.

### Additional Resources

- *California Childcare Health Program*, [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org): This organization offers handouts, forms, posters, health curriculum, and newsletters on the topics of health, safety, and inclusion for child care providers and parents. Materials available in English, Spanish and Chinese.
- *California Immunization Handbook: School and Child Care Entry Requirements*, [www.cdph.ca.gov/PROGRAMS/IMMUNIZE/Pages/CaliforniaImmunizationSchoolLaw.aspx](http://www.cdph.ca.gov/PROGRAMS/IMMUNIZE/Pages/CaliforniaImmunizationSchoolLaw.aspx): Manual explains how to implement your immunization program.
- *National Center For Health And Safety In Child Care And Early Education*, [www.nrc.uchsc.edu](http://www.nrc.uchsc.edu), 1-800-598-Kids (5437): This website provides many health and safety resources for child care providers, educators, parents, child care health consultants (see their alphabetical list of health topics), and regulators. There is also an on-line version of "Caring for Our Children: National Health and Safety Performance Standards" and licensing requirements for all of the states.
- *American Academy Of Pediatrics*, [www.healthychildren.org](http://www.healthychildren.org): This organization provides links to health topics for parents and child care providers and to topics especially for child care and early childhood education and health consultants.

### Additional BANANAS' Publications

- *Common First Aid* – simple instructions for basic emergencies. (Available in English, Spanish, Chinese or Vietnamese.)
- *Doctor's Kit* – a free Handout on making a doctor's kit and ideas to reassure children who worry about visits to the doctor.
- *Earthquake Safety Rules* – before, during and after an earthquake. (Available in English and Spanish.)
- *Exposure Notice* – a free Handout to use when informing parents of their child's exposure to a contagious disease.
- *Giving Medications in Child Care Programs* – instructions on how to administer medicine, includes sample medical authorization form.
- *In Sickness and In Health* – a free Handout for child care programs to use in designing illness and exclusion policies.
- *Preparing For An Emergency: Information for Caregivers* – Handout and emergency card for limited-English-speaking, in-home caregivers. (Available in Chinese, Spanish and Vietnamese.)
- *Promoting Health & Hygiene In a Child Care Setting* is also available in Chinese, Spanish and Vietnamese.