



Communicable Disease Curriculum for Child Care Providers

Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio from the Ohio Administrative Code Chapter 3701-3; Effective January 1, 2009

Class A Diseases of major public health concern because of the severity of disease or potential for epidemic spread - report by telephone immediately upon recognition that a case, a suspected case, or a positive laboratory result exists

Anthrax	Influenza A - novel virus	Rabies, human	Smallpox
Botulism, foodborne	Measles	Rubella (not congenital)	Tuberculosis
Cholera	Meningococcal disease	Severe acute respiratory syndrome (SARS)	Viral hemorrhagic fever (VHF)
Diphtheria	Rage		Yellow fever

Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard or act of bioterrorism.

Class B (1) Diseases of public health concern needing timely response because of potential for epidemic spread - report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known

Arboviral neuroinvasive and non-neuroinvasive diseases:	Chancroid	Hepatitis B, perinatal	Rubella (congenital)
Eastern equine encephalitis virus disease	Coccidioidomycosis	Influenza-associated perinatal mortality	Salmonellosis
LaCrosse virus disease (river California serogroup virus disease)	Cryptosporidiosis	Legionnaires' disease	Shigellosis
Powassan virus disease	Dengue	Listeriosis	Staphylococcus aureus, with resistance or intermediate resistance to vancomycin (VISA, VISA)
St. Louis encephalitis virus disease	E. coli O157:H7 and other enterohemorrhagic (EHEC) toxin-producing E. coli	Malaria	Syphilis
West Nile virus infection	Granuloma inguinale	Meningitis, aseptic (viral)	Tetanus
Western equine encephalitis virus disease	Hansen's disease	Meningitis, bacterial	Tuberculosis, including multi-drug resistant tuberculosis (MDR-TB)
Other arthropod-borne disease	Hantavirus	Mumps	Typhoid fever
	Hemolytic uremic syndrome (HUS)	Pertussis	
	Hepatitis A	Polio	
		Polymyositis (including vaccine-associated cases)	
		Psittacosis	
		Q fever	

Class B (2) Diseases of significant public health concern - report by the end of the work week after the existence of a case, a suspected case, or a positive laboratory result is known

Arabis	Cytomegalovirus (CMV) (congenital)	Hepatitis E	Streptococcal disease, group B, in newborn
Botulism, infant	Ehrlichiosis/Anaplasmosis	Herpes (congenital)	Streptococcal toxic shock syndrome (STSS)
Botulism, wound	Giardiasis	Influenza-associated hospitalization	Streptococcus pneumoniae, invasive disease (ISP)
Brucellosis	Gonococcal infections (urethritis, cervicitis, pelvic inflammatory disease, pharyngitis, arthritis, endocarditis, meningitis, and neonatal conjunctivitis)	Leprosy (Hansen disease)	Toxic shock syndrome (TSS)
Campylobacteriosis	Hepatitis B, non-perinatal	Leptospirosis	Trichinosis
Chlamydia infections (urethritis, epididymitis, cervicitis, pelvic inflammatory disease, neonatal conjunctivitis, pneumonia, and lymphogranuloma venereum (LGV))	Hepatitis C	Lyme disease	Typhus fever
Creutzfeldt-Jakob disease (CJD)	Hepatitis D (delta hepatitis)	Mycobacterial disease, other than tuberculosis (MOTT)	Vaccinia
Cryptosporidiosis		Rocky Mountain spotted fever (RMSF)	Vibriosis
		Streptococcal disease, group A, invasive (IGAS)	Yersiniosis

Class C Report an outbreak, unusual incidence, or epidemic (e.g., histoplasmosis, pediculosis, scabies, staphylococcal infections) by the end of the next business day

- Outbreaks:**
- Community
 - Foodborne
 - Healthcare-associated
 - Institutional
 - Waterborne
 - Zoonotic



NOTE: Cases of AIDS (acquired immune deficiency syndrome), AIDS-related conditions, HIV (human immunodeficiency virus) infection, perinatal exposure to HIV, and CD4 T-lymphocytes counts <200 or 14% must be reported on forms and in a manner prescribed by the Director.

COMMUNICABLE DISEASE

Introduction

1. Microorganisms are commonly known as germs.
2. Organisms are everywhere in the environment. Most are harmless.
3. A pathogen is a microorganism that causes a disease.

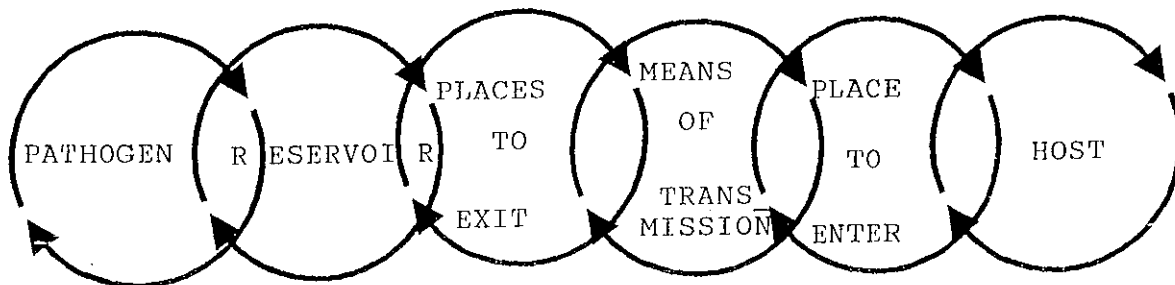
Types of pathogens:

- A. Bacteria: an example is streptococcus
Can only be treated with antibiotics
- B. Viruses: examples included common cold, flu, & herpes.
There are no medications to cure viruses, just to treat symptoms.
- C. Fungus: example is ringworm
Medications are available for treatment
- D. Parasites: examples include lice, & pinworms
Medications are available for treatment.

The Chain of Infection

Certain conditions must exist for a microorganism to cause a disease. The mere presence of the organism does not mean a disease will occur.

The following elements must exist for a microorganism to cause a disease:



1. Pathogen must be in sufficient numbers and powerful.
2. Reservoir: the microorganisms need a place to live.
3. Places to exit: needs a door to leave the reservoir such as secretions, blood or lesions
4. Means of transmission- needs a way to travel to another site
5. It needs a place to enter.
6. Host: the integrity of the immune system
 - Age of the person-very young or old are at increased risk
 - Nutritional status
 - Current state of health

***CONTROL OF DISEASE IS ACHIEVED BY BREAKING THE CHAIN OF INFECTION**

Unit 1 - Infections

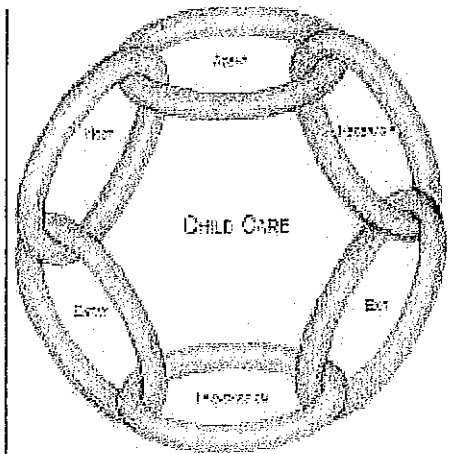
How Diseases are Spread

A communicable disease is a disease that can be spread from one person to another. Germs cause communicable diseases. Most germs are very small and can be seen only with a microscope. "Germ" is a commonly used word that refers to more specific terms such as bacteria, virus, fungus or parasite.

Infants and toddlers are highly susceptible to contagious diseases. They have not yet been exposed to many of the most common germs. Therefore, they have not yet built up resistance or immunity to them. Also, young children have many behaviors that promote the spread of germs. For example, they often put their fingers and other objects in their mouths. This way, germs enter and leave the body and can then infect the child or be passed on to other children.

In order for communicable diseases to be transmitted from one person to another, certain conditions are necessary for the germs to be spread from person to person. The conditions involved in the spread of communicable disease are called the chain of infection below and include the following:

1. Germs or agents must be present in sufficient numbers to cause illness.
2. Reservoir is the source where the germ lives. This is frequently in or on a human, but can also be from an animal, in the air or on a surface.
3. A place to exit must be present for the germ to leave the source (reservoir). Examples of exit places are the mouth or nose of a person sneezing or coughing, skin lesions filled with fluid or pus, feces, vomitus, urine, or blood.
4. A route of transmission is needed for the germ to enter the mouth, nose, blood or skin of another person.
5. Germs must enter the body of another person (entry).
6. Host refers to the person who receives the germ. Any person may become a host. Some people have the ability to fight off some infections and may not always get sick when a germ enters their body.



The Chain of Infection

As the table on the following page shows, diseases are spread in the following ways:

Direct contact by touching fluid from another person's infected sores.

Mouth and nose (respiratory) from an infected person who is sneezing or coughing or who has a runny nose.

Fecal-oral (intestinal tract) infections, including some types of diarrhea, usually are spread through exposure to germs in bowel movements (feces). This means germs leave the body of the infected person in feces and enter the body of another person through the mouth. In most situations, this happens when objects (such as toys, fingers or hands) which have become soiled with invisible amounts of feces are placed in the mouth. Fecal-oral transmission can also occur if food or water is contaminated with invisible amounts of human or animal feces and then is

eaten or drunk. Undercooked foods made from animals (for example meat, milk and eggs) are often the sources of infection with E. coli O157:H7 and Salmonella.

Blood infections are spread when blood (and sometimes other bodily fluids) enter the blood stream of another person. The germ enters the body through cuts or openings in the skin; the mucous membrane that lines body cavities such as the nose and eye; or directly into the bloodstream, as with a needle.

Transmission of Disease				
How Some Infectious Diseases are Spread				
Direct Contact (with infected person's skin or bodily fluid)	Mouth and Nose Transmission (from the lungs, throat or nose of one person to another person through the air)	Fecal-Oral Transmission (touching feces or objects contaminated with feces and then the mouth)	Sexual Transmission	Blood Transmission
Chickenpox*	Chickenpox*	<i>Campylobacter</i> **	<i>Chlamydia</i>	Cytomegalovirus
Cold Sores	Common Cold	E.Coli O 157:H7**	Hepatitis B*	Hepatitis B*
Conjunctivitis	Diphtheria*	Enterovirus	Hepatitis C	Hepatitis C
Head Lice***	Fifth Disease	Giardia	HIV Infection	HIV Infection
Impetigo	Bacterial Meningitis	Hand-Foot-Mouth Disease		
Ringworm	Hand-Foot-Mouth Disease	Hepatitis A		
Scabies	Impetigo	Infectious Diarrhea		
Influenza*	MRSA			
Measles*	Pinworms			
MRSA	Polio*			
Mumps*	<i>Salmonella</i> **			
Pertussis*	<i>Shigella</i>			
Pneumonia*				
Rubella*				
*Vaccines available for preventing these diseases.				
**Often transmitted from infected animals through foods or direct contact.				
***Head lice are not infectious but rather communicable.				

Unit 2 - Prevention and Control of Disease

Employee Safety - Using Standard Precautions in Child Care

"Standard precautions" is the term used to describe steps for child care staff to use to protect themselves from potentially infectious diseases. The concept of "standard precautions"

recognizes that any bodily fluid may hold contagious germs. In the 1980s, the term "universal precautions" described guidelines developed by the Centers for Disease Control and Prevention (CDC) to reduce the spread of infection to health care providers and patients in health care settings. Standard precautions expanded the universal precautions, recognizing that any bodily fluid may hold contagious germs. They are still primarily designed to prevent the spread of blood-borne disease (disease carried by blood or other bodily fluids), but are also excellent measures to prevent the spread of infectious disease in group care settings such as child care facilities. Child care facilities must follow standard precautions.

NOTE: In the Ohio Administrative Code (OAC), "basic precautions" means the same as "standard precautions in child care." Both refer to the same precautions in this manual.

Why are standard/basic precautions needed?

Standard precautions are designed to reduce the risk of spreading infectious disease from both recognized and unrecognized sources of infections. Germs that are spread through blood and bodily fluids can come at any time from any person. You may not know if someone is infected with a virus such as hepatitis B or HIV, and the infected person may not even know. This is why you must behave as if every individual might be infected with any germ in all situations that place you in contact with blood or bodily fluids.

What do standard precautions consist of?

Standard precautions include the following:

Hand washing

- After diapering or toileting children.
- After handling bodily fluids of any kind.
- Before and after giving first aid (such as cleaning cuts, scratches or bloody noses).
- After cleaning spills or objects contaminated with bodily fluids.
- After taking off disposable gloves. Remember, wearing gloves does not mean you don't have to wash your hands.

Wearing latex (or vinyl) gloves

- During contact with blood or bodily fluids that contain blood (such as vomit or feces that contain blood you can see).
- Especially when staff members have cuts, scratches or rashes that cause breaks in the skin of their hands.

Environmental sanitizing should be done regularly and as needed. These requirements are described in the "Environmental Control Measures" section on page 14, which explains routine sanitizing and the procedure for sanitizing after a spill of blood or bodily fluid containing blood.

Proper disposal of materials that are soaked in or caked with blood requires bagging in plastic bags that are securely tied. Send these items home with the child. Items used for procedures on children with special needs (such as lancets for finger sticks or syringes for injections given by parents) require a special container for safe disposal. Parents should provide what is called a "sharps" disposable container. This is a container made out of durable, rigid material that safely stores the lancets or needles until the parent can take them home for disposal. Examples include a liquid laundry detergent bottle or a coffee can, both with secure lids. Sharps containers must be stored out of the reach of children.

Standard precautions in child care settings vs. hospitals and clinics

Child care facilities follow the same standard precautions as clinic and hospital settings with the following exceptions:

- Use of latex (or vinyl) gloves is optional except when blood or blood-containing bodily fluids may be involved.
- Gowns and masks are not required.
- Appropriate barriers include materials such as disposable diaper table paper, disposable towels and surfaces that can be sanitized in group care settings.

What else am I required to do?

The Occupational Safety and Health Administration (OSHA) also requires all child care programs with staff (even family child care homes with assistants or volunteers) to have an Exposure Control Plan for Blood-borne Pathogens. This plan must be in writing and include:

1. Exposure determination. This is a list of the job title or duties that might put an individual in contact with blood or blood-containing fluids (such as first aid, nose blowing, diapering, etc.).
2. Methods of compliance. These are the ways you will ensure your plan will work. They should include written standard precautions and cleaning plans, training of staff in their use and the availability of gloves.
3. Exposure-reporting procedures. These are required and tell staff what to do if something happens that puts an employee in contact with blood on their broken skin (cuts, scratches, open rashes or chapped skin) or on their mucous membranes (in the eye, mouth or nose). There are also record-keeping requirements to document the exposure situation, whether the employee received a free medical exam and follow-up, and whether the employee was offered the hepatitis B vaccination if she/he did not already have the series.
4. OSHA required training on OSHA regulations. This should be provided to all staff at the time they start work and include:
 - An explanation of how HIV and hepatitis B are transmitted.
 - An explanation of standard precautions and the exposure control plan for your program.

Hepatitis B Vaccination

This must be offered by the employer at no cost to staff. The vaccine series can begin either:

- within 10 days of employment, or
- within 24 hours after a potential blood exposure (accidental contact with blood while administering first aid, diapering an infant with a bloody stool, etc.).

For additional general information about hepatitis B and the vaccine, please refer to this site: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html>. For OSHA requirements, including hepatitis B vaccine refer to 29 CFR 1910.1030 and scroll down to 1910.1030(f)(1)(i).

Note: The hepatitis B vaccine is a series of three shots that must be given on a specific schedule. Now that all children are required to have the series before entering care, child care providers should be at a reduced risk of getting hepatitis B in a child care setting.

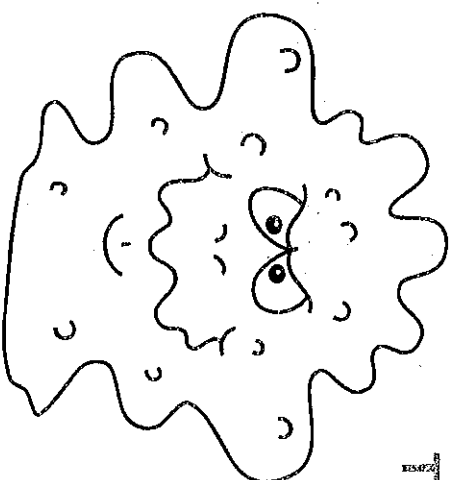
For more information on standard precautions and OSHA regulations, contact:

Ohio Regional OSHA Offices

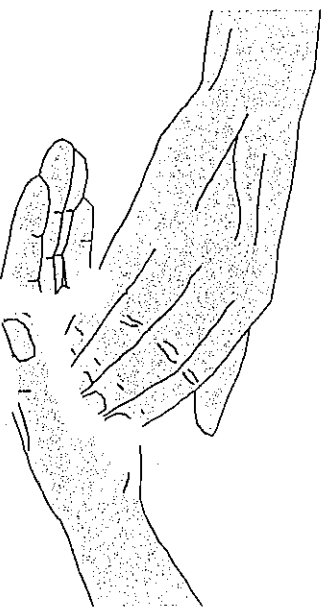
- Cincinnati Area Office: (513) 841-4132

Infection Control

T22-2



- Wash hands thoroughly.
- Wear gloves.
- Wear protective eyewear (if possible).
- Wipe-up any blood or body fluid spills.
- Send soiled clothing home in a plastic bag.
- Do NOT eat, or touch your mouth or eyes.



- Have children wash their hands & avoid other's blood or body fluids.

- Cleveland Area Office: (216) 447-4194
- Columbus Area Office: (614) 469-5582
- Toledo Area Office: (419) 259-7542

Child Care Health Consultants:

Ohio Department of Health
 Bureau of Early Intervention Services
 (614) 644-8389
BEIS@odh.ohio.gov

Adapted from:

California Childcare Health Program

Self-Learning Module (SLM) Keeping Safe When Touching Blood or Other Bodily fluids, Early Childhood Education Linkage System - Healthy Child Care PA, American Academy of Pediatrics, PA Chapter.

Prevention and Control of Disease

Control and prevention of communicable diseases are important for the following reasons: Communicable diseases can lead to serious health problems, such as pneumonia, meningitis or kidney disease; are easily spread to other people; and cause absenteeism. Immunization is one of the most effective means to prevent the spread of diseases such as polio, measles and mumps. In addition to immunization, hand washing also is one of the most effective means to prevent the spread of disease.

All children admitted to a child care facility (including school-age child care programs) should be up-to-date on immunizations. Ohio child care licensing rules require each child not yet attending school to have an annual physical exam and written proof of their immunizations. Each child in your care should have a record of up-to-date immunizations on file. If the child is exempt from immunizations because of a medical condition or religious objection, this should be noted on the immunization record and supported in the child’s file with documentation from the physician (for a medical waiver) or a request from the parent (for a religious exemption).

Several diseases that can cause serious problems for children and adults can be prevented by immunizations. These diseases are chickenpox (varicella), diphtheria, Haemophilus influenzae type B, meningitis, hepatitis A, hepatitis B, influenza, pneumococcal disease, measles, mumps, polio, rubella (German measles or three-day measles), tetanus and whooping cough (pertussis). Many of these diseases are less common in the United States because most people have been immunized against them, but cases still occur. Staff and children in a child care setting are at increased risk for many of these diseases because of the many hours they spend in close contact with other children.

ODH recommends children who are not up to date on their immunizations be excluded from child care until they have begun the series of shots needed. Because this schedule changes frequently, you should contact your local or state health department for updates at least annually or go to <http://www.cdc.gov/vaccines/schedules/index.html>.

Child Emergency Information

In addition to the immunization status, health and medical emergency information should be kept for every child in the setting. OAC rules 5101:2-12-37 and 5101:2-13-37 require the “Child Enrollment and Health Information” form, which includes emergency transportation

authorization statements from children's parents, to be on file before children attend a facility. Information that must be known is:

- Where parents can be reached, full names, work and home phone numbers, and addresses. Request numbers of cell phones and a person who can locate the parents during child care hours.
- At least two local people and their phone numbers to contact if parents can't be reached. At least one person listed must be able to take responsibility for the child. These are people designated by parents who will be able to pick up and care for the child when the parent cannot be reached. Be sure to add this adult to the approved pick-up list if you maintain a separate list.
- The name of the child's regular health care providers (physician, nurse practitioner), their addresses and phone numbers.
- Each child (except those in kindergarten or older) must have documentation on file of a physical exam within the previous 12 months. A copy of the medical form must be on file within 30 days of the child's date of admission and be updated every 13 months thereafter, until the child is attending kindergarten.
- Any special health problems or medical conditions a child may have and procedures child care staff must follow to manage these conditions. Examples are allergies, asthma, diabetes, epilepsy and sickle cell anemia. These conditions can cause sudden attacks that may require immediate action. It is important to 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; and 4) whether you need training in a particular emergency procedure. A Medical/Physical Care Plan (JFS 01236) or an equivalent form must be completed.

Immunization and Health History for Child Care Staff

Children, especially those in groups, are more likely to get certain communicable diseases than adults are. Child care staff are exposed to infectious diseases more frequently than those who have fewer contacts with children. To protect yourself and the children in your care, you need to know what immunizations you received as a child and if 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. Staff should be immunized against measles-mumps-rubella (MMR), tetanus-diphtheria (Td) or tetanus-diphtheria-pertussis (Tdap), and varicella (if no history of disease). All child care workers also are recommended to receive the influenza vaccine. Some staff need the hepatitis B vaccine (see "Employee Safety - Using Standard Precautions in Child Care" on page 5). Individuals also should consult with their primary health care provider for further recommendations. The table on page 10 lists the immunizations the CDC and ODH believe are appropriate for child care staff, based on the recommendations for immunizations of adults in other occupations and settings.

According to the OAC rules 5101:2-12-25 (centers) and 5101: 2-13-25 (Type A Homes), all employees must have medical statements signed by their health care providers verifying that they are free of communicable tuberculosis (TB), physically fit for employment in a facility caring for children, and immunized with the MMR and Tdap vaccines.

Tuberculosis Screening

Anyone who has the following symptoms at any time should not attend, work or volunteer at a child care facility until they have been evaluated by a physician or the designated TB authority: persistent cough lasting longer than two or three weeks; coughing up blood; unexplained weight loss; night sweats; fatigue; fever. Anyone who has active or suspected active infectious TB should be excluded from the child care setting until the local designated TB authority has determined they may return to the center.

Recommended Immunizations for Child Care Staff

Immunization	How often	Why
Influenza (Flu)	All child care staff, especially those who have chronic health conditions or are over 50 years of age should be immunized against influenza. Immunizations are given yearly, starting in October, because a new influenza vaccine is developed each year to protect against the viruses expected that year.	Flu is a respiratory disease and causes fever, chills, headache, muscle ache, sore throat, cough and cold symptoms. Vomiting and diarrhea are usually not seen with the flu. Influenza may lead to pneumonia and other severe illness among the young (0-23 months), elderly and those with chronic illnesses or weak immune systems.
Tetanus Diphtheria (Td)	Child care staff should have a record of receiving a series of three doses (usually DTP given in childhood) and a booster dose (Td or Tdap) given within the past 10 years.	Tetanus (lockjaw) causes painful muscular contractions. Forty to 50 percent of persons who contract tetanus die. Diphtheria affects throat and nasal passages, interferes with breathing and produces a toxin that damages the heart, kidneys and nerves. Ten percent of cases are fatal.
Polio	Child care staff, especially those working with children who are not toilet-trained, should have a record of a primary series of three doses (usually given in childhood) and a supplementary dose given at least six months after the third dose in the primary series.	Polio attacks the nervous system and can cause paralysis in legs or other areas.
Hepatitis A	Hepatitis A vaccine is not routinely recommended for child care staff but may be indicated if the local health department determines the risk of hepatitis A in the community is high. Any person who travels out of the country frequently should consider getting hepatitis A vaccine.	Hepatitis A is a liver infection that causes fever, a loss of appetite, nausea, diarrhea and generally ill feeling that may persist for weeks. During an outbreak in a child care setting, hepatitis A spreads easily and quickly. However, in the absence of an outbreak, the risk to child care staff in general does not seem to be increased.
Chickenpox	Child care staff who know they have had chickenpox (varicella) can assume they are immune. All other staff should consider getting immunized against chickenpox. Persons who believe they have never had chickenpox or are unsure can be immunized. In some areas, blood tests may be available to determine if a person is susceptible and in need of immunizations.	Chickenpox can be a severe disease in adults. Child care staff are at high risk of being exposed to chickenpox in the child care setting.
Hepatitis B	Child care staff who may have contact with blood or blood-contaminated bodily fluids or who work with developmentally disabled or aggressive children should be immunized against hepatitis B with a series of three doses of vaccine.	Hepatitis B causes serious illness, and one in 20 persons will develop chronic hepatitis, which can destroy the liver and raise the risk of getting liver cancer. Persons who develop chronic hepatitis B are communicable to others for the rest of their lives.

Immunizations for Children

Each year, the Advisory Committee on Immunization Practices publishes immunization schedules for infants and children. These schedules summarize recommendations for routine vaccines. The CDC updates these schedules each year.

To view the most current CDC immunization schedules, go to <http://www.cdc.gov/vaccines/schedules/index.html>. For easy reference, you can download and print the schedules that apply to the ages of the children you serve. The CDC schedules contain detailed information about the

2021 Recommended Immunizations for Children from Birth Through 6 Years Old



Age	RV	DTaP	Hib	PCV13	IPV	MMR	Varicella	HepA ^{\$}	Influenza (Yearly)*
Birth	HepB								
1 month	HepB								
2 months	RV	DTaP	Hib	PCV13	IPV				
4 months	RV	DTaP	Hib	PCV13	IPV				
6 months	RV	DTaP	Hib	PCV13	IPV				
12 months	HepB								
15 months	HepB								
18 months	HepB								
19-23 months		DTaP							
2-3 years		DTaP							
4-6 years		DTaP							

Is your family growing? To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27th through 36th week of pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

NOTE: If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

- * Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
- † Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

For more information, call toll-free
1-800-CDC-INFO (1-800-232-4636)
 or visit
www.cdc.gov/vaccines/parents



U.S. Department of Health and Human Services
 Centers for Disease Control and Prevention



American Academy of Pediatrics
 DEDICATED TO THE HEALTH OF ALL CHILDREN™

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTap* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.

** MMR combines protection against measles, mumps, and rubella.

following vaccines, along with recommendations for when they should be administered:

- Hepatitis B (HepB)
- Rotavirus (RV)
- Diphtheria, tetanus and acellular pertussis (DTaP)
- Tetanus, diphtheria and acellular pertussis (Tdap)
- Haemophilus influenzae type b (Hib)
- Pneumococcal conjugate (PCV13)
- Pneumococcal polysaccharide (PPSV23)
- Inactivated poliovirus (IPV)
- Influenza (IIV; LAIV)
- Measles, mumps, rubella (MMR)
- Varicella (VAR)
- Hepatitis A (HepA)
- Human papillomavirus (HPV)

Health Insurance for Ohio's Children and Families

Please share information with child care personnel and families about Ohio Medicaid.

Ohio Medicaid provides health care coverage for eligible children, pregnant women, parents and caretaker relatives, and single adults. For more information about the program, visit the Ohio Department of Medicaid's website: www.medicaid.ohio.gov. You can apply for Ohio Medicaid coverage online at www.benefits.ohio.gov or at your county department of job and family services.

Questions? Call the Ohio Medicaid Consumer Hotline: (800) 324-8680.

Medicaid offers a comprehensive benefits package for eligible Ohioans, including:

- Alcohol and Drug Addiction
- Dental
- Emergency Room Visits
- Family Planning
- Healthcheck
- Hospital
- Inpatient Hospital Services
- Outpatient Hospital Services
- Medical Equipment
- Mental Health
- Health Home Comprehensive Care Coordination
- Pregnancy
- Prescriptions
- Prescription Drugs
- Preventive Health
- Chest X-Rays
- Immunizations
- Mammography
- Physical Exam
- Professional Medical Services
- Ambulatory Surgery Centers
- Audiology Services
- Certified Family Nurse Practitioner Services
- Certified Pediatric Nurse Practitioner Services
- Chiropractor Services
- Laboratory and X-Ray Services
- Occupational Therapy
- Physical Therapy
- Physician Services
- Podiatrist Services
- Private Duty Nursing Services
- Speech/Language Pathology Services
- Transportation - Ambulance/Ambulette
- Non-Emergency Transportation
- Vision

Health Risks for Pregnant Child Care Staff

Introduction: Several common childhood diseases may be harmful to unborn children and to pregnant women if they contract the disease after a first-time exposure.

Cytomegalovirus (CMV)

Prevalence: Dependent on maternal age (older) and socioeconomic status (lower). Within the

United States, the primary CMV infection rate in pregnant women ranges from 0.7-4%; the rate of recurrent infection can be as high as 13.5%. About 50% of children attending child care have been found to actively shed the CMV virus in their saliva and urine.

Maternal effects: Women may either have no symptoms or a combination of the following: fever, fatigue, muscle aches, chills and enlarged lymph nodes in the neck.

Fetal effects: Leading cause of hearing loss in children; other possible effects include blindness, developmental disabilities and long-term neurologic impairment.

Prevention: There is not an available CMV vaccine. Passive prophylaxis has not been well-studied but may be appropriate in specific instances; exposed women should consult their physicians. Prevention of congenital infection depends on good hygiene and hand washing technique to prevent maternal infection.

Treatment: None.

NOTE: Prior infection does not provide permanent immunity; this is an infection that a woman could have more than once.

Influenza

Prevalence: In the United States, approximately 25% of the population has flu-associated illness annually, leading to an average of 20,000 to 40,000 deaths per year.

Maternal effects: Upper respiratory illness with fever; pneumonia occurs in 12% of pregnant women infected.

Fetal effects: None identified.

Prevention: Both the American College of Obstetricians and Gynecologists and the CDC recommend all pregnant women be vaccinated during influenza season (optimally October-November)

Treatment: Supportive care and antiviral medication for acute and/or severe infection.

Mumps

Prevalence: Because of childhood immunization, 80-90% of adults are immune.

Fetal effects: Miscarriage risk may be increased, but there is no increased risk for birth defects.

Prevention: A vaccine is available; because it contains attenuated live virus, it should not be given to pregnant women, and pregnancy should be avoided for one month after receiving the vaccine.

Treatment: Treatment of symptoms.

Parvovirus (Fifth disease or erythema infectiosum)

Prevalence: About 65% of pregnant women have evidence of prior infection and are immune. The maternal infection rate is highest in child care workers and women with school-aged children. Risk of infection is 5% for casual contact; 20% for intense, prolonged work exposure; and 50% for close, frequent interaction such as household contacts. Child care workers need not avoid infected children because infectivity is greatest before any sign of clinical illness.

Maternal effects: Fever, headache, flu-like symptoms followed by a bright red rash affecting the face. Adults often have milder rashes and symmetrical pain in multiple joints. About 20-30% of

adults have no symptoms.

Fetal effects: Miscarriage, nonimmune hydrops or fetal death.

Prevention: There is no vaccine for this virus. There is no evidence that antiviral treatment prevents maternal or fetal infection.

Treatment: Treatment for symptoms.

Rubella (German or three-day measles)

Prevalence: Up to 25% of women in the United States are not immune to infection from this virus and may become infected after exposure.

Maternal effects: Mild illness involving fever and a rash. May also have joint pain and enlarged lymph nodes.

Fetal effects: Miscarriage and congenital rubella syndrome. Most commonly, the syndrome can cause growth retardation and sensori-neural hearing loss. It also can cause birth defects of the heart, eye problems and developmental disabilities.

Prevention: A vaccine is available; because it contains attenuated live virus, it should not be given to pregnant women, and pregnancy should be avoided for one month after receiving the vaccine.

Treatment: Treatment of symptoms.

Rubeola (Measles)

Prevalence: Most adults are immune due to childhood vaccinations.

Maternal effects: Fever, fatigue, muscle aches, headache and rash. Rare complications include pneumonia, hepatitis and encephalitis (inflammation of the brain).

Fetal effects: Miscarriage and premature delivery.

Prevention: A vaccine has been available since the 1960s. Because it contains attenuated live virus, it should not be given to pregnant women, and pregnancy should be avoided for one month after receiving the vaccine. If a non-immune woman is exposed to measles, she should receive immune serum globulin within six days of exposure.

Treatment: Treatment of symptoms.

Varicella (Chickenpox or shingles)

Prevalence: The majority of adults (> 90%) are immune, even if there is no clinical history of having chickenpox before.

Maternal effects: Adults have a higher mortality rate than children. In pregnancy, maternal varicella pneumonia has a 14% mortality rate.

Fetal effects: Miscarriage, fetal death or birth defects are possible. There is a low risk of birth defects for exposures at 13 weeks of pregnancy (0.4%). The highest risk occurs with maternal infection between 13 and 20 weeks (2%). No such birth defects have been reported with maternal infections beyond 20 weeks.

Prevention: A vaccine (Varivax) is available to non-pregnant women who are not immune to varicella in a two-shot course that will prevent 70-80% of natural infections. It should not be

Ohio Department of Job and Family Services
EMPLOYEE MEDICAL STATEMENT FOR CHILD CARE

The physical examination and completion of this form must occur no more than 12 months prior to the first day of employment.

Name of Employee	
Home Address	
City, State, Zip	
First Day of Employment	
To be completed by the Health Care Provider	
My signature below certifies that I examined the above-named person who is found to be	
<input type="checkbox"/> Physically fit for employment in a facility caring for children	
<input type="checkbox"/> Immunized against Diphtheria/Tetanus/Pertussis (Tdap) <i>(All employees must have verification of being immunized against pertussis by January 1, 2018)</i>	
<input type="checkbox"/> Immunized against Measles, Mumps and Rubella (MMR) <i>(Except that for a person born on or before December 31, 1956, a history of mumps or measles disease may be substituted for the vaccine. A history of rubella disease shall not be substituted for rubella vaccine. Only a laboratory test demonstrating detectable rubella antibodies shall be accepted in lieu of rubella vaccine).</i>	
Name of Health Care Provider* <i>(Please Print)</i>	
Street Address	
City, State, Zip	Phone Number
Signature of Health Care Provider*	Date of Examination

*This form may be signed by a licensed physician, physician's assistant, advanced practice registered nurse, certified midwife or certified nurse practitioner.

Ohio Department of Job and Family Services
CHILD MEDICAL STATEMENT FOR CHILD CARE

Child's Name (<i>print or type</i>)	Date of Birth
<input checked="" type="checkbox"/> This above named child has been examined, the immunization status recorded, and the child is in suitable condition for participation in group care. <input checked="" type="checkbox"/> This above named child has been immunized in accordance with the requirements of section 5104.014 of the Ohio Revised Code (please note any exceptions below).	
Signature of Examining Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner	Date of Examination
Name of Physician/Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner	Telephone Number
Street Address	
City, State and Zip Code	

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD WITH DATES OF DOSES OF ALL IMMUNIZATIONS

Exceptions to Immunization requirements pursuant to 5104.014 ORC (please include names of requirement diseases against which the child has not been immunized and whether it is because the immunization is medically contraindicated, not medically appropriate for the child's age, or declined by the parent).

I have declined to have my child immunized against one or more of the diseases required by 5104.014 of the Ohio Revised Code. Please note disease above and sign.

Signature of Parent	Date of Signature
---------------------	-------------------

Optional Recommended Assessments/Screenings			
Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemoglobin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	
Measurements		Notes	
Height			
Weight			
BMI			

given during pregnancy, and pregnancy should be avoided for three months after each shot.

If exposed to the infection, all pregnant women who are either known not to be immune or have no clinical history and do not know their immunity status should contact their obstetrician for administration of two therapies:

- Varicella immune globulin (VZIG) should be given as a shot within 96 hours of exposure; this preparation is 60-80% effective at preventing infection.
- Acyclovir 800 mg, five times daily for five to seven days, starting within nine days of exposure. This may reduce infection rates.

Given the time constraints involved in giving these medications, women with no history of having had chickenpox should consider having a blood test to check for immunity at the beginning of pregnancy.

Treatment: Supportive care, including calamine lotion and medications to reduce fever and itching. Oral acyclovir (prescription medication) is safe in pregnancy and may decrease the duration of illness if given within 24 hours of rash development.

Environmental Control Measures

In addition to the prevention of disease through immunizations, good child monitoring and environmental practices will reduce the spread of illness in the child care center.

In this edition of *Communicable Disease Curriculum for Child Care Providers*, the term "sanitize" is used to describe the process of removing most germs from an object or a surface. The terms "disinfect" and "sanitize" are used interchangeably in the child care field. OAC child care rules require sanitizing. The language in this curriculum now matches the language in the publication *Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care*, by the National Resource Center for Health and Safety in Child Care and Early Education.

Hand washing: The single most effective practice that prevents the spread of germs in a child care setting is good hand washing. Some activities in particular expose children and staff to germs or the opportunity to spread them. The spread of germs can be stopped by washing your hands and teaching the children good hand washing practices.

Children should wash their hands:

- Immediately before eating — OAC 5101:2-12-15.1
- Immediately after eating — Recommended
- After toileting — OAC 5101:2-12-15.1
- After contact with bodily fluids— OAC 5101:2-12-15.1
- Upon arrival at the child care setting — Recommended
- Before and after using sensory tables — Recommended
- After playing on the playground — OAC 5101:2-12-15.1
- After handling pets, pet cages or other pet objects — OAC 5101:2-12-15.1
- Whenever hands are visibly dirty — OAC 5101:2-12-15.1
- Before going home — Recommended

Staff should wash their hands:

- Upon arrival at work — OAC 5101:2-12-15.1
- Immediately before handling food, preparing bottles or feeding children — OAC 5101:2-12-15.1
- After using the toilet, assisting a child in using the toilet or changing diapers — OAC 5101:2-12-15.1

- After touching bodily fluids, including wet/soiled diapers, runny noses, spit, vomit — OAC 5101:2-12-15.1
- After handling pets, pet cages or other pet objects — OAC 5101:2-12-15.1
- After removing gloves used for any purpose — OAC 5101:2-12-15.1
- Before and after giving or applying medication or ointment to a child or self — OAC 5101:2-12-15.1
- When hands are visibly dirty or after cleaning up a child, room, bathroom items or toys — Recommended
- After sneezing and coughing — Recommended
- Before applying makeup or handling contact lenses — Recommended
- Before going home — Recommended
- If artificial fingernails are worn, extra attention should be given to performing proper hand washing techniques. Fingernails should be kept clean and trimmed with no rough edges. — Recommended

Use of gloves alone will not prevent contamination of hands or spread of germs and should not be considered a substitute for hand washing. When removing gloves, be careful to avoid skin contact.

Rubbing hands together under warm, running water and soap is the most important part of washing away infectious germs. Disposable wipes* and alcohol-based hand rubs** should not be used as a substitute for washing hands with soap and running water. Disposable wipes should be used only to remove residue such as food off a baby's face or feces from a baby's bottom during diaper changing. When out of the child care setting and running water is unavailable, such as during an outing, disposable wipes may be used as a temporary measure until hands can be washed under warm, running water. Child care staff may use a disposable wipe 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 when diapering is completed and the 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 sanitize the basin between each use (refer to "Cleaning and Sanitation Materials," page 20). When necessary, use disposable products. Avoid the use of a community basin or shared washcloth. Outbreaks have been linked with sharing wash water and washbasins.

NOTE: Alcohol rubs must not be used on children because they contain an active ingredient. Alcohol rubs must be kept out of the reach of children because they are poisonous if ingested.

Remember, child care providers are role models for good health practices. Children learn by observation. If staff use proper hand washing techniques, the children will follow their example.

*Disposable wipes – Pre-moistened towelettes or disposable towels that may be used to clean solid residue on children or surfaces (e.g., baby wipes, non-alcohol-based hand wipes).

**Alcohol-based hand rubs – Alcohol-based hand rubs are considered hand sanitizers but must be used according to OAC rules. These should not be used on children.

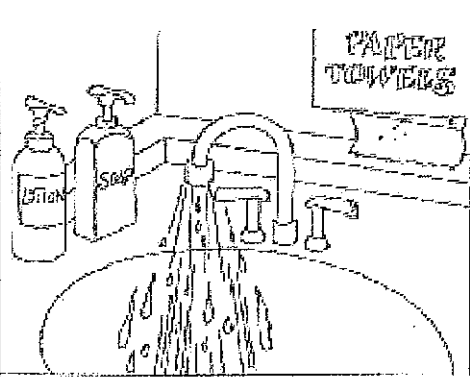
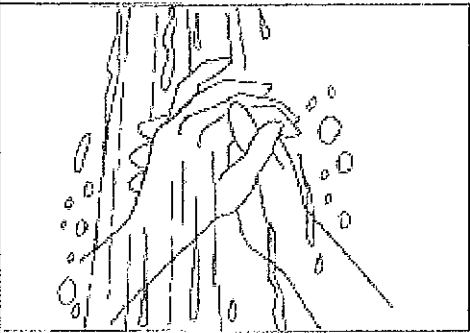
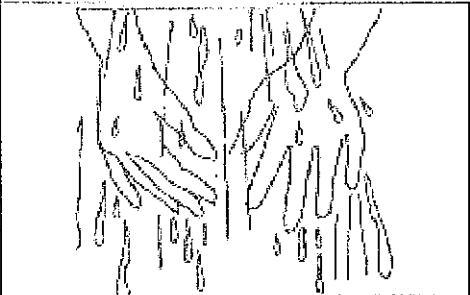
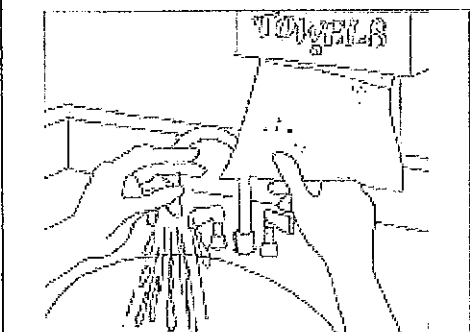
How to Wash Hands

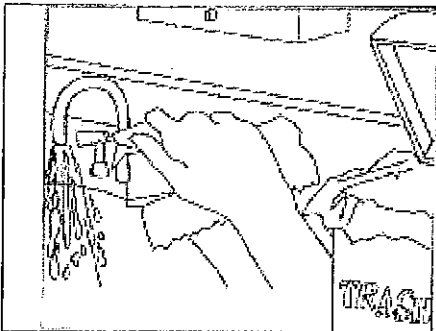
- Always use warm, running water and a mild, liquid soap. Antibacterial soaps should not be used because their effectiveness has not been proven, and they may decrease the resistance of organisms to antibiotics. Disposable hand wipes do not effectively clean hands and do not take the place of hand washing.
- 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 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. Trash cans with foot pedal-operated lids are preferable.
- 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.

Hand Washing Chart

	<p>Have the necessary supplies on hand:</p> <ul style="list-style-type: none">- liquid soap- towels- lotion <p>Liquid soap is required. Antibacterial soaps are not required. Disposable wipes do not effectively clean hands and do not take the place of hand washing.</p>
	<p>Scrub hands with soap and water for at least 15 seconds. Include between fingers, under and around nail beds, backs of hands.</p> <p>If artificial nails are worn, extra attention should be given to performing proper handwashing technique.</p>
	<p>Rinse hands well under running water with fingers down so water flows from wrist to fingertips. Leave the water running.</p>
	<p>Dry hands with a paper towel.</p>



Turn off the faucet with the paper towel, instead of bare hands. Discard the paper towel in the trash can.



Apply hand lotion, if needed.

Children should wash their hands:

- Upon arrival at the child care setting
- Immediately before eating *
- After eating.
- After using the toilet. *
- After having their diaper changed.
- After contact with bodily fluids. *
- Before and after 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.

* Required by ODMFS Child Care Center and Type A Home Rules.

Staff should wash their hands:

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

* Required by ODMFS Child Care Center and Type A Home Rules.

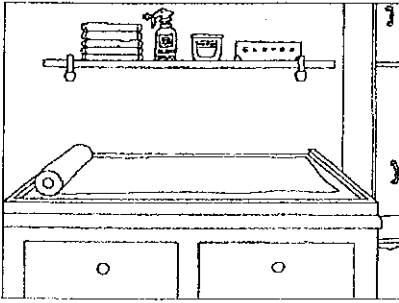
Diapering

Two diaper-changing methods may be used to minimize the risk of transmitting infection from one child to another or to staff. One method involves the use of gloves and the other does not. The method selected should be used consistently by the staff. Ohio child care rules require that gloves are available for diapering. Whichever method is chosen, never wash or rinse diapers or clothes soiled with fecal material in the child care setting. Because of the risk of splashing and gross contamination of hands, sinks and bathroom surfaces, rinsing increases the risk that staff and children would be exposed to germs that cause infection. All soiled clothing should be bagged and sent home with the child without rinsing. (Solid feces may be dumped into a toilet.)

Bagged, soiled clothing needs to be stored away from the rest of the child's belongings and out of reach of children. Be sure to tell parents about this procedure and why it is important.

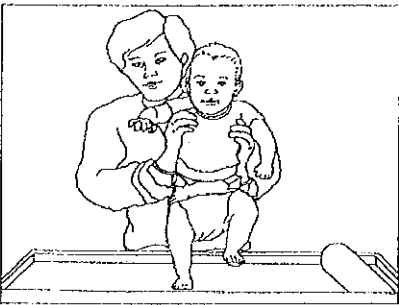
Procedure for Diapering a Child

The following chart explains the procedure for diapering.



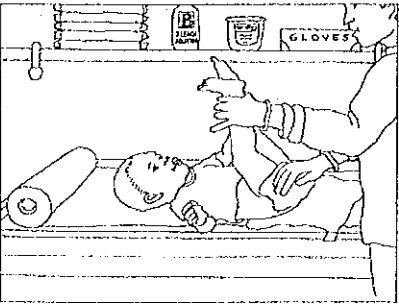
1. Get Organized.

- Before you bring the child to the diaper changing area, gather what you need: non-absorbent paper, a fresh diaper, wipes, gloves if you use them, a plastic bag for any soiled clothes, and a dab of any diapering cream if the baby uses it. Take the supplies you will need out of the containers and put the containers away.
- Put on the disposable gloves, if you use them.



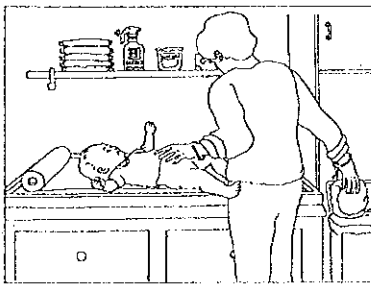
2. Avoid contact with soiled items, and always keep a hand on the baby—anything that comes in contact with stool or urine is a source of germs, including safety straps.

- Carry the baby to the changing table, keeping soiled clothing away from you.
- Bag soiled clothes and, later, securely tie the plastic bag to send them home.



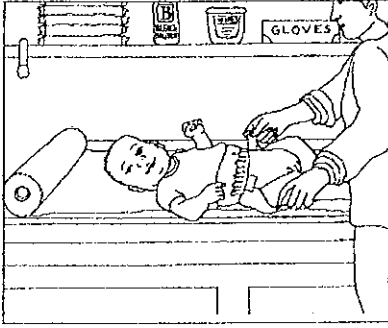
3. Clean the child's diaper area.

- Unfasten the diaper, but leave the soiled diaper under the child.
- Use disposable wipes to clean the diaper area. Remove stool and urine from front to back and use a fresh wipe each time. Put the wipes into the soiled diaper.
- Note and report any skin problems as redness.

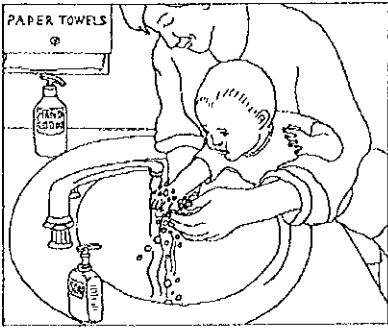


4. Remove the soiled diaper and clean soiled surfaces.

- Fold the diaper over and secure it with the tabs.
- Put it into a covered, lined step can.
- Check for spills under the baby.
- Remove the gloves and put them directly into the step can.
- Wipe your hands with a disposable wipe.



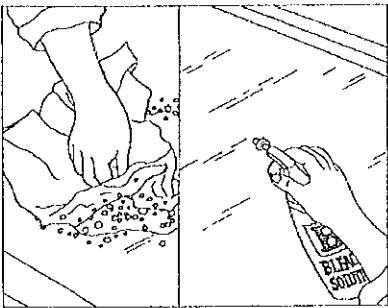
5. Put on a clean diaper-slide the diaper under the baby, adjust and fasten it.



6. Clean the baby's hands

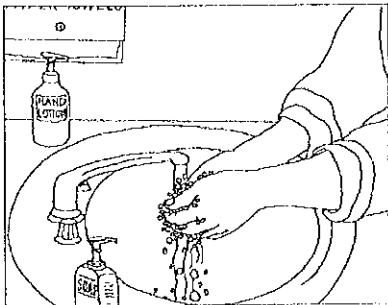
Use soap and water at a sink if you can. If a baby is too heavy to hold for handwashing at the sink, use disposable wipes or follow this procedure:

- Wipe the child's hands with a damp paper towel moistened with a drop of liquid soap.
- Wipe the child's hands with a paper towel wet with clear water.
- Dry the child's hands with a paper towel.



7. Clean and disinfect the diapering area.

- Dispose of the table liner.
- Clean any visible soil from the changing table.
- Disinfect the table by spraying it so you wet the entire surface with bleach solution (1 tablespoon household bleach to 1 quart of water; mix fresh daily).
- Leave the bleach on the surface for 2 minutes. The surface can then be wiped or left to air dry.



8. Wash your hands and record in the child's daily log.

- Use soap and running warm water.
- Use a paper towel to turn off faucet.
- Use hand lotion to keep your hands from becoming dry and chapped.
- Record in daily log what was in the diaper and any problems.

Using Toilet-Training Equipment

Potty chairs are difficult to keep clean and out of the 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 a 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 or food preparation.
- Dump the rinse water into a toilet.
- Wash and sanitize the potty chair. (See "Cleaning and Sanitation Materials," below.)
- Wash and sanitize the sink and all exposed surfaces.
- Wash the child's hands and your hands thoroughly.

Cleaning and Sanitation Materials

(Note: See "Definitions" section on page 46.)

Keeping the child care environment clean and orderly is very important for the health, safety and emotional well-being of both children and staff. Ohio child care licensing rules require child care facilities to provide safe and sanitary furniture, materials and equipment. One of the most important steps in reducing the number of germs and, therefore, the spread of disease is the thorough cleaning of surfaces. Surfaces considered most likely to be contaminated are those with which children have close contact. These include toys that children put in their mouths, food preparation areas, and surfaces likely to become very contaminated with germs, such as diaper changing areas.

Cleaning is the reduction of soil on surfaces, furniture, equipment, toys and utensils. Routine cleaning with detergent and water is the most useful method for removing germs from surfaces in the child care setting. Good mechanical cleaning (scrubbing with soap and water) physically reduces the number of germs on the surface, just as hand washing reduces the number of germs on the hands. Removing germs in the child care setting is especially important for soiled surfaces that cannot be treated with chemical sanitizers, such as some upholstery fabrics.

Some items and surfaces should receive an additional step, sanitation, to kill germs after cleaning with detergent 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 sanitized because these machines use water that is hot enough for a long enough period of time to kill most germs. Sanitation is the reduction of germs by a chemical process. Sanitation usually requires soaking the item for several minutes to give the chemical time to kill the remaining germs. Commercial products that meet the Environmental Protection Agency (EPA) standards for "sanitary disinfection" (solutions that kill germs) may be used for this purpose. See the Industrial Products section on the next page for instructions.

One of the most effective chemicals for sanitation in child care settings is a homemade solution of household bleach and water. Bleach is registered by the EPA as a sanitizer, and it is inexpensive and easy to get. The solution of bleach and water is easy to mix, is safe if handled properly, and kills most infectious agents (except parasites).

Research by health care organizations and manufacturers recommend the following:

1. Recipe for bleach solution for sanitizing diapering areas, bathrooms, floors and frequently touched areas, such as doors or surfaces contaminated with bodily fluids. (Do not use on food surfaces.)
 - 1/4 cup of bleach + 1 gallon of cool water (16 cups = 1 gallon) or 1 tablespoon bleach + 1

- quart of cool water
 - Wipe dry after two minutes of contact time or allow to air dry.
2. Weaker bleach recipe for sanitizing food preparation surfaces, kitchen utensils and toys that may be mouthed by children. Before applying the bleach solution, surfaces must be cleaned with detergents and rinsed.
- 1 tablespoon of bleach + 1 gallon of cool water
 - Wipe dry after two minutes of contact time or allow to air dry.

Discard bleach solution at the end of the day. 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 must be mixed fresh each day to make sure it is effective. Any leftover solution should be discarded at the end of the day. NEVER mix bleach with anything but fresh tap water! Other chemicals may react with bleach and release a toxic chlorine gas. Keep the labeled bleach solution you mix each day in a cool place out of direct sunlight and out of the reach of children.

Industrial Products

A number of industrial products are readily available and meet the EPA standards for disinfectants or sanitizers that may be used for sanitizing. The EPA-approved product must be appropriate for the surface or item you are sanitizing.

Be cautious about industrial products that advertise themselves as "disinfectants" having "germicidal action" or that "kill germs." While they may have some effect on germs, they may not have the same effectiveness as bleach and water or EPA-approved disinfectants or sanitizers. Questions about commercial products must be directed to the manufacturer of the product or the EPA.

If you use an EPA-approved industrial product as a sanitizer, read the label and always follow the manufacturer's instructions exactly. The contact time must be followed as instructed on the label. If the contact time is not allowed, then the item or surface will not be sanitized.

Cleaning Blood or Bodily Fluids Containing Blood

Note: OAC rules 5101:2-12-15 and 5101:2-13-15 require that surfaces contaminated with blood or bodily fluids containing blood must be cleaned with hot, soapy water and then sanitized with an appropriate bleach solution. The bleach solution must be prepared on a daily basis, following the product guidelines, or else an acceptable disinfectant solution must be used that is EPA-rated as a hospital disinfectant with a label claim for mycobactericidal activity.

Cleaning Tips When Using Bleach

Bathrooms: Use the bleach solution (1/4 cup bleach + 1 gallon of cool water) to wipe down all hard, non-aluminum surfaces, including sinks, floors, tiles, handles on toilets; leave wet for two minutes and wipe dry. For the toilet, first flush, then pour three-quarters cup liquid bleach solution into the bowl and brush the surface. Let the solution sit for 10 minutes, then flush again. Bleach is not recommended for use on aluminum surfaces because the solution is corrosive.

Infant/diapering area: Wipe down painted cribs, changing tables, diaper pails, plastic mattress covers, crib bumpers and high chairs with the bleach solution (1/4 cup bleach + 1 gallon of cool water). Let stand for two minutes and wipe dry.

Toys: Use a brush to clean toys with soap and water and rinse the toys in water. Then soak the toys in the sanitizing solution for 10–20 minutes. After they have soaked, remove them and air dry. (A net bag works well for submerging the toys and holding them while they air dry.)

Refer to "Food Sanitation," page 27 for instructions on cleaning food surface areas.

Washing and Sanitizing Toys

Toys that children (particularly infants and toddlers) put in their mouths need to be washed, sanitized and rinsed with water between uses by individual children. If toys can't be washed between uses, they should at least be washed at the end of the day. Toys for infants and toddlers should be chosen with this in mind. If a toy can't be washed, it probably is not appropriate for an infant or toddler. Use the weaker bleach solution (**1 tablespoon of bleach + 1 gallon of cool water**) for toys mouthed by children.

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

To wash and sanitize 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 bleach solution and soak it in the solution for 10-20 minutes.
- Remove the toy from the bleach solution and rinse well in cool water and air dry.
- Use a net bag for submerging toys and hanging to 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 sanitized after washing.

Children in diapers should have only washable toys. Each group of children should have its own toys. Toys should not be shared with other groups. 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 monthly and when obviously soiled. These types of toys and equipment include blocks, dolls, tricycles, trucks and other similar toys. A soap and water wash followed by clear water rinsing and air drying should be adequate. If wading pools are used, they must be filtered or emptied daily. Portable wading pools should be sanitized daily or more often if needed. Parent permission is required for use by infants and toddlers.

Water play tables can spread germs. To prevent this, it is recommended to:

- Sanitize the table with chlorine bleach solution before filling it with water.
- Sanitize 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 don't drink the water.
- Discard water after play is over.

Washing and Sanitizing Bathroom and Other Surfaces

Bathroom surfaces, such as faucet handles and toilet seats, should be washed and sanitized several times a day, if possible, but at least once a day and when soiled. The stronger bleach and water solution can be used in these areas.

(See also "Employee Safety - Using Standard Precautions in Child Care," page 5.)

Surfaces that infants and young toddlers are likely to mouth, such as crib rails and toys, should be washed with soap and water and sanitized with a nontoxic sanitizer, such as bleach solution, at least once every day, more often if visibly soiled and before use by another child. The sanitizer should be applied to the entire surface for at least two minutes, then the surface should be wiped dry or allowed to air dry. **Be sure not to use a toxic cleaner on these surfaces. If using the bleach solution, use the weaker dilution (1 tablespoon bleach + 1 gallon of cool water).**

Washing and Sanitizing Diaper Changing Areas

Diaper changing areas should:

- Be used only for changing diapers.
- Be smooth and nonporous, such as laminate (NOT wood).
- 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.
- Not be used to prepare food, mix formula or rinse pacifiers.
- Be easily accessible to staff.
- Be out of reach of children.

Diaper changing areas should be cleaned and sanitized 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.
- Wipe dry or let air dry after two minutes.

Washing and Sanitizing Clothing, Linen and Furnishings

Do not wash or rinse clothing soiled with fecal material in the child care setting. Solid feces may be emptied 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 isn't pleasant, remind parents that this policy protects the health of all children and staff. According to OAC rules 5101:2-12-15 and 5101:2-13-15, centers must provide furniture, materials and equipment that are sanitary.

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 be used only by that child. Children should not share bedding. Infants' linens (sheets, blankets) should be changed weekly or more often as necessary, and crib mattresses should be cleaned and sanitized monthly and when

soiled or wet. Blankets and/or sheets belonging to the child care center and used by children should be laundered weekly or more often if soiled. If a child accidentally uses another child's bedding, the linen and mattress cover should be changed before allowing the assigned child to use it again. If a child has his/her own blanket and/or sheets, they should be sent home weekly to be laundered by the parents.

Children's bedding and sleep surfaces should be stored so that they do not come into contact with those of other children.

Cleaning Bodily Fluid Spills

Spills of bodily fluids — including feces, nasal and eye discharges, saliva, urine, and vomit — should be cleaned up immediately. It is not necessary to wear gloves unless the fluid contains blood. Vinyl gloves must be used for cleaning up blood or blood-stained fluids. Clean and sanitize any surfaces, such as countertops and floors, on which bodily fluids have been spilled. Be sure to wash your hands after cleaning up any spill.

Child care providers should always wear gloves to clean up blood or bodily fluids containing blood. Gloves are used mainly when people knowingly contact or suspect they may contact blood or bodily fluids containing blood, including blood-containing tissue or injury discharge. These fluids may contain viruses that transmit HIV, hepatitis B or hepatitis C.

Be careful not to get any of the fluid you are cleaning in your eyes, nose, mouth or any open sores you may have. Clean and sanitize any surfaces such as countertops and floors, on which bodily fluids have been spilled. Use the stronger bleach solution whenever cleaning up blood or fluids containing blood (1/4 cup bleach + 1 gallon of cool water). Discard fluid-contaminated material in a plastic bag that has been securely sealed. Mops used to clean up bodily fluids containing blood should be:

1. Cleaned.
2. Rinsed with a sanitizing solution.
3. Wrung as dry as possible.
4. Hung to dry completely.

Be sure to wash your hands after removing your gloves.

(See also "Employee Safety - Using Standard Precautions in Child Care," page 5.)

Schedule for Cleaning and Sanitizing Items

Area/Object	Clean	Sanitize	Frequency Requirements	Clean and Sanitizing Detail
Any item soiled with blood or bodily fluid	X	X	Immediately	Must use stronger bleach solution*
Blankets/sheets for cots or cribs	X		Weekly, when soiled and before another child uses	
Carpets	X		Vacuum daily. Clean when soiled.	Clean and dry only when children will not be present.
Changing table	X	X	Clean when visibly soiled and sanitize after each use.	Must use stronger bleach solution*

Schedule for Cleaning and Sanitizing Items

Area/Object	Clean	Sanitize	Frequency Requirements	Clean and Sanitizing Detail
Changing table	X	X	Clean when visibly soiled and sanitize after each use.	Must use stronger bleach solution*
Cots	X	X	Before assigning to a different child, when soiled, and at least every 3 months	Must use stronger bleach solution*
Cribs	X	X	Monthly, when soiled and before another child uses	Must use stronger bleach solution*
Diaper receptacles	X	X	Daily or more frequently as needed to eliminate odor.	Must use stronger bleach solution*
Dishes/cups/silverware/water containers	X	X	Clean after each use. Water containers that are labeled with the child's name can be used all day, but must be cleaned and sanitized before used again on another day	Must use weaker bleach solution**
Dress up clothes and hats (used in dramatic play)	X		Monthly and when soiled.	Hats can harbor eggs from head lice; launder frequently. Use plastic hats and do not use wigs.
Floors	X		Daily and when soiled.	
Food prep area, including sink	X	X	Before and after preparing food and between preparing raw and cooked food.	Must use weaker bleach solution**
Potty Chairs	X	X	After each use, empty contents into toilet and rinse prior to cleaning and sanitizing.	Must use stronger bleach solution*
Tabletops and highchair trays	X	X	Clean when visibly soiled. Sanitize before and after food is served.	Must use weaker bleach solution**
Toilet bowls	X	X	Clean when visibly soiled; sanitize daily.	Must use stronger bleach solution*
Toilet seats, handles and hand-washing sinks	X	X	Clean when visibly soiled; sanitize daily.	Must use stronger bleach solution*

Schedule for Cleaning and Sanitizing Items (continued)

Area/Object	Clean	Sanitize	Frequency Requirements	Clean and Sanitizing Detail
Toys that go into the mouth	X	X	After each child's use	Must use weaker bleach solution**
Toys-other than those going into the mouth	X		Monthly and when visibly soiled.	
Washable furniture (including fabrics on infant equipment)	X		Weekly and when soiled; upholstered furniture must be steam cleaned when soiled, if not covered by a washable slipcover. Slipcovers must be washed at least monthly and when soiled.	
Wastebaskets, including lids	X	X	Empty daily and more frequently as needed. Clean and sanitize when visibly soiled.	Must use stronger bleach solution*

To clean: Wash the surface or item with a detergent solution or other appropriate commercial product used for cleaning purposes for the item you are cleaning and rinse the surface or item. Questions about products must be directed to the manufacturer of the product. Follow the manufacturer's instructions exactly.

To sanitize: Centers must use the following chlorine bleach solutions (household bleach with 5.25% hypochlorite) or a commercial product registered by the U.S. Environmental Protection Agency (EPA) as a sanitizer that has directions for use that are appropriate for the surface or item you are sanitizing. Questions regarding commercial products must be directed to the manufacturer of the product or the EPA. Follow manufacturer's instructions exactly when using any product to sanitize.

Daily bleach and water solution:

*Stronger chlorine bleach solution = 1/4 cup bleach + 1 gallon cool water

**Weaker bleach solution = 1 tablespoon bleach + 1 gallon cool water

PREPARE BLEACH SOLUTIONS DAILY

All bottles of cleaners and sanitizers must be labeled with the contents and/or recipe.

Although door knobs are not listed on this chart, they should be sanitized frequently.

Toothbrush Use and Handling

Tooth brushing is a lifelong preventive habit important to maintain oral health and prevent tooth decay. Tooth brushing in the child care setting helps children to develop this habit. The guidelines below are outlined in OAC rules 5101:2-12-15.4 and 5101:2-13-15.4. To brush teeth properly and to prevent infections from spreading from germs found in saliva and blood on toothbrushes:

- Always supervise children when they are brushing their teeth. It is easier to supervise if each

child brushes separately.

- Make sure each child has his/her own toothbrush clearly labeled with his/her name. NEVER allow children to share or borrow toothbrushes.
- If a single tube of toothpaste is used for more than one child when brushing teeth, a pea-sized amount shall be dispensed onto a clean piece of paper or paper product for each child. It shall not be placed directly on the toothbrush. (Children 24 months and younger should have their teeth brushed with water and not toothpaste.)
- Instruct each child to brush his/her teeth and then to spit out the toothpaste.
- Use paper cups for children to rinse their mouths out with water. Dispose of the cup after each use.
- Store and rinse each toothbrush so it cannot touch any other toothbrush and allow it to air dry. Never try to "sanitize" toothbrushes. If a child uses another child's toothbrush or if two toothbrushes come in contact, throw them away and give the children new toothbrushes.
- If a child uses the toothbrush of another child who is known to be ill or have a chronic blood-borne infection (such as hepatitis B or HIV), parents of the child who used the ill child's brush should be notified.
- Toothbrushes must be replaced every three months or if the toothbrush comes in contact with the toilet or toileting area. If a child has a communicable disease requiring medical attention, his/her toothbrush should be replaced.
- Racks and devices used to hold toothbrushes for storage must be labeled and washed and sanitized or replaced monthly, whenever visibly soiled, or after any contamination with bodily fluids.

Food Sanitation

If you are a licensed food service operation, check with your local health department for food sanitation regulations. The following is general information for all child care providers.

Food sanitation is essential to prevent the spread of disease. Improperly handled or prepared food can cause illness. Infants and young children are especially at risk. Food-poisoning germs live everywhere and can carry disease through food and drink, including water. Kitchen cleanliness is very important. Bacteria are easily transferred to food.

To keep the kitchen area clean, follow these guidelines:

- To prevent cross contamination, do not use the same utensil or cutting board for both raw and cooked meat, poultry, fish or eggs unless they are sanitized between uses. A nonporous cutting board should be used.
- Clean, rinse and sanitize the counters and cutting boards after each use. Use a sanitizing bleach solution (one tablespoon of bleach + one gallon of cool water).
- The area first must be cleaned of food or dirt. If this step is skipped, then the bleach solution will not be able to sanitize the surface.
- Use clean utensils and containers.
- A wet wiping cloth stored in sanitizing solution or paper towels may be used to clean spills.
- Use a disposable hand towel or paper towels to wipe hands and spills.
- Rinse the top of cans before opening.
- Do not prepare or handle food if you are ill.
- Wash hands as often as necessary to remove soil and contamination.

Poor personal hygiene, contaminated equipment, poor protection from contamination and improper holding temperatures have been identified by the U.S. Food and Drug Administration as food-borne illness risk factors. Remember to keep hot foods hot and cold foods cold, and never leave food at room temperature for more than two hours. Poor food preparation, handling

or storage can quickly result in food being contaminated with germs and may lead to illness if the contaminated food is eaten. Contact your local health department to obtain the local regulations and standards for food safety and sanitation and to ask about the availability of a food handler course in your area.

The most efficient way to wash, rinse and sanitize dishes and eating utensils is to use a dishwasher. The dishwasher must be of a commercial type to ensure a proper final rinse temperature is attained to sanitize dishes and eating utensils. If a dishwasher is not available, a three-compartment sink is needed to wash, rinse and sanitize dishes. If your facility does not include a licensed food service operation, a two-compartment or one-compartment sink may be used by adding one or two dishpans as needed. In addition to three compartments or dishpans, you will need a dish rack with a drain board to allow dishes and utensils to air dry. Be sure to sanitize dishpans after each use.

To wash, rinse and sanitize dishes by hand:

- Fill one sink compartment or dishpan with hot tap water (approximately 100° F) and a dishwashing detergent.
- Fill the second compartment or dishpan with hot tap water (approximately 100° F).
- Fill the third compartment or dishpan with lukewarm or cool (70-75° F) tap water and one tablespoon of liquid bleach for each gallon of water.
- Scrape dishes and 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 one minute.
- Place dish or utensil in rack to air dry.

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

Preparing and Handling Infant Formula and Foods

Babies are more susceptible to bacteria and other germs than older children. Unsanitary food conditions can cause serious infections. Extra care needs to be taken when handling babies' food, bottles and utensils to make sure they are safe and clean.

Breast Milk

- Should be in the infant's own bottle.
- The child's name, date expressed and date of receipt shall be on each bottle.
- Breast milk may be stored in the refrigerator for up to five days, counted from the day the breast milk was expressed. Frozen breast milk may be stored up to two weeks in a freezer compartment of a refrigerator with separate doors.
- Do not refreeze thawed breast milk.
- Breast milk left in the bottle after feeding must not be reheated or served again.
- When using frozen breast milk stored in plastic bags, be sure the milk is placed in a sterile plastic bottle liner or a clean and sanitized bottle for feeding.

Note: According to the CDC, breast milk is not a biohazard and does not require standard precautions when being handled.

Infant Formula

OAC rules 5101:2-12-41 and 5101:2-13-41 state that if bottles are prepared by the center or Type A Home, they must be prepared in accordance with written instructions from the parents or physician in charge of the child. All powdered or concentrated formula must be prepared according to the manufacturer's instructions. Use water from a source approved by the local health department if not on a public water system.

Before preparing formula, all equipment to be used (bottles, nipples, caps, spoons, can opener) must be cleaned and sanitized by washing in the dishwasher or by washing thoroughly with hot water and detergent, followed by a thorough rinsing in hot running water and then boiling for one minute or more just prior to filling. Prepared formula not used immediately must be labeled, refrigerated and sent home daily. Open containers of ready-to-feed or concentrated formula must be covered, dated and refrigerated according to the manufacturer's instructions. Prepared formula and food must be sent home daily. Formula left in the bottle after feeding is not to be reheated or served again.

What to do if a child is mistakenly fed another child's bottle of formula or breast milk:

1. Inform the parents of the child who was given the wrong bottle and exactly what the child was given.
2. Inform the parents who brought the formula or breast milk of the mistake.
3. Suggest that the parents contact their health care provider.
4. Document the incident.

Warming Bottles

- Warm bottles of milk immediately before serving. Never use a microwave oven to warm infant formula. The liquid may become very hot when microwaved and get hotter when removed from the microwave even though the bottle feels cool. The hot liquid could seriously burn babies, and the plastic liner could explode.
- Bottles of formula or breast milk shall be placed in a container of hot (not boiling) water or placed in a commercial bottle warmer. The container of water needs to be emptied and cleaned daily. **NEVER** warm bottles by setting them out on the counter.
- After warming the bottle, gently shake the bottle.
- Always test the temperature by squirting (shaking) a few drops of formula on to the back of your hand.
- Warm only as much infant formula as is needed for one feeding.
- Thaw frozen breast milk under cold running water or place it in the refrigerator.

Baby Foods

- Be sure the vacuum seal has not been broken before using. You should hear a "pop" when you open the jar.
- Spoon out only enough food for a serving.
- Do not use the jar as a serving dish.
- The unused portion of food remaining in a serving dish from which the child has been directly fed must not be reheated or served again.
- Any unused baby food in the jar should be refrigerated and sent home at the end of the day.
- If baby food is heated in a microwave, it should be stirred or shaken to prevent uneven heating.

Group Separation Chart

Classrooms by age in a child care center

Groups of children under 2 ½ years of age and groups of children 2 ½ years of age and over can not combine.

Classrooms can have children over and under 2 ½ in the same room.

Infant Room
Babies age
0-18 months

Rooms of the same shape can combine with each other, but rooms with different shapes cannot combine with each other.

Toddler Room
Toddlers age
18-36 months

Preschool Room
Children age 3
years to 5 years,
not yet in
Kindergarten

Mixed Age Room
Children age 2 ½ to 3
½ years

Mixed Age Room
Children age 4 & 5 and
5 year olds eligible to
attend Kindergarten,
but still in preschool

School age Room
Children age 5
attending
Kindergarten and
above

Ohio Department of Job and Family Services
**REQUEST FOR ADMINISTRATION OF MEDICATION
 FOR CHILD CARE**

Box 1	The following section must always be completed by the parent/guardian.
Check all that apply and complete all of the information.	
<input type="checkbox"/> Prescription Medication <input type="checkbox"/> Nonprescription Medication <input type="checkbox"/> Food Supplement <input type="checkbox"/> Topical Product or Lotion <input type="checkbox"/> Refrigeration Required <input type="checkbox"/> Modified Diet	
Name of Child	Date of Birth
Name of Medication	Weight
Name of Medication	Exact Dosage
To be administered at the following times	For the following period of time
<input type="checkbox"/> I understand that my child must receive one dose of medication before arriving at the program (unless the medication is used for emergencies).	
Signature of Parent/Guardian	Date
Box 2	The following section must be completed by a licensed physician, licensed dentist, advanced practice registered nurse or certified physician's assistant.
<ol style="list-style-type: none"> 1. The medication contains codeine or aspirin. 2. A physician's instruction is needed for a nonprescription medication (e.g. child does not meet minimum age or weight requirements as listed on the label instructions). 3. It is a sample medication without a prescription label. 4. The nonprescription medication is to be given longer than three consecutive days within a fourteen day period. 5. The topical product or lotion and the physician's instructions exceed the manufacturer's instructions or use. 	
Name of child	Name of medication, vitamin, diet, supplement
Dosage	Possible side effects to watch for are
Expiration date (May not exceed twelve months from the date of this request for medications of food supplements).	
Instructions	
This child is under my care and should receive the above medication as written.	
Signature of physician, dentist, advanced practice registered nurse or certified physician's assistant	
Date of signature	Phone number
Name of child	Name of medication, vitamin, diet, supplement

This form is valid for no longer than twelve months and must be kept on file at the center or home for at least one year following the last administration of the medication or product. One form must be used for each medication.

Children with Special Needs

The Americans with Disabilities Act (ADA) requires that reasonable accommodation should be given to people with disabilities. The law covers children with disabilities seeking reasonable accommodation in a child care setting. In addition to making physical changes – such as installing ramps, wide doors and restrooms that can accommodate children in wheelchairs – you may need to provide for a child's special physical, emotional or psychological needs. Other special needs may include assistance in feeding, following special dietary requirements, giving medicines and/or performing medical procedures and ensuring that special equipment operates or is used properly.

If a child has been identified as a child with a health condition or a child requiring a medical procedure, OAC rules 5101:2-12-38 and 5101:2-13-38 require that the child have a written plan of care called "Medical/Physical Care Plan" (JFS 01236). The plan should include written instructions for procedures, schedules for giving medicines, and menus to meet any eating requirements. This plan needs to be updated and signed annually. It may be necessary to develop an individualized emergency plan for the child. It is important to meet with the child's parents and health care provider to discuss the special health needs of the child. Information that is helpful to know is:

- Specific procedures that the child may need to have done.
- How much time will be needed to meet the child's needs.
- Staff training needed to perform a special procedure.
- The child's developmental level.
- The child's health care providers, who can provide ongoing consultation when needed, and their phone numbers.
- A list of any special telephone numbers -- for example, medical equipment technical assistance services.

Children from birth to age 3 with disabilities may have a written plan called an Individualized Family Service Plan (IFSP). This is similar to an Individualized Education Program (IEP) for school-age children. These families will have an assigned service coordinator that is responsible for the IFSP. If a child care center or a family needs more information about the IFSP process, call the Help Me Grow Program at 1-800-755-GROW.

The IFSP and Medical/Physical Care Plan should support each another.

Medication Administration

Some children may need to take medications while they are in child care. Before agreeing to give any medication, whether prescription or over-the-counter, obtain written permission from the parent. In addition, refer to the child care center's policy on administration of medications. Licensed child care programs must have a staff person designated to administer medication. Everyone administering medication in a child care facility should be trained in medication administration. A log of when a child received medications must be kept. ODJFS-prescribed form JFS 01217 must be used when giving a child any medication. The staff member assigned to administer medication must sign the required form showing she or he gave the child the medicine. Entries on the log should be in ink and legible. If an error is made on the log, cross out the error entry and add your initials. Re-enter the correct information on the next line. Never erase or use correctional fluid or tape to cover information placed in the log.

Make sure any prescribed medication you give to a child:

- Has the first and last name of the child on the container.
- Has been prescribed by a licensed physician, certified nurse practitioner or licensed dentist.
- Has the name and credentials of the authorized health professional who ordered the medication on the container.
- Is in the original package or container.
- Has the date the prescription was filled.
- Has an expiration date and is still current.
- Has the name of the medication and specific instructions for giving, storing and disposing of the medication.
- Is in a childproof container.

You may want to suggest to parents that they ask their pharmacist to divide medications into two bottles, one to be kept at home and one to be kept at the child care facility. Children will be less likely to miss a dose of their prescription due to parents forgetting to bring medications to the facility or to take them home at night. Parents may attach patient education and administration forms from the pharmacy.

A child's parent may ask that you give a child an over-the-counter medication such as acetaminophen (Tylenol and other brand names). Refer to OAC rules 5101:2-12-31 or 5101:2-13-51 (Type A Homes) for the specific kinds of over-the-counter drugs permitted. Over-the-counter medications for each child must be in their original containers and labeled with:

- The child's first and last names.
- The expiration date.
- The specific instructions for giving, storing and disposing of the medication.
- The appropriate dosage for the height, weight or age of the child (or written authorization from the child's health care provider).

All medications should have childproof caps and be stored out of reach of children. Medications requiring refrigeration should be clearly marked and separated from food. You must keep all medications in a separate, covered container marked "Medications" within the refrigerator but away from food items and inaccessible to children.

Never use medications after the expiration date. Also, do not allow parents to add medications to bottles of formula or milk brought from home. This can lead to inadvertent overdoses or underdoses. You must keep a medication record in your child care facility (JFS 01217). The record must list:

- Child's name.
- Name of the medication, dosage, how and when it is to be given.
- Parent's signature of consent.
- Time the medication needs to be given.
- Start and end date.
- Special instructions or storage information.

If you have a concern about a medication or dosage, contact the parent or physician. Do not make any decisions about medications without contacting the parent and/or physician. It is useful to have a current, commonly ordered pediatric drug reference/resource book in the child care setting. The reference book should provide information on trade/generic names; child-appropriate dosage based on weight/age; classification; actions; absorption; metabolism; distribution; excretion; possible side effects; contraindications; storage procedures; and associated necessary precautions, such as reduced sun exposure, administration with food or on

an empty stomach, etc. Use a child-appropriate dispenser when giving liquid medications.

Five Rights of Medication Administration

When giving a child medication, perform the Five Rights checks: Right child, right medication, right route (how is it to be given), right time and right amount. If the five rights are followed, there will be less chance of a child receiving the wrong medication.

Documentation and action are required when a medication error has occurred.

Wrong child:

Action

- Call Poison Control as soon as the error is discovered and follow the directions given.
- Call the parent of the child to whom the medication was given as soon as the error is discovered and ask the parent to call the family physician.
- Contact the parent of the child who missed a dose.
- Administer the medication to the correct child.

Documentation

- Document actions taken, including who was contacted.
- Fill out an incident report form (JFS 01299).

Wrong medication:

Action

- Call Poison Control as soon as the error is discovered and follow the directions given.
- Check with Poison Control to determine if correct medication should be given.
- Call the parent as soon as the error is found and encourage the parent to call the physician for advice.
- Give the correct medication if advised to do so and document actions.

Documentation

- Document actions taken, including who was contacted.
- Fill out an incident report form (JFS 01299).

Wrong Route/Wrong Amount:

Action

- Call Poison Control as soon as the error is discovered and follow the directions given.
- Call the parent as soon as the error is found.
- Encourage the parent to contact child's physician to determine procedure to follow.

Documentation

- Document action taken, including who was contacted.
- Fill out an incident report form (JFS 01299).

Wrong Time (more than 1/2 hour either side of the administration time):

Action

- Call the parent as soon as the error is discovered.
- Encourage the parent to contact the child's physician and determine the procedure to follow.

Documentation

- Document actions taken, including who was contacted.
- Fill out an incident report form (JFS 01299).

For more information on medication administration, please refer to the **Medication Administration Course** available through the ODH Healthy Child Care Ohio program (614-644-8389).

Unit 4 - Policies and Procedures

Local Health Departments

If a parent or physician notifies the child care facility that a child has a communicable disease, the other parents with children in the child care center and the local health department (LHD) must be notified. The sooner a disease or outbreak is reported, the better the chance for preventing new cases. Some diseases require special efforts to control.

The LHD is concerned about the health of the public and provides help controlling and preventing communicable diseases, including diseases in child care settings. The LHD is responsible for any communicable disease investigations. The LHD can provide information on how to control the spread or increased incidence of an illness (such as diarrhea) in the facility; answers to questions about sanitation and health issues; informative letters to send to parents and/or physicians about a disease; and in some situations, free stool-specimen testing in your community. The phone number of the LHD should be written in your policy and procedure manual on how to manage communicable diseases.

Communicable Diseases that Must be Reported

If someone in the child care facility has a medically confirmed case of a communicable disease, you have the authority to contact your LHD with all the facts related to the case (OAC 3701-3-04). Communicable diseases that must be reported to the LHD are listed in OAC 3701-3-02. Closing a center is not usually recommended because parents may place their child in another child care setting, which could facilitate the spread of disease.

Emergency/Disaster Preparedness

OAC rules 5101:2-12-34 and 5101:2-13-34 (Type A Homes) address the minimum emergency, medical and dental plans required for licensed child care centers. According to this rule, child care centers must have a written plan for medical, dental and general emergencies written on the "Medical, Dental and General Emergency Plan" (JFS 01242). This medical, dental and general emergency plan must be implemented when necessary, and must be posted, readily in view, by each telephone and in each classroom, and other spaces used by the children.

In addition, it is recommended that centers plan for broader community disasters or emergencies because children can be touched directly or indirectly by them. Natural disasters such as floods, fire and tornadoes can strike a community with little or no warning, as can community violence. Children rely on adults who can protect them.

Definitions

Emergencies and disasters are typically unplanned and shocking. An emergency is defined as "a sudden, urgent, usually unexpected occurrence requiring immediate action." A disaster is defined as "a calamitous event, especially one occurring suddenly and causing great damage." Both emergencies and disasters can begin suddenly, but disasters usually result in a larger impact to the community.

The Plan

Having a plan can help staff be prepared before an emergency or disaster. Child care settings should have written plans that are updated, practiced and/or trained routinely. These plans should state the policies, procedures and resources put in place by a program to prepare for, respond to and recover from any type of disaster or emergency.

The National Child Care Resource and Referral Association recommends that child care centers take the following steps to develop emergency/disaster preparedness plans:

- Determine the types of disaster most likely to occur in your area.
- Learn about the types of disasters.
- Appoint a small group of people to serve on an emergency preparation committee.
- Gather contact information for each staff member.
- Gather contact information for children and families.
- Set up a system for knowing who is in the facility at all times.
- Set up emergency kits for staying in the facility and evacuating.
- Develop an emergency contacts list.
- Decide how vital records and resources will be protected.
- Develop and practice an evacuation plan.
- Develop a shelter-in-place strategy. ("Shelter-in-place" means to take immediate shelter where you are.)
- Develop a communications plan.
- Complete a written Child Care Program Emergency Plan that includes the above listed steps.

Many resources can help child care centers plan for emergencies and disasters. It is important that child care staff contact their local emergency medical services (EMS) and LHD to develop relationships that could be crucial during an actual event. In addition, there are many emergency preparedness resources that may be useful as staff develop plans and trainings. These include:

American Red Cross
<http://www.redcross.org>

Emergency Preparedness Resources for Child Care Programs
<http://www.acf.hhs.gov>

Federal Emergency Management Agency (FEMA)
<http://www.fema.gov>

Head Start Disaster Preparedness Workbook
<http://www.cphd.ucla.edu>

Local Health Department Emergency Preparedness Plans
<http://www.odh.ohio.gov>

American Academy of Pediatrics
<http://www.aap.org/disasters/resources.cfm>

National Association of Child Care and Resource and Referral Agencies
<http://www.NACCRRRA.org>

National Commission on Children and Disasters
<http://www.childrenanddisasters.acf.hhs.gov>

First Aid Kit

One first aid kit must be available for every 75 children, and one must be on each floor if the center has multiple floors. The supplies for a complete kit are outlined in OAC rules 5101:2-12-36 and 5101:2-13-36. If the kit contains more than the items required in the rule, then the additional items must be clearly labeled with the names of whom they can be administered to.

Ohio Child Care Rules Related to Child Health and Communicable Diseases

Every child care center is required to have written policies and procedures for the following items:

Medical, dental and general emergency plans. These must be written according to OAC rules 5101:2-12-34, 5101:2-13-34 (Type A Homes) and 3301-37-04. At a minimum, they must include the following:

- General instructions to staff in general emergency situations and instructions for serious incidents, injuries or illnesses affecting a child.
- A list of staff trained in first aid, communicable disease and CPR.
- Location of car seats or the written policy to use an emergency squad for emergency transportation. Child restraint requirements must be followed. See OAC 5101:2-12-34, Appendix A.
- Process for notification of parents.
- Location of first aid kit, Dental First Aid Chart (JFS 01201) and children's records.
- Emergency phone numbers, such as an emergency response number, poison control center, fire, police.

Management of communicable disease plan. According to OAC rules 5101:2-12-33, 5101:2-13-33 (Type A Homes), 3301-37-04 and 3301-37-11, at a minimum this plan must state the following:

- The name of the staff member trained to recognize the common signs of communicable diseases and other illnesses, who every checks the health of children arriving at the center each day.
- The procedure to follow when a child becomes ill, is isolated or discharged from the center, and when the child can be readmitted to child care.
- The process for notification of parents and the LHD.
- Where the ODH "Communicable Disease Chart" is located.

In addition, the American Public Health Association (APHA) recommends the following:

- Post and monitor hand-washing and sanitation procedures.

- Ask parents to notify the center within 24 hours after the child has developed a suspected communicable disease, or if any member of the immediate household has a communicable disease.
- Create a policy for managing communicable disease among the employees. This should include:
 1. The procedure and criteria for excluding and readmitting staff because of illness.
 2. The process for educating female staff of the health risk if they are pregnant or become pregnant while employed.

Administration of medications, food supplements or modified diets. According to OAC rules 5101:2-12-31, 5101:2-13-31 (Type A Homes) and 3301-37-04, if a child care center administers these items, the following points at a minimum must be addressed in the policy:

- The following definitions:
 1. Medication is any substance or preparation containing active chemical ingredients for the purpose of prevention or treatment of a wound, injury, infection or disease.
 2. Modified diet is any diet eliminating the use of any one or more of the four food groups or altering the amount of food required to be served to meet one-third of the recommended daily dietary allowance.
 3. Food supplement means any substance, including a vitamin, which is an addition of a food or nutrient to a meal or a diet.
- Written permission by the parents and instruction by a licensed physician, certified nurse practitioner or licensed dentist for the administration of any medication, modified diets or food supplements.
- That each medication or food supplement must be labeled with the child's name, current date (within the past 12 months), exact dose to be given, the number of doses to be given daily and the route of administration.
- Procedure for storage of medication and food supplements so they are out of the reach of children and free from contamination of food.
- Procedure for proper administration of medication.
- Procedure for completing the medication log. All documentation related to administration of medications, food supplements, modified diets or fluoride supplements must be kept on file for one year.
- Procedure to contact the Poison Control Center.
- Procedure for administration of nonprescription topical ointments, creams or lotions. The procedure must include written permission and instructions from the parents and is valid for no longer than 12 months. If an ointment, cream or lotion is to be used for a skin irritation, it cannot be applied for more than 14 consecutive days.

Procedure for administration of nonprescription, fever-reducing medication that DOES NOT contain aspirin or cough medicine containing codeine. The following points should be included in the procedure:

- Permission and instructions from the parents to give the medication.
- Medication must be in the original container.
- The label should specify the dosage based on the child's age or weight.
- Medication cannot be administered for longer than three consecutive days in a 14-day period.

In addition, the APHA recommends that the following be included in a policy on medication, fluoride and food supplements:

- Training and education for personnel responsible for administering medications, food supplements or modified diets to children.

- No stock drugs should be kept in the center. All medications should be labeled with a child's name.
- Emergency protocols for a child who may have a serious adverse or allergic reaction to a medication or food.
- Procedure for what to do when a child is given the wrong medication or food supplements.
- Significant health history to include the child's allergies, health status and/or special needs.
- Documented observations of child in relation to medication administration, side effects or any other notable health status concerns.
- Procedure to communicate with parents when a child has been given medication or food supplement.
- A reference file of pharmacy fact sheets on various medications administered in the center.
- Procedure and storage of controlled substances, such as Ritalin.
- All medication containers must have child-protective lids.

Food. OAC rules 5101:2-12-39, 5101:2-13-39 (Type A Homes) and 5101:2-12-41 address the serving of nutritious meals in child care centers. Centers that prepare their own food or serve food supplied by outside vendors must have a food service license from the LHD. Contact your LHD for additional information regarding serving of food in the center. At a minimum, the following must be addressed in the policy:

- Plan for storage of food provided by parents that meets the requirements of the food service operations laws and rules.

For centers that do not require a food service license because the outside vendor also serves the food or parents supply the food, APHA recommends that the following be included in a policy related to food safety:

- Potentially hazardous and perishable foods brought from home must be refrigerated properly, and all foods must be protected against contamination.
- No one who has signs or symptoms of illness – including vomiting, diarrhea or infectious skin sores that cannot be covered – may be responsible for assisting children with their lunches or in the preparation of any foods served by the center.

The APHA recommends that all centers develop policies on the following:

- Staff members who help with food service must not change diapers. Staff members who work with diapered children must not prepare or serve food for older groups of children. When it is not possible to follow these restrictions, staff can prepare or serve food to the infants and toddlers in their groups only after thoroughly washing their hands.
- All staff members with food handling responsibilities must be trained in proper food handling techniques.
- Teachers who conduct food preparation activities in the classroom must be trained in proper food handling.

Maintenance of health records. OAC rules 5102:1-12-37 and 5101:2-13-37 (Type A Homes) state that centers must have policies that address the confidentiality, periodic updating and storage of health records. At a minimum, the policies must include the following:

- Child health records, which include:
 1. The condition on the prescribed form JFS 01234.
 2. Annual review and update of the form.
 3. Verification of a medical examination, including a record of the child's immunizations.

- Employee health records, which include:
 1. OAC 5101:2-12-25 requires that child care employees be physically fit to provide child care.
 2. Medical examinations are required every three years.

Pets. According to OAC 5101:2-12-15, at a minimum centers must include the following in their policies on pets:

- Pets must not be a threat to the safety or health of the children.
- Pets must be properly housed, vaccinated and cared for.
- The center must state its procedure to maintain verification of vaccination of pets against diseases.
- Children will not be directly exposed to animal urine or feces.

In addition, the APHA recommends that policies include the following:

- Any pet present at the center should be in good health and show no evidence of disease.
- Dogs or cats should be kept on flea-, tick- and worm-control programs.
- A staff member must always be present when a child plays with a pet.
- Living quarters of animals must be enclosed and kept clean of waste.
- Some pets, particularly of the reptile and parrot family, are not appropriate for child care facilities. All reptiles carry *salmonella*. Reptiles (lizards, turtles, iguanas) that might be handled by a child can easily transmit *salmonella*.

Child abuse and neglect. According to OAC rules 5101:2-12-26 and 5101:2-12-30, at a minimum the following points must be included in a policy on child abuse:

- The procedure to ensure that no person who has been convicted of or pleaded guilty to child abuse or other crimes of violence owns or operates a child care center or is an employee of child care center.
- The procedure to notify child protective services if child abuse or neglect is suspected.

In addition, the APHA recommends that the following also be included in a policy related to child abuse:

- Establishment of links with health professionals who can provide consultation about suspicious injuries or other circumstances that may indicate abuse or neglect.
- Education programs for staff on the common behavior shown by abused children.

Hepatitis B vaccine for child care staff. Federal OSHA Rule 29 CFR 1910.1030(a) requires that child care workers who are designated as responsible for rendering first aid or medical assistance as part of their job duties should be offered the hepatitis B vaccine. The vaccine should be offered before exposure to an event. Please refer to "Employee Safety - Using Standard Precautions in Child Care," page 5, for more details.

Unit 5 - Appendix

References

American Academy of Pediatrics, Committee on Infectious Disease. *Red Book: 2003 Report of the Committee on Infectious Diseases*. Elk Grove Village, IL: American Academy of Pediatrics.

American Public Health Association and American Academy of Pediatrics and the National Resource Center for Health and Safety in Child Care. *Caring for Our Children-National Health*

Ohio Department of Job and Family Services
INCIDENT/INJURY REPORT FOR CHILD CARE

Child Care Center Family Child Care In-Home Aide

SECTION I

Name of program		Program number	
Street address	City	Zip code	County
Is this a child who has a written medical/physical care plan on file as defined in the Ohio Administrative Code? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, explain in summary section)</i>			
Full name of child (first name, last name)		Child's date of birth (MM/DD/YY)	<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of incident/injury/illness		Time of incident/ injury/illness	
Name of person responsible for child at time of incident			Witness(es)
At the time of the incident/injury/illness			
How many children were there in this child's group?		How many child care staff members were supervising the group?	
Were parents contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Who provided first aid?	Date
If yes, when?			
How many hours is this child in your care per day? (check one) <input type="checkbox"/> Part-time (< four hours per day) <input type="checkbox"/> Full-time (> four hours per day)			
Age of child-group that child was assigned to at the time of the incident/injury/illness			
<input type="checkbox"/> Young Infant (Less than 12 months)	<input type="checkbox"/> Infant (12 - 18 months)	<input type="checkbox"/> Toddler (18 months - 3 years)	<input type="checkbox"/> Preschool (3 - 5 years & not in school)
<input type="checkbox"/> School Age Child (eligible for kindergarten and older)			

SECTION II

TYPE OF INJURY (check all that apply)		BODY PART AFFECTED (check all that apply)	
<input type="checkbox"/> Bit tongue/Cheek/Lip	<input type="checkbox"/> Object Inserted into Body Part	<input type="checkbox"/> Arm	<input type="checkbox"/> Head
<input type="checkbox"/> Bite-Human	<input type="checkbox"/> Puncture Wound	<input type="checkbox"/> Back	<input type="checkbox"/> Knee
<input type="checkbox"/> Bite/Sting-Animal or Insect	<input type="checkbox"/> Scrape/Scratch	<input type="checkbox"/> Chin	<input type="checkbox"/> Leg
<input type="checkbox"/> Bump/Bruise	<input type="checkbox"/> Something in Eye	<input type="checkbox"/> Ear	<input type="checkbox"/> Lungs/Difficulty Breathing
<input type="checkbox"/> Burn	<input type="checkbox"/> Stubbed Finger/Toe	<input type="checkbox"/> Eye	<input type="checkbox"/> Mouth/Teeth
<input type="checkbox"/> Choking	<input type="checkbox"/> Sunburn	<input type="checkbox"/> Face	<input type="checkbox"/> Neck
<input type="checkbox"/> Cut	<input type="checkbox"/> Swelling/Redness	<input type="checkbox"/> Fingers	<input type="checkbox"/> Nose
<input type="checkbox"/> Difficulty Breathing	<input type="checkbox"/> N/A - Incident/Illness	<input type="checkbox"/> Foot	<input type="checkbox"/> Shoulder/Collarbone
<input type="checkbox"/> Nosebleed		<input type="checkbox"/> Front of Trunk/Stomach	<input type="checkbox"/> Throat
		<input type="checkbox"/> Genitals/Buttocks	<input type="checkbox"/> Toe
		<input type="checkbox"/> Hand	<input type="checkbox"/> Whole Body

TYPE OF ILLNESS (check all that apply)

Diaper Rash Fever Stomachache/Vomiting/Diarrhea Other Illness (specify in summary-section) N/A -- Injury/Incident

TYPE OF INCIDENT (check all that apply)

Baby Fed Wrong Bottle Collision w/Object Fall -- Walk/Run/Trip Fighting
 Blood or Bruise Found on Child Collision w/Person Fall to Surface N/A Injury/Illness

WHERE DID INCIDENT/INJURY HAPPEN? (check all that apply)

Bathroom Classroom In Vehicle On Fieldtrip/Routine Trip Pool
 Changing Table Hall/Doorway Inside Play Area/Large Muscle Area Outdoor Play Area Stairway
 Crib High Chair Kitchen/Eating Area Parking Area/Driveway

INCIDENT HAPPENED DURING?

Arrival/Departure Diaper Change Naptime/Rest Period
 Bus/Vehicle/During Transportation Indoor Play/Group Activities/Free Play Outdoor Play
 Classroom Activity Meals/Snacks Transition Between Activities

ACTION TAKEN (check all that apply)

Bandage Ice Returned to Normal Activity
 Body Part Elevated Pressure Applied Sent Home Early/Picked Up Early
 Contacted Children's Protective Services Referred for Further Medical Care Washed/Soaped
 Hug/Pat Rested on Cot

Summary of Incident/Injury/Illness (Explain, attach additional paper if needed)	Date
---	------

Print First and Last Name of Person Completing Form	Signature of Person Completing Form	Telephone Number
---	-------------------------------------	------------------

Person Receiving Form -- Parent/Family Member (Optional -- for record keeping purposes only)	Date
--	------

COMMON DISEASES

AND

ILLNESSES

IN

DAY CARE

Abuse/Neglect

Description: Child abuse is a harmful act against a child. Neglect is the failure to act on behalf of the child. Child abuse and neglect can affect the physical and psychological growth and development of the child. Child abuse/neglect happens in all cultural, ethnic and income groups. Child abuse can be physical, emotional, verbal or sexual; child neglect can be physical or emotional. Abuse may cause serious injury to the child and may even result in death.

Symptoms: Signs of possible abuse include:

Physical Abuse:

- Unexplained or repeated injuries such as welts, bruises or burns.
- Injuries that are in the shape of an object (belt buckle, electrical cord, etc.).
- Injuries not likely to happen given the age or ability of the child. For example, broken bones in a child too young to walk or climb.
- Disagreement between the child's and the parent's explanation of the injury.
- Unreasonable explanation of the injury.
- Obvious neglect of the child (dirty, undernourished, inappropriate clothes for the weather, lack of medical or dental care).
- Fearful behavior.

Emotional/Verbal Abuse:

- Aggressive or withdrawn behavior.
- Shying away from physical contact with parents or adults.
- Afraid to go home.

Sexual Abuse:

- Child tells you he/she was sexually mistreated.
- Child has physical signs such as:
 - Difficulty in walking or sitting.
 - Stained or bloody underwear.
 - Genital or rectal pain, itching, swelling, redness or discharge.
 - Bruises or other injuries in the genital or rectal area.
- Child has behavioral and emotional signs such as:
 - Difficulty eating or sleeping.
 - Soiling or wetting pants or bed after being potty trained.
 - Acting like a much younger child.
 - Excessive crying or sadness.
 - Withdrawing from activities and others.
 - Talking about or acting out sexual acts beyond normal sex play for age.

Responsibilities of Parents and Caregivers: Child care workers are mandated by law to report any suspicions of child abuse and/or neglect. This can be done 24 hours a day, seven days a week, from anywhere in Ohio. Report your concerns/findings to the local county children services agency or local law enforcement agency. Reporting of suspected child abuse or neglect is completely confidential.

If child abuse is suspected, follow these guidelines:

- Take the child to a quiet, private area.
- Gently encourage the child to talk.
- Remain calm so as not to upset the child.
- If the child reveals the abuse, reassure the child that he/she is believed, and was right to tell.
- Tell the child someone will be able to help.
- Return the child to the group (if appropriate).
- Record all information.

Comments: Abuse can happen in any family, regardless of any special characteristics. However, in dealing with parents, be aware of characteristics of families in which abuse may be more likely:

- Families who are isolated and have no friends, relatives, church or other support system.
- Parents who were abused as a children.
- Families who are often in crisis or have a lot stress (have money problems, move often).
- Parents who abuse drugs or alcohol.
- Parents who are very critical of their child.
- Parents who are very rigid in disciplining their child.
- Parents who feel they have a difficult child.

WARNING SIGNS OF ABUSE/NEGLECT

SIGNS OF SEXUAL, PHYSICAL AND EMOTIONAL ABUSE:

- Sudden knowledge about sex, and/or strong reactions to physical contact - either withdrawal or excessive sexual play. The child may pretend to have sex, or may engage in sexual behavior with other children.
- Depression, hostility, fear, sensitivity low self-esteem, poor self-image, poor social functioning.
- Accusation of abuse made by a child.
- Evidence of repeated injuries. There are signs of new injuries before old injuries have healed.
- Bruises, welts or scars on both sides of the body, in unusual or clustered patterns, or on large areas of the torso, back, buttocks or thighs.
- Lack of explanation or unlikely explanation for an injury. (e.g. if a child/parent says that the child fell on the playground and there are bruises or welts on the legs, arms or buttocks).
- The child refuses to say how the injury happened.
- Bruises or welts in the shape of a hand.
- Head injuries in an infant without a likely explanation (may indicate Shaken Baby Syndrome).
- Pattern burns that appear to be made by manufactured objects such as an iron or a cigarette, especially if found on the palms of the hands, soles of the feet, arms or scalp.
- Scald (dunking) burns without splash marks that resemble a "glovelike" or "socklike" pattern. These burns will have a clear line of immersion.
- Injuries in unusual places such as the upper arms, buttocks or genitals.

SIGNS OF NEGLECT

- Thin, underfed appearance
- Poor hygiene
- Severe injury or illness without medical care
- Inappropriate clothing for the environment

IF A CHILD REVEALS ABUSE

- Believe the child. Children rarely lie about abuse, especially sexual abuse. Their statements should be taken seriously.
- Try to remain calm and unemotional. Children are often re-traumatized by others' reactions when they disclose.
- Tell the child that he/she did the right thing by telling.
- Reassure the child that she or he is not bad if she/he kept the abuse secret for some time.
- Tell the child you are sorry that abuse happened to him/her.
- Tell the child that he/she is not alone, that, unfortunately abuse happens to many children.
- Children always feel guilty about abuse. They need to be assured again and again that it was not their fault. Explain that the offender has a problem that is against the law and requires help. Keep in mind that the offender could be someone that the child knows and trusts. A child who discloses could be terrified about what is going to happen next.
- Prepare the child for what is going to happen as a result of the disclosure.
- Do not make promises to the child that you can not keep.
- Report the abuse to Children's Services agency in your county. This is your responsibility!

Baby Bottle Tooth Decay/Early Childhood Caries

Description: Baby bottle tooth decay (or nursing bottle mouth)/ early childhood caries (ECC) is a leading dental problem for children under 3 years of age. Baby bottle tooth decay/ECC occurs when a child's teeth are exposed to sugary liquids such as formula, fruit juices and other sweetened liquids, for an 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. According to child care licensing rules, a baby cannot be placed in a crib with a bottle or have a bottle propped during feeding. 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.

Responsibilities of Parents and Caregivers: The American Academy of Pediatric Dentistry has developed the following guidelines for preventing baby bottle tooth decay/ECC:

- Don't allow a child to fall asleep with a bottle containing milk, formula, fruit juice 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 1st 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 the parent can consult the child's dentist.
- To prevent infections from spreading through germs found in saliva and blood on toothbrushes, see Using and Handling Toothbrushes.

Asthma

Description: Asthma is an inflammatory lung disease and is the most common chronic illness in children. During an asthma attack, the airways in the lungs become swollen and cause coughing. Most people with asthma can lead normal lives when their asthma is well managed. The exact causes of asthma are unknown. However, asthma symptoms can be made worse by respiratory infections, emotions, food allergies and environmental risk factors such as:

- Molds
- Pollen
- Pets (furry, hairy)
- Pests (cockroaches)
- Strong smells

Symptoms: The early signs of asthma include coughing, watery eyes, headache, stomachache, itchy or scratchy throat, feeling of tightness in the chest, sneezing or runny nose and feeling dizzy or tired. Wheezing is a common symptom but may not be heard without a stethoscope.

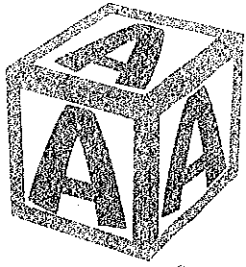
Treatment: Children with asthma may be prescribed control medications and/or rescue medications.

Control medications are given daily to help prevent asthma episodes by making airways less sensitive to triggers and to control swelling and inflammation inside the airways. Rescue medications are given when symptoms are present. Rescue medications work quickly and are given to relieve symptoms during an asthma episode and to open airways by relaxing muscles that are tight. Both types of medications may be given by a nebulizer or a metered-dose inhaler with a spacer.

Responsibilities of Parents and Caregivers:

- The child care 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, asthma triggers, current medications being taken, medications to be administered by the child care provider and steps to be followed if the child has an asthma attack. Additional support from the child's health care providers should be available to the child care provider as needed.
- Find out what starts the child's asthma symptoms. Avoid those things in the child care center.

Comments: Free asthma training is available for child care providers. Call the Healthy Child Care Ohio Program at the Ohio Department of Health (614-644-8389).



Asthma: What You Need to Know

What is Asthma?

- An inflammatory lung disease.
- During an asthma attack, the airways in the lungs become swollen and cause coughing, wheezing, chest tightness and/or trouble breathing.
- The most common chronic illness among children.

What Causes Asthma?

- The specific cause(s) of asthma are unknown. However, asthma symptoms can be made worse by **respiratory infections, emotions, food allergies, and environmental risk factors**, such as:
 - Tobacco smoke
 - Pets (furry, hairy)
 - Pests (cockroaches)
 - Molds
 - Pollen
 - Strong smells

Children with asthma should be able to play, run, and participate in all activities when their asthma is well managed.

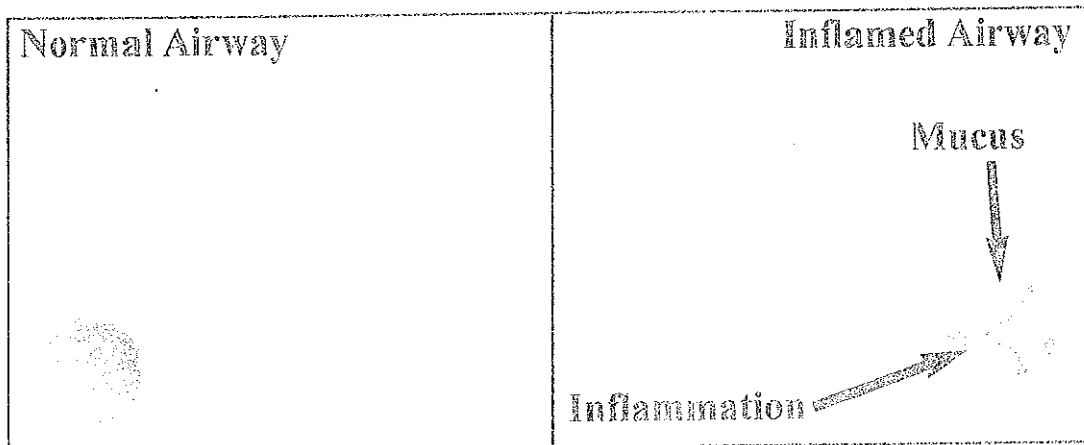
Why do I Need to Know About Asthma?

- Parents, health care providers and child care providers are all partners who can help manage a child's asthma so that he/she has fewer attacks.
- Asthma affects each child differently.
- Most children's asthma attacks are triggered by ordinary things around them.
- If you are equipped with some knowledge, it will make your job easier when caring for children with asthma.

What Can I do to Help Children with Asthma in my Care?

In order to effectively address asthma management in the child care setting, there must be collaboration among staff, families and health care providers. This includes open communication to ensure that everyone understands and recognizes asthma and is able to manage the care of a child with asthma.

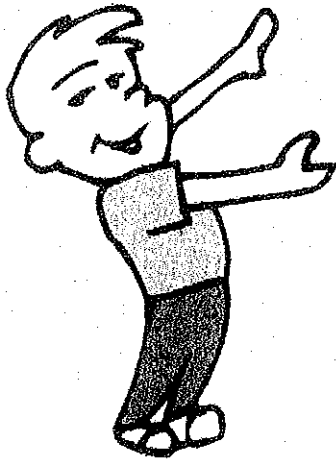
The Asthma Action Plan (AAP), included in this packet, can help support communication. It includes specific information on the child's medications and instructions for decision-making during an asthma attack. As a child care provider, it is *extremely* important that you have this information readily available for any child diagnosed with asthma.



Early Signs

Early Signs of an Asthma Episode

A child may exhibit one or more of these signs during the initial phase of an asthma episode:



■ Changes in Breathing

- Coughing
- Wheezing
- Breathing through the mouth
- Shortness of breath
- Rapid breathing

■ Verbal Complaints

- "My chest is tight."
- "My chest hurts."
- "My neck feels funny."
- "My mouth is dry."
- "I don't feel well."
- "I can't catch my breath."

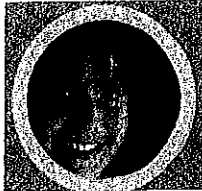
Often a child who is familiar with asthma will know that an episode is about to happen.

■ Other signs

- Itchy chin or neck
- "Clipped" speech (very short, choppy sentences)

*Adapted from: Managing Asthma: A Guide for Schools,
National Heart, Lung and Blood Institute (NHLBI), National
Institutes of Health, US Department of Health and Human
Services and the Fund for the Improvement and Reform of
Schools and Teaching, Office of Educational Research and
Improvement (OERI), US Department of Education, September
1991, NIH Publication No. 91-2650*





Diabetes in the Child Care Setting

Diabetes is a chronic condition in which the pancreas does not produce enough insulin or there is underuse of insulin. Insulin is needed for the body to store and use sugar (glucose). When insulin is not produced or used in the proper amount, diabetes occurs. Most children have type 1 (also called insulin dependent diabetes); most adults have type 2 (also called non insulin dependent diabetes).

The exact cause of diabetes is unknown. Some signs and symptoms of type 1 diabetes are: increased urination, hunger and thirst; sudden weight loss; irritability; feeling tired; and elevated blood sugar. The major goal in the treatment of diabetes is good control of the child's blood sugar and prevention of long-term complications. Control of the blood sugar is achieved by the child receiving insulin (via injections, insulin pump or pen) following a special daily diet, exercise and monitoring blood sugar.

Insulin and exercise lower blood sugar. Food raises blood sugar. An insulin reaction occurs when blood sugar is too low, either due to too much exercise or too little food. Insulin reaction occurs suddenly.

Warning signs and symptoms of a child having an insulin reaction are:

- Excessive perspiration, inattentiveness, nausea
- Headache, confusion, drowsiness
- Irritability or crying, inability to concentrate, trembling
- Blurring of vision, abdominal pain, lack of coordination

If the reaction is not treated, a child could become unconscious or have a seizure.

It is important to have an approved plan by the child's parent and health care provider on how the insulin reaction should be handled. Usually the child is given some form of sugar (this will rapidly increase the amount in the blood). Sugar can be provided by giving the child two spoonfuls of sugar, fruit juice or regular pop. The child should improve within 10 minutes. Provide the child with additional food and have him resume activities. (The specific actions for an insulin reaction should be spelled out in the child's Medical/Physical Care Plan.) If he does not improve, call the parents and health care professional. Call 911 if the child becomes unresponsive.

Additional tips in caring for the diabetic child:

- Staff should know the signs of an insulin reaction and how to handle any emergency the child may have.
- Prepare meals according to the child's special needs.
- Give meals and snacks on time.
- Ask parent or health care provider about giving extra food prior to strenuous exercise activity.
- Assist in the monitoring the child's blood-sugar level if requested.

Remember, children with diabetes are normal children, they do not want to be singled out as "different." With few exceptions and some precautions taken to avoid insulin reactions, they can and should participate in all class activities. For more information, contact the American Diabetes Association Information Service Center, 1-800-ADA-DISC, Ohio Diabetes Prevention and Control Program, 614-466-2144 or the Ohio Affiliate of the American Diabetes Association, 1-800-DIABETES (1-800-342-2383).

DIABETES

A child with diabetes should be known to all staff. A history should be obtained and an emergency care plan should be developed at time of enrollment.

- A child with diabetes could have the following symptoms:
- Irritability and feeling upset
 - Change in personality
 - Sweating and feeling "shaky"
 - Loss of consciousness
 - Confusion
 - Rapid, deep breathing
 - Seizure
 - Listlessness
 - Cramping
 - Dizziness
 - Paleness
 - Rapid pulse

If available, follow child's health or emergency care plan.

Is the child:
• Unconscious?
• Having a seizure?
• Unable to speak?

Does child have a blood sugar monitor available?

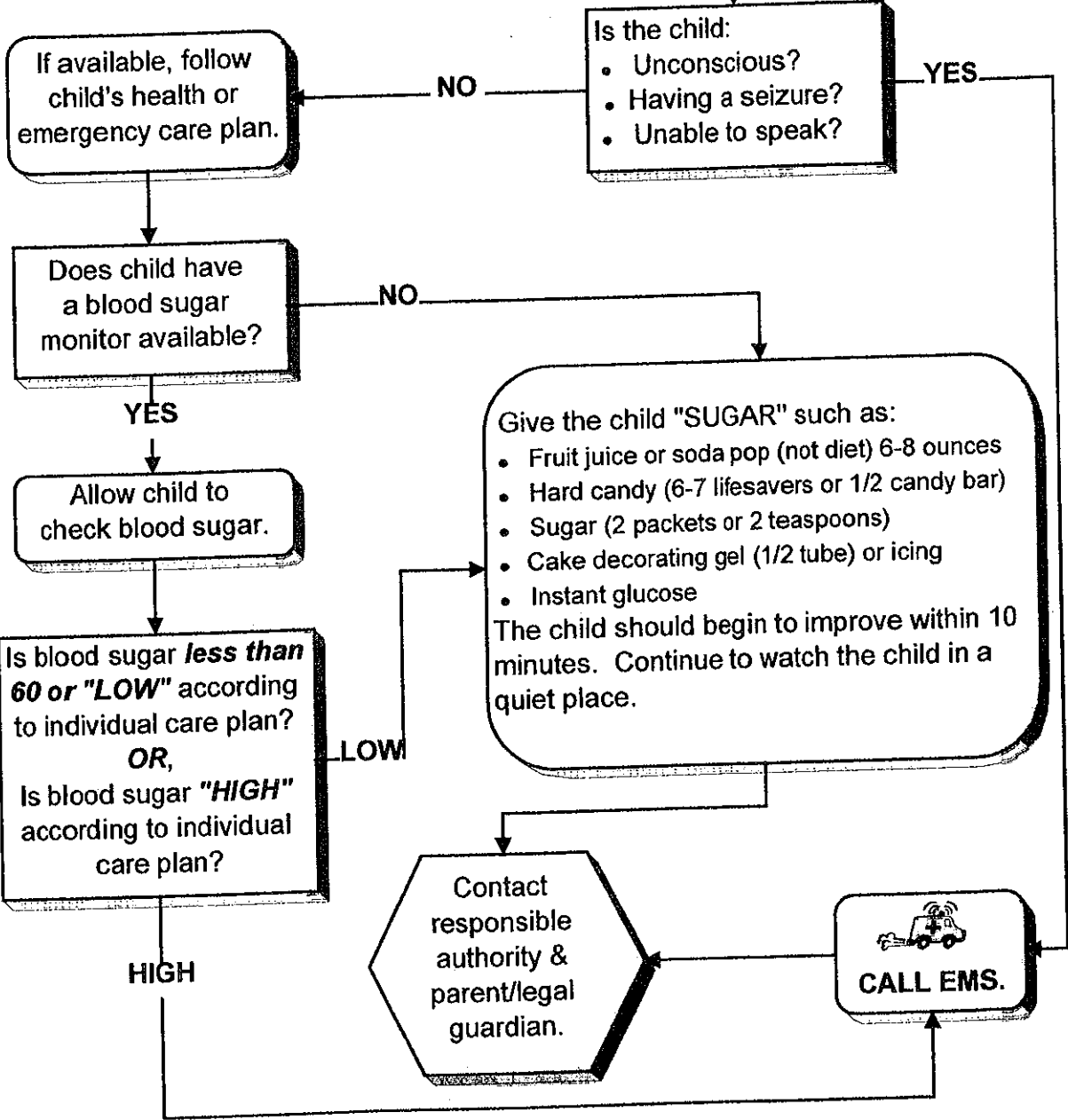
Allow child to check blood sugar.

Is blood sugar **less than 60 or "LOW"** according to individual care plan?
OR,
Is blood sugar **"HIGH"** according to individual care plan?

Give the child "SUGAR" such as:
• Fruit juice or soda pop (not diet) 6-8 ounces
• Hard candy (6-7 lifesavers or 1/2 candy bar)
• Sugar (2 packets or 2 teaspoons)
• Cake decorating gel (1/2 tube) or icing
• Instant glucose
The child should begin to improve within 10 minutes. Continue to watch the child in a quiet place.

Contact responsible authority & parent/legal guardian.


CALL EMS.



Sickle Cell Disease

Description: Sickle cell disease is an inherited blood disorder that affects a part of the red blood cell called hemoglobin. Hemoglobin is the part of the red blood cell that carries oxygen to different parts of the body. A person with sickle cell disease makes a different kind of hemoglobin called "sickle" hemoglobin. Instead of being round and smooth, cells with sickle hemoglobin become hard and sticky and look like a banana or sickle. These cells have trouble moving through small blood vessels.

Sometimes they clog up these blood vessels preventing the blood from bringing oxygen to the tissues. This can cause pain or damage to the areas that are not getting oxygen.

Although children are born with the disease, the symptoms usually do not appear until after 6 months of age. Sickle cell disease can cause many kinds of problems.

Some of the most common problems are infections, pain and anemia. Every child who has sickle cell disease is at risk for these problems, but not everyone who has sickle cell disease will actually have all of these problems.

Life-threatening infections are one of the most serious problems children with sickle cell disease can have. These infections occur because the spleen does not work well in children with sickle cell disease. The spleen is an organ in the body that works to help the body kill germs. The sickle cells clog and damage the spleen so it can't do its job. Parents should be informed immediately if their child has a temperature of 100°F (axillary) or if their child appears ill.

Pain is caused by the sickle cells getting stuck and blocking blood vessels. This cuts off the blood supply to nearby tissues. When this happens, the cells can't get through to bring oxygen and the area starts to hurt. Most pain is mild enough that it can be treated at home with increased fluids, heat or massage to the area and oral medicines such as Tylenol, Ibuprofen or Tylenol with codeine. Sometimes sickle cell pain may be very bad and will need to be treated in the hospital with stronger medicines. Parents should be informed if the child shows any signs of pain.

Sickle cells do not live as long as normal red blood cells because of their abnormal shape. This decreases the number of red blood cells and the amount of hemoglobin in the body. This low blood count is called "anemia." Most children adjust to this anemia and it usually does not need to be treated. You may notice children with sickle cell disease become tired more easily than other children. Children with sickle cell disease should be encouraged to drink plenty of fluids and to take rest breaks when tired, but otherwise should not be treated differently than other children. Parents should be informed of any increase in fatigue.

Responsibilities of Parents and Caregivers: Parents should be informed immediately if:

- Child has a temperature of 100°F (axillary) or if their child appears ill.
- Child shows any signs of pain.
- Child has any increase in fatigue.
- Child care setting should have a Medical/Physical Care Plan for the child which describes the responsibilities of the program as well as the parent.

SEIZURES

Seizures are not a disease. They are a symptom of some other condition or disturbance. Seizures can have a number of causes which generally fit into two categories:

1. Illness & Injury such as:

- High Fever - tends to occur in children aged 6 months - 5 years with a fever of 103 F or higher but some have seizures with lower fevers.
- Head Injury
- Poisoning
- Diabetes or low blood sugar
- Dehydration
- Heat Exhaustion

2. Epilepsy - a chronic condition in which the brain becomes overloaded with electrical charges and produces a set of uncontrollable movements. Epilepsy is characterized by recurring seizures and often a loss of consciousness

When a seizure occurs due to illness or injury, it may be a one time occurrence. In this case, a child will not have a known history of seizures and may never have another seizure. Any time a child *without a known history of seizures* has a seizure, call EMS. If you know the cause of the seizure, refer to the first-aid recommendations for that condition for more guidance.

When seizures occur in children with epilepsy, they are usually recurring. These children fit into our category of children with special health care needs. An emergency care plan should be developed for these children and all staff should be aware of the child's condition.

Increased Risk for Injuries:

Seizures may lead to an increased risk for some injuries. The chart below offers some additional injury prevention concerns for these children with seizures:

Potential Injury	Risk for Injury	Suggested Prevention Steps
Falls	<ul style="list-style-type: none"> • Sudden and unexpected loss of consciousness 	<ul style="list-style-type: none"> • Adapt environment to avoid obstacles or hazards. • Learn to pay attention to signs which indicate the child might be going to have a seizure and take action to prevent fall (sit down or lay down).
Choking	<ul style="list-style-type: none"> • Airway blockage due to loss of consciousness 	<ul style="list-style-type: none"> • If child is unconscious, position child on side to help protect the airway. • If child is experiencing any loss of consciousness, do NOT give anything by mouth or put anything between teeth.

Earache (Otitis Media)

Description: 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 3 years of age. Otitis media is common in young children whether they attend child care or are cared for at home. However, some children appear to be more susceptible to otitis media than other children.

Symptoms: include inflammation of the middle ear, often with fluid building up behind the ear drum. 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.

How it is Spread: 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 comes in contact with the respiratory secretions of an infected person that have contaminated the air or an object.

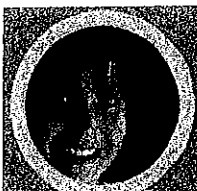
A child with an earache does not need to be excluded from the child care setting unless the child is too ill to participate in normal activities or needs more care than the provider can give without compromising the care given to the other children.

Responsibility of Parents and Caregivers: To help prevent the upper respiratory infections, that 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.

- Use a tissue only once and then immediately throw it away.
- Do not allow children to share toys 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 sanitize these toys before allowing children to play with them again. (See section on Cleaning and Sanitation Materials).
- Do not let infants fall asleep with a bottle in their mouth.
- Make sure all children and adults use good hand washing practices. (See section on Hand Washing in the Environmental Control Measures section).

Control Measures: See above section.

Treatment: 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.



Lead Poisoning

Lead poisoning is the No. 1 environmental health threat among children. Even low blood lead levels can be harmful to children and have been associated with decreased intelligence as a long-term complication. Most children with elevated lead levels do not demonstrate easily recognizable symptoms. The only way to tell they have lead poisoning is to test their blood.

Young children, especially those 12 to 24 months old, are at greatest risk for lead poisoning because they often put their hands in their mouths and thus are more likely to eat dust, paint chips and soil contaminated with lead. Children also absorb lead more easily due to their rate of growth, development and increased metabolism (the process the body uses to change nutrients to energy). At this critical stage of brain development, lead causes more damage. Therefore, children are more sensitive to the harmful health effects of lead.

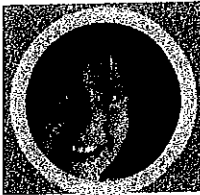
Children can be Exposed to Lead by:

- The ingestion and/or inhalation of household dust containing lead from deteriorating or chipping lead-based paint. This is the most common pathway of lead exposure for children. Seventy-four percent of all homes built before 1978 in the United States have some lead-based paint on the exterior and/or interior of the home.
- Drinking water that has moved through lead pipes or pipes with lead solder.
- Being exposed to lead dust carried into the home by family workers who work with lead.
- Eating food served on lead-glazed pottery, improperly fired ceramic ware or leaded crystal.
- Eating food taken from lead-soldered cans.
- Taking some traditional/folk medicines that contain lead such as greta or azarcon.
- Being exposed to lead through contamination of the environment by adult hobbies such as making stained glass or pottery.

As a child care provider, you can help reduce children's risk of lead poisoning by:

- Washing children's hands frequently and always before meals.
- Feeding children diets rich in iron and calcium, which will reduce the amount of lead absorbed from the gastrointestinal tract.
- Preparing and storing food in containers that do not release lead such as those made of lead-free glass, stainless steel or plastic. Never store food in opened cans. Use only ceramic containers that have labels saying they are made with lead-free glazes. Use only toys and arts and crafts materials that do not contain lead. Arts and crafts materials made after 1990 in the U.S. that are labeled "conforms to ASTM D-4236" and have no health warnings are considered nontoxic.
- Relocating during remodeling projects that may create lead-based paint dust.
- Having your facility evaluated for lead hazards if it was constructed prior to 1960.

Older buildings with deteriorating paint carry a greater risk for lead hazards. Also be cautious of buildings that have been a source of lead exposure for children who have been diagnosed with lead poisoning. Lead paint concentrations were highest before 1950, but lead continued to be used in residential paint until 1978. To get further information about childhood screening test, home and residential environmental investigation and preventing lead poisoning, call the Ohio Department of Health at 1-877-NOT-LEAD or your local health department, the National Lead Information Hotline **800-LEAD-FYI** or the National Lead Information Clearinghouse at **800-424-LEAD**.



Sudden Infant Death Syndrome (SIDS)

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 1 month to 1 year of age. In the United States, approximately 2,500 infant deaths are attributed to SIDS each year. Many (nearly 20 percent) of these occur in the child care 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, some factors that are associated with increased risk of SIDS are:

- 1.) Placing a baby on the stomach (prone position) to sleep, especially if the baby is not used to tummy sleeping.
- 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.
- 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 child care setting

- Always place babies on their backs to sleep, unless the child's physician has written and signed a note stating the medical reason for why the baby should not sleep on his or her back.
- Place babies in a safety-approved crib with a firm mattress to sleep. Adult beds, water beds, sofas and chairs are not safe because infants can accidentally suffocate. Place only one baby in a crib at a time.
- Remove soft, fluffy bedding and toys such as pillows, bumper pads, comforters and stuffed animals. These soft items can interfere with a baby's ability to breathe if they get near his or her face.
- If blankets are used, follow the "feet-to-foot" rule. Place the baby in the crib with his or her feet at the foot of the crib. Tuck a light blanket in along the sides and foot of the mattress, with the blanket coming up no higher than the baby's chest.
- Provide supervised "tummy time" when infants are awake. This helps babies to strengthen their head and neck muscles. Never leave babies unattended on their tummies, though, unless they are able roll back and forth on their own.
- Don't smoke; provide a smoke-free environment for babies in your care; encourage parents who smoke to quit. Babies whose mothers smoked during pregnancy are three times more likely to die of SIDS. Babies exposed to secondhand smoke are at 2.5 times the risk.
- Encourage mothers who breastfeed to provide you with bottled breast milk that is clearly labeled with their child's name. Studies show babies who died of SIDS were less likely to have been breastfed. Breastfeeding also prevents gastrointestinal and respiratory illnesses and infections.

If a child in your care is not breathing and is unresponsive:

- Call 911.
- Begin rescue breathing/CPR.
- Immediately notify the child's parents.

If a child in your care dies:

- Do not disturb the scene of death (i.e., don't move anything), if possible.
- Get help to care for the other children.
- Call the parents of the other children.
- Document the entire sequence of events.
- Notify your licensing and/or certification agency and insurance agency.
- Prepare to talk with law enforcement officers, a coroner or medical examiner and licensing and insurance agencies.

If the death of a child in your care is attributed to SIDS:

- Seek support and SIDS information from your local health department or from local, state or national SIDS resources.
- Provide information on SIDS to families in your program, including age-appropriate resources for children.
- Offer support resources for families, such as counseling services, publications, Web sites, support groups, etc. For additional information on SIDS, including free prevention materials and support resources, contact:

- National Institute of Child Health & Human Development Back to Sleep campaign
1-800- 505-CRIB (2742)
<http://www.nichd.nih.gov>

- American Academy of Pediatrics 1-888-227-5409 or 847-434-4915
<http://www.healthychildcare.org>

- CJ Foundation for SIDS 1-888-8CJ-SIDS (825-7437)
<http://www.cjsids.com>

- National SIDS/Infant Death Resource Center 1-866-866-7437
<http://www.sidscenter.org>

- First Candle/SIDS Alliance 1-800-221-7437 or 410-653-8226
<http://www.sidsalliance.org>

- Sudden Infant Death Network of Ohio 1-800-477-7437
<http://www.sidsohio.org/>

Child Observation Form

(Sample Form)

ODJFS 01308 (Rev. 9/2000)

Date of Observation	Time of Observation	Time parent/guardian notified	Time child leaves center
Name of Day Care Center			Telephone Number
Name of Child			Age

Directions: Put a check in the box beside the observations which describe the child. Write in a description if necessary or make additional comments.

1.) **General Behavior:**

<input type="checkbox"/> Overactive	<input type="checkbox"/> Listless	<input type="checkbox"/> Drowsy	<input type="checkbox"/> Crying
<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Tantrums	<input type="checkbox"/> Angry	<input type="checkbox"/> Aggressive
<input type="checkbox"/> Excessive Hunger/thirst		<input type="checkbox"/> Change in Appetite	
<input type="checkbox"/> Loss of consciousness: How long? _____			

Other Comments: _____

2.) **Breathing:**

<input type="checkbox"/> Seems normal	<input type="checkbox"/> Slow or Irregular	<input type="checkbox"/> Rapid	<input type="checkbox"/> Noisy
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Other Comments: _____

3.) **Pain:**

<input type="checkbox"/> Mild	<input type="checkbox"/> Severe	<input type="checkbox"/> Constant	<input type="checkbox"/> On/Off
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Location: _____ Time first noticed: _____ a.m. p.m.

4.) **Digestive System:**

Nausea	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Vomiting	<input type="checkbox"/> No	<input type="checkbox"/> Yes
(Describe) _____		
Diarrhea	<input type="checkbox"/> No	<input type="checkbox"/> Yes
(Describe) _____		

Cramps Gas Worms

5.) **Skin:**

<input type="checkbox"/> Normal	<input type="checkbox"/> Pale	<input type="checkbox"/> Flushed	<input type="checkbox"/> Sweating
<input type="checkbox"/> Warm	<input type="checkbox"/> Hot	<input type="checkbox"/> Cold	<input type="checkbox"/> Clammy
<input type="checkbox"/> Rash			

Location: _____ Describe _____

Bruises Location: _____ Describe _____

Comments: _____

6.) **Hair:**

<input type="checkbox"/> Nits	<input type="checkbox"/> Lice	<input type="checkbox"/> Crusts
<input type="checkbox"/> Bald patches		

7.) **Eyes:**

Color of whites of eyes:	<input type="checkbox"/> Clear	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow
Discharge:	<input type="checkbox"/> None	<input type="checkbox"/> Clear	<input type="checkbox"/> Thick
Amount:	<input type="checkbox"/> Small	<input type="checkbox"/> Large	
Eyes Puffy:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

8.) Ears: Discharge: No Yes
If yes, describe: _____

9.) Nose: Discharge: No Yes
If yes, describe: _____

10.) Mouth/Throat: Swollen Sore Odor
 Color Spots

11.) Neuromuscular: Unable to move: Neck Back Hand(s)
 Arm(s) Leg(s)

Convulsions (Seizure): No Yes
If yes, describe: _____

How long did it last? _____

12.) Urinary System: Odor No Yes
If yes, describe: _____

Pain No Yes
If yes, describe: _____

Discharge No Yes
If yes, describe: _____

Number of Wet Diaper/Number of times to the bathroom _____

13.) Food/Fluid intake:
Type: _____

Amount _____ Time: _____

RECORD ANY MEDICATION GIVEN ON MEDICATION LOG

Additional Comments: _____

Signature of person completing form

This is a sample form which may be used by child day care facilities when a child shows signs of communicable disease upon his arrival at the facility. The form may be used to record observations when a child becomes ill during the day. See rule 5101:2-12-50 (centers); rule 5101:2-13-49 (type A homes); rule 5101:2-14-21 (type B homes); or rule 5101:2-15-20 (in-home aides). The completed form can be given to the child's parent and may be used to assist the child's physician in his assessment of the child's health.

Influenza

Description: Influenza (sometimes called “the flu”) is a viral infection of the nose, throat, bronchial tubes and lungs. There are two main types of influenza virus: A and B. Type A virus tends to cause more severe illness than type B. Each type includes many different strains which tend to change each year. Most people who get influenza will recover in one to two weeks, but some people will develop life-threatening complications as a result of the flu.

Symptoms: Influenza symptoms include sudden onset of fever, chills, headache, sore muscles and respiratory symptoms (such as cough, sore throat or runny nose).

How it is Spread: The influenza virus is usually passed when an infected person coughs or sneezes or speaks and another person inhales droplets containing the virus. It can be passed indirectly by contact with items freshly soiled by nose and throat discharge from an infected person.

Incubation: One to four days.

How Long Can a Person Spread the Disease to Others? Most adults may be able to infect others beginning one day before symptoms develop and up to five days after the onset of illness. Children may be infectious for 10 days or more after onset of symptoms.

Responsibility for Parents and Caregivers: If a child or staff person develops a fever of 100°F or higher under the arm (or 101° orally for an adult) AND chills, cough, sore throat, headache or muscle aches, he or she should be sent home. Child care facilities should report of any case of influenza to the local health department.

During an epidemic of influenza, you should:

- Decide whether to exclude based on symptoms that are present (i.e., fever, vomiting)
- Closely observe all children for symptoms and encourage parents to 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.

Control: Anyone who wants to reduce their chance of catching influenza may receive the vaccination. Because the influenza virus changes frequently, yearly vaccination in beginning in October is recommended for protection from influenza. Influenza vaccination is recommended for all adults in the child care setting, especially those who are in any of the following high-risk categories:

- Fifty years of age and over.
- Have chronic lung or heart disease including asthma.
- Require regular medical care for chronic metabolic (including diabetes mellitus), kidney, heart or blood disorders or suppressed immune system disease.
- People with any condition that can compromise respiratory function.
- Live or work with people who are in any of the above categories (or with children on long-term aspirin therapy).
- Women who will be pregnant during the influenza season.

Any child 6 months and older can be vaccinated against influenza, and vaccination is now recommended for all healthy children six months through 18 years of age. In addition, children in the following groups are at high risk of serious complications from influenza:

- All children six months through four years of age.
- 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.

Treatment: Persons with influenza should rest, drink plenty of liquids, take medications to relieve the symptoms of the flu. Antiviral drugs, prescribed by a doctor, can be used to prevent and treat influenza.



Cytomegalovirus

Description: Cytomegalovirus (CMV) is a common virus that usually causes no disease. Most people (50-80 percent) have caught CMV by adulthood without even being aware of it. Once a person has been infected, the virus remains in the body, usually in an inactive state, for life. If a person is stressed, develops cancer or becomes pregnant, the infection may become active for a while. Most women have the virus before they become pregnant. If the virus becomes active, the unborn child may also get infected but usually has no side effects. If a woman gets CMV for the first time while she is pregnant, the risk of disease in the baby is greater. About two to five babies per 100 born to mothers who first got infected during pregnancy will have symptoms of CMV infection at birth.

Symptoms: There usually are no symptoms. Occasionally fever, swollen glands or fatigue may occur.

How is it Spread: The virus is spread person to person by close contact with body fluids that contain CMV, such as urine, saliva, blood, cervical secretions and semen. Most people get the virus as children in one of three ways:

- 1.) During birth from cervical secretions.
- 2.) Through breast milk.
- 3.) From person-to-person contact with saliva or urine. In most cases the infection causes no symptoms.

Incubation Period: Usually 2-12 weeks

How Long Can a Person Spread the Infection to Others? The infection can be spread as long as the virus is shed in body secretions, which can be months or years.

Responsibilities of Parents and Caregivers: Because CMV is a common virus among children and adults, it is not necessary for parents to inform the child care provider that their child has it. CMV is not a reportable disease.

Control of Spread: Shedding of CMV in saliva and urine is common in children under age 5. In some studies, as many as 50 percent of healthy infants and toddlers in child care facilities may be shedding the virus at any one time. Therefore, it is not necessary to exclude these children from child care. Women of childbearing age working with young children should always practice good personal hygiene. This means good hand washing after contact with body secretions and especially after changing diapers or assisting in toilet care.

Treatment: None



Hepatitis A

Description: Hepatitis A is an infection of the liver caused by a virus. It is diagnosed by doing a blood test.

Symptoms: Early symptoms include abdominal discomfort, loss of appetite, nausea, low-grade fever and tiredness. Later in the illness, a person may experience yellowing of the skin and whites of the eyes, dark urine and pale-colored stools. Children under 3 rarely have symptoms but are frequently involved in spreading the infection. Older children and adults are much more likely to have symptoms that may be mild, lasting one to two weeks, or severe lasting up to several months.

How it is Spread: Hepatitis A virus is found in stool. Unwashed hands contaminated with stool from an infected person carry the virus to another person's mouth. It may be spread indirectly from one person to another by objects or food touched by unwashed contaminated hands.

Incubation: Two to six weeks, commonly 28-30 days.

How Long Can a Person Spread the Infection To Others? A person is most infectious in the two weeks before yellowing (jaundice) occurs and slightly infectious for the first week of jaundice.

Responsibility of Parents and Caregivers:

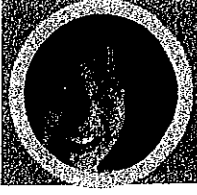
- Notify the local health department if any child or adult in your program develops **Hepatitis A. (See ODH Communicable Disease Chart).**
- Inform parents of illness and symptoms to watch for in the child.
- Ask parents to notify caregiver if their child gets this illness.
- Do not accept new children for child care until four weeks after the last case.

Control of Spread:

- Exclude the ill staff or child until 10 days after initial onset of symptoms.
- Immune globulin (IG) or vaccine are not usually recommended after exposure in the school setting but may be in the child care classrooms. Contact your local health department for guidance.
- Be sure good hand washing and cleaning procedures are being followed in the child care home and in the child's home.

Treatment: Once symptoms develop, there is no treatment for hepatitis A. The illness will stop as the body fights off the virus. Children usually do not have symptoms when ill, but can still spread the infection. The first sign of an hepatitis A outbreak in a child care setting is likely to be an ill parent or caregiver, not an ill child. IG (a shot) may prevent symptoms from occurring when given to contacts soon after exposure. As mentioned above, IG and vaccine are not usually used in the school setting but may be used in the child care classroom. Contact your local health department for guidance.

Vaccine: A vaccine is available to prevent hepatitis A, but it is not currently licensed for children less than 1 year of age.



Hepatitis B

Description: Hepatitis B is an infection of the liver caused by the hepatitis B virus. The virus is found primarily in the blood of an infected person and occasionally in some other body fluids. It is more common in adults than in children.

Symptoms: If present, symptoms may include vague abdominal discomfort, loss of appetite, nausea, vomiting, fever, tiredness, joint pain, dark urine, light stools and yellow skin or eyes (jaundice).

How it is Spread: Transmission occurs in a child care setting primarily when infected blood or saliva enters through a cut or scraped area on the skin, or mucous membranes (like the lining of the mouth).

Incubation Period: Six weeks to six months.

How Long Can a Person Pass the Infection? For an acute infection, six months regardless of whether symptoms are present. For the carrier state, it can be contagious for longer than six months, possibly for life.

Responsibilities of Parents and Caregivers:

- Notify the local health department (See ODH Communicable Disease Chart).
It is not necessary to exclude children with hepatitis B from child care settings.

Control of Spread:

- Wear disposable vinyl or latex gloves when handling blood or blood-contaminated bodily fluids.
Wash hands after removing gloves. Child care staff must use standard precautions.
- Use proper hand washing and sanitizing techniques.
- Make sure all children use good hand washing practices.
- Try to prevent scratching, biting or fighting.
- Do not allow anyone else to use the child's toothbrush and nail clippers.

Treatment: There is no treatment available. Prevention of hepatitis B is possible through a series of three injections of vaccine.

Hepatitis B Vaccine: The American Academy of Pediatrics recommends all infants receive the vaccine during the first 18 months of life. Child care staff who work with blood or blood-contaminated body fluids or developmentally delayed or aggressive children should be immunized with three injections, the same as the children.



Polio

Description: Polio is caused by the polio virus. It gains entry to the body by fecal-oral spread and can infect the intestinal tract. It can be excreted and may be spread through the feces. Polio attacks the nervous system and can cause paralysis in legs or other parts of the body. Polio is still common in other parts of the world where many people remain unvaccinated. Because of widespread use of polio vaccine, the United States has not had a naturally occurring case of polio in more than 20 years.

Control: All children should be immunized against polio with doses of the polio vaccine (IPV) at 2, 4 and 6 months and at 4 to 6 years of age.

Diarrheal Diseases

Description: 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 as a result of taking medicines such as antibiotics. A person should be considered to have diarrhea when the person has three or more loose stools in a 24-hour period.

Symptoms: Persons with diarrhea may have additional symptoms including nausea, vomiting, stomachaches, headache or fever.

How it is Spread: 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 and water. Children in diapers and child care providers who change their diapers have an increased risk of diarrheal diseases.

Incubation: Varies on the causative agent of the diarrhea.

The most common diarrheal diseases in the child care setting are discussed individually below. If the cause of diarrhea is known, **refer to the Staff and Child Re-admittance Criteria section** for the re-admittance information for the diseases described.

Shigella - This bacterial infection is spread by the fecal-oral route and may be spread through groups of children who are toilet trained, as well as through groups of children who are in diapers. Signs of *Shigella* infection include severe bloody diarrhea, fever, cramping, nausea and vomiting. It may be spread to parents and siblings and whole families may be ill in a matter of days. The illness may even cause death.

Clostridium difficile (C.difficile)- This infectious disease may be spread to others; however, only people in health care settings or on antibiotics are likely to become ill. To prevent the spread, good handwashing technique must be followed. Please note: Alcohol rubs should be avoided because they are not effective against spore-forming bacteria. Exclude from childcare or school until 24 hours after diarrhea has cleared. Refer to the ODH Web site for additional infection control guidelines: <http://www.odh.gov> and click Infectious Disease Manual.

Campylobacter - Persons often become infected with this bacterium when they eat or drink foods or liquids contaminated with feces of infected animals (birds and mammals). Exposure to human feces in such a manner, especially from diapered children, may promote transmission in child care settings. Many people become infected from eating poorly cooked meats, especially poultry. Water-borne infections result from drinking water from contaminated wells, springs or streams. Outbreaks have been reported in child care facilities but they are rare and sporadic.

Giardia - This protozoan illness is spread from person to person when a person touches the stool of an infected person (or an object which has been contaminated by the stool of an infected person) and then ingests the germs. Infection is spread by lack of proper hand washing after bowel movements, after changing diapers or before preparing foods. It 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. Many children infected with *Giardia* have no symptoms. Other children may have foul-smelling, greasy diarrhea, gas, stomachaches, fatigue and weight loss. It can be easily spread in the child's home and parents and siblings may become infected.

Cryptosporidiosis -This protozoan illness 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. Outbreaks in the child care setting are most common in late summer/early fall (August/September), but may occur at any time. Spread is highest among children who are not toilet trained and higher in toddlers than in infants. The greatest risk is for those who change diapers. Symptoms include watery diarrhea and stomachache, but may include nausea and vomiting, general ill feeling and fever. Symptoms can come and go for up to 30 days, but may subside in less time. Sanitation during an outbreak should be with hydrogen peroxide in the child care setting. (A bleach solution is not effective against this parasite.) Please refer to the CDC link for a handout about cleaning and sanitation procedures during a Crypto outbreak in child care settings: <http://www.cdc.gov/crypto/daycare/outbreak.html>

Salmonella - Persons with this infection experience fever, stomach cramps, nausea and vomiting in addition to diarrhea. Symptoms may last for two weeks or more, but are usually gone within a week. The bacterium is present in feces of ill and recently recovered persons and infections may spread from person to person. Some foods such as chicken and eggs come from naturally infected sources, while others such as tomatoes and some vegetables, become contaminated during processing. It is important to practice good hygiene and hand washing when preparing food. Also, pets such as turtles, lizards and birds, often carry *Salmonella* in their digestive tracts.

Yersinosis -This bacterial infection is spread by the fecal-oral route; by eating or drinking contaminated food and water; and by contact with infected people or animals. *Yersinia* infection may cause mild or severe diarrhea, fever, vomiting, headache and abdominal cramps. Diarrhea may last from a few days to one or two weeks; chronic diarrhea, lasting several months, may develop. The infection may sometimes mimic appendicitis. It is relatively uncommon and usually occurs as a single, isolated event. *Yersinia* has been found in raw milk, mussels, oysters, scallops, raw chitterlings (pig intestines), tofu and canned beef.

Prevention tips: Avoid drinking unpasteurized milk and improperly treated water, practice good hand washing after handling animals, especially domestic pets.

E. coli - Persons infected with this bacteria may have very mild illness while others develop severe bloody diarrhea. Infections with this organism are often the result of eating undercooked meat (ex. hamburger). Feces may also spread this infection and children and staff may pick it up from ill persons in child care facilities.

Responsibilities of Parent and Caregivers/Control

To prevent diarrheal diseases from spreading in the child care setting:

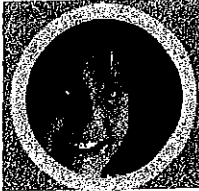
- Exclude staff or children with diarrhea of unknown cause from the child care setting until diarrhea-free for 24 hours or unless a physician has stated the diarrhea is noninfectious and it can be contained in a diaper, potty chair or toilet. If the cause of diarrhea is known, refer to the Staff and Child Re-admittance Criteria section.
- Make sure everyone in the child care setting practices good hand washing techniques.
- Wash your hands after using the toilet, helping a child use the toilet or diapering a child and before preparing, serving or eating food.

Have children wash their hands upon arrival at your child care facility, after using the toilet, after having their diapers changed (an adult should wash an infant's or small child's hands) and before eating snacks or meals.

- Sanitize toys, bathrooms and food preparation surfaces daily. (See Schedule for Sanitizing and Cleaning Chart)
- Use disposable paper towels for hand washing.

- 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.
- Use disposable table liners on diaper changing tables and sanitize tables after each use.
- Bleach solution should be used to disinfect/sanitize surfaces contaminated with vomitus or diarrhea.
- If at all possible, the person who prepares and/or serves food should not change diapers.
- In larger programs, diapered children should be cared for by different caregivers in a room separate from toilet-trained children.
- Use diapers with waterproof outer covers that contain liquid stool or urine or use plastic pants.
- Make sure children always wear clothes over diapers.
- Do not allow diapered children to use wading or swimming pools unless they are wearing leak-proof swim diapers.
- Notify your local health department if the number of cases is excessive, even if undiagnosed. There are laws/regulations dealing with persons with diarrheal diseases who attend/work at child care programss.
- * Notify the local health department if two or more people in one classroom or home have diarrhea within a 48-hour period. Also notify the local health department if you learn or suspect that a child in your care has diarrhea due to *Shigella*, *Campylobacter*, *Salmonella*, *Giardia*, *Cryptosporidium*, *E. coli* O157: H7 or *Yersinia*. Any child with prolonged or severe diarrhea or diarrhea with fever, or a known exposure to someone with infectious diarrhea, should be seen by a health care provider. (See the ODH Communicable Disease Chart)

Treatment: Depends on the causative agent. (See the ODH Communicable Disease Chart.)



Pinworms

Description: Pinworms are small white worms about half inch long and as thin as a thread. These worms live in the large intestine. The adult female crawls out of the rectal opening at night and lays her eggs on the skin around it. The eggs cause the child to itch and scratch.

Symptoms: Itching around the rectum (worse at night), disturbed sleep and irritability.

How it is Spread: Pinworms are spread when a person who has them scratches around the anal area and gets the eggs on his hands. The eggs are then taken into someone else's mouth. The person with pinworms can re-infect himself also. Pinworms can also be spread by clothing or bedding contaminated with eggs of the parasite.

Incubation Period: Two to six weeks.

How Long Can a Person Pass the Infection To Others? The infection can be spread to others as long as the worms are present.

Responsibilities of Parents and Caregivers:

- If you have difficulty controlling the spread (i.e., cases continue to occur), call the local health department for assistance.
- Notify all parents of illness and possible symptoms.

Control of Spread:

- Allow the child to return to the child care environment after treatment. The child should receive medical attention.
- Make sure children wash their hands after toilet use. If the child is too young to do so, wash his hands for him.
- Wash bedding/clothing in hot water.
- Do not allow sharing of bed clothing.

Treatment: A single-dose medication is given to treat pinworms, and is repeated two weeks later.



AIDS (Acquired Immunodeficiency Syndrome)

Description: AIDS is a disease caused by a virus called human immunodeficiency virus or HIV for short. The virus attacks the immune system and weakens it so the body cannot fight off infection caused by other germs.

Symptoms: "AIDS" refers to "full-blown" disease. Most people who have the HIV virus do not have any signs or symptoms of disease. It may be years before a person with HIV becomes symptomatic. However, persons who have the virus can still spread infection, even if it is "silent." When symptoms do appear in children, they may include weight loss and failure to grow, swelling of the lymph nodes, chronic diarrhea and sores that do not heal. If a child has any of these symptoms, it does not necessarily mean he has HIV infection - all of these symptoms can be found with other diseases, too. AIDS is the term used to describe the end stage of HIV disease when the person's immune system is so compromised other infections can take advantage of the opportunity and cause deadly complications.

How it is Spread: HIV is not easy to catch. It is spread through blood, semen and vaginal fluid. It is not spread through urine, stool, tears or saliva unless these fluids have blood in them. The virus is spread:

- 1.) Through contact with an infected person's blood such as sharing dirty needles for using drugs.
- 2.) By having sexual contact with a person who has the virus.
- 3.) From an infected mother to her unborn baby through the placenta or during the process of birth.
- 4.) From an infected mother breastfeeding her baby.
- 5.) By exposure to infected blood through a blood transfusion.

You Cannot Get HIV by:

- 1.) Hugging, shaking hands or kissing.
- 2.) Sharing plates, cups or silverware with an infected person.
- 3.) Using a telephone or toilet seat after someone who is infected.
- 4.) Sharing a swimming pool with someone who is infected.

Family members of HIV-positive individuals who share the same home have not been infected through casual contact in more than 20 years of the epidemic.

Incubation Period: Highly unpredictable - from several months to several years. Scientific evidence indicates the body begins to respond within hours of being infected. When we test people for HIV, we are not looking for the virus but the presence of antibodies (a substance that the body develops to respond to specific invading germs). For most people, it can take three months after exposure to HIV to develop enough antibodies to show up on an HIV test. The time between infection and showing symptoms is highly unpredictable and varies from person to person.

How Long Can a Person Pass the Infection to Others? Once a person gets HIV, it does not go away. The person can spread the infection to others for life. If the person's virus is well-managed on anti-HIV medications that they take regularly and consistently, it dramatically reduces the chance of spreading the infection to others.

Responsibilities of Parents and Caregivers:

Children who are infected with HIV may generally continue to be in a child care setting, unless the child bites or scratches other children. However, the child with HIV is at much greater risk of catching some other type of infection from the "healthy children." This is because the child with HIV may not be able to fight off otherwise common germs. For example, a germ that causes a cold in a healthy child may cause pneumonia in the child with HIV.

Control of Spread:

- The common term for control of the spread of disease in child care is "standard precautions." Some people infected with HIV don't even know they are infected. For this reason, we need to take the same precautions with everyone. This means do not come in contact with the blood of another person with your bare skin. Keep disposable gloves handy and wear them if you have to wipe a bloody nose, for example. Clean the area appropriately and always wash your hands after you remove the gloves.
- As always, wash your hands after changing any child's diaper, helping the child to use the bathroom, wiping his nose, etc. Clean and sanitize equipment and toys as you normally would. Use the same precautions necessary to prevent the spread of any blood-borne infection (including hepatitis B).

Treatment: Currently, there is no vaccine to prevent HIV. Some of the other infections that HIV-infected people get, such as pneumonia, can be treated with antibiotics or other drugs. Although there is no cure for HIV, there are now many drugs to assist in prolonging life expectancy.

Comments: It may take 12 to 18 months to establish the HIV status of infants born to HIV-positive mothers. This is due to the presence of the mother's antibodies in the child during the first months of life. Therefore, the child care staff should use standard precautions for all children.



Meningitis (Viral/Aseptic)

Description: Meningitis is an infection of the meninges, which are tissues that cover the brain and spinal cord, and is diagnosed by a spinal tap. Aseptic meningitis is usually caused by a virus.

Symptoms: Sudden onset of fever, headache, nausea or vomiting, stiff neck and irritability. The infection usually lasts seven to 10 days and complications seldom arise. Viral meningitis is not usually life threatening for most healthy adults and children.

How it is Spread: It is usually spread through contact with stool or respiratory droplets.

Incubation Period: Two to 21 days; varies depending on the type of virus.

How Long Can a Person Spread the Infection To Others? A person with viral/aseptic meningitis is most infectious seven to 10 days before and after onset of symptoms. The virus may be excreted in the stool for one to two months after the illness.

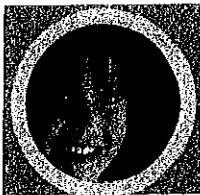
Responsibilities of Parents and Caregivers:

- The person must be under a physician's care.
- Notify the local health department the next business day of such a case or suspected case. (See ODH Communicable Disease Chart)
- Exclude the child until the fever is gone.

Control of Spread:

- Strict hand washing, especially after toilet use, diaper changes, handling tissues and before meals. Help children wash their hands. Strictly follow cleaning and sanitation guidelines. Avoid sharing water or drinks.
- Observe other children for symptoms and ask parents to take child to doctor immediately if symptoms develop.

Treatment: The person must be under a physician's care. A physician's diagnosis is essential to determine the agent causing the infection. There is no specific treatment other than for symptoms. More serious cases may require hospitalization for treatment of symptoms.



Meningitis (Bacterial)

Description: Meningitis is an infection of the meninges, which are tissues that cover the brain and spinal cord. The two most common types of bacteria that cause meningitis are *Streptococcus pneumoniae* and *Neisseria meningitidis* and meningococcal meningitis. It is diagnosed by a spinal tap and blood test. Early diagnosis is very important.

Symptoms: May include fever, loss of appetite, nausea or vomiting, headache, stiff neck and irritability. Older children may experience irritability, confusion, drowsiness, stupor and coma. Younger children and infants may have non-specific symptoms and include irritability, poor feeding and fever. They may have a high-pitched cry, bulging of the soft spot and convulsions. Often an infected child has recently had a cold or ear infection.

How it is Spread: It is spread by direct contact with droplets and discharges from the nose and throat. It usually requires several hours of contact with an infected person to become infected with the bacteria.

Incubation Period: One to 10 days, usually less than four days.

How Long Can a Person Spread the Infection to Others? It can be spread as long as organisms are present in the nose and throat. A person is not contagious after taking effective antibiotics for 24-48 hours. Some people do not become ill from the bacteria, but are able to spread the germs to people who can become sick.

Responsibilities of Parents and Caregivers:

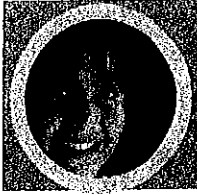
- Notify the local health department immediately (See ODH Communicable Disease Chart).
- Inform parents immediately if their child has symptoms. Parents should then consult their physician immediately.
- Notify parents of contacts that their child was exposed. Information is available from the local health department that explains meningitis and recommendations for preventive measures.

Control of Spread:

- A child must be under medical care.
- A child with bacterial meningitis will be hospitalized. He/she may return to child care after antibiotic treatment and a written release from the doctor.
- For meningococcal meningitis, an antibiotic medication is usually recommended as a preventive measure for contacts who were exposed to the infected child.
- Good hand washing procedures should be followed.

Treatment: A child with bacterial meningitis will be hospitalized and treated with antibiotics.

Comments: Meningitis caused by *Haemophilus influenzae* type B (Hib) can be prevented by the Hib vaccination in children under age 5. The vaccine should be given at 2, 4, 6 and 15 months of age. Instruct parents to contact their physician or local health department regarding this immunization. Some cases of meningococcal meningitis can be prevented by vaccine, given to children at high risk for disease and also to adolescents and young adults.



Tuberculosis (TB)

Description: Tuberculosis (TB) is a disease caused by germs that are spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys or the spine. A person with TB can die if they do not get treatment.

What is latent TB infection?

It is important to understand that not everyone infected with TB bacteria becomes sick. People who are not sick have what is called latent TB infection. People who have latent TB infection do not feel sick, do not have any symptoms and cannot spread TB to others. But some people with latent TB infection go on to get TB disease.

People with latent TB infection

- Have no symptoms.
- Do not feel sick.
- Cannot spread TB to others.
- Usually have a positive skin test reaction or QuantiFERON-TB Gold test.
- May develop active TB disease if they do not receive treatment for latent TB infection.

Many people who have latent TB infection never develop active TB disease. In these people, the TB bacteria remain inactive for a lifetime without causing disease. But in other people, especially people who have weak immune systems, the bacteria become active and cause TB disease.

Why is Latent TB Infection Treated?

If you have latent TB infection but not TB disease, your doctor may want you to take a drug to kill the TB germs and prevent you from developing TB disease. The decision about taking treatment for latent infection will be based on your chances of developing TB disease. Some people are more likely than others to develop TB disease once they have TB infection. This includes people with HIV infection, people who were recently exposed to someone with TB disease and people with certain medical conditions.

What is active TB disease?

TB bacteria become active if the immune system can't stop them from growing. The active bacteria begin to multiply in the body and cause active TB disease. The bacteria attack the body and destroy tissue. If this occurs in the lungs, the bacteria can actually create a hole in the lung. Some people develop active TB disease soon after becoming infected, before their immune system can fight the TB bacteria. Other people may get sick later, when their immune system becomes weak for another reason.

Symptoms of TB depend on where in the body the TB bacteria are growing. TB bacteria usually grow in the lungs. TB in the lungs may cause symptoms such as

- A bad cough that lasts three weeks or longer.
- Pain in the chest.
- Coughing up blood or sputum (phlegm from deep inside the lungs).

Other symptoms of active TB disease are:

- Weakness or fatigue.
- Weight loss.



Mumps

Description: Mumps is caused by a virus. Complications can occur, including inflammation of the spinal cord and brain, sterility or death (rare).

Symptoms: When present, symptoms include swelling of one or both of the salivary glands (under the jaw or in front of the ear), fever, chills and headache. Approximately 30 percent of the cases will have only mild symptoms or no symptoms at all. In teenage and adult males, tenderness in the testicles may also occur. Teenage and adult females may have some lower abdominal pain.

How it is Spread: It is spread by contact with droplets from the sneeze or cough of an infected person or contact with saliva. Spread can also occur if the infected person contaminates his hands with saliva or nasal secretions and then touches items that others may then touch.

Incubation Period: Twelve to 25 days; usually 16-18 days.

How Long Can a Person Pass the Infection To Others? The infection can be spread to others up to six days before swelling of the glands begins and up to five days after the onset of swelling.

Responsibilities of Parents and Caregivers:

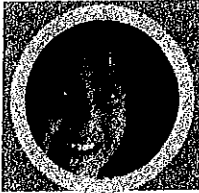
- Notify the local health department. (See ODH Communicable Disease Chart)
- Parents should notify caregiver about their child's infection.
- Notify parents of children exposed and all children in the programs who have not been immunized.

Control of Spread:

- The child must be excluded from child care for five days following onset of parotid swelling.
- Make sure all children and adults follow good hand washing practices.

Treatment: None.

Comments: Children should be immunized at 12 months of age along with the measles, mumps and rubella (MMR) vaccine. A second dose is given at admission to school. The vaccine provides long-term immunity. Illness provides lifelong immunity.



Conjunctivitis (Bacterial)

Description: Inflammation of the white of the eye, with swelling of the lids and mucopurulent (pus) discharge.

Symptoms: Symptoms include the above symptoms, often accompanied by pain.

How it is Spread: Bacterial conjunctivitis can be spread by direct contact with secretions from the eye(s). This type of infection may also be spread indirectly through towels, washcloths, handkerchiefs and other objects that have been contaminated with secretions from the eye(s).

Incubation Period: Usually 24-72 hours.

How Long Can a Person Pass the Infection to Others? Persons with bacterial infection are contagious as long as the eye is draining.

Responsibilities of Parents and Caregivers:

- The child should be seen by a physician for proper diagnosis and treatment if the symptoms include redness of the eye lid, purulent (pus) eye drainage, fever or pain.
- Parents should notify caregivers about their child's infection.

Control of Spread:

- The child with red eyelids, purulent (pus) eye discharge, pain or fever may return to child care after being evaluated by a physician and treated with antibiotics for 24 hours.
- The bacterial disease is easily spread by contact with discharge from the eye.
- Good personal hygiene (careful hand washing, using soap and warm water) must be followed by providers and the children.
- Proper cleaning of soiled articles including laundering with hot, soapy water and sanitizing objects and surfaces.

Treatment: Topical antibiotics are required for the management of bacterial infections.

Comments: The child with watery eye discharge without redness of the eyelid, eye pain or fever does not require exclusion. Careful hand washing and precautions for drainage and secretions is required for this type of eye discharge. Eye inflammation may also be caused by chemical or allergies that cannot be spread to other people.

Yeast Infections

Description: 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.

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.

Many infants acquire *Candida* infections from their mothers during birth. Many of those that escape this infection soon acquire *Candida* from close contacts with other family members and doting relatives and friends. 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 child care settings may be the result of increased use of antibiotics rather than newly acquired *Candida* infections.

Symptoms: Infection of the skin, mouth or tongue that appears as white spots that can not be scraped off without causing bleeding. It may also occur in the folds of skin in the diapered areas.

How it is Spread: Direct contact with secretion from infected areas. Contact with stool of carriers.

Incubation: It is variable, for infants two to five days.

How Long Can a Person Pass the Infection to Others? As long as the lesions are visible.

Responsibilities of Parents and Caregivers:

- For children with diaper rash, child care 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.
- Children with thrush and *Candida* diaper rash need not be excluded from child care as long they are able to participate comfortably.
- Child care 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.

Treatment: Oral thrush and *Candida* diaper rash are usually treated with the topical antibiotic nystatin. A corticosteroid cream can be applied to highly inflamed skin lesions on the hands or diaper areas. Medical treatment is limited by the age of the child.

Impetigo

Description: Impetigo is a bacterial skin infection caused by the staph (*Staphylococcus aureus*) or strep (group A *Streptococcus*) organism (or both).

Note: For information about a specific type of staphylococcus infection called Methicillin-resistant *staphylococcus aureus* (MRSA), please see the MRSA fact sheet.

Symptoms: Flat, yellow, crusty or moist patch on skin. Lesions are usually on exposed skin areas and around the mouth and nose.

How it is Spread: This infection can easily spread to other parts of the infected person's body or to other people by direct contact with sores or contaminated clothes. Dry, cracked skin serves as an area for growth of the strep and staph bacteria.

Incubation: Two to 10 days.

How Long Can a Person Pass the Infection To Others? The infection can be spread as long as the sores are draining.

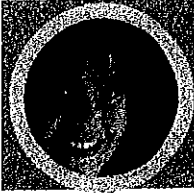
Responsibility of Parents and Caregivers:

- Notify parents if child has been exposed.
- Child should be seen by a physician.

Control of Spread:

- Allow the child to return only after treatment with antibiotics for at least 24 hours, and all lesions (sores) are dry.
- Infected area should be cleaned with mild soap and running water.
- Wear gloves while applying antibiotic ointment as prescribed by the physician and wash your hands afterward. (An oral antibiotic may be prescribed.)
- Wash the infected child's clothes, linen and towels at least once a day and never share them with other children.
- Emphasize good hand washing procedures for both the caregiver and children.
- Make sure policies on cleaning and sanitizing toys are followed.

Treatment: Follow physician recommendations which may include antibiotic ointment or antibiotic by mouth or injection. Refer the child back to his physician if the condition does not improve.



Ringworm

Description: Ringworm is a fungus infection that lives on the skin, scalp or feet (athlete's foot).

Symptoms: Symptoms include scaly patches of temporary baldness (ringworm of the scalp), flat inflamed, ring-like rash that may itch or burn (ringworm of the skin) and scaling or cracking of the skin (ringworm of the feet).

How it is Spread: It is spread by direct skin-to-skin contact with an infected person or indirect contact through objects such as combs, locker rooms and showers contaminated by infected persons or animals.

Incubation Period: Ten to 14 days for the skin; four to 10 days for the body.

How Long Can a Person Pass the Infection to Others? The infection can be spread to others as long as rash/sores are present and have not been treated with the appropriate medication.

Responsibilities of Parents and Caregivers:

- Ask parents to notify caregiver of illness.
- Notify parents if contacts develop symptoms.

Control of Spread:

- Exclude until 24 hours of appropriate treatment is complete.
- Follow policies for cleaning and sanitizing.
- Don't share grooming/personal items such as combs.
- Advise parents that family members and pets may need to be treated.
- Do not cut child's hair or make him wear a cap during treatment.
- Exclude from activities that involve direct skin-to-skin contact (contact sports) or swimming until the lesions are gone.

Treatment: Antifungal medication prescribed by a physician.

Fifth Disease

Description: Fifth disease is a mild childhood illness that mainly occurs in children 4-10 years of age. It is caused by a virus. Fifth disease occurs year-round, but outbreaks are more common in the late winter and early spring.

Symptoms: May include fever, mild flu-like symptoms and a rash. The rash begins on the face and gives a "slapped-cheek" appearance. The rash usually spreads to the trunk and extremities and may cause itching. The rash disappears within one week, but may reappear during periods of exercise, exposure to sunlight or emotional upset. The rash may come and go for several weeks.

How it is Spread: By direct or indirect contact with respiratory secretions and droplets.

Incubation: Usually four-14 days, may be as long as 20 days.

How Long Can a Person Pass the Infection To Others? A person with fifth disease is most contagious before the symptoms occur (about five days prior to symptoms). A person may spread the infection for two days after the rash appears. It is not necessary to exclude a child with fifth disease from child care or school unless the child has a fever or is uncomfortable.

Responsibilities of Parents and Caregivers: Caregivers should inform parents of children who are exposed.

Control of Spread:

- Wash hands after contact with soiled tissues and articles, and after contact with nose and throat discharges.
- Dispose of tissues soiled with nose and throat discharges.
- Use proper cleaning and sanitation guidelines (See Cleaning and Sanitation).

Treatment: No specific treatment. The disease usually goes away on its own.

Comments: People with an immune deficiency, sickle cell disease or other blood disorders may be at risk for complications of infection. The risk for pregnant women is very low; however, pregnant women should consult their physician if exposed to an ill child.



Scabies

Description: Scabies is a skin disease that is caused by a mite, which is an almost invisible organism. The mite lives on the surface of human skin. The female mite burrows (digs a hole) into the skin to lay eggs. The path where the mite burrows may look like a tiny scratch mark.

Symptoms: Symptoms include a patchy red rash with thread-like tracks. The rash usually occurs between the fingers, the inside surfaces of the wrists and forearms, the elbows, under the armpits, waist, thighs, genital area and lower buttocks. The infested areas usually itch intensely, especially at night.

Diagnosis is made by a physician scraping a few tiny specks of skin from an itch area and looking at the skin scraping under a microscope.

How it is Spread: Spread occurs by skin-to-skin contact or contact with undergarments or bedclothes that have been freshly contaminated by an infested person. Pets do not transmit the mite.

Incubation Period: Two to six weeks for individuals not previously exposed to scabies, one to four days for individuals previously exposed (re-infested).

How Long Can a Person Spread the Infection to Others? The infestation can be spread at the beginning of the infestation even before symptoms and until the mites and eggs are destroyed by treatment.

Responsibilities of Parents and Caregivers:

- Caregivers should notify parents of exposure to and symptoms of scabies.

Control of Spread:

- Exclude or isolate infested people from other children. They may return on the day following the first treatment.
- Wash or dry clean clothing and bed linen used within the 48 hours prior to the beginning of treatment. The eggs and mites are killed by water temperatures above 120°F for five minutes or longer. Items that can not be washed or dry cleaned should be placed in a sealed plastic bag for three to four days.
- Vacuum or gently iron bed mattresses and upholstered furniture.
- It is not necessary to spray, fumigate or otherwise chemically treat the home or child care center, as this is not effective.
- Notify the local health department of outbreaks, unusual incidence or an epidemic of the condition. (See the ODH Communicable Disease Chart)

Treatment: Proper treatment involves the use of a prescription medication such as Kwell lotion. The lotion should be applied in a thin coat to the entire body from the jaws down. Special attention must be paid to covering all the skin folds and creases and to the areas under the nails. A person may need to be retreated in seven to 10 days to kill any newly hatched mites. Because scabies is highly contagious, family members and caregivers should be treated as well. A physician should be consulted before treating a child less than age 2. Itching may continue for one to two weeks after treatment

Comments: People of all ages, sex, race and socioeconomic background can get scabies. Scabies is not a sign of poor personal hygiene.



Head Lice

Description: The head louse is a blood-sucking insect that lives on the scalp.

Symptoms: Lice usually cause frequent itching. Back of the head and behind the ears are the places most favored by lice.

How it is Spread: Most often, it is spread by direct hair-to-hair contact with an infested person. Less frequently, spreading may occur by contact with hats, combs, brushes or upholstered furniture recently used by an infested person. Lice do not jump or fly.

Incubation Period: The eggs (nits) usually hatch in seven days. The resulting lice are then capable of laying eggs in 10 days.

How Long Can a Person Pass the Infection to Others? The infection can be spread as long as the lice are alive. Lice do not survive off the human body more than two days.

Responsibility of Parents and Caregivers:

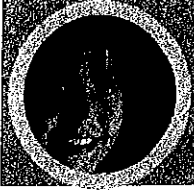
A child who is observed scratching his/her head should be examined for eggs (nits) or lice near the scalp. Nits are yellowish brown to white, about the size of a typewritten comma and are firmly attached to the hair shaft. Eggs that are more than 1/4-1/2 inch out from the base of the scalp probably are dead or are only empty egg casings. If five eggs are present, so are lice and proper treatment of the child is necessary. Lice are less than 1/8 inch long, clear or tan in color and move quickly.

Control of Spread:

- Exclude a suspected/confirmed case until treatment has begun.
- Remove all nits after the first treatment. This is a good idea even though the child is not contagious at this point.
- Carefully examine the heads of all children, yourself and family.
- Examine heads of close contacts of a case again in two weeks.
- Educate the children on head lice and why personal items (such as combs) should not be shared.
- Wash clothing and bedding in the machine using hot water and dry using the hot cycle or press with a hot iron. Non-washable items can be dry cleaned or sealed in a plastic bag for 14 days. This should be done with items both at the place of child care and at the home.
- Carpet and furniture should be vacuumed. Insecticide sprays should not be used because they are not effective and have harmful fumes.
- Combs and brushes should be soaked in a sanitizing solution (1/4 cup of bleach to a gallon of water) or lice-killing shampoo used for treatment or soap and hot water (130° F) for one hour.
- Call the local health department for outbreaks, unusual incidence or an epidemic.
- Encourage parents to inspect children's heads regularly.

Treatment: Prescription medication (Kwell, NIX) and non-prescription medications (RID, A-200, R&C) are used for treatment. Follow directions on the medications. Treatments can be toxic if not used correctly. Regardless of the product used, an effort should be made to physically remove all nits. A physician should be consulted before treating a child less than age 2. Family members may also need treatment.

Comments: Head lice are not associated with poverty, age or sex. A person does not have to be dirty or poor to get lice. The closeness of children in child care in the home increases the potential for spread.



Hand-Foot-and-Mouth Disease

Hand-Foot-and-Mouth Disease (Coxsackie virus)

Description: This is a mild disease caused by the coxsackie virus that occurs most frequently in young children. Infections are most common in summer and fall.

Symptoms: Symptoms may include fever, sore throat, a sore mouth (may look like "cankersores") and painful blisters that occurs on the hands, feet and sometimes the buttocks. The blisters usually disappear in a week.

How it is Spread: The disease may be spread by respiratory secretions either by direct contact with secretions or indirectly by touching items soiled with discharge from the infected person.

Incubation: Usually three to five days.

How Long Can a Person Pass the Infection to Others? A person may be infectious for several weeks after the infection occurs, but is most infectious for seven days after developing symptoms.

Responsibility of Parents and Caregivers:

It is not necessary to exclude a child unless he/she has blisters in the mouth and drools or has weeping lesions on hands or doesn't feel well enough to participate in daily activities.

Control Measures:

- Wash hands and use sanitation procedures.
- Encourage good personal hygiene and fluid intake.

Treatment: No specific treatment. The disease usually goes away on its own.

Comments: The coxsackie virus is rapidly killed by heat, ultraviolet light and bleach.

Measles (Rubeola 10-day measles)

Description: Measles is a highly contagious and serious viral illness that may cause serious complications such as pneumonia and inflammation of the brain.

Symptoms: Early symptoms include fever (103-104 F), tiredness, cough, runny nose and inflamed eyes and severe intolerance to light for two to four days. The cough tends to be worse at night. The fever lasts two to four days. Then a red-brown blotchy rash appears on the face which extends to the trunk and finally to the extremities. The rash is usually gone after six days. Measles usually last about 10 days. The cough may be the last symptom to disappear. A child with measles feels quite ill.

How it is Spread: It is spread by direct contact with nasal or throat secretions of infected persons and by air-borne spread (being in the same room with someone who has measles.)

Incubation Period: Twelve to 17 days, usually 14 days until the rash appears.

How Long Can a Person Pass the Infection To Others? It can be spread to others four days before the onset of symptoms until four days after the appearance of the rash.

Responsibilities of Parents and Caregivers:

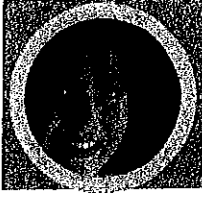
- Notify the local health department of suspected measles. Measles is rare so consult with the local health department immediately if seen. (See ODH Communicable Disease Chart)
- One case of measles is considered an outbreak.
- Do not accept new children for care until two weeks after the last case of measles.
- Ask parents to notify caregiver of their child's illness.

Control of Spread:

- Exclude the child from child care for four days following the onset of the rash.
- Un-immunized children and staff who have been exposed to measles may receive vaccine.
- Exclude children who do not receive the vaccine until the outbreak is under control (minimum of two weeks from the last case).
- Observe all children closely for any symptoms.
- Caregivers should consult their physician to determine whether they need to be immunized.

Treatment: There is no treatment available.

Comments: Measles is prevented through immunization with the measles – mumps – rubella (MMR) vaccine. Children should be immunized against these diseases at 12 months of age. A second MMR vaccine is required at 4-6 years of age, before entering kindergarten. The vaccine gives long-lasting immunity (protection).



Rubella (German Measles, 3-day Measles)

Description: Rubella is a mild viral disease that is confirmed only by a laboratory test or by a link to a lab-confirmed case. Rubella usually causes mild illness in children. However, infants born to women who were infected with rubella during the first 12 weeks of pregnancy are at risk for severe birth defects.

Symptoms: Symptoms include low-grade fever, headache, sore throat, cough and general body rash. The first sign of the childhood illness may be swollen glands, usually at the back of the skull and behind the ears, followed by a rash. The rash usually consists of pink, isolated spots that appear first on the face, then spread rapidly to the trunk, upper arms and upper legs. The rash fades rapidly and is usually gone within three days.

How it is Spread: It is spread through droplet contact (sneezing or coughing) from nose and/or throat secretions of infected person or from items contaminated with nasal discharges from an infected person.

Incubation Period: Twelve to 23 days, usually 16-18 days.

How Long Can a Person Pass the Infection to Others? The infection can be spread to others up to seven days before and seven days after appearance of rash.

Responsibilities of Parents and Caregivers:

- Notify the local health department. (See the ODH Communicable Disease Chart)

Control of Spread:

- Rubella is a very serious disease in pregnant women. Any person with rubella must be excluded from attending or working in the child care setting for at least seven days after the onset of rash in accordance with rules of the local and state health departments. Contact parents of children not immunized.
- Persons with **congenital** rubella shall be excluded from school or child care until they are one year old unless nasal and urine cultures after three months of age are repeatedly negative for rubella.

Treatment: None.

Comments:

- Children should be immunized at 12 months with measles, mumps and rubella (M-M-R) vaccine and a second dose prior to school entry between 4-6 years of age. Both the vaccine and infection provide long-term immunity.
- Immunization after exposure will not necessarily prevent infection or illness resulting from that exposure. Pregnant women should not receive a rubella vaccine.

Chickenpox/Shingles

Description: This viral illness has sudden onset and begins with a small sore that becomes blister like for three or four days, then leaves a scab. Several crops of these blisters will come out over a period of days, so at any one time there will be sores in various stages of development. The rash tends to be more noticeable on the trunk than on exposed parts of the body and may appear inside the mouth, on the scalp and in the upper respiratory tract. Generally, a person gets this infection only once. Herpes zoster (shingles), caused by the same virus, is an eruption in someone previously infected. Someone infected with shingles can spread chickenpox to an exposed child who has never had chickenpox. This occurs if there is direct contact with the moist rash.

Symptoms: Fever, cough, fatigue and skin rash that progresses to blisters, then scabs.

How it is Spread: Chickenpox is highly contagious. It is spread by contact with the moist rash, droplet spread (such as occurs during coughing) and air-borne spread (being in the same room as a person with chickenpox).

It may be spread indirectly from contact with items soiled with the drainage from the sores.

Incubation Period: Ten-21 days, usually 14-16 days.

How Long Can a Person Pass the Infection to Others? From 1 to 2 days before the rash appears, through a maximum of six days after the vesicles appear. Scabs are not contagious. The presence or absence of fever has nothing to do with whether the person is contagious.

Responsibilities of Parents and Caregivers:

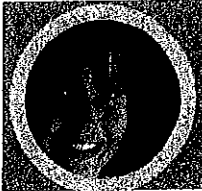
- Inform parents the disease is present in the child care setting. Remind parents not to give their child aspirin.
- It is important to notify parents of children who are not immunized.
- Ask parents to notify caregiver if their child breaks out with chickenpox.
- Urge anyone with an impaired immune system or who might be pregnant to consult a physician about the need for special preventive treatment.

Control of Spread:

- Contact the local health department because this is a Class A reportable disease. Please see the Ohio Department of Health (ODH) Communicable Disease Chart.
- Exclude until the sixth day after onset or until all lesions have crusted or there are no moist sores.
- Dispose of or sanitize articles soiled with nose and throat discharges.
- Wash hands after contact with soiled articles (tissues, etc.) or lesions.

Treatment: No specific treatment is available. If a medicine to lower temperature or reduce the discomfort is necessary, acetaminophen-containing medicine (such as Tylenol) is recommended. Children who develop fever after exposure to chickenpox should not be given aspirin. Aspirin appears to increase the risk of Reyes syndrome, a serious disorder characterized by sleepiness and vomiting that can lead to coma and death.

Vaccine given within 72 hours of exposure to chickenpox is 70 to 100 percent effective in preventing infection or modifying the severity of illness. **Vaccine:** Chickenpox vaccine is now available for children and is given between the ages of 12 - 18 months.



Lyme Disease

Description: Lyme disease is an infection caused by bacteria. It is diagnosed by signs and symptoms and a blood test.

Symptoms: A typical early symptom is a slowly expanding red rash. (However, not everyone gets a rash.) The rash often starts as a flat or raised red area that slowly gets bigger after several days, sometimes reaching several inches across. The center may become clear, remain even or develop blistering or scabbing. The rash fades after several weeks if not treated. Other symptoms include fatigue, headache, pain or stiffness in muscles or joints and swollen glands. Weeks or months after disease onset, the person may develop arthritis, heart symptoms or nervous system symptoms.

How it is Spread: Lyme disease is not spread from person to person. It can be spread only by the bite of a specific tick. This type of tick lives in wooded areas and areas with high grass. Animals such as dogs and cats can carry the ticks home. The ticks that spread Lyme disease are not commonly found in Ohio.

Incubation Period: Three to 32 days after a tick bite.

How Long Can a Person Spread the Infection To Others? Lyme disease cannot be spread from one person to another.

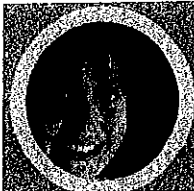
Responsibilities of Parents and Caregivers:

- Report Lyme disease to the local health department. They will probably already know about it because blood tests are performed there.
- If a child is bitten by a tick or a tick is found on the child's body, be sure to tell the parents. If the child becomes ill, the parents can tell the doctor so LHD can be considered.

Control/Prevention: Even though Lyme disease is not common in Ohio, take the following precautions just in case:

- Keep yard and play areas mowed.
- Do not allow children to play in tall grass.
- Closely check the children's bodies (and your own) for ticks after field trips through woods or tall grass. It is important to quickly remove a tick from the body (within 36 hours).
- If you find a tick, use tweezers to grasp the tick as close to the skin as possible. Slowly pull the tick straight out. Do not yank, as this may result in leaving the mouthpiece in the skin. Do not use hot matches, cigarettes, alcohol or nail polish remover. Put the tick in a small container of alcohol and throw in the trash can. Wash your hands and the bite site well.

Treatment: Only a doctor can diagnose Lyme disease. It is easily treated with antibiotics, especially when found early.



Rocky Mountain Spotted Fever

Description: Rocky Mountain spotted fever is an infection caused by bacteria. It is diagnosed by signs and symptoms and a blood test.

Symptoms: The initial symptoms may include: fever, severe headache, nausea, muscle pain, vomiting, lack of appetite. Later signs and symptoms include: rash, joint pain, abdominal pain, diarrhea.

Although not every case will have a rash, a person with RMSF will often exhibit a fever, rash and history of a tick bite.

How it is Spread: RMSF is not spread person to person. It can be caught only by the bite of certain types of ticks. These ticks live in wooded areas and areas with high grass. Animals such as dogs and cats can carry the ticks home. In contrast to Lyme disease, the tick that carries RMSF is very common in Ohio.

Incubation Period: Five to 10 days after a tick bite or handling an infected tick.

How Long Can a Person Spread the Infection to Others? RMSF cannot be spread from one person to another.

Responsibilities of Parents and Caregivers:

- Report RMSF to the local health department. They will probably already know about it; the blood tests are performed at the ODH.
- If a child is bitten by a tick or a tick is found on the child's body, be sure to tell the parents. If the child becomes ill, the parents can tell the doctor so that RMSF can be considered.

Control of Spread: The ticks that carry RMSF are common in Ohio. Though this does not mean all ticks are infected, you should take the following precautions just in case:

- Keep the yard and play area mowed.
- Do not allow children to play in tall grass.
- Check children's bodies and scalp (and your own) thoroughly for ticks if you have been on a field trip through woods or tall grass.
- If you find a tick, use tweezers to grasp the tick as close to the skin as possible. Slowly pull the tick straight out. Do not use hot matches, cigarettes, alcohol or nail polish. Put the tick in a small container of alcohol and throw in the trash can. Wash your hands and the bite site thoroughly.

Treatment: Only a doctor can diagnose RMSF. It is easily treated with antibiotics, especially when found early.



Tetanus

Description: Tetanus, also called lockjaw, 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 very rare in the United States due to the very high immunization rates of persons living here. Tetanus is difficult to treat, but is completely preventable through vaccination.

Symptoms: A common first sign is muscular stiffness in the jaw (lockjaw), followed by stiffness of the neck, difficulty in swallowing, rigidity of abdominal muscles, spasms, sweating and fever.

How it is Spread: It is not spread from person to person. 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.

Incubation: Eight days but may range from three days to three weeks.

Responsibility of Parents and Caregivers: 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. See control measure below.

Control Measures:

- Anyone who has an open wound 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 child care attendee or staff will not spread to others.

Treatment: Once a person develops symptoms, there is no treatment for tetanus. The best treatment is prevention with immunization.

Comments: The single most important preventive measure is immunization.

MRSA

Description: MRSA is methicillin-resistant *Staphylococcus aureus* a potentially dangerous type of staph bacteria that are resistant to certain antibiotics and may cause skin and other infections.

Symptoms: MRSA skin infections can occur anywhere on the body. Some common sites are the legs, buttocks, groin and back of the neck. MRSA usually appear as a bump or infected area that is red, swollen, painful, warm to the touch or full of pus. If these symptoms appear, it is important to cover the area with a bandage and have a medical evaluation. It is especially important to contact a health care professional if the signs and symptoms are accompanied by a fever.

How It is Spread: You can acquire MRSA through direct contact with an infected person or by sharing personal items, such as a towel or wash cloth.

Incubation: Symptoms may occur within a day after contact with the infection.

Responsibilities of Parents and Caregivers

- Exclude until 24 hours after treatment has begun or a doctor's note is provided.
- Wounds with drainage or pus must be covered at all times with a clean, dry bandage until healed.
- Know the signs of MRSA skin infections and get medical treatment early.
- Keep cuts and scrapes clean and covered.
- Encourage good hygiene such as cleaning hands regularly.
- Discourage sharing of personal items such as towels or combs.

Control of Spread:

- **Cover the Infection.** Pus from an infected area can contain regular staph or MRSA, so keeping it covered will help prevent spreading the infection to others. Wounds with drainage or pus must be covered at all times with a clean, dry bandage until healed. Follow the health care professional's instructions about proper care of the infection. Be sure to discard bandages in the trash.
- **Clean hands.** Clean hands frequently with soap and water especially after changing the bandage or touching the infected area.
- **Do not share personal items.** Avoid sharing personal items such as towels, washcloths or clothing that may have had contact with the infected area or bandage. Wash soiled sheets, towels and clothes with water and laundry detergent. Use a clothes dryer to dry clothes completely.
- **Exclude** from school or child care until under treatment for 24 hours or a doctor's note is provided. Wounds with drainage or pus must be covered at all times by clean, dry bandages until healed.

Treatment: Treatment for MRSA skin infections may include having a health care professional drain the infection and, in some cases, prescribe an antibiotic. If an antibiotic is given, be sure to take all of the doses unless the healthcare professional tells you to stop taking it. Do not share antibiotics with other people or save them to use later.

Comments: The four steps listed in "Control Measures" can prevent and reduce the spread of MRSA and other staph skin infections.

For more information, call 1-800-CDC-INFO or visit the CDC Web site <http://www.cdc.gov/MRSA> or the Ohio Department of Health Web site (<http://www.odh.ohio.gov/alerts/mrsa1.aspx>)



Common Cold

Description: Common colds are caused by many different viruses. Children under age 5 may get colds several times each year.

Symptoms: Clear runny nose and eyes, sneezing, coughing, mild sore throat, chills, generalized discomfort with little or no fever.

How it is Spread: Colds are spread by direct contact, air-borne and indirectly from contaminated hands, tissues and other articles soiled by nose and throat discharge.

Incubation Period: Between 12 hours and five days, usually 48 hours.

How Long Can a Person Pass the Infection to Others? It can be spread about one day before symptoms begin and during the first five days of illness.

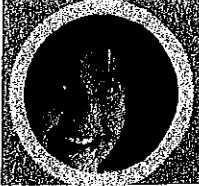
Responsibilities of Parents and Caregivers: Because the common cold can be caused by a number of different viruses, it is not necessary to notify all parents of every exposure. Exclusion of the child with the common cold is not necessary unless the child has a fever or does not feel well enough to participate.

Control of Spread:

- Teach the child to cover his mouth when sneezing or coughing.
- Dispose of tissues soiled with nose and throat discharges.
- Wash hands after contact with soiled tissues and articles and after contact with nose and throat discharge.
- Clean and sanitize all common surfaces and toys on a regular basis. (See: Cleaning and Sanitation Materials.)

Treatment: No specific treatment is available. Acetaminophen-containing medicines (such as Tylenol), The use of cough suppressants and decongestants should be decided by the child's physician. The effectiveness and safety of these two types of drugs are questioned for children under 24 months symptoms in children older than 3 months. Do not give aspirin.

Comments: Watch for new or more severe symptoms. They may indicate other more serious infections.



Croup

Description: Croup is a very common respiratory problem. It is a swelling of the airway at the voice box (larynx) and windpipe (trachea) usually caused by a virus. The same virus that commonly causes croup can cause other respiratory diseases such as bronchitis, bronchiolitis and pneumonia. The disease is characterized by a harsh barking cough that can be scary for children and caregivers. Croup is most common in children under 3 years of age. It occurs most often between October and March.

Symptoms: An acute respiratory infection involving the epiglottis, voice box, windpipe and bronchi. This infection may cause respiratory distress ranging from mild to severe. The cough has a "barking" or "brassy" harsh quality. A high-pitched sound may be heard on inhalation.

How it is Spread: Direct contact with an infected person, airborne or indirectly by objects soiled by respiratory secretions. Children with croup should not have frequent contact with infants under 6 months old.

Incubation: The incubation period is two to nine days, depending on the agent that causes the infection.

How Long Can a Person Pass the Infection to Others? The infection can be passed to others the duration of the disease.

Responsibility of Parents and Caregivers:

- Medical treatment should be obtained. Major complications may occur.
- Teach children to cough and sneeze into their elbow, wipe noses using disposable tissues, throw the tissue into the wastebasket and wash their hands.
- Follow control measures below.

Control Measures:

- Use good hand washing technique at all the times as required by the Ohio Child Care Rules. This is especially important after wiping or blowing noses or contact with any nose, throat or eye secretions.
- Clean and sanitize all mouthed toys and frequently used surfaces as outlined in the Ohio Child Care Rules.
- Exclude until severe symptoms are gone.

Treatment: Depends on the agent causing the infection and the severity of the illness.



Scarlet Fever/"Strep Throat"

Description: "Strep" throat is a bacterial infection that is confirmed by a laboratory test of discharge from the throat. Not every sore throat is strep. Scarlet fever is a combination of strep throat and a skin rash, but it is no more serious than strep throat without a rash. Rheumatic fever (affecting the valves of the heart); however, is a serious complication that can be prevented by prompt appropriate treatment of strep throat.

Symptoms: Symptoms of strep throat include fever, sore throat and oozing and redness of the tonsils and throat. Symptoms of scarlet fever include the same symptoms with a sandpaper-like rash.

How it is Spread: Strep throat is spread by inhaling respiratory droplets from an ill person. Spread is usually by direct contact with nose and throat secretions from an infected person. Rarely, it may be spread indirectly by contact with hands or objects (such as drinking cups or eating utensils) contaminated with nose or mouth discharges of an infected person.

Incubation Period: Usually one to three days.

How Long Can a Person Pass the Infection to Others? The infection can be passed for about 24 hours after adequate treatment begins.

Responsibilities of Parents and Caregivers:

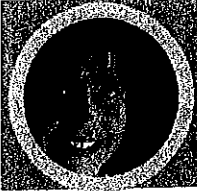
- Routine screening of all children and employees of the child care facility is not recommended, unless evidence of an ongoing outbreak is apparent as determined by the local health department or unless strep kidney disease has occurred.
- Ask parents to notify the caregiver about their child's infection. They should not transfer the child to another child care facility.

Control of Spread:

- Send home a child who has symptoms. The child should be taken to a doctor. If strep throat is diagnosed, the child may return 24 hours after antibiotics have been started.
- Avoid excluding a child who does not have symptoms, even though she may have a positive throat culture.
- Good personal hygiene practices should be followed. Cover the nose and mouth when coughing or sneezing. Dispose of soiled tissues after wiping a runny nose. Always follow with proper hand washing. Do not share eating utensils, food or drinking cups. Sanitize toys mouthed by infants and toddlers.
- Notify other parents so they can observe their children for signs of infection.
- Observe other children for symptoms of infection.

Treatment:

- Penicillin or other effective antibiotics as prescribed by a doctor.
- To prevent potential complications such as rheumatic fever, antibiotics should be completed as prescribed.



Infectious Mononucleosis

Description: Infectious mononucleosis is a viral illness that affects certain blood cells. It is caused by the Epstein-Barr virus (EBV). EBV is believed to be present in saliva.

Symptoms: Most young children infected with EBV show no symptoms, unlike older children and adults, who may have fever, fatigue, headache, swollen glands, red rash on roof of mouth, occasional abdominal pain and inflamed throat and tonsils.

How it is Spread: Infectious mononucleosis is spread from person to person through contact with the saliva (on hands, cups or kissing) 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.

Incubation: Symptoms appear four to six weeks after exposure.

How long Can a Person Spread the Disease to Others? The virus is shed in the throat during the illness and for up to a year after infection.

Responsibilities of Parents and Caregivers: If a person in your facility develops infectious mononucleosis:

- The infected person may return to the child care setting when he or she is able to participate in usual activities.
- Make sure children and adults do not share eating or drinking utensils.
- Make sure children and adults follow good hand washing practices.

Control: Avoid activities involving the transfer of body fluids with someone who is currently or recently infected with the virus.

Treatment: No treatment other than rest is needed in the vast majority of cases.

Whooping Cough (Pertussis)

Description: Whooping cough is a highly contagious disease caused by bacteria. The illness may begin with cold-like symptoms that progress to a cough, or the child may simply begin coughing. After several days, severe coughing fits may cause the child to vomit after coughing or to lose his breath. Sometimes a high-pitched crowing (the whoop) is heard when inhaling. The coughing can last one to three months. Diagnosis is made by a laboratory test or by a physician. Pertussis is particularly serious in children under age 2 and hospitalization is usually necessary.

How it is Spread: Transmission is by direct contact with droplets from the nose and throat of an infected person.

Incubation Period: Commonly five to 10 days, and not more than 21 days.

How Long Can a Person Pass the Infection to Others? The infection is highly contagious in the early stages. The child is no longer infectious to others five days after starting antibiotic treatment.

Responsibilities of Parents and Caregivers:

- Notify the local health department if a doctor has said it is pertussis. (See ODH Communicable Disease Chart)
- Parents should notify caregiver about their child's illness.
- Caregiver should inform parents immediately if their child exhibits symptoms. Parents should then consult their doctor or clinic immediately.
- Parents of contacts should be notified of their child's exposure and advised to contact their doctor or clinic.

Control of Spread: Pertussis is a very serious illness. A child with pertussis must be excluded from the child care facility until after five days of antibiotics or until after three weeks after onset of intense coughing in accordance with rules of the local health department. The local health department may recommend antibiotics or booster shots of DTaP for contacts. Check non-immunized students for potential exclusion during epidemic.

Treatment: Antibiotic therapy.

Comments: Protection from whooping cough is best provided by adequate immunization with DTaP vaccine, starting at age 2 months, again at 4 months, 6 months, 15 months and age 4 to 6 years. Adults and teenagers are susceptible to the illness as well and may carry the bacteria while exhibiting only mild symptoms. Recommendations for adolescents and adults include the one time pertussis containing vaccine (Tdap).



Respiratory Syncytial Virus (RSV)

Description: RSV 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 2 years of age.

Almost 100 percent of children in child care get RSV in the first year of their life, usually during outbreaks during the winter months.

Symptoms: 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.

How it is Spread: 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 contaminated by infected person.

Incubation period: One to 10 days.

How Long Can a Person Pass the Infection to Others? A young child with RSV may be infectious for one to three weeks after symptoms subside.

Responsibility of Parents and Caregivers: The most effective preventive measure against the spread of RSV infections 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. Therefore, an infected child does not need to be excluded from child care unless he or she is not well enough to participate in usual activities.

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

- Make sure procedures regarding hand washing, hygiene, disposal of tissues used to clean nasal secretions and cleaning and sanitation of toys are followed.
- Do not allow children to share cups, utensils, glasses.
- If multiple cases occur, grouping 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.

Treatment: For children with mild disease, no specific treatment is necessary other than the treatment of symptoms. Children with severe disease may require hospitalization.



Diphtheria

Description: Diphtheria is a disease caused by the bacterium *Corynebacterium diphtheriae*, which invades the throat, tonsils, nose or skin. It is the toxin (*poison*) produced by the bacteria that causes severe disease problems.

Symptoms: Fever, sore throat and tiredness. The infection in the throat may cause a membrane to develop on the tonsils that could make breathing difficult. The individual could develop severe complications such as inflammation of the heart or inflammation of the nerves.

How it is Spread: Diphtheria is spread to others through close contact with the discharges from an infected person's nose, throat, eyes and skin lesions. Rarely, transmission may occur after contact with articles soiled by the discharges from the nose, throat or skin lesions.

Incubation: Symptoms usually appear in two to five days after infection, with a range of one to 10 days.

How Long Can a Person Spread the Infection to Others? A person may be contagious for two weeks, but seldom more than four weeks. If the individual is treated with appropriate antibiotics, this can quickly stop the spread of the bacteria.

Responsibility of Parents and Caregivers:

- 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 local health department or the child's physician for proper immunization.
- Upon notification by a parent or health care worker that a child absent from the child care setting has contracted diphtheria, immediately contact the local health department for instructions on preventive measures to be taken.
- Diphtheria is a reportable disease in Ohio. The local health department may advise caregivers to closely observe all children and adults in the child care setting for sore throats for five days (the incubation period), request that anyone developing a sore throat see a physician, to obtain nose and throat cultures or skin cultures if skin lesions present, prescribe antibiotics for close contacts and carefully observe group separation and good hygiene procedures.
- Staff and children may return after two cultures from both throat and nose (and skin lesions in cutaneous diphtheria) taken not less than 24 hours apart, and not less than 24 hours after cessation of antimicrobial therapy, fail to show Diphtheria bacilli. If culturing is unavailable or impractical, exclusion may be ended after 14 days of appropriate antimicrobial therapy.

Control Measures: The most effective control measure is maintaining the highest possible level of immunization in the community. Other methods include prompt treatment of cases and monitoring.

Treatment: Certain antibiotics can be prescribed for the treatment of diphtheria. A diphtheria antitoxin is also used for treatment.

Comment: Up-to-date vaccination with the DTaP (diphtheria is the "D") vaccine can prevent this very serious, life-threatening disease.

Definitions

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

Disinfect: To eliminate virtually all germs from inanimate surfaces through the use of chemicals (e.g., products registered with the EPA as "disinfectants") or physical agents (e.g., heat).

In the child care environment, a 1:64 dilution of domestic bleach – made by mixing 1/4 cup household liquid chlorine bleach with one gallon of tap water and prepared fresh daily – is an effective method to remove germs from environmental surfaces and other inanimate objects that have been contaminated with bodily fluids, provided that the surfaces have first been cleaned of organic material before applying bleach and at least two minutes of contact time with the surface occurs.

To achieve maximum germ reduction with bleach, the pre-cleaned surfaces should be left moderately or glistening wet with the bleach solution and allowed to air dry or be wiped dry after at least two minutes of contact time. A slight chlorine odor should emanate from this solution. If there is no chlorine smell, a new solution must be made, even if the solution was prepared fresh that day. The 1:64 diluted solution will contain 500-800 parts per million (ppm) chlorine.

By itself, bleach is not a good cleaning agent. Household bleach is sold in the conventional strength of 5.25 percent hypochlorite and a more recently marketed "ultra" bleach that contains 6 percent hypochlorite solution. In child care, either may be used in a 1:64 dilution.

Bleach solutions much less-concentrated than the recommended dilution have been shown in laboratory tests to kill high numbers of blood-borne viruses, including HIV and hepatitis B virus. This solution is not toxic if accidentally ingested by a child. However, because this solution is moderately corrosive, caution should be exercised in handling it and when wetting or using it on items containing metals, especially aluminum.

DO NOT MIX UNDILUTED BLEACH OR THE DILUTED BLEACH SOLUTION WITH OTHER FLUIDS, ESPECIALLY ACIDS (E.G., VINEGAR), AS THIS WILL RESULT IN THE RAPID EVOLUTION OF HIGHLY POISONOUS CHLORINE GAS.

Commercially prepared detergent/sanitizer solutions or the detergent cleaning, rinsing and application of a non-bleach sanitizer that is at least as effective as the chlorine bleach solution is acceptable as long as these products are nontoxic for children, are used according to the manufacturer's instructions, and are approved by the state or LHD for use as a disinfectant in place of the bleach solution.

These methods are used for toys, children's table tops, diaper changing tables, food utensils and any other object or surface that is significantly contaminated with bodily fluids.

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. To clean, detergent or abrasive cleaners may be used. To sanitize, an additional sanitizer solution must be applied. A number of EPA-registered "detergent/disinfectant" products

also are appropriate for sanitizing. Directions on product labels should be followed closely. Sanitizing food utensils can be accomplished by using a dishwasher or equivalent process, usually involving more dilute chemicals than are required for other surfaces.

Standard precautions: Minimum infection prevention practices. Although standard precautions were designed to apply to hospital settings, they also apply to child care settings (with the exceptions detailed in this definition). Standard precautions include such things as proper hand hygiene, use of protective barriers such as gloves, and the safe handling of potentially contaminated equipment or surfaces.

In child care settings, unlike in hospital settings:

1. Use of nonporous gloves is optional, except when blood or blood containing bodily fluids may be involved.
2. Gowns and masks are not required.
3. Appropriate barriers include such materials as disposable diaper table paper, disposable towels and surfaces that can be sanitized.

Universal precautions: Actions to prevent the transmission of infection from blood, other bodily fluids containing blood, and semen and vaginal secretions, but not from 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 and the use of protective barriers such as gloves, gowns, aprons, masks or protective eyewear.

Definitions taken from U.S. Centers for Disease Control and Prevention, American Public Health Association, American Academy of Pediatrics, the National Resource Center for Health and Safety in Child Care, and *Caring for Our Children-National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Program*, 2nd Edition, Washington, DC: APHA & APA 2002.

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