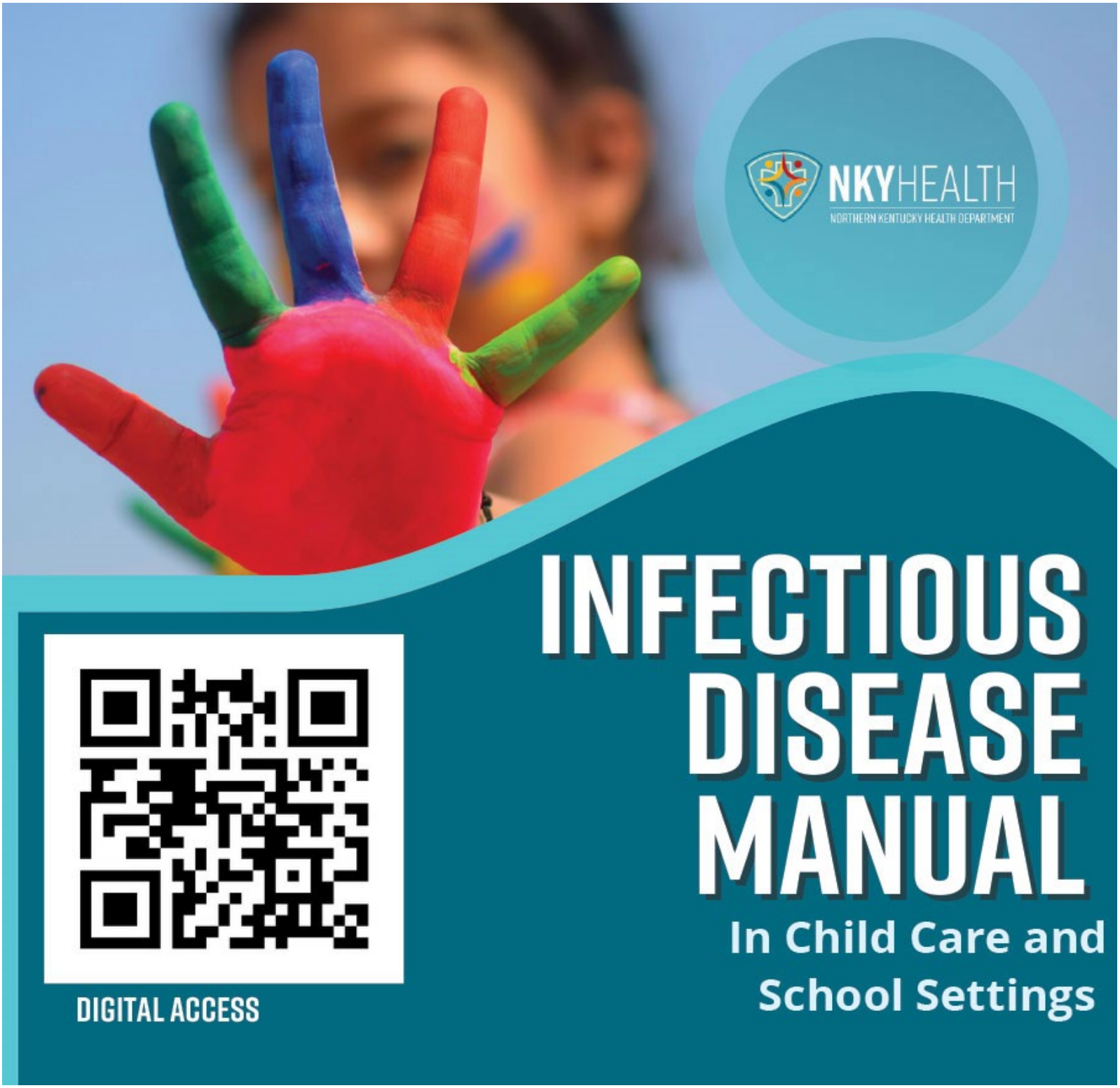


INFECTIOUS DISEASE MANUAL

In Child Care and School Settings

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Prevention, Control, and Management of Infectious Diseases for Child Care Settings and Schools

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Infectious Disease Manual in Child Care and School Settings

The “Infectious Diseases in Child Care Settings and Schools” manual informs administrators, child care providers, caregivers, parents and guardians, and school health staff about specific infectious diseases they may encounter in child care settings or schools. This manual is designed to provide specific disease prevention and control guidelines which are consistent with the national standards put forth by the American Academy of Pediatrics and American Public Health Association.

This manual is a tool to encourage common understanding among educators, families, early care and school staff about infectious disease in group care settings for children. Keeping children and the adults who care for them healthy is the goal.

The Disease Fact Sheets are specifically for child care facilities, schools, and parents/guardians of child care and school-aged children.

Some fact sheets indicate when immediate action is necessary. Please note that the provider must consult with the local or state health department on the fact sheets labeled “Reportable.” The "Infectious Diseases in Child Care Settings and Schools" manual is also available on our Northern Kentucky Health Department website.

This manual is available for download at:
https://sites.google.com/nkyhealth.org/epidemiology/care-facilities/schools-and-child-care

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Table of Contents

Hand Washing, Cleaning and Sanitizing/Disinfecting, and Diapering **4**

- **Hand Washing** **5**
- **Cleaning and Disinfection** **6**
- **Diapering** **8**

Conditions that require extra precautions **9**

Exclusion Guidelines **10**

Disease Reporting **17**

Exposure Control and Outbreak Management **18**

Disease Fact Sheets / Index **19**

Child Care Parent Letters **79**

Glossary **98**

Appendix **103**

Hand Washing, Cleaning and Sanitizing/Disinfecting, and Diapering

Germs can be controlled most effectively by frequent, thorough:

1. Hand washing
2. Cleaning, rinsing with clean water, then sanitizing/disinfecting of objects which come into contact with children
3. Proper handling and disposal of contaminated items

Since germs cannot be seen, cleaning, then sanitizing/disinfecting all objects that come into contact with children, regardless of whether or not the items look soiled or dirty, should be done. If only cleaning, objects that carry germs might be overlooked. Similarly, children who do not show symptoms of illnesses may not be suspected of carrying or spreading germs, even though they may be as infectious as those children who do have symptoms. Proper cleaning, rinsing with clean water, and then sanitizing/disinfecting practices must be followed routinely, not only when items appear to be soiled or when children appear to be ill.

Several diseases may be spread by contact with blood and body fluids. These fluids should always be treated as if they are infectious because disease-causing germs can be present even in the absence of illness or physical signs of illness.

Germs that grow on moist surfaces can also spread diseases. Water tables used for play in child care can serve as a source of contamination and must be properly cleaned, rinsed with clean water, and then immediately disinfected.

At the request of local or state health officials, the frequency of cleaning, rinsing with clean water, and sanitizing/disinfecting may need to be increased at times to control certain contagious diseases such as during outbreaks. Generally, an outbreak can be considered to be two or more unrelated (e.g. not sibling) children with the same diagnosis or symptoms in the same group (or classroom) within a week.

For more details refer *to Introduction to Orientation Setting for foundation for quality care*. The orientation curriculum was developed by the Cabinet for Families and Children and the Department for Community Based Services, Division of Child Care. See appendix for more information.

HAND WASHING

Hand washing is the single most effective way to prevent the spread of infections. Hands are warm, moist, parts of the body that come in frequent contact with germs that can cause contagious illnesses. Young children have not yet learned healthy personal habits; they touch a lot of objects, they suck their thumbs, put things in their mouths and rub their eyes. Many children also like to handle animals, which often carry a variety of germs. Germs are easily spread when hands touch people, animals and objects. Caregivers must learn why, when and how to correctly wash their hands and the children's hands. See appendix for hand washing procedure.

Gloves

- Gloves are not a substitute for hand washing.
- Single-use gloves must be disposed of after each use, and hands must be properly washed.
- Gloves should be worn by staff if they have open cuts, sores, or cracked skin, of if the child has open areas on the skin.
- Gloves should be worn when changing the diaper of a child with diarrhea or a known infection that is spread through the stool or urine.
- Pregnant women or women considering pregnancy should wear gloves when changing any diaper.
- Gloves must be worn for handling blood (nosebleeds, cuts) or items, surfaces or clothing soiled with blood or bloody body fluids.
- Wear utility gloves when cleaning bathrooms, diapering area or any areas contaminated with stool, vomit or urine.

Everyone should wash his/her hands:

- Upon arrival.
- After toileting.
- After playing outdoors.
- After handling or feeding animals.
- After coughing, sneezing or wiping noses.
- Before eating or drinking.
- When visibly soiled.

In addition, adults need to wash their hands:

- Before and after preparing or serving food.
- After caring for a sick child.
- Before and after diapering a child (child's hands should also be washed).
- After handling or cleaning up any bodily secretions (diarrhea, vomit, mucus, blood).
- After wiping a child's nose, mouth, bottom or sore or cracked skin.
- Before giving medication.
- After any cleaning activity.

Remember, disposable gloves and hand sanitizers should never be used as a substitute for hand washing.

CLEANING AND SANITIZING/DISINFECTING

Cleaning, sanitizing, and disinfecting surfaces are important steps in reducing the risk of spreading infectious diseases to children, staff and visitors in early care and education programs. Sanitizing and/or disinfecting may be needed after cleaning with soap and water to further reduce the risk of spreading illness. Sanitizers and disinfectants need to be applied to a clean surface to work effectively at killing germs. See appendix for more information.

Cleaning: Removal of dirt, germs, and waste materials (blood, urine and feces) by scrubbing and washing with soap and water.

- Wear disposable gloves when:
    - Handling blood or body fluids (nosebleeds, cuts) on items, surfaces, or clothing.
    - You have open cuts, sores, or cracked skin.
    - Cleaning bathrooms, diapering areas, and any areas contaminated with stool, vomit, or urine.
- To remove blood or body fluid, wipe the area/surface, use disposable towels, and discard in a plastic-lined waste container.
- Clean objects and surfaces by scrubbing with detergent and fresh water to remove debris and germs. Do not reuse water that has been standing in pails, basins or sinks.

Rinsing: To wash lightly, especially by dipping into clean water or by letting water run over, into or through.

Disinfecting: Killing of germs outside of the body with chemical (e.g., bleach or alcohol) or physical (e.g., heat) agents. Surfaces should be cleaned first and then disinfected.

- A recommended sanitizer/disinfectant for child care settings is a solution of household bleach and water. A bleach solution is recommended because it is safe, effective, inexpensive, and readily available.
- If a different commercial sanitizer/disinfectant is used, it must be registered with the U.S. Environmental Protection Agency. It also must be effective against hard-to-kill bacteria (tuberculosis), viruses (hepatitis B), and parasites (*Giardia*). Use according to the manufacturer's directions.
- In the case of *Cryptosporidium*, hydrogen peroxide is more effective than bleach solutions.
    a. Caring for Our Children: National Health and Safety Performance Standards for Selection and Use of a Cleaning, Sanitizing, or Disinfecting product.
    See appendix for more information.

Hydrogen Peroxide

- Hydrogen peroxide **does not replace bleach for disinfection purposes**, but can be used for cleaning if the product meets EPA requirements and is listed as a sanitizer or disinfectant in the manufacturer instructions.
- Soak contaminated surfaces for 20 minutes with 3% hydrogen peroxide and then rinse them thoroughly.
- Store hydrogen peroxide in a dedicated opaque and clearly labeled container as it breaks down when it is exposed to sunlight.
- Never reuse containers for different chemicals. Do not mix hydrogen peroxide and bleach solutions. The two chemicals may react violently.

Bleach solution

For routine disinfection of contaminated surfaces that have first been cleaned with detergent and water then rinsed with clean water, use 8.25% bleach Solution 1. This solution is approximately 800 parts per million. See appendix for more information.

8.25% bleach Solution 1

- 2½ tablespoons bleach in a gallon of water, OR 2 teaspoons bleach in one quart of water (spray bottle), OR 1 teaspoon of bleach in one pint of water (spray bottle).
- Make solutions fresh daily, and label with date and contents.
- Date the original, purchased bottle of bleach when opened and discard unused portion after six months.
- Spray the area thoroughly with the bleach solution, wipe the area to distribute the sanitizer evenly, and allow it to air dry. Use single-service, disposable paper towels and discard in a plastic-lined container.

To sanitize eating utensils, use 8.25% bleach Solution 2. This solution is approximately 200 parts per million

8.25% bleach Solution 2

- 1 to 2 teaspoons of 8.25% bleach to a gallon of water, OR ½ teaspoon of bleach in a quart of water, OR ¼ teaspoon of bleach in a pint of water.
- Eating utensils should be cleaned first, rinsed with clean water, and then soaked in a sanitizing solution for at least two minutes. Do not rinse objects after soaking, allow to air dry.
- **Bleach solution must be made fresh daily** because it loses its ability to kill germs with time. The original, purchased bottle of bleach should be dated when opened and not kept for more than six months. Paper chlorine strips can be used to measure the strength of the bleach solutions. (Solution 2 should be no stronger than 200 parts per million.) Label bleach solutions with date and contents.
- Store bleach and bleach solutions out of children's reach.
- Use gloves when making and using bleach solutions. Remove gloves and discard after each use. **Wash hands immediately.** Wash thoroughly and vigorously with soap and water, under warm running water for at least 20 seconds.
- When purchasing bleach, make sure the bleach concentration is for household bleach. Household bleach is typically sold in retail stores as 8.25% sodium hypochlorite solution. Note that this concentration is higher than past 5-6.25%. Check product label for bleach concentration strength.

DIAPERING

Changing diapers in a sanitary manner is an important way child care providers can prevent the spread of infectious organisms. Germs found in stool can be spread by the hands of staff or children, or through contaminated food, water, objects, or surfaces. Many diseases can be spread by contact with stool. These include infections caused by bacteria (e.g., Salmonella, Shigella, Campylobacter, etc.), parasites (e.g., Giardia, pinworms, etc.), and viruses (e.g. Rotavirus, Norwalk virus and hepatitis A). You can help prevent illness by following proper diapering guidelines. See appendix for diaper changing procedure.

Basic principles

- Change diapers only in the designated diapering area.
- Separate diapering area from the food storage, preparation, and eating areas.
- Dispose of soiled diapers properly.
- Wash hands (staff and children) before and after diapering.
- Do not allow pacifiers, toys, baby bottles, or food/drinks in the diapering area.

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Conditions That Require Extra Precautions

Pregnancy

Pregnant staff, caregivers, or those considering getting pregnant should take extra caution to protect themselves against illness. Exposure to certain bacterial and viral infections during pregnancy can increase the risk of miscarriage, having a baby with a birth defect, or other reproductive problems. It is important to discuss the risk of exposure and prevention with your healthcare provider.

These, among other infectious agents, can pass to the fetus during pregnancy or cause more serious illness in those who are pregnant:

- Chickenpox
- Cytomegalovirus (CMV)
- COVID-19
- Fifths Disease
- Herpes
- Influenza
- Measles
- Meningitis
- Rubella
- Shingles

If you are pregnant and have been exposed, please contact your healthcare provider right away.

Immunocompromised

Those who are immunocompromised or have a weakened immune system because of a medical condition or treatment for a medical condition may be at risk or have more complications when exposed to bacterial and viral infectious agents. If you are immunocompromised or have a weakened immune system it is important to talk to your healthcare provider about risk of illness and how it can affect you.

Conditions that may affect your immune system (This list **does not** include all conditions that place a person at higher risk of severe illness. A person with a condition that is not listed may still be at a greater risk of complications when exposed to infectious agents. It is important that **you talk with your healthcare provider about your risk**):

- Cancer
- Chronic kidney disease
- Chronic liver disease
- Chronic lung diseases
- Cystic fibrosis
- Neurological Conditions
- Diabetes (type 1 or type 2)
- Certain Disabilities
- Heart conditions
- HIV infection
- Mental Health Conditions
- Overweight and obesity
- Physical inactivity
- Pregnancy
- Sickle cell disease or thalassemia
- Smoking, current or former
- Solid organ or blood stem cell transplant
- Stroke or cerebrovascular disease
- Substance use disorders
- Tuberculosis

Actions you can take to protect yourself and others:

- Stay up to date on your vaccines
- Improve ventilation
- Reach out to your healthcare provider if you experience symptoms of illness
- Stay home if you feel unwell
- Practice good hand hygiene

Exclusion Guidelines for Child Care

Certain symptoms in children may suggest the presence of a communicable disease. Children who have the following symptoms should be excluded from the child care setting until: 1) A physician has certified the symptoms are not associated with an infectious agent or the child is no longer a threat to the health of other children at the center, or 2) the symptoms have subsided.

For the mildly ill child, exclusion should be based on whether there are adequate facilities and staff available to meet the needs of both the ill child and other children in the group, and whether the child is able to participate in normal daily activities.

Exclusion of children who have mild infectious diseases is likely to have only a minor impact on the spread of infection. It is appropriate to exclude children with treatable illnesses until treatment has reduced the risk of spread.

Note: Do not give aspirin to a child. There is a risk of developing Reye Syndrome (a serious condition that can cause death) when children or adolescents take aspirin for viral illnesses such as chickenpox or influenza.

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Exclude children with any of the following conditions:

FEVER

Axillary (armpit) temperature: 100°F or higher, o*ral temperature*: 101°F or higher or r*ectal* temperature: 102°F or higher.
When accompanied by behavior changes, or other signs or symptoms of illness.

Until a medical exam indicates the child may return
May return after 24-hours fever free without the use of fever reducing medication.

Get immediate medical attention if an infant younger than 4 months has unexplained fever. Any infant younger than 2 months with fever should get medical attention immediately, within an hour if possible.

SIGNS OF POSSIBLE SEVERE ILLNESS

Until a medical exam indicates the child may return.
Signs/symptoms include: unusually tired, uncontrolled coughing, irritability, persistent crying, difficult breathing, wheezing.

VOMITING

Until vomiting stops.

Vomiting is defined as two or more episodes in the previous 24 hours.

EYE DRAINAGE

Until 24 hours after treatment has started.

Eye drainage includes pink or red conjunctiva with white or yellow discharge that causes matting of the eyelids; pain or redness of eyelids (see conjunctivitis).

UNCONTROLLED DIARRHEA

Until uncontrolled diarrhea stops, or until a medical exam indicates that it is not a communicable disease.

Uncontrolled diarrhea is defined as an increased number of stools, compared with a person's normal pattern, along with watery stools, and/or decreased stool form that cannot be contained by the diaper or use of the toilet (see campylobacteriosis, *E.coli 0157:H7*, enteroviruses, Giardiasis, Rotavirus, Salmonellosis and Shigellosis).

MOUTH SORES WITH DROOLING

Until a medical exam indicates the child may return (see oral herpes).

RASH WITH FEVER OR BEHAVIOR CHANGE

Until a medical exam indicates these symptoms are not that of a communicable disease (see chickenpox, fifth disease, measles, roseola, rubella, shingles, strep throat)

UNUSUAL COLOR

Until a medical exam indicates that it is not hepatitis A, symptoms of which include yellow eyes or skin (jaundice); gray or white stool; dark, tea, or cola-colored urine.

Specific Disease Exclusion Guidelines

See individual fact sheets for more information on the diseases listed below.

BED BUGS

No exclusion is required; follow center's policy.

BRONCHIOLITIS

Until fever is gone and child is well enough to participate in normal activities.

CAMPYLOBACTERIOSIS

Until diarrhea has stopped.

CHICKENPOX

Until all the blisters have dried into scabs; usually about six days after rash onset.

COVID

Follow CDC guidelines for Covid exclusion.

CROUP

Until fever is gone and the child is well enough to participate in normal activities.

CRYPTOSPORIDIOSIS

Until diarrhea has stopped. No water activities until 2-weeks after symptoms resolve.

CYTOMEGALOVIRUS (CMV)

No exclusion necessary.

DIARRHEA (INFECTIOUS)

Until diarrhea has stopped. For some infections, the person must also be treated with antibiotics before returning to child care (see campylobacteriosis, *E.coli 0157:H7*, enteroviruses, Giardiasis, Rotavirus, Salmonellosis and Shigellosis).

EAR INFECTION

Until fever is gone and the child is well enough to participate in normal activities.

ENTEROVIRUSES (NON POLIO)

For children with diarrhea, until diarrhea has stopped. No exclusion for mild, cold-like symptoms, unless child is unable to participate in normal daily activities.

E.COLI 0157:H7

If child is treated: Until two consecutive stool cultures, performed 24 hours apart and at least 48 hours after treatment is completed, are negative and child is asymptomatic.
*If child is **not** treated:* Until symptoms are resolved and two stool cultures obtained at least one day apart have tested negative for E.coli:0157.

FIFTH DISEASE

No exclusion necessary.

GIARDIASIS

For those with diarrhea, until 24 hours after treatment has been started and diarrhea has stopped. No exclusion necessary for children who show *Giardia* in their stools but who do not have symptoms.

HAEMOPHILUS INFLUENZAE DISEASE (HIB)

Until child has been treated and is well enough to participate in normal activities.

HAND, FOOT, AND MOUTH DISEASE

Until fever is gone and child is well enough to participate in normal activities (sores may still be present).

HEPATITIS A

Consult with the Health Department. Each situation must be evaluated to determine whether the person with hepatitis A is still infectious and poses a risk to others.

HEPATITIS B

No exclusion necessary unless child exhibits unusually aggressive biting behavior, has open sores that cannot be covered or unexpected bleeding conditions.

IMPETIGO

Until child has been treated with antibiotics for at least a full 24 hours.

INFLUENZA

Until child is without fever for 24 hours and is well enough to participate in normal daily activities.

LICE (HEAD)

Until after first treatment. Follow center's nit policy.

LYME DISEASE

No exclusion necessary.

MEASLES

Until five days after the rash appears.

MENINGOCOCCAL DISEASE

Until the child has been treated and is well enough to participate in normal activities. If an antibiotic is recommended after an exposure to meningococcal disease, the child shall be excluded until treatment has been started.

METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

No exclusion as long as the wound can be securely covered on all sides and the child is well enough to participate in normal activities.

MOLLUSCUM CONTAGIOSUM

Exclude from swimming and close-contact activity.

MONONUCLEOSIS (INFECTIOUS)

Until the child is well enough to return to normal activities.

MUMPS

Until nine days after swelling begins.

ORAL HERPES (COLD SORES)

Exclude children who do not have control of oral secretions for as long as active sores are present inside the mouth (gingivostomatitis).

No exclusion necessary for mild oral herpes in children who are in control of their mouth secretions.

PERTUSSIS (WHOOPING COUGH)

Until five days after antibiotic treatment begins.

PINKEYE (CONJUNCTIVITIS)

No exclusion is required, unless:

- The child is unable to participate and staff determine they cannot care for the child without compromising their ability to care for the health and safety of the other children.
- The child meets other exclusion criteria, such as fever with behavior change.
- Exclusion is recommended by Health Department or the child's healthcare provider.

PINWORMS

Until 24 hours after treatment begins.

POISON IVY/OAK

No exclusion unless rash conditions are suspected.

RESPIRATORY INFECTIONS (VIRAL)

Until child is without fever for 24 hours and is well enough to participate in normal activities. No exclusion for other mild respiratory infections without fever as long as child can participate comfortably.

RESPIRATORY SYNCYTIAL VIRUS (RSV)

Until fever is gone and child is well enough to participate in normal activities.

REYE SYNDROME

Until child is well enough to participate in normal activities.

RINGWORM

Until 24 hours after treatment begins.

ROSEOLA

Until child is without fever for 24 hours.

ROTAVIRUS

Until diarrhea has stopped.

RUBELLA (GERMAN MEASLES)

Until seven days after rash appears.

SALMONELLOSIS

Until diarrhea has stopped. No exclusion for children who show Salmonella in their stools, but who do not have symptoms.

SCABIES

Until 24 hours after treatment has been started.

SHIGELLOSIS

Staff: *If staff are treated:* Until symptoms have resolved and at least 48 hours after antibiotic treatment is complete, two consecutive stool cultures, taken 24 hours apart, are negative.

If staff are not treated: Until symptoms have resolved and two consecutive stool cultures, at least 24 hours apart, are negative.

Children *If child is treated:* Until symptoms have resolved and one stool culture, performed at least 48 hours after treatment is completed and is negative.

If child is not treated: Until symptoms have resolved and one stool is obtained and tested negative for Shigella.

SHINGLES

If sores can be covered by clothing or a bandage, no exclusion is needed. If sores cannot be covered, exclude until sores have crusted.

STREPTOCOCCAL SORE THROAT/ SCARLET FEVER

Until at least a full 24 hours after treatment begins and child is without fever for 24 hours.

TUBERCULOSIS

A person with probable or confirmed TB: Exclude until the physician states he/she is not contagious *A person with a positive TB skin test, but without symptoms:* Should *not* be excluded but should see a physician as soon as possible for further evaluation.

VIRAL MENINGITIS

No exclusion necessary unless diarrhea is present or child is unable to participate in normal activities.

YEAST INFECTION (THRUSH)

No exclusion necessary.

OTHER INFECTIOUS DISEASES

Consult the Health Department or the child's healthcare provider regarding exclusion guidelines for other infections not described in this manual.

Additional or varying exclusion guidelines may be recommended in the event of an outbreak of an infectious disease in a child care setting.

Report any suspected or diagnosed communicable disease to the Health Department at 859-363-2070. If calling outside of normal business hours, call 859-391-5357.

CHILDREN WHO ARE NOT FULLY IMMUNIZED

If a case of measles, mumps, rubella, pertussis, polio, or diphtheria occurs in the child care setting, children who are not fully immunized must be excluded for the incubation period of the disease. This exclusion is necessary because these children may become infected and contribute to further disease spread. Exclusion also applies to all children who are not fully immunized regardless of the reason why the child is not fully immunized.

EXCLUSION GUIDELINES FOR CHILD CARE STAFF

Adults can spread infectious diseases to children. If a staff person has no contact with children or with objects that children may handle, there is little risk of disease spread to the children. However, ill staff members can spread infectious diseases to other co-workers. For this reason, it is recommended that staff follow the basic exclusion guidelines. Please call the Health Department at 859-363-2070 for additional recommendations.

Disease Reporting

The criteria for making diseases and conditions reportable have historically been based on the link between case reports and the possibility of public health action. Consequently, the list of conditions for which routine reporting is required undergoes periodic changes. Revisions are typically made when it is determined that there is no practical control measure, when the disease no longer poses a public health threat, or when a new disease is identified.

Some individuals and organizations are required to report by law. Physician reporting is required by KRS 214.010) and disease reporting of hospitals and clinical laboratories is given through (902 KAR 2:020), under the authority of KRS 211.180. Good communication between schools, child care providers, parents, and health departments play a major role in preventing the spread of communicable diseases. The sooner everyone is notified, the faster the spread of disease can be controlled. It's important that:

1. Parents let schools and child care providers know when their child is diagnosed with a contagious disease, so that the spread can be stopped.
    a. Providers can watch other children for symptoms.
    b. Providers should notify all the parents.
    c. Providers can check with the Health Department to see if anything else needs to be done.
2. Providers check with the Health Department for any special control measures.
3. Schools and child care providers let parents know whenever contagious diseases are found in children attending their programs, so parents know what types of symptoms to look for.

Fact sheets in this manual provide information on most communicable diseases you would expect to see in child care and school settings. This manual includes fact sheets on many diseases, i.e head lice, that are not reportable by law but still need to be controlled.

1. When illness occurs in your facility, it's recommended to:
    a. Post the appropriate fact sheet.
    b. Send a copy home to each parent/guardian.

2. Accurate information from the Health Department reassures parents the situation is being followed closely and efforts are being made to prevent further spread in the schools and child care setting or to other family members.

Exposure Control and Outbreak Management

State and local health departments are required by law to control certain contagious diseases. In child care settings, early recognition, reporting and intervention will reduce the spread of infection. Outbreaks of communicable diseases in schools and child care settings can result in spread to the general community. When an infectious disease of public health importance or an outbreak of illness in a child care setting is reported to the local or state health department, the Health Department will investigate the situation. Specific prevention and control measures will be recommended to reduce spread to others. These measures will require the cooperation of the parents, staff, caregivers, children, healthcare providers, and health consultants. In these situations, recommendations will be made by the Health Department regarding:

1. Notifying parents, caregivers, and healthcare providers of the problem.
2. Appropriate preventive measures.
3. Policies for exclusion or isolation of infected children and/or staff.
4. Collection of specimens, if necessary.
5. Necessary antibiotics, vaccine, or immune globulin.

Staff should be aware of the fact that these situations can be very stressful for everyone concerned. Cooperation and good communication help to relieve some of this stress.

Notifying the Health Department as soon as an outbreak is suspected can reduce the length of the outbreak and the amount of activity required to bring it under control.

Known and suspected cases of infectious diseases should be reported directly to the Northern Kentucky Health Department at **859-363-2070**. After normal business hours, call **859-391-5357**.

Immunizations

CDC website for vaccine schedules: Vaccine Schedules for Parents | CDC or Immunization Schedules | CDC

Related Laws that Impact Child Care Settings

Occupational Safety and Health Administration (OSHA)

- Kentucky OSHA in Frankfort at 502-564-6895

Child care licensing

- Cabinet of Health and Family Services Division of Licensing and Regulations
  Frankfort: 502-564-2800

Reporting of child abuse (physical or sexual) and neglect

Child protective services:

- Boone County: 859-371-8832
- Campbell County: 859-292-6733
- Grant County: 859-824-4471
- Kenton County: 859-292-6340

Immunization information

- State immunization program: 502-564-4478

Pediatric Abusive Head Trauma for Child Care Provider

- 1.5 hour training required every 5 years.

Child Care Emergency/Disaster Preparedness Plan and Evacuation Plan.
Annual updating of plan-Provision of plan to local emergency management officials and parents. Updated by December 31 each year. Template for a pdf. Fillable plans can be found on the Child Care Health Consultation website.

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Fact Sheets: Table of Contents

Disease Name	Page	Disease Name	Page
Bed Bugs	22	Methicillin Resistant Staphylococcus Aureus (MRSA)	53
Bronchitis (Chest Cold)/Bronchiolitis	25	Molluscum Contagiosum	54
Campylobacteriosis	26	Mononucleosis	55
Clostridium difficile	27	Mumps	56
Chickenpox	28	Oral Herpes (Cold Sores)	57
COVID-19	29	Pertussis (Whooping Cough)	58
Croup	30	Pink Eye (Conjunctivitis)	59
Cryptosporidiosis	31	Pinworms	60
Cytomegalovirus (CMV)	32	Poison Ivy/Oak/Sumac	61
Diarrhea (Infectious)	33	Respiratory Syncytial Virus (RSV)	62
Ear Infection	34	Respiratory Infections (Viral), including Pneumonia	63
Enteroviruses (Nonpolio)	35	Reye Syndrome	64
E. Coli 0157:H7	37	Ringworm	65
Fifth Disease	38	Roseola	66
Giardiasis	39	Rotavirus	67
Haemophilus Influenzae Disease	40	Rubella	68
Hand, Foot and Mouth Disease	41	Salmonellosis	69
Hepatitis A	42	Scabies	71
Hepatitis B/C	43	Shigellosis	72
Impetigo	45	Shingles (Zoster)	73
Influenza	48	Staph Infections (See MRSA)	53
Lice (Head Lice)	48	Streptococcal Sore Throat /Scarlet Fever	74
Lyme Disease	49	Tuberculosis	75
Measles	50	Viral Meningitis	77
Meningococcal Disease (Bacterial Meningitis)	52	Yeast Infections (Thrush)	78

SYMPTOMS/DISEASE CHECKLIST

DIARRHEA/GASTROINTESTINAL

Campylobacter
Cryptosporidium
Clostridium difficile
E. coli 0157:H7
Enteroviruses
Giardia
Hepatitis A
Salmonella
Shigella
Rotavirus

RASHES/SKIN CONDITIONS

Chickenpox
Enterovirus (Non polio)
Fifth Disease
Hand, Foot and Mouth Disease
Impetigo
Lice (Head)
Lyme Disease
Measles
Meningococcal Disease
Molluscum Contagiosum
Oral Herpes (Cold Sores)
Poison Ivy/Oak/Sumac
Ringworm
Roseola
Rubella (German Measles)
Scabies
Scarlet Fever
Shingles (Zoster)
Yeast Infection (Thrush)

RESPIRATORY SYMPTOMS

Bronchitis (Chest Cold)/Bronchiolitis
Conjunctivitis (Pink Eye)
Ear Infection
Enteroviruses (Nonpolio)
Influenza
Measles
Pertussis (Whooping Cough)
Respiratory Infections (Viral)
Respiratory Syncytial Virus (RSV)
Streptococcal Sore Throat
Tuberculosis

MULTI-SYMPTOM/OTHER

Cytomegalovirus (CMV)
Haemophilus Influenzae Disease
Hepatitis A
Hepatitis B
Human Immunodeficiency Virus (HIV/AIDS)
Lyme Disease
Meningococcal Disease
Mononucleosis (infectious)
Mumps
Pinworms
Reye Syndrome
Rubella (Adults)

CONTENT SOURCE FOR THESE FACT SHEETS ARE ADAPTED FROM: The AAP (American Academy of Pediatrics). 2020. Managing Infectious Diseases in Child Care and Schools. 5th Edition and Center for Disease Control and Prevention

Bacterial Meningitis

Meningitis is swelling or inflammation of the coverings of the brain and spinal cord. People of any age can develop bacterial meningitis, however newborns, babies, and young children are at an increased risk.

CAUSES

The most common types of bacteria that cause bacterial Meningitis include: Neisseria meningitidis , Streptococcus pneumoniae , Haemophilus influenzae , Group B Streptococcus, Listeria monocytogenes, and Escherichia coli.

SYMPTOMS

Sudden onset of fever, headache, and/or stiff neck. Other symptoms include nausea, vomiting, photophobia, and confusion. Symptoms in babies may also include being slow or inactive, irritability, feeding poorly, abnormal reflexes, and having a bulging fontanelle ("soft spot" on baby's head) extreme sleepiness, confusion, irritability, lack of appetite; occasionally a rash or seizures develop.

SPREAD

Certain bacteria that cause bacterial meningitis, such as Listeria monocytogenes and Escherichia coli, can spread through contaminated food. Other bacteria are spread from person to person through respiratory or throat secretions. It is important to note that people can carry the bacteria that causes Meningitis without showing symptoms and can still spread the bacteria to another person.

INCUBATION

Typically symptoms develop within 3 to 7 days after exposure.

CONTAGIOUS PERIOD

Until 24 hours after effective treatment begins.

EXCLUSION

Child Care and School: Until the child has been on appropriate antibiotics at least 24 hours and is well enough to participate in routine activities. The child care provider or school may choose to exclude exposed staff and attendees until preventive treatment has started, or if there is concern that individuals will not follow through with recommended preventive treatment.

REPORTABLE

Provider: This disease is *reportable* to the local or state health department.

Parents/guardians: Inform your child care provider if your child has this illness.

PREVENTION/CONTROL

1. Refer to the Kentucky immunization regulations for childhood vaccination schedule.
2. See a healthcare provider at the first sign of meningitis
3. Discuss the following current recommendations for antibiotic prophylaxis with your healthcare provider.
4. Practice good hand hygiene.

Bed Bugs

Bed bugs are now common in the United States. They are small, flat, parasitic insects that feed on the blood of people or animals. They can be found in any setting, regardless of whether it is clean or dirty, and can live for several months without a blood meal.

SYMPTOMS

Bites that appear overnight, usually small, hard, swollen red welts accompanied by severe itching which can last several days. The degree of reaction to the bites can vary among individuals, ranging from no physical signs of a bite to an allergic reaction requiring medical attention.

SPREAD

Bed bugs can be found in mattresses, box springs, bed frames, and couches, as well as luggage, clothing, and backpacks, where they hide in the seams. They do not fly but will crawl quickly across the floor, wall or other surface. They are spread when an infested item is moved from place to place.

INCUBATION

None

CONTAGIOUS PERIOD

Not contagious

EXCLUSION

Child Care and School: None. Children and students living in households containing bed bugs do not need to be excluded. Daily inspection of the child and their belongings may be necessary. Follow your center's policy.

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child or family is exposed to a bed bug infestation.

PREVENTION/CONTROL

1. Do not allow the sharing of personal items such as towels, bedding, clothes, coats, or backpacks. Perform inspections of such items regularly, or take steps to restrict the entry of such items into the facility if a problem is discovered.
2. Hang clothing in individual lockers, or on assigned hooks that are spaced so that they do not touch; or keep clothing items in separate plastic bags when not in use.
3. Once bed bugs have infested an area, treatment by a professional exterminator is necessary. Multiple treatments are often required.
4. Use of secondhand furniture, particularly beds and couches, is another way these insects are spread. Be very careful when purchasing or receiving used furniture.
5. Consider limiting cloth materials being brought into the facility. This may include blankets, stuffed animals, soft toys, and backpacks

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Bed Bugs Fact Sheet

What are bed bugs?

Bed bugs are small, flat insects, usually brown or reddish-brown in color. Bed bugs are typically about 1/4 of an inch long. Bed bugs do not fly, but can quickly move across floors, walls and other surfaces. They are typically active at night.

Where are bed bugs found?

Bed bugs are typically found in luggage, clothing, bedding, and furniture. They can live in almost any crevice or protected location. Bed bug infestations are common in places where people come and go frequently, such as hotels, motels, dormitories, shelters, apartment complexes, and prisons. Unlike many other pests, bed bugs are not prevented by clean conditions, and can be found in places that are frequently and thoroughly cleaned. However, a clean and clutter free environment improves the ability to detect and properly treat for bed bugs.

How are bed bugs spread?

Bed bugs attach to luggage, clothing, beds, and furniture, and move when and where those objects are moved. Bed bug outbreaks can often be traced to travel. Use of secondhand furniture, particularly beds and couches, is another way bed bugs can be spread. You should be very careful when purchasing or receiving used beds and couches and should avoid all furniture left sitting at the curb.

How do I know if a place or item is infested with bed bugs?

Bed bugs typically infest mattresses, box springs, bed frames, and couches. These areas usually have dark rust colored spots and stains from the dried blood-rich excrement of the bed bugs. Bed bugs and their eggs are visible with the naked eye. You may also notice the bed bugs' exoskeletons after molting in these areas. Heavy bed bug infestations may also have a sweet musty smell.

What do bedbugs do to humans?

Bed bugs require blood to survive. To get this nourishment, they often feed on humans and animals. Bed bugs usually bite people at night when they are sleeping, and feed on any area of exposed skin, such as the face, neck, shoulders, arms, or hands. The bites do not hurt, so the person usually does not know that he/she has been bitten, but bed bug bites do irritate the skin. People with bed bug bites may develop a small, hard, swollen red welt at the site of the bite. The welts are accompanied by severe itching that usually lasts a couple of days. Anxiety and restlessness are also common in people who have bed bug bites.

Do bed bugs spread disease?

Bed bugs do not appear to transmit diseases. The greatest threat from the bites in humans is the swelling and inflammation at the site of the bites, which can lead to secondary bacterial skin infections due to scratching.
The bites can be treated with antihistamines or over-the-counter cortisone creams. Check with your healthcare provider to determine which treatments you should use.

How do I know if I've been bitten by bed bugs?

Not all bites or bite-like scratches are due to bed bugs. If you wake up with itchy bites that you did not have when you went to sleep, then you may have bed bugs. To confirm if the bugs are present, a professional will most likely have to identify them.

How can I keep from getting bed bugs?

Once bed bugs have infested an area, treatment by a professional exterminator is necessary. However, you can help prevent bed bug infestation in the first place by:

- Watching for the signs of bed bugs when you travel by examining the bed sheets and upper and lower level of the mattress for signs of bed bugs and then sleeping elsewhere if you suspect infestation.
- Making sure to keep your suitcase off of the floor when traveling.
- Not using secondhand beds, mattresses, box springs, couches, and furniture, particularly if you don't know where it came from.

If bed bugs have infested part of my house, how do I get rid of them?

If you suspect that you have bed bugs, contact your landlord or professional pest control company with experience in treating bed bug infestations. Once bed bugs have infested an area, treatment by a professional exterminator is necessary. The exterminator may use a combination of insecticides to kill off the bed bugs. The insecticides are applied to all areas where the bed bugs are discovered, or where they tend to crawl or hide. Exterminators may also use special heating units to kill bed bugs. In many cases, multiple applications are necessary to completely rid the infested area of bed bugs. In apartments and hotels, nearby units may need to be treated as well. Furniture and related items, as well as heavily infested bedding or clothing, may need to be thrown out—a professional exterminator can help determine what can be kept or discarded.

I thought bed bugs weren't a problem in the U.S. Why are they a concern?

Bed bug infestation was common in the U.S. prior to World War II, but the use of DDT (a chemical insecticide) in the 1940's and 1950's caused bed bugs to all but vanish from the U.S. Because of safety concerns, DDT is no longer used for pest control, and many people use baits to control ants and cockroaches—these baits are not effective on bed bugs. An increase of international travel, particularly to areas of the world where bed bugs remained prevalent has also led to an increased prevalence of bed bugs in the U.S.

Where can I get more information on bed bugs?

For more information online, visit:

- University of Kentucky's Department of Entomology
- Ohio State University Extension Office

Bronchitis, Acute (Chest Cold)/Bronchiolitis

Bronchiolitis is a common, and sometimes a severe illness. It usually affects children under the age of 2. Bronchitis and bronchiolitis tend to occur more often in the fall and winter months. When infants and young children experience common respiratory viruses and are exposed to secondhand tobacco smoke, they are at risk of developing bronchiolitis, bronchitis, pneumonia, and middle ear infections.

CAUSES

Many different viruses (most commonly respiratory syncytial virus (RSV), parainfluenza virus, influenza virus, and adenoviruses), Mycoplasma pneumoniae, and some bacteria. Most of these organisms can cause other illnesses and not all persons exposed to the same organism will develop bronchitis or bronchiolitis.

SYMPTOMS

Usually starts with a runny nose, fever, and a dry, harsh cough that becomes looser as the illness progresses. Older children may cough up green or yellow sputum. Sore throats can occur in some cases. It may take 1 to 2 weeks for the cough to stop.

SPREAD

Viruses and bacteria are spread by touching the secretions from the nose or mouth of an infected person and/or touching hands, tissues or other items soiled with these secretions and then touching the eyes, nose or mouth.

INCUBATION

Depends upon the organism that is causing the illness.

CONTAGIOUS PERIOD

Until shortly before symptoms begin and for the duration of acute symptoms.

EXCLUSION

Child Care and School: Until fever is gone, without the aid of fever reducing medication, for 24 hours and the child is well enough to participate in routine activities.

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. Cover your mouth when coughing and sneezing, with tissue if possible. If a tissue is not available, cough or sneeze into your sleeve.
2. Properly dispose of contaminated tissues.
3. Clean, rinse with clean water, then sanitize mouthed toys at least daily and when soiled.
4. Frequent, careful hand washing by child care/school staff, children and household members.

Campylobacteriosis

Reportable to local health department

Campylobacteriosis is an infection of the intestines that usually lasts for one week, although adults can sometimes be ill longer. Spread does not often occur in child care settings if good hand washing procedures are being used.

CAUSES

Campylobacter bacteria

SYMPTOMS

Diarrhea, abdominal pain, nausea, fever and vomiting. The diarrhea may contain blood and mucus. A relapse of symptoms can occur. Infected persons may show mild symptoms or may have no symptoms at all.

SPREAD

People most often get *Campylobacter* by consuming contaminated food or water or drinking unpasteurized milk. *Campylobacter* bacteria are often found in raw meat or poultry. Spread can also occur through contact with infected birds, farm animals or pets—particularly puppies, kittens or wild animals. Rarely it is spread through the fecal-oral route.

INCUBATION

It usually takes two to five days, but it can be longer from the time a person is exposed until symptoms develop.

CONTAGIOUS PERIOD

As long as *Campylobacter* is present in the stool. It may be present for several days to several weeks.

EXCLUSION

Child Care: Until diarrhea has stopped. Children who have Campylobacter in their stools, but who do not have symptoms, do not need to be excluded.

School: None, unless the child is not feeling well and/or has diarrhea and needs to use the bathroom frequently. Exclusion may be necessary during outbreaks.

REPORTABLE

Provider: This disease is reportable to the local or state health department.

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. Thoroughly cook all foods that come from animals, especially poultry. Be sure uncooked foods, such as fruits or vegetables, do not come into contact with cutting boards or knives that have been used with raw meat or poultry. Do not drink unpasteurized milk.
2. Frequent, careful hand washing by child care staff, children and household members.
3. Clean, rinse with clean water, then disinfect contaminated areas (diapering area, toilets, potty chairs) and sanitize toys at least daily and when soiled.
4. See your healthcare provider if anyone in your home has symptoms. Your healthcare provider will decide if treatment is needed.

Clostridium Difficile

Clostridium difficile, also known as C-diff, is a germ that can cause diarrhea and inflammation of the colon. Most cases of C-diff infections occur in patients taking antibiotics.

CAUSES

C-diff bacteria are found throughout the environment, in soil, air, water, human and animal feces, and food products such as processed meats. A small number of healthy people naturally carry the bacteria in their large intestine and do not have ill effects from the infection.

SYMPTOMS

The most common symptoms include watery diarrhea, fever, loss of appetite, abdominal pain or tenderness, and nausea.

SPREAD

C-diff is spread through direct person-to person contact, usually by hand-to-hand contact, or from contact with environmental surfaces that have been contaminated with the live bacteria or spores. Some people who have C-diff never become ill; however, they can spread the infection. The illness usually develops during or shortly after a course of antibiotics. Signs and symptoms may develop within a few days to a few months after taking antibiotics.

INCUBATION

Unknown; symptoms usually occur 5 to 10 days after the start of antibiotics, but can be up to 10 weeks after antibiotics are completed.

CONTAGIOUS PERIOD

As long as infectious germs are present in the stool, a person can be a possible source of disease spread.

EXCLUSION

Until diarrhea has stopped, no fever is present and the child has completed his/her prescribed antibiotics.

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. Frequent, careful hand washing by child care staff, children and household members after using the bathroom and before each meal.
2. Clean, rinse with clean water, then disinfect contaminated areas (diapering area, toilets, potty chairs) and sanitize toys at least daily and when soiled.
3. Launder soiled linens using the hottest water that is safe for the items and use chlorine bleach if the items can be washed in it. You may need to rinse the item thoroughly before washing if the item is visibly soiled. Consider wearing gloves while laundering and remember to carefully wash your hands afterward.

Chickenpox

Reportable to local health department

Chickenpox is a vaccine preventable illness. It is highly contagious, often a mild infection, but for newborns and children who are at high risk may experience serious illness. Most people have had chickenpox or have been vaccinated by the time they are adults, which may protect them from severe illness.

CAUSES

Varicella zoster, a member of the herpes virus family.

SYMPTOMS

Fever and generalized skin rash that begins on the chest, back, underarms, neck, and face. It starts out as red bumps, which turn into blisters and then scab over after a few days. Children may also experience tiredness, loss of appetite, and headache at the start of the illness.

SPREAD

Airborne route: By the inhalation of aerosolized particles from lesions, or respiratory droplets that are expelled from the nose and mouth during sneezing or coughing. Direct contact: A person touches blister fluid or secretions or has contact with lesions of someone with uncovered shingles lesions.

INCUBATION

It takes 10 to 21 days after being exposed.

CONTAGIOUS PERIOD

Two days prior to the onset of the rash until all the blisters have dried into scabs.

EXCLUSION

Child Care and School: Until all blisters have dried into scabs. Chickenpox can occur even if someone has had the varicella vaccine. These are referred to as breakthrough infections. Breakthrough cases should be considered infectious. These cases should be excluded until all sores (bumps/blisters/scabs) have faded or no new sores have occurred within a 24-hour period, whichever is later. Exposed-vaccinated children without symptoms do not need to stay home unless chicken pox develops.

REPORTABLE

Provider: This disease is reportable to the local or state health department.

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. When a pregnant woman or a person with a weak immune system who has not had chickenpox is exposed, he/she should contact a physician immediately about treatment.
2. If you suspect that your child has chickenpox, you may wish to contact a healthcare provider. Call the provider first. S/he may want to keep your child separate from the others to keep chickenpox from spreading.
3. Chickenpox is a vaccine-preventable disease. Refer to the Kentucky immunization regulations for childhood vaccination schedule.
4. Do not give aspirin to a child with chickenpox. There is a risk of developing Reye Syndrome (a serious condition which can cause death) when children or adolescents take aspirin for chickenpox.

COVID-19 (SARS-CoV-2)

Reportable to local health department

COVID-19 is an acute viral illness. It is highly contagious, often a mild infection, but for those who are at high risk may experience serious illness.

CAUSE

SARS-CoV-2 virus, a member of the coronavirus family.

SYMPTOMS

Children may experience a variety of respiratory symptoms such as: cough, shortness of breath, congestion, and runny nose. They may also experience fever, chills, fatigue, muscle or body aches, headaches, new loss of taste or smell, sore throat, nausea, vomiting, or diarrhea. Please note some children may experience no symptoms at all, but can still spread the infection to others.

SPREAD

COVID-19 virus is spread through aerosolized droplets, into the air and another susceptible person breathes them in.

INCUBATION

It takes from 2 to 14 days from the time a person is exposed until symptoms begin (or a person tests positive, if an asymptomatic case).

CONTAGIOUS PERIOD

For symptomatic cases: From 2 days before to 10 days after symptoms developed.
For asymptomatic cases: From 2 days before to 10 days after the positive test was taken.

EXCLUSION

Child Care and School: Follow CDC guidance.
https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-childcare guidance.htm

PREVENTION/CONTROL

Asymptomatic cases (cases with no symptoms) are also able to spread COVID-19 to others. Proper handwashing and disinfection of common items and areas helps prevent the spread of COVID when community levels are high.

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Croup

Croup refers to several fairly common respiratory illnesses caused by various viral infections. It is usually seen in young children between 3 months and 5 years of age, with a peak around age 2. Croup is more often seen in winter months, but can occur at any time of the year.

CAUSES

Many different viruses. A child may develop croup more than once. Not all persons exposed develop croup symptoms.

SYMPTOMS

Mild cough, runny nose, sore throat, and fever may occur one to several days before symptoms of croup begin. Then hoarseness and a deepening non-productive cough (sounding like a barking seal) develop. Loss of one's voice and stridor, a high-pitched respiratory sound, are also common. Rapid breathing, sitting forward in the bed to cough, or making a noise when taking a breath may also occur. Symptoms get better during the day and worse at night. The illness lasts 3 to 4 days, but the cough may last longer. Hospitalization may be required for severe illness.

SPREAD

Through secretions from an infected person's nose and mouth or hands, tissues or other items soiled with these secretions. Direct person-to-person contact is also a source of spread.

INCUBATION

May take up to 10 days after exposure for early symptoms to develop and several more days for croup symptoms to begin.

CONTAGIOUS PERIOD

From shortly before symptoms start and as long as acute symptoms continue.

EXCLUSION

Child Care: Until fever is gone, without the aid of fever reducing medication for 24 hours, and the child is well enough to participate in routine activities.

REPORTABLE

Parents/guardians: Inform your child care provider if your child has this illness.

PREVENTION/CONTROL

Frequent, careful hand washing by child care staff, children and household members. Cough/sneeze into your sleeve or cover nose and mouth with tissue. Dispose of used tissues. Clean, rinse with clean water, then sanitize mouthed toys at least daily and when soiled.

Cryptosporidiosis (Crypto)

Reportable to the local Health Department

Cryptosporidiosis is an intestinal infection caused by a parasite.

CAUSES

Cryptosporidium spp., a parasite.

SYMPTOMS

Frequent watery diarrhea, vomiting, and a low-grade fever that can last for several days are the most common symptoms. Other symptoms can include: stomach pain, loss of appetite and weight loss. Illness usually lasts from 7 to 10 days, but may last from 1 to 20 days. Infected person may have mild symptoms, or he/she may not have symptoms at all, or symptoms may come and go.

SPREAD

Cryptosporidium leaves the body through the stool of an infected person or animal and is passed on to another person when hands, food or objects (such as toys) contaminated with stool are placed in the mouth. Spread can occur when people do not wash their hands after using the toilet or changing diapers. Spread can occur whether or not the person has symptoms. It is commonly spread through contaminated public pools and can be spread through contaminated public water supplies.

INCUBATION

It takes 2 to 14 days, usually about 7 days, from the time a person is exposed until symptoms begin

CONTAGIOUS PERIOD

As long as Cryptosporidium is in the stool, a person can pass the parasite on to other people. Cryptosporidium can be present in the stool for at least 2 weeks after symptoms have stopped.

EXCLUSION

Child Care: Until diarrhea has stopped.
School: None, unless the child is not feeling well and/or has diarrhea and needs to use the bathroom frequently. Exclusion may be necessary during outbreaks.

Anyone with Cryptosporidium should not go in lakes, pools, splash pads, water parks, or hot tubs until 2 weeks after diarrhea has stopped.

Staff with Cryptosporidium may be restricted from working in food service. Call your local health department to see if these restrictions apply.

REPORTABLE

Provider: This disease is reportable to the local or state health department.
Parents/guardians: Inform your child care/school provider if your child has this illness

PREVENTION/CONTROL

1. Frequent, careful hand washing by child care staff, children, and household members.
2. Do not swallow water when swimming in lakes, pools, or fountains.
3. Clean, rinse with clean water, then disinfect contaminated areas (diapering area, toilets, potty chairs) and sanitize toys at least daily and when soiled.
4. Children with diarrhea should be excluded from water play activities.

Note: Bleach solutions are not effective for inactivating the Cryptosporidium parasite. Reduce germs by mechanically cleaning surfaces with detergent/soap and water. Contact the Health Department for disinfecting recommendations if an outbreak of Cryptosporidiosis occurs.

Cytomegalovirus (CMV)

CMV is a common viral infection, 70% of children aged 1 to 3 years excrete the virus. Although highly prevalent, most young children experience no symptoms while older children and adults often have a mild infection. Those at high risk at high risk may experience serious illness.

CAUSES

Cytomegalovirus (CMV), a member of the herpes virus family.

SYMPTOMS

Older children and adults may develop temporary symptoms that include fever, sore throat, tiredness. and swollen glands. In more severe cases children may experience enlarged spleen, or even liver inflammation.

SPREAD

Through contact with body floods, such as: blood, saliva. or urine of an infected person. Close, prolonged physical contact is necessary for spread to occur. CMV spreads easily (usually without symptoms) in child care settings, most often among children who drool and are in diapers.

INCUBATION

Unknown for person-to-person spread; probably from three to 12 weeks for infections acquired at birth.

CONTAGIOUS PERIOD

The virus may be present in urine or saliva for the rest of the person's life, even when people don't experience any symptoms. Saliva and urine should always be treated as infectious.

EXCLUSION

Child Care and School: None. CMV is very common in child care settings, exclusion has no benefit.

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child has this illness

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PREVENTION/CONTROL

1. Frequent, careful hand washing by child care staff, children and household members.
2. Minimize contact with saliva, such as kissing on the lips or hands.
3. Clean, rinse with clean water, then disinfect items contaminated with saliva or urine.

ADDITIONAL COMMENTS

Pregnant caregivers, or those considering pregnancy, should consider the potential risks of CMV and speak with their provider as congenital birth defects can occur since CMV can be spread from the mother to the child.

Diarrhea (Infectious)

Diarrhea is an increased number of stools compared with a person's normal pattern, along with watery stools, and/or decreased stool form. Uncontrolled diarrhea is diarrhea that cannot be contained by the diaper or use of the toilet. Infectious diarrhea often is a symptom of infection caused by germs such as bacteria, parasites, or viruses.

CAUSES

Many bacteria, viruses and parasites can cause diarrhea. Some examples are:

Bacteria: *Salmonella, Shigella, Campylobacter, E. coli O157:H7*

Viruses: *Norovirus, Rotavirus*

Parasites: *Giardia, Cryptosporidium*

Some viruses, such as enteroviruses and hepatitis A are transmitted by stool but do not cause diarrhea.

Non-infectious diarrhea can be caused by changes in diet, medications, intestinal problems, or food allergies. There is no exclusion criteria for non-infectious diarrhea.

SYMPTOMS

Frequent watery or loose stools. Diarrhea may contain blood and/or mucus. May also have headache, muscle aches, nausea, stomach pain, vomiting, and fever. May have little to no symptoms and still be infectious.

SPREAD

Germs leave the body through the stool of an infected person and enter another person when hands, food, or objects (such as toys) contaminated with stool, are placed in the mouth. Spread can occur whether or not a person feels sick. Diarrhea may also be spread by visiting sites with animals (e.g. farms, pet stores, and petting zoos).

INCUBATION

Varies by germ. It may take from 1 day to 4 weeks (sometimes longer) from exposure until symptoms develop.

CONTAGIOUS PERIOD

As long as infectious germs are present in the stool, a person can be a possible source of disease spread.

EXCLUSION

Child Care: Until 24 hours after diarrhea has stopped. If diagnosis is known, for additional exclusionary criteria, see organism fact sheet.

School: None, unless the child is not feeling well and/or has diarrhea and needs to use the bathroom frequently. Exclusion may be necessary during outbreaks.

When experiencing diarrhea, avoid entering recreational water sources, including entering lakes, pools, splash pads, water parks, or hot tubs.

Staff with diarrhea should be restricted from working in food service. Call your local health department to determine how these restrictions apply.

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

Frequent, careful hand washing by child care staff, children, and household members.

Clean, rinse with clean water, then disinfect contaminated areas (diapering area, toilets, potty chairs) and sanitize toys at least daily and when soiled.

Ear Infection

The two common types of ear infections are otitis media (middle ear infection) and otitis externa (swimmer's ear). Most ear infections of young children occur in the middle ear (otitis media).

CAUSES

Otitis media: Occurs when mucus-containing bacteria collects in the middle ear space. Ear infections can be very painful. In older children, most ear infections resolve by themselves in a day or two. In children younger than 24 months, ear infections can last longer and may require antibiotics.

Ear infections may be caused by viral upper respiratory infections, allergies, or exposure to irritants (such as cigarette smoke).

Otitis externa (swimmer's ear): Moisture and bacteria from water in pools, lakes, or streams promotes infection in the skin of the ear canal. This produces painful swelling and pus may collect in the ear canal.

SYMPTOMS

Pain inside the ear or when moving the earlobe. Fussiness, irritability, crying, poor feeding, ear drainage, difficulty hearing, and fever. Children may pull on the affected ear.

SPREAD

Middle ear infections are complications of respiratory infections. The bacteria or virus that led to the middle ear infection may be contagious, but no more worrisome than other germs that cause the common cold.

Swimmer's ear is a bacterial infection of the skin in the ear canal.

Drainage from ear infections can contain bacteria and should be treated as wound drainage.

INCUBATION

Otitis media: Depends on the bacteria or virus that causes the fluid buildup in the middle ear. Otitis externa: Signs and symptoms usually appear within a day or so after swimming.

CONTAGIOUS PERIOD

Most ear infections are not contagious. However, drainage for ear infections can contain bacteria and should be treated as wound drainage.

EXCLUSION

Child Care and School: No exclusion unless the child is unable to participate and staff members determine they cannot care for a child without compromising their ability to care for the health and safety of the other children in the group.

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. Avoid smoking or exposure to secondhand smoke and do not expose children to secondhand smoke.
2. Stay up to date on recommended immunizations.
3. Breastfeed children for 12 months or more if possible.
4. Dry your ears after swimming.

Enteroviruses (Non polio)

Enteroviruses cause a variety of illnesses common in young children that occur during the summer and fall months. These viruses often cause mild infections such as colds, sore throats, and intestinal illness. Less often they cause pneumonia, meningitis, or encephalitis, or affect the eye or heart.

CAUSES

Coxsackieviruses, echoviruses or enteroviruses.

SYMPTOMS

Cold-like symptoms, sore throat, mouth sores, fever, rash, vomiting, and diarrhea are most common. Some people may not have any symptoms.

SPREAD

Enteroviruses leave the body through the stool of an infected person and enter another person when hands, food, or objects (such as toys) contaminated with stool are placed in the mouth.

Enteroviruses can also be spread through droplets that are expelled from the nose and mouth during sneezing and coughing.

INCUBATION

It usually takes from 3 to 6 days from the time a person is exposed until symptoms begin.

CONTAGIOUS PERIOD

During illness and possibly for several weeks after illness (through contact with stool). Also, infected persons who may not seem sick are able to spread infection.

EXCLUSION

Child Care: Until 24 hours after diarrhea and/or vomiting has stopped. For mild, cold-like symptoms, no exclusion, as long as the child is well enough to participate in routine activities.

School: None, unless the child is not feeling well and/or has diarrhea and needs to use the bathroom frequently.

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. Frequent, careful hand washing by child care staff, children, and household members.
2. Dispose of tissues and diapers properly.
3. Clean, rinse with clean water, then disinfect contaminated areas (diapering area, toilets, potty chairs) and sanitize toys at least daily and when soiled.

Escherichia Coli O157:H7 and Hemolytic Uremic Syndrome (HUS)

Reportable to the local health department

Escherichia coli (E. coli) O157:H7 can cause an infection of the intestines. These bacteria are found in the digestive tract of some beef and dairy cattle, where they can get into milk, or into meat during the slaughtering process. In humans, the bacteria produce a toxin that can cause diarrhea. In rare cases, people can also develop Hemolytic uremic syndrome (HUS), which is a serious complication of *E. coli* O157:H7 infection. HUS is more common in children than adults.

CAUSES

E. coli O157:H7 bacteria.

SYMPTOMS

Watery or severe bloody diarrhea, abdominal cramps, vomiting, and low-grade fever. Some people may have mild symptoms or no symptoms at all. In some cases, people infected with these bacteria can develop HUS, a serious disease that affects the kidneys and blood clotting system. HUS is marked by decreased frequency of urination, feeling tired, and the loss of the pink in the cheeks and inside the lower eyelid.

SPREAD

By consuming undercooked meat, unpasteurized milk or fruit juices, and untreated water. E.coli can easily spread from person-to-person, especially from children in diapers.

E. coli O157:H7 is spread through the fecal-oral route. This is when the infected child's stool gets in contact with another object, surface, or person. Often the child has contaminated fingers that then touch the object and another child touches or puts that object in their mouth. E.coli can be spread from contaminated hands of caregivers as well.

Cases have occurred after visits to sites with animals (petting zoos, pet stores, farms) and swallowing lake water while swimming.

INCUBATION

On average, it takes 3 to 4 days for symptoms to develop after exposure, but it can be as long as 10 days. If HUS develops, it typically starts 7 days after the first symptoms appear.

CONTAGIOUS PERIOD

As long as the bacteria are present in the stool, a person can pass the germ on to other people. In many children, the bacteria can be found in the stool 2 to 3 weeks after the start of the symptoms.

EXCLUSION

Child care: Children can return once symptoms have resolved. Child care workers should have two consecutive negative stool cultures, at least 24 hours apart, for E.coli O157:H7. If the person received treatment then these tests should be 48 hours from treatment completion.

School: None, unless the child is not feeling well and/or has diarrhea that requires frequent trips to the bathroomExclusion may be necessary during outbreaks.

Anyone with E. coli O157:H7 should not go in lakes, pools, splash pads, waterparks, or hot tubs until 2 weeks after diarrhea has stopped.

REPORTABLE

Provider: This disease is reportable to the local or state health department
Parents/guardians: Inform your child care/school provider if your child has this illness

PREVENTION/CONTROL

1. Thoroughly cook all ground beef until it is brown, not pink, inside. Internal temperature of 160 degrees kills bacteria. Do not drink unpasteurized milk or fruit juice. Wash all fruits and vegetables well under running water.
2. Avoid swallowing water when swimming or playing in water from lakes, ponds, streams, splash pads, swimming pools, and backyard "kiddie" pools.
3. Frequent, careful hand washing by child care staff, children and household members.
4. Anyone with *E. coli* O157:H7 should not use swimming pools, beaches, water parks, spas, or hot tubs until 2 weeks after the diarrhea has stopped.
5. Clean, rinse with clean water, then disinfect contaminated areas (diapering area, toilets, potty chairs) and sanitize toys at least daily and when soiled.

If you are visiting an animal exhibit, wash hands often.

Hand washing stations

- Find out where hand washing stations are located.
- Always wash hands right after petting animals or touching the animal enclosure, especially before eating and drinking.
- Running water and soap are best. Use hand sanitizers if running water and soap are not available. Be sure to wash hands with soap and water as soon as a sink is available.
- Always wash hands upon exiting animal areas even if you did not touch an animal, after going to the restroom, before eating and drinking, before preparing food and drinks, and after removing soiled clothing or shoes.

Food and drinks

- Keep food and drinks out of animal areas.
- Food should be prepared, served, and eaten only in areas where animals are not permitted (with the exception of service animals).
- Do not share your food with animals.
- Do not eat or drink raw (unpasteurized) dairy products or apple ciders.

Children

- Children younger than 5 years old need supervision.
- Never allow children to put their hands or objects (e.g.: pacifiers) in their mouth while interacting with animals.
- Hand washing should be supervised.
- Do not take or use strollers, bottles, pacifiers, spill-proof cups, or toys in animal areas.
- Children younger than 5 years old, elderly persons and persons with weakened immune systems should use special precautions when around animal exhibits.

Source: CDC Healthy Pets Healthy People www.cdc.gov/healthypets/index.html

Fifth Disease

Fifth Disease (also known as erythema infectiosum) is a mild, common rash illness caused by a virus.

CAUSES

Human parvovirus B19.

SYMPTOMS

Rash; sometimes a low-grade fever, muscle aches, or headache can occur. Pain and swelling of the joints may occur, especially in adults. The characteristic rash causes a striking redness of the cheeks ("slapped cheek") in children and typically starts 4 to 14 days (up to 21 days) after other symptoms. The rash often begins on the cheeks and is later found on the arms, upper body, buttocks, and legs. The rash tends to come intermittently, especially as a response to sunlight or heat. In general, the rash will fade within 10 days.

SPREAD

Through respiratory secretions when an infected person coughs or sneezes. A person with fifth Disease may be infectious without having symptoms.

INCUBATION

It takes from 4 to 21 days, usually 4 to 14, from the time a person is exposed until symptoms begin.

CONTAGIOUS PERIOD

Most contagious before the beginning of the rash and unlikely to be contagious after the rash begins.

EXCLUSION

Child Care and School: None, unless the child is unable to participate and staff members determine they cannot care for a child without compromising their ability to care for the health and safety of the other children in the group.

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. Frequent, careful hand washing by child care staff, children, and household members.
2. Dispose of tissues containing respiratory secretions properly.
3. Contaminated items should be sanitized.

ADDITIONAL COMMENTS

Those who are pregnant should consult with their healthcare provider about the risk of Fifth Disease during pregnancy. Additionally, parents of children who have an impaired immune system, sickle cell anemia, or other blood disorders may wish to consult their healthcare provider about exposure.

Giardiasis

Reportable to local health department

Giardia is a parasite often found in soil or bodies of waters such as ponds, lakes, and creeks. Epidemics can occur in child care settings where there are children in diapers.

CAUSES

Giardia spp., a parasite.

SYMPTOMS

Decreased appetite, gas, stomach cramps, stomach pain and distention, nausea, diarrhea (persistent or recurring), and weight loss. Very often, children are infected and show no symptoms.

SPREAD

Giardia is spread through the fecal-oral route, where the infected child's stool gets in contact with another object, surface, or person. Often the child has contaminated fingers that then touch the object and another child touches or puts that object in their mouth. Giardia can be spread from contaminated hands of caregivers as well. Spread can continue to occur after symptoms have stopped.

INCUBATION

Can take one to three weeks, for symptoms to develop after the exposure.

CONTAGIOUS PERIOD

As long as Giardia is present in the stool, a person can be a possible source of infection. Giardia can be present in stool for several months after symptoms have stopped; however, it is most contagious while diarrhea is occurring.

EXCLUSION

Child Care: Children infected with Giardia who have symptoms should be excluded until 24 hours after diarrhea has stopped. Children may become reinfected with Giardia. Children who have Giardia in their stools, but who have no symptoms, do not need to be excluded. Child care workers should be excluded until 24 hours after diarrhea has stopped, without the use of antidiarrheal medication.

School: None, unless the child is not feeling well and/or has diarrhea and needs to use the bathroom frequently. Exclusion may be necessary during outbreaks.

Anyone with Giardia should not partake in water play activities until after diarrhea has stopped.

REPORTABLE

Provider: This disease is *reportable* to the local or state health department.

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. Frequent, careful hand washing by child care/school staff, children, and household members.
2. Clean, rinse with clean water, then disinfect contaminated areas (diapering area, toilets, potty chairs) and sanitize toys at least daily and when soiled.
3. Staff with Giardia may be excluded from food service.
4. Children with diarrhea should not engage in water play activities.

Haemophilus Influenzae type B

Reportable to the local health department

Haemophilus influenzae type B (Hib) is caused by the bacteria *Haemophilus influenzae*. It should not be confused with the viral illness, Influenza or "the flu." Hib can cause Meningitis or infection of the blood stream. The Hib vaccine can help protect against infection.

CAUSE

Haemophilus influenzae type b bacteria (Hib).

DISEASE / DEFINITION / SYMPTOMS

Symptoms of Hib may include a variety of infections throughout the body. Children may experience a low-grade fever, lack of appetite, tiredness, and other generalized illness symptoms.

SPREAD

Through respiratory secretions of the nose and throat (e.g.; coughing, sneezing). Healthy people, including adults, can carry the bacteria in their noses and throats.

INCUBATION

Unknown

CONTAGIOUS PERIOD

Until 24 after antibiotic treatment.

EXCLUSION

Until the child has been cleared by a healthcare provider and is well enough to participate in normal activities.

REPORTABLE

Provider: This disease is *reportable* to the local or state health department

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. Hib is a vaccine-preventable disease. Refer to the Kentucky immunization regulations for childhood vaccination schedule.
2. Since it is caused by bacteria, it can be treated with antibiotics.
3. Untreated Hib disease can be fatal. See your healthcare provider at the first signs of Hib disease and get treatment immediately.
4. Clean and sanitize surfaces and items that come in contact with nasal and cough secretions.
5. Practice good hand hygiene.

Hand, Foot and Mouth Disease

Hand, foot, and mouth disease is a viral infection that is most common in children under 5 years old. This illness occurs most often in the summer and fall months.

CAUSES

A coxsackievirus, most commonly coxsackievirus A16 and coxsackievirus 71.

SYMPTOMS

Blisters occur toward the front of the mouth, on the sides of the tongue, inside the cheeks, and on the gums. These mouth sores may last 7 to 10 days. In most cases, sores will also be found on the palms of the hands, the fingers, and the soles of the feet. A low-grade fever may last 1 to 2 days. Those infected may also have a runny nose, sore throat, and signs and symptoms of a cold.

SPREAD

This virus leaves the body through the stool of an infected person and enters another person when hands, food or objects (such as toys) contaminated with stool are placed in the mouth. It also is spread through droplets that are expelled from the nose and mouth during sneezing and coughing.

INCUBATION

It usually takes 3 to 6 days after exposure for symptoms to begin.

CONTAGIOUS PERIOD

During acute illness and possibly for several weeks after illness (through contact with stool). Also, infected persons who may not seem sick are able to spread infection.

EXCLUSION

Child Care and School: Hand, foot, and mouth is a common and usually mild illness in children. Children may continue child care unless they have a fever, have uncontrolled drooling with mouth sores, or feel unwell and are unable to participate in classroom activities. Sores or rash may still be present upon return. If the child's blisters are oozing, please bandage or cover the blister. The child may be excluded from child care if the teacher or care members determine they cannot care for the child without compromising their ability to care for the health and safety of other children in the group.

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. Frequent, careful hand washing by child care/school staff, children, and household members.
2. Cover your mouth and nose with a tissue when you cough or sneeze. If tissues are not available, cough or sneeze into your sleeve.
3. Dispose of tissues and diapers properly.
4. Clean, rinse with clean water, then disinfect contaminated areas (diapering area, toilets, potty chairs) and sanitize toys at least daily and when soiled.

Hepatitis A

Reportable to the local Health Department

Hepatitis A is a highly contagious, self-limiting virus that infects the liver. It is spread through the fecal-oral route. Since the recommended use of the hepatitis A vaccine, cases in the United States have been declining.

CAUSES

Hepatitis A virus.

SYMPTOMS

Most children under 6 years old, have few to no signs or symptoms. In older children and adults, onset of symptoms is usually sudden, with loss of appetite, nausea, tiredness, fever, vomiting, joint pain, feeling tired, and stomach ache. Dark (cola) colored urine, light colored stools and jaundice (yellowing of eyes or skin) may appear a few days later. Jaundice occurs more often among adults than children.

SPREAD

Hepatitis A virus leaves the body through the stool of an infected person and enters another person when hands, food, or objects (such as toys) contaminated with stool are placed in the mouth. Spread can occur when a person does not wash his/her hands after using the toilet or changing diapers and later prepares or eats food. Many people lack symptoms but can still spread the virus. The virus can be passed up to two weeks prior to symptom onset.

INCUBATION

It takes 15 to 50 days, most commonly 28 days, from the time a person is exposed to the virus until symptoms develop.

CONTAGIOUS PERIOD

From two weeks before to two weeks after onset of symptoms.

EXCLUSION

Child Care and School: Until 7 days have passed since the onset of jaundice, or 14 days after the onset of symptoms if no jaundice occurs.

REPORTABLE

Provider: This disease is reportable to the local or state health department.

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. Frequent, careful hand washing by child care staff, children, and household members.
2. Consult the local or state health department if there is a case of hepatitis. They will determine who has been exposed and make recommendations.
3. Clean, rinse with clean water, then disinfect contaminated areas (diapering area, toilets, potty chairs) and sanitize toys at least daily and when soiled.
4. Food preparation stations should be routinely cleaned and disinfected.
5. The vaccine is available for prevention of disease for at risk groups.
6. Post-exposure prevention measures can be recommended by a provider.

Hepatitis B & C

Reportable to the local Health Department

Children are rarely infected with hepatitis B or C, except during childbirth when the mother has the virus present in her blood. This may result in the child becoming a chronic carrier. Children who carry the virus may be present in child care settings. The spread of hepatitis B or C in child care is very rare.

CAUSES

Hepatitis B or C virus.

SYMPTOMS

The following are symptoms of hepatitis: loss of appetite, tiredness, abdominal pain, nausea and vomiting, joint pain, jaundice (yellowing of the eyes and skin), dark urine, and clay-colored stool. Jaundice may be present in adults, but it is often absent in young children. Adults have symptoms more often than children.

SPREAD

Virus is present in blood and other bloody fluids. It can be spread person-to-person by getting an infected person's blood into open skin cuts or abrasions of another person or by sexual contact. Although both viruses can be found in saliva, saliva has not been shown to transmit the virus between individuals.

INCUBATION

For those who develop symptoms, it takes from 2 weeks to 6 months (average 3 months) from the time a person is exposed to hepatitis B or C until disease occurs.

CONTAGIOUS PERIOD

May be infectious for many weeks before onset of symptoms and remain infectious for 4 to 6 months. Some people are chronic carriers of the virus and may be infectious for life.

EXCLUSION

Child Care and School: A child who has the hepatitis B or C virus in his/her blood may attend child care *unless* he/she shows unusually aggressive behavior (biting, frequent scratching), has open sores that cannot be covered, generalized dermatitis, or an unexpected bleeding condition. Hepatitis B or C carriers with these conditions should be assessed by a team of public health and medical experts on a case-by-case basis to determine whether the child may attend child care.

REPORTABLE

Provider: These diseases are reportable to the local or state health department.

Parents/guardians: Inform your child care/school provider if your child has this illness

PREVENTION/CONTROL

1. Parents/guardians should tell anyone who cares for the child regularly that the child has hepatitis B/C. Caregivers should watch the child's behavior for actions that might be a risk for spreading the virus.
2. Children should not share toothbrushes/pacifiers.
3. Refer to the Kentucky immunization regulations for childhood vaccination schedule for hepatitis B.
4. Cleaning and the disinfecting of blood and body fluids spills
    a. Surfaces and objects contaminated with blood and body fluids must be cleaned with detergent and water, rinsed with clean water, and then disinfected. Hepatitis B & C virus, as well as other infectious germs, may be found in these fluids even when there are no symptoms to suggest infection is present.

b. Wear disposable gloves when handling blood (nosebleeds, cuts) or items, surfaces or clothing soiled by blood or body fluids.

5. Frequent, careful hand washing by child care/school staff, children, and household members. Wash hands immediately after contact with any body fluid, even if gloves have been worn.

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Impetigo

Impetigo is a contagious skin infection that causes small, red pimples or fluid-filled blisters with crusty yellow scabs often occurring on the nose, arms, legs, or around the mouth. It is a common infection in young children. Rarely, complications can occur.

CAUSES

Streptococcus and Staphylococcus bacteria.

SYMPTOMS

Symptoms include itching and small, red sores that form an oozy, sticky yellow crusts.

SPREAD

Any contact with sores of an infected person or contaminated surfaces

INCUBATION

It usually takes 1 to 10 days from the time a person is exposed until symptoms begin. Symptoms usually begin within 10 days of exposure to Streptococcus or Staphylococcus bacteria.

CONTAGIOUS PERIOD

Until sores are healed, or the person has been treated with antibiotics for at least a full 24 hours.

EXCLUSION

Child Care and School: If impetigo is confirmed by a healthcare provider, exclude until 24 hours after treatment has been initiated and sores are drying or improving. Sores should be covered upon return if they are oozing.

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. Frequent, careful hand washing by child care/school staff, children, and household members.
2. Lesions should be covered until dry.
3. Do not share clothing, towels or personal items.
4. Clean, rinse with clean water, then sanitize mouth toys at least daily and when soiled.

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Influenza

Influenza (or flu) is a viral infection of the nose, throat, and lungs that can make someone of any age ill. Influenza in children may be indistinguishable from diseases caused by other respiratory viruses. Nausea, vomiting, and diarrhea may occur, particularly in children.

CAUSES

Influenza virus is a contagious respiratory virus. There are two common types of virus: Type A and Type B.

SYMPTOMS

Abrupt onset of muscle aches, sore throat, and nonproductive cough. Some, but not all, experience an abrupt onset of fever. Young children typically have milder sneezing and coughing.

INCUBATION

One to 4 days, usually 2 days, from the time of exposure until onset of symptoms.

CONTAGIOUS PERIOD

The virus may be found in respiratory secretions for 24 hours prior to the onset of symptoms and up to 7 days after the symptoms begin. Influenza is most contagious in the 3 to 4 days after symptom onset.

EXCLUSION

Child Care and School: Until child is without fever or signs of a fever for 24 hours without the use of fever reducing medication and is well enough to participate in normal daily activities

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. Flu vaccine is strongly recommended for any person older than 6 months of age. It is recommended that all child care and preschool providers receive yearly influenza vaccines.
2. Cover your mouth when coughing and sneezing, with tissue if possible. If a tissue is not available, cough or sneeze into your sleeve.
3. Properly dispose of contaminated tissues.
4. Clean, rinse with clean water, then sanitize mouth toys at least daily and when soiled.
5. Frequent, careful hand washing by child care/school staff, children, and household members.

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Lice (Head)

Head lice are a common problem for children in child care settings and schools. Anyone can get head lice—they are not a sign of being dirty. Head lice are very small, tan-colored insects approximately the size of a sesame seed) that live on human heads. They lay their eggs (nits) on the hair. The eggs are tiny (about the size of the eye of a small needle) and gray or white in color.

CAUSES

Pediculus humanus capitis, a louse.

SYMPTOMS

Itching of the scalp or neck. Look for:

1. Crawling lice in the hair, usually few in number
2. Eggs (nits) glued to the hair, often found behind the ears and at the base of the neck
3. Scratch marks on the scalp or back of the neck at hairline

SPREAD

Lice are spread by direct person-to-person contact and by sharing personal items such as combs, brushes, hats, scarves, jackets, blankets, sheets, pillowcases, headphones, etc.

Lice do not hop, jump or fly; they crawl and can fall off the head. Head lice do not live longer than 48 hours off the head. They only lay their eggs while on the head. Live eggs can be found anywhere on the hair. Also, the eggs do not hatch if they fall off. Lice do not spread to or from pets.

INCUBATION

Seven to 12 days from laying eggs to hatching.

CONTAGIOUS PERIOD

Until properly treated with a lice-killing shampoo or rinses. As long as lice or eggs remain alive on the infested person or on fomites.

EXCLUSION

Child Care and School: None, but treatment is recommended before returning to school. "No nit" policies and exclusion from child care or school of students with active head lice infestations is not recommended. A child with an active infestation has likely already had an infestation for more than 1 month. The risk of further transmission is low.

Children with active head lice infestations should be encouraged to avoid head-to-head contact with other children. Until the first treatment is completed and there are no live lice. Follow center's/school's nit policy.

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. Avoid sharing haircare items, towels, bedding, clothing, hats, and headgear, such as headsets and sports helmets.
2. Hang clothing in individual lockers or on assigned coat hooks and spaced so they do not touch.
3. Hats should be tucked into sleeves.
4. All contaminated combs, brushes, and similar items must be sanitized by one of the following:
    a. Soaking in the medicated shampoo for 10 minutes.
    b. Soaking in a 2 percent Lysol* solution for one hour.
    c. Soaking in hot water for 10 minutes.
5. Clean floors, furniture, mattresses, and carpeting by thorough vacuuming. Be sure to dispose of vacuum contents after cleaning, sealing the waste bag, and removing it from the setting.
   The use of insecticide spray is not recommended.

6. Machine wash and dry clothing, bed linens, and other items that an infested person wore or used during the 2 days before treatment using the hot water (130°F) laundry cycle and the high-heat drying cycle. Clothing and items that are not washable can be dry cleaned or sealed in a plastic bag and stored for 2 or more days.
7. Check your child's head frequently throughout the year. If one person in a family, child care, school, etc., has head lice, others should be checked, too. Only those who have head lice should be treated. Pretreatment will not prevent a child from getting lice.

TREATMENT

1. Use a lice-killing shampoo, lotion, or cream rinse obtained either over the counter at the drugstore or by prescription from your healthcare provider.
2. Follow the product's approved directions only as some treatments are toxic. Directions will vary, depending on the product used. If additional treatments are necessary, after following product directions, contact your healthcare provider. Do not exceed recommended product directions.
3. The nits are glued onto the hair shafts as they are laid, and they are difficult to remove. Although it can take time and sometimes be difficult, remove all nits to insure complete treatment.

Consult your pharmacist or healthcare provider before applying or using lice treatment pesticides when the person involved is pregnant, nursing, has allergies, asthma, epilepsy, pre-existing medical conditions, or has lice or nits in the eyebrows or eyelashes. Never use a pesticide near the eyes.

Prior to treating a child 2 years or younger, consult a healthcare provider.

** Lysol is a brand name. The Northern Kentucky Health Department does not endorse specific brand names.*

Lyme Disease

Reportable to the local Health Department

Lyme disease is a bacterial infection transmitted through the bite of certain species of ticks. The species of ticks that carry Lyme disease can be found in Kentucky. Lyme disease is treatable with antibiotics.

CAUSES

Borrelia burgdorferi, a spirochete bacterium.

SYMPTOMS

Early (3 to 30 days after tick bite): An expanding rash which looks like a bullseye, with a red outer rim and clearer center, called erythema migraines. This rash first occurs at the site of the bite, and may occur elsewhere on the body. The rash may not be noticed because of the location of the tick bite. A person with early Lyme disease may also have flu-like symptoms such as fever, tiredness, headache, or muscle aches.

Late (days to months after tick bite): the joints, nervous system and heart may be affected. Arthritis, facial palsy and meningitis are late symptoms.

SPREAD

Lyme disease bacteria are spread through the bite of an infected Blacklegged tick (or deer tick). The tick must be attached and feeding for 36 hours for transmission to occur. Not all deer ticks carry the bacteria, only a small percentage of tick bites result in Lyme disease.

INCUBATION

It usually takes 1 to 32 days from the time a person is bitten by an infected tick until early symptoms develop. Late symptoms may appear weeks to months, even years, later.

CONTAGIOUS PERIOD

Lyme is not contagious person to person.

EXCLUSION

No exclusion necessary.

REPORTABLE

Provider: The disease is *reportable* to the local or state health department

Parents/guardians: Inform your child care/school provider if your child has this illness

PREVENTION/CONTROL

1. Avoid tick-infested areas. Stay on paved or well-mowed paths and avoid contact with tall grass and shrubbery.
2. Wear protective clothing when in the woods or tall grassy areas. Tuck pants into high socks, wear a long-sleeved shirt tucked into pants and wear light colored clothing so ticks are easier to see.
3. Use repellents containing permethrin on clothing. Repellents containing DEET can be used on clothing and uncovered skin. These repellents can be toxic, especially for children, so contact your healthcare provider, pharmacist or the Health Department for information on safe and proper use.
4. Check for ticks on clothing and entire body while outdoors and when returning indoors. Check pets for ticks before letting them indoors.
5. Remove ticks promptly. Ticks attached for less than 24 hours are not likely to transmit bacteria. Grasp the tick at the mouthparts with tweezers or tissue and pull gently but steadily straight back. Do not squeeze the tick's body; this may cause the tick to inject bacteria into you.

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Measles

Reportable to the local Health Department

Measles (also called rubeola, red measles, or hard measles) is a highly contagious vaccine-preventable illness.

CAUSES

Measles virus.

SYMPTOMS

Early symptoms resemble a cold with fever, cough, runny nose, and watery, red eyes. Two to 3 days after symptoms begin Koplik spots (tiny white spots) may appear inside the mouth. On the third to fifth day, a red blotchy rash appears. The rash usually begins at the hairline on the face, spreading down the trunk and out the arms and legs. Measles is sometimes complicated by ear infection, pneumonia or diarrhea.

Inflammation of the brain (encephalitis) may occur, which can lead to convulsions and can leave the child deaf or with an intellectual disability. Death is rare, but can occur in those who develop respiratory and neurologic complications.

SPREAD

Measles is highly contagious. It is spread by droplets that are expelled during sneezing and coughing. The measles virus can sometimes float on dust particles in the air and infect others for about two hours after a person with measles leaves the room. It can also spread by touching your eyes, nose, or mouth after handling contaminated items.

INCUBATION

It takes seven to 14 days from the time a person is exposed until symptoms develop.

CONTAGIOUS PERIOD

From 4 days before onset of the rash until 4 days after the appearance of the rash

EXCLUSION

Child Care and School: Until 4 days after the rash appears. A child with measles should stay at home during this time period and not have any visitors. Exclude unvaccinated children and staff who are not vaccinated within 72 hours of exposure or given immune globulin (IG) within 6 days of exposure. Susceptible children and staff who do not receive the above prophylaxis should be excluded for 21 days after the onset of rash in the last person who developed measles.

Recommendations for exclusion should be done in collaboration with your local/state public health department.

REPORTABLE

Provider: This disease is reportable to the local or state health department. **Only one case of measles is considered an outbreak.**

Parents/guardians: Inform your child care provider if your child has this illness.

PREVENTION/CONTROL

1. If your child develops cold-like symptoms with a fever and/or rash, keep him/her at home and contact your healthcare provider for diagnosis. Please do not go to any clinic or emergency room without calling first. They will want to keep your child separate from others to prevent further spread.
2. Refer to the Kentucky immunization regulations for childhood vaccination schedule.

3. Adults born on or after January 1, 1957, who have not had two doses of measles vaccine after 12 months of age should be immunized.
4. If you or your child is not protected, contact your healthcare provider or your local public health clinic as soon as possible to obtain your immunizations. Children who have not received a measles vaccine will be excluded from any child care setting in which a case of measles occurs. Please notify your child care provider when your child is immunized so his/her records can be updated.
5. Practice good hand hygiene.

Meningococcal Disease

Reportable to the local Health Department

Meningococcal disease causes swelling or inflammation of the coverings of the brain and spinal cord and includes a variety of serious infections. Anyone can get meningococcal disease but certain people, including children under 1 year of age, are at an increased risk.

CAUSES

The bacteria, *Neisseria meningitidis.*

SYMPTOMS

Septicemia: Sudden onset of fever, chills, tiredness, cold hand and feet, vomiting, severe aches in the muscles, joints, chest or abdomen, rapid breathing, and diarrhea; a rash can develop in the later stages.

Meningitis: Fever, headache, stiff neck, vomiting, extreme sleepiness, confusion, and irritability. Babies can also experience poor feeding and slow reflexes.

SPREAD

Through coming into contact with respiratory secretions of the nose and throat of someone infected with the bacteria (e.g., coughing, sneezing); Usually it takes close, prolonged contact to spread the bacteria. Some individuals can be carriers of the bacteria without experiencing symptoms.

INCUBATION

It takes 1 to 10 days, usually less than 4 days, from the time a person is exposed to the bacteria until symptoms occur.

CONTAGIOUS PERIOD

Bacterial infections: Until 24 hours after effective treatment begins.

EXCLUSION

Child Care and School: Until the child has been on appropriate antibiotics at least 24 hours and is well enough to participate in routine activities. The child care provider or school may choose to exclude exposed staff and attendees until preventive treatment has started, or if there is concern that individuals will not follow through with recommended preventive treatment.

REPORTABLE

Provider: This disease is *reportable* to the local or state health department.

Parents/guardians: Inform your child care provider if your child has this illness.

PREVENTION/CONTROL

1. Refer to the Kentucky immunization regulations for childhood vaccination schedule.
2. See a healthcare provider at the first sign of meningitis.
3. Discuss the following current recommendations for antibiotic prophylaxis with your healthcare provider. American Academy of Pediatrics Guidelines (2009)
    a. Household and child care center contacts should receive antibiotic prophylaxis as soon as possible, preferably within 24 hours of diagnosis of a case.
    b. Pregnant contacts should discuss proper prophylaxis with their healthcare provider.
    c. Exposed contacts should remain under medical observation because prophylaxis is not always completely effective. If your child develops a fever, contact your healthcare provider right away.
4. Practice good hand hygiene.

Methicillin Resistant Staphylococcus Aureus (MRSA)

MRSA is a form of staphylococcus aureus that has become resistant to certain antibiotics, meaning that the antibiotics will not kill the bacteria.

CAUSES

Methicillin resistant *Staphylococcus aureus*, a bacterium.

SYMPTOMS

Some people may have MRSA on their skin but will not be ill. Other people may have a skin infection that resembles a spider bite or a small bump. This area can be warm, red, swollen, painful, and filled with pus. It may also be accompanied by a fever.

SPREAD

Many times, this infection occurs because the bacteria are on the skin and enter the body through a cut, scrape, or wound. It may be spread to others by direct skin-to-skin contact with an infected person, or through contact with surfaces, equipment, or toys that have been contaminated with MRSA

INCUBATION

Incubation period varies.

CONTAGIOUS PERIOD

As long as the bacteria is present.

EXCLUSION

Child Care and School: No exclusion as long as the wound can be securely covered on all sides and contained with a clean, dry bandage. They must also be able to maintain good personal hygiene. Children should not participate in activities with open wounds unless the wound can be covered with a clean dry bandage that stays on for the duration of the activity. Children should avoid water activities until the wound has healed.

REPORTABLE

Parents/guardians: Inform your child care provider if your child has this illness.

PREVENTION/CONTROL

Practice good hand hygiene especially after touching secretions or drainage from an infected person.
Wear disposable gloves when changing bandages or touching any draining sores.

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Molluscum Contagiosum

A Molluscum Contagiosum is a usually benign, mild skin disease causing lesions. Children aged 1 to 10 are most infected, but it can affect all age groups. Risk factors for infection include those with weakened immune systems or having atopic dermatitis.

CAUSES

A poxvirus.

SYMPTOMS

Small, raised, and usually white, pink, or flesh-colored lesions that look similar to warts, with a dimple or pit in the center. The lesions can appear anywhere on the body.

SPREAD

It can be spread by direct contact with lesions, or by contact with objects such as towels, clothing, washcloths, mats, or swimming pools.

INCUBATION

Usually between 2 to 7 weeks, but maybe as long as 6 months.

CONTAGIOUS PERIOD

Unknown.

EXCLUSION

Child Care and School: None. Encourage parents/guardians to cover bumps with clothing when there is a possibility that others will come in contact with the skin. If not covered by clothing, cover with a bandage.

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. Avoid swimming pools and close-contact activities until lesions have cleared, unless all lesions can be covered by clothing or bandages (waterproof bandages for swimming).
2. Do not share towels or washcloths.
3. Practice good hand hygiene after coming in contact with the lesions.

Mononucleosis (Infectious)

Infectious mononucleosis is a contagious illness common among teenagers and young adults. In young children, there are often no symptoms at all.

CAUSES

Epstein-Barr virus.

SYMPTOMS

Extreme tiredness, fever, sore throat, rash, and swollen lymph nodes in the neck and armpits. Affected individuals may have a swollen liver and an enlarged spleen.

SPREAD

Person-to-person contact, through saliva. Spread can occur by direct contact, such as kissing, or through items such as toys that are contaminated with saliva such as toys, toothbrushes, and cups.

INCUBATION

It takes about 4 to 6 weeks from the time a person is exposed until symptoms develop.

CONTAGIOUS PERIOD

A person is infectious for many months after infection and the virus can be shed intermittently throughout life.

EXCLUSION

Child Care and School: None, as long as the child is able to participate in routine activities and staff members determine they can care for the child without compromising their ability to care for the health and safety of the other children in the group.

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. Frequent, careful hand washing by child care staff, children, and household members.
2. Clean, rinse with clean water, then sanitize mouthed toys at least daily and when soiled.
3. Do not share personal items such as cups, bottles, straws, lip balm, etc.

Mumps

Reportable to the local Health Department

Mumps is a viral illness that can be prevented through immunization.

CAUSES

A paramyxovirus.

SYMPTOMS

Some people infected with mumps have mild symptoms or no symptoms at all. Those who have symptoms usually experience swollen glands in front and below the ear, headache, fever and earache, muscle aches, tiredness, and loss of appetite. Sometimes severe complications can occur, but it is rare.

SPREAD

By droplets that are expelled during sneezing or coughing. It can also spread by sharing items with saliva on them, such as cups or water bottles, or participating in close contact activities like dancing or kissing.

INCUBATION

It takes 12 to 25 days (usually about 16 to 18 days) from the time a person is exposed until symptoms develop.

CONTAGIOUS PERIOD

A few days before the swelling begins until 5 days after the swelling begins.

EXCLUSION

Child Care and School: Recommendations for exclusion should be done in collaboration with your local/state public health department. Mumps is a highly contagious illness for which routine exclusion of infected is warranted. Those diagnosed with Mumps can return to school 5 days after the onset of swelling.

If two or more cases of mumps occur, exclude unvaccinated children and staff. Exclusion will last through at least 26 days after the onset of parotid gland swelling in the last person who developed mumps. If unvaccinated persons choose to be vaccinated, they can return to school or child care immediately.

REPORTABLE

Provider: This disease is *reportable* to the local or state health department.
Parents/guardians: Inform your child care provider if your child has this illness.

PREVENTION/CONTROL

1. Kentucky state law and local child care regulations require all children in child care or school settings be immunized for mumps, measles, and rubella. Refer to the Kentucky immunization regulations for childhood vaccination schedule.
2. If your child is not protected against mumps, please contact your healthcare provider or your local health department as soon as possible to have your child immunized. Unimmunized children will be excluded from any child care setting in which a case of mumps occurs. Please notify your child care provider when your child has been immunized so his/her records can be updated.
3. If your child develops the symptoms of mumps, keep him/her at home. Consult your healthcare provider for diagnosis.

Oral Herpes (Cold Sores)

In the child care setting, children, and staff may have herpes simplex infections of the lips and mouth. Commonly, these infections are acquired for the first time in early childhood and may reappear throughout a person's lifetime. Herpes simplex virus can also cause infections in the eyes, fingers, and central nervous system. It is unlikely to cause genital herpes and is different from the STI, also called Herpes.

CAUSES

Herpes simplex virus type 1 (HSV-1).

SYMPTOMS

Fluid-filled blisters (cold sores, fever blisters) appear on the lips, face, and mouth. They usually crust and heal over time. During the first infection, individuals can also experience fever, irritability, and swollen lymph nodes.

SPREAD

By close person-to-person contact, such as through direct contact with saliva or the sores (for example, kissing).

INCUBATION

First occurrence (primary infection): up to 2 weeks. The greatest concentration of virus is shed during first occurrence infections with symptoms. Recurrent infections may occur due to a variety of triggers," such as stress, cold, or sunlight.

CONTAGIOUS PERIOD

When someone is infected with primary infection, he/she may shed the virus for a week to several weeks after the onset of symptoms. Those with recurrent infections shed the largest amount of virus for 3 to 4 days after the onset of symptoms.

EXCLUSION

Child Care: Primary infection – Exclude children who do not have control over their saliva (drooling) until the mouth sores are gone. Recurrent infections (fever blisters and cold sores)
School: None.

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. Frequent, careful hand washing by child care staff, children, and household members.
2. Caregivers may wear gloves when contact with lesions is necessary (for example, when applying medication).
3. Do not kiss an infected person when lesions are present.
4. Clean, rinse with clean water, then sanitize mouthed toys at least daily and when soiled.

Pertussis (Whooping Cough)

*Reportable to the local Health Department

Pertussis (whooping cough) can be a serious illness, especially in young children. Vaccination is the best way to protect against whooping cough.

CAUSES

Bordetella pertussis, a bacterium.

SYMPTOMS

The first symptoms of pertussis are like those of a common cold: runny nose, sneezing, low-grade fever, and a mild cough. After a week or two, a persistent cough develops that occurs in explosive bursts, sometimes ending with a high-pitched "whoop" and vomiting. Between bursts of coughing, the child appears well. Coughing attacks continue to occur for 1 to 6 weeks, but can last for up to 10 weeks. Babies may not cough at all but may struggle to breath. Symptoms are milder in those who are vaccinated.

SPREAD

By coming in contact with droplets that are expelled during sneezing and coughing of an infected person. These droplets can land on or be rubbed into the eyes, nose, or mouth. Some people may experience mild symptoms that can still spread the bacteria.

INCUBATION

It usually takes 5 to 10 days from the time a person is exposed until symptoms develop, but could be as long as 3 weeks.

CONTAGIOUS PERIOD

Begins at the time of early cold-like symptoms, before a persistent cough and explosive bursts of coughing develop. Persons who are not treated with antibiotics remain contagious until at least 2 weeks after the coughing started. Individuals treated with antibiotics are contagious until 5 days after treatment begins.

EXCLUSION

Children must stay home the entire time of experiencing pertussis symptoms. Children are able to return after 5 days of antibiotic treatment. If a child does not complete or partake in treatment, they must stay at home for 20 days. Children suspected of pertussis must stay at home and should be seen by a healthcare provider.

REPORTABLE

Provider: This disease is *reportable* to the local or state health department.

Parents/guardians: Inform your child care provider if your child has this illness.

PREVENTION/CONTROL

1. Refer to the Kentucky immunization regulations for childhood vaccination schedule.
2. If your child is not protected against pertussis, please contact your healthcare provider as soon as possible to have your child immunized.

Inadequately immunized children may be excluded from any child care setting in which a case of pertussis occurs. Please notify your child care provider if your child has been immunized so his/her records can be updated.

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Pink Eye (Conjunctivitis)

Conjunctivitis is a common eye infection in young children. Bacterial conjunctivitis, which is of most concern in the child care setting, occurs often in children under 5 years of age. Viral conjunctivitis is often found along with the common cold or other mild cold-like illnesses.

CAUSES

Bacteria, viruses, allergies, eye injuries, or chemicals.

SYMPTOMS

Bacterial: Pink or red conjunctiva (membrane that covers the eye), white, or yellow eye discharge (pus), often with matted eyelids after sleep, and eye pain or redness of the eyelids. May affect one or both eyes.

Viral: Pink conjunctiva with a clear, watery eye discharge, eye pain, or eyelid redness. Can occur with symptoms of cold, flu, or other respiratory infection. Usually begins in one eye and may spread to the other eye within days.

Allergic: Itching, redness, excessive tearing, usually of both eyes. May occur with symptoms of allergies, such as itchy nose, sneezing, scratchy throat, or asthma.

Chemical: Red, watery eyes, especially after swimming in chlorinated water.

SPREAD

Hands become contaminated by direct contact with drainage or discharge from an infected eye, or by touching other surfaces that have been contaminated by respiratory tract secretions, and get into the child's eyes. It can also be spread through the air by coughing and sneezing.

INCUBATION

Depending on the type of conjunctivitis, the incubation period varies.

CONTAGIOUS PERIOD

Bacterial conjunctivitis: Until the course of medication has been started or when the symptoms are no longer present.

Viral conjunctivitis: Until the sign and symptoms are no longer present.

EXCLUSION

Child Care and School: None, unless the child is unable to participate and staff determine they cannot care for the child without compromising their ability to care for the health and safety of the other children.

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. Keep children's eyes wiped and free of discharge. Avoid contact with eye drainage. Encourage children not to rub their eyes.
2. Cover nose and mouth when sneezing or coughing.
3. Dispose of contaminated tissues properly.
4. Frequent, careful hand washing by child care staff, children, and household members.
5. Clean, rinse with clean water, then sanitize mouthed toys at least daily and when soiled. Try to prevent sharing of toys when conjunctivitis is present.

Pinworms

Pinworms are most often found in preschool and school-aged children and their parents. These small, threadlike worms (0.25– 0.5 inches long) are found in the human intestines and crawl out of the rectum at night to lay eggs.

CAUSES

Enterobius vermicularis, a parasite.

SYMPTOMS

Itching around the anus which can cause sleep disturbances and restlessness. Some infected people will experience no symptoms.

SPREAD

Pinworm eggs are taken into the mouth when a person fails to wash hands well after scratching the rectal area, using the toilet, or handling contaminated pajamas, underwear, or bedding. Pinworm eggs can also become airborne and ingested while breathing.

INCUBATION

It takes 1 to 2 weeks from exposure until symptoms occur.

CONTAGIOUS PERIOD

As long as eggs are present. Eggs can remain infectious outside the body for as long as two to 3 weeks.

EXCLUSION

Child Care and School: None

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. Frequent, careful hand washing by child care staff, children, and household members.
2. When a child wakes up, you may see the worms around the rectum or in the stool. If you suspect pinworms, contact your healthcare provider. He/she may advise examining the whole family.
3. Avoid scratching or touching bare rectal area or biting nails. It is important to keep fingernails short, groomed, and clean.
4. For several days after treatment
    a. Bathe every morning (shower preferred), using a clean washcloth and towel, followed by a clean change of underclothing.
    b. Change bedding and clothing daily and wash in hot water. Do not shake bedding to prevent spreading eggs through the air.
    c. Clean and vacuum house daily.

Poison Ivy/Oak/Sumac

Poison ivy/oak/sumac releases urushiol oil when the leaf or plant parts are damaged. The oil causes an allergic reaction on the skin.

CAUSES

Contact with the chemical urushiol, found in the plant sap or resin, causes an allergic reaction. Others who come in contact with the plant resin on clothing, animal fur, or other objects may also develop a rash.

SYMPTOMS

Contact usually causes red, swollen skin, blisters, and severe itching. Rash usually reaches its peak after five days, and is gone within 1 to 2 weeks.

SPREAD

Poison ivy/oak/sumac are not passed from one person to another but can be spread person to person through direct contact with the resin. A person may spread the rash by accidentally rubbing the resin on other parts of the skin before all resin is washed off.

INCUBATION

It usually takes 6 hours to 2 or 3 days after contact with resin for a reaction to begin.

CONTAGIOUS PERIOD

Poison ivy/oak/sumac are not contagious. Neither the rash nor the fluid from open blisters contain urushiol.

EXCLUSION

Child Care and School: No exclusion unless rash conditions are suspected.

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. Resin can travel through the air on soot particles when the plant is burned. Exposure to the smoke can cause a reaction. Bag plants, don't burn them.
2. Washing with cold running water and scrubbing under fingernails within 10 to 15 minutes after exposure may prevent a reaction. Bathing can spread the resin to other parts of the body.
3. Wash clothing or jewelry that may have had contact with the resin.
4. Try not to scratch. This can lead to secondary infections.

Respiratory Syncytial Virus (RSV)

RSV is a common respiratory illness that can affect persons of any age. It is the most common cause of bronchiolitis and pneumonia in infants and young children under 1 year of age. RSV can be especially serious in infants who were born prematurely or those with heart, lung, or immune system problems. Outbreaks of RSV occur almost every year during winter and early spring.

CAUSES

Respiratory syncytial virus (RSV).

SYMPTOMS

Fever, cough, wheezing, runny nose, sneezing, and decrease in appetite. Very young infants sometimes have tiredness, irritability, trouble breathing, cyanosis, and poor feeding.

SPREAD

By direct contact with contaminated hands, or close contact through droplets, which are small particles of fluid that are expelled from the nose and mouth during sneezing and coughing. The virus can live on hands for 30 minutes or more and on environmental surfaces for several hours.

INCUBATION

It takes 2 to 8 days, commonly 4 to 6 days, from exposure until symptoms develop.

CONTAGIOUS PERIOD

The virus is usually shed for 3 to 8 days, although some infants can spread RSV for as long as 3 to 4 weeks. Infected individuals may be contagious a day or two before they start showing symptoms.

EXCLUSION

Child Care: A child with RSV may return to child care when the fever is gone and he/she is well enough to participate in normal activities.

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. Cover mouth and nose when sneezing or coughing.
2. Dispose of any tissue or items soiled with discharge from the mouth or nose in a waste container.
3. Frequent, careful hand washing by child care staff, children, and household members.
4. Minimize contact with respiratory secretions, such as saliva or nasal mucus.
5. Clean, rinse with clean water, then sanitize mouthed toys at least daily and when soiled.

Note: Do not give aspirin to a child under 18 years of age. There is a risk of developing Reye syndrome (a serious condition which can cause death) when children or adolescents take aspirin.

Respiratory Infections (Viral) including Pneumonia

Respiratory illnesses with fever may be caused by many different viruses.

CAUSES

Many different viruses.

SYMPTOMS

Respiratory infection symptoms include, runny nose, sneezing, fever, earache, watery eyes, sore throat, and cough.

SPREAD

By respiratory droplets when an infected individual talks, coughs, or sneezes. The droplets can land or be rubbed into the eyes, nose, or mouth of another individual. Spread can also occur by contact with respiratory secretions or objects contaminated by respiratory secretions from infected individuals. Pneumonia does not spread, however, the germ that causes pneumonia can spread.

INCUBATION

Varies but can last up to 14 days, depending on the germ that is causing the infection.

CONTAGIOUS PERIOD

Shortly before symptoms begin and for the duration of acute symptoms.

EXCLUSION

Until the child is without fever for 24 hours and is well enough to participate in normal daily activities.

No exclusion necessary for other respiratory infections without fever (colds, sore throat, croup, bronchitis, pneumonia, otitis media) of mild or moderate severity, unless:

- The illness limits the child's comfortable participation in child care activities.
- The illness results in greater care than can be provided by child care staff.

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. Cover your mouth when coughing and sneezing, with tissues if possible.
2. Properly dispose of contaminated tissues.
3. Frequent, careful hand washing by child care staff, children. and household members.
4. Clean, rinse with clean water, then sanitize mouthed toys at least daily and when soiled.
5. Do not share cups, glasses, or utensils.

Note: Do not give aspirin to a child under 18 years of age. There is a risk of developing Reye syndrome (a serious condition which can cause death) when children or adolescents take aspirin.

Reye Syndrome

Reye syndrome is a collection of specific symptoms and signs rather than a single disease. It may occur shortly after a viral illness such as influenza or chickenpox, when the child seems to be recovering. Reye syndrome usually occurs in younger children, but it can also affect teenagers and sometimes adults. Reye syndrome is not contagious. This illness can be fatal.

CAUSES

Unknown; a combination of factors has been suggested. Studies have shown a connection between Reye syndrome and the use of aspirin for viral illnesses such as influenza or chickenpox.

SYMPTOMS

Persistent vomiting, extreme sleepiness, confusion, hostility, combativeness; coma may follow.

SPREAD

None.

INCUBATION

Commonly occurs during recovery from a viral infection (influenza, common cold, and chickenpox), although it can also develop 3 to 5 days after the onset of the viral illness.

CONTAGIOUS PERIOD

None.

EXCLUSION

Until the child is well enough to participate in normal activities.

REPORTABLE

Parents/guardians: Inform your child care provider if your child has this illness.

PREVENTION/CONTROL

1. Do not give aspirin to a child under 18 years of age with a viral illness.
2. Instruct children and teenagers to ask parents before taking any medicine.
3. If any of the above symptoms occur, call your physician or an emergency room immediately. Fast action is needed.
4. If the child has taken any medications, tell your healthcare provider.

Ringworm

Ringworm is a fungal infection that can affect the body, scalp, or feet.

CAUSES

A fungus.

SYMPTOMS

Body: Ringworm appears as flat, spreading ring-shaped lesions. The edge of the lesion may be dry and scaly, or moist and crusted. The center often becomes clear as the lesion spreads outward.

Scalp: It often begins as a small scaly patch on the scalp. Mild redness and swelling may occur. Infected hairs become brittle and break off easily.

Feet: Also known as Athlete's foot, it is often seen as scaling or cracking of the skin of the foot, especially between the toes. May have blisters and itching can occur.

SPREAD

By direct contact with lesions of infected persons, from an animal that has ringworm, or from contaminated objects. To prevent spread of infection, children should not share hats, combs, towels, clothing, or personal items that may be contaminated.

INCUBATION

Ringworm takes about 4 to 14 days after exposure for symptoms to appear.

CONTAGIOUS PERIOD

Contagious as long as the fungus is present in the skin lesions. Once lesions start shrinking the fungus is no longer present. If a child is prescribed oral medication by their provider, then a child must wait until they begin treatment before being considered no longer infectious. This is usually in cases where the child has ringworm on their scalp. Over-the-counter medications are available for treatment.

EXCLUSION

Child Care and School: Until 24 hours after oral treatment has been started. If oral treatment does not occur, once lesions begin to shrink.

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. If you suspect ringworm in your household members, contact your healthcare provider.
2. Antifungal ointments are often used for treating ringworm. Oral medication may also be necessary when infection of the hair or scalp is more severe.
3. Household contacts, including pets, should be checked for signs of infection. If infection is present, treatment should be started as soon as possible.
4. Practice good hand hygiene after touching lesions.
5. Wash combs and brushes used by the infected person in hot, soapy water.

Roseola

Roseola is a rash illness of children. Most cases occur in children 6 months to 2 years of age.

CAUSES

Human herpes virus 6 or 7.

SYMPTOMS

High fever that may cause seizure activity. The fever usually lasts 3 to 5 days. Then, a rash may appear as small, slightly bumpy, rose-pink, raised spots on the skin. The rash usually lasts hours to days. Infection also occurs without symptoms in many children.

SPREAD

By contact with respiratory droplets formed when a child talks, coughs, or sneezes. These droplets can land on or be rubbed into the eyes, nose, or mouth. Adults without symptoms may spread the virus from their saliva.

INCUBATION

It takes about 9 to 10 days after exposure for symptoms to begin.

CONTAGIOUS PERIOD

After infection, the virus can be present in the saliva on and off for the reminder of the person's life.

EXCLUSION

Child Care and School: Provided that other rash illnesses, especially measles, have been ruled out, the child may return when he/she is without fever for 24 hours. The child must be able to participate and staff members can care for the child without compromising their ability to care for the health and safety of the other children.

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. Practice good hand hygiene.
2. Items that children put in their mouths and surfaces should be cleaned and sanitized daily.

Rotavirus

Rotavirus is a virus that causes diarrhea and vomiting in infants and children, but may also affect adults. It can occur at any time of the year but most commonly occurs during the winter and spring months. The rotavirus vaccine can help protect children against severe illness.

CAUSES

Rotaviruses.

SYMPTOMS

Watery diarrhea, vomiting and fever. Additional symptoms may include dehydration and loss of appetite. Illness generally lasts three to eight days.

SPREAD

Rotavirus leaves the body through the stool of an infected person and enters another person when hands, food or objects (such as toys), contaminated by the stool are placed in the mouth. It can also spread through contaminated food.

INCUBATION

It takes about 1 to 3 days from exposure until symptoms develop.

CONTAGIOUS PERIOD

People who are infected with rotavirus can infect others before their symptoms begin. They are most infectious during the duration of symptoms and for the first three days after they recover.

EXCLUSION

Child Care: Until 24 hours after fever and vomiting has stopped and diarrheal conditions are met (see diarrheal exclusions).
School: None, unless the child is not feeling well and/or has diarrhea and needs to use the bathroom frequently. Exclusion may be necessary during outbreaks

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. Frequent, careful hand washing by child care staff, children, and household members.
2. Vaccination is recommended at 2 and 4 months, or 2, 4 and 6 months of age, depending on the vaccination given.
3. Clean, rinse with clean water, then disinfect contaminated areas (diapering area, toilets, potty chairs) and sanitize toys at least daily and when soiled.

Rubella (German Measles)

Reportable to the local Health Department

Rubella (German measles) is a mild illness that can be prevented through immunization.

CAUSES

Rubella virus.

SYMPTOMS

In children, a red rash is usually the first sign of illness. It first appears on the face, then spreads to the rest of the body and can last about 3 days. Other symptoms that may occur 1 to 5 days before the rash appears include a low fever, headache, mild pink eye, general discomfort, swollen glands, cough, and runny nose. Adults who get rubella may experience the same symptoms as children. Some people infected with Rubella will not experience any symptoms.

SPREAD

By contact with respiratory droplets formed when a child talks, coughs, or sneezes. Rubella can also be spread by touching respiratory secretions from or objects contaminated by children who carry the virus. These droplets can land on or be rubbed into the eyes, nose, or mouth.

INCUBATION

It takes 12 to 23 days, with an average of 17 days, from exposure until the symptoms develop.

CONTAGIOUS PERIOD

Infected individuals are most contagious when the rash is erupting, but the contagious period can start 7 days before the rash appears to 7 days after the rash appears.

EXCLUSION

Child Care and School: Until 7 days after the rash appears.

Exclude unvaccinated children and staff for 23 days after the onset of rash in the last person who developed rubella. Recommendations for exclusion should be done in collaboration with the local health department.

REPORTABLE

Provider: This disease is *reportable* to the local or state health department.
Parents/guardians: Inform your child care provider if your child has this illness.

PREVENTION/CONTROL

1. Kentucky state law and local child care regulations require all children in child care or school settings to be immunized for rubella, measles, and mumps. Refer to the Kentucky immunization regulations for childhood vaccination schedule.
2. If you or your child is not protected against rubella, please call your healthcare provider as soon as possible to obtain your immunizations. Unimmunized children will be excluded from any child care setting in which a case of rubella occurs. Please notify your child care provider when you have your child immunized so his/her record can be updated.
3. If your child develops a rash, fever and swollen glands behind the ears, please keep him/her at home and call your healthcare provider.
4. If a pregnant woman without protection against rubella contracts the disease, there could be harmful effects to her baby. If you are pregnant and you have been exposed to rubella, contact your healthcare provider immediately.

Salmonellosis

Reportable to the local Health Department

Salmonellosis is an infection of the intestines that is common in children under 5 years old. Salmonella infection is more common in the summer months (June, July, and August) than winter. Certain strains of salmonella can cause a serious illness called Typhoid Fever. Children with this type of salmonellosis will need to be monitored closely.

CAUSES

Salmonella bacteria.

SYMPTOMS

Diarrhea, cramps, nausea, headache, fever, and sometimes vomiting. Illness can persist from 4 to 7 days.

SPREAD

Salmonella leaves the body through the stool of an infected person and enters another person when hands, food, or objects, (such as toys) contaminated with stool are placed in the mouth. Spread can also occur through contact with infected animals, especially reptiles, and poultry. Ingestion of contaminated food, water, meats, eggs, and unpasteurized milk can also cause infection.

INCUBATION

It may take 6 hours to 6 days from exposure until symptoms develop.

CONTAGIOUS PERIOD

As long as *Salmonella* is present in the stool, which may be up to several weeks. In some cases, *Salmonella* can remain in the stool for up to 12 weeks.

EXCLUSION

Child Care: Follow general diarrheal guidelines, having children not return until 24 hours after diarrhea has stopped. Children who have Salmonella in their stools, but who do not have symptoms, may return after the Health Department rules proper diapering and hand hygiene procedures are in place. If determined appropriate, children do not need to be excluded. Child care workers should be excluded until symptoms have resolved and until 2 consecutive negative stool cultures 24 hours apart. When taking antibiotics, the initial sample should be taken 48 hours after the completion of antibiotics.

Children with Typhoid Fever will need to have 3 negative stool tests, obtained at least 2 days after the completion of antibiotics, before returning to the child care setting.

School: None, unless the child is not feeling well and/or has diarrhea and needs to use the bathroom frequently. Exclusion may be necessary during outbreaks.

Anyone with Salmonella should not go in lakes, pools, splash pads, water parks, or hot tubs until after diarrhea has stopped.

Staff with Salmonella should be restricted from working in food service until they meet exclusion criteria to return to work.

REPORTABLE

Provider: This disease is *reportable* to the local or state health department.

Parents/guardians: Inform your child care provider if your child has this illness.

PREVENTION/CONTROL

1. Frequent, careful hand washing by child care staff, children, and household members.
2. Thoroughly cook all foods. Wash and sanitize cutting boards and knives that have been used for raw meat or poultry before using uncooked foods (i.e. fruits or vegetables).
3. Clean, rinse with clean water, then disinfect contaminated areas (diapering area, toilets, potty chairs) and sanitize toys at least daily and when soiled.

Scabies

Scabies is an infestation caused by tiny mites that burrow and lay eggs under the skin. Humans are the source of infestation, animals do not spread human scabies. Scabies affects people from all socioeconomic levels with no regard to sex, age, or personal hygiene.

CAUSES

Sarcoptes scabiei, a mite.

SYMPTOMS

Rash and intense itching that may be more severe at night. Rash is commonly seen in the folds of skin between fingers, around wrists and elbows and armpits. Other areas where rash may appear are knees, waistline, thighs, male genitals, abdomen, chest, and lower portions of the buttocks. Children younger than 2 may be infested on the head, neck, palms, and soles of the feet. Itching can last for weeks after treatment.

SPREAD

By prolonged direct contact with skin or through shared bedding, towels, and clothing of a person with scabies. Scabies mites can survive 48 to 72 hours off a person.

INCUBATION

It takes 4 to 6 weeks from the time a person is newly exposed until symptoms appear. Symptoms may appear one to four days if the person has had scabies before.

CONTAGIOUS PERIOD

From the time a person is infected with the mites until the infestation has been treated.

EXCLUSION

Child Care and School: Children should be excluded at least until they conclude their first treatment.

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. Items such as underwear, pajamas, bedding, and towels should be machine washed and dried in hot temperatures at the time of treatment. If it cannot be laundered, store clothing in a plastic bag for 1 week.
2. Vacuum furniture and carpets. Do not use insecticide sprays.
3. If you suspect scabies in your family members, see your healthcare provider.
4. Household members and very close contacts should be treated at the same time as the infested individual, even if no signs or symptoms are present.

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Shigellosis

Reportable to the local Health Department

Shigellosis is an infection of the intestines that occurs most often in children under 5 years old. Outbreaks can occur in early child and education settings because Shigella can spread easily from one person to another. It only takes a small number of bacteria to make someone ill.

CAUSES

Shigella bacteria.

SYMPTOMS

Diarrhea (may be watery), fever, stomach cramps. Stools may contain blood or mucus. Illness usually lasts 5 to 7 days. Some people may experience symptoms for up to 4 weeks or more.

SPREAD

Shigella leaves the body through the stool of an infected person and enters another person when hands, food, or objects (such as toys) contaminated with stool are placed in the mouth. Spread can occur with improper hand washing after toileting and changing diapers. You can also become infected by eating food prepared by an infected person or by swallowing contaminated water.

INCUBATION

It takes one to 7 days (usually 1 to 2 days) from the time a person is exposed until symptoms develop.

CONTAGIOUS PERIOD

As long as Shigella is present in the stool—may be up to 4 weeks after illness.

EXCLUSION

Child Care: Until asymptomatic and one negative stool culture. When taking antibiotics, the sample should be taken with initial culture being done 48 hours after the completion of antibiotics.

School: None, unless the child is not feeling well and/or has diarrhea and needs to use the bathroom frequently. Exclusion may be necessary during outbreaks.

Anyone with Shigella should not go in lakes, pools, splash pads, water parks, or hot tubs until 2 weeks after diarrhea has stopped.

Child care staff should be excluded from child care until asymptomatic and 2 negative stool cultures taken at least 24 hours apart, with the initial culture being done no sooner than 48 hours after completion of antibiotics if prescribed and taken. **Staff infected with Shigella and in recovery should be restricted from working in food service. Call your local health department to see if these restrictions apply.**

REPORTABLE

Provider: This disease is *reportable* to the local or state health department.
Parent/guardians: Inform your child care provider if your child has this illness.

PREVENTION/CONTROL

1. Frequent, careful hand washing by child care staff, children, and household members.
2. Clean, rinse with clean water, then disinfect contaminated areas (diapering area, toilets, potty chairs) and sanitize toys at least daily and when soiled.
3. Do not use inflatable or plastic kiddie pools or inflatable slides, because they cannot be properly disinfected and can spread germs more easily.

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Shingles (Zoster)

After a person has chickenpox, the virus that causes it can remain inactive in the body for many years. Shingles occurs when the virus becomes active again, usually in older adults. Children can also get shingles.

CAUSES

Varicella zoster virus, a member of the herpes virus family.

SYMPTOMS

A painful rash that develops on one side of the face or body. Several days before the rash appears, people often experience pain, itching, or tingling in the area where the rash will develop. In rare cases, usually occurring in people with weakened immune systems, the rash may look similar to a chickenpox rash. Other symptoms include fever, headache, chills, and upset stomach. The blisters typically scab over in 7 to 10 days and will fully clear within 2 to 4 weeks.

SPREAD

By contact with the fluid from the blisters. When people who have not had chickenpox are exposed to shingles virus, they can develop chickenpox. Shingles does not sread from one person to another.

INCUBATION

None. The virus can remain in the body in an inactive state for many years after the original chickenpox infection. Shingles occurs when the varicella-zoster virus reactivates.

CONTAGIOUS PERIOD

From the start of the rash until all the blisters have scabbed over.

EXCLUSION

Child Care and School: None, if blisters can be completely covered by clothing or a bandage. If blisters cannot be covered, exclude until the blisters have crusted.

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child has this illness

CAUTION

When a pregnant woman or a person with a weak immune system who has not had chickenpox is exposed to shingles, he or she should contact a healthcare provider for possible treatment. Note: Do not give aspirin to a child with shingles. There is a risk of developing Reye syndrome (a serious condition which can cause death) when children take aspirin for viral illnesses.

Streptococcal Sore Throat/Scarlet Fever

Strep throat (streptococcal sore throat) and scarlet fever (a strep throat with a rash) are common infections in young children.

CAUSES

Streptococcus bacteria (Group A strep).

SYMPTOMS

Strep throat: Fever, sore throat, swollen glands, pain when swallowing, and white patches on the tonsils.

Scarlet fever: Usually begins with a fever and sore throat. A very fine raised rash (feels like sandpaper and blanches with pressure) is present. A fuzzy white tongue usually occurs. The rash appears most often on the neck, chest, in folds of the armpit, elbow, groin, and the inner thigh and will fade in about 7 days. Later on, there may be peeling of the skin on the fingertips and toes which can last several weeks. The rash usually appears 1 to 2 days after the illness begins, but could appear up to 7 days before symptom onset to 7 days after.

SPREAD

By contact with respiratory droplets formed when a child talks, coughs, or sneezes. These droplets can land on or be rubbed into the eyes, nose, or mouth. It can also be spread by respiratory secretions from or objects contaminated by children who are infectious.

INCUBATION

It usually takes 2 to 5 days from the time a person is exposed until symptoms develop.

CONTAGIOUS PERIOD

Until 12 hours after antibiotic treatment begins.

EXCLUSION

Child Care and School: Until 12 hours after antibiotic treatment begins and the child is without fever.

Children without symptoms, regardless of a positive throat culture, do not need to be excluded from child care or school. Persons who have strep bacteria in their throats and do not have any symptoms (carriers) appear to be at little risk of spreading infection.

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. If your child develops a sore throat and other symptoms listed above, keep him/her home and call your healthcare provider.
2. Frequent, careful hand washing by child care staff, children and household members.
3. Clean, rinse with clean water, then sanitize mouthed toys daily and when soiled.

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Tuberculosis

Reportable to the local Health Department

Tuberculosis is a disease that is spread from person-to-person through the air. It usually affects the lungs, but can affect any part of the body. TB can be a serious illness, but it is treatable with antibiotics. TB can live in a person's body and not make the individual sick. This is known as latent TB infection (LTBI). When the bacteria begin to multiply, an individual will become sick with active TB disease.

CAUSES

Mycobacterium tuberculosis bacteria.

SYMPTOMS

General symptoms of TB disease may include feeling tired or weak, weight loss, fever or night sweats, and loss of appetite. When TB is in the lungs, there may be a bad cough (usually brassy and non-productive) that lasts 3 weeks or longer, chest pain, and possible coughing up of blood. Symptoms often develop gradually and worsen until treatment is started. LTBI individuals do not feel sick.

SPREAD

By droplets that are expelled into the air when someone with TB disease coughs, sneezes, speaks, or sings. These droplets may be breathed in by others or they can dry out and be carried by dust particles on air currents. These dried particles can then infect other people that breathe them in Individuals with LTBI cannot spread TB.

INCUBATION

It takes 2 to 10 weeks after exposure to develop infection with TB. The risk of developing TB disease is highest during the first 6 months after infection and remains high for 2 years. Infection can be detected by a TB skin test. Most healthy people who become infected with TB bacteria will never develop symptoms of active TB disease. For those who do develop disease, symptoms can occur within a few weeks after infection or may occur many years later.

CONTAGIOUS PERIOD

Only active TB disease of the lungs or throat is contagious. The contagious period is from the onset of symptoms until the person receives at least two weeks of treatment.

EXCLUSION

A person with active TB disease should be excluded from a group setting. Those excluded due to active TB disease can return to a group setting when they have documented adherence to treatment and the individual is considered noninfectious by a medical professional. A person with a positive TB skin test, but without symptoms, should *not* be excluded but should see a healthcare provider as soon as possible for further evaluation.

REPORTABLE

Provider: This disease is reportable to the local or state health department if a person with a positive skin test also has an abnormal chest X-ray or presents with symptoms consistent with active TB.

Parents/guardians: Inform your child care provider if your child has this illness.

PREVENTION/CONTROL

1. Practice cough etiquette by coughing into a tissue and disposing of it properly. Wear a surgical mask around others if productive coughing is present. If a person has been exposed for 8 or more hours to someone who has symptoms of active TB, they should be tested within 2 to 8 weeks.
2. Frequent, careful hand washing by child care staff, children, and household members.

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Viral Meningitis

Viral meningitis is an infection of a thin lining covering the brain and spinal cord—the meninges. It is the most common type of meningitis caused by any one of a number of different viruses. Most cases occur as a single isolated event. Viral encephalitis is also an infection of the brain.

CAUSES

In the United States, most cases are caused by non-polio enteroviruses. Other viruses that may cause viral meningitis are the mumps virus, herpesvirus including the Epstein-Barr virus, measles virus, influenza virus, arboviruses such as West Nile Virus, and lymphocytic choriomeningitis virus.

SYMPTOMS

Symptoms in babies may include fever, fussiness, irritability, difficulty waking, lethargy, or refusing to eat. Common symptoms, in children and adults, are fever, headache, stiff neck, photophobia (eyes being more sensitive to bright light), sleepiness or trouble waking up from sleep, nausea, irritability, vomiting, lack of appetite, and lethargy. Most individuals with viral meningitis usually get better within 7 to 10 days.

SPREAD

Enteroviruses are spread by indirect or direct contact with stool or possibly from an infected person's respiratory secretions. Arboviruses cannot be spread from person-to-person. They are spread by mosquitoes. The mumps virus is spread through direct contact with saliva or respiratory droplets of an infected individual. Herpesviruses are spread through saliva and close contact with infected individuals. Influenza viruses are spread through respiratory secretions and droplets when individuals cough, sneeze, or talk.

INCUBATION

Usually within 1 week from the time of exposure until symptoms begin, but could be 2 to 21 days depending on the virus.

CONTAGIOUS PERIOD

For enteroviruses: (through contact with stool) three days after being infected until 10 days after symptoms have resolved. One may be contagious for several weeks once the virus is in their system, even if they are asymptomatic.

EXCLUSION

Child Care: Until the fever is gone for 24 hours, without the aid of fever reducing medication, or diarrhea has stopped for 24 hours and the child is well enough to participate in routine activities.
School: None, if the child is well enough to participate in routine activities.

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child has this illness

PREVENTION/CONTROL

1. Frequent, careful hand washing by child care staff, children, and household members.
2. Dispose of tissues and diapers properly.
3. Clean, rinse with clean water, then disinfect contaminated areas (diapering area, toilets, potty chairs) and sanitize toys at least daily and when soiled.
4. Avoid sharing eating utensils and drinking containers.

Yeast Infections (Thrush)

Yeast infections can be found in the mouth or the diaper area and are caused by fungal infections. The fungus that causes these infections can be found in healthy people. It sometimes causes illness among infants, persons with weak immune systems or those on certain antibiotics. Thrush is another name for a yeast infection in the mouth.

CAUSES

Various species of *Candida* fungus. *Candida albicans* is the most common of these fungi.

SYMPTOMS

Mouth: White, slightly raised patches on the tongue or inside the cheek. Other symptoms can include redness or soreness, a cotton-like feeling in the mouth, loss of taste, pain while eating or swallowing, or cracking and redness at the corners of the mouth.

Diaper area: A smooth, shiny "fire engine" red rash. Redness area is bordered by red pimple-like "satellite lesions." Sores, cracking, or oozing skin may be present in a severe case.

SPREAD

Person-to-person transmission may occur, although rare, through contact with skin lesions, mouth and vaginal secretions, or stool of infected persons or asymptomatic carriers. A child can pass the infection to their mother during breastfeeding.

INCUBATION

Unknown. For thrush in infants, it usually takes 2 to 5 days from the time a person is exposed until symptoms develop. Yeast infections may also occur while taking antibiotics for another illness.

CONTAGIOUS PERIOD

Contagious while external patches are present.

EXCLUSION

Child Care and School: None

REPORTABLE

Parents/guardians: Inform your child care/school provider if your child has this illness.

PREVENTION/CONTROL

1. Frequent, careful hand washing by child care staff, children, and household members.
2. Minimize contact with secretions and stool of infected persons.
3. Clean bottle nipples and pacifiers daily. Disinfect by boiling or using a commercial dishwasher.
4. Clean rinse with clean water, then sanitize mouthed toys at least daily and when soiled.

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Letters to Parents: Table of Contents

Note: These letter templates are provided for your use to inform parents of illness in your child care center. Before sharing or sending, please review to ensure letters are consistent with your center's policies.

Disease Name:	Page:	Disease Name:	Page:
Bed Bugs	80	Pinkeye (Conjunctivitis)	89
Oral Herpes (Cold Sore)	81	Ringworm	90
Cytomegalovirus (CMV) Infection	82	Roseola	91
Fifth Disease	83	Respiratory Synctial Virus (RSV)	92
Hand, Foot and Mouth Disease	84	Scabies	93
Impetigo	85	Staph or MRSA	94
Infectious Mononucleosis	86	Strep Throat or Scarlet Fever	95
Influenza (Flu)	87	Thrush (Candidiasis)	96
Molluscum Contagiosum	88	Yeast Diaper Rash (Candidiasis)	97

If you have a suspected outbreak of an illness (except lice outbreaks), consult with the Northern Kentucky Health Department Epidemiology 859-363-2070.

Generally, an outbreak can be considered to be two or more unrelated (e.g. not sibling) children or staff with the same diagnosis or symptoms in the same group (or classroom) within one week.

Note: Lice is not an infectious disease. It is included in this manual for your convenience, but not reportable to the Health Department.

Bed Bugs

Date: _____

Dear Parent or Guardian,

Your child may have been exposed to **bed bugs** while at child care.

What are bed bugs?
Bed bugs are small, flat insects, usually brown or reddish-brown in color. Bed bugs are typically about 1/4 of an inch long. Bed bugs do not fly, but can quickly move across floors, walls and other surfaces. They are typically active at night. They can be found in any setting, regardless of whether it is clean or dirty.

What do bed bugs do to humans?
Bed bugs require blood to survive. To get this nourishment, they often feed on humans. Bed bugs usually bite people at night when they are sleeping, and feed on any area of exposed skin, such as the face, neck, shoulders, arms or hands. The amount of blood lost by humans to bed bugs is minimal.

The bites do not hurt, so the person usually does not know that he/she has been bitten, but bed bug bites do irritate the skin. People with bed bug bites may develop a small, hard, swollen white welt at the site of the bite. The welts are accompanied by severe itching that usually lasts a couple of days.

Where are bed bugs found?
Bed bugs are typically found in luggage, clothing, bedding and furniture. They can live in almost any crevice or protected location. Look for specks of blood, rusty spots on bedsheets and mattresses or behind loose wallpaper that may indicate the presence of bed bugs.

Unlike many other pests, bed bugs are not prevented by clean conditions, and can be found in places that are frequently and thoroughly cleaned.

Bed bugs have been found in hotels, apartment units, single family homes, libraries, workplaces, etc. The potential exists for them to be transported to almost any public building, vehicle or work site.

Do bed bugs spread disease?
Bed bugs do not appear to transmit diseases. The greatest threat from the bites in humans is the swelling and inflammation at the site of the bites, which can lead to secondary bacterial skin infections. Check with your healthcare provider to determine treatment for secondary infections.

How can I keep from getting bed bugs?
Do not allow the sharing of personal items such as towels, bedding, cloths, coats or backpacks. Perform inspections of such items regularly, or take steps to restrict the entry of such items into the facility if a problem is discovered.

Once bed bugs have infested an area, treatment by a professional exterminator is necessary. Multiple treatments are often required.

Use of secondhand furniture, particularly beds and couches, is another way these insects are spread. Be very careful when purchasing or receiving used furniture. Consider limiting cloth materials being brought into the facility. This may include blankets, stuffed animals, soft toys and backpacks**.**

Will children be excluded for group settings?
No, there are not exclusion guidelines for children if a bed bug is seen with their belongings.

Oral Herpes (Cold Sores)

Date: _____

Dear Parent or Guardian,

Your child may have been exposed to **cold sores** while at child care.

What causes cold sores?

Cold sores (also called fever blisters) are most often caused by the herpes simplex virus (type 1).

What are the symptoms of cold sores?

Cold sores usually appear in the mouth or around the lips. They begin as blisters with clear fluid, and then crust over. They may be accompanied by fever, irritability, and tender and swollen lymph nodes (swollen glands).

How serious are cold sores?

Cold sores can be painful but are rarely serious. Newborn infants and persons with weakened immune systems can become severely ill from the virus, so it is important to protect them from cold sores. Rarely, a very serious eye infection can result when people with the virus on their hands spread it by touching their eyes.

How does a person get cold sores?

The virus that causes cold sores is spread when fluid from the sores or saliva from an infected person comes in direct contact with another person's skin, nose, mouth or eyes.

How long does it take to come down with cold sores after a person is exposed?

Cold sores can appear 2 days to 2 weeks after exposure.

When is a person with cold sores contagious?

During the first infection with the virus that causes cold sores, a person is infectious for at least a week, especially while sores are open. After the sores heal, a person is less infectious but can sometimes still spread the virus for several weeks. A person who has had cold sores before will be most contagious for 3 to 4 days after the cold sores first reappear.

How can I help prevent the spread of cold sores?

- Wash hands well and often with soap and water, especially after touching sores or wiping a nose.
- Cover coughs and sneezes and put used tissues into a trash can.
- Clean, rinse and sanitize toys regularly at child care and after contact with saliva or the mouth of a child.
- Prevent sharing of food, drink and personal items which may touch the mouth, such as cups, eating utensils, toothbrushes or towels.
- Cover sore(s) with bandage(s) when possible.
- Avoid kissing anyone with cold sores on the mouth.
- Prevent persons with cold sores from kissing others, especially infants.

What is the treatment for cold sores?

If you suspect your child has cold sores, contact your child's healthcare provider for evaluation and treatment. There is no cure for cold sores. Sores heal by themselves if they are kept clean and dry and do not become infected by bacteria. Some children become dehydrated because of mouth pain. Encourage children to drink plenty of fluids to prevent dehydration.

If my child develops cold sores, must she/he stay away from child care?

Infants and toddlers generally must stay home because of their tendency to put toys and other items in their mouths. Older children can attend child care as long as they have control of drooling and do not have any other symptoms that would require exclusion and feel well enough to participate in activities.

Cytomegalovirus (CMV) Infection

Date: _____

Dear Parent or Guardian,

Your child may have been exposed to **cytomegalovirus (CMV)** while at child care.

What causes CMV?
CMV is a viral infection very common in young children. Nearly in three children in the United States are already infected with CMV by age 5 year

What are the symptoms of CMV?
Most people with CMV infection have no symptoms. Older children and adults may experience fever, sore throat, tiredness and swollen glands. People who have been infected with CMV develop lifelong antibodies to the virus; that is, they usually don't get it more than once.

How serious is CMV?
CMV usually doesn't harm children who become infected. For people with weakened immune systems, however, CMV can be more serious and a healthcare provider should be consulted. CMV may also cause problems for the fetus during pregnancy. Pregnant women exposed to CMV should contact their healthcare provider.

How does a person get CMV?
CMV is spread through contact with infected body fluids, such as saliva, urine and blood.

People with CMV are contagious as long as the virus is in their body secretions, which can be for months.

How can I help prevent the spread of CMV?

- Wash hands well and often with soap and water, especially after changing diapers or using the toilet.
- Cover coughs and sneezes and put used tissues into a trash can.
- Clean, rinse and sanitize toys regularly at child care and after contact with saliva.
- Prevent sharing of food, drinks, and personal items that may touch the mouth, such as eating utensils, toothbrushes or towels.
- Avoid kissing children on the mouth.
- If you are pregnant, discuss CMV with your healthcare provider.

What is the treatment for CMV?
If you suspect your child has CMV, contact your child's healthcare provider for evaluation. Healthy children and adults recover from CMV infection without any problems and treatment is not necessary. Treatment for CMV infection is usually needed only for people with weakened immune systems.

When is a person with CMV contagious?
If my child develops CMV, must she/he stay away from child care?
No, as long as your child does not have any other symptoms that would require exclusion and feels well enough to participate in activities.

Fifth Disease

Date: _____

Dear Parent or Guardian,

Your child may have been exposed to **fifth disease** (also called erythema infectiosum) while at child care.

What is fifth disease?
Fifth disease is a mild rash illness caused by a virus called human parvovirus B19. Outbreaks of fifth disease occur often in child care settings and schools.

What are the symptoms of fifth disease?
Cold symptoms including, headache, muscle aches or a slight fever may be present 1-3 weeks before a rash appears. An ill child usually develops bright red cheeks (slapped-cheek rash) followed by a lacy red rash on the arms, legs and trunk. Less commonly, a child may have an itchy gloves and socks rash. The rash usually gets better in 7 to 10 days, but may come and go for days or even weeks. Adults with fifth disease may experience joint pain along with the rash. Some children and adults who are infected with the virus do not have any symptoms.

How serious is fifth disease?
Fifth disease is usually mild and goes away on its own. For people with weakened immune systems or sickle cell anemia and other inherited blood disorders, however, fifth disease can be more serious and a healthcare provider should be consulted. Fifth disease may also cause problems for the fetus during pregnancy. Pregnant women exposed to fifth disease should contact their healthcare provider.

How does a person get fifth disease?
The virus that causes fifth disease is found in respiratory secretions (fluids from the nose, mouth and throat). The virus is spread when a person comes into direct contact with those fluids from an infected person.

How long does it take to come down with fifth disease after a person is exposed?
It generally takes from 4 to 14 days from the time a person is infected for symptoms to begin, but can be as long as 21 days.

When is a person with fifth disease contagious?
People with fifth disease are contagious before the rash appears. Those with a rash are not contagious.

How can I help prevent the spread of fifth disease?

- Wash hands well and often with soap and water, especially after wiping a nose or mouth.
- Cover coughs and sneezes and put used tissues into a trash can.
- Clean, rinse and sanitize toys regularly at child care and after contact with saliva.
- Prevent sharing of food, drinks and personal items that may touch the mouth, such as eating utensils, toothbrushes or towels.
- Keep your child home when she/he has a fever.

What is the treatment for fifth disease?
If you suspect your child has fifth disease, contact your child's healthcare provider for evaluation and treatment. Usually, symptom relief (that is, relief of any fever, pain, or itching) is the only treatment needed for fifth disease. Fifth disease is usually mild and will go away on its own.

If my child develops fifth disease, must she/he stay away from child care?
No, as long as she/he does not have any other symptoms that would require exclusion and feels well enough to participate in activities.

Hand, Foot and Mouth Disease

Date: _____

Dear Parent or Guardian,

Your child may have been exposed to **hand, foot, and mouth disease** while at child care.

What causes hand, foot and mouth disease?
Hand, foot and mouth disease is a common illness of infants and children caused by a Coxsackievirus. It occurs mainly in children under 5 years old, but may occur in older children and adults as well. It is most often seen in the summer or fall. It is not related to foot-and-mouth disease in animals and is only transmitted person-to-person.

What are the symptoms of hand, foot and mouth disease?
Symptoms of hand, foot and mouth disease include tiny blisters in the mouth and on the palms of the hands, soles of the feet and buttocks. The illness may also include fever, sore throat or cold symptoms. Mouth blisters may make eating or drinking difficult. Other symptoms such as vomiting and diarrhea can occur. An infected person may have none, few or all of the symptoms.

How serious is hand, foot, and mouth disease?
For almost all children the illness is mild. Symptoms are the worst in the first few days but are usually completely gone within a week. Early in the illness, some children become dehydrated because of the fever and mouth pain. Only in very rare cases does the virus responsible for hand, foot and mouth disease cause a severe illness such as viral meningitis or heart problems. Pregnant women and persons with weakened immune systems who are exposed to hand, foot and mouth disease should contact their healthcare provider.

How does a person get hand, foot and mouth disease?
The virus is found in the fluids from the nose, throat, blisters and stool of an infected child. Another child becomes infected when hands, food or toys contaminated with the virus are put into the mouth.

How long does it take to come down with hand, foot, and mouth disease after a person is exposed?
It usually takes 3 to 6 days after exposure for symptoms to begin.

When is a person with hand, foot and mouth disease contagious?
A person is most contagious during the first week of illness, but the virus may be shed in stool for weeks.

How can I help prevent the spread of hand, foot and mouth disease?

- Wash hands well and often with soap and water, especially after wiping a nose or changing a diaper.
- Cover coughs and sneezes and put used tissues into a trash can.
- Clean, rinse and sanitize toys regularly at child care and after contact with saliva.
- Prevent sharing of food, drinks, and personal items that may touch the mouth, such as eating utensils, toothbrushes or towels.

What is the treatment for hand, foot and mouth disease?
If you suspect your child has hand, foot and mouth disease, contact your child's healthcare provider for evaluation and treatment. Relief of any fever or pain is the only treatment available for hand, foot and mouth disease. To prevent dehydration, those with fever and mouth pain should drink plenty of fluids.

If my child develops hand, foot, and mouth disease, must s/he stay away from child care?
No, as long as she/he does not have any other symptoms that would require exclusion and feels well enough to participate in activities.

Impetigo

Date: _____

Dear Parent or Guardian,

Your child may have been exposed to **impetigo** while at child care.

What is impetigo?

Impetigo is a very contagious skin infection caused by bacteria. It is common in young children and may be referred to as staph or strep. Found most often on the face, impetigo may be anywhere on the body.

What are the symptoms of impetigo?

Impetigo appears as small red pimples, then fluid-filled blisters with honey-colored scabs/crusts. These are usually found on the face, but may be anywhere on the body.

How serious is impetigo?

Impetigo can get worse without treatment, so contact your child's healthcare provider for any symptoms of impetigo. Rarely, impetigo can lead to serious illness.

How does a person get impetigo?

The bacteria which cause impetigo are present in the sores and nasal secretions of an infected person. Someone can get impetigo either from direct contact with a person with impetigo or from touching something contaminated with the bacteria. Sometimes the bacteria infect the nose then spread to other parts of the body by scratching. Other times the bacteria enter through an opening in the skin, such as a cut, scratch or insect bite.

How long does it take to come down with impetigo after a person is exposed?

Skin sores develop in 7 to 10 days after bacteria attach to the skin.

When is a person with impetigo contagious?

A person with impetigo is contagious until treated with antibiotics for 24 hours, or until the sores are no longer present.

How can I help prevent the spread of impetigo?

- Wash hands well and often with soap and water, especially after touching sores or wiping a nose.
- Cover sneezes and coughs and put used tissues into a trash can.
- Clean, rinse and sanitize toys regularly at child care.
- Prevent sharing of unwashed clothing, sheets, washcloths or towels.
- Wash clothing, sheets, washcloths and towels of person with impetigo in hot water.
- Keep infected area(s) covered with clothing or bandage(s) while at child care.
- Keep fingernails short (clip at home) to decrease spread by scratching.
- Clean all minor cuts and scrapes with soap and water.
- Bathe regularly with soap and water.

What is the treatment for impetigo?

If you suspect your child has impetigo, consult with your child's healthcare provider for evaluation and treatment. Impetigo is treated with an antibiotic ointment or an oral antibiotic.

If my child develops impetigo, must she/he stay away from child care?

Yes, until she/he has taken antibiotics for at least 24 hours and feels well enough to participate in activities.

Infectious Mononucleosis

Date: _____

Dear Parent or Guardian,

Your child may have been exposed to **infectious mononucleosis** (also called "mono") while at child care.

What is infectious mononucleosis?

Infectious mononucleosis is a viral infection usually caused by the Epstein-Barr virus.

What are the symptoms of infectious mononucleosis?

Young children who are infected often have no symptoms, but some may have fever, sore throat, tiredness, swollen glands (especially behind the neck) or a rash.

How serious is infectious mononucleosis?

Infectious mononucleosis is usually a mild illness in infants and young children. Worse symptoms are often seen in young adults. Rarely, the infection can cause a severe illness, particularly in those with weakened immune systems.

How does a person get infectious mononucleosis?

Because the virus is in saliva, it is easily spread by toys that an infected child has put in the mouth. Sharing drinks and kissing are other common ways of spreading the virus. People with mononucleosis should not give blood or prepare food for others.

How long does it take to come down with infectious mononucleosis after a person is exposed?

Symptoms appear 4 to 6 weeks after a child is exposed.

When is a person with infectious mononucleosis contagious?

A person with infectious mononucleosis may be able to spread the infection for weeks; some healthy people can shed the virus on and off throughout life.

How can I help prevent the spread of infectious mononucleosis?

- Wash hands well and often with soap and water, especially after touching saliva or items contaminated with saliva.
- Clean, rinse and sanitize toys regularly at child care and after contact with saliva.
- Prevent sharing of food, drink, and personal items which may touch the mouth, such as eating utensils, toothbrushes or towels.
- Avoid kissing children on the mouth.

What is the treatment for infectious mononucleosis?

If you suspect your child has infectious mononucleosis, contact your child's healthcare provider for evaluation and treatment. The illness usually gets better on its own without any treatment. Sometimes treatment with medication is needed for severe symptoms and bed rest is recommended.

If my child develops infectious mononucleosis, must she/he stay away from child care?

No, as long as she/he feels well enough to participate in activities and does not have fever or other symptoms that require exclusion.

Influenza (FLU)

Date: _____

Dear Parent/Guardian,

We are seeing children with flu-like illness in our child care/early childhood program. Symptoms of flu include fever with cough or sore throat, runny or stuffy nose, body aches, headache, chills, mild pinkeye, and tiredness. Some people also have vomiting, diarrhea, or abdominal pain. It is important to note that not everyone with flu will have a fever.

Here are some things that you and your family can do to help prevent the flu:

- Wash your hands often with soap and water, especially after coughing or sneezing or wiping noses.
- Cover your mouth and nose when you cough or sneeze. If you don't have a tissue, cough or sneeze into your elbow or shoulder, not into your hands. Avoid touching your eyes, nose or mouth, as germs are spread this way.
- Get vaccinated for seasonal flu. The Centers for Disease Control and Prevention (CDC) recommends everyone older than 6 months receive flu vaccine each year.

When is a person with flu contagious?

The contagious period is from the day before signs and symptoms appear until at least 7 days after the onset of flu.

How is flu spread?

Direct contact from sneezing and coughing (most cases), or indirect contact form contaminated hands and articles soiled with nose and throat secretions.

How serious is flu?

Most healthy people will recover fully from flu; however, the young, the elderly and people with weakened immune systems are at risk. Remember, influenza can be complicated by severe bacterial pneumonia both in children and older adults.

Treatment

If you suspect your child has flu, call your child's healthcare provider for evaluation and treatment. Viral cultures may be taken. Antiviral drugs may be recommended.

DO NOT GIVE ASPIRIN OR OTHER SALICYLATE- CONTAING MEDICATIONS TO ANY CHILD OR ADOLESCENT UNDER 18 YEARS OF AGE BECAUSE OF THE RISK OF REYE'S SYNDROME, A SERIOUS

COMPLICATION ASSOCIATED WITH THE USE OF ASPIRIN IN SOMEONE INFECTED WITH FLU AND OTHER VIRAL ILLNESSES.

If my child develops flu, must she/he stay away from child care?

If your child has flu symptoms, she/he can return to child care/school only after her/his fever has been gone for 24 hours without any fever-reducing medicines and feels well enough to participate in activities. Any medicine containing *ibuprofen* or *acetaminophen* is a fever-reducing medicine.

Molluscum Contagiosum

Date: _____

Dear Parent or Guardian,

Your child may have been exposed to **molluscum contagiosum** while at child care.

What is molluscum contagiosum?
Molluscum contagiosum is a skin infection caused by a virus.

What are the symptoms of molluscum contagiosum?
Molluscum contagiosum appears as small bumps on the skin. The bumps often have a waxy, white or pinkish look and a small pit in the center. A person may have only a few bumps or many. The bumps spread to different parts of body by scratching a bump and touching another part of the body. Without treatment, the bumps usually go away after a few months, although they can last up to two years.

How serious is molluscum contagiosum?
Molluscum contagiosum is contagious but harmless. The bumps do not leave scars.

How does a person get molluscum contagiosum?
Someone usually gets molluscum contagiosum from direct contact with a bump on an infected person. A towel or other object used by an infected person may also spread the virus.

How long does it take to come down with molluscum contagiosum after a person is exposed?
Bumps appear weeks to months after exposure to the virus.

When is a person with molluscum contagiosum contagious?
It is unknown how long a person with molluscum contagiosum is contagious, but it may be as long as the skin bumps are present.

How can I help prevent the spread of molluscum contagiosum?

- Wash hands well and often with soap and water, especially after touching bumps.
- Clean, rinse and sanitize toys regularly at child care.
- Prevent sharing of unwashed clothing, sheets, washcloths or towels.
- Wash clothing, sheets, washcloths, and towels of person with molluscum contagiosum in hot water.
- Keep infected area(s) covered with clothing or bandage(s) while at child care.
- Keep fingernails short (clip at home) to decrease spread by scratching.

What is the treatment for molluscum contagiosum?
If you suspect your child has molluscum contagiosum, contact your child's healthcare provider for evaluation. There is no way to kill the virus that causes molluscum contagiosum, but it usually goes away on its own.

If my child develops molluscum contagiosum, must she/he stay away from child care?
No, as long as she/he does not have any other symptoms that would require exclusion and feels well enough to participate in activities.

Pinkeye (Conjunctivitis)

Date: _____

Dear Parent or Guardian,
Your child may have been exposed to **pinkeye (conjunctivitis)** while at child care.

What is pinkeye?
Pinkeye is the inflammation (redness, swelling) of the outer layer of the eye and lining of the eyelid. There are several causes of pinkeye. Sometimes it is caused by viruses or bacteria that can be spread from person to person. Allergic and chemical pinkeye are caused by irritation and are not contagious.

What are the symptoms of pinkeye?
A person with pinkeye has redness in one or both eyes with draining fluid. The fluid may be clear and watery (like tears) or thicker white, green or yellow discharge. The eyelids may be matted together after sleep. Sometimes the eyes are itchy or painful. Some viruses and bacteria that cause pinkeye also cause fever, cough and ear infections.

How serious is pinkeye?
Viral and bacterial pinkeye usually go away after a few days and very rarely lead to serious eye damage.

How does a person get pinkeye?
Pinkeye from viruses and bacteria is easily spread by contact with fluid from the eyes, nose, and mouth of an infected person. This can be through person-to-person contact, or through contact with a contaminated toy or other object.

How long does it take to come down with pinkeye after a person is exposed?
The amount of time between being exposed to pinkeye and showing symptoms varies depending on the cause.

When is a person with pinkeye contagious?
Bacterial pinkeye is contagious until 24 hours after antibiotics are started or symptoms are gone. Viral pinkeye is contagious until the eye redness and drainage are gone.

How can I prevent my child or others from coming down with pinkeye?

- Wash hands well and frequently, especially after wiping the eyes or nose or being in contact with someone with pinkeye.
- Cover coughs and sneezes and put used tissues into a trash can.
- Avoid unnecessarily touching eyes.
- Prevent sharing of food, drinks and other items that may touch the mouth, such as eating utensils, toothbrushes or towels.
- Wash dishes and utensils thoroughly in hot soapy water or a dishwasher.
- Wash, rinse and sanitize toys that touch the mouth of a child before use by other children.

What is the treatment for pinkeye?
If you suspect your child has pinkeye, contact your child's healthcare provider for evaluation and treatment. Bacterial pinkeye is treated with antibiotic ointment, eye drops or sometimes oral antibiotics for children who also have ear infections. Viral pinkeye has no treatment.

If my child develops pinkeye, must he/she stay away from child care?
No, unless the child is unable to participate and staff determines that they cannot care for the child without compromising their ability to care for the health and safety of the other children in the group Children with pinkeye should also be excluded if they meet other exclusion criteria, such a fever with behavior change, if there is a recommendation of the health department or the child's health professional, or if the child does not feel well enough to participate in activities.

Ringworm

Date: _____

Dear Parent or Guardian,

Your child may have been exposed to **ringworm** while at child care.

What is ringworm?
Ringworm is caused by a fungus that can infect the skin on the body, feet, or scalp.

What are the symptoms of ringworm?
On the body, ringworm appears as a flat, expanding, ring-shaped patch with borders that are red, elevated, scaly and itchy. The center of the ring is often normal. Groups of rings may be so close to one another that it can be difficult to recognize them as individual rings. On the scalp, the infection begins as small scaly dandruff- like patches. Infected hairs become brittle and easily break off, causing circular or oval bald spots. Some of the fungi that cause ringworm can also cause tinea versicolor (irregular, whitish patches of skin), athlete's foot (a scaly, itchy rash between the toes) and nail infections (thickened, discolored and crumbly finger or toenails).

How serious is ringworm?
Ringworm is a mildly contagious infection. It is usually not serious and is easily treated.

How does a person get ringworm?
Ringworm is spread when:

- Infected skin touches healthy skin
- Infected broken nails or skin flakes fall onto tables and floors or get on to toys and other objects, and then are touched by others.
- Sharing combs brushes, barrettes, bedding, towels, clothing, hats, and bike helmets
- When infected animals (especially cats) come in contact with people.

How long does it take to come down with ringworm after a person is exposed?
It is unknown how long after exposure ringworm appears.

When is a person with ringworm contagious?
A person with ringworm is contagious at least as long as the lesions are untreated.

How can I help prevent the spread of ringworm?

- Wash hands well and often with soap and water, especially after touching ringworm patches.
- Clean, rinse and sanitize toys regularly at child care.
- Prevent sharing of unwashed clothing, sheets, washcloths or towels.
- Wash clothing, sheets, washcloths and towels of person with ringworm in hot water.
- Keep infected area(s) covered with clothing or bandage(s). (This helps to prevent ringworm patches from coming into direct contact with the skin of other children).
- Administer medication to a child with ringworm as prescribed.

What is the treatment for ringworm?
If you suspect your child has ringworm, consult with your child's healthcare provider for evaluation and treatment. Treatment is usually an antifungal ointment or cream that is applied to the skin for several weeks. Both over-the-counter and prescription medications are available. Occasionally, antifungal medicine is taken by mouth, particularly if the ringworm is on the scalp.

If my child develops ringworm, must she/he stay away from child care?
Yes, until after treatment is started and feels well enough to participate in activities. Ringworm patches on the skin should be kept covered by clothing or bandage(s) until they disappear. (A cap is not necessary if ringworm is on the scalp).

Roseola

Date: _____

Dear Parent or Guardian,

Your child may have been exposed to **roseola** while at child care.

What is roseola?

Roseola is a common rash illness of young children, primarily occurring between 6 and 24 months of age. It is caused by a virus. Almost all children have been infected by this virus by the time they are 4 years old.

What are the symptoms of roseola?

Roseola begins with a high fever (above 103 F) lasting 3 to 7days. A red, raised rash becomes apparent the day the fever breaks (usually the fourth day) and then lasts from hours to several days.

How serious is roseola?

Children usually recover fully from roseola.

How does a person get roseola?

The virus that causes roseola is transmitted person-to-person, most likely through respiratory secretions (fluids from the nose, mouth or throat) from a healthy adult.

How long does it take to come down with roseola after a person is exposed?

The symptoms of roseola usually appear 9 to 10 days after exposure.

When are people with roseola contagious?

The exact contagious period of roseola is unknown.

How can I keep my child from coming down with roseola?

- Wash hands well and often with soap and water.
- Cover coughs and sneezes and put used tissues in a trash can.

Treatment

If you suspect your child has roseola, consult your child's healthcare provider for evaluation and treatment.

If my child develops roseola, must he/she stay away from child care?

No, if she/he feels well enough to participate in activities and no longer has fever or other symptoms that require exclusion and feels well enough to participate in activities.

Respiratory Syncytial Virus (RSV)

Date: _____

Dear Parent or Guardian,

Your child may have been exposed to **respiratory syncytial virus** (also called RSV) while at child care.

What is RSV?

RSV is a common cause of respiratory illness among individuals in all age groups. Infection usually causes cold symptoms. RSV infection spreads to the lungs and is the most common cause of bronchiolitis (inflammation of the small airways in the lungs) and pneumonia in children younger than one year of age. Almost all children are infected at least once with RSV by 2 years of age, and reinfection during life is common.

What are the symptoms of RSV?

Children and infants who are infected often have a runny nose and a decrease in appetite before any other symptoms appear. A cough usually develops 1 to 3 days later. Soon after the cough develops, sneezing, fever and wheezing can occur. In very young infants, decreased activity, poor feeding, irritability and breathing problems might be the only symptoms.

How serious is RSV?

Most infants and children recover from RSV in 1 to 2 weeks. A very small percentage of children require hospitalization. Adults usually recover from RSV in less than 5 days. Children with weakened immune systems, prematurity, or heart or lung problems have greater difficulty when ill with this infection.

How does a person get RSV?

RSV is highly contagious and can be spread when droplets containing the virus are sneezed or coughed into the air. RSV can live on inanimate objects (such as cribs, door knobs or table tops) for many hours. Infection can be easily spread when a person gets the virus on her/his hands while touching a contaminated object, then touches her/his eyes, nose or mouth.

How long does it take to come down with RSV after a person is exposed?

Symptoms appear in 2 to 8 days (but usually 4 to 6 days) after a child is exposed to the virus.

When is a person with RSV contagious?

A person with RSV can spread the infection for 3 to 8 days or the duration of the illness. In some cases, however, the virus continues to be shed for up to 3 to 4 weeks.

How can I help prevent the spread of RSV?

- Wash hands well and often with soap and water, especially after wiping a nose or touching oral or nasal secretions.
- Clean, rinse and sanitize toys and surfaces regularly at child care (especially mouthed toys).
- Do not expose children to cigarette smoke because it can worsen the symptoms of RSV.

What is the treatment for RSV?

Contact your child's healthcare provider for evaluation and treatment. There is a lab test for RSV. The illness usually gets better on its own without any treatment. Sometimes physicians may prescribe medications for severe symptoms. Infants who have a serious infection may be treated with an antiviral drug. Preventive injections are available for certain infants at high risk for severe RSV, including some babies born prematurely and those with certain chronic lung or heart disease.

All children should be protected from exposure to tobacco smoke, and special efforts to avoid tobacco smoke are warranted for children at risk for RSV.

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If my child develops RSV, must s/he stay away from child care?

Children with severe respiratory illness or fever should not attend child care until all symptoms have resolved and the child feels well enough to participate in activities

NKYHEALTH
NORTHERN KENTUCKY HEALTH DEPARTMENT

Scabies

Date: _____

Dear Parent or Guardian,

Your child may have been exposed to **scabies** while at child care.

What is scabies?
Scabies is an infestation by tiny mites (small insects) which dig in to and lay eggs under the skin.

What are the symptoms of scabies?

- Intense itching, usually worse at night.
- Reddened, raised lines, bumps or blisters on the skin, especially in skin folds (between the fingers and toes, on the elbow, under the arms, behind the knees, on the groin, and on the stomach).
- In young children, a rash on the head, neck, palms of hands, soles of feet or all over the body.

How serious is scabies?
Scabies is uncomfortable and a nuisance, but not dangerous. However, scratching sometimes leads to bacterial infection of the skin.

How does a person get scabies?
Scabies spreads from person to person through skin-to-skin contact. A person can also get scabies from using a towel, bedding or clothing of a person who is infested with scabies.
People do not get scabies from pets.
Pets get a different kind of scabies – also known as mange.
Scabies affects people from all socioeconomic levels without regard to sex, age, or personal hygiene.

How long does it take to come down with scabies after a person is exposed?
A person who has never had scabies will have symptoms 4 to 6 weeks after contact with a person or object infested with scabies. A person who has had scabies before will have symptoms 1 to 4 days after exposure.

When is a person with scabies contagious?
A person with scabies is contagious until treated.

How can I prevent my child or others from coming down with scabies?

- Avoid prolonged skin-to-skin contact with someone with scabies.
- Check for symptoms on everyone who has had skin-to-skin contact with someone with scabies.
- Prevent sharing of unwashed clothing, bedding, washcloths and towels.
- Wash clothing, bedding, washcloths, and towels used by a person with scabies with hot water and dry in a hot dryer. Include all towels, bedding, and clothing used for at least 4 days before treatment.
- Put cloth items that cannot be washed into a plastic bag and keep bag tightly closed for at least 7 days.
- Vacuum carpets, rugs and furniture with cloth coverings.

What is the treatment for scabies?
If you suspect your child has scabies, contact your child's healthcare provider for evaluation and treatment. Scabies is treated with mite-killing creams or lotions. Medication to relieve itching is also often needed.
Scabies will not go away without treatment.

If my child develops scabies, must he/she stay away from child care?
Yes, until after treatment is completed (usually overnight) and when your child feels well enough to participate in activities

Staph or MRSA

Date: _____

Dear Parent or Guardian,

Your child may have been exposed to **Staph** or **MRSA** while at child care.

What are Staph and MRSA?
Staph (*Staphylococcus aureus*) is a type of bacteria. MRSA (Methicillin-resistant *Staphylococcus aureus*, pronounced "mur-sa") is a Staph infection that may be more difficult to treat. Some healthy people have these bacteria living on their skin without any symptoms, but sometimes the bacteria can make a person sick.

What are the symptoms of Staph and MRSA?
Staph and MRSA can cause skin infections that look like pimples, boils or spider bites. Infected skin can also be red, swollen, and painful and have pus or other drainage. Fever with these symptoms can indicate a more serious infection.

How serious are Staph and MRSA?
Most Staph and MRSA skin infections are minor and easily treated. More serious infections of Staph and MRSA can cause wound infections, bloodstream infections or pneumonia.

How does a person get Staph or MRSA?
Staph and MRSA are passed most often through skin-to-skin contact with an infected person. It is also possible to get a Staph or MRSA infection from contact with items and surfaces that have been touched by someone who is infected. Staph (including MRSA) can enter the body through cuts or scrapes in the skin.

When is a person with Staph or MRSA contagious?
A person is most contagious when infected wounds are open or have liquid drainage coming from them.

How can I help prevent the spread of Staph or MRSA?

- Wash hands well and often with soap and water, both at the child care center and at home.
- Clean and disinfect surfaces that have come in to contact with wound drainage or pus.
- Keep cuts and scrapes clean and dry, and see a healthcare provider quickly for any possible skin infection.
- Keep all skin infections covered with clean, dry bandages.
- Keep cuts and scrapes clean and covered with clean, dry bandages.
- Do not touch the cuts or bandages of others with bare hands. Use disposable gloves.
- Do not share unwashed personal items such as towels, washcloths, sheets or clothing.
- Wash any clothing, sheets and towels that have come into contact with infected wounds with detergent and hot water and dry in a hot dryer.
- If your healthcare provider recommends medicine for an infection, finish all of the medicine even if the infection looks better before then.
- Contact your healthcare provider if skin infections return, or if more family members get skin infections.

What is the treatment for Staph or MRSA?
If you suspect your child has Staph or MRSA, contact your child's healthcare provider for evaluation and treatment. Most Staph and MRSA infections are treated by good skin and wound care. A healthcare provider may drain pus from the infection to help it heal and may do a culture to determine the best choice of antibiotic. If an antibiotic is prescribed, it is important to finish all of it.

If my child develops a staph or MRSA infection, must she/he stay away from child care?
Yes, until s/he has been evaluated by a healthcare provider and

- Any infected skin is completely covered at all times with a clean, dry bandage that prevents access to the wound or wound drainage.
- The child does not have any other symptoms (such as fever) that would require exclusion from child care and feels well enough to participate in activities.
- Any antibiotics prescribed have been taken for at least 24 hours.

Strep Throat or Scarlet Fever

Date: _____

Dear Parent or Guardian,

Your child may have been exposed to **strep throat** or **scarlet fever** while at child care.

What causes strep throat?
Strep throat is caused by bacteria called Group A streptococcus. When strep throat comes with a certain kind of rash, it is called scarlet fever. Children under 2 years old very rarely get strep throat. In some children who are strep carriers, the bacteria live in the nose and mouth without causing any symptoms or illness.

What are the symptoms of strep throat?

- Red, painful throat
- White or yellow patches on the tonsils
- Fever
- Stomach ache
- Headache
- Tender, swollen neck glands
- Decreased appetite

What are the symptoms of scarlet fever?
The same as strep throat, plus a fine red raised rash that looks like sunburn and feels like sandpaper, most often in armpits and groin area. Sometimes as the rash gets better the skin peels a little bit.

How serious is strep throat?
If not treated, strep throat can lead to complications such as ear infections, sinusitis, abscesses in the tonsils, or swollen glands and more serious complications involving the kidneys and heart.

How does a person get strep throat?
Strep bacteria are spread through respiratory secretions (fluids from the nose, mouth and throat). They can be passed directly from person to person by touching a contaminated surface or via the air.

How long does it take to come down with strep throat after a person is exposed?
It usually takes 2 to 5 days after exposure for symptoms to develop.

When is a person with strep throat contagious?
A person with strep throat is most contagious until 24 hours after the start of antibiotic treatment.

How can I prevent my child or others from coming down with strep throat?

- Wash hands well and frequently, especially after wiping a nose or being in contact with someone who has strep throat.
- Cover coughs and sneezes and put used tissues into a trash can.
- Prevent sharing of food, drinks, and other items that may touch the mouth, such as eating utensils, toothbrushes or towels.
- Wash dishes and utensils thoroughly in hot soapy water or a dishwasher.
- Wash, rinse and sanitize toys that touch the mouth of a child before use by other children.
- Make sure all of prescribed antibiotics are taken, even if a person feels better before the medicine is finished.

What is the treatment for strep throat?
If you suspect your child has strep throat, contact your child's healthcare provider for evaluation and treatment. A throat culture or rapid strep test is the only way to be certain of the diagnosis. Strep throat infections are usually treated with an oral antibiotic that helps a child feel better sooner and helps prevent more serious illness. A child with strep throat should drink plenty of fluids. Consult a healthcare provider if your child or other family members have symptoms of strep throat.

If my child develops strep throat, must he/she stay away from child care?
Yes, until at least 24 hours after starting antibiotics, fever is gone, and feels well enough to participate in activities.

Thrush (Candidiasis)

Date: _____

Dear Parent or Guardian,

Your child may have been exposed to **thrush** while at child care.

What is thrush?

Thrush is a yeast infection produced by the Candida albicans organism causing mouth infections in young infants.

What are the symptoms of thrush?

Children with thrush have white patches on the inside of cheeks, gums, and tongue. These patches generally are painless and usually cause no other symptoms.

How does a person get thrush?

The fungus that causes thrush normally lives in the mouths of many healthy children and adults. Sometimes the fungus overgrows in the mouth, and thrush develops. Infants are more likely to get thrush because their immature immune systems are not as good at keeping down fungus levels as older children. Thrush and other yeast infections also occur more often in people taking antibiotics and those with weakened immune systems. The fungus can be spread by contact with the saliva of an infected person.

When is a person with thrush contagious?

A person with thrush is contagious before treatment, but as mentioned above, many people have the fungus that causes thrush without having any symptoms.

How can I prevent my child or others from coming down with thrush?

- Wash hands well and frequently.
- Wash, rinse and sanitize toys that touch the mouth of a child before use by other children.
- Boil bottles, nipples and pacifiers of a child with thrush. Nipples and pacifiers may need to be thrown away if thrush won't go away with treatment or if it reoccurs.

Treatment

If you suspect your child has thrush, consult your child's healthcare provider for evaluation and treatment. An antifungal medicine may be recommended.

If my child develops thrush, must he/she stay away from child care?

No, as long as the child has no other symptoms that would require exclusion and feels well enough to participate in

Yeast Diaper Rash (Candidiasis)

Date: _____

Dear Parent or Guardian,

Your child may have been exposed to **yeast diaper rash** while at child care.

What is yeast diaper rash?

A shiny red rash, pinker than usual skin, or red bumps in the diaper area that may be caused by yeast called Candida albicans. There are other causes of diaper rash that produce a similar skin appearance but are not caused by this infection.

What are the symptoms yeast diaper rashes?

A yeast infection of the diaper area is very red, often contains red pimples, may be shiny in appearance, and may be worse in skin folds. Sores and cracking or oozing skin may be present in severe cases. Yeast infections of the diaper area may be very uncomfortable.

How does child get yeast diaper rash?

Candida albicans is present in the intestinal tract and mucous membranes of healthy people. Yeast thrives in warm places of the body, such as the diaper area. Yeast infections also occur more often in children taking antibiotics and those with weakened immune systems. Repetitive or severe yeast diaper rash could signal immune problems.

When is a child with yeast diaper rash contagious?

The incubation period is unknown. The yeast that infects the diaper area is widespread in the environment, normally lives on the skin, and is found in the mouth and stool.

How can I prevent my child or others from coming down with yeast diaper rash?

- Wash hands well and frequently.
- Keep skin in diaper area as clean and dry as possible and reduce friction by frequent diaper changes and exposing skin to air (taking diaper off for periods of time).

Treatment

If you suspect your child has a yeast diaper rash infection, consult your child's healthcare provider for evaluation and treatment. Anti-fungal medicine may be recommended.

If my child develops yeast diaper rash, must he/she stay away from child care?

No, as long as child feels well enough to participate in activities and does not require an amount of care that

Glossary

acute: An infection that has a sudden onset and lasts a limited period of time; usually days or a few weeks.

antibody: A protein substance produced by the body's defense systems in response to something foreign. Antibodies help protect against infections.

antigen: Any substance that is foreign to the body, such as a bacterium or virus. An antigen is capable of causing a response from the immune system.

asymptomatic: Without symptoms. For example, a child may shed hepatitis A virus in the stool and not have symptoms, but still be able to infect others.

bacterium/bacteria: Organisms with a cell wall that can survive in and out of the body. They are much larger than viruses, and they can usually be treated effectively with antibiotics.

bilirubin: A substance made in the liver. This substance increases in liver disease such as hepatitis and can cause yellowing of the skin and eyes (yellowing of parts of the body is called "jaundice").

bronchitis: An inflammation or swelling of the tubes leading into the lungs, often caused by a bacterial or viral infection.

carrier: A person who is infected with a specific organism, who has no symptoms of disease and who can spread the disease to others. For example, some children may be carriers of the organisms Haemophilus influenzae or Giardia lamblia and have no symptoms.

cellulitis: An infection involving the skin and area below the skin, caused by specific bacteria (e.g., Streptococcus, Staphylococcus and Haemophilus influenzae).

chronic: An infection or illness that lasts a long time (months or years).

cleaning: Removal of dirt and waste materials (blood, urine and feces) by scrubbing and washing with soap and water.

conjunctivitis (pinkeye): Redness and swelling of the delicate tissue which lines the eyelids and covers the eyeball (conjunctiva).

contagious period (communicable period): The period of time when an infected person is capable of spreading infection to another person.

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

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

diarrhea: Increased number of stools compared with a person's normal pattern, along with watery stools, and/or decreased stool form. Uncontrolled diarrhea is diarrhea that cannot be contained by the diaper or use of the toilet.

disinfection: Killing of germs outside of the body with chemical (e.g., bleach or alcohol) or physical (e.g., heat) agents. Surfaces should be cleaned first and then disinfected.

dyspnea: Difficulty in breathing or shortness of breath.

emesis: Vomiting.

encephalitis: Inflammation (redness, swelling) of the brain which can be caused by a number of viruses including mumps, measles and varicella.

enteric: Describing infections of the intestines (often with diarrhea).

epidemiology: The scientific study of the occurrence and distribution of diseases.

epiglottis: Tissue lid of the voice box. When this organ becomes swollen and inflamed (called epiglottitis), it can block breathing passages. Haemophilus influenzae is a common cause of epiglottitis.

exclusion: Denying admission of an ill child or staff member to a facility.

excretion: Elimination of waste material that is formed and not used by the body, such as feces and urine.

febrile: Having a fever.

fecal: Referring to feces or stool.

fever: An elevation of body temperature.

fomites: Any substance that absorbs or transmits infectious material.

fungus/fungi: Plant-like organisms, such as yeasts, molds, mildew and mushrooms, which get their nutrition from other living organisms or from dead organic matter.

hepatitis: Inflammation of the liver, usually caused by a virus. See hepatitis A, hepatitis B and hepatitis C fact sheets.

hygiene: Protective measures taken by individuals to promote health and limit the spread of infectious diseases. These include:

a. Washing hands with soap and running water after using the toilet, after handling anything contaminated, and before eating or handling food or after caring for another person.
b. Keeping hands, hair and unclean items away from the mouth, nose, eyes, ears, genitals and wounds.
c. Avoiding the use of common or unclean eating utensils, drinking glasses, towels, handkerchiefs, combs and hairbrushes.
d. Preventing exposure to droplets from the nose and mouth by covering the face when coughing or sneezing.
e. Keeping the body clean by frequent (at least daily) baths or showers using soap and water.

icterus (jaundice): Yellowing of the skin or the whites of the eyes.

immune globulin (gamma globulin): An antibody preparation made from human plasma. It provides temporary protection against diseases such as hepatitis A. For example, health officials may offer immune globulin injections to children and staff in a child care setting when cases of hepatitis A occur.

immunity: The body's ability to fight a particular infection. For example, a child acquires immunity to disease such as measles, mumps, rubella and pertussis after natural infection or by immunization.
Newborns initially have the same immune status as their mothers. This immunity usually disappears within the first six months of life.

immunizations: Vaccines that are given to children and adults to help them develop protection (antibodies) against specific infections. Vaccines may contain an inactivated or killed agent, or a weakened live organism. Childhood immunizations include protection against diphtheria, pertussis, tetanus, polio, measles, mumps, rubella, Haemophilus influenza type b and hepatitis B. Adults need to be protected against measles, mumps, rubella, tetanus and diphtheria.

immunocompromised: The state of not having normal body defenses (immune responses) against disease caused by microorganisms.

incubation period: Time between exposure to an infectious agent and beginning of symptoms.

infection: When an infectious agent multiplies in the body.

infectious: Capable of causing an infection.
infested: When a parasite lives on the body, such as lice or scabies.

influenza: An acute viral disease of the respiratory tract. Symptoms usually include a sudden onset of fever, chills, headache, muscle aches, dry cough and sore throat. Influenza should not be confused with Haemophilus influenza infection caused by bacteria, or with "stomach flu".

jaundice (icterus): Yellowing of the eyes or skin.

malaise: A feeling of general discomfort, a feeling of not enough energy to do normal activities.

meningitis: A swelling or inflammation of the tissue covering the brain and spinal cord. Meningitis is usually caused by a bacterial or viral infection.

meningococcus: A bacterium named Neisseria meningitidis which can cause meningitis, pneumonia, arthritis or blood infections (see meningococcal disease fact sheet).

organisms: Living things; often used as a general term for germs (bacteria, viruses, fungi, or parasites) that can cause disease.

otitis media: Inflammation or infection of the middle part of the ear. Ear infections are commonly caused by Streptococcus pneumoniae or Haemophilus influenzae. They are not contagious.

parasite: An organism that lives on or in another living organism.

pediculosis: Another word for lice infestation (see head lice disease fact sheet).

pneumonia: An infection of the lungs; usually not contagious.

prophylaxis: Measures taken at the time of exposure to an infectious disease, or shortly thereafter, to try to prevent the disease. This may include medication or special immunization.

rinse: To wash lightly, especially by dipping into clean water or by letting water run over, into or through.

sanitizing: The chemical process of reducing the number of disease-causing germs to a safe level on cleaned food contact surfaces and mouthed toys, objects and surfaces.

secretions: Wet material produced by cells or glands which has a specific purpose in the body, such as saliva.

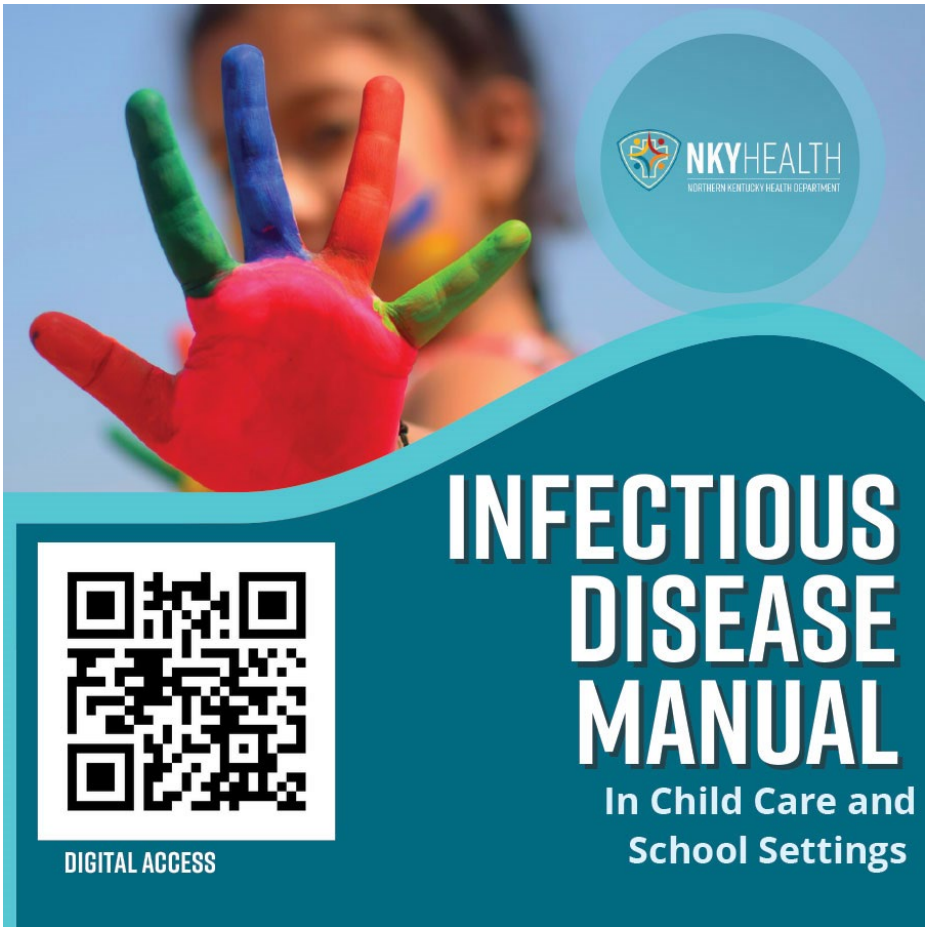
soiled: Contaminated with stool, urine, vomit, blood or saliva; eye, nose or wound drainage; or dirt.

systemic: Pertaining to a whole body rather than to one of its parts.

transmission: The passing of an infectious organism or germ from an infected animal, person or contaminated environment to a person.

varicella: The virus that causes chickenpox and shingles.

virus: A microscopic organism, smaller than bacteria, that may cause disease. Viruses can only grow or reproduce in living cells.


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INFECTIOUS DISEASE MANUAL
In Child Care and School Settings
DIGITAL ACCESS

Appendix



INTRODUCTION to ORIENTATION

Setting the foundation for quality care

HEALTH, SAFETY & SANITATION

The orientation curriculum was developed by the Cabinet for Families and Children and the Department for Community Based Services, Division of Child Care in 1994 to fulfill the requirements of KRS 199.892 et seq. for new child care providers. A revision of the curriculum was completed in 2001 by the Kentucky Association of Child Care Resource and Referral Agencies (KACCRRA[1]) in conjunction with the Cabinet for Families and Children. A second revision of the orientation training was completed in July 2003, with final revisions in March 2004, to ensure alignment of the training with the new Kentucky Early Childhood Core Content.[2] Authored by Nena Stetson, Nicki Patton and Carol Schroeder, the second revision was completed by the University of Kentucky Interdisciplinary Human Development Institute (IHDI) in collaboration with KIDS NOW (Kentucky Invests in Developing Success) and the Cabinet for Families and Children. Additional updates were made in 2013 to reflect changes in the child care licensing regulations. The most current revisions were made in June 2021.

NOTICE: This handout includes references to Kentucky regulations relevant to health and safety in child care. However, it does not cover **ALL** relevant health and safety requirements. Please refer to a complete copy of the regulations for information regarding keeping children safe and healthy while in your program. For the most current copy of Kentucky's regulations pertaining to child care, go to the Division of Child Care Regulations website. https://chfs.ky.gov/agencies/dcbs/dcc/Pages/regulations.aspx .You can also obtain a copy of the regulations by contacting the Office of Inspector General, Cabinet of Health Services, Division of Child Care, 275 East Main Street; 5-E, Frankfort, KY 40621 (502) 564-2800

[1]KACCRRA's name later was changed to Kentucky Child Care Network (KCCN). The statewide Child Care Resource and Referral system currently is part of the Child Care Aware of Kentucky https://www.childcareawareky.org/

[2]KIDS NOW (2004)

Special contributions (photos) by PUSH Child Development Center, Frankfort KY.

Table of Contents

Outcomes **HSS-3**
Big Picture **HSS-4**

Prevent Injuries
Closely Supervise Children HSS-5
Regulations about supervision HSS-6
Recognize, remove and limit potential safety hazards HSS-7
Know each child's abilities and characteristics HSS-9
Regulations about playground surfaces HSS-11
Sleep-related accidents/death HSS-12
Administer medication properly HSS-13
"Five Rights" of medication administration HSS-14
Medication safety-storage HSS-15
Regulations about medication HSS-16
Be aware of allergies HSS-17
Prepare for emergency situations HSS-18
Regulations about first aid supplies HSS-19
Regulations about emergency procedures HSS-20

Prevent spread of disease
Infectious disease HSS-22
Stop the spread of infectious disease HSS-23
Ensure up-to-date immunization-Regulations HSS-24
Perform a daily health check HSS-25
Exclude and/or isolate sick children HSS-26
Regulations about isolating/excluding sick children HSS-27
Children with chronic health conditions HSS-28
Wash hands properly and frequently HSS-28
Regulations about hand washing HSS-30
Handle infant milk/formula properly HSS-32
Use proper diapering/toileting procedures HSS-32
Regulations about toileting facilities HSS-33
Regulations about diapering & toileting procedures HSS-34
Clean and sanitize surfaces and objects HSS-35
Cleaning blood or infectious body fluids HSS-36
Cleaning & sanitizing frequency table HSS-37
Prevent food contamination and spoilage HSS-38
Web Resources HSS-39

References **HSS-40**

Appendices
A. Kentucky staff/child ratios HSS-41
B. Tips to Prevent Sleep-Related Accidents/Death HSS-42
C. Kentucky Child Care Health Consultant phone list HSS-43
D. What the regulations say about First Aid and Cardiopulmonary Resuscitation (CPR) Training HSS-44



INTRODUCTION to ORIENTATION

Setting the foundation for quality care

As a result of this training, early care and education professionals will:

- Take appropriate actions to keep children healthy and safe

Learner Outcomes:

By the end of the training session, you will be able to:

- Identify actions you can take to prevent injuries.
- Generate a list of potential safety hazards in early care and education settings and appropriate steps to remove or limit the hazards.
- Complete mandatory First Aid and Cardiopulmonary Resuscitation (CPR) training (does not qualify as “certification”)
- Describe recommended procedures and documentation for administering medication.
- Identify appropriate actions to minimize the spread of infectious diseases.
- Demonstrate or describe proper hand washing techniques.
- Distinguish between cleaning and sanitizing.



Overview



As an early care and education professional, you need to comply with state regulations and professional standards in order to:

1. Prevent injuries.
2. Prevent the spread of infectious disease.



Regulations are minimum standards that all programs must follow in order to operate legally. The three types of regulated child care programs in Kentucky are:

1) licensed child care centers, 2) licensed family child care homes, and 3) certified family child care homes and 4) registered child care providers (see Appendix A for definitions of each).

Professional standards represent high quality practices which are widely agreed upon by personnel in the early care and education field. While not mandated by law, it is strongly recommended that professional standards be followed.



Preventing injuries: Unintentional injuries are the leading cause of death among children one to five years of age.[3] Most common injuries can be prevented by creating a safe environment and by properly supervising children.

Preventing the spread of illness: Children who attend early care and education programs experience a higher incidence of common infectious diseases than children cared for exclusively in their own homes.[4] For example, children in early care and education programs have a significantly higher risk of developing upper and lower respiratory tract infections. Routine sanitation and personal hygiene are effective ways to reduce these infections and other infectious diseases.[5]

[3] The Health Foundation of Greater Cincinnati

[4] Holmes, Morrow & Pickering (1996)

[5] American Academy of Pediatrics (AAP), American Public Health Association (APHA), & National Resource Center (NRC) for Health and Safety in Child Care (2002)

Safety first

Your **#1** priority is to keep children safe while they are in your care. This means that you must:

1 Closely supervise children.

2 Recognize, remove and/or limit potential safety hazards.

3 Administer medication properly.

4 Be aware of allergies.

5 Prepare for emergency situations.



1 Closely supervise children

- Be alert. Know where children are at all times.
- Position yourself strategically so that you can see all of the children.
- Circulate throughout the room.
- Be close enough to intervene if necessary.
- Establish clear, simple and positive safety rules. For example:
  - *We walk inside. Running is for outside.*
  - *Our toys are for playing.*
- Remain within range of voice so that you can hear the children and they can hear you.
- Maintain child/staff ratios at all times (see Appendix A, p.41).



What the regulations say about supervision

Type I centers and Type II licensed homes (922 KAR 2:120)

Each center shall maintain a child-care program that assures each child will be:

- Provided with adequate supervision at all times by a qualified staff person who;
  - ensures the child is:
  - Within scope of vision and range of voice; or
  - For a school-age child, within scope of vision or range of voice [Sec 2 (3a)]
- If nontraditional hours of care are provided:
  - at least one (1) staff member shall be assigned responsibility for each sleeping room [Sec 2 (12b)].
  - staff shall 1) if employed by a Type I child-care center, remain awake while on duty or
  - 2) if employed by or is the operator of a Type II child-care center, remain awake until every child in care is asleep [Sec 2 (12f)].
- If a child becomes ill while at the child care center, the child shall be placed in a supervised area isolated from the rest of the children [Sec 7 (3a)].
- A child shall not be left unattended in a vehicle [Sec 12 (11b)].
- An animal that is considered undomesticated, wild, or exotic shall not be allowed at a child-care center unless the animal is:
  - A part of a planned program activity led by an animal specialist affiliated with a zoo or nature conservatory. [Sec 15 (3a)]

Certified family child care homes (922 KAR 2:100)

- If overnight care is provided, a provider or an assistant shall remain awake until every child in care is asleep [Sec 12 (11)].
- A child who does not sleep shall be permitted to play quietly and be visually supervised [Sec 12 (10)].
- A quiet, separate area that can be easily supervised shall be provided for a child too sick to remain with other children [Sec 15 (7)].
- A child shall not be left unattended in a vehicle [Sec 17 (2)].
- Each child in an outdoor play area shall be under the direct supervision of the provider or assistant [Sec 11 (14)].
- A swimming pool on the premises shall be supervised when in use and be inaccessible to children when not in use [Sec 11 (17 c-d)].
- An animal that is considered undomesticated, wild, or exotic shall not be allowed

at a child-care center unless the animal is: [Sec 16 (3)]

- A part of a planned program activity led by an animal specialist affiliated with a zoo or nature conservatory. [Sec 16 (3a)]
- A child shall be released from the family child-care home to the child's custodial parent, the person designated in writing by the parent, or in an emergency, the person designated by the parent over the telephone [Sec 12 (15)].

Revised 4/13



2 Recognize, remove and/or limit potential safety hazards[6]

Recognize common hazards and types of injuries.

Falls[7]

Children in early care and education settings are more likely to be injured by a fall than by any other type of injury.[8] Falls are frequently associated with children's curiosity and development of motor skills, particularly climbing. Children learn to climb up before they learn to climb down. Also, children do not have well-developed depth perception and may not realize how high they have climbed.

Drowning[9]

One inch of water is all it takes for a child to drown--and it doesn't take long. Two minutes following submersion a child will lose consciousness. Irreversible brain damage occurs after 4-6 minutes. Most drowning happens when a child is left unattended for a moment or the child manages to slip away from the watchful eye of an adult.

Burns

Children of all ages face the risk of burns from several different sources. Scald burns caused by hot liquids or steam are the most common cause of burns to younger children. A child exposed to hot water at 140 degrees F. for 3 seconds will sustain a third-degree burn, an injury that requires hospitalization and skin

[6] Safechild.net (no date).
[7] Safekids.org (no date).
[8] The California Child Care Health Program (1998).
[9] Safekids.org (no date).

grafts.[10]

Because of their curiosity and fascination with fire, toddlers and older children are more likely to receive flame burns caused by direct contact with fire. Children receive contact burns when they touch extremely hot objects, electrical burns when they come into contact with electrical current, and chemical burns when their skin comes in contact with strong chemicals.

Choking, suffocation and strangulation[11]

These injuries occur when children are unable to breathe normally because something is blocking their airways. Choking occurs when food or objects block a child's internal airways. Suffocation takes place when materials block or cover a child's external airways. Strangulation occurs when items become wrapped around a child's neck and interfere with breathing. Six minutes without oxygen can cause brain damage in children.[12]

Poisoning

Children face a high risk of poisoning because of their curiosity and tendency to put everything in their mouths. While most poison is ingested (taken in through the mouth), poison also can be absorbed through contact with a child's skin or eyes, and by breathing poisonous fumes.[13]

Vehicle-related injuries

Children can be injured by a vehicle when they are 1) passengers in a vehicle that has an accident or stops suddenly;[14] 2) pedestrians and are hit by a car;[15] 3) riding their bikes; 4) left in a hot car.[16] The risk of vehicle-related injuries increases when taking children on a field trip.

Know when and where injuries or hazards may occur.

Not every injury can be prevented. However, you can dramatically reduce the potential for injury by knowing when and where injuries or hazards are likely to occur. For

[10] Safekids.org (no date).
[11] Safekids.org (no date).
[12] The California Child Care Health Program (1998).
[13] The California Child Care Health Program (1998).
[14] Safekids.org (no date).
[15] Safekids.org (no date).
[16] Safekids.org (no date).

example, 5-gallon buckets and bathtubs can both lead to drowning; windows, skateboards and diaper changing tables can all lead to falls.

Know each child's abilities and characteristics.

At each stage of a child's development, certain types of injuries are more likely to occur. Knowing and understanding how children develop will help you to predict and prevent most injuries.

Injuries may occur because:



Infants (0 – 12 months)

- roll over
- sit up and crawl
- reach for objects and pull things
- want to test and touch things
- grab onto things to pull self up
- explore objects by putting them into their mouths

Toddlers (13 - 35 months)

- walk and run
- like to go fast but are top-heavy and unsteady and have trouble stopping
- learn to climb up before they climb down
- learn to open doors, gates, and windows
- enjoy water play and watching the toilet flush
- lack enough upper body muscle strength to pull themselves out of a bucket, toilet, etc.
- put small things into containers and small openings
- are curious and explore everything, but do not understand the concept of danger
- lack depth perception and may not realize how high they are
- eat while they are laughing or walking or running



Preschoolers (3 - 5 years)

- expand their physical abilities and are able to jump, balance, hop, skip, run, and climb
- like to figure out how things work and fit together
- are curious and like to experiment with cause and effect
- like to garden and help cook
- do not understand the difference between pretend and reality and imitate superheroes from TV, cartoons, and movies
- learn to swim
- eat while they are laughing or walking or running



School Age Children (6 - 12 years)

- master more complex physical skills, such as roller skating, jumping rope, gymnastics, and skateboarding
- become involved in sports
- enjoy science experiments
- become more independent and explore their neighborhood (bringing them into contact with more dangers)
- prepare food for themselves



Remove or limit safety hazards.

Once identified, many safety hazards can be completely eliminated. For example, poisons and medicines can be locked; knives can be stored out of children's reach; safety gates can be placed at the top of stairs. Some hazards cannot be removed, but children's access to the safety hazard can be restricted or limited. For example, you cannot remove an electrical outlet, but you can use an outlet cover to limit child's access to the outlet.



What the regulations say about playground surfaces

Type I centers and Type II licensed homes (922 KAR 2:120)

A protective surface shall be provided for outdoor play equipment used to: climb; swing, and slide; and have a fall zone equal to the height of the equipment [Sec 4 (21)].

- "Protective surface" means loose surfacing material not installed over concrete which includes the following [Sec 1 (12)]:
  - Wood mulch
  - Double shredded bark mulch
  - Uniform wood chips
  - Fine sand
  - Coarse sand
  - Pea gravel, except for areas used by children under three (3) years of age
  - Certified shock absorbing resilient material; or
  - Other material approved by the cabinet or designee.
- Guidelines for the depth of the protective surface are available in the Public Playground Safety Handbook, found at http://www.cpsc.gov/CPSCPUB/PUBS/playpubs.html .
- This U.S. Product Safety Commission website also has additional information regarding playground safety.

See Supplemental Handout: Playground Supervision and Playground Safety.

Certified family child care homes (922 KAR 2:100)

- An outdoor play area shall be free of danger or risk [Sec 10 (13)].
  - Outdoor stationery play equipment shall be securely anchored, safe, and developmentally appropriate [Sec 10 (15)].
  - Visit the U.S. Product Safety Commission Public Playground Safety Handbook for additional information regarding playground safety.

Registered Child Care Provider (922 KAR 2:180)

- Areas accessible to children in care shall be free of hazards, and the following items shall be inaccessible to a child in care:

See Supplemental Handout: Home Playground Safety Checklist.

Revised 10/13

Prevent infant sleep-related accidents/death

Each year, thousands of infants die in their sleep. The three most common causes of sleep related death are: Sudden Infant Death Syndrome (SIDS), suffocation, and strangulation.

- SIDS is the leading cause of death in infants from one to twelve months of age. It is an unexplained death associated with sleep. The number one way to prevent SIDS is to place infants on their backs to sleep.
- Suffocation occurs when an infant's mouth and nose are blocked, and the infant is unable to breathe. This most often occurs when soft items are placed on or near a sleeping infant.
- Strangulation occurs when an infant's airway is blocked due to clothing, bedding, or other items becoming tangled around the infant's neck.
- Infants should not be allowed to sleep in car seats under any circumstances, even at parent request.



A study by the American Academy of Pediatrics estimates that 20 percent of SIDS deaths occur in child care settings, many of them in home-based child care. The National Institutes of Health report that most SIDS deaths occur when babies are between 2 months and 4 months of age.

See Appendix B, page 42, for additional information on how to prevent sleep-related accidents.

3 Administer medication properly

Medication can be poisonous, even deadly, if given improperly or to the wrong child.

Documentation

Appropriate documentation can minimize medication mistakes. Written documentation also provides legal protection for the early care and education program. Two types of written documentation are required when administering medication.

1. **Written permission** must be given by the child's parent/guardian DAILY. This written permission should include the following:
    - Name of child
    - Name of medication
    - Dose to be given
    - Route (how to give the medication – orally, topically, etc.)
    - Time (when medication should be given and the time the last dose was given prior to the child arriving at the program)
    - Parent signature

    Programs should also have the following information prior to administering any medication:
    - Purpose of medication
    - Side effects to watch for
    - Any special instructions
    - Any known medication allergies of the child
    - Name and phone number of prescribing doctor

    NOTE: Kentucky regulations require that programs obtain written daily permission. The regulations do NOT mandate the use of a specific form or what information must be obtained. The above list is highly recommended, not a requirement.

2. Type I and Type II licensed programs must keep a **medication administration log** (written record) of when, how much and who administered the medicine.

3. "Five rights" of medication administration

In a 1999 Healthy Child Care America newsletter article, Dr. Poole notes the following:[17]

> "As many as 40-60% of children in a given child care setting may be on an antibiotic or over-the-counter medication during the winter months. That means someone other than a health professional could be delivering 20-30 doses of antibiotics and over-the-counter medications in the room every day. There is a tremendous chance for missing a dose, giving too many doses, giving the wrong amount, or giving the medication at the wrong time. Medicine bottles shuttled back and forth between home and the child care facility are frequently forgotten as well, resulting in more missed doses."

When administering medication, early care and education professionals should use the "five rights[18]," asking themselves:

1. Do I have the **right child?** Administering medication safely begins with ensuring you have the right child. Early childhood programs frequently have more than one child with the same first name. Even if you know the child's name, double-check. Rather than asking "Are you John?" ask the child to state his/her name.
2. Do I have the **right medicine?** Make sure you are giving the right medication. Many medication names are familiar and a child may be taking more than one medicine at a time. Compare the medication to the medication permission slip and then check the medication name 3 times before administering to the child. Check medication:
    - When picking up the medication bottle
    - While preparing the correct dose
    - Before administering to child
3. Am I giving the **right dose?** Giving the right dose is critical. Dosage should never be guessed at or increased because the child seems sicker. Dosage mistakes often occur when an inappropriate measuring device is used. Do not make the following mistakes:[19]
    - Do not use standard tableware tablespoons and teaspoons because they are NOT accurate. Use the syringe, oral dropper, dosing spoon or medication cup that came with the medication.
    - Avoid making conversions. If the label calls for one tablespoon and you only have a measuring cup, do not use it. Obtain the appropriate

[17] American Academy of Pediatrics (1999)

[18] BANANAS Child Care Information & Referral (1999)

[19] American Academy of Pediatrics (2002)

measuring device.
- Do not confuse the abbreviations for tablespoon (TBSP or T) and teaspoon (tsp or t).

4. Am I using the **right route?** Make sure you use the right method (route) for administering medication (i.e., mouth, skin, ear). Pay close attention to the directions. Should you shake the bottle? Do you have to wait between drops? Should it be taken with food?
5. Am I giving medicine at the **right time?** To work properly, medication needs to be given consistently and at the right times. Before giving medication, check the medication log to determine when the last dose was given. Medication should be given within 30 minutes before or after the prescribed time.

Medication Safety

- Administer medication in well-lighted room.
- Wash hands before preparing and administering medication.
- Ensure child gets entire dose of medicine. If only a partial dose is taken, call the parent and ask him/her to contact the doctor for instructions. Ask parent to sign a report of what happened when the child is picked up.
- Observe if any side effects occur. Take proper action.
- Medication shall not be given to a child if the medications expiration date has passed.

Storage

Medications can also be a safety risk if not stored properly. All medication, including refrigerated medication, must be:

- Stored in a separate, locked place out of child's reach unless it is a first aid supply, diaper cream, sunscreen, toothpaste or epinephrine auto-injector (Epi-pen). First aid supplies, diaper cream, sunscreen, toothpaste and epinephrine auto-injectors (Epi-pen) must be inaccessible to a child.
- Kept in original bottle.
- Properly labeled.



What the regulations say about medication

Type I centers and Type II licensed homes (922 KAR 2:120)

- (4) Prescription and nonprescription medication shall be administered to a child in care:
    - (a)1. With a written request of the child's parent or the child's prescribing health professional; and according to the directions or instructions on the medication's label; or for epinephrine in accordance with KRS 199.8951 and 311.646.

- The child care facility shall keep a written record of the administration of medication, including: time of each dosage, date, amount, name of staff person giving the medication, name of child and name of the medication. [Sec 7 (5)].

- Medication, including refrigerated medication, shall be: stored in a separate, locked place, out of the reach of a child unless the medication is: a first aid supply; diaper cream, sunscreen or toothpaste inaccessible to a child; an epinephrine auto-injector (Epi-pen) shall be inaccessible to a child. A child care-center shall have at least one person on site who has received training on the administration of an Epi-pen if the center maintains an Epi-pen. A child care center shall seek emergency medical care for a child if an auto-injector is administered to the child. A child care center shall report to the child's parent and the Cabinet in accordance with 922 KAR 2:090 [Sec 13 (1) (b)] if an auto-injector is administered to a child, or emergency or rescue medication for a child in care , such as medication to respond to diabetic or asthmatic condition, as prescribed by the child's physician. Emergency or rescue medication shall be inaccessible to a child in care; kept in the original bottle and properly labeled.

- Medication shall not be given to a child if the medication's expiration date has passed [Sec 7 (4-7)].

Certified family child care homes (922 KAR 2:100)

- Prescription and nonprescription medication shall be administered to a child in care with a daily written request of the child's parent [Sec 15 (2)].
- Medication, including medicine that requires refrigeration, shall be stored in a locked container or area with a lock [Sec 15 (1)].
- Prescription and nonprescription medications shall be labeled and administered

according to directions or instructions on the label [Sec 15 (3)].

Registered Child Care Provider (922 KAR 2:180)

- Medications shall be inaccessible to a child in care. [Sec 3, (4) f]

Revised 4/18



4 Be aware of allergies

- All staff should be notified of allergies that are reported by parents.
- Allergies and intolerances should be documented by a physician. An allergy is an immune response; an intolerance is a metabolic response (e.g., a lactase deficiency for lactose intolerant children).
- If parent/guardian has given written permission, a child's allergy may be posted. If no written permission is given, post on inside of cabinet door or post and cover with a clean sheet of paper.
- Be alert to unexpected encounters with allergic substances.
- Be sure to get written instructions from the child's doctor for how to respond to a child's allergic reactions, including any medication needed or emergency treatment (including training in the use of epinephrine, e.g., an EpiPen®, for a child with a history of allergic reactions).
- If the child care center maintains an EpiPen®, a child care center must have at least one person on site who has received training on the administration of an EpiPen®.
- If an EpiPen® or other emergency medication (i.e. inhaler, diabetic medication has been administered, the Child Care Center must seek emergency medical care and contact the child's parent and the Cabinet.

For more information about food allergies and allergic reactions. https://www.foodallergy.org

5 Prepare for emergency situations

Even when you remove and limit safety hazards, emergency situations may still occur. Plan and prepare for the most likely hazardous situations.

1. In all emergency situations, KEEP CALM. If you panic, the children are likely to panic, too.
2. Prepare for injuries and other emergency situations.
    - Maintain current certification in infant/child CPR and first aid[20].
    - Keep appropriate first aid supplies on hand and store out of children's reach (see page 19 for list of required first aid supplies).
    - Keep emergency phone numbers posted near the phone for the police, fire station, emergency medical personnel, rescue squad and poison control center.
    - Maintain current emergency contact information for each child.
    - Know your community's emergency response plan for disasters.
3. If a child is injured:
    - Follow the steps and procedures learned in your CPR and First Aid courses. Treat the injured child and/or send someone to call 911 or your local emergency number.
    - Notify your supervisor and make sure the child's parents are notified.
    - Document the injury. Include what happened, when it happened, where it happened, who was involved, and what was done to treat the injury.
    - Type I and Type II licensed programs **MUST** report any accident or injury that requires medical attention or that results in a child's death within 24-hours to the Cabinet for Health and Family Services at (502) 564-2800.[21] Certified family child care providers must report medical emergencies to the child's parent or guardian.[22]
4. Know and practice your program's emergency procedures.
5. During an emergency evacuation:[23]
    - Act quickly.
    - Sound an alarm to notify everyone in building. Remember that a child with a hearing impairment may not hear the alarm.

[20] Note: Certified family child care providers must be certified in infant/child CPR and first aid. In Type I and II licensed programs, at least one person on duty is required to be certified in infant/child CPR and first aid

[21] 922 KAR 2:110, Sec. 5, (3), Sec 6

[22] 922 KAR 2:100, Sec. 2, (7.4)

[23] Trister-Dodge, Gosselin-Koralek, & Pizzolongo (1989)

- Evacuate.
- Calmly direct children to the nearest exit (previously identified and practiced in drills). Since children may become frightened and hide during an emergency, check any spaces where a child could hide (e.g., inside closets, behind doors, under furniture, etc.).
- Take your daily sign-in sheet and emergency contact information. In an actual emergency, you will need to contact parents/guardians and may not be able to go back into the building.
- Know where to meet outside your facility.
- Take a head count. Use the daily sign-in sheet to make sure everyone is safely out of the building.

Exits and evacuation: Special considerations

All children must be able to exit the building quickly in case of an emergency. Evaluate all of your exit routes. Ensure that they are wide enough to accommodate wheeled cribs used for infant evacuation and children in wheel chairs. All exits and steps should have ramps and handrails. If your facility has multiple levels, infants, children in wheel chairs, and children who have difficulty walking (including toddlers) should be on the ground level.

AAP, APHA, & NRC (2002)



What the regulations say about first aid supplies

Type I centers and Type II licensed homes (922 KAR 2:120)

First aid supplies shall [Sec 7 (1)]:

- Be available to provide prompt and proper first aid treatment;
- Be stored out of reach of a child;
- Be periodically inventoried to ensure the supplies have not expired;
- If reusable be sanitized and maintained in a sanitary manner;
- Include: liquid soap, adhesive bandages, sterile gauze, medical tape, scissors, thermometer, flashlight, cold pack, first aid book, disposable gloves, and a cardiopulmonary resuscitation mouthpiece protector.

Certified family child care homes (922 KAR 2:100)

The provider shall [Sec 15 (4-5)]:

- Maintain first aid supplies that is easily accessible for use in an emergency and inaccessible to the children in care.
- Wash superficial wounds with soap and water before bandaging.

- A fully equipped first aid kit contains the following non-expired items: adhesive bandages, sterile gauze, medical tape, scissors, thermometer, disposable gloves, and CPR mouthpiece.

Registered Child Care Provider (922 KAR 2:180)
The provider shall [Sec 3 (12)]:

- Maintain first aid supplies for use in an emergency that include: liquid soap, Band aids, sterile gauze and adhesive tape.



What the regulations say about emergency procedures

Type I centers and Type II licensed homes (922 KAR 2:090 & 2:120)
The following records shall be maintained at the child care facility for five (5) years:

- A written evacuation plan in the event of a fire, natural disaster, or other threatening situation that may pose a health or safety hazard for a child in care [922 KAR 2:090 (Sec 5)]
- A fire drill shall be conducted during the hours of operation, at least monthly and documented.
- An earthquake drill, shelter-in-place or lockdown drill, and tornado drill shall be conducted during the hours of operation at least quarterly and documented. [922 KAR 2:120 Sec 3 (12 & 13)]

Certified family child care homes (922 KAR 2:100)

The following records shall be maintained at the certified family child care home for five (5) years. [Sec 18 (6)]

The home shall have [Sec 11 (8)]:

- A written evacuation plan in the event of a fire, natural disaster, or other threatening situation that may pose a health or safety hazard for a child in care. [Sec 18 (7)]:
- At least one working land-line telephone on each level used for child care with a residential or
- commercial line (unless the Cabinet has been notified that the telephone is temporarily out of service)

- A list of emergency numbers posted by each telephone, including numbers for the police; fire station; emergency medical care and rescue squad; and poison control center.

A fire and tornado drill shall be conducted during hours of operation [Sec 11 (19)]:

- At least monthly; and
- Documented.

An earthquake drill shall be conducted during hours of operation [Sec 11 (20)]:

- At least quarterly; and
- Documented.

Registered Child Care Provider (922 KAR 2:180)

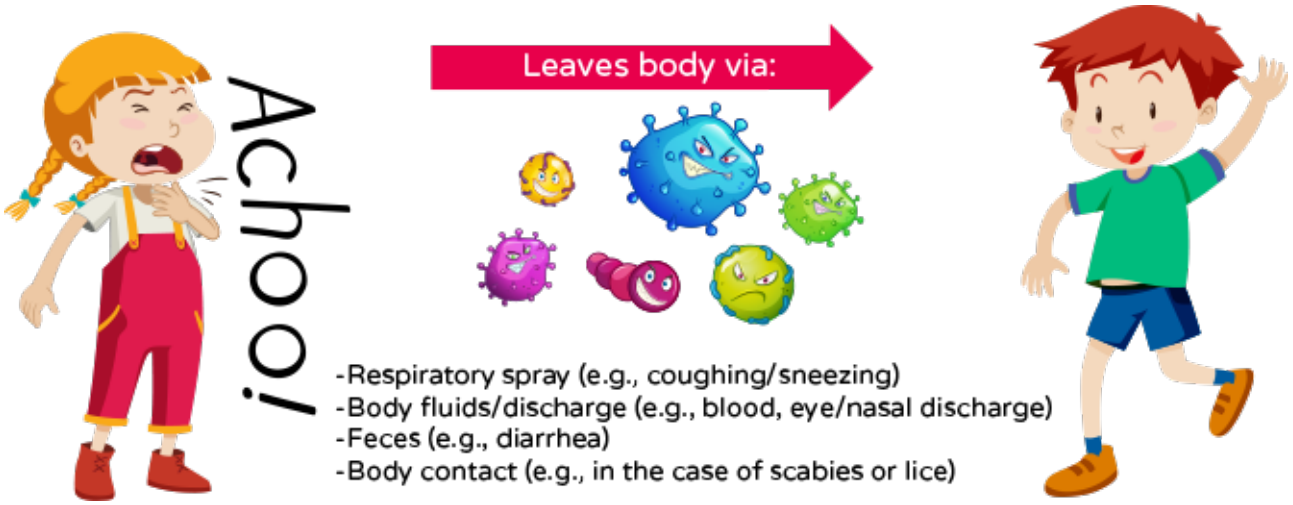
Required to maintain a written evacuation plan in the event of fire, natural disaster, or other threatening situation that may pose a health or safety hazard to a child in care that includes:

- A designated relocation site;
- Evacuation routes;
- Measures for notifying parents of the relocation site and ensuring a child's return to the child's parent; and
- Actions to address the needs of an individual child to include a child with a special need.

Revised 10/13

Infectious disease

Infectious disease: An illness caused by germs[24] that can be transmitted from an infected person to a healthy person.
For disease to spread, three things must happen. There must be a 1) sick or infected adult/child in your program with 2) germs that leave the sick body in one of four ways and 3) make their way into a healthy body through direct contact or through indirect contact with contaminated objects and/or food.





[24] The term "germ" refers to microorganisms such as bacterium, virus, fungus or parasites.

STOP the spread of infectious diseases!



1 Ensure up-to-date immunizations.



2 Perform daily health check.



3 Wash hands properly and frequently.



4 Handle formula properly.



5 Use proper diapering/toileting procedures.



6 Clean and sanitize surfaces and objects.



7 Prevent food contamination and spoilage.

1 Ensure up-to-date immunizations[25]

Immunizations are vaccines that help children develop protection against specific infections. Routine immunization at the appropriate age is the best way to prevent vaccine-preventable diseases such as measles, whooping cough, etc.

What the regulations say about immunizations

Type I centers and Type II licensed homes (922 KAR 2:090)
The following records shall be maintained at the child care center for five (5) years: Except as provided in KRS 214.036, a current immunization certificate showing that the child is immunized shall be on file within thirty (30) days of enrollment [Sec 9 (1)].

Certified family child care homes (922 KAR 2:100)
To assure a healthy environment, the provider shall maintain a current immunization certificate for each child within thirty (30) days of enrollment [Sec 18 (1 a)], unless an attending physician or parent objects to the immunization of a child pursuant to KRS 214.036.

Registered Child Care Provider (922 KAR 2:180)
To assure a healthy environment, each child shall have a current immunization certificate, unless: there is an exception pursuant to KRS 214.036.

Revised 10/13

[25] Obtain a copy of the Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html

2 Perform a daily health check

If you can minimize the number of sick children coming to your program, you can decrease the number of germs that are available to be spread. As children arrive:

- Check for symptoms of illness.
- Exclude/isolate sick children.

Check for symptoms of illness[26]

Perform a health check when a child first arrives at your home or center and observe children throughout the day.

Look, listen, feel and smell for the following possible signs of illness:

- Child complains of pain or not feeling well
- Fever
- Drainage from the nose, eyes or ears
- Severe coughing or sneezing
- Abnormal stool (white or gray bowel movement, diarrhea, etc.)
- Activity level, behavior or appearance seems different from normal
- Unusual odor
- Sores, swelling or bruises
- Vomiting
- Failure to urinate
- Breathing difficulties
- Skin rashes, discoloration of the skin, itchy skin or scalp

If the child has any of the symptoms above, then determine the following:

1. Does the child need immediate medical attention (e.g., if having an asthma attack or severe allergic reaction)?
2. Should the child be isolated from the group and sent home based on
3. your program's exclusion criteria?
4. Do additional measures need to be taken such as monitoring the child closely during the day, taking extra care when washing hands, etc.?

[26] AAP, APHA, & NRC (2002

Exclude and/or isolate sick children

Keep children with the following symptoms away from your home or center until a medical professional determines the child is not infectious (i.e., never was) or is no longer infectious.

- **Vomiting** - Exclude until vomiting (two or more episodes in the previous 24 hours) stops. Make sure that the child gets plenty of fluids.
- **Persistent stomach pain** - Exclude if the pain continues for more than 2 hours or pain is associated with fever or other signs or symptoms.
- **Mouth sores with drooling** - Exclude until a medical exam indicates the child is not infectious.
- **Rash with fever or behavior change** - Exclude until a medical exam indicates these symptoms are not related to an infectious disease.
- **Eye drainage** - If thick mucus or pus drainage is present, exclude until 24 hours after treatment has begun or until a health professional determines that the eye drainage is not due to a communicable disease.
- **Fever** -

a. Exclude a child who seems sick and has a temperature as indicated below:[27]
    - Axillary (in the armpit) temperature 100◦ F (or higher); OR
    - Oral (in the mouth) temperature 101◦ F (or higher).
b. Get immediate medical attention when:
    - Infants (under 4 months of age) have a temperature of 100◦ F or higher, OR
    - A child of any age has a temperature of 105◦ F or higher.

- **Diarrhea or unexplained blood in stools** - Exclude until diarrhea (more than one loose stool) stops or until a medical exam indicates that the condition is not due to an infectious disease.
- **Head lice** - Child does not need to be excluded immediately. Exclude child starting at the end of the day that the head lice were first noticed until after the first treatment.

Additional signs and symptoms of possible severe illness - To rule out severe illness, children should see a healthcare provider immediately if they are experiencing:

[27] According to the Kentucky Cabinet for Health and Family Services, glass thermometers should NOT be used in early care and education settings. Use a digital ear thermometer for children under four years of age. Exclude a child if his/her temperature is 101°F or higher. For children over four, digital ear thermometers or digital oral thermometers may be used. Forehead strips are not recommended since their accuracy has not been validated.

- Extreme tiredness or sluggishness.
- Uncontrolled coughing.
- Persistent crying.
- Difficulty breathing.
- Wheezing.
- Persistent or severe pain.

If a child is unable to participate in normal activities, or needs more care than can be provided by the staff, then that child should be excluded.

NOTE: These recommendations are based on health and safety standards in *Caring for our children: National health and safety performance standards: Guidelines for out-of-home child care* (3rd ed.). Your program's health policies may be more or less stringent. For additional information on excluding and/or isolating sick children, please contact the Child Care Health Consultant (formerly Healthy Start) at your local health department (see Appendix C, pp. 42-43, for a list of Child Care Health Consultants).



What the regulations say about isolating/excluding sick children

Type I centers and Type II licensed homes (922 KAR 2:120)
A child showing signs of an illness or condition that may be communicable shall not be admitted to the regular child-care program. If a child becomes ill while at the child care center:

- The child shall be placed in a supervised area isolated from the rest of the children.
- The parent shall be contacted immediately.
- Arrangements shall be made to remove the child from the child-care center as soon as practicable [Sec 7 (2, 3)].

Certified family child care homes (922 KAR 2:100)
A quiet, separate area that can be easily supervised shall be provided for a child too sick to remain with other children [Sec 15 (7)].

Registered Child Care Providers (922 KAR 2:180)
A quiet, separate area that can be easily supervised shall be provided for a child too sick to remain with other children.

Children with chronic health conditions[28]

Chronic health conditions are different from infectious diseases because they:

- Are not contagious.
- May continue for a long time and have a long recovery period.
- May interfere with typical growth and development.

Some examples of chronic health conditions are: allergies, asthma, cancer, cystic fibrosis, diabetes, heart problems, hemophilia, rheumatoid arthritis, obesity, sickle- cell disease, and seizure disorder.
Most children with chronic health conditions do not need to be isolated or excluded from early care and education programs since the conditions are not contagious. Additionally, the Americans with Disabilities Act prohibits discrimination against children with disabilities, including chronically ill children.[29]

3 Wash hands properly and frequently

Why?

Once germs are in your program, hand washing is the number one way to prevent the spread of infectious disease. Studies show that unwashed or improperly washed hands are the primary carriers of infections.[30]

How?

Effective hand washing requires:

- Warm water
- Lots of lather from liquid soap
- Vigorous friction
- Thorough rinsing

Hand washing steps

[28] Diner (1993)
[29] Division for Early Childhood (DEC) & National Association for the Education of Young Children (NAEYC) (2000)
[30] AAP, APHA, & NRC (2002)

1. Wet hands with warm running water.
2. Apply liquid soap to your hands.
3. Rub hands vigorously, remembering to wash backs and palms of hands, between fingers, under fingernails and around wrists.
4. Wash hands for at least 20 seconds. Sing "Happy Birthday" or "Row, Row, Row Your Boat" twice.
5. Rinse hands under warm running water.
6. Dry hands with hand-drying blower or single use disposable hand drying material/paper towels.
7. Turn the faucet off with the paper towel.
8. Discard paper towel in hands free, covered, plastic lined trash can.

Hand washing facts…

- Inadequate hand washing has contributed to many outbreaks of diarrhea among children and adults in early care and education programs.
- In settings that have implemented a hand washing training program, the incidence of diarrhea illnesses has decreased by 50%.
- One study found the incidence of colds was reduced when frequent and proper hand washing practices were incorporated into a child care center's curriculum.

When?

- Children and adults should wash their hands upon arrival and when moving from one classroom to another [31]
- Hands also should be washed BEFORE and AFTER:
  - Eating, handling food, and/or feeding a child.
  - Giving medication.
  - Playing in water that is used by more than one person.
- Children and adults should always wash hands AFTER:
  - Diapering (or having a diaper changed).
  - Using the toilet or helping a child use a toilet.
  - Touching an item or area of the body soiled with body fluids (vomit, blood, mucus or waste).
  - Sneezing or coughing.
  - Handling pets and other animals.

[31] AAP, APHA, & NRC (2002)

- Use hand sanitizer of hand sanitizing wipes if liquid soap and warm running water are not available. The child shall wash their hands once liquid soap and running water are available as per 922 KAR 2:120
    - Cleaning or handling the garbage.
    - Clearing away dirty dishes and utensils.
    - Handling uncooked food, especially raw meat and poultry.
    - Playing outdoors.
    - Playing in sandboxes or with play dough.
    - Handling money.

Separate sinks for separate tasks

Sinks used for hand washing after diapering and toileting should NOT be used for food preparation or other purposes. If the same sink is used, then the faucet handles and the sink MUST be sanitized with bleach and water solution between uses.

Harms, Cryer, & Clifford (1990)



What the regulations say about hand washing

Type I centers and Type II licensed homes (922 KAR 2:120)

- Except as established in paragraph (c) of this subsection, wash his or her hands with liquid soap and warm running water 1.a) upon arrival at the center, or b) Within thirty (30) minutes of arrival for school-age children; 2) before and after eating or handling food; 3) after toileting or diaper change; 4) after handling animals; 5) After touching an item or an area of the body soiled with body fluids or wastes; and 6) after indoor or outdoor play time and (c) Use hand sanitizer or hand-sanitizing wipes if liquid soap and warm running water are not available. The child shall wash the child's hands as soon as practicable once liquid soap and warm running water are available [Sec 3, (4 b& c)].
- Staff shall, except as established in paragraph (d) of this subsection, wash their hands with liquid soap and warm running water 1) upon arrival at the center, 2) after toileting or assisting a child in toileting, 3) before and after diapering each child, 4) after wiping or blowing a child's or own nose, 5) after handling animals, 6) after caring for a sick child, 7) before and after feeding a child or eating, 8)

before dispensing medication, 9) after smoking or vaping and 10) if possible, before administering first aid: and Use hand sanitizer or hand-sanitizing wipes if liquid soap and warm running water are not available. The staff shall wash the staff's hands as soon as practicable once liquid soap and warm running water are available [Sec 3 (5 a-d)]

To ensure appropriate hand washing, regulations require the following: A sink located in or immediately adjacent to toilet rooms equipped with hot and cold running water that allows washing of hands.

- Equipped with hot water at a minimum temperature of 90 degrees Fahrenheit and a maximum of 120 degrees Fahrenheit.
- Equipped with liquid soap and
- Equipped with hand-drying blower or single use disposable hand drying material.
- Equipped with easily cleanable, waste receptacle and
- Immediately adjacent to a changing area used for infants and toddlers. [Sec 12 (3)]

Certified family child care homes (922 KAR 2:100)

The provider, assistant, substitute and each employee shall wash hands with liquid soap and running water before and after diapering a child, before and after feeding a child, after toileting or assisting a child with toileting, after handling animals, before dispensing medication, after caring for a sick child, after wiping or blowing a child's or own nose, and after smoking or vaping. Use hand sanitizer or hand-sanitizing wipes if liquid soap and warm running water are not available. The provider or assistant shall wash the provider or assistant's hands as soon as practicable once liquid soap and warm running water are available [Sec 12 (5)].

A child shall wash hands with liquid soap and warm running water before and after eating or handling food, after toileting or diaper change, after handling animals, after touching and item or area of the body soiled with body fluids or waste, or after outdoor and indoor play time. Use hand sanitizer or hand-sanitizing wipes if liquid soap and warm running water are not available. The child shall wash the child's hands as soon as practicable once liquid soap and warm running water are available [Sec 12 (4)].
The proper methods of diapering and hand-washing shall be available at each diaper changing area [Sec 13 (8)].

4 Handle infant milk/formula properly

To prevent spread of germs and illness, infant milk/formula should be individually labeled and covered when not feeding the infant and should be refrigerated promptly.

- A bottle of milk/formula should never be:
- Heated in a microwave.
- Propped for an infant.
- Left in the mouth of a sleeping infant.
- Carried around by an older infant/toddler.

5 Use proper diapering/toileting procedures[32]

Diarrhea and other stomach illnesses are spread when proper diapering/toileting procedures ARE NOT used. Germs from stool get on the hands of adults, children and nearby surfaces. Germs are spread when the contaminated hands/surfaces later come in contact with toys, furnishings, door knobs, etc. Diaper changing surfaces should NOT be used for food preparation or other purposes.[33]
Proper hand washing and procedures that reduce contact with soiled diapers can reduce the spread of diarrhea and other stomach illnesses.[34]

Diaper changing steps

1. **Wash** hands with liquid soap and warm running water for 20 seconds.
2. Check to see if all your supplies are ready and put on your gloves.[35]
3. **Lay** child on table. **Never leave child unattended.**
4. **Clean** child's bottom from front to back.
5. **Put** disposable diaper in a lined covered trash can.
6. **Remove** soiled gloves and put in a lined covered trash can.[36]
7. Use disposable wipes to **clean** your hands, then child's hands.
8. **Diaper** and dress the child.

[32] AAP, APHA, & NRC (2011)
[33] Harms, Cryer, & Clifford, (1990)
[34] AAP, APHA, & NRC (2011). Kentucky's Child Care Health Consultants (formerly Healthy Start) also promote these steps.
[35] Kentucky does not require that gloves be used, but hands must be washed before diapering a child. If used, latex-free gloves are recommended, to prevent a possible allergic reaction to the latex (which can be life-threatening).
[36] If no gloves are used, this step would be skipped.

9. **Wash** the child's hands with liquid soap and warm water for 20 seconds.[37]
10. Dry child's hands with a hand-drying blower or single use disposable hand-drying material/paper towels. Turn faucet off with paper towel.
11. Return the child to a supervised area.
12. Clean with soap and water: the diaper changing surface AND any toys or objects touched during the diaper change. Rinse with water.
13. Disinfect the same area with bleach and water solution. Allow the solution to air dry two minutes before wiping up.
14. Wash your hands with liquid soap and warm running water.

Toileting

Toilet training should be a relaxed, pleasant activity and should be coordinated with the child's parent/guardian.

Sanitary handling of potty chairs is difficult and, therefore, their use is not recommended. However, if a training chair is used, the chair must be emptied promptly and sanitized after each use. Potty chairs should not be washed in a sink used for washing hands.



What the regulations say about <u>toileting facilities</u>

Type I centers and Type II licensed homes (922 KAR 2:120)

- A child care center shall have a minimum of one (1) toilet and one (1) lavatory for each twenty (20) children. Urinals may be substituted for up to one- half (1/2) of the number of toilets required for a male toilet room.
- A toilet room shall be provided for each gender; or a plan shall be implemented to use the same toilet facility at separate times. Have a supply of toilet paper and be cleaned and disinfected daily.
- Each toilet shall:
    - Be kept in clean condition;

[37] Harms, Cryer, & Clifford (1990). NOTE: A disposable wipe may be used in unusual circumstances (e.g., a newborn infant with no head control or a heavy baby with little body control).

- Be kept in good repair;
- Be in a lighted room; and
- Have ventilation to outside air. [Sec 12 (1-2c & 4a-d)]

Certified family child care homes (922 KAR 2:100)

- The home shall have bathrooms, including toilets, sinks, and potty chairs that are:
- sanitary and 2) in good working condition [Sec 11(21 e)].
- A sink shall be located in [the same room] or immediately adjacent to toilets, shall be equipped with hot and cold running water for hand washing with hot water at a minimum temperature of 90 degrees and a maximum of 120 degrees Fahrenheit, shall be equipped with liquid soap and single use, disposable hand drying material, and shall be immediately adjacent to a diaper changing area [Sec 13 (2)].



What the regulations say about <u>diapering and toileting procedures</u>

Type I centers and Type II licensed homes (922 KAR 2:120)

- Toilet training shall be coordinated with a parent.
- An adequate quantity of freshly laundered or disposable diapers and clean clothing shall be available.
- If a training chair is used; the chair shall be used over a surface that is impervious to moisture; out of the reach of other toilets or toilet training chairs; emptied promptly and disinfected after each use
- Diapers or clothing shall be:
  - Changed promptly when wet or soiled;
  - Stored in a covered container temporarily; and
  - Washed or disposed of at least once a day.
- The proper methods of diapering and hand-washing shall be posted at each diaper changing area.
- When a child is diapered:
  - The child shall not be left unattended and be placed on a surface that is: clean, padded, free of holes, rips, tears, or other damage, nonabsorbent, easily cleaned, and free of any items not used for diaper changing.
  - Unless allergic, individual disposable washcloths shall be used to thoroughly clean the affected area of the child.
  - Staff shall disinfect the diapering surface after each child is diapered;

- If staff wear disposable gloves, the gloves shall be changed and disposed of after each child is diapered; and [Sec 12 (5-13)].

Certified family child care homes (922 KAR 2:100)

- Diapers or clothing shall be:
  1. changed when soiled or wet;
  2. stored in a covered leak proof container temporarily; and
  3. washed or disposed of at least once a day. [Sec 13 (7)].
- The proper methods of diapering and hand-washing shall be posted at each diaper changing area [Sec 13 (8)].

Registered Child Care Providers (922 KAR 2:180)

Wash hands with liquid soap and running water before and after diapering a child. [Sec 13, (a)].

Revised 10/13



6 Clean and sanitize surfaces and objects[38]

Why?

Germs are often passed from one child to another from toys, through water play, and from contact with other surfaces. You can eliminate germs by properly cleaning and sanitizing every surface children touch.

Cleaning removes dirt, soil and debris by scrubbing and washing with a detergent solution and rinsing with water.

Sanitizing reduces the amount of germs on a surface. Surfaces must be cleaned before they are sanitized.

How?

- For bleach <u>containing 8.25 sodium hypochlorite:</u>
  - Use only an EPA-registered product (indicated on label along with a

number)
    - Follow manufacturer's instructions for diluting product for sanitizing or disinfecting
    - Follow manufacturer's instructions for contact time (how long to leave the solution on the surface)
- Make bleach solution daily.
- Put solution ratio on bottle.
- Surfaces sanitized with bleach solution should be left to air dry for two minutes. Chlorine evaporates into the air and leaves no residue.

- Additional training available through Kentucky OSHA eLearning website. http://www.laborcabinetetrain.ky.gov/

For spills of blood or other potentially infectious body fluids, take additional precautions:

- Wear non-porous gloves for cleaning and sanitizing.
- Avoid splashing contaminated fluids into eyes, nose or mouth.
- Put blood-contaminated clothes or materials in a plastic bag and tie securely.
- Clean floors, rugs, and carpeting that have been contaminated by body fluids as follows:
    - Blot to remove as much fluid as quickly as possible.
    - Sanitize by spot-cleaning with a detergent-disinfectant (not a bleach solution). Continue cleaning until rinse water is clear. Then sanitize.
    - Shampooing or steam-cleaning may also be necessary.
- Mops and other equipment used to clean up bodily fluids should be:
    - Cleaned with detergent and rinsed with water.
    - Rinsed with fresh sanitizing solution.
    - Wrung as dry as possible.
    - Air-dried.
- Change and bag clothes that have been soiled by body fluids and wash the hands and soiled skin of everyone involved.[39]

[39] AAP, APHA, & NRC (2002)

When to Clean, Sanitize and Disinfect[40]

Area	Clean	Sanitize	Disinfect	Frequency
Classrooms and Food Areas				
Countertops, tabletops, floors, doors and cabinet handles	X	X		Daily and when soiled.
Food preparation and service surfaces	X	X		Before and after contact with food activity; between preparation of raw and cooked foods.
Carpets and large area rugs	X			Vacuum daily when children are not present. Clean with a carpet cleaning method approved by the local health authority. Clean carpets only when children will not be present until the carpet is dry. Clean carpets at least monthly in infant areas, at least every
Small rugs	X			Shake outdoors or vacuum daily. Launder weekly.
Utensils, surfaces and toys that go into the mouth or have been in contact with saliva or other body fluids	X	X		After each child's use, or use disposable, one-time utensils or toys.
Toys that are not contaminated with body fluids. Dress-up clothes not worn on the head. Sheets and pillowcases, individual cloth towels (if used), combs and hairbrushes, wash cloth and machine-washable cloth toys.	X			Weekly and when visibly soiled.
Blankets, sleeping bags, cubbies	X			Monthly and when soiled.
Hats	X			After each child's use or use disposable hats that only
Cribs and crib mattresses	X			Weekly, before use by a different child, and whenever soiled or wet
Phone receivers	X	X		Weekly.
Toilet and Diapering Areas				
Hand washing sinks, faucets, surrounding counters, soap dispensers, door knobs	X	X		Daily and when soiled.

[40] Adapted from *Keeping Healthy*, National Association for the Education of Young Children, 1999. Used with permission from the American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care (2002). *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care. 3rd* edition. Elk Grove Village, IL: Author.

Toilet seats, toilet handles, potty chairs (use of potty chairs is discouraged because of high risk of contamination). door knobs or cubicle handles, floors	X	X		Daily or immediately if visibly soiled.
Toilet bowls	X	X		Daily.
Diapering changing area	X		X	After each diapering change
General Facility				
Mops and cleaning rags Waste and diaper containers	X X	X		Before and after a day of use, wash mops and rags in detergent and water, rinse in water, immerse in sanitizing solution, and wring as dry as possible. After cleaning and sanitizing, hang mops and rags to dry Daily.
Any surface contaminated with body fluids: saliva, mucus, vomit, urine, stool, or blood	X	X		Immediately.



7 Prevent Food Contamination and Spoilage

- Wash all fruits and vegetables before cooking and/or serving.
- Keep hot foods hot and cold foods cold prior to serving.
- Keep food covered before serving and protected against contamination.
- Meat salads, poultry salads, and cream-filled pastries must be kept refrigerated until served.
- Do not serve food that has been prepared at home or canned at home. Food must come from an establishment that has a current food service permit.
- Discard food that has been served.
- Unserved food should be covered promptly, refrigerated, and used within 24 hours.[41]

[41] 922 KAR 2:120: Child care center health and safety standards. Retrieved August 22 2018

Web Resources

American Academy of Pediatrics (AAP) https://www.aap.org/
Centers for Disease Control and Prevention (CDC) https://www.cdc.gov/
National Association for the Education of Young Children https://www.naeyc.org/
National Association for Family Child Care (NAFCC) https://www.nafcc.org/
National Resource Center for Health and Safety in Child Care and Early Education (NRC) http://nrckids.org/

National Afterschool Association (NAA) https://naaweb.org

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922 KAR 2:120. Child care facility health and safety standards. Retrieved August 22, 2018

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Safekids.org (no date). Injury facts: burns. Retrieved June 2, 2003 from www.safekids.org/tier3_cd.cfm?content_item_id=1011&folder_id=540.

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Kentucky Staff/Child Ratios

In the state of Kentucky the staff to child ratios for Type I and Type II licensed child care programs are:[42]

Age of Children	Ratio	Maximum Group Size*
Infant	1 staff for 5 children	10
Toddler 12 to 24 months	1 staff for 6 children	12
Toddler 24 to 36 months	1 staff for 10 children	20
Preschool-age 3 to 4 years	1 staff for 12 children	24
Preschool-age 4 to 5 years	1 staff for 14 children	28
School-age 5 to 7 years	1 staff for 15 children	30
School-age 7 and older	1 staff for 25 children (for before and after school)	30

*Maximum Group Size is applicable only to Type I facilities.

A Type I licensed child care facility[43] is a child care center licensed to regularly provide child care services to four (4) or more children in a non-residential setting; or thirteen (13) or more children in a designated space separate from the primary residence of the licensee.

A Type II licensed child care center[44] is primary residence of the licensee in which child care is regularly provided for at least seven (7), but not more than twelve (12) children, including children related to the licensee.

Certified family child care providers[45] may be authorized to care for up to six (6) unrelated children. In addition, they may care for up to four (4) related children, not to exceed a total of 10 children. Of the ten (10) children, a provider may not care for more than six (6) children under the age of six (6) years old. Related children include: the providers own children, siblings, stepchildren, grandchildren, nieces, nephews or children in legal custody of the provider. If the provider cares for more than four (4) infants, including the provider's own or related infants, the provider must have an assistant present. A provider may not care for more than six (6) children under the age of six (6) years old, related or unrelated.

Registered Child Care Providers46

During hours of operation, a registered child care provider shall not care for
more than: Three (3) children receiving CCAP per day; Six (6) children receiving CCAP per day, if those children are: a part of a sibling group; and related to the provider; or a total of eight (8) children inclusive of the provider's own children.

[42] 922 KAR 2:120. Child care facility health and safety standards, Section 2
[43] 922 KAR 2:090. Definitions for 922 KAR Chapter 2, Section 2 (1)
[44] 922 KAR 2:090. Definitions for 922 KAR Chapter 2, Section 2 (2)
[45] 922 KAR 2:100. Certification of family child care homes, Section 9 (2-5)

Tips to prevent sleep-related accidents/death[46]

- ✓ **Always place a baby on his or her back to sleep, for naps and at night.** The back sleep position is the safest, and every sleep time counts.
- ✓ **Place baby on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet.** Never place a baby to sleep on pillows, quilts, sheepskins, or other soft surfaces.
- ✓ **Keep soft objects, toys, and loose bedding out of the baby's sleep area.**
- ✓ **Do not allow smoking around a baby.**
- ✓ **Do not let a baby overheat during sleep.** Keep the room at a temperature that is comfortable for an adult.
- ✓ **Think about using a clean, dry pacifier when placing the infant down to sleep,** but don't force the baby to take it. If a baby is breastfed, wait until the infant is one month old before using a pacifier.
- ✓ **Ensure that the crib meets current safety standards.** Slats should be no more than 2 and 3/8 inches apart. No corner posts should be over 1/16th inch high, so clothes cannot catch. No cut- outs in head board or footboard.
- ✓ **Consider using a sleeper as an alternative to blankets.**
- ✓ **Make sure infant's head remains uncovered during sleep.**
- ✓ **Remove hanging toys from crib** once infant can pull up onto his/her hands and knees.
- ✓ **Ensure that hanging cords and blinds are tied up high and out of infant's reach.** Remove all objects in or around cribs that have strings or cords longer than 3 inches.
- ✓ **Do not use home monitors or other products that claim to reduce the risk of SIDS.** Most have not been tested for effectiveness.

For more information, contact the National Institute of Child Health and Human Development (NICHD) about their "Safe to Sleep" campaign and/or the National SIDS & Infant Death Program Support Center for a variety of SIDS/infant death related materials. For additional crib safety information, contact the Consumer Product Safety Commission (CPSC).
National Institute of Child Health and Human Development (NICHD) "Safe to Sleep" Campaign
https://www1.nichd.nih.gov/sts
(800)-505-CRIB (800) 505-2742
U.S. Consumer Product Safety Commission Washington, D.C. 20207-0001 https://www.cpsc.gov/
(800) 638-2772 (TTY 8-- 638-8270)
National SIDS and Infant Death Program Support Center
https://www.sidscenter.org/
(800) 638-7437

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[46] Source: Kentucky Cabinet for Health Services, Department for Public Health



Kentucky Child Care Health Consultation, for a Healthy Start in Child Care, is part of the KIDS NOW Initiative. The program provides consultation and technical assistance on health, safety and nutrition for children ages 0-5 to child care providers. Trained Child Care Health Consultants from local health departments participate in joint activities with Child Care Aware and the Kentucky All STARS program in their areas to ensure collaboration and coordination on issues impacting the quality of child care.

The Child Care Health Consultants, which include Registered Nurses and Health Educators, consult with child care providers and their families via telephone, email or on-site to promote healthy, safe and nurturing environments for optimal child development.

The Kentucky Department for Public Health launched this website and a toll-free Child Care Health Consultation Helpline, staffed by Child Care Health Consultant Technical Assistants at the Lexington-Fayette County Health Department. The Helpline (877) 281-5277 was established to assist child care providers and other child care consultants across the state and provides free technical assistance to child care centers, including answering questions and providing information about health, safety and nutrition for children.

To contact your local Child Care Health Consultant
https://www.kentuckycchc.org/contact-us/



What the regulations say about First Aid and Cardiopulmonary Resuscitation (CPR) Training

Revised 6/16/2021

Effective 6/16/2021 each center shall ensure that every staff member has received training on first aid and cardiopulmonary resuscitation (CPR) training. **KAR 922 2:120 Section 7 (8**)

This training is not the same as certification and **does not** meet the regulation **922 KAR 2:090 Section 11 Staff Requirements**:

(3) For a child-care center licensed for infant, toddler, or preschool-age children, at least one (1) person on duty and present with the children shall be currently certified by a cabinet-approved training agency in the following skills:

(a) Infant and child cardiopulmonary resuscitation; and

(b) Infant and child first aid.

(4) For a child-care center licensed for school-age children, at least one (1) person on duty and present with the children shall be currently certified by a cabinet-approved training agency in the following skills:

(a) Adult cardiopulmonary resuscitation; and

(b) First aid.

Receiving this training **will NOT** satisfy the above regulation and proper first aid and cardiopulmonary resuscitation (CPR) CERTIFICATION is still required per the above regulation. You will not be certified in first aid and CPR simply by completing this course.

Hand Washing Procedure

1. **WET** hands with warm water.

2. **RUB** hands together with liquid soap for 20 seconds.

3. **CLEAN** vigorously washing backs and palms of hands, between fingers, under fingernails and around wrists.

4. **RINSE** hands completely under warm water.

5. **DRY** the hands with a hand-drying blower or single-use disposable drying material/paper towel.

6. **TURN OFF** faucet with paper towel.

7. **DISCARD** paper towel in a lined, hands-free, covered trash can.

NKYHEALTH
NORTHERN KENTUCKY HEALTH DEPARTMENT

ROUTINE SCHEDULE FOR CLEANING, SANITIZING & DISINFECTING IN CHILD CARE						
Areas	**Before Each Use**	**After Each Use**	**Daily (end of day)**	**Weekly**	**Monthly**	**Comments**
FOOD AREAS						
Food Preparation Surfaces	Clean, Sanitize	Clean, Sanitize				Use sanitizer safe for food contact
Eating Utensils & Dishes		Clean, Sanitize				If washing the dishes by hand, use a sanitizer safe for food contact as the final step in the process; Use of an automated dishwasher will sanitize
Tables & High Chair Trays	Clean, Sanitize	Clean, Sanitize				
Countertops		Clean	Clean, Sanitize			Use a sanitizer safe for food contact
Food Prep Appliances		Clean	Clean, Sanitize			
Mixed Use Tables	Clean, Sanitize					Before serving food
Refrigerator					Clean	
CHILD CARE AREAS						
Plastic Mouthed Toys		Clean	Clean, Sanitize			
Pacifiers		Clean	Clean, Sanitize			Reserve for use by only one child; Use dishwasher or boil for one minute
Air Vents				Clean		Throughout the entire center
Door & cabinet handles , light switches			Clean, Disinfect			
Floors			Clean			Sweep or vacuum, then damp mop
Play Activity Centers				Clean		
Drinking Fountains			Clean, Sanitize			
Computer Keyboards		Clean, Disinfect				Use sanitizing wipes, do not use spray
Phone Receivers			Clean			
TOILETING & DIAPERING AREAS						
Changing Tables		Clean, Disinfect				Clean with detergent, rinse, disinfect
Potty Chairs		Clean, Disinfect				
Hand Washing Sinks/Faucets			Clean, Disinfect			
Countertops			Clean, Disinfect			
Toilets			Clean, Disinfect			
Diaper Pails			Clean, Disinfect			
Floors			Clean, Disinfect			Damp mop with a floor cleaner/disinfectant
SLEEPING AREAS						
Bed Sheets, Pillow Cases, and Blankets				Clean		Clean before use by another child, or immediately if soiled or wet: *922 KAR 1:120 Child Care Center Health & Safety Standards
Cribs				Clean		Clean before use by another child
Cots and Mats				Clean		When labeled for individual child
Cots and Mats		Clean, Sanitize*				When not labeled for individual child *922 KAR 2:120 Child Care Center Health and Safety Standards

One of the most important steps in reducing the spread of infectious diseases in child care settings is cleaning, sanitizing or disinfecting surfaces that could possibly pose a risk to children or staff. Routine cleaning with detergent and water is the most common method for removing some germs from surfaces in the child care setting. However, most items and surfaces in a child care setting require sanitizing or disinfecting after cleaning to further reduce the number of germs on a surface to a level that is unlikely to transmit disease.

What is the difference between sanitizing and disinfecting? Sometimes these terms are used as if they mean the same thing, but they are not the same.

Sanitizer is a product that reduces but does not eliminate germs on inanimate surfaces to levels considered safe by public health codes or regulations. A sanitizer may be appropriate to use on food contact surfaces (dishes, utensils, cutting boards, high chair trays), toys that children may place in their mouths, and pacifiers.

Disinfectant is a product that destroys or inactivates germs (but not spores) on an inanimate object. A disinfectant may be appropriate to use on hard, non-porous surfaces such as diaper change tables, counter tops, door & cabinet handles, and toilets and other bathroom surfaces. The U.S. Environmental Protection Agency (EPA) recommends that only EPA-registered products be used. Only a sanitizer or disinfectant product with an EPA registration number on the label can make public health claims that they are effective in reducing or inactivating germs. Many bleach and hydrogen peroxide products are EPA-registered and can be used to sanitize or disinfect. Please see the "How to Find EPA Registration Information" section to learn more specific information on the products.

March 2023

Information adapted from Caring For Our Children, 4th edition (Appendices J & K) September 2022

APPENDIX J:
SELECTION AND USE OF A CLEANING, SANITIZING, OR DISINFECTING PRODUCT

COVID-19 modification as of: July 25th, 2022

Resources to Choose Sanitizing and Disinfecting Products

- Cleaning and Disinfecting Best Practices During the COVID-19 Pandemic -EPA
- About List N: Disinfectants for Coronavirus (COVID-19) -EPA
- Infographic: Guidance for Cleaning & Disinfecting Public Spaces, Workplaces, Businesses, Schools and Home -EPA
- Safer Cleaning, Sanitizing and Disinfecting Strategies to Reduce and Prevent COVID-19 Transmission-OSHA - Washington

Cleaning, sanitizing, and/or disinfecting surfaces are important steps in reducing the risk of spreading infectious diseases to children, staff and visitors in early care and education programs. In most situations, routine cleaning with soap and water is enough to remove dirt and some germs from surfaces. Sanitizing and/or disinfecting may be needed after cleaning to further reduce the risk of spreading illness. Sanitizers and disinfectants need to be applied to a clean surface to work effectively at killing germs. You can find specific information on the label on how to use the product.

Refer to CFOC Appendix K: Routine Schedule on Cleaning, Sanitizing, and Disinfecting.

Activity	Type of Product	Method	Comments
Clean	Soap/detergent and water, or all-purpose cleaners, to remove germs, dirt, oils, and sticky substances from surfaces or objects	Clean surfaces, preferably with a microfiber cloth/mop, rinse the surface thoroughly, and air dry. Or dry with a paper towel or microfiber cloth.	If using a cleaner other than soap and water, choose a product that has safer chemical ingredients and is certified by a third party (Safer Choice, Green Seal, or UL Ecologo).
Sanitize	Chemical product that reduces the number of most germs on non-porous surfaces or objects to a safe level	Sanitize surfaces that touch food (dishes, cutting boards, or mixed-use tables), or objects that a child might place in their mouth (toys).	Choose an Environmental Protection Agency (EPA) registered product with directions for food-contact surfaces on the label.
Disinfect	Chemical product to kill bacteria and viruses on surfaces or objects	Disinfect equipment and surfaces that are used in toileting or diapering and in cleaning body fluids (blood). Allow disinfectant to sit on the surface and be visibly wet for the number of minutes listed on the product label.	Choose a disinfectant product certified by the EPA's Design for the Environment program.

Detailed definitions of *Clean*, *Sanitize*, *Disinfect*, and *Germ[s]* (microbes) that can cause disease are in the CFOC Online Glossary.

Products Registered with the Environmental Protection Agency (EPA)

Sanitizers are products that kill bacteria on surfaces, and disinfectants are products that kill bacteria and viruses on surfaces. Sanitizers and disinfectants are registered with the EPA as antimicrobial pesticides. A product with an EPA registration number on the label has been tested and is effective in reducing or killing germs.

Cleaners, sanitizers, and disinfectants are used for different purposes. It is important to choose the least hazardous and most effective chemical. Some products both sanitize and disinfect, with different concentrations and/or different amounts of time a product needs to sit on a surface to effectively kill germs.

Before choosing a cleaning or antimicrobial product, you will need to know whether the surface needs to be cleaned, sanitized or disinfected. When choosing a product, pay careful attention to words on the label like *Warning* or *Danger*, and labels that point out if there is a hazard in using the product. Follow the manufacturer's instructions for use and safe handling of products. This includes:

1. How to clean before a sanitize or cleaning product is used
2. How long the product needs to stay visibly wet on the surface or item (contact or dwell time)
3. Whether the product should be diluted or used as is
4. If rinsing is needed after the contact time or if it is allowed to air dry
5. How to apply the product to surfaces; carefully consider whether the early childhood program can follow all the precautions.

Note: Unless the product label specifically includes disinfection directions for fogging, fumigation, wide-area or electrostatic spraying, the EPA does not recommend using these methods to apply disinfectants. The EPA has not evaluated the product's safety and efficacy for methods that are not on the label.

Choosing Safer Products: Safety Data Sheet (SDS)

EPA-registered products have the SDS that gives instructions for safe use of the product, hazardous chemical ingredients, how to clean up spills, and first aid response to chemical exposure. The SDS also describes what type of personal protective equipment (PPE) is needed. PPE such as chemical-resistant gloves (nitrile and rubber are best), masks, and goggles may be needed while working with chemicals. It is safer to use products that need little or no PPE.

According to the Occupational Health and Safety Administration (OSHA) Hazard Communication Standard, employers must keep the SDS on site for all hazardous cleaning products, and the SDS must be available to employees when they ask for it. When they're hired and also once every year, all employees must be trained on how to use chemicals safely in their workplace. This is the law.

Labeling Requirements

All containers of cleaning products and chemicals must be labeled and include their contents and hazards. Original labels must be kept on the containers of cleaning products.

When you take a cleaning product out of the original container and put it into another container, such as a spray bottle, this is a *secondary container*. The secondary container products must be labeled with:

- Name of the product and/or chemicals
- Warnings for health hazards (eye, ear, skin and respiratory)
- Physical hazards (flammable)
- Name and address of chemical manufacturer

You can buy preprinted labels, which makes this task easier.

Indoor Air Quality and Ventilation

Cleaning, sanitizing, and disinfecting products can increase indoor air pollution. Mists, vapors, and other gases from cleaning chemicals can irritate the eyes, nose, throat, and lungs. It is important to make sure that the ventilation system is working properly to reduce the concentration of chemicals in indoor air. Ventilation also occurs naturally by opening windows or doors. Good ventilation also reduces the spread of airborne germs.

Protecting Staff and Children's Health

Children are more sensitive to chemicals than adults because their bodies and organs are still developing. Developmentally, children are at a higher risk for exposure to chemicals because they play on the floor, put toys in their mouths, and put their hands in their mouths. Other people may also be sensitive to chemicals, such as pregnant people and individuals with asthma or other respiratory issues. Exposure to some cleaning and disinfecting products has been shown to trigger asthma and can contribute to respiratory illnesses. Using products with safer ingredients helps reduce exposure and related health concerns such as damaged skin, cancer, and reproductive health harm. Safer products also protect the environment since toxic chemicals are often disposed in our waterways and soil.

Safer Products Options

The use of products that have safer (less toxic) chemicals help reduce health and environmental concerns. Manufacturers may claim that their products are "green," "natural," or "earth friendly," but these claims are often misleading and might not be related to a chemical's safety.

Organizations now certify and label products that meet certain health and environmental standards.

For cleaning products, the main Third Party Certifications logos include:

Cleaning Product	Logo	Website Link
Safer Choice is an EPA Pollution Prevention (P2) program that recognizes more than 2,700 products, including cleaners, hand soaps, laundry detergents, and floor care products.		Safer Choice | US EPA
Green Seal certifies thousands of products (cleaners, hand soaps, paper products, and floor care products) that contain no harmful chemicals, are sustainably packaged, and are sold in concentrated form.		Standards | Green Seal
UL ECOLOGO® certifies cleaners, floor care products, laundry detergents, hand soaps, paper products, and industrial wipes.		ECOLOGO® Certification Program | UL

For sanitizing and disinfecting products, the only certification logo is:

EPA's Design for the Environment (DfE) Disinfectants program identifies antimicrobial products that are better for health and the environment. Sanitizers and disinfectants that meet EPA standards have ingredients such as hydrogen peroxide, lactic acid, citric acid, isopropanol, and ethanol.		DfE-Certified Disinfectant Pesticide Labels | US EPA

Bleach Products

Early childhood programs often use bleach to sanitize and disinfect. EPA-registered bleach products are described as sanitizers and disinfectants. Make sure your bleach product's label has an EPA registration number. Bleach typically is sold in concentrations that have 5.25% to 8.25% sodium hypochlorite. Read the label to find the concentration of sodium hypochlorite in the product and follow instructions to prepare the bleach solution.

Care is needed to prepare and use bleach products safely. Bleach is toxic when swallowed and can lead to serious injury and even death. Bleach that is released into the air can both aggravate and trigger asthma and irritate the skin and eyes. Children are especially at risk of having their lungs irritated when bleach is in in the air they breathe, because their lungs are still developing.

To safely prepare bleach solutions:

- Store bleach at room temperature of 70°F or cooler and keep out of direct sunlight.
- Properly stored bleach has a shelf life of no more than 1 year from the manufacturing date.
- Never mix or store bleach with ANY other chemicals.
- Make sure the room is well ventilated.
- Choose a bottle made of opaque material.
- Choose pump sprays that have a stream option. Avoid aerosols and foggers; both can spread tiny particles that stay in the air long after being used and get deep into the lungs.
- Wear gloves and eye protection when preparing the bleach solution.
- Use a funnel to pour bleach.
- Add bleach to the water (rather than water to the bleach) to reduce fumes.
- Dilute bleach with cool water, and only use the recommended amount of bleach.
- Make a fresh bleach dilution daily; label the bottle with the contents and the date mixed. Bleach strength rapidly gets weaker in the presence of light and when mixed with water.

To safely use bleach solutions:

- Use when children are not in the area.
- Clean the surface or items with soap and water; rinse and dry the surface before applying the bleach solution.
- Allow solution to stay wet on the surface for the contact time listed on the label.
- Ventilate area by allowing fresh air to circulate and allow surfaces to completely air dry (or wipe dry) after the required contact time before allowing children back into the area.
- Safely store chemicals and be sure they will not tip or spill and are out of reach of children.

Using diluted bleach in a spray bottle creates droplets that can be inhaled. Using microfiber or cloths soaked in the bleach solution creates the least amount of bleach released into the air. People with asthma should avoid using bleach and areas where bleach is being used.

Tools and Tips for Cleaning, Sanitizing, and Disinfecting

Tools and Tips	Overview:
Microfiber cloths and mops CFOC 5.6.0.4	- Ultra-fine, high-quality microfiber cleaning cloths and mops work well for removing dirt and germs from surfaces. - Wash microfiber cloths and mops by hand or machine. - Laundering microfiber cloths helps prevent the spread of germs from one surface to another. - Resource: What's So Great About Microfiber?
Washing and sanitizing dishes and toys CFOC 3.3.0.2; 4.9.0.11; 4.9.0.13	Dishwasher - Make sure dishwasher has a "sanitizing cycle" or is set to heat dry. - Follow manufacturer's instructions for use. 3-sink method - Wash, rinse, and sanitize dishes and toys.
Washing machine and laundry CFOC 5.4.4.2	- Wash laundry at the warmest temperature setting, and dry completely.
Use of floor mats	- Place floor mats at entryways and teach children to wipe their feet. - Recommend that people remove their shoes when they come indoors. - Vacuum mats daily.
Vacuums with HEPA filters (High-Efficiency Particulate Air) CFOC 5.3.1.4	- Vacuums with HEPA filters remove more dirt and germs than traditional vacuums. - Choose a vacuum with a "clean" light signal. - Vacuuming collects more dust and germs from floors than sweeping. - Vacuum each day after the children/staff leave.
Proper ventilation CFOC 5.2.1.1	- Be sure the ventilation system is working properly to reduce the concentration of chemicals in indoor air. - Ventilation occurs naturally by opening windows or doors. - Good ventilation reduces the spread of airborne germs. - Resource: Tips for Working with a Ventilation Consultant
Carpeting tips CFOC 5.3.1.4; 5.3.1.6	- Carpets collect dust, dirt, pesticides, and germs. - Vacuum carpets every day. - Carpet steam cleaning is recommended every 3–6 months. - Smaller area rugs that can be removed for cleaning are a safer choice. - Remove shag carpets, since they hold dust and pesticides over time.
Chemical-free cleaning systems	- Steam cleaners are used to sanitize and remove grease, dirt, and residues without chemicals. - Resource: Devices for Disinfecting Surfaces and Air

MORE RESOURCES FOR APPENDIX J:
SELECTION AND USE OF A CLEANING, SANITIZING OR DISINFECTING PRODUCT

Green Cleaning

- Identifying Greener Cleaning Products - EPA
- Green Cleaning, Sanitizing and Disinfecting: A Toolkit for Early Care and Education - Western States Pediatric Environmental Health Specialty Unit (PEHSU), University of California, San Francisco. A set of resources developed in 2021 in collaboration with the EPA.
    - Green Cleaning, Sanitizing, and Disinfecting: A Checklist for Early Care and Education
      Policy guidelines to promote safe cleaning, sanitizing, and disinfecting methods; and strategies to protect children and staff.
    - Tips for Green Cleaning, Sanitizing, and Disinfecting in Early Care and Education
    - Ten Reasons to have a Green Cleaning, Sanitizing, and Disinfecting Program in your ECE Facility
- Informed Green Solutions – Safer Indoor Environments Through Purchasing Decisions
- Third Party Certifications | Healthy Green Schools & Colleges

Use of Bleach Products

- Safe and Effective Cleaning, Sanitizing, and Disinfecting: Safer Ways to Dilute Bleach and Safer Use of Bleach Solutions - UCSF California Child Care Health Program
- Asthma and Chemicals: A Focus on Cleaning, Disinfection, and Sterilization – TURI UMASS LOWELL
- What's the Problem with Bleach – PEHSU

Health and Safety

- Cleaning and Disinfecting Your Facility – CDC
- Protecting Workers Who Use Cleaning Chemicals - OSHA-NIOSH
- Cleaning When You Have Asthma: The Dirty Truth - Asthma and Allergy Foundation of America
- Hazard Communication in ECE Workplaces - PEHSU
- How to Label a Secondary Container - PEHSU
- What Is Indoor Air Quality and How Is It Affected by Cleaning, Sanitizing, and Disinfecting? - PEHSU
- How Does Building Ventilation Affect Infection Control? - PEHSU
- Holm SM, Leonard V, Durrani T, Miller MD. Do we know how best to disinfect child care sites in the United States? A review of available disinfectant efficacy data and health risks of the major disinfectant classes. *Am J Infect Control*. 2019 Jan;47(1):82-91. doi: 10.1016/j.ajic.2018.06.013. Epub 2018 Aug 30. PMID: 30172610.

EPA Resources

- What are Antimicrobial Pesticides?
- Selected EPA-Registered Disinfectants

Training Videos

- Informed Green Solutions - Cleaning for Safer Environments

UCSF California Child Care Health Program Posters (free, and available in English, Spanish and Chinese)

- Safer Cleaning, Sanitizing and Disinfecting: Choose Safer Products
- Safer Cleaning, Sanitizing and Disinfecting: Use the Right Tool for the Job
- Step by Step Cleaning for Child Care Programs
- Step by Step Sanitizing for Child Care Programs
- Step by Step Disinfecting for Child Care Programs

Bleach Solutions for Cleaning, Rinsing, Disinfecting/Sanitizing

Basic Tips

Bleach solutions must be made fresh daily, kept away from heat, and any unused solution must be discarded at the end of the day.

Bleach must be added to cool water rather than adding water to bleach.

Wear gloves and eye protection when mixing bleach and use a funnel.

Cleaning/disinfecting/ sanitizing products must not be used in close proximity to children, and adequate ventilation should be maintained during the procedure to prevent children and caregivers/teachers from inhaling potentially toxic fumes.

Solution 1: Disinfecting

For use on diaper changing tables, hand washing sinks, bathrooms, door & cabinet handles

Water	Bleach 6 to 6.25%	Concentrated Bleach 8.25%
1 gallon (16 cups)	1/4 cup	2 1/2 tablespoons
1 quart (4 cups)	1 tablespoon	2 teaspoons
1 pint (2 cups)	1 1/2 teaspoons	1 teaspoon

Solution 2: Sanitizing

For use on eating utensils, food use contact surfaces, mixed use tables, high chair trays, plastic mouthed toys and pacifiers

Water	Bleach 6 to 6.25%	Concentrated Bleach 8.25%
1 gallon (16 cups)	2 teaspoons	1 to 2 teaspoons
1 quart (4 cups)	1/2 teaspoon	1/2 teaspoon
1 pint (2 cups)	1/4 teaspoon	1/4 teaspoon

Important: If using an EPA-registered product, follow the manufacturer's instructions on the label for diluting the product for sanitizing or disinfecting, as well as for the contact time. Instructions are available at http://cfoc.nrckids.org/Bleach/FindingEPARegInfo.cfm

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Three-Step Process

for disinfecting and sanitizing non-porous surfaces

1. **Clean** the surface with soap solution first using ¼ cup liquid detergent to 1 gallon clean water or 1 tablespoon liquid detergent to 1 quart of water. *Soap solutions must be made fresh weekly.*
2. **Rinse** with clean water and dry with paper towel.
3. **Spray** bleach solution and allow to air dry for 2 minutes before wiping dry with a paper towel.

Diaper Changing Steps

1. **WASH** hands with liquid soap and warm running water for 20 seconds.
2. **CHECK** to see if all of your supplies are ready.
3. **PUT** gloves on.
4. **LAY** child on table. Never leave child unattended.
5. **CLEAN** child's bottom from front to back.
6. **PUT** soiled disposable diaper in a lined, hands-free, covered trash can.
7. **REMOVE** soiled gloves and put in a lined, hands-free, covered trash can.
8. **USE** disposable wipes to clean your hands, then use another wipe to clean child's hands.
9. **DIAPER** and dress the child.
10. **WASH** the child's hands with liquid soap and warm water for 20 seconds.
11. **DRY** the child's hands with a hand-drying blower or single-use disposable hand-drying material/ paper towel.
12. **TURN OFF** faucet with paper towel.
13. **RETURN** child to a supervised area.
14. **CLEAN** and **SANITIZE** diaper changing area AND all toys or objects touched during the diaper change.
15. **WASH** your hands with liquid soap and warm water for 20 seconds.

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