
Subject Childcare Center Infection Control Plan
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References

American Academy of Pediatrics. Managing Infectious Diseases in Child Care and Schools: a quick reference guide, 2nd edition.

American Academy of Pediatrics. Red book: 2006 report of the Committee on Infectious Diseases. 27th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2006.

APIC Text of Infection Control and Epidemiology 3rd edition, Volume II Scientific and Practice Elements. Copyright 2009. Chapter 114 "Daycare".

Applicable To

All employees, volunteers and non-employees with privileges within the institution of Gundersen Lutheran Medical Center, Inc., and Gundersen Clinic, Ltd. [Gundersen Lutheran] and Gundersen Child Care Center.

Detail

Purpose:

- to prevent the transmission of disease between participants, their families and staff.

Topics in this plan:

- **Environmental Hygiene [cleaning and sanitizing]**
 - Surface cleaning
 - Laundering
 - Cleaners, disinfectants and sanitizers
 - Pets
- **Personal Protection**
 - Diapering
 - Water and sand play
 - Personal items
 - Hand hygiene
 - Food service
 - Breast milk / labeling
 - Refrigerator and freezer temperatures
 - Food preparation
- **Barrier Protection / Personal Protective Equipment**
 - Health and Immunization Assessment

- Attendance Inclusion and exclusion
- Non-contagious conditions
- Inclusion and exclusion by disease or condition
 - Identifying the ill child
- **Bloodborne pathogen exposure**

Implementation

ENVIRONMENTAL HYGIENE

- **Surface cleaning, e.g. toys cribs, toilets, sinks carpeting**
 - Daily clean frequently touched surfaces, toys, and commonly shared items and when visibly soiled.
 - Use a hospital approved disinfectant or chlorine bleach/hypochlorite solution. Always follow label instructions when using any EPA-registered disinfectant.
 - Bag all trash and disposable items
 - Prevent leaking by double bagging drippable waste/linens.
 - Don gloves to gather trash
 - Keep the child care environment clean and make sure that supplies are available.
- **Laundering of toys, dress-up clothes, bed or crib linens**
 - Place soiled linen in a laundry basket.
 - Use a plastic bag to prevent leakage
 - Remove and change covering on pillows and cots between children
 - Take care not to shake linen any more than necessary.
 - Clean and disinfect the nonporous surface of crib and sleep mattresses between children.
 - Daily clean and sanitize all frequently touched toys in rooms that house infants and toddlers
 - Clean toys placed in children's mouths or otherwise contaminated by body secretions with water and detergent. Disinfect, rinse and air-dry before handling by another child.
 - Clean weekly toys in rooms for older [non-diapered] children and when soiled
- **Cleaners, disinfectants and sanitizers**
 - Store disinfectants out of the reach of children
 - Store extra supplies in a centrally located locked area.
 - Daily clean child care rooms
 - Promptly clean up spills and body fluid/substance contamination using an approved disinfectant.
 - Use appropriate barrier precautions; gloves, bags.
- **Pets**
 - Pets shall be kept and handled in a manner that protects the well-being of both children and pets.
 - Notify parents in writing of pets visit or presence on the Center premises. Currently there are no pets kept on the premises.

- Closely supervise contact between pets or animals and children. Immediately remove the child if the pet/animal shows signs of distress or the child shows signs of treating the pet/animal inappropriately.
- Exclude pet/animal from the food preparation area.
- Assure that dogs and cats visiting the center are vaccinated against rabies and are tolerant of children.
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PERSONAL PROTECTION

- **Toileting / Diapering**
 - Use child-size toilets or access to steps and modified toilet seats
 - Instruct child in and encourage the use of good toileting and hand hygiene
 - Glove to clean toilet or changing table
 - Glove for urine or fecal contact (soiled clothing, linen and diapers).
 - Contain soiled wet clothing in plastic sealed bag labeled with child's name.
 - Always wash hands with soap and water after fecal or urine contact.
 - Use diaper changing surfaces that are:
 - nonporous and sanitized between uses
 - Or covered with disposable pads, which are discarded after each use
 - Use designated areas away from food preparation areas for diapering
- **Water and Sand Play**
 - Children and adults wash their hands after playing in water that is shared by two or more people
 - Precautions are taken to ensure that communal water play does not spread infectious disease.
 - No child drinks the water.
 - Children with sores on their hands are not permitted to participate in communal water play.
 - Use fresh water and change the water before a new group of children comes to participate in the water play activity.
 - Drain water when the activity period is completed with each group of children. Run fresh water through the table and out through the drain in the table. Then spray the table with Virex and allowed to air dry.
 - Tub/water toys are drained and disinfected after use. Toys that cannot be completely drained or retain water are discarded after use.
- **Personal Items**
 - Pacifiers, teething rings, stuffed animals, blankets, etc. need to be cleaned when visibly soiled.
 - Encourage family to supply a new pacifier after a child has an upper respiratory infection or gastroenteritis.
 - Launder the child's blankets and stuffed toys from home after each reported case of a communicable disease.

- Personal items are not shared with others and should be handled in a manner to prevent cross contamination.

- **Hand hygiene**
 - Use either method for hygiene per manufacturer instructions for the product.
 - Soap and water
 - Alcohol-based hand rub
 - Use soap and warm running water to wash hands of staff and children
 - Hand hygiene for infant hands may be a fabric, cloth, or paper wipe containing soap and Water
 - Routine hand hygiene is performed:
 - upon entry to the child care center
 - to the extent possible, between contacts with infants and children.
 - before handling food/meals
 - before feeding an infant
 - after wiping the child's nose or mouth
 - after touching objects such as tissues or surfaces soiled with saliva or nose drainage
 - after diaper changes
 - after assisting a child with toileting
 - after contact with items contaminated with blood, feces, or other body fluids
 - after use of gloves
 - after using the bathroom
 - Instruct children to wash hands by self or with assistance from a care provider
 - before meals and snacks,
 - after toileting or diapering
 - when hands are soiled
 - Wash child's hands and face after meals
 - Alcohol-based hand rubs may not be used in place of soap and water.
 - Supervise use of alcohol-based hand rubs may take place on a field trip when soap and water are not available.
 - Alcohol-based hand rubs should not be used on infants or toddlers.
 - Ensure that sink locations and restrooms are stocked with soap and paper towels.

- **Food service and preparation**
 - Staff will deliver food in a standardized and developmentally appropriate process of family style dining that engages children and caregivers in safe, hygienic environmental practices for food delivery and consumption.
 - See SOP "**Food Service-Family Style Dining**"

 - **Breast milk / labeling**

Staff will utilize a uniform, standardized process for accepting, preparing and dispensing breast milk to reduce the risk of infection related to body substances while providing good infant nutrition.

 - See SOP "**Accepting Human Milk**"

- See SOP “*Preparing Human Milk and Formula Bottles*”
- **Refrigerator and freezer temperatures**
Staff will monitor and maintain refrigerator and freezer to achieve appropriate temperatures for food and medication storage:
 - Medication refrigerators is 36 °F-46°F
 - Food or specimen refrigerators is 32°F-40°F
 - See IC Guidance: ***Refrigerators/Freezers 0078***
- **Food Preparation**
 - Prepare, serve and store food in accordance with USDA Child and Adult Care Food Program guidelines.
 - Food service personnel:
 - Wear clean clothing and effective hair restraints such as hair nets or caps.
 - Wash their hands with soap and warm running water before starting work, before and after handling food, and after using the toilet.
 - Dry hands with single use towels.
- **Barrier protection**
 - **Gloves** are the primary personal protective equipment/barrier used in the day care setting. Exclusion from the day care facility is necessary if other barriers (goggles, masks, etc.) are required for staff and participant safety.
 - Use gloves for direct contact with mucous membranes or non-intact skin of any child, or when handling equipment or wastes potentially contaminated with body fluids.
 - Use gloves for anticipated contact with any blood, pus, feces, urine or oral secretions.
 - Employees with dermatitis or hands which are cracked or with an open cut must wear gloves.

INDICATIONS FOR USE OF PERSONAL PROTECTIVE EQUIPMENT

Activity or Body Substance	Required Practices / PPE
Blood and/or lesion drainage	<ul style="list-style-type: none"> • Glove for blood or fluid contact. • Contain soiled clothing in plastic sealed bag labeled. • Place soiled day care linen in laundry basket. • Instruct child in hand washing. • Wash hands after contact.
Sputum in coughing children	Contain sputum in tissues. Child and staff are to practice good hand hygiene after contact with sputum. Dispose of tissue after single use. Always wash hands with soap and water.
Toilet training, fecal drainage, diapering and toilet training	Instruct child in and encourage the use of good toileting and hand hygiene. Glove to clean toilet or changing table. Always wash hands with soap and water after fecal or urine contact.

Urine drainage, diapering	Glove for urine or fecal contact (soiled clothing, linen and diapers). Contain soiled wet clothing in plastic sealed bag labeled with child's name. Always wash hands with soap and water.
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- **Health and Immunization Assessment:**
 - Complete and file a health assessment on each child and staff member.
 - Health examination report is to be signed/dated by a physician, physician assistant or Health Check provider.
 - Timing of health examination:
 - For staff, health examination is to be completed less than 12 months or within 30 days of employment start date.
 - Child under 2 years of age to be less than 6 months prior to or within 3 months of admission to the center. A follow-up health examination is to be completed at least once every 6 months after admission.
 - Children 2 years of age and older shall have an initial health examination less than 12 months prior to or less than 3 months after admission to the center. A follow-up health examination at least once every 2 years after admission.
 - Inform parents/guardians that failure to provide the required health assessment and immunization information will result in termination of enrollment/employment.
 - Verify that immunization status and immunization record is up-to-date for children and staff with the Wisconsin Immunization Registry.

- **Exclusion and Re-admittance Guidelines**

The decision to exclude a child from child care is made by the child care program.

 - Inclusion or exclusion of children with non-contagious conditions such as a disabling injury or illness, asthma, or failure to thrive must be determined by the program's capacity to provide proper care for the child's special needs. Consider each case individually.
 - Exclusion and re-admittance for infectious diseases. Requirements for specific conditions or infectious diseases. See: ***Exclusion and Remittance Guidelines***. Begin with recognizing the ill child. Symptoms to notice are:
 - **Fever**, a rise in the body temperature above normal, is common in young children and is rarely harmful, e.g. exercise, environmental conditions, individual variation and teething may raise the body temperature.
 - Exclude a child with **temperature of 100.4 °F or greater** and who has behavioral changes or other signs or symptoms of illness, needs to be excluded.
 - Evaluate infants less than 4 months of age with fever of 104°F or greater or any age child with a fever higher than 105°F.
 - Include children who are older than 4 months of age and who have a fever, but do not seem sick. Check the cause of their fever with their health care provider if it continues for more than a few days.
 - Promptly notify parents when their child is found to have a fever while in child care.
 - **Not able to participate** comfortably in the usual activities

- **Diarrhea.** Exclude if diarrhea is uncontrolled, e.g. stool runs out of the diaper or the child can't get to the toilet in time.
- **Vomiting.** Exclude if vomiting is more than once in the previous 24 hours.
- **Mouth sores with drooling.** Exclude unless a health professional determines the child's illness is not from communicable illness.
- **Rash** with fever or behavior change. Exclude until a health professional determines that the child may be in child care.
- **Pink eyes** with pain, photophobia, swelling of the eyelid or area around the eye, or discharge. Exclude until 24 hours after treatment is started.
- **Infestation** such as scabies, head lice. Exclude until 24 hours after treatment is started and the child is nit-free.
- **Specific diseases** requiring exclusion in the *Childcare Exclusion and Re-admittance Guidelines* are:
 - chicken pox
 - hepatitis A
 - herpetic gingivostomatitis
 - impetigo
 - measles
 - mumps
 - pertussis (whooping cough)
 - rubella
 - shingles
 - strep throat or other streptococcal infections
 - tuberculosis

BLOOD OR BODY FLUID EXPOSURE

- Exposure to potentially infectious blood or body fluids may occur when fluids are touched, splashed, or aerosolized. Common exposures in the Childcare setting include:
 - accidental laceration
 - mucous membrane exposure
 - blood/body fluid exposure
 - biting that involves visible blood
 - feeding breast milk to wrong infant
- Actions to take if staff or a child are exposed:
 - Immediately seek medical attention in the Trauma and Emergency Center.
 - Immediately notify the supervisor to:
 - Arrange for exposure follow-up investigation
 - Contact parents if a child is involved
 - Fill out supervisor investigation report
 - Fill out exposure report