Southwest Human Development Services
P.O. Box 28487 • Austin, Texas 78755-8487
(512) 467-7916 • Toll Free (800) 369-9082
Fax (512) 467-1453 • Toll Free (888) 467-1455
www.swhuman.org

Dear Food Program Participant,

Enclosed is the free nutrition packet, **Stop Disease in your Daycare** that you requested. This material is designed to provide you with detailed information on food and nutrition that will help you in serving nutritious meals to the children in your care.

Please read through the enclosed material. The booklet is yours to keep. This information is designed for licensing hours only. However, if you wish to complete the quiz that follows, you may do so.

Do not return the quiz to Southwest Human Development Services. If you wish to receive hours to fulfill licensing requirements, keep the quiz and certificate in your files to show your licensing representative.

We hope you will find this material helpful and informative as well as interesting. Thank you once again for your participation in the USDA Child and Adult Care Food Program. Your efforts are greatly appreciated. If you have any questions or concerns, do not hesitate to call us at 1-800-369-9082 or 512-467-7916 in Austin.

Sincerely,

Elizabeth

Elizabeth Curtis
Training Coordinator
Southwest Human Development Services

IN YOUR FAMILY DAY CARE

OHIO DEPARTMENT OF HEALTH

OHIO DEPARTMENT OF HUMAN SERVICES

Ohio Department of Health
Ohio Department of Human Services - *Health and Safety in Family Day Care*, December 1991.

Adapted from: *Infectious Disease in Child Care Settings - Guidelines for Child Care Providers*, Colorado Department of Health, March 1986.

Supported in part by Project #MCJ 396022-01 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, U.S. Department of Health and Human Services.

STOP DISEASE IN YOUR FAMILY DAY CARE

Goal: To understand and control the spread of disease in family day care settings.

Objectives:

1. The provider will understand the ways in which diseases are spread.
2. The provider will take the necessary precautions to prevent the spread of disease.
3. The provider will learn the proper way to care for a sick child.
4. The provider will be familiar with various communicable diseases, their symptoms, and the appropriate treatment methods.

Activities:

1. Read the packet and take the quizzes for each section.
2. Hang the handwashing poster (in the back of the packet) near the handwashing sink in your day care.
3. Develop a policy about sick children and which ones you will and won't accept. Share this policy with parents.

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✲ REPORT THESE DISEASES TO THE LOCAL HEALTH DEPARTMENT

phone: _____

Section I

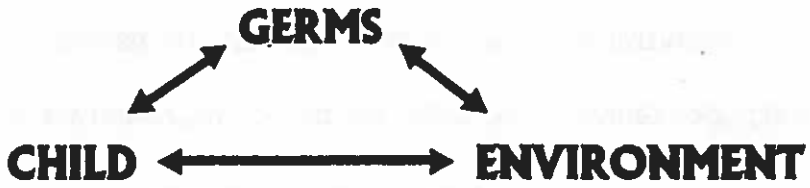
UNDERSTANDING THE SPREAD OF DISEASE

WHAT IS A COMMUNICABLE DISEASE?

A communicable disease is a disease that can be spread from one person to another.

WHAT CAUSES A COMMUNICABLE DISEASE?

A Communicable disease results from the interaction between a child (or adult), his/her environment (home, day care, playground, school) and germs.



WHAT ARE GERMS?

"Germs" is a commonly used term which refers to more specific terms such as bacteria, virus, fungi or parasite.

- **Bacteria**

  Bacteria are small organisms which can be seen with an ordinary microscope.

  Common diseases caused by bacteria are "strep throat", impetigo, pink eye and some pneumonias.

  Medications called antibiotics are usually prescribed by a doctor. Antibiotics stop the growth of bacteria.

- **Virus**

  Viruses are smaller than bacteria and can grow only within living cells.

  Common diseases caused by viruses are colds, chicken pox, measles, German measles, mumps, and polio.

  Antibiotics have no effect on viruses. Rest is the best thing for someone with a virus because it allows the body to fight the virus.

  Vaccines against common viral diseases are available.

- **Fungi**

  Fungi grow well in moist, warm places.

  Common diseases caused by fungi are athlete's foot and ringworm.

  There are effective medications for fungal diseases. They work best when the conditions favorable to fungal growth are removed.

- **Parasites**

  Parasites are organisms which live in or on animals and people.

  Common diseases caused by parasites are pinworms, roundworms, and head lice.

COMMUNICABLE DISEASE IN CHILD CARE SETTINGS

Illness is common in children. The children you care for can easily pass germs back and forth because they share toys and spend many hours together.

As a child care provider, you need to take steps to decrease the spread of disease in your home so that you and your children stay healthy. As you read on, you will learn how to do this. It is important that you learn how diseases spread so that you can learn how to control this spread.

WAYS DISEASES SPREAD

RESPIRATORY (nose and mouth)

Hands and other surfaces soiled with nasal and throat discharges are responsible for much spread of disease. Sneezing and coughing by children who have germs allows these germs to spread to other children. Some of the illnesses that are passed in this way are:

common cold	chickenpox	flu
measles	meningitis	mumps
whooping cough	strep throat	

FECAL-ORAL

Germs which are present in the bowel movements (feces, stools) of ill children or infected well children (carriers) may be spread directly from soiled hands to another person's mouth. They may also be spread via objects, surfaces, or food soiled with feces. The areas most often soiled with feces are hands, faucet handles, toilet flush handles, toys, table tops and especially surfaces or areas where diapers are changed. Some of the illnesses spread in this way are:

hepatitis A	shigella	salmonella

DIRECT CONTACT (Skin/hair or lesions)

Some conditions can be spread by direct contact with infected areas. Some of these conditions are:

impetigo	ringworm

Some conditions can be spread by contact with an infested body area. Some of these conditions are:

head lice	scabies

REFER TO THE DISEASE SECTION OF YOUR MANUAL FOR CONTROL MEASURES.

Section II

CONTROLLING THE SPREAD OF DISEASE

HANDWASHING

The simplist and best way to stop the spread of disease through your home is to **WASH YOUR HANDS.** To make sure your hands are free of germs, follow the procedure on the handwashing poster in the back of this manual.

WHEN TO WASH YOUR HANDS*

Provider:

Before children arrive

After cleaning

Children:

When children arrive

Both Provider and Children:

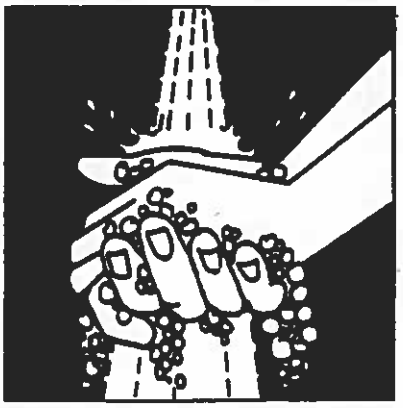
Before preparing or eating food

After diapering or toileting

After coming in from outside play

After contact with body fluids (blood, mucus, vomit, feces, urine)

After touching animals



TEACHING HANDWASHING

Remember: Children will learn by watching you. They copy what they see you doing. Set a good example by washing your hands often. Show the children the correct way to wash to get "all the bad germs off". You may want to make a game out of it to encourage handwashing with the children.

HANDWASHING GAME

Coat the child's hand in cooking oil and cinnamon. Tell the child that the cinnamon represents bad germs. Instruct the child to try to wash all the bad germs off his hands.

* The information about handwashing differs slightly from *Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* The reader should refer to *Caring for Our Children,* HP29, p. 72–HP32, p. 74 for further explanation.

CONTROL MEASURES

You can **STOP THE SPREAD OF DISEASE** in your home by performing these simple control measures on a regular basis.

1. HANDWASHING

- Is the most IMPORTANT way to prevent spread of disease!
- Reduces the number of germs that may be spread.
- See Handwashing poster in back of manual for proper procedure and page 4.1 for times to wash hands.

2. PROPER DIAPERING TECHNIQUES

- Reduces the spread of disease.
- See diapering poster in back of manual for correct procedure and page 5.1 for helpful hints.

3. ISOLATION OF SICK CHILD

- Prevents the spread of germs to others.
- See page 12.1 for more details on isolation areas.

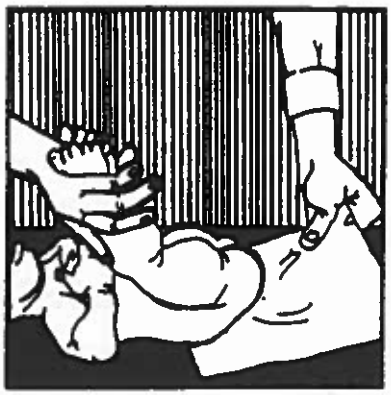
4. DISINFECTION

- Kills germs before they can enter another person.
- See page 7.1 for details on disinfection.

OTHER HELPFUL HINTS

1. Make sure that children have their own individual cot, mat, blanket, or mattress when taking naps.
2. Make sure children do not share food, plates, or utensils. Remind them that sharing during meals can spread germs.
3. Use a separate tissue for each child and dispose in waste container.
4. Cover mouth and nose when sneezing or coughing.

HELPFUL HINTS FOR DIAPER CHANGING



1. Keep diapering area away from food preparation area.
2. Have all of your diapering supplies within close reach before you begin the process.
3. Place a disposable towel under the child's bottom and discard it after each change.
4. Wipe the child's bottom from front to back to prevent urinary tract infection.
5. Discard disposable items used during diapering into a plastic-lined waste container.*
6. Place cloth diapers in a plastic bag for parents to take home at the end of the day.
7. Clean and disinfect the diapering area, soiled supplies, and soiled crib or cot.
8. Wash your hands and the child's hands after diapering.

HELPFUL HINTS FOR TOILET TRAINING

1. If you must use a potty chair, empty the contents into the toilet and WASH the chair. Do not wash it in a sink used for washing hands. WASH your hands!
2. Help the child use the toilet. Help the child wash his hands. Tell him that hand washing will stop germs that could make him sick. WASH your hands.
3. Place any soiled clothes in a plastic bag for parents to take home at the end of the day. Ask the parents to send a clean change of clothes each day.

* The information about diaper disposal (#5) differs slightly from *Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* The reader should refer to *Caring for Our Children*, FA79–80, p. 154 for further explanation.

DISINFECTION GUIDELINES

To disinfect a surface, wash it with soap and water first, then apply the chlorine bleach solution that you prepare on a daily basis. You may also use a product such as Lysol that cleans and disinfects in one step. Be sure to rinse with water any items that children put into their mouths. The bleach solution can be placed in a spray bottle for ease in application. Items should be cleaned and disinfected according to the following:

TOYS AND OTHER ITEMS PLACED IN CHILDREN'S MOUTHS:

Clean, disinfect and rinse weekly.*
Clean, disinfect and rinse daily when there is an ill child in the home.
Disinfect by soaking in bleach solution for at least one minute.

WASHABLE EQUIPMENT AND FURNITURE:

Clean at least two times each year and when visibly soiled.

COTS or PADS:

Clean at least two times each year and when visibly soiled.
Clean and disinfect before reassignment.*

LINENS BELONGING TO THE PROVIDER:

Launder:
1. every other week
2. if they become soiled
3. between uses if used by another child

LINENS BELONGING TO THE PARENT:

Send home every other week to be laundered.

TOILETS:

Disinfect daily or more often if necessary.

BATHROOM SINKS AND FAUCETS:

Clean and disinfect daily and when visibly soiled.

* The information about disinfection differs slightly from *Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* The reader should refer to *Caring for Our Children,* HP50–52, p. 78; HP58-59, p. 79; definitions of "disinfect" (p. 397) and "sanitize" (p. 402) for further explanation.

POTTIES:

Empty, clean if soiled, disinfect,* and rinse with water after each use. Dispose of the rinsing solution into a toilet, not a sink. Cloths used for cleaning potties should be:

1. used once and thrown away(if disposable)
2. stored in disinfectant solution before laundering, if reusable.

STUFFED ANIMALS:

Launder at least weekly. Allow only animals that can be laundered.

SURFACES OFTEN TOUCHED BY DIAPERED CHILDREN:

Clean and disinfect daily.

WALLS AND CEILINGS:

Spot clean when visibly soiled.

WASTEBASKETS:

Empty daily. Use paper or plastic liners.

NON-CARPETED FLOORS:

Clean and disinfect at least weekly.*

CARPETS:

Vacuum daily. Shampoo several times a year.*

REMEMBER: **IMMEDIATELY WASH AND DISINFECT ANY ITEM, FLOOR, OR CARPETED AREA THAT BECOMES SOILED BY BLOOD, VOMIT, FECES, OR URINE! WEAR DISPOSABLE GLOVES WHEN CLEANING UP A BLOOD SPILL.**

* The information about disinfection (potties, non-carpeted floors, and carpets) differs slightly from *Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* The reader should refer to *Caring for Our Children*, HP41, p. 76; HP62, p. 79; HP64, p. 80 for further explanation.

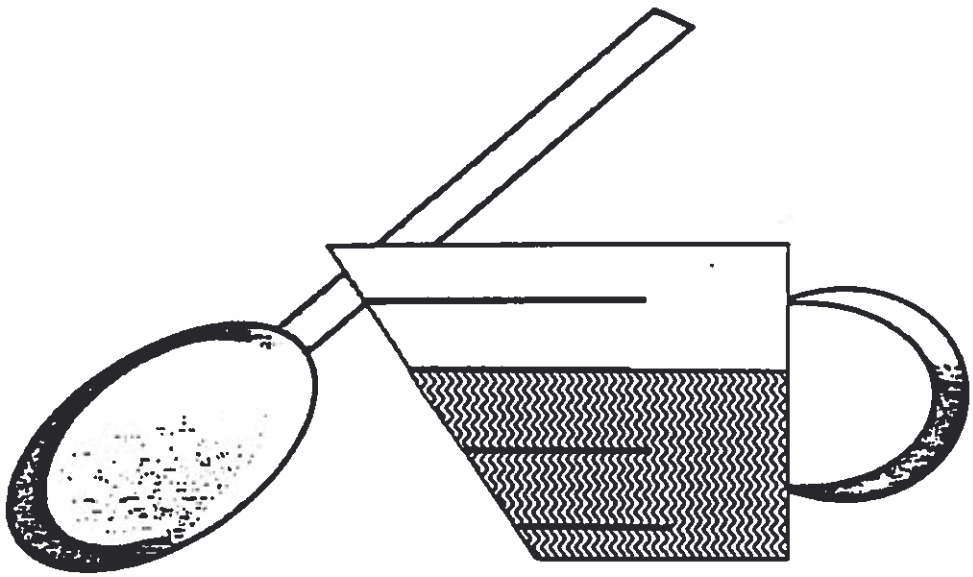
How to Make and Use a Disinfectant Solution*

- Mix one tablespoon chlorine bleach in 1 quart of water or for a larger amount: mix ¼ cup chlorine bleach in 1 gallon of water.
- Place in labelled spray bottles out of reach of children in:

  - bathroom - diapering area - kitchen*

  * **Remember:** The bleach solution used in the kitchen is not as strong. Use 1 tablespoon chlorine bleach in one gallon of water.

- Replace solution daily.
- Clean surface first to make disinfecting more effective. An easy way to clean is to squirt a few drops of dishwashing detergent on surface and wipe off with wet paper towel.
- Spray on disinfectant bleach solution and let air dry. This makes it more effective.



1 Tablespoon Chlorine Bleach + **1 Quart Water**

FOR A LARGER AMOUNT OF SOLUTION, MIX:

¼ Cup Chlorine Bleach + **1 Gallon Water**

* The information about disinfecting the kitchen differs slightly from *Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* The reader should refer to *Caring for Our Children,* definition of "sanitize," p. 402 for further explanation.

USE A BLEACH SOLUTION FOR...

- cleaning all blood spills and blood contaminated items
- cleaning up after large amounts of body fluids
- regular cleaning and disinfecting during outbreaks of communicable disease
- disinfecting diaper changing surface

Adapted from: *"California Child Care Health Project"*, Berkeley Office, Department of Health Services, Maternal and Child Health Branch, December 1989.

IMMUNIZATIONS

Childhood Immunizations

Make sure children are up to date on all immunizations and physical checkups, as required by State Health Department regulations. This will help prevent serious diseases such as diphtheria, tetanus, whooping cough (DTP), measles, mumps, rubella (MMR), polio (OPV), and Haemophilus influenzae meningitis (Hib).

Recommended Children's Immunization Schedule *

AGE	VACCINES
2 months	DTP #1 - OPV#1 - Hib#1
4 months	DTP #2 - OPV#2 - Hib#2
6 months	DTP #3 - Hib#3
15 months	MMR - DTP#4, OPV #3 Hib#4
Upon school entry	DTP #5, OPV #4

Adult Immunizations

Caregivers should also be vaccinated (or show laboratory evidence of immunity) against measles, mumps, and rubella. It is especially important for women of CHILDBEARING AGE to be protected against rubella. It is also recommended that caregivers be up to date on vaccines against diphtheria and tetanus (Td - given every 10 years).

Reporting the Illness

The Local Health Department should be NOTIFIED OF REPORTABLE DISEASES (these are starred in the table of contents). Any outbreaks of illness should also be reported. The local health department can answer your questions about these diseases. Parents and providers should advise each other in the event a child becomes ill.

* The information about immunizations differs slightly from *Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* The reader should refer to *Caring for Our Children*, APP26, p. 372; ST 71 (e), p. 36; HP80–81, p. 87 for further explanation.

Section III

CARING FOR THE SICK CHILD

SHOULD YOU CARE FOR SICK CHILDREN?

As the caregiver, you have the final decision as to whether you should care for a sick child. The following tips will help you make wise decisions.

1. Decide whether you will care for sick children. Ask yourself these questions:
   a. Would I be able to give a sick child the attention he needs?
   b. Do I have an area where I could isolate the child from the others to prevent spreading germs?
   c. Would I be able to take the child to a doctor or hospital if the child got worse and the parent was unavailable?
2. Decide which illnesses or symptoms you will not allow in child care.
3. Discuss your policy with the parent **BEFORE** the child enters child care. A written agreement like the example shown on the following page may be helpful.

4. Make sure that you enforce your policy with parents. Although you may be tempted to help the parents out by taking the sick child, you will only be harming your family and the other children by exposing them to the germs.
5. Find a substitute caregiver for the children if you are sick.

The Health Department recommends that children with the following illnesses or symptoms are excluded from child care:*

Head Lice	Mumps
Hepatitis A	Pinworm
Aseptic Meningitis	Ringworm
Bacterial Meningitis	Rubella
Measles	Scabies
Diarrhea	Whooping Cough

Refer to the disease section of this manual for more details on these diseases. Remember to call your local health department if you have questions.

* The information about exclusion of sick children differs slightly from *Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* The reader should refer to *Caring for Our Children,* HP68 (c), #5, 9, 10, 12, 18, 19, 20, p. 82–83 for further explanation.

SAMPLE

PARENT/CAREGIVER SICKNESS AGREEMENT

I, _____ family day care provider residing at

_____ Ohio will not

provide care to sick children. Exceptions to the policy are:

_____

_____

_____

_____

_____

_____

_____

_____

_____

BY MY SIGNATURE BELOW, I SIGNIFY THAT I HAVE READ THIS AGREEMENT AND AGREE TO ABIDE BY THE TERMS STATED HEREIN.

_____ caretaker/parent

_____ approved provider

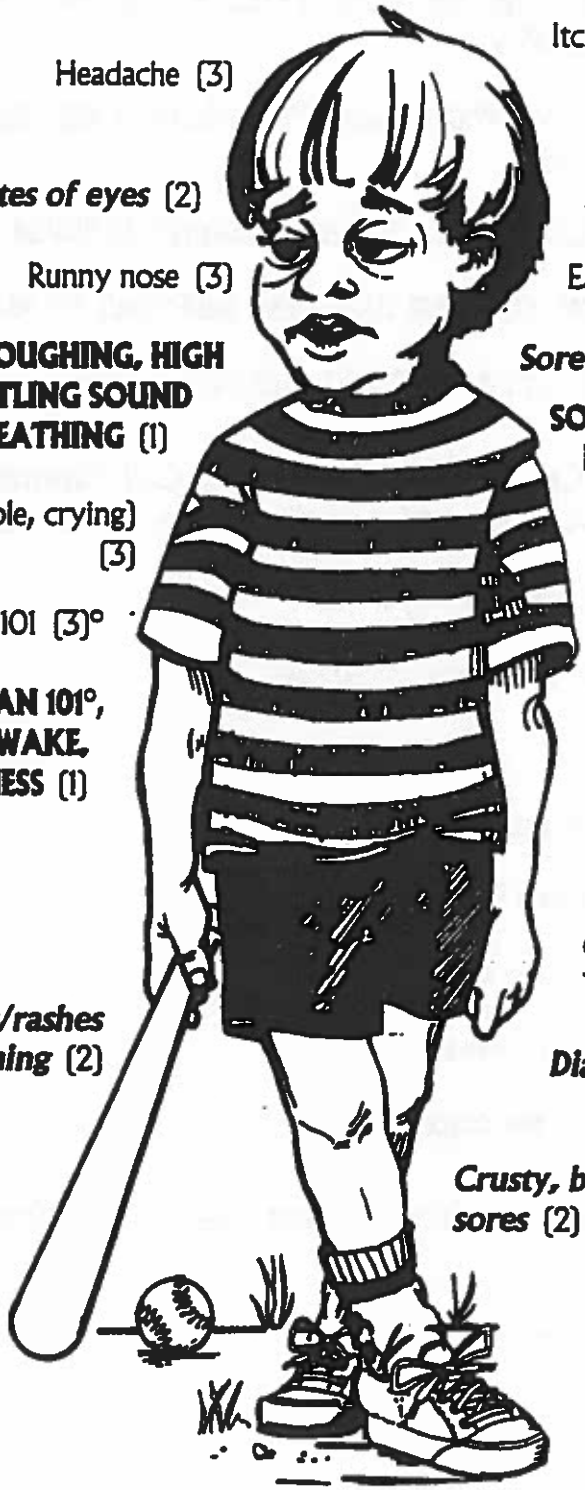
_____ date

_____ date

SIGNS OF ILLNESS IN CHILDREN

(turn page over for diagram)

SIGNS OF ILLNESS IN CHILDREN



Itching of the scalp (3)

Headache (3)

Yellow skin and whites of eyes (2)

Redness, swelling, drainage of eyes (2)

Runny nose (3)

Earache (3)

SEVERE COUGHING, HIGH PITCHED WHISTLING SOUND DIFFICULTY BREATHING (1)

Sore throat (2)

SORE THROAT WITH DIFFICULTY BREATHING AND SWALLOWING (1)

Unusual behavior (irritable, crying) (3)

Fever less than 101 (3)°

VOMITING WITH HEADACHE AND FEVER (1)

FEVER MORE THAN 101°, DIFFICULT TO WAKE, EXTREME TIREDNESS (1)

Vomiting (more than two times a day) (2)

Clay colored stools, Tea colored urine (2)

Unusual spots/rashes with fever and itching (2)

Diarrhea (2)

NOTE: *Teething does not cause diarrhea*

Crusty, bright yellow, gummy skin sores (2)

YOUR RESPONSE TO SIGNS OF ILLNESS IN CHILDREN

1. **Signs of Illness that may be LIFE THREATENING; CALL EMERGENCY SQUAD; CALL PARENTS.**

   - **SEVERE COUGHING, HIGH PITCHED WHISTLING SOUND, REDNESS OR BLUENESS IN FACE, DIFFICULTY BREATHING**
   - **VOMITING WITH OTHER SIGNS SUCH AS HEADACHE OR FEVER**
   - **FEVER MORE THAN 101°, EXTREME TIREDNESS, DIFFICULT TO WAKE**
   - **SORE THROAT, DIFFICULTY BREATHING AND SWALLOWING**

2. ***Signs of a* Probable Communicable Illness.** *Call Parents. Ask parents to take child to doctor. ISOLATE the child until a doctor treats the child.*

   - ***Redness, swelling, drainage of eye***
   - ***Unusual spots/rashes with fever or itching***
   - ***Sore throat***
   - ***Crusty, bright yellow, gummy skin sores***
   - ***Diarrhea (more than two loose stools a day)***
   - ***Vomiting (more than two times a day)***
   - ***Yellow skin and white of eyes***
   - ***Clay colored stools or tea colored urine.***

3. Signs of a **Possible Communicable Illness.** Watch child closely, Notify and discuss signs with parents.

   - Earache, check for fever or discharge
   - Headache
   - Itching of scalp - check for nits. If present, isolate until treated
   - Fever less than 101° *

* The information about response to signs of illness in children differs slightly from *Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* The reader should refer to *Caring for Our Children,* HP68 (c) 1, p. 81; ID19, p. 212 for further explanation.

- Unusual behavior
- Runny nose - check color and smell. If yellow discharge or odor, check temperature

THE HEALTH DEPARTMENT RECOMMENDS ISOLATING CHILDREN with signs of a communicable disease.

TAKING TEMPERATURES

Preparing to Take a Temperature

1. Check to make sure the bulb of the thermometer is not broken. If it is, don't use it.
2. Shake the thermometer by snapping the wrist sharply until the mercury line is below 96 degrees Fahrenheit.

Taking a Temperature

The Axillary Method (Under the arm)

The normal axillary temperature is 97.6 degrees Fahrenheit.

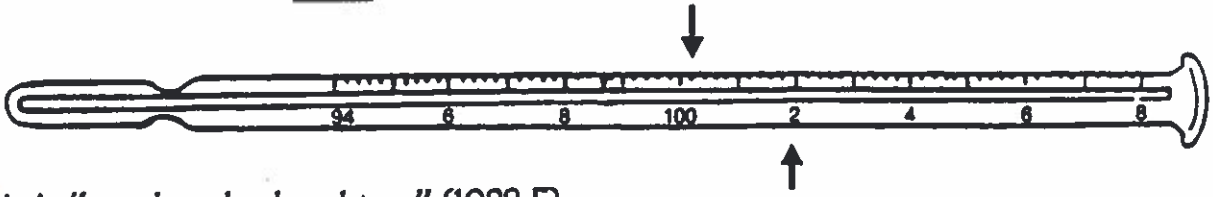
1. Check to see that the child's armpit is dry.
2. Place the thermometer under the child's arm. Fold the child's arm around his chest to keep the thermometer in place.
3. Wait at least 5 minutes before removing the thermometer. Waiting 10 minutes will give a more accurate reading.
4. AVOID LEAVING THE CHILD ALONE WHILE TAKING THE TEMPERATURE!
5. Record the temperature in degrees and that it was taken by the axillary method. Report this to doctor and parent in the same way.

Taking an axillary temperature

Reading the Thermometer

Slowly rotate thermometer until line of mercury is seen. Read the thermometer where line of mercury ends. The space between the short marks is 0.2 degrees Fahrenheit. The space between the long marks is 1 degree Fahrenheit.

This is "one hundred point two" (100.2° F).



This is "one hundred and two" (102° F).

CARING FOR THE THERMOMETER

1. Clean the thermometer in warm (not hot) soapy water after using it.
2. Wipe with rubbing alcohol.
3. Store thermometer in package to prevent breakage and store it out of the reach of children.

UNDERSTANDING FEVERS:

- Fever is a symptom, not an illness.
- Fever means the child's body temperature is above the child's normal temperature for that time of day.
- Young children have fevers more than older children.
- Fever happens when the body heats up due to such things as: infection, intense exercise, or overdressing.
- Fevers between 100° Fahrenheit and 102° Fahrenheit may help children fight infection.
- High fevers don't always mean serious illness.

MANAGING FEVERS

- Dress the child in lightweight clothing to help prevent the temperature from rising further.
- Have the child drink cool, clear fluids since fevers cause child to lose water from the body.
- Giving aspirin to lower the fever may help the child feel better, but the child may still need to see the doctor. Aspirin is being used less for fevers because of the concerns about its connection to development of a rare disease called Reye's Syndrome.

FOLLOW THESE GUIDELINES:

GET MEDICAL HELP IMMEDIATLY, TELL PARENT TO COME RIGHT AWAY IF:

- infant **under 4 months of age** has an **axillary temperature of 100° Fahrenheit**
- child **over 4 months of age** has an **axillary temperature of 105° Fahrenheit or higher**

Ask PARENT TO COME SOON and ask parent to TAKE CHILD TO DOCTOR within next few hours, if:

- child **between ages of 4 and 24 months** has **axillary temperature of 101° Fahrenheit**
- child **over 24 months** has an **axillary temperature of 102° Fahrenheit or higher**

Reading the Thermometer

1. What is this temperature? _____

2. What is this temperature? _____

3. What is this temperature? _____

_____

Adapted from - *American Red Cross Child Care Course Health and Safety Units*, The American National Red Cross, 1990.

ISOLATION AREA

If the caregiver agrees to care for sick children, an isolation area should be established. This area must be within sight or hearing of the caregiver at all times, since a sick child may rapidly become worse.

WHAT DOES AN ISOLATION AREA CONSIST OF?

- A bed, cot, or mat on which the child may rest
  Such bedding must be laundered before being used by any other child.
- Access to toilet and handwashing facilities
- Play area with toys suitable to the child's age, which can be washed before being used by any other child
- A thermometer for taking axillary temperatures

WHAT IS THE PURPOSE OF AN ISOLATION AREA?

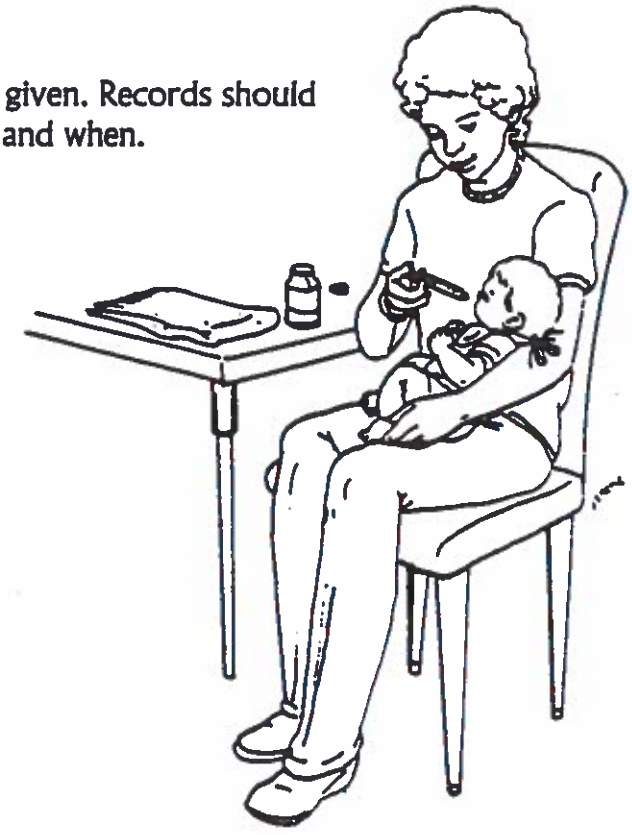
- Prevent the spread of illness by eliminating contact between the sick child and other children in the home

REMEMBER:

- Most diseases are spread by contact with the secretions and excretions of the human body (urine, saliva, stool), and by the respiratory route (nose and mouth).
- Good personal hygiene is essential to eliminate the spread of disease (handwashing).
- Sick children need supervision to prevent accidents, as well as to monitor their condition.

HELPFUL HINTS FOR GIVING MEDICATIONS

1. Follow the rules regarding giving medications as outlined by your certifying agency.
2. Discuss your policy on giving medications with parents BEFORE the child enters day care.
3. Avoid giving the first dose of a medication. If a reaction to the medication is going to occur, this is the time it is most likely.
4. Keep medications in the original container so mix-ups don't occur.
5. Follow directions exactly for giving medications. Be sure to note:
   a. Dosage instructions (how much?, how often?, for how long?, give with food or on an empty stomach?)
   b. Storage of medication (Should it be stored in the refrigerator?) Always store medication OUT OF CHILDREN'S REACH!
   c. Drug interactions (Will the medication interact with any of the other medications the child may be on?)
6. Keep records for every dose of medication given. Records should state who took the medication, how much, and when.



Section IV
UNDERSTANDING CHILDHOOD DISEASES

AIDS (Acquired Immune Deficiency Syndrome)

DESCRIPTION: AIDS is a disease caused by a virus called Human Immunodeficiency Virus or HIV for short. The virus attacks the immune system so that the body cannot fight off infection by other germs.

SYMPTOMS: "AIDS" refers to "full blown" disease. Most people who have the HIV virus do not have any signs or symptoms of disease. It may be years before an infectious person becomes symptomatic. However, persons who have the virus can still spread infection, even if it is "silent." When symptoms do appear, they may include weight loss and failure to grow, swelling of the lymph nodes, chronic diarrhea and sores that do not heal. If a child has any of these symptoms, it does not necessarily mean he has AIDS - all of these symptoms can be found with other diseases too.

HOW IT IS SPREAD: HIV is not easy to catch. It is spread through blood, semen and vaginal fluid. It is not spread through urine, stool, tears or saliva unless these have blood in them. The virus is spread 1) through contact with an infectious person's blood, such as shared dirty needles. 2) by having sexual contact with a person who has the virus; and 3) from an infected mother to her unborn baby through the placenta or during the process of birth.

You can NOT get HIV by:

- hugging, shaking hands, or kissing.
- sharing plates, cups or silverware with an infected person.
- using a telephone or toilet seat after someone who is infected.
- sharing a swimming pool with someone who is infected.

Even family members of HIV-positive persons have not been infected, even though they have eaten after the person or even shared the same toothbrush. Spread of HIV has not been documented from infected children to child care personnel.

INCUBATION PERIOD: Highly unpredictable - from several months to several years.

HOW LONG CAN A PERSON SPREAD THE INFECTION TO OTHERS?

Once a person gets HIV, it does not go away. The person can spread the infection to others for life.

RESPONSIBILITIES OF PARENTS AND CAREGIVERS:

Children who are infected with HIV or have AIDS may generally continue to be in a child

care setting, unless the child bites or scratches other children. However, it is actually the infected child himself who is in danger of getting other types of infections from the other children. This is because the HIV-infected child may not be able to fight off otherwise common germs. For example, a germ that causes a cold in a healthy child may cause pneumonia in the HIV-infected child.

Legally, parents do not have to tell anyone that their child is HIV-positive except the health department. If they do inform you, you have the right to decide whether or not he stays in your home. It is strongly suggested that you discuss it with your local health department. However, keep in mind that HIV-infected children pose little or no threat to caregivers or to other children. If you do take care of an HIV-infected child, be sure to notify the parents immediately if he is exposed to another person with chickenpox or measles. These diseases can be fatal in HIV-infected children.*

* **Report a person with AIDS or who is HIV-positive to the local health department,** even though chances are they will already know about it.

CONTROL OF SPREAD:

- To date, in Ohio, HIV infection in children is not common. However, because you do not always know who may have "silent" infection, do not contact blood of any child with your bare hands. Keep disposable gloves in your home and wear them if you have to wipe a bloody nose, for example. Always wash your hands after you remove the gloves. There are no other special precautions you have to take.
- As always, wash your hands after changing the child's diaper, help the child to use the bathroom, wipe his nose, etc. Clean and disinfect equipment and toys as you normally would.

TREATMENT: Currently there is no treatment or vaccine for HIV. Some of the other infections that HIV-infected people get, such as pneumonia, can be treated with antibiotics or other drugs. However, there is no cure for HIV itself.

* The information about AIDS differs slightly from *Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* The reader should refer to *Caring for Our Children,* ID58, p. 232 for further explanation.

CAMPYLOBACTER

Description: Campylobacter is a bacteria that causes an intestinal infection. The bacteria can be identified through a stool culture.

SYMPTOMS: Diarrhea (sometimes bloody), low grade fever, and abdominal cramping

HOW IT IS SPREAD: Spread takes place when hands, objects or food become contaminated with bowel movement (stools, feces) of people who are infected and the bacteria are then taken in by other people's mouths. Infection may result from drinking contaminated water or unpasteurized (raw) milk, or eating contaminated food (Campylobacter is common in raw poultry).

INCUBATION PERIOD: 1-10 days, commonly 3-5 days

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

As long as the Campylobacter germ is in the stool of the patient, the infection may be spread to others. If the patient is not treated with the appropriate antibiotics, the infection could be spread for a few days after the symptoms are gone.

RESPONSIBILITIES OF PARENTS AND CAREGIVERS:

- * Report the infection to the local health department. Do not transfer children to another child care home or facility at this time.
- Notify parents if contacts develop symptoms.*
- Ask parents to notify caregiver if their child gets this illness.

CONTROL OF SPREAD:

- Exclude children with infectious diarrhea as recommended by the health department.
- If your policy is to ACCEPT children with infectious diarrhea, try to keep the child separated from other children.
- If your policy is to EXCLUDE children with infectious diarrhea, the child must be treated with appropriate antibiotics for 24 hours before returning to child care.
- Be sure that GOOD HANDWASHING and cleaning procedures are being followed in the child care HOME and at the CHILD's home.

TREATMENT: A child with Campylobacter may be treated with erythromycin (an antibiotic) and will be non-infectious to others after 24 hours on the medication. Have parents check with their physician regarding treatment.

* The information about campylobacter (responsibilities) differs slightly from *Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* The reader should refer to *Caring for Our Children* HP92, p. 92 for further explanation.

CHICKENPOX

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

SYMPTOMS: Fever, cough, fatigue, general rash

HOW IS IT SPREAD: Chickenpox is **HIGHLY CONTAGIOUS.** It is spread by contact with the moist rash, droplet spread (such as occurs during coughing), and airborne spread (being in the same room as a person with chickenpox).

INCUBATION PERIOD: 10-21 days, usually 13-17 days

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

From two days before the rash appears, until all blisters have formed scales or crusts (scabs). Scabs are not contagious. The presence or absence of fever has nothing to do with whether the person is contagious.

RESPONSIBILITIES OF PARENTS AND CAREGIVERS:

- Inform parents that the disease is present in the child care home. Remind parents NOT TO GIVE THEIR CHILD ASPIRIN.
- Ask parents to notify caregiver if their child breaks out with chickenpox.

CONTROL OF SPREAD:

- If your policy is to ACCEPT children with chickenpox, be aware that there is little you can do to limit spread through the air. Keeping the child in a separate room may help to cut down on the chance of spread, but will not totally prevent it.*
- If you EXCLUDE children with chickenpox, do not allow the child to return until all lesions have crusted and there are no moist sores.
- Dispose of/or disinfect articles soiled with nose and throat discharges.

* The information about chicken pox (control of spread) differs slightly from *Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* The reader should refer to *Caring for Our Children,* HP68 (c) 12, p. 82; rationale para. 1, p. 81 for further explanation.

WASH HANDS after contact with soiled articles (tissues, etc.)

TREATMENT: No specific treatment is available. If a medicine to lower temperature or reduce the discomfort is necessary, acetaminophen-containing medicine (like Tylenol) are recommended. Children who develop fever after exposure to chickenpox should NOT be given aspirin. Aspirin appears to increase the risk of Reye's Syndrome, a serious disorder characterized by sleepiness and vomiting that can lead to coma and death.

Zoster immune globin (ZIG) should be given to some contacts who are at very high risk of complications because of other medical problems. It is not recommended for normal healthy children.

COMMON COLDS

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

SYMPTOMS: Runny, stuffy nose, sneezing, coughing, mild sore throat, with little or no fever.

HOW IT IS SPREAD: Colds are spread by direct contact (coughing and sneezing), and indirectly from contaminated hands, tissues, and other articles soiled by nose and throat discharge.

INCUBATION PERIOD: Between 12 and 72 hours, usually 48 hours

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

For about one day before symptoms begin and during the first five days of illness

RESPONSIBILITIES OF PARENTS AND CAREGIVERS: Because the common cold can be caused by a number of different viruses, it is not necessary to notify all parents of every exposure. Exclusion of the child with the common cold is NOT necessary.

CONTROL OF SPREAD:

- Teach the child to cover his mouth when sneezing or coughing.
- Dispose of tissues soiled with nose and throat discharges.
- WASH HANDS after contact with soiled tissues and articles and after contact with nose and throat discharge.

TREATMENT: No specific treatment is available. Acetaminophen-containing medicines (like Tylenol), cough suppressants, and decongestants may help to relieve cold symptoms in children older than three months.,* DO NOT GIVE ASPIRIN. Aspirin appears to increase the risk of Reye's syndrome, a serious disorder characterized by sleepiness and vomiting that can lead to coma and death.

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

* The information about common colds (treatment) differs slightly from *Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* The reader should refer to *Caring for Our Children,* HP92, p. 88; rationale para. 1–2, p. 88 for further explanation.

CYTOMEGALOVIRUS

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

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

HOW IS IT SPREAD: The virus is spread person-to-person by close contact with body fluids that contain CMV, such as urine, saliva, blood, cervical secretions and semen. Most people get the virus as children in one of three ways: 1) During birth from cervical secretions; 2) Through breast milk; or 3) From person-to-person contact with saliva or urine. In most cases the infection causes no symptoms.

INCUBATION PERIOD: Usually 2-12 weeks

HOW LONG CAN A PERSON SPREAD THE INFECTION TO OTHERS?

The infection can be spread as long as the virus is shed in body secretions, which can be months or years.

RESPONSIBILITIES OF PARENTS AND CAREGIVERS: Because CMV is a common virus among children and adults, it is not necessary for parents to inform the child care home that their child has it. CMV is not a reportable disease.

CONTROL OF SPREAD: Shedding of CMV in saliva and urine is common in children under age five. In some studies, as many as 40% of healthy infants and toddlers in child care facilities may be shedding the virus at any one time. Therefore, it is NOT necessary to exclude these children from child care. Woman of childbearing age working with young children should always practice good personal hygiene. This means GOOD HANDWASHING after contact with body secretions, and especially after changing diapers or assisting in toilet care.

TREATMENT: None

FIFTH DISEASE

DESCRIPTION: Fifth Disease is a mild childhood illness that mainly occurs in children 4-10 years of age. It is caused by a virus.

Fifth disease occurs year round, but outbreaks are more common in the late winter and early spring.

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

HOW IT IS SPREAD: By direct contact with respiratory secretions and droplets

INCUBATION: Usually 4-14 days, may be as long as 20 days

HOW LONG CAN A PERSON SPREAD THE INFECTION TO OTHERS?

A person with Fifth's disease is most contagious before the symptoms occur. Once symptoms occur, a person is not likely to spread the infection. It is not necessary to exclude a child with Fifth Disease from child care or school.

RESPONSIBILITIES OF PARENTS AND CAREGIVERS: Caregivers should inform parents of children who are exposed.

CONTROL OF SPREAD:

- WASH HANDS after contact with soiled tissues and articles, and after contact with nose and throat discharges.
- Dispose of tissues soiled with nose and throat discharges.

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

COMMENTS: People with an immune deficiency may be at risk for complications of infection. The risk for pregnant women is very low, however, pregnant women should consult their physician if exposed to an ill child.

GIARDIASIS

DESCRIPTION: Giardiasis is an intestinal infection caused by a parasite. It is diagnosed by doing a stool culture.

SYMPTOMS: Some infected people have no symptoms. These people are called carriers. People who feel sick may experience some or all of the following: diarrhea, gas, bloating, abdominal cramping, nausea, vomiting, weight loss and weakness. Bloody stools are not usually seen with giardia infections. Animals such as beavers, cats, dogs, and cattle are infected the same way as humans.

HOW IT IS SPREAD: The parasites are found in the stool. Spreading takes place when hands, toys or other objects, or food become contaminated with bowel movement (stool) of infected people. The parasites are then taken in by mouth.

Drinking water from lakes, streams, or ponds that are contaminated by infected animals and humans can cause infection. Well water is not usually contaminated and is usually safe to drink.

INCUBATION: Usually 1 to 2 weeks

HOW LONG CAN A PERSON SPREAD THE INFECTION TO OTHERS?

As long as the organism is present in the stool. In most cases the germs will be completely gone in 4-6 weeks. People who have no symptoms but are infected (carriers) can still spread the infection.

RESPONSIBILITY OF PARENTS AND CAREGIVERS:

- * Report the infection to the local health department.
- Ask parents to notify caregiver about their child's infection.

CONTROL OF SPREAD:

- If your policy is to EXCLUDE children with infectious diarrhea, allow the child to return when the diarrhea has stopped. If your policy is to ACCEPT children with infectious diarrhea, keep the child separated from the other children until the diarrhea stops.*
- WASH HANDS, especially after toilet use, diaper changes and before meals. Help children wash their hands at these times.
- Ask parents to notify their doctor if their children develop symptoms.

* The information about giardiasis (control of spread) differs slightly from *Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* The reader should refer to *Caring for Our Children,* HP68 (c) 3, p. 81; HP70, p. 83; HP92, p.91; ID23, p. 215 for further explanation.

TREATMENT: Giardiasis is usually treated by medication prescribed by a physician. Testing and treatment of children with no symptoms is usually not necessary.

COMMENTS: This is a very common infection in children, especially those who attend child care. Young children often have poor bathroom habits and often put unclean hands in their mouths.

HAND, FOOT AND MOUTH DISEASE (Coxsackie virus)

DESCRIPTION: This is a mild disease caused by the coxsackie virus that occurs most frequently in young children.

Infections are most common in summer and fall.

SYMPTOMS: May include: mild fever, sore throat, sore mouth (may look like "cankersores"), and a rash that occurs on the hands, feet and sometimes the buttocks. The rash usually disappears in a week.

HOW IT IS SPREAD: Most common method of spread is by the fecal oral route. Less frequently, the disease may be spread by respiratory secretions.

INCUBATION: Usually 3-6 days

HOW LONG CAN A PERSON SPREAD THE INFECTION TO OTHERS?

A person may be infectious for several weeks after the infection occurs, but is most infectious for 7 days after developing symptoms.

RESPONSIBILITIES OF PARENTS AND CAREGIVERS:

It is not necessary to exclude a child with Hand, Foot and Mouth disease unless he has a fever and doesn't feel well.

CONTROL MEASURES:

- Wash Hands.
- Encourage good personal hygiene and fluid intake.

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

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

HEAD LICE (Pediculosis)

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

SYMPTOMS: Lice usually cause severe itching behind the ears and above the neck.

HOW IT IS SPREAD: Most often, it is spread by direct contact with an infested person. Less frequently, spreading may occur by contact with hats, combs, brushes, or upholstered furniture recently used by an infested person. Lice do not jump or fly.

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

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

The infection can be spread as long as the eggs or lice are alive. Lice do not survive off the human body more than two days.

RESPONSIBILITY OF PARENTS AND CAREGIVERS:

A child who is observed scratching his/her head should be examined for eggs (nits) or lice near the scalp. Nits are yellowish brown to white, about the size of a typewritten comma, and are firmly attached to the hair shaft. Eggs that are more than ½" out from the base of the scalp probably are dead or are only empty egg casings. If live eggs are present, so are lice and proper treatment of the child is necessary. Lice are less than ⅛" long, clear or tan in color and move quickly.

CONTROL OF SPREAD:

- Exclude a suspected/confirmed case until treatment has begun. If the child cannot be excluded, isolate from other children.*
- Remove all nits after the first treatment. This is a good idea even though the child is not contagious at this point.
- Carefully examine the heads of all children, yourself and family.
- Examine heads of close contacts of a case again in two weeks.
- Educate the children on head lice and why personal items (like combs) should not be shared.
- Wash clothing and bedding in the machine using hot water and dry using the hot cycle or press with a hot iron. Non-washable items can be dry-cleaned or sealed in a plastic bag for 10-14 days. This should be done with items both at the place of child care and at the home.

* The information about head lice (control of spread) differs slightly from *Caring for Our Children—National Health and Safety Performance Standards Guidelines for Out-of-Home Child Care Programs.* The reader should refer to *Caring for Our Children,* HP68 (c) 8, p. 82; HP73 (l), p. 85; HP 92, p. 91 for further explanation.

- Carpet and furniture should be vacuumed. Insecticide sprays should not be used since they are not effective and have harmful fumes.
- Combs and brushes should be soaked in a disinfectant solution (¼ cup of bleach to a gallon of water) or lice-killing shampoo used for treatment.
- Call the health department if the same children continue getting reinfected.

TREATMENT: Prescription medication (Kwell, NIX) and non-prescription medications (RID, A-200, R&C) are used for treatment. Follow directions on the medications. Regardless of the product used, an effort should be made to physically remove all nits. A physician should be consulted before treating a child less than age one. Family members may also need treatment.

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

HEPATITIS A

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

SYMPTOMS: Early symptoms include abdominal discomfort, loss of appetite, nausea, low-grade fever and tiredness. Later in the illness a person may experience yellowing of the skin and whites of the eyes, dark urine, and pale colored stools.

Children under three rarely have symptoms but are frequently involved in spreading the infection. Older children and adults are much more likely to have symptoms which may be mild, lasting 1-2 weeks, or severe lasting up to several months.

HOW IT IS SPREAD: Hepatitis A virus is found in stool. It is spread from one person to another by objects or food contaminated by unwashed hands. People get infected by swallowing the virus.

INCUBATION: 15-50 days, usually 3-5 weeks

HOW LONG CAN A PERSON SPREAD THE INFECTION TO OTHERS?

A person is most infectious in the two weeks before yellowing (jaundice) occurs, and slightly infectious for the first week of jaundice.

RESPONSIBILITIES OF PARENTS AND CAREGIVERS:

- *Report this infection to the local health department.
- Inform parents of illness and symptoms to watch for in the child.
- Ask parents to notify caregiver if their child gets this illness.
- Do not accept new children for child care until four weeks after the last case.

CONTROL OF SPREAD:

- Exclude the ill child for one week after onset of jaundice.
- Consult with the local health department to determine who needs to receive immune globulin. This is very important! Immune globulin, if given within two weeks after exposure usually prevents hepatitis A, or causes symptoms to be milder.
- Be sure that good handwashing and cleaning procedures are being followed in the child care home and in the child's home.

TREATMENT: Once symptoms develop, there is no treatment for hepatitis A. The illness

will stop as the body fights off the virus. Immune globulin (a shot) may prevent symptoms from occurring when given to contacts soon after exposure.

COMMENTS: Children usually do not have symptoms when ill, but can still spread the infection. The first sign of hepatitis A outbreak in a child care setting is likely to be an ill parent or caregiver, not an ill child.

HEPATITIS B

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

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

HOW IT IS SPREAD: Hepatitis B is not easily spread. Spreading occurs primarily when infected blood or saliva enters through a cut or scraped area on the skin, or mucous membranes (like the lining of the mouth.)

INCUBATION PERIOD: Usually 45-180 days, average 60-90 days

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

The infection can be spread for about one month before jaundice occurs and for about one month after. In most cases, the virus is no longer in the blood. Some people may carry and transmit the virus for life.

RESPONSIBILITIES OF PARENTS AND CAREGIVERS:

Report the infection to the local health department. It is NOT necessary to exclude children with Hepatitis B from child care.

CONTROL OF SPREAD:

- Wear disposable vinyl or latex gloves when handling blood-contaminated items. Wash hands after removing them.
- Use proper handwashing disinfecting techniques.
- Try to prevent scratching, biting or fighting.*
- Do not allow anyone else to use the child's toothbrush and nail clippers.

TREATMENT: There is no treatment available. Prevention of Hepatitis B is possible through a series of three injections of vaccine, which is usually recommended only for close contacts.

* The information about hepatitis B differs slightly from *Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* The reader should refer to *Caring for Our Children,* ID42, p. 228–ID43, p. 229 for further explanation.

IMPETIGO

DESCRIPTION: Impetigo is a bacterial skin infection caused by the "staph" or "strep" organism (or both).

SYMPTOMS: Flat, yellow, crusty or moist patch on skin

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

INCUBATION: 4-10 Days

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

As long as the sores are draining

RESPONSIBILITY OF PARENTS AND CAREGIVERS:

- *Report group outbreaks of disease to the local health department.

CONTROL OF SPREAD:

- If your policy is to EXCLUDE children with impetigo, allow the the child to return only after treatment with antibiotics for at least 24 hours.
- If you policy is to ACCEPT children with impetigo, try to keep the child separate from other children.* The child MUST be seen by a physician and on treatment to remain in the home. Be aware that the infection is easily spread by contact with infected persons.
- Keep the child clean. Wash the infected area with mild soap and water and change his clothes, linens and towels at least once a day.
- Emphasize good handwashing procedures for both the caregiver and children.

TREATMENT:

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

* The information about impetigo (control of spread) differs slightly from *Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* The reader should refer to *Caring for Our Children*, HP68 (c) 10, p. 82 for further explanation.

LYME DISEASE (LD)

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

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

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

INCUBATION PERIOD: 3-32 days after a tick bite

HOW LONG CAN A PERSON SPREAD THE INFECTION TO OTHERS?

LD can NOT be spread from one person to another.

RESPONSIBILITIES OF PARENTS AND CAREGIVERS:

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

PREVENTION:

Even though LD is not common in Ohio, you should take the following precautions just in case;

- Keep your yard and play areas mowed.
- Do not allow children to play in tall grass.
- Closely check the children's bodies (and your own) for ticks if you have been ... field trip" through woods or tall grass.
- If you find a tick, use tweezers to grasp the tick as close to the skin as possible. Slowly pull the tick straight out. Do not yank, as this may result in leaving the mouthpiece in

the skin. Do not use hot matches, cigarettes, alcohol or nail polish. Put the tick in a small container of alcohol and throw in the trash can. Wash your hands and the bite site well.

TREATMENT:

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

MEASLES (Rubeola, 10 day measles)

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

SYMPTOMS: Early symptoms include fever, tiredness, cough, runny nose and inflamed eyes. These symptoms usually worsen over three days. The cough tends to be worse at night. Eye inflammation may result in avoidance of light. At this stage, there may be small white spots on a red base present inside the mouth and on the cheek. By the third to seventh day, a rash begins at the hair line and in 24-48 hours spreads over the entire body. Once the legs are involved, the rash on the head and face begins to fade. The rash is usually gone after six days. Measles usually last about ten days. The cough may be the last symptom to disappear. A child with measles feels quite ill.

HOW IT IS SPREAD: It is spread by direct contact with nasal or throat secretions of infected persons, and by airborne spread (being in the same room with someone who has measles.)

INCUBATION PERIOD: 8-14 days, usually 10 days

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

It can be spread to others for about 4-5 days before the rash begins and through the fourth day after the rash appears. Children with measles disease should be kept away from others for five days after the onset of the rash.

RESPONSIBILITIES OF PARENTS AND CAREGIVERS:

*Report suspected measles to the local health department. One case of measles is considered an outbreak.

Do not accept new children for care until two weeks after the last case of measles.

Ask parents to notify caregiver of their child's illness.

CONTROL OF SPREAD:

- Keep the ill child away from unimmunized children until five days after the onset of the rash.*
- Vaccinate unimmunized children over six months of age who have been exposed to measles.
- Reimmunize children at 15 months of age who were immunized at less than one year of age.

* The information about measles (control of spread) differs slightly from *Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* The reader should refer to *Caring for Our Children,* HP68, rationale para. 1, p. 81; HP68 (c) 16, p. 83; HP68, comment para. 2, p. 81; APP26, footnote C, p. 372 for further explanation.

- Exclude children who do not receive the vaccine until the outbreak is under control (minimum of two weeks from the last case).
- Observe children under six months of age closely for any symptoms.

TREATMENT: There is no treatment available.

COMMENTS: Measles is prevented through immunization with the measles - mumps - rubella (M-M-R) Vaccine. Children should be immunized against these diseases at 15 months of age. A repeat MMR vaccine should be given when children enter school at five or six years of age. The vaccine gives long-lasting immunity (protection).

ASEPTIC MENINGITIS

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

SYMPTOMS: May include fever, vomiting, stiff neck and irritability. The infection usually lasts 7-10 days and complications seldom arise. Aseptic meningitis is not usually life threatening for most healthy adults and children.

HOW IT IS SPREAD: It is usually spread through contact with stool or respiratory droplets.

INCUBATION PERIOD: 2 - 21 days, varies depending on virus

HOW LONG CAN A PERSON SPREAD THE INFECTION TO OTHERS?

A person with aseptic meningitis is most infectious 7-10 days before and after onset of symptoms. The virus may be excreted in the stool for 1-2 months after the illness.

RESPONSIBILITIES OF PARENTS AND CAREGIVERS:

- *Report to local health department.
- Exclude child until acute symptoms (fever and vomiting) are gone.

CONTROL OF SPREAD:

- **WASH HANDS,** especially after toilet use, diaper changes, handling tissues, and before meals. Help children wash their hands.
- Observe other children for symptoms, and ask parents to take child to doctor if symptoms develop.

TREATMENT: No specific treatment. More serious cases may require hospitalization for treatment of symptoms.

COMMENTS:

There are medications available that can be taken to prevent aseptic meningitis.

MENINGITIS (Bacterial)

DESCRIPTION: Meningitis is an infection of the meninges, which are tissues that cover the brain and spinal cord. The two most common types of bacteria that cause meningitis are Haemophilus influenzae type B (Hib) and Neisseria meningitis. It is diagnosed by a spinal tap and blood test.

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

HOW IT IS SPREAD: It is spread by direct contact with droplets and discharges from the nose and throat. It usually requires several hours of contact with an infected person to become infected with the bacteria.

INCUBATION PERIOD: Short, usually less than one week

HOW LONG CAN A PERSON SPREAD THE INFECTION TO OTHERS?

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

RESPONSIBILITIES OF PARENTS AND CAREGIVERS:

- *Report the illness to the local health department.
- Inform parents immediately if their child has symptoms. Parents should then consult their physician immediately.
- Notify parents of contacts that their child was exposed. Information from the local health department that explains meningitis and recommendations for preventive measures is available.

CONTROL OF SPREAD:

- A child with bacterial meningitis is usually hospitalized. He/she may return to child care after treatment with Rifampin and a written release from the doctor.
- Rifampin, a prescription medication, may be recommended for contacts who are exposed to the ill child for several hours the week before the child got sick.
- Good handwashing procedures should be followed.

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

COMMENTS:

Children under five years of age should be vaccinated against Haemophilus influenzae type B. The vaccine should be given at 2, 4, 6 and 15 months of age for Lederle-Praxis (Hibtiter) vaccine and at 2, 4, and 12 months of age for Merck, Sharp and Dodme (Pedvarhib) vaccine. Instruct parents to contact their physician or local health department regarding this immunization.

MUMPS

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

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

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

INCUBATION PERIOD: 12-25 days; usually 16-18 days

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

The infection can be spread to others up to six days before swelling of the glands begins and up to nine days after the onset of swelling.

RESPONSIBILITIES OF PARENTS AND CAREGIVERS:

- *Report the infection to the local health department.
- Parents should notify caregiver about their child's infection.

CONTROL OF SPREAD:

- The child must be excluded from child care for nine days following onset of swelling. The child can return on the tenth day or when swelling subsides, whichever is longer.
- Mumps is a very serious illness. Therefore, unimmunized children MUST be excluded according to the rules of the local and state Boards of Health.
- Vaccination after exposure may not protect unimmunized individuals against the disease and its complications. Inadequately immunized children should be excluded until immunized.

TREATMENT: None

COMMENTS: Children should be immunized against mumps at 15 months of age along with measles and rubella (M-M-R vaccine). The vaccine provides long-term immunity. Illness provides life-long immunity.

PINK EYE (Conjunctivitis)

DESCRIPTION: Pink eye is an irritation or infection of the eye caused by bacteria, viruses, chemicals or allergies. Diagnosis of the source of infection or irritation can be made by microscopic examination of a smear of the eye discharge or a laboratory test.

SYMPTOMS: Symptoms include a scratchy feeling in one or both eyes and redness in the whites of the eyes. Sensitivity to light is another common symptom.

HOW IT IS SPREAD: Viral and bacterial conjunctivitis can be spread by direct contact with secretions from the eye(s). This type of infection may also be spread indirectly through towels, washcloths, handkerchiefs, and other objects that have been contaminated with secretions from the eye(s).

INCUBATION PERIOD: Usually 24-72 hours

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

Persons with bacterial or viral infections are contagious as long as the eye is draining. Pink eye caused by chemicals or allergies cannot be spread to other people.

RESPONSIBILITIES OF PARENTS AND CAREGIVERS:

- The child should be seen by a physician for proper diagnosis and treatment.
- Parents should notify caregivers about their child's infection.

CONTROL OF SPREAD:

- If your policy is to EXCLUDE children with bacterial or viral pink eye, then the child with bacterial infection may return if being treated with antibiotics and the eye is no longer draining. Children with a viral infection are contagious as long as symptoms are present, usually one week but sometimes as long as two weeks. Antibiotics or other medications are not effective against viral conjunctivitis.
- If your policy is to ACCEPT children with infectious pink-eye, try to keep the child separate from the other children until symptoms disappear. Be aware that this disease is easily spread by contact with discharge from the eye.*
- A child with pink eye should be seen by a physician to determine if treatment is needed.
- Good personal hygiene (careful handwashing, using soap and warm water) must be followed by providers and the children.
- Proper cleaning of soiled articles including laundering with hot soapy water, and disinfecting objects and surfaces.

* The information about pink eye (control of spread) differs slightly from *Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* The reader should refer to *Caring for Our Children,* HP68 (c) 7, p. 82; rationale para. 3–4, p. 82 for further explanation.

TREATMENT: Medication may be prescribed by a physician.

COMMENTS: Many times physicians do not do the test to tell whether the pink-eye is bacterial or viral. They go ahead and prescribe antibiotics in case it is bacterial. Therefore, just because a child is taking antibiotics does not necessarily mean that the pink-eye is bacterial. A good rule of thumb is to assume the child is infectious as long as his eye is red, tearing, painful, sensitive or draining.

PINWORMS

DESCRIPTION: Pinworms are small white worms about 1/2 inch long and as thin as a thread. These worms live in the large intestine. The adult female crawls out of the rectal opening at night and lays her eggs on the skin around it. These eggs cause the child to itch and scratch.

SYMPTOMS: Itching around the rectum (worse at night).

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

INCUBATION PERIOD: Three weeks to three months

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

The infection can be spread to others as long as the worms are present.

RESPONSIBILITIES OF PARENTS AND CAREGIVERS:

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

CONTROL OF SPREAD:

- If your policy is to exclude children with pinworms, allow the child to return to the child care home after treatment.
- If your policy is to accept children with pinworms, try to keep the child away from other children until after treatment.
- Make sure children **wash** their **hands** after toilet use. If the child is too young to do so, wash his hands for him. Wash bedding/clothing in hot water.

TREATMENT: A single dose medication is given to treat pinworms, which is repeated two weeks later.

RINGWORM

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

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

HOW IT IS SPREAD: It is spread by direct skin to skin contact with an infected person or indirect contact through objects such as combs, locker rooms, and showers contaminated by infected persons or animals.

INCUBATION PERIOD: 10-14 days (scalp), 4-10 days (skin)

HOW LONG CAN A PERSON SPREAD THE INFECTION TO OTHERS?

The infection can be spread to others as long as rash/sores are present.

RESPONSIBILITIES OF PARENTS AND CAREGIVERS:

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

CONTROL OF SPREAD:

- Exclude until treatment is complete.
- Don't share grooming/personal items such as combs.
- Advise parents that family members and pets may need to be treated.
- Do not cut child's hair or make him wear a cap during treatment.
- Exclude from activities that involve direct skin to skin contact.

TREATMENT: Antifungal medication prescribed by a physician

ROCKY MOUNTAIN SPOTTED FEVER (RMSF)

DESCRIPTION: Rocky Mountain Spotted Fever is an infection caused by bacteria. It is diagnosed by signs and symptoms and a blood test.

SYMPTOMS: In most cases, a rash usually develops on the wrists and ankles, then spreads to the rest of the body. Most people also develop headaches, muscle aches, tiredness, and fever (usually greater than 100.5°F.).

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

INCUBATION PERIOD: 2-12 days after a tick bite or handling an infected tick

HOW LONG CAN A PERSON SPREAD THE INFECTION TO OTHERS?

RMSF can not be spread from one person to another.

RESPONSIBILITIES OF PARENTS AND CAREGIVERS:

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

CONTROL OF SPREAD:

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

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

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

RUBELLA (German Measles, 3-day Measles)

DESCRIPTION: Rubella is a mild viral disease which is confirmed only by a laboratory test and by a link to a lab confirmed case. Rubella usually causes mild illness in children. However, infants born to women who were infected with rubella during the first twelve weeks of pregnancy are at risk for severe birth defects. Rubella is very uncommon, with only one case per year in the state.

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

HOW IT IS SPREAD: It is spread through droplet contact (sneezing or coughing) from nose and/or throat secretions of infected persons or from items contaminated with nasal discharges from an infected person.

INCUBATION PERIOD: 14-23 days, usually 16-18 days

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

The infection can be spread to others up to 7 days before and 4 days after appearance of rash.

RESPONSIBILITIES OF PARENTS AND CAREGIVERS:

- ***Report to local health department.**

CONTROL OF SPREAD:

- Rubella is a very serious disease in pregnant women. Any person with rubella MUST be excluded from attending or working in the child care setting for at least 4 days after the onset of rash in accordance with rules of the local and state Boards of Health.*
- Children 15 months of age and older should have received a vaccine which prevents future spread.

TREATMENT: None.

* The information about rubella differs slightly from *Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* The reader should refer to *Caring for Our Children,* HP68 (c) 17, p. 83; rationale para 1, p. 81; comment para. 2, p. 81 for further explanation.

COMMENTS

- Children should be immunized against rubella at age 15 months along with measles and mumps (M-M-R vaccine). Both the vaccine and infection provide long-term immunity.
- Immunization after exposure will not necessarily prevent infection or illness resulting from that exposure. Pregnant women should NOT receive a rubella vaccine.

SALMONELLA

DESCRIPTION: Salmonella is an intestinal infection caused by bacteria which can be identified through a stool culture.

SYMPTOMS: Symptoms include diarrhea, fever, abdominal pain, nausea and vomiting; sometimes with blood or mucus in the stool.

HOW IT IS SPREAD: Spread takes place when hands, objects or food become contaminated with bowel movement (stool, feces) of people who are infected and the bacteria are then taken in by the mouth of other people. Infection also sometimes results from drinking unpasteurized (raw) milk, contact with raw poultry and meats, or infected pets.

INCUBATION PERIOD: 6-72 hours, usually 12-36 hours

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

The infection can be spread throughout the period of illness, and for a variable period of time after the illness is over. Children under one year of age may carry Salmonella for up to one year. Older children and adults may shed the bacteria for several weeks. Antibiotics are NOT recommended for this infection because they increase the time that the person carries the infection.

RESPONSIBILITIES OF PARENTS AND CAREGIVERS:

- *Report the infection to the local health department.
- Parents should notify caregiver about their child's infection. They should NOT transfer the child to another child care facility at this time.

CONTROL OF SPREAD:

- If your policy is to EXCLUDE children with infectious diarrhea, allow child to return when the diarrhea has stopped. Keep him away from other children less than 4 weeks old until his stool is negative (must have a laboratory test performed). Your local health department can help you with testing stool.
- If your policy is to ACCEPT children with infectious diarrhea, try to keep the child separated from the other children as long as he is having diarrhea.* Keep him away from other children less than 4 weeks old until his stool is negative. Your local health department can help you with testing stool.
- Wash hands, especially after toilet use, diaper changes, and before meals. Help children wash their hands too.

* The information about salmonella (control of spread) differs slightly from *Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* The reader should refer to *Caring for Our Children,* HP68 (c) 3, p. 81; HP92, p. 92; ID23, p. 215 for further explanation.

TREATMENT: Treatment with antibiotics is usually NOT recommended for Salmonella infections unless the child is very ill (hospitalized), which is uncommon. Antibiotics extend the carrier state.

COMMENTS: Most children will shed salmonella for 2-3 months (children under one year old for up to one year) even after the diarrhea has stopped. So keeping a child out of the child care home until his stool is negative would force undue hardship on the parents and cause them to place the child in another facility. Knowing that the child is a carrier, be extra careful to clean and disinfect any area where the child's diapers are changed; wash your hands and the child's hands thoroughly and often.

SCABIES

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

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

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

HOW IT IS SPREAD: Spread occurs by skin-to-skin contact or contact with undergarments or bedclothes which have been freshly contaminated by an infected person.

INCUBATION PERIOD: 2-6 weeks for individuals not previously exposed to scabies, 1-4 days for individuals previously exposed (re-infested)

HOW LONG CAN A PERSON SPREAD THE INFECTION TO OTHERS?

The infection can be spread until the mites and eggs are destroyed by treatment.

RESPONSIBILITIES OF PARENTS AND CAREGIVERS:

- Caregivers should notify parents of exposure and symptoms to watch for.

CONTROL OF SPREAD:

- Exclude or isolate infested people from other children. They may return on the day following the first treatment.
- Wash or dry clean clothing and bed linen used within the 48 hours prior to the beginning of treatment. The eggs and mites are killed by water temperatures above 120°F for 5 minutes or longer.* Items which can not be washed or dry cleaned should be placed in a sealed plastic bag for 10 days.
- Vacuum or gently iron bed mattresses and upholstered furniture.
- Avoid using insecticide sprays since they are not effective.

* The information about scabies (control of spread) differs slightly from *Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* The reader should refer to *Caring for Our Children,* FA178, p. 175 for further explanation.

TREATMENT: Proper treatment involves the use of a prescription medication, such as Kwell lotion. The lotion should be applied in a thin coat to the entire body from the jaws down. Special attention must be paid to covering all the skin folds and creases and to the areas under the nails. A person should be retreated in 7-10 days to kill any newly hatched mites. Since scabies is highly contagious, family members and caregivers should be treated as well. A physician should be consulted before treating a child less than age one.

Itching may continue for one to two weeks after treatment.

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

SHIGELLA

DESCRIPTION: Shigella is an intestinal infection caused by bacteria.

SYMPTOMS: Symptoms include diarrhea (sometimes with blood or mucus), fever, vomiting and cramps.

HOW IT IS SPREAD: Spreading takes place when hands, objects or food become contaminated with bowel movement (stool, feces) of people who are infected and the bacteria are then taken in by the mouths of other people. Shigella is ONE OF THE MOST CONTAGIOUS diarrheal diseases. It only takes a few germs to cause disease.

INCUBATION PERIOD: 1-7 days, usually 1-3 days

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

The infection can be spread as long as the germ is in the stool. If antibiotics are not given, an infected person may shed Shigella in the stool for one to four weeks after the diarrhea has stopped.

RESPONSIBILITIES OF PARENTS AND CAREGIVERS:

- *Report to the local health department.

CONTROL OF SPREAD:

- If your policy is to EXCLUDE children with infectious diarrhea, allow the child to return to the child care home after he has started taking antibiotics and the diarrhea has stopped.
- If your policy is to ACCEPT children with infectious diarrhea, try to separate the child from the other children, especially while he is having diarrhea and until his stool is negative (by a laboratory test).* However, the child should be evaluated by a physician and be on treatment. Your local health department can help you with testing stool.
- Be aware that Shigella is easily spread among diapered children and that spread will most likely occur in your child care home unless the child is excluded or on antibiotics.
- Be sure that GOOD HANDWASHING and cleaning procedures are being followed in the child care home and at the child's home.

* The information about shigella (control of spread) differs slightly from *Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* The reader should refer to *Caring for Our Children,* HP68 (c) 3, p. 81; HP92, p. 92; ID23, p. 215 for further explanation.

TREATMENT:

- A child with Shigella can be treated with an antibiotic (the drug of choice is bactrim) and will usually be non-infectious within 48 hours.
- When several children in one group are ill with Shigella, your local health department may be able to help coordinate treatment of all exposed children and reduce the chances of reinfection.

STREPTOCOCCAL SORE THROAT "STREP"

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

SYMPTOMS: Symptoms include fever, sore throat, and oozing and redness of the tonsils and throat.

HOW IT IS SPREAD: Strep throat is spread by inhaling respiratory droplets from an ill person. Spread is usually by sneezing or coughing, or indirectly by contact with hands or objects (such as drinking cups or eating utensils) contaminated with nose or mouth discharges of an infected person.

INCUBATION PERIOD: Usually 1-3 days

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

The infection can be passed for about 24 hours after adequate treatment begins. Untreated persons remain infectious as long as they are sick; usually 3-7 days.

RESPONSIBILITIES OF PARENTS AND CAREGIVERS:

- *Report GROUP OUTBREAKS to the local health department so they can assist with control of spread of the illness. Routine screening of all children and employees of the child care facility is not recommended, unless evidence of an ongoing epidemic is apparent as determined by the local health department or unless STREP KIDNEY DISEASE has occurred.
- Ask parents to notify the caregiver about their child's infection. They should not transfer the child to another child care facility.*

CONTROL OF SPREAD:*

- If your policy is to EXCLUDE children with strep throat, send home a child who has symptoms. The child should be taken to a doctor. If strep throat is diagnosed, the child may return 24 hours after antibiotics have been started.
- Avoid excluding a child who does not have symptoms, even though she may have a positive throat culture.
- If your policy is to ACCEPT children with Strep throat, try to keep the child separated from the other children for at least 24 hours after antibiotics have been started.

* The information about strep differs slightly from *Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*. The reader should refer to *Caring for Our Children*, HP68 (c) 11, p. 82; HP92, p. 91; ID16, p. 211–ID18, p. 212 for further explanation.

- Good personal hygiene practices should be followed. Cover the nose and mouth when coughing or sneezing. Dispose of soiled tissues after wiping a runny nose. Always follow with proper handwashing. Do not share eating utensils, food or drinking cups. Disinfect toys mouthed by infants and toddlers.

TREATMENT:

- Penicillin or other effective antibiotics as prescribed by a doctor.
- To prevent potential complications such as rheumatic fever, antibiotics should be continued for 10 days.

TUBERCULOSIS (TB)

DESCRIPTION: Tuberculosis is primarily an infection of the lungs, but can affect all parts of the body. It is caused by bacteria coughed into the air by a person with disease. Most persons who become infected by breathing air containing TB bacteria do not have symptoms. Often the presence of infection is first noted when the person develops a positive skin test (Mantoux PPD) done during a routine physical exam.

SYMPTOMS: Usually none

HOW IT IS SPREAD: TB is spread by respiratory droplets, for example coughing and sneezing.

INCUBATION PERIOD: Three through nine weeks may pass from the time of infection to the time that a positive skin test develops. Thereafter, the germs may lie inactive for many years, but risk of disease is greatest within the first year or two after infection.

HOW LONG CAN A PERSON PASS THE INFECTION TO OTHERS?

Children or adults who have TB cannot transmit the TB bacteria unless they are sick and have symptoms such as a heavy cough. After about three weeks of taking TB medicine, the symptoms will go away and transmission to others cannot occur.

RESPONSIBILITIES OF PARENTS AND CAREGIVERS:

- Report the illness to the local health department.
- Ask parents to inform the caregivers if their child has tuberculosis disease.

CONTROL OF SPREAD:

- If a child or caregiver is found to have TB disease, he should be excluded until 2 weeks after medicine has been started. To re-enter, he should have a note from his doctor stating he is on treatment and can no longer pass disease to others.
- When a case of TB occurs in a child care setting, the local health department may request that others at the setting be skin tested.
- Caregivers should be skin tested prior to having children into the home.

TREATMENT: Persons with tuberculosis disease should receive anti-TB drugs under the care of a physician or health department TB clinic.

VIRAL GASTROENTERITIS (Viral Diarrhea)

DESCRIPTION: Viral gastroenteritis is a general term and can be caused by many different viruses. Most physicians' offices and hospitals do NOT have the capability of testing for these viruses. Therefore, physicians often make the diagnosis based on symptoms and the type of illnesses being admitted to children's hospitals (who DO test for some of these viruses).

- The most common type of diarrhea (of any type germ) in infants and children is caused by **ROTAVIRUS** or **ADENOVIRUS**. They are characterized by diarrhea, vomiting and can lead to severe dehydration. They are seasonal diseases and occur in late autumn, winter and early spring.
- **NORWALK VIRUS**, the cause of "winter vomiting disease", is another common cause of viral gastroenteritis. However, it is found mostly in school-aged children and adults. In infants and young children, Norwalk virus causes mainly vomiting. It can be found mostly in fall and winter.
- **ENTEROVIRUS** also causes diarrhea and is very common in infants and young children. It is a seasonal disease and occurs mostly in the late summer and early fall, even though cases can occur throughout the year.

HOW IT IS SPREAD: Gastrointestinal viruses spread mainly through contamination of hands, objects or food with stool from an infected person. Another person may then get the virus in his mouth. All of these viruses are highly contagious in the sense that it only takes a very small amount to cause illness.

INCUBATION PERIOD: 1-2 days

HOW LONG CAN A PERSON SPREAD THE INFECTION TO OTHERS?

The infection can be spread during illness and for 2-4 weeks after diarrhea and/or vomiting has stopped.

RESPONSIBILITIES OF PARENTS AND CAREGIVERS:

- ***Report clusters of illness to the local health department.** Severe or prolonged cases (longer 2-3 days) should be referred to a physician.
- Ask parents to notify caregiver if their child has symptoms.

CONTROL OF SPREAD:

- If your policy is to EXCLUDE children with infectious diarrhea, allow the child to return to child care only after diarrhea has stopped. Even though the child may shed (be contagious) for several more days or weeks, it is impractical to keep the child out for that long.
- If your policy is to ACCEPT children with infectious diarrhea, separate the child from

the other children while he is having diarrhea.*

- In either case, be aware that viral gastroenteritis in diapered children is very contagious and that the spread is hard to control when the children are together.
- Be sure GOOD HANDWASHING and cleaning procedures are being followed in the child care home.

TREATMENT: None.

COMMENTS: Diarrhea due to gastrointestinal viruses can be severe or mild. Many times diarrhea and fever are thought to be due to "teething". TEETHING DOES NOT CAUSE DIARRHEA OR FEVER! Children at the age where they are teething are also at the age where viral gastroenteritis is most common, so it looks as if the diarrhea is due to teething. If a child develops diarrhea, always consider that the child may have something contagious.

* The information about viral gastroenteritis differs slightly from *Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* The reader should refer to *Caring for Our Children,* HP68 (c) 3, p. 81; HP92, p. 91; ID23, p. 215–216; ID25–26, p. 218 for further explanation.

WHOOPING COUGH (Pertussis)

DESCRIPTION: Whooping Cough is a highly contagious disease caused by bacteria. The illness may begin with "cold-like" symptoms which progress to a cough or the child may simply begin coughing. After several days, severe coughing fits may cause the child to vomit after coughing or to lose his breath. Sometimes a high-pitched crowing (the whoop) is heard when inhaling. The coughing can last 1-3 months. Diagnosis is made by a laboratory test or by a physician. Pertussis is particularly serious in children under age two and hospitalization is usually necessary.

HOW IT IS SPREAD: Transmission is by direct contact with droplets from the nose and throat of an infected person.

INCUBATION PERIOD: Commonly 7 days, and not more than 21 days.

HOW LONG CAN A PERSON SPREAD THE INFECTION TO OTHERS?

Highly contagious in the early stages. The child is no longer infectious to others 7 days after starting antibiotic treatment.

RESPONSIBILITIES OF PARENTS AND CAREGIVERS:

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

CONTROL OF SPREAD: Pertussis is a very serious illness. A child with pertussis MUST be excluded from the child care home until after 7 days of antibiotics, in accordance with rules of the local health department. The local health department may recommend antibiotics or booster shots of DTP.

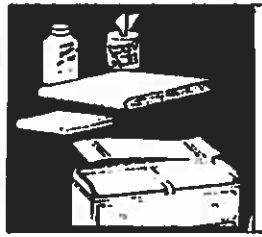
TREATMENT: Antibiotics may be given to shorten the period in which the disease may be spread.

COMMENTS:

Protection from Whooping Cough is best provided by adequate immunization with DTP vaccine, starting at age two months. Adults and teenagers are susceptible to the illness as well, and may carry the bacteria while exhibiting only mild symptoms.

The STOP DISEASE Method of CHANGING DIAPERS

1

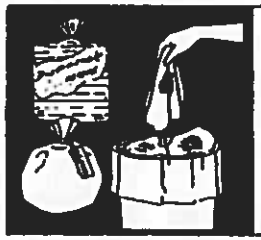


CHECK to be sure supplies you need are ready.
PLACE roll paper or disposable towel on diapering surface where the child will be.

2

LAY the child on the diapering surface, taking care to hold him only with your hands if his diaper is soiled.

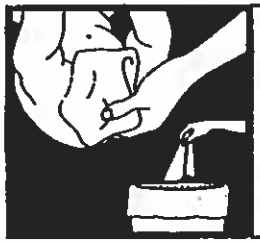
3



REMOVE soiled diaper and clothes

- PUT disposable diapers in a plastic bag or plastic-lined receptacle.
- PUT soiled clothes in a plastic bag to be taken home.

4



CLEAN the child's bottom with
a premoistened disposable towelette
or
a damp paper towel.
Then DISPOSE of the towlette or paper towel in the plastic bag or plastic-lined receptacle.
REMOVE the paper towel from beneath the child and dispose of it the same way.

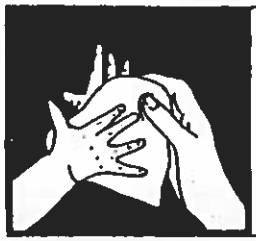
5

WIPE your hands with a pre-moistened towelette or a damp paper towel.
DISPOSE of it in the plastic bag or plastic-lined receptacle.

6

DIAPER or dress the child. Now you can hold him close to you.

7



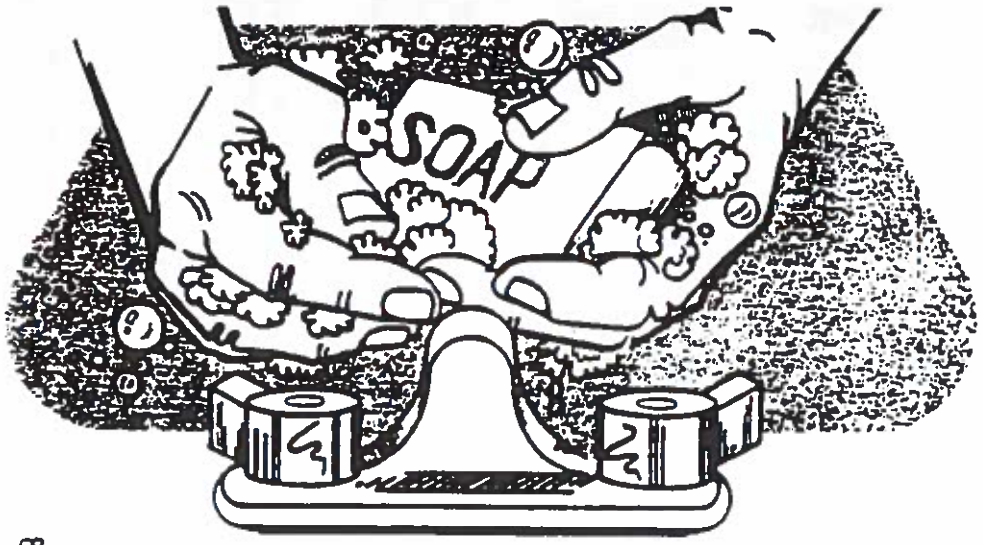
WASH the child's hands and return him to his crib or group.

8

CLEAN and DISINFECT the diapering area, and any equipment and supplies you touched. Then wash YOUR hands.

THE STOP DISEASE

METHOD OF HAND WASHING



- Use Soap and RUNNING WATER
- RUB your hands vigorously*
- WASH ALL SURFACES, including:
  - backs of hands
  - wrists
  - between fingers
  - under fingernails
- RINSE well
- DRY hands with a paper towel
- Turn off the water using a PAPER TOWEL instead of bare hands

STOP DISEASE

* The information about method of handwashing differs slightly from *Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*. The reader should refer to *Caring for Our*

QUIZ FOR STOP DISEASE IN YOUR FAMILY DAY CARE

PART I - UNDERSTANDING THE SPREAD OF DISEASE

Matching:

___ 1. Bacteria	A. grow in moist warm places
___ 2. Virus	B. organisms that live in or on animals
___ 3. Fungi	C. small organisms; cause strep throat
___ 4. Parasites	D. smaller than bacteria

For each disease below, choose the way in which it is spread:

A. RESPIRATORY
B. FECAL-ORAL
C. DIRECT CONTACT

___ 5. Strep throat

___ 6. Impetigo

___ 7. Lice (head)

___ 8. Salmonella

___ 9. Measles

___ 10. Flu

___ 11. Hepatitis A

Give an example of a disease caused by each:

12. Bacteria _____

13. Virus _____

14. Fungi _____

15. Parasites _____

16. A _____ disease is spread from one person to another.

17. "Germs" refers to terms such as _____, _____, _____, and _____.

PART II - CONTROLLING THE SPREAD OF DISEASE

1. True or False To make a bleach solution for the kitchen, use 1/4 cup chlorine bleach in one gallon of water.

2. The four control measures which can be done on a regular basis to stop the spread of disease are:

    1. _____
    2. _____
    3. _____
    4. _____

3. To disinfect a surface, wash it with _____ and _____. The apply a _____ _____ solution that you make daily.

4. The agency that should be notified of reportable diseases is the _____ _____. Name five of these "reportable" diseases:

    1. _____
    2. _____
    3. _____
    4. _____

5. To make a disinfectant solution, combine _____ Tablespoons of chlorine bleach in _____ quart(s) of water.

6. At two months of age, a child should have their first whooping cough vaccine, Haemophilus influenza meningitis vaccine, and their first _____ vaccine.

7. The most important way to prevent the spread of disease is _____.

8. Washable equipment and furniture should be cleaned _____ times per year.

9. The tetanus and diptheria vaccine is given every _____ years.

10. Name four times the provider should wash her hands:

    1. _____

    2. _____

    3. _____

    4. _____

11. Any area that is soiled by blood, _____, _____, or _____ should be washed and disinfected immediately.

12. The MMR vaccine prevents _____, _____, and _____.

13. True or False Children should not be diapered in the kitchen.

14. By the time a child enters school, he or she should have had ___ DTP vaccines and _ polio vaccines.

15. True or False Toys should be cleaned and disinfected every month.

16. True or False Toilest should be disinfected daily or more often.

17. True or False Potties should be cleaned and disinfected once a day.

PART III - CARING FOR THE SICK CHILD

Fill in the proper response to the following signs of illness in children:

A. SIGNS MAY BE LIFE THREATENING

B. SIGNS OF PROBABLE COMMUNICABLE ILLNESS

C. SIGNS OF POSSIBLE COMMUNICABLE ILLNESS

_____ 1. Yellow skin and whites of eyes

_____ 2. Headache

_____ 3. Diarrhea

_____ 4. Fever more than 101

_____ 5. Clay colored stools

_____ 6. Sore throat with difficulty breathing and swallowing

_____ 7. Earache

_____ 8. Unusual behavior

9. An isolation area consists of a bed, cot or mat; access to a toilet; a thermometer; and _____.

10. True or False It is important to have a policy about which illnesses you will and will not allow in your child care. Discuss the policy with parents before the child enters the child care.

11. Read the thermometers on page 14.1. Record the temperatures:

1. _____

2. _____

3. _____

12. The health department recommends that children with certain illnesses/symptoms are excluded from day care. Name five of these illnesses:

1. _____

2. _____

3. _____

4. _____

5. _____

PART IV - UNDERSTANDING CHILDHOOD DISEASES

1. True or False Because mumps is such a serious disease, healthy children who haven't received MMR vaccines must be excluded from your care.

2. True or False Legally, parents must tell you if their child is HIV-positive.

3. Pertussis causes a high-pitched crowing which is heard when the child _____.

4. Chicken pox is caused by

    a. Fungi
    b. Bacteria
    c. A virus
    d. Parasites

5. _____ and _____ are spread by ticks which live in wooded areas and areas with high grass.

6. List 5 symptoms of Salmonella.

    1. _____

    2. _____

    3. _____

    4. _____

    5. _____

7. The most common type of diarrhea in children is caused by a _____ or _____.

8. If you know a child is HIV positive, you should report it to the _____ _____.

9. To control the spread of CMV, good _____ is important after contact with body secretions.

10. True or False A case of giardiasis doesn't need to be reported to the health department.

11. _____ case(s) of measles is/are considered an outbreak and should be reported to the health department.

12. _____ are small white worms that live in the large intestine.

13. The symptoms of Campylobacter infection are:

    1. _____

    2. _____

    3. _____

14. A child with a flat, yellow, crusty or moist patch on his or her skin might have _____ _____.

15. A symptom of conjunctivitis is _____.

16. Tuberculosis (TB) mainly infects the _____, but can spread to other body parts.

17. The incubation period for chicken pox is ____ to ____ days.

18. True or False It's possible to be infected with giardiasis and have no symptoms.

19. One difference between the two types of meningitis is that bacterial meningtitis is spread by bacteria, while aseptic meningitis is spread by a _____. _____ meningitis is the more serious disease.

20. It is possible to have ringworm of the _____, _____ or _____.

21. A norwalk virus is the cause of _____ _____ disease.

22. Name one way Campylobacter is spread. _____

23. Giardiasis is an _____ infection caused by a _____.

24. Hepatitis A infects the _____.

25. One of the most contagious diarrheal diseases is _____.

26. True or False A child with a cold should be kept in isolation.

27. The virus that causes hand, foot, and mouth disease is _____.

28. Symptoms of _____ include a "slapped cheek" appearance and fever.

29. A child who is scratching his or her head may have _____.

30. _____ is a combination of strep throat and a skin rash.

31. True or False CMV causes few or no symptoms and is not reportable.

32. True or False A dirty person is more likely to get lice.

33. Rubella is spread through _____ contact and is very serious in _____ women.

34. _____ is caused by a mite.

35. True or False A person with 5th disease is most contagious before the symptoms occur.

Please type or print the following information:

Provider ID #: _____
Name:_____
Address:_____
City & Zip:_____

****

Please transfer your answers from each section quiz to the corresponding spaces provided below. So that your answers are legible, please print or type

****

QUIZ FOR STOP DISEASE IN YOUR FAMILY DAY CARE

PART I

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____

PART II

1. _____
2. 1. _____
   2. _____
   3. _____
   4. _____
3. _____
   _____
   _____
4. _____
   1. _____
   2. _____

3. _____

4. _____

5. _____

_____

6. _____

7. _____

8. _____

9. _____

10. 1. _____

2. _____

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4. _____

11. _____

_____

_____

12. _____

_____

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13. _____

14. _____ _____

15. _____

16. _____

17. _____

PART III

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. 1. _____

2. _____

3. _____

12. 1. _____

2. _____

3. _____

4. _____

5. _____

PART IV

1. _____

2. _____

3. _____

4. _____

5. _____

_____

6. 1. _____

2. _____

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13. 1. _____

2. _____

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18. _____

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21. _____

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_____

34. _____

35. _____

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Lindsey Seybold
Training Coordinator
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