

R381-100- 16: INFECTION CONTROL

Purpose

This section provides rules and information about reducing the spread of infections and infectious diseases.

General Information

Although Child Care Licensing does not have any specific rules regarding Cytomegalovirus (CMV) Infection we feel it is important for providers to be aware of what it is. The following information is from the Mayo Clinic. More detailed information can found on their website, <http://www.mayoclinic.org/diseases-conditions/cmV/basics/definition/con-20029514>.

CMV is a common virus that can infect almost anyone. Most people don't know they have CMV because it rarely causes symptoms. However, if you're pregnant or have a weakened immune system, CMV is cause for concern. Once infected with CMV, your body retains the virus for life. However, CMV usually remains dormant if you're healthy. CMV spreads from person to person through body fluids, such as blood, saliva, urine, semen and breast milk. CMV spread through breast milk usually doesn't make the baby sick. However, if you are pregnant and develop an active infection, you can pass the virus to your baby. There's no cure for CMV, but drugs can help treat newborns and people with weak immune systems.

Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Deficiencies in handwashing have contributed to many outbreaks of diarrhea among children and caregivers in child care centers. In centers that have implemented a handwashing training program, the incidents of diarrheal illness has decreased by 50%. One study also found that handwashing helped to reduce colds when frequent proper handwashing practices were incorporated into a child care center's curriculum. *CFOC, 3rd Ed. pgs. 110-111 Standard 3.2.2.1, pg. 114 Standard 3.2.3.1*

Illness can be spread in a variety of ways that can be reduced with proper handwashing, including:

- in human waste (urine, stool)
- in body fluids (saliva, nasal discharge, secretions from open injuries, eye, discharge, blood, etc.)
- through cuts or skin sores
- by direct skin-to-skin contact
- by touching an object that has germs on it
- in drops of water that travel through the air, such as those produced by sneezing or coughing.

CFOC, 3rd Ed. pgs. 100-111 Standard 3.2.2.1

Since many infected people carry communicable diseases without having symptoms and many are contagious before they experience a symptom, staff members need to protect both themselves and children by following good hygiene practices on a routine basis. *CFOC, 3rd Ed. pgs. 100-111 Standard 3.2.2*

Using liquid soap is preferable over bar soap. Bar soaps sitting in water have been shown to be heavily contaminated with pseudomonas and other bacteria. In addition, many children do not have the dexterity to handle a bar of soap, and many adults and children do not take the time to rise off the soil that has gotten on the bar of soap before putting it down. *CFOC, 3rd Ed. pgs. 258-259 Standard 5.6.0.3*

- (1) Staff shall wash their hands thoroughly with liquid soap and warm running water at the following times:
- (a) before handling or preparing food or bottles;
 - (b) before and after eating meals and snacks or feeding children;
 - (c) before and after diapering a child;
 - (d) after using the toilet or helping a child use the toilet;
 - (e) before administering medication;
 - (f) after coming into contact with body fluids, including breast milk;
 - (g) after playing with or handling animals;
 - (h) when coming in from outdoors; and
 - (i) after cleaning or taking out garbage.

Rationale / Explanation

Running water over the hands removes soil, including infection-causing organisms. Wetting the hands before applying soap helps create a lather. The soap lather loosens soil and brings it into the solution on the surface of the skin. Rinsing the lather off into a sink removes the soil from the hands that the soap loosened. Warm water (no less than 60 degrees Fahrenheit and no more than 120 degrees) is more comfortable than cold water, which increases the likelihood that children and adults will adequately rinse their hands.

Using a paper towel to turn off the faucet after handwashing can prevent the re-contamination of just-washed hands by germs on the faucet. *CFOC, 3^d Ed. pgs. 111-112 Standard 3.2.2.2*

Enforcement

Level 2 Noncompliance if handwashing does not take place after a caregiver uses the toilet or after changing a diaper.

Level 3 Noncompliance otherwise.

Assessment

Water will be considered warm if it is between 60 degrees and 120 degrees Fahrenheit. When measuring water temperature, a three degree variance will be given due to variable accuracy of thermometers.

If there is no visible dirt, grime or body fluids, hand sanitizers may be used to meet the hand washing requirements for adults and children age 2 and older.

A provider in the room giving instructions or observing is not helping a child use the toilet. But, if a caregiver is doing any hands on help, such as lifting child on or off the toilet, it is helping a child use the toilet.

If owner/director has portable sinks and they provide documentation that the water will not exceed 120 degrees, the Licensing Specialist will only measure to ensure the water gets warm.

If a snack is given to a distressed child, a finding will not be issued if the care giver and child did not wash their hands. The snack must be given only to that child and must be handed directly to the child.

- (2) The provider shall ensure that children wash their hands thoroughly with liquid soap and warm running water at the following times:
- (a) before and after eating meals and snacks;
 - (b) after using the toilet;
 - (c) after coming into contact with body fluids;
 - (d) after playing with animals; and
 - (e) when coming in from outdoors.

Rationale / Explanation

Washing hands after eating is especially important for children who eat with their hands, to decrease the amount of saliva (which may contain organisms) on their hands. Good handwashing after playing in sandboxes will help prevent ingesting parasites that can be present in contaminated sand and soil. Animals, including pets, are a source of infection for people and people may be a source of infection for animals. *CFOC, 3rd Ed. pgs. 100-111 Standard 3.2.2.1*

Running water over the hands removes soil, including infection-causing organisms. Wetting the hands before applying soap helps create a lather. The soap lather loosens soil and brings it into the solution on the surface of the skin. Rinsing the lather off into a sink removes the soil from the hands that the soap loosened. Warm water (no less than 60 degrees Fahrenheit and no more than 120 degrees) is more comfortable than cold water, which increases the likelihood that children and adults will adequately rinse their hands

Using liquid soap is preferable over bar soap. Bar soaps sitting in water have been shown to be heavily contaminated with *Pseudomonas* and other bacteria. In addition, many children do not have the dexterity to handle a bar of soap, and many adults and children do not take the time to rise off the soil that has gotten on the bar of soap before putting it down. *CFOC, 3rd Ed. pgs. 258-259 Standard 5.6.0.3*

Enforcement

Always Level 2 Noncompliance.

Assessment

Water will be considered warm if it is between 60 degrees and 120 degrees Fahrenheit. When measuring water temperature, a three degree variance will be given due to variable accuracy of thermometers.

If there is no visible dirt, grime or body fluids, hand sanitizers may be used to meet the hand washing requirements for adults and children age 2 and older.

If the center has portable sinks and the owner/director can provide documentation that the water will not exceed 120 degrees, the Licensing Specialist will measure to ensure the water gets warm.

If a snack is given to a distressed child, a finding will not be issued if the care giver and child did not wash their hands. The snack must be given only to that child and must be handed directly to the child.

During fire or disaster drills, if the children go outside and go right back inside they are not required to wash their hands. If the children are allowed to play outside during and after the drills, they are required to wash their hands.

If liquid hand washing soap is stored out of reach of the children and the caregivers give it to them for each hand washing, a finding will not be issued.

If a provider washes children's hands after bottle feeding with single use, soapy wash cloth, this rule will be considered in compliance.

After washing hands before eating a meal, if children walk up or down stairs to eat their meal, this rule is in compliance unless there is an activity between handwashing and eating.

(3) Only single use towels from a covered dispenser or an electric hand-drying device may be used to dry hands.

Rationale / Explanation

Shared hand drying towels can transmit infectious disease. Preventing shared use of individual towels assigned to a single child is difficult. The use of a cloth towel roller is not recommended for two reasons. First, children often use cloth roll dispensers improperly, resulting in more than one child using the same section of towel. And second, incidents of accidental strangulation in these devices have been reported. *CFOC, 3^d Ed. pgs. 111-112 Standard 3.2.2.2.*

Enforcement

Always Level 3 Noncompliance.

Assessment

This rule does not apply to paper towels used for activities other than drying hands, such as cleaning up spills.

(4) The provider shall ensure that toilet paper is accessible to children, and that it is kept on a dispenser.

Rationale / Explanation

The purpose of this rule to prevent the spread of disease through fecal matter. If toilet paper is not on a dispenser, children pick it up with hands that may be contaminated with fecal matter, which remains on the roll and is transferred to the next child when he or she picks the roll up. *CFOC, 3^d Ed. pgs. 258-259 Standard 5.6.0.3*

Enforcement

Level 2 Noncompliance if a toilet has no toilet paper and there are no spare rolls of toilet paper available in the facility or if toilet paper is not kept on a dispenser.

Level 3 Noncompliance if a toilet has no toilet paper but there are spare rolls of toilet paper available in the facility. **If toilet paper is stored on a dispenser but not accessible from the toilet.**

Assessment

Toilet paper is not considered accessible unless the child can reach it while he/she is sitting on the toilet.

As long as wipes are in a covered dispenser and within reach of the child on the toilet, they may be used in place of toilet paper.

Potty chairs are not a toilet so toilet paper does not need to be accessible to the child on the potty chair.

As long as children can get toilet paper without touching the toilet paper roll, any dispenser may be used.

For children age 2 and younger, providers may hand toilet paper directly to the child rather than having the toilet paper on a dispenser. A caregiver must always be available to hand out the toilet paper when a child is toileting.

- (5) The provider shall post handwashing procedures that are readily visible from each handwashing sink, and they shall be followed.**

Rationale / Explanation

The purpose of the rule is so staff and children have visual handwashing reminders. Pictures of the steps to proper handwashing remind children who cannot yet read of the proper handwashing steps.

Enforcement

Always Level 3 Noncompliance.

Assessment

This rule only applies to sinks that are used for handwashing.

Any handwashing sign or list of handwashing procedures will be accepted as compliance with this rule.

- (6) Caregivers shall teach children proper hand washing techniques and shall oversee hand washing whenever possible.**

Rationale / Explanation

Children need to be taught effective handwashing procedures, and helped to use them in actual practice. This will help to ensure that proper handwashing takes place at needed times. For more information on the importance of proper handwashing, see numbers (1) and (2) above. *CFOC, 3rd Ed. pgs. 112-113 Standards 3.2.2.3, 3.2.2.4.*

Enforcement

Always Level 3 Noncompliance.

- (7) Personal hygiene items such as toothbrushes, or combs and hair accessories that are not sanitized between each use, shall not be shared by children or used by staff on more than one child, and shall be stored so that they do not touch each other.**

Rationale / Explanation

Respiratory, gastrointestinal, and skin infections such as lice, scabies, and ringworm, are among the most common infectious diseases in child care. These diseases are transmitted by direct skin-to-skin contact and by sharing personal items such as combs, brushes, towels, clothing, and bedding. Toothbrushes are contaminated with infectious agents from the mouth and must not be allowed to serve as a conduit of infection from one child to another. *CFOC, 3rd Ed. pgs. 102-103 Standard 3.1.5.2 pg. 136 Standard 3.6.1.5.*

Enforcement

Always Level 3 Noncompliance.

Assessment

Personal hygiene items include make-up and lip balm, such as Chap Stick. Hats and head bands will not be assessed as personal hygiene items.

(8) The provider shall clean and sanitize all washable toys and materials weekly, or more often if necessary.

Rationale / Explanation

Contamination of toys and other objects in child care areas plays a role in the transmission of disease in child care settings. All toys can spread disease when children touch the toys after putting their hands in their mouth during play or eating, or after toileting with inadequate handwashing. Using a mechanical dishwasher is an acceptable labor-saving approach for plastic toys as long as the dishwasher can wash and sanitize the surfaces. *CFOC, 3rd Ed. pgs. 116-118, Standards 3.3.0.1, 3.3.0.2*

Enforcement

Always Level 3 Noncompliance.

Assessment

This rule is out of compliance if toys or materials are visibly dirty during an inspection or if providers indicate they do not clean and sanitize all washable toys and materials at least weekly. Since toys in child care settings are heavily used, every toy is not expected to be perfectly clean all the time.

(9) Stuffed animals, cloth dolls, and dress-up clothes must be machine washable. Pillows must be machine washable, or have removable covers that are machine washable. The provider shall wash stuffed animals, cloth dolls, dress-up clothes, and pillows or covers weekly.

Rationale / Explanation

Contamination of toys and other objects in child care areas plays a role in the transmission of disease in child care settings. All toys can spread disease when children touch the toys after putting their hands in their mouth during play or eating, or after toileting with inadequate handwashing. *CFOC, 3rd Ed. pgs. 116- 118, Standards 3.3.0.1, 3.3.0.2*

Many allergic children have allergies to dust mites, which are microscopic insects that ingest the tiny particles of skin that people shed normally every day. Dust mites live in fabric, but can be killed by frequent washing and drying in a heated dryer. *CFOC, 3rd Ed. pg. 239 Standard 5.3.1.4*

Lice, scabies, and ringworm can also be spread through fabrics. *CFOC, 3rd Ed. pg. 118 Standard 3.3.0.4, pg. 136 Standard 3.6.1.5*

Enforcement

Level 2 Noncompliance if an item is visibly dirty with feces. Level 3

Noncompliance otherwise.

Assessment

This rule is out of compliance if these items are visibly dirty during an inspection or if providers indicate that they do not wash them at least weekly.

Large stuffed animals meant to be used as pillows need to be machine washable or have removable covers that are machine washable.

When a stuffed animal or cloth doll has batteries, there must be a way to remove the batteries so the item can be machine washed.

Unless accessible to children, stuffed animals that are used for teaching activities or for decoration are not required to be washed weekly.

- (10) If water play tables or tubs are used, they shall be washed and sanitized daily, and children shall wash their hands prior to engaging in the activity.**

Rationale / Explanation

The purpose of this rule is to avoid the spread of disease as multiple children's hands play in the water in water tables. Contamination of hands, toys, and equipment in the room where water play tables are located plays a role in the transmission of disease in child care settings. *CFOC, 3rd Ed. pg. 275 Standard 6.2.4.2.*

Enforcement

Always Level 3 Noncompliance.

Assessment

If there is no visible dirt, grime or body fluids, hand sanitizers may be used to meet the hand washing requirements for adults and children age 2 and older.

This rule applies to water play tables or tubs, not to sensory tables with items, such as rice, sand or sand in the them.

- (11) Persons with contagious TB shall not work or volunteer in the center.**

Rationale / Explanation

The purpose of this rule is to prevent the spread of TB from infected adults to children. Young children acquire TB from infected adults or adolescents. Tuberculosis organisms are spread by the inhalation of small particles which are produced when an infected adult or adolescent coughs or sneezes. Transmission usually occurs in an indoor environment. *CFOC, 3rd Ed. pgs. 39-40 Standard 1.7.0.1*

Assessment

Because we are a very low risk population, providers are no longer required to be tested for TB.

- (12) Children's clothing shall be changed promptly if they have a toileting accident.**

Rationale / Explanation

Containing and minimizing the handling of soiled clothing so it does not contaminate other surfaces is essential to prevent the spread of infectious disease. Soiled clothing can spread infectious disease agents as children play, walk around, or sit in classroom areas wearing wet or soiled clothing. Children can also get a skin rash from being in wet or soiled clothing too long. *CFOC, 3rd Ed. pgs. 108-110 Standard 3.2.1.5.*

This rule is also intended to minimize the embarrassment of children who have toileting accidents.

Enforcement

Always Level 2 Noncompliance.

Assessment

Being changed promptly means that as soon as the caregiver is aware that a child has had a toileting accident:

- the child is changed immediately if spare clothing is available.
- if no spare clothing is available, the child's parent is called and asked to bring spare clothing.
- if no spare clothing is available, the child is separated from other children until his/her parent can bring spare clothing.

(13) Children's clothing which is wet or soiled from body fluids:

- (a) shall not be rinsed or washed at the center; and**
- (b) shall be placed in a leakproof container, labeled with the child's name, and returned to the parent.**

Enforcement

Level 2 Noncompliance if children's clothing soiled with fecal matter is rinsed or washed at the center. Level 3

Noncompliance otherwise.

Assessment

Plastic grocery bags may be used for wet or soiled clothing if they don't have holes in the bottom or sides. Grocery bags with holes in the bottom or sides cannot be used, because they are not leakproof. A bag without holes that still leaks when holding wet or soiled clothes cannot be used.

A provider may meet the intent of this rule by putting soiled clothing in a leakproof container and then putting the container in that child's diaper bag or cubbie.

When a child has a bathroom accident and the sheets and/or the clothing used belong to the Licensee, the center staff can and should wash the sheets and/or the clothing. The rule prohibiting washing the clothing only pertains to clothing belonging to the children. Staff can also take soiled clothing home for laundering.

(14) If the center uses a potty chair, the provider shall clean and sanitize the chair after each use.

Rationale / Explanation

The purpose of this rule is to prevent the spread of disease through fecal matter or the growth of disease-causing microorganisms in urine or stool that sit in potty chairs over time. It is also necessary in order to prevent naturally curious toddlers from playing in urine or feces that may be in potty chairs after they are used. *CFOC, pg. 105 Standard 3.029.*

Because of the difficulties in the sanitary handling of potty chairs, the American Academy of Pediatrics and the American Public Health Association recommend that they not be used.

Enforcement

Always Level 2 Noncompliance.

Assessment

A toilet training seat is only considered a potty chair if it collects and holds urine or feces. Toddler toilet seats that are placed over the regular toilet seat, where the urine and feces are flushed, are not considered to be potty chairs.

(15) Staff who prepare food in the kitchen shall not change diapers or assist in toileting children.

Rationale / Explanation

The possibility of involving a large number of people in a foodborne illness outbreak is great in child care centers. Staff who diaper children or assist in toileting children are frequently exposed to feces and to children with infections of the intestines (often with diarrhea). If these same staff members then cook food that is served throughout the center, they risk spreading foodborne illness throughout the center. In addition, cooking large volumes of food requires special caution to avoid contamination of the food with even small amounts of infectious material. Larger quantities of food take longer to heat or cool to safe temperatures and thus spend more time in the danger of temperature zones between 41 and 135 degrees Fahrenheit where more rapid multiplication of microorganisms occurs. *CFOC, 3rd Ed. pgs. 188-189 Standard 4.9.0*

Enforcement

Always Level 3 Noncompliance.

Assessment

This rule is out of compliance when a staff member who will be preparing food goes into a diapered group of children to assume caregiving duties and diapers children. Caregivers who serve or heat up food for children other than the children in their own classrooms cannot be staff who change diapers or assist in toileting.

If needed, a staff person may cook immediately upon coming into the center each day, and after cooking move to caregiving duties in a classroom in which they change diapers or assist in toileting children, provided they do not go back to cooking or working in the kitchen at any time during the day after they have assumed these caregiving duties.

When the total enrollment of the center is eight or less and there is only one group of children at the center, the caregiver can use the kitchen as a classroom and that caregiver can prepare food and diaper children.

- (16) The center shall have a portable body fluid clean up kit.**
- (a) All staff shall know the location of the kit and how to use it.**
 - (b) The provider shall use the kit to clean up spills of body fluids.**
 - (c) The provider shall restock the kit as needed.**

Rationale / Explanation

Children and adults may unknowingly be infected with infectious agents such as hepatitis B, HIV, or other infectious agents found in blood. Blood and body fluids containing blood (such as water discharges from injuries) pose the highest potential risk because bloody body fluids contain the highest concentration of viruses. In addition, the hepatitis B virus can survive in a dried state for at least a week and perhaps even longer. Some other body fluids such as saliva contaminated with blood or blood-associated fluids may contain live viruses but at lower concentrations than are found in blood itself. Many other types of infectious germs may be contained in human waste and other body fluids. Because many people carry such communicable diseases without having symptoms, and many are contagious before they experience symptoms, adults and children alike need to be protected by following safe procedures for handling body fluids. *CFOC, 3rd Ed. pgs. 30-31 Standard 1.4.5.3 pgs. 114-116 Standard 3.2.3.4*

See CFOC, 3rd Ed. pg. 444 Appendix for an instruction page on proper clean up of body fluids. See CFOC, 3rd Ed. pg. 428 Appendix D for information on removing disposable gloves after cleaning up body fluids.

Suggested contents for a body fluid clean up kit include:

- disposable gloves
- clumping cat litter, sawdust, or other absorbent material
- plastic garbage bags with ties or fasteners
- a plastic scoop and dustpan, or other tools to clean up absorbed body fluids
- paper towels
- disinfectant

Enforcement

Level 2 Noncompliance if a body fluid spill is not properly cleaned up or no one at the center knows the location of the kit or how to properly use it.

Level 3 Noncompliance otherwise.

Assessment

Droplets of body fluid are not considered a "spill" of body fluids.

If blood from a bloody nose pools on the floor or ground, the body fluid kit must be used.

- (17) The center shall not care for children who are ill with an infectious disease, except when a child shows signs of illness after arriving at the center.**

Rationale / Explanation

Secondary spread of infectious disease has been proven to occur in child care. Removal of children known or suspected of contributing to an outbreak will help to limit transmission of the disease by preventing the development of new cases.

CFOC, 3rd Ed. pgs. 130-131 Standard 3.5.50.2, pgs. 131-134 Standard 3.6.1.1, pg. 136 Standard 3.6.1.4, pgs. 145-146 Standard 3.6.4.4

Symptoms which may indicate an infectious disease include:

- a fever of 101 degrees or higher for infants younger than 4 months of age, or a fever of 102 or greater for children age 4 months and older
- an unexplained rash
- irritability
- lethargy
- a persistent cough
- vomiting
- diarrhea
- infected eyes with discharge

Enforcement

Always Level 2 Noncompliance.

- (18) The provider shall separate children who develop signs of an infectious disease after arriving at the center from the other children in a safe, supervised location.**

Rationale / Explanation

The purpose of these rules is to prevent ill children from spreading infectious disease to other children. In addition, ill
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children are often too sick to participate comfortably in regular classroom activities. *CFOC, 3rd Ed. pgs. 130-131 Standard 3.5.50.2, pgs. 131-134 Standard 3.6.1.1, pg. 136 Standard 3.6.1.4, pgs. 145-146 Standard 3.6.4.4*

Enforcement

Always Level 2 Noncompliance.

- (19) The provider shall contact the parents of children who are ill with an infectious disease and ask them to immediately pick up their child. If the provider cannot reach the parent, the provider shall contact the individuals listed as emergency contacts for the child and ask them to pick up the child.**

Rationale / Explanation

The purpose of these rules is to prevent ill children from spreading infectious disease to other children. In addition, ill children are often too sick to participate comfortably in regular classroom activities. *CFOC, 3rd Ed. pgs. 130-131 Standard 3.5.50.2, pgs. 131-134 Standard 3.6.1.1, pg. 136 Standard 3.6.1.4, pgs. 145-146 Standard 3.6.4.4*

Enforcement

Always Level 3 Noncompliance.

- (20) The provider shall notify the local health department, on the day of discovery, of any reportable infectious diseases among children or caregivers, or any sudden or extraordinary occurrence of a serious or unusual illness, as required by the local health department.**

Rationale / Explanation

Reporting infectious disease to the local health department provides the department with knowledge of illnesses within the community and allows them to offer preventive measures to children and families exposed to an outbreak of disease. *CFOC, 3rd Ed. pg. 355 Standard 9.2.3.3*

The following is a sample of diseases which may be required to be reported to local health departments. Providers should check with the local county health department in their area for exact reporting requirements.

Chickenpox	HIV and AIDS	Rubella
Diarrheal diseases	Influenza	Sexually transmitted diseases
Diphtheria	Measles	Shigellosis
Giardiasis	Meningococcal infections	Viral Meningitis
Hepatitis A, B, and C	Mumps	Whooping Cough

Enforcement

Always Level 3 Noncompliance.

- (21) The provider shall post a parent notice at the center when any staff or child has an infectious disease or parasite.**
 - (a) The provider shall post the notice in a conspicuous location where it can be seen by all parents.**
 - (b) The provider shall post and date the notice the same day the disease or parasite is**

discovered, and the notice shall remain posted for at least 5 days.

Rationale / Explanation

Notification of parents also allows them to closely observe their child for early signs and symptoms of illness. Early identification and treatment of infectious disease are important in reducing further transmission of the disease. *CFOC, 3rd Ed. pg. 145 Standard 3.6.4.2.*

The purpose for leaving the notice posted for 5 days is so that parents of children who do not attend every day see the notice.

Enforcement

Always Level 2 Noncompliance.

Assessment

Posting the notice of illness on a computerized sign-in program so that all parents automatically see it when they sign their children in and out meets the requirement of this rule.