North Dakota Childcare/School Infection Control Manual

NORTH DAKOTA DEPARTMENT *of* HEALTH

This manual serves as a tool to encourage common understanding about infectious diseases in group care settings for children among caregivers/teachers; parents/guardians; and health professionals. This manual is an easy reference guide that addresses:

- How infections are spread (routes of transmission).
- Exclusion criteria.
- Preventing and controlling the spread of communicable diseases.

This manual was created by the North Dakota Department of Health.

Unless otherwise specified, the content of this manual was adapted from the American Academy of Pediatrics (AAP).

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Transmission Routes

Direct Transmission

Person-to-Person

The most common way to spread disease is by spreading bacteria, viruses or other germs from one person to another. This can occur when an individual with the illness touches, coughs on or kisses someone who is not sick.[10]

Blood, Urine and Saliva

Contact with blood and other body fluids of another person usually means a more personal exposure than those that can occur in a group setting. Contaminated blood and other body fluids must come into contact with another person via cuts, scrapes or mucous membranes (i.e., the inside of your eyes, nose or mouth); thus allowing germs to enter the body. While possible, infected children are unlikely to spread infection by biting.

Because it is impossible to know who has a bloodborne disease, routine use of the standard precautions outlined in this manual in the **Cleaning, Sanitizing and Disinfecting** section (pg. 15) will reduce the chances of spreading germs.

Saliva and urine often contain viruses long after a child has recovered from an illness. Good hand washing and standard precautions will help prevent the spread of these viruses.

Animal-to-Person

Pets should be routinely checked by a veterinarian and fully vaccinated. Be aware that although pets may seem healthy, they often carry germs. Appropriate hygiene should be practiced at all times after handling animals. Being bitten or scratched by an animal can sometimes make you sick if they have an infection that can cause disease in humans. Handling animal waste also can be hazardous. For example, a person can acquire toxoplasmosis from handling the contents of a cat's litter box. This disease can be incredibly dangerous, especially for pregnant women. [10]

Mother-to-Unborn Child

A pregnant woman may pass germs that cause illness to her unborn baby. Germs can sometimes pass through the placenta, such as with rubella and HIV virus, or they can spread during labor and delivery, as with group B *Streptococcus* or hepatitis B. [10]

Indirect Transmission

Many germs can linger on an inanimate object, such as a tabletop, doorknob or faucet handle. When you touch the same doorknob that was touched by someone who was ill, you could pick up the germs he or she left behind. If you touch your eyes, mouth or nose before washing your hands, you may become infected. Some infections occur from germs that naturally live in the environment but are not passed from person-to-person.[10]

Droplet and Airborne

When you cough or sneeze, you expel droplets into the air around you. When you are sick, these droplets may contain the germ that caused your illness. Spread of germs in this manner is called droplet spread or droplet transmission. Droplets travel for only about three feet because they are usually too large to stay suspended in the air for a long time. However, if a droplet from an infected person comes in contact with your eyes, nose or mouth, you may soon experience symptoms of the illness.[10]

The most common way droplets are spread is on hands. This is why it is so important to teach children and adults to wash their hands after they cough or sneeze, or to sneeze into a covered area (not the hands) like the crook of the arm. Crowded, indoor environments also may increase the chances of droplet transmission because people are much more likely to be within three feet of each other.

Some disease-causing germs travel through the air in particles considerably smaller than droplets. These tiny particles remain suspended in the air for extended periods of time and can travel in air currents. If you breathe in an airborne germ, you may become infected and show signs and symptoms of the disease. Colds caused by viruses, influenza and tuberculosis are a few types of infectious diseases usually spread through the air, in both particle and droplet forms. [10]

Vectors

Some germs rely on insects (such as mosquitoes and fleas) and ticks to move from host to host. These insects are known as vectors. Mosquitoes can carry the West Nile virus and deer ticks may carry the bacteria that cause Lyme disease. Vectorborne spread of germs happens when an insect that carries the germ lands on you or bites you. The germs move into your body and can make you sick.[10]

Fecal-Oral/Foodborne

Children who are in diapers constitute a high risk for the spread of gastrointestinal infections. Diseases can be spread by the children themselves or by the person(s) changing the diaper when hands, toys or areas become contaminated with the fecal material that contain germs. The germs can be ingested during playtime, food preparation, or in the case of young children, just by putting their hands or toys into their mouths. Hand washing is the best prevention effort to reduce the risk of spreading these types of illness. Even if you wear gloves, you should always wash your hands after removal of the gloves.

Exclusion of Ill Individuals

Children attending child care or school should be free of known infectious diseases, unless the facility has the capabilities to care for the sick child. Behavioral characteristics of children make for easy transmission of infectious agents.

The following table outlines the recommendations for exclusion for specific diseases. These guidelines should be followed unless a school or child care facility has a more stringent policy in place. For more information about any of these conditions, please visit www.ndhealth.gov/disease/. For disease specific resources, please see the North Dakota Department of Health (NDDoH) fact sheets at www.ndhealth.gov/disease/faq/faqs.aspx.

General Exclusion Criteria

Regardless of the disease, children should be excluded from child care or school if they meet any of the following exclusion criteria: [2,9]

1. The staff determines the child is unwilling or unable to participate in activities.
2. The staff determines that they cannot care for the child without compromising their ability to care for the health and safety of the other children in the group.
3. The child has a fever (oral temperature above 101°F, axillary temperature above 100°F, rectal temperature above 102°F) along with difficulty breathing, changes in behavior, lethargy, irritability, or persistent crying.
4. The child experiences vomiting two or more times in the preceding 24 hours, unless determined to be caused by a non-communicable condition and child is able to remain hydrated and participate in activities.

Children should be excluded from child care if they meet the following criteria:

1. The child has diarrhea and stool is not contained in diaper or if fecal accidents occur in a child who is toilet trained, or if stool frequency exceeds two or more stools above normal for that child, or if stool contains blood or mucus.

Children and staff should be excluded from school if they meet the following criteria:

1. The individual has diarrhea and cannot self-contain stool.

If you suspect or know of a child attending your child care center or school that has one of the conditions listed below with a reportable conditions symbol (☎), please call the North Dakota Department of Health, Division of Disease Control, at 800.472.2180 to report.

Disease	Child care Exclusion	School Exclusion	Return
Bacterial meningitis ☎	Yes.	Yes.	When a health professional determines they are no longer contagious.
Bronchitis	No, unless general exclusions apply (see page 3).	No, unless general exclusions apply (see page 3).	
Campylobacteriosis (*Campylobacter*) ☎	No, unless general exclusions apply (see page 3) Symptomatic child care staff should be excluded.	No, unless general exclusions apply (see page 3) Symptomatic staff who handle food should be excluded.	Children and staff can return when diarrhea resolves.
Chickenpox ☎	Yes, children and staff should be excluded. Exposed children or staff without symptoms do not need to stay home unless chickenpox develops. Disease may be prevented after exposure if unvaccinated individuals are vaccinated within three to five days of being exposed to chickenpox.	Yes, children and staff should be excluded. Exposed children or staff without symptoms do not need to stay home unless chickenpox develops. Disease may be prevented after exposure if unvaccinated individuals are vaccinated within three to five days of being exposed to chickenpox.	Children or staff should be excluded until all blisters have dried into scabs and no new blisters have started for 24 hours or in immunized individuals without scabs, until the blisters are resolving. This usually takes five to six days.
Cryptosporidiosis (*Crypto*) ☎	No, unless general exclusions apply (see page 3). Symptomatic staff who handle food should be excluded.	No, unless general exclusions apply (see page 3). Symptomatic staff who handle food should be excluded.	Children and staff can return when diarrhea resolves.

Disease	Child care Exclusion	School Exclusion	Return
Ear infection	No, unless general exclusions apply (see page 3).	No, unless general exclusions apply (see page 3).	
***E. coli* O157:H7 and all other Shiga toxin-producing *E. coli* (STEC)** ☎	Yes. Symptomatic child care staff and staff who handle food should be excluded.	No, unless general exclusions apply (see page 3). Symptomatic staff who handle food should be excluded.	Children and staff can return when diarrhea is resolved and two consecutive negative stool cultures are obtained at least 24 hours apart and 48 hours after completion of antibiotics.
Flu (Influenza) ☎	Yes, children and staff should be excluded.	Yes, children and staff should be excluded.	Children and staff can return when they are fever free for 24 hours without the use of fever reducing medicine.
Fifth disease	No, unless general exclusions apply (see page 3).	No, unless general exclusions apply (see page 3).	
Fungal infections of the skin (Ringworm, Athlete's foot, etc.)	No. Children with ringworm can attend child care as long as they are being treated and the affected skin can be covered. However, all people with fungal infections should be excluded from certain activities that are likely to expose others to the fungus, such as using swimming pools, showers, towels at public gyms, etc.	No. Children with ringworm can attend school as long as they are being treated and the affected skin can be covered. However, all people with fungal infections should be excluded from certain activities that are likely to expose others to the fungus, such as using swimming pools, showers, towels at public gyms, etc.	Athletes with ring worm cannot compete in matches for 72 hours after starting treatment, unless the affected area can be covered.
Giardiasis (*Giardia*) ☎	No, unless general exclusions apply (see page 3). Symptomatic staff who handle food should be excluded.	No, unless general exclusions apply (see page 3). Symptomatic staff who handle food should be excluded.	Children and staff can return when diarrhea resolves.

Disease	Child care Exclusion	School Exclusion	Return
Hand, foot & mouth disease (HFMD)	Yes, children and staff should be excluded.	Yes, children and staff should be excluded.	Children and staff may return to child care or school when fever is no longer present and the vesicles begin to subside.
Head lice	No.	No.	Children can remain in school, but should be treated for lice as soon as possible. Head-to-head contact with other children should be discouraged.
Hepatitis A ☎	Yes. All symptomatic child care staff should be excluded.	No, unless general exclusions apply (see page 3). Symptomatic staff who handle food should be excluded.	Children and staff can return seven days after onset of symptoms. Staff who handle food should be excluded for seven days after the onset of jaundice or 14 days after onset of symptoms other than jaundice.
Hepatitis B ☎	No. See page 15 for cleaning, sanitizing and disinfecting practices.	No. See page 15 for cleaning, sanitizing and disinfecting practices.	
Herpes simplex "cold sores"	No, unless child has mouth sores or blisters and does not have control of drooling or other exclusions apply.	No, unless general exclusions apply (see page 3).	
Hib (*Haemophilus influenzae* type B) ☎	Yes. Exposed children and staff do not need to be excluded.	Yes. Exposed children and staff do not need to be excluded.	Children should be excluded until 24 hours after antibiotic treatment has been completed or until a health professional determines they are no longer contagious.

Disease	Child care Exclusion	School Exclusion	Return
HIV ☎	No. See page 15 for cleaning, sanitizing and disinfecting practices.	No. See page 15 for cleaning, sanitizing and disinfecting practices.	
Impetigo	Yes.	Yes.	Children can return 24 hours after starting antibiotics. Lesions on exposed skin should be covered when possible.
Measles ☎	Yes, children and staff should be excluded. Exposed persons: Vaccinated people who are not showing symptoms do not need to be excluded. Unvaccinated people who have been exempted from measles immunization for medical, religious, moral or philosophical reasons must be immunized within 72 hours of exposure.	Yes, children and staff should be excluded. Exposed persons: Vaccinated people who are not showing symptoms need not be excluded. Unvaccinated people who have been exempted from measles immunization for medical, religious, moral or philosophical reasons must be immunized within 72 hours of exposure.	Children and staff who are infected with the measles virus can return after the rash has been present for four days. If unvaccinated people are not vaccinated within 72 hours, they should be excluded from all activities until the North Dakota Department of Health determines it is safe for them to return.
Meningococcal meningitis (*Neisseria meningitidis)* ☎	Yes children and staff should be excluded.	Yes, children and staff should be excluded.	People should be excluded until at least 24 hours after antibiotic therapy was started and the illness has subsided.
Infectious mononucleosis (Mono)	No, unless general exclusions apply (see page 3).	No, unless general exclusions apply (see page 3).	
MRSA (Methicillin-resistant *Staphylococcus aureus*)	No, unless the wound cannot be covered or general exclusions apply (see page 3).	No, unless the wound cannot be covered or general exclusions apply (see page 3).	

Disease	Child care Exclusion	School Exclusion	Return
Mumps ☎	Yes, children and staff should be excluded.	Yes, children and staff should be excluded.	Children and staff should be excluded for five days after symptom onset.
Norovirus	Yes	Yes	Children and staff may return 48 hours after diarrhea and/or vomiting has resolved.
Pertussis (Whooping cough) ☎	Yes, children and staff should be excluded. Symptomatic contacts (contacts with a cough) of pertussis cases also should be excluded from activities until five days of antibiotic treatment are completed. Contacts without symptoms do not need to be excluded.	Yes, children and staff should be excluded. Symptomatic contacts (contacts with a cough) of pertussis cases also should be excluded from activities until five days of antibiotic treatment are completed. Contacts without symptoms do not need to be excluded.	Children and staff may return after they have completed five days of appropriate antibiotics or if they have been coughing for more than 21 days.
Pinkeye	No, unless general exclusions apply (see page 3). If two or more children in a child care develop pink eye in the same time period, children with symptoms should be excluded until evaluated by a health care professional.	No, unless general exclusions apply (see page 3).	
Pinworms	No.	No.	
Pneumonia	No, unless general exclusions apply (see page 3).	No, unless general exclusions apply (see page 3).	
Rotavirus	No, unless general exclusions apply (see page 3). Symptomatic staff who handle food should be excluded.	No, unless general exclusions apply (see page 3). Symptomatic staff who handle food should be excluded.	Children and staff may return 24 hours after diarrhea and/or vomiting has resolved.

Disease	Child care Exclusion	School Exclusion	Return
RSV (Respiratory syncytial virus)	No, unless child exhibits rapid or labored breathing or general exclusions apply (see page 3).	No, unless child exhibits rapid or labored breathing or general exclusions apply (see page 3).	Children can return when they are fever free for 24 hours without the use of fever reducing medicine.
Rubella ☎	Yes, children and staff should be excluded. Exposed persons: Vaccinated people who are not showing symptoms need not be excluded. Unvaccinated people who have been exempted from MMR immunization for medical, religious, moral or philosophical reasons must be immunized within 72 hours of exposure.	Yes, children and staff should be excluded. Exposed persons: Vaccinated people who are not showing symptoms need not be excluded. Unvaccinated people who have been exempted from MMR immunization for medical, religious, moral or philosophical reasons must be immunized within 72 hours of exposure.	Children and staff should be excluded for seven days after rash onset. If unvaccinated people are not vaccinated within 72 hours, they should be excluded from all activities until the North Dakota Department of Health determines it is safe for them to return.
Salmonellosis (Nontyphoidal *Salmonella*) ☎	No, unless general exclusions apply (see page 3). Symptomatic staff who handle food should be excluded.	No, unless general exclusions apply (see page 3). Symptomatic staff who handle food should be excluded.	Children and staff can return when diarrhea resolves. Food handlers should be excluded from handling food until diarrhea ceases and two successive negative stool cultures are obtained at least 24 hours apart and 48 hours after completion of antibiotics or the worker has been asymptomatic for 30 days.
Scabies ☎	Yes, children and staff should be excluded.	Yes, children and staff should be excluded.	Children and staff may return when treatment is complete.

Disease	Child care Exclusion	School Exclusion	Return
Shigellosis (*Shigella*) ☎	Yes. Child care workers and staff who handle food should be excluded.	No, unless general exclusions apply (see page 3). Symptomatic staff who handle food should be excluded.	Children and staff can return 24 hours after diarrhea has resolved and one negative stool culture is obtained. Food handlers should be excluded from handling food until diarrhea ceases and two successive negative stool cultures are obtained at least 24 hours apart and 48 hours after completion of antibiotics or the worker has been asymptomatic for seven days.
Shingles (Herpes zoster)	No, unless lesion cannot be covered.	No, unless lesion cannot be covered.	Children and staff who are excluded may return after the lesion has crusted.
Strep throat (Group A *Streptococcus*)	Yes, children and staff should be excluded.	Yes, children and staff should be excluded.	Children and staff may return when they have been on appropriate antibiotics for 24 hours.
***Streptococcus pneumoniae* (invasive)** ☎	No, unless general exclusions apply (see page 3).	No, unless general exclusions apply (see page 3).	Children may return when they are able to resume normal activities.
Tuberculosis (TB) ☎	Yes, children and staff with active TB should be excluded. Children and staff with latent TB infection can participate in all activities whether they are receiving treatment or not.	Yes, children and staff with active TB should be excluded. Children and staff with latent TB infection can participate in all activities whether they are receiving treatment or not.	Children and staff with TB disease should be excluded from school, child care or the work place until the sputum (mucus or phlegm) is negative (about two to four weeks after the beginning of treatment).

Disease	Child care Exclusion	School Exclusion	Return
Typhoid Fever (*Salmonella* Typhi or Paratyphi) ☎	Yes, children and staff should be excluded.	Yes, children and staff should be excluded.	Children and staff may return when diarrhea resolves and three consecutive negative stool cultures are obtained at least 24 hours apart and 48 hours after antibiotics are completed.

Procedure for Excluding a Child

1. Ask the child's parent or guardian to pick up the child as soon as possible. Included is a form (Appendix A) that can be used to document the child's symptoms that can be given to the parent or guardian when they arrive.
2. The teacher or caregiver will provide care for the child in a place where the child will be comfortable and away from other children, while still being supervised. The child should continue to be observed for new or worsening symptoms.
3. Follow the advice of the child's healthcare professional.
4. Contact the state health department if there is a question about a reportable communicable disease. Document actions in the child's file with date, time, symptoms, and actions taken (and by whom); sign and date the document.
5. Sanitize toys and other items the child may have put in his or her mouth and continue to practice good Hand Washing Techniques (pg. 13).

Criteria for Excluding Child Care/School Staff

It is important to remember that diseases are not just spread by children to other children, but from staff to children as well as children to staff. Please encourage staff to discuss their health concerns with their healthcare provider or your facility's health consultant.

Prevention and Control

The close, prolonged contact of children to each other in the child care/school setting may expose them to many different germs. Though it is not possible to completely eliminate every germ from every surface, reducing their numbers can greatly protect you from illness. The two best practices for controlling your exposure to germs are: 1) hand washing and 2) cleaning, sanitizing and disinfecting objects and surfaces that may be contaminated with germs. It also should be noted that the proper disposal of contaminated items is essential to keeping children and staff in your facility healthy.[8]

It is easy to forget how tiny the germs are that cause diseases and we may overlook commonly contaminated items simply because they do not look dirty. Similarly, children who do not show symptoms of illness may not be suspected of carrying or spreading germs, even though they may be just as infectious as those children who have symptoms.

Hand Hygiene

Importance of Handwashing

Handwashing is the **most effective** means of reducing germs and infections in child care and school settings. Studies have shown that unwashed or improperly washed hands are the primary carriers of germs that can cause infections. Lack of handwashing and poor handwashing techniques have contributed to many outbreaks of disease among children and staff in child care and school settings. Adherence to good handwashing techniques has consistently demonstrated a reduction in disease transmission in child care and school settings. While working with children, caregivers and teachers should not wear elaborate jewelry or long artificial fingernails because these interfere with effective hand washing.[10, 18]

Technique

1. Wet hands under clean, running water and apply soap.
2. Rub hands together vigorously to make a lather, and scrub all surfaces for at least 20 seconds. Be sure to lather the backs of your hands, between your fingers, and under your nails.
3. Rinse hands well under clean, running water.
4. Dry hands using a clean towel, paper towel, or air dryer.
5. If possible, use a paper towel to turn off faucet.
6. When assisting a child with handwashing, either hold the child or have the child stand on a step at the height where the child's hands can hang freely under the running water. After assisting a child, wash your own hands.

To order printed materials with information about handwashing, please call the Division of Disease Control at 800.472.2180 or visit www.ndhealth.gov/disease/GI/handwashing.aspx.

Hand Sanitizer

- Traditional handwashing with soap and water is the best way to reduce the number of germs on hands in most situations, but alcohol-based hand sanitizers are an appropriate alternative if soap and water are not readily available.[1, 7]
- Hand sanitizers must have an alcohol concentration between 60 – 95 percent to be effective at killing most types of germs.
- Alcohol-based hand sanitizers may not be safe for all children. Please refer to the product label for proper use.
- For visibly dirty hands, handwashing with soap and water is recommended, as hand sanitizers are not as effective when hands are visibly dirty or greasy.
- Child care programs should follow the manufacturer's instructions on the product's label for proper use.

- Supervision of children is required to monitor effective use and to avoid potential ingestion or inadvertent contact of hand sanitizers with eyes or mucous membranes. Hand sanitizer should be safely stored out of reach of young children.

Technique

1. Apply the product to the palm of one hand (read the product's label to learn the correct amount).
2. Rub your hands together.
3. Rub the product over all surfaces of your hands and fingers until your hands are dry.

It is important to remember that handwashing must still be done if hands are visibly soiled, for removal of hand sanitizer residue, for removal of chemicals, and around patients with *Clostridium difficile.* Soap and water are more effective than hand sanitizers at removing or inactivating germs such as norovirus, *Clostridium difficile*, and *Cryptosporidium*. One hand hygiene method should not be used at the exclusion of the other, the best way to ensure good hand hygiene adherence is to offer both methods.

When to Wash Hands

Children

- Upon arrival at the child care setting or school
- Immediately before and after eating
- After using the toilet or having their diapers changed
- Before and after using individual water play items, water tables, or moist items like play dough
- After using the playground or gym
- After handling pets, contact with pet cages or other pet products
- Whenever hands are visibly dirty
- After sneezing or coughing

Staff

- Upon arrival at work
- Immediately before handling food, preparing bottles, or feeding children
- After handling one food item and before handling another
- After using the toilet, assisting a child in using the toilet, or changing diapers
- After coming into contact with a child's bodily fluids including wet or soiled diapers, runny noses, spit, vomit, etc.
- After handling pets, pet cages or other pet products
- Whenever hands are visibly dirty
- After blowing your nose, sneezing or coughing
- After cleaning
- Before and after giving or applying medication or ointment
- Immediately after removing gloves used for any purpose, even if hands are not visibly dirty
- Before and after eating, drinking, smoking, or taking a break
- Before going home

Cleaning, Sanitizing and Disinfecting

Proper cleaning, sanitizing, and disinfecting practices must be followed routinely whether or not items appear to be soiled or when children appear to be ill.

It is never appropriate to treat the cleanup of body fluids, including blood, feces, and vomit, as if they are safe. There are many infectious diseases that can be spread by blood and other body fluids that may not cause children or staff members to appear ill. Always follow the proper precautions when dealing with cleanup of these substances.[9]

Cleaning

Cleaning is the actual process of wiping or scrubbing an item using soap or another detergent with water that removes not only visible dirt and debris, but germs as well. Cleaning removes the invisible particles that interfere with proper disinfection and sanitation by removing particles from surfaces to allow disinfecting and sanitizing products to get in all the cracks.[5,8]

Clean objects and surfaces contaminated with blood or body fluids immediately.

Procedure

1. Wear disposable gloves when:
    - Handling blood or items, surfaces, or clothing soiled by blood or body fluids.
    - You have open cuts, sores, or cracked skin.
    - Cleaning bathrooms, diapering areas and any areas contaminated with stool, vomit, or urine.
2. For spills, wipe up the area to remove blood or body fluids. Use disposable towels and discard in a plastic-lined trash can.
3. Clean objects and surfaces by scrubbing with mild soap/cleaning agent and fresh water to remove debris. Do not reuse water that has been standing in pails, basins, or sinks.
4. If able, rinse objects under running water.
5. Follow cleaning procedures by disinfecting or sanitizing the area/objects.
6. Remove gloves and discard after each use. Wash hands **immediately**, even if gloves were worn.

Sanitizing

Sanitizing reduces the amount of harmful germs on toys, eating utensils, and food contact surfaces to levels that are considered safe. Be sure to use an appropriate solution that is safe for food preparation areas and is U.S. Environmental Protection Agency (EPA)-registered.[5,8]

Food Contact Surface

A food contact surface is anything that is touched by food or put in the mouth. Dishes, utensils, pans, food preparation equipment, counter tops and cutting boards count as food

contact surfaces. Table tops, high chair trays where children eat, teething toys, and anything else that comes into contact with the child's mouth are included as well.[8]

Procedure

1. Clean with soapy water and rinse with clean water prior to sanitizing.
2. Submerge the item in sanitizing solution and soak for two minutes (or according to product label), or spray the item with sanitizing solution if it is too large to soak.
3. Wiping rags/dishrags used to wipe food-contact surfaces should be kept in a bucket of freshly made sanitizing solution.
4. Do not rinse after sanitizing.
5. Air dry or let stand for recommended contact time before towel drying.

Sanitizing Solution

1. Commercial or food-grade sanitizer that is EPA-registered.
2. If a bleach solution is used, it must be prepared daily. Be sure the product label indicates that the product can be used for sanitizing. Follow the manufacturer's instructions on the bleach to water ratio for sanitization.

Disinfecting

Disinfecting destroys or inactivates germs on non-food contact surfaces. If the same chemical is used for sanitizing, it is usually at a stronger concentration and therefore not safe to be used on areas that come into contact with food or objects that are used in the mouth. Be sure to use an appropriate solution that is safe and EPA-registered; follow the manufacturer's instructions closely for use.[5,8]

Procedure

1. Clean with soapy water and rinse with clean water prior to disinfecting.
2. Submerge the item or spray the area thoroughly with disinfecting solution. Follow the instructions on the product for the appropriate contact time. Wipe with a single-use paper towel or, if appropriate, mop with disinfecting solution.
3. Discard used paper towels OR soak mop in disinfecting solution for 10 to 30 minutes (or according to the product label). Wring and hang to dry.
4. Launder rags after one use.
5. Place cleaning materials in a locked cabinet.

Disinfecting Solution

1. Use a commercial disinfectant that is EPA-registered
2. If bleach solutions are used, they must be prepared daily. Be sure the product label indicates that the product can be used for disinfection. Follow the manufacturer's instructions on the bleach to water ratio for disinfection.

Special Considerations for Norovirus and *Clostridium difficile*

Please call the NDDoH at 800.472.2180 if an outbreak of norovirus occurs in your facility. In the event of a norovirus outbreak, the concentration of bleach to water is as follows:

- Concentrated bleach – ¾ cup of bleach in 1 gallon of water
- Regular strength bleach (5.25%) – 1 cup bleach in 1 gallon of water

A concentration of 1:8 dilution or one part concentrated bleach to eight parts water is recommended to inactivate *Clostridium difficile* spores. Bleach solutions must be prepared daily. Alternatively, EPA-registered disinfectants with a sporicidal claim can be used to disinfect surfaces following cleaning.

Items and surfaces must always be cleaned prior to disinfection. The directions for bleach solutions are based on EPA-registered product directions to be effective against norovirus and *Clostridium difficile* spores.

Steps for Specific Items

Below is a reference describing what types of procedures should be taken for specific items.[5,8]

Bathrooms: Clean and disinfect at least once daily and when obviously soiled. This includes toilets, sinks, faucets, counters, and floors.

Bottles, bottle caps, and bottle nipples: Clean inside of bottle, bottle cap and bottle nipples with a bottle brush and soapy water. Squirt water through nipple. Sanitize in the dishwasher or by washing in a three-compartment sink just prior to filling. Store nipples in a closed container after completely air dried. Do not wash bottles and nipples in the handwashing sink area in the infant room. They should be taken to the kitchen to be properly cleaned and sanitized.

Carpet: Maintain carpet free from visible soil. Vacuum daily. Shampoo carpets every three months or more often if necessary (monthly in infant/toddler rooms). No vacuuming and professional carpet shampooing should occur while children are present.

Classroom table tops and counters not used for food preparation: Clean and disinfect daily or more often if needed.

Cribs and crib mattresses: Clean and sanitize weekly, or before use by a different child. Should be done immediately when soiled or wet.

Diapering area: Clean and disinfect after each diaper change and air dry or dry with a paper towel after required contact time. Make sure surface is dry before laying child on the surface.

Food contact surfaces: Clean and sanitize before and after each use; also between prep of raw and cooked foods.

Microfiber cloths are preferred for cleaning. They should be laundered between each use. If microfiber cloths are not appropriate for use, disposable towels are preferred for cleaning. If clean reusable rags are used, they should be laundered separately between each one-time use. Disposable towels should be sealed in a plastic bag and removed to outside garbage, Cloth rags should be placed in a closed foot operated, plastic-lined receptacle until laundering. When a mop is needed, microfiber mops are the preferred cleaning method over conventional loop mops. Use of sponges in child care facilities for cleaning purposes is not recommended.

Hand washing sinks/faucet handles: Clean and disinfect at least daily and when soiled. This should also be done between uses of diapering and food/bottle preparation to prevent cross contamination.

Indoor surfaces where children's activities occur: Clean and disinfect at least once weekly and when soiled.

Mops: Clean thoroughly in fresh water and detergent. Soak in a disinfectant solution for 10 to 30 minutes after use. Wring and hang to dry. This should be done in an area with ventilation to the outside and not accessible to children.

Objects mouthed by children: Clean and sanitize after each use. This includes toys and furnishings such as crib rails.

Surfaces with blood, urine, vomit or stool: Clean with soap and water, disinfect immediately. Use disposable gloves. (If food contact surface, sanitize)

Table tops and high chair trays: Sanitize before and after children eat.

Pacifiers or teething toys: Clean and sanitize after each use. If teething toys are stored in the freezer, they should be wrapped in order to protect from contamination.

Thermometers: Clean and sanitize after each use.

Toilet-training chairs: Use of these chairs in child care is discouraged because of high risk of contamination. If they need to be used they should be cleaned and disinfected after each child's use. Empty into a toilet, clean in a utility or mop sink, disinfect after each use and store in the bathroom. Do not use a hand washing sink or kitchen sink to clean.

Uncarpeted floors: Vacuum or sweep and mop with cleaning solution at least daily and when soiled. Follow with disinfectant solution after mopping whenever blood or body fluids are present.

Utility gloves: If utility gloves are used for cleaning and disinfecting, clean with soap and water after each use and then dip in a disinfectant solution up to the wrist. Hang to dry.

Water play tables: If water tables are used, children should wash their hands thoroughly at the hand washing sink before and after play. The basins should be cleaned and sanitized daily. Small individual basins are a more sanitary option; individual basins should be cleaned and sanitized after each use.

Wiping rags/dishrags: Those that are used to clean counters and other food-contact surfaces should be stored in a bucket of food-grade sanitizer while in use. Launder after each meal or snack.

Blood or Bodily Fluid Exposure

Universal Precautions

Universal precautions is an approach where all human blood and certain human body fluids are treated as if known to be infectious for HIV, hepatitis B virus (HBV), hepatitis C virus (HCV) and other bloodborne pathogens. Universal Precautions apply to blood, and other body fluids containing blood, semen, or vaginal secretions. Universal Precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, saliva or vomit unless they contain visible blood or are likely to contain blood. All employees are required to use Universal Precautions when performing their duties.[13]

Gloves are recommended when performing tasks where exposure to blood or other potentially infectious materials is reasonably anticipated, or when handling contaminated items or surfaces. After contact with body fluids, gloves shall be removed and disposed of properly. Hands should be washed as soon as possible.[13]

Handwashing

Handwashing is the single most important means of preventing the spread of infection. Refer to page #13 in this manual for more information.

Cleaning and Disinfection Procedures

Cleaning and disinfecting procedures are based on location, type of surface, type of soil present, and activities being performed in the area. Refer to page #15 in this manual more information.

Sharps Containers

If sharps need to be used, contaminated sharps need to be disposed of in sharps disposal containers immediately after use. Containers for contaminated sharps must be puncture-resistant. These containers must be easily accessible and as close as feasible to the immediate area where sharps are used. They must be out of reach of children at all times. For disposal of sharps containers, contact your local hospital, clinic, or pharmacy to see if they have a program to take back full sharps containers.[13]

Exposure Control Plan

Having an exposure control plan is recommended so that employees know the procedures and work practices required if an exposure with blood or other potentially infectious materials occurs. An exposure control plan should include information on personnel responsible for the plan, cleaning and disinfection procedures, exposure incident procedures, and plan review policy. Exposure control plans are recommended to be reviewed annually.[13]

Exposure Incident Procedures

Treat Exposure Site

Use soap and water to wash areas exposed to potentially infectious fluids as soon as possible after exposure. If blood or other potentially infectious material contact the eyes, nose, or mouth, flush the area with clean water, saline, or sterile liquid. [13]

Report and Document

All exposure incidents shall be investigated and documented immediately. An exposure report should be completed. This report is recommended to include:

- Date and time of exposure.
- Details of the incident: where and how the exposure occurred, exposure site(s).
- Details of the exposure: type and amount of fluid or material, severity of exposure.
- Details about the exposure source: whether source material contained HIV, HBV or HCV.
- Details about exposed person: hepatitis B vaccination status and other medical conditions.

Evaluation of Exposure

The exposure should be evaluated for potential transmission of disease. Contact the NDDoH if an exposure occurs.

Staff Training

Training is recommended to be provided to all employees who might be exposed to blood or other potentially infectious material while on the job. This training is recommended to occur at the beginning of employment and at least annually.[13]

This training is recommended to cover the following:

- Information about the exposure control plan and where it can be reviewed.
- Symptoms, modes of transmission and prevention of bloodborne pathogens.
- Use and limitations of methods of controls and work practices.
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up.

Diapering

Changing diapers in a sanitary manner is an important way child care providers can prevent the spread of diseases. Germs found in the stool can be spread by the hands of staff or children, or through contaminated food, water, objects, or surfaces. The spread of illnesses can be reduced by following the diapering guidelines described below.[8]

Basic Principles

1. Change diapers only in the designated diapering area.
2. Separate diapering area from medication, food storage, food preparation, and eating areas.
3. Dispose of soiled diapers in a "hands-free" covered waste container.
4. Wash hands of both staff and children after diapering.
5. Disinfect the diapering surface after every child.
6. Do not allow pacifiers, toys, baby bottles, blankets, or food in the diapering area.

Equipment

Changing Surface

The changing surface should be a smooth, moisture-resistant and easily cleanable material. For extra protection, a non-absorbent, disposable paper should be placed under the child while changing. Surfaces should be kept away from the reach of children.[9]

Hand Washing Sink and Supplies

Ideally, a sink in the diapering area designated for handwashing should be available; however, this is typically not the case. It is recommended that the sink used for handwashing after diapering be separate from the sink and surfaces where food is prepared. Liquid soap, paper towels, and a fingernail brush should always be within reach of the sink. Disposable paper towels should be used instead of cloth towels.[9]

Diapers

High absorbency disposable diapers are preferred for use in child care centers because cloth diapers leak more and require more handling. All diapers must have an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. If cloth diapers are used, the outer covering and inner lining must be changed together at the same time. Outer coverings must not be reused unless they are laundered. Ask your health consultant for approved procedures for the use of cloth diapers, if used. The rinsing of cloth diapers is not allowed. Cloth diapers must be stored in a waterproof bag and stored out of the reach of children. Soiled diapers must be sent home at the end of the day with parents to be laundered.[9]

Disposable Gloves

Gloves should be worn when changing the diaper of a child with diarrhea. Pregnant women or women considering pregnancy may want to wear gloves when changing any diaper. Staff should wear gloves if they have open cuts, sores, or cracked skin, or if the child has open areas on the skin. Discard gloves after each diaper change. Wearing gloves **does not** exclude someone from washing their hands after diapering.[9]

Disposable Wipes

Pre-moistened wipes must be dispensed in a manner that prevents contamination of the wipes or the container. It is recommended to remove the wipes before use, but leave the container of wipes open and readily accessible in case more wipes are needed.[9]

Skin Care Items

If skin care items are used, keep them within the provider's reach and out of the reach of children. Each child must have his or her own labeled container of skin care products. Check with parents prior to using these products. Use skin care items according to package directions. Do not apply skin care items with bare fingers. Apply by using a clean glove, tissue, or disposable wipe.[9]

Plastic Bags

Use disposable plastic bags to line trash cans and to send soiled clothing or cloth diapers home. Store plastic bags out of children's reach.[9]

Waste Container

Use a tightly covered container, preferably with a foot-operated lid that is used for diapering only and separate from other garbage. Keep the container away from children. Line the container with a disposable plastic trash bag. Empty the container before it becomes overly full and at least once daily. The container must be cleaned with soapy water and disinfected daily.[9]

Toilet Training Chairs (Potty chairs)

Flush toilets are recommended rather than potty chairs. If used, chair frames should be smooth and easy to clean. The potty chair must be emptied into a flush toilet, cleaned with soap and water in a utility or mop sink, and disinfected after **each** use. Do not clean potty chairs at handwashing sinks, food preparation sinks, or dishwashing sinks.[9]

Cleaning Supplies

Use disposable gloves, paper towels, soap, and disinfecting solution. See **Cleaning, Sanitizing and Disinfecting** (pg. 15) for specific instructions.

Pets

Pets are a huge part of American households and this does not exclude those who care for children in their home. Also, many child care centers have pets as part of educational programs for the children. They can be excellent companions and tools to teach kindness and gentleness, but they also pose potential health and safety risks to the children in your care. Check with your local health department or licensing agency for any regulations that must be followed before introducing pets. [14]

General Considerations

It should be common practice to alert parents before they enroll their children in your facility that there are pets in the setting. Dog and cat bites are the most commonly reported injuries related to pets. Notify parents/guardians immediately if their child has skin broken by an animal bite or scratch after first aid is given to the child. Consult with parents/guardians to determine special considerations needed for children with weakened immune systems, allergies, or other pet sensitivities.[14]

To prevent injury/illness in your child care setting/school, consider the following before bringing animals into the center.[9,14]

- Keep pets in designated areas only.
- Pets should be separated from food preparation, food storage, or eating areas.
- All pets must be in good health, free of disease, and up-to-date on all vaccinations.
- An adult must be present at all times when a child is in the presence of an animal to monitor not only the pet and its behavior, but also the child. The animal should be immediately removed if it shows signs of distress or discomfort.
- Keep food and water dishes out of the reach of children and out of the kitchen/food prep area.
- Aquariums should be placed where they cannot be pulled over or opened by children.
- Hands should be washed immediately after contact with animals, their stool or urine, and their environment.
- In child care settings, cats and dogs are the only animals children are allowed to have contact with. All other small pets must be contained in an aquarium or other approved containers. Wire containers are not approved. Other indoor pets and animals must be restricted by a solid barrier and must not be accessible to children.[11]
- Petting zoos are not recommended for children younger than 5 years of age.

Visit CDC's website for additional animal safety tips for infants and young children. (www.cdc.gov/healthypets/specific-groups/children.html)

Food Safety

Proper Food Handling

Safe steps in food handling, cooking, and storage are essential to prevent foodborne illness. You cannot see, smell, or taste harmful germs that may cause illness. Below are a few simple tips to help keep the food you serve in your facility safe to eat.[6]

What should I do when shopping at the grocery store?

When purchasing food at the grocery store, pick up your refrigerated and frozen foods after selecting your nonperishables. This will ensure that those foods stay cool. Also, never choose any product that has been opened, torn, or appears to be leaking. These are signs that the product may be contaminated. Finally, it is not wise to purchase any food item after its "Sell by," "Use by," or other expiration dates.[6]

How should I be storing my food once I get it home?

Perishable foods should be put away appropriately within two hours of being out of the refrigerator or freezer. It is also a good idea to reduce the time to one hour when the outdoor temperature is above 90°F. Cook or freeze fresh poultry, fish, and ground meats within two days; other beef, veal, lamb or pork within three to five days. Raw meat and poultry products should be stored on the bottom shelf of the refrigerator to prevent the juices from dripping onto other foods.[6]

In general, high-acid canned food such as tomatoes, grapefruit, and pineapple can be stored on the shelf for 12 to 18 months. Low-acid canned food such as meat, poultry, fish, and most vegetables will keep two to five years, but only if they remain in good condition and have been stored in a cool, clean, and dry place. Discard cans that are dented, leaking, bulging, or rusted.[6]

What do I need to remember when preparing meals or handling food?

It is most important to remember to wash your hands with clean, running water and soap for at least 20 seconds before and after handling food. It is also important to wash after touching raw meat, poultry, fish, and eggs because these foods, when uncooked, can contain live bacteria that can cause foodborne illness. One sink should be dedicated for handwashing while another sink is dedicated to food preparation.

All surfaces should be cleaned before beginning food preparation. Cutting boards, utensils and countertops should be washed first with soap and water, then sanitized with an appropriate solution. It is a good idea to have separate cutting surfaces for raw and ready-to-eat products. Be sure to wash cutting boards, utensils, and dishes between different foods.

Be sure to rinse fresh produce in a clean, sanitized sink before preparing. This will help remove pesticides or trace amounts of stool or soil, which might contain bacteria or viruses. [6]

Are there safe ways to thaw frozen foods?

The refrigerator allows slow, safe thawing. To ensure that juices from thawing meat and poultry do not contaminate other food, place them in a tray on the bottom shelf of the refrigerator. For faster thawing, food should be submerged under clean, continuously running cold (70°F or less) water in a continuously draining sink. Microwave use is also appropriate, but be certain food is cooked immediately after thawing.[6]

Meat and poultry defrosted in the refrigerator may be refrozen before or after cooking. If thawed by other methods, cook before refreezing.

What are the internal temperatures different foods should reach before they are safe to eat?

Use a food thermometer to be sure cooked meat has reached its appropriate temperature. Beef, veal, and lamb steaks, roasts, and chops must reach a minimum internal temperature of 145°F. All cuts of pork must be cooked to 145°F. Ground beef, veal, and lamb must be cooked to 160°F. All poultry, including ground poultry, should reach a minimum internal temperature of 165°F. [6]

What are the rules about serving warm and cold food?

Hot food should be held at or above 140°F. Cold food should be held at or below 40°F. Perishable food should not be left out more than two hours at room temperature (one hour when the outdoor temperature is above 90°F). [6]

Is it safe to serve leftover and reheated food?

It is not safe to keep any food that has been left out at room temperature for more than two hours (one hour if the outdoor temperature was above 90°F). If the food was served properly, it should be put in a shallow container and immediately refrigerated or frozen for rapid cooling. It is good practice to eat any leftover food within four days. [6]

Do not put cooked food in the same container or the same unwashed container that was used for uncooked meat or poultry. Harmful bacteria could contaminate the cooked food.

Other Considerations

Do not serve raw or unpasteurized apple juice or cider, milk, cheese or other dairy products. These items have been identified as sources of several outbreaks of foodborne illness.

Do not prepare infant formula using the water from the handwashing sink in the infant room. Obtain a pitcher of water from the kitchen prep sink or bottled water to mix infant formula or infant cereal. Disinfect sink before washing hands before preparing/serving food or preparing bottle/infant cereal if sink is also used for diapering.[12]

Cold Food Storage Chart

The cold storage chart in Appendix B shows safe time limits that will help keep refrigerated food from spoiling or becoming dangerous to eat. [6]

Breast Milk

A refrigerator/freezer will be made available for storage of expressed breastmilk

- Breastfeeding mothers and employees may store their expressed breastmilk in the refrigerator and in the freezer.
- Bags of breastmilk should be stored separately for each child. Bags of breastmilk for each child should be placed in a separate labeled sealed plastic bag or in a separate labeled hard-sided container as bags tend to spill or leak.
- Mothers must provide their own containers, clearly labeled with the child's name and date milk was expressed. Unlabeled containers of breastmilk should not be used or accepted.
- Breastmilk should be stored in the refrigerator/freezer according to the guidelines from the Academy of Breastfeeding Medicine:

Storage Guidelines

- Freshly expressed milk may be kept at room temperature (up to 77°F/25°C) for 6 to 8 hours. Temperatures greater than 77°F/25°C) may not be safe for room temperature storage. Containers should be covered and kept as cool as possible; covering the container with a cool towel may keep milk cooler.
- Milk may be stored in an insulated cooler bag with ice packs for 24 hours.
- Milk may be safely refrigerated (39°F/4°C) for up to 72 hours. Store milk in the back of the main body of the refrigerator, where the temperature is the coolest.
- The type of freezer in which the milk is kept determines timetables for frozen milk. Generally, milk should be stored toward the back of the freezer, where the temperature is most constant.
    - Freezer compartment located inside the refrigerator (5°F/−15°C): 2 weeks
    - Refrigerator/freezer with separate doors (0°F/−18°C): 3 to 6 months
    - Chest or upright manual defrost deep freezer that is opened infrequently and maintains ideal temperature (−4°F/−20°C): 6 to 12 months

Staff will be trained in handling, storing, heating, and feeding breastmilk

- Breastmilk guidelines from the Academy of Breastfeeding Medicine (www.bfmed.org) and the Centers for Disease Control and Prevention (www.cdc.gov):

    Thawing or Warming Milk

    - The oldest milk should be used first.
    - The baby may drink the milk cool, at room temperature, or warmed to body temperature.
    - Thaw milk by placing it in the refrigerator or in cold water.
    - Heat breastmilk separately from other bottles in a container of warm water or in a bottle warmer. Microwaves and crockpots will not be used.
    - Milk may be kept in the refrigerator for 24 hours after it is thawed.
    - Swirl the container of milk to mix the cream back in, and distribute the heat evenly. Do not shake the milk.
    - Milk left in the bottle after a feeding should be discarded and not used again.
    - Do not re-freeze breastmilk once it is thawed or partially thawed.

- Gloves are not required when handling breastmilk, but are recommended if staff have open wounds on their hands. Waterproof bandages can also be used to cover open wounds.
- Staff should prepare a clean work space to prepare a bottle by sanitizing the counter or by placing a clean paper towel on the counter.
- Staff should wash their hands at a **"clean sink"** before and after handling or feeding breastmilk.
  NOTE: A "clean sink" is defined as a sink that is not used for diapering/toileting or a sink that has been disinfected
- Bottles should be labeled with the infant's name and time served to the infant.
- All containers/bags/ bottles of breastmilk should be checked closely before serving to ensure the correct breastmilk is given to the correct child.
- Infants should be held when given a bottle, or if they are able to hold their bottle themselves, they should be kept within an arm's reach to ensure other infants do not have access to their bottle. Special attention should be given to ensure no bottle is left within reach of children.
- If breastmilk is mistakenly given to the wrong child, the program should follow the protocol recommended by Caring for Our Children: National Health & Safety Performance Standards; Guidelines for Early Care and Education Programs, Third Edition (Standard 4.3.1.4: Feeding Human Milk to Another Mother's Child, page 167, www.cfoc.nrckids.org).
- If parents request that breastmilk is served to their child once the child is no longer bottle fed, it must be served in a controlled manner to prevent an exposure incident. Breastmilk should be served in a sippy cup and kept out of the reach of children. The cup will be given directly to the child and immediately returned to a place out of reach when the child is finished drinking.
- Breastmilk that is in an unsanitary container, is curdled, smells rotten, and/or has not been stored correctly, should not be served and should be returned to the infant's mother. [1,3,15,16,17]

More information on breastmilk is available at www.ndhealth.gov/breastfeeding/?id=60.

Antibiotics

Antibiotics, also known as antimicrobial drugs, are drugs that fight infections caused by bacteria. Although antibiotics have many beneficial effects, their use has contributed to the problem of antibiotic resistance when used or prescribed improperly. Antibiotics are only useful for certain diseases caused by bacteria and are not useful against viral diseases, such as a cold or influenza[4].

Good Antibiotic Use

- It is important to recognize that most upper respiratory infections are caused by viruses and do not require an antibiotic for treatment. Do not insist that children with a "cold," "cough," "hoarseness," or "snotty nose" be on antibiotics or excluded because in most cases this is not required.
- A normal infant or young child can have up to 10 viral respiratory infections each year, especially during the winter. It is also common to see more viral respiratory illness in bigger child care centers since the number of children in contact with each other is greater.
- A child who is on antibiotics for certain bacterial infections may return to general activities if they are free of fever or other symptoms while on treatment, however exclusions may still apply depending on the disease. Please consult the NDDoH or the child's healthcare provider for further information.
- Treatment should be completed as prescribed, even if a child no longer shows symptoms. If treatment is discontinued or taken improperly, the child may become infectious again and may be able to spread illness to others.

It is essential that any child who is prescribed antibiotics or any other medications while in the care of the child care/school center receive that medication according to the prescribed dosage and schedule.

Immunization

The best way to prevent many severe childhood diseases is through immunization. Certain immunizations are required for children attending child-care centers or facilities or schools in North Dakota. Child care and school immunization requirements for North Dakota can be found at www.ndhealth.gov/Immunize/Schools-ChildCare/.

A signed Certificate of Immunization is required for each child attending child care or school. It is the responsibility of the child care facility or school to ensure all of their children have received the required immunizations or have a signed exemption on file prior to being enrolled at the facility. Any child not adhering to the immunization requirements must provide proof of immunization within 30 calendar days of enrollment or be excluded from the child care facility or school. A child may enter the facility if that child is not up-to-date for the immunization requirements if they have proof that the child has started the process of receiving the required immunizations. Proof of immunization or a signed statement of exemption must be maintained at the child's child care facility or school.

NDIIS

The North Dakota Immunization Information System (NDIIS) is a confidential statewide immunization registry that attempts to collect vaccination data about all North Dakotans. The NDIIS has the capability of collecting vaccination data on adult patients, as well as children. Licensed child care facilities and schools may have access to the NDIIS. For information about the NDIIS, call 800.472.2180.

Annual School Survey

Each year, schools are required to submit immunization information for all students. This is done by completing an online form and submitting the data to the NDDoH each fall. This report allows the NDDoH to evaluate immunization rates for school-aged children as well as the number of vaccine exemptions in the state. It is up to the facility to keep track of the required immunizations and to contact parents of children who do not have all of the required immunizations.

The NDDoH also conducts periodic child care immunization surveys.

Vaccine Exemptions

In North Dakota, parents are able to exempt their children from receiving vaccines. A parent may file a medical, philosophical, moral, religious or history of disease exemption. In order for a child to have an exemption on record, a Certificate of Immunization must be signed by the parent stating the type of exemption and the vaccine to which the parent is exempting. A health care provider must sign a medical exemption if a child is unable to be vaccinated due to medical reasons. In the event of an outbreak, unvaccinated children may be kept from child care or school or be required to be vaccinated before returning to child care facilities or school.

Appendices and Forms

A. Physician Evaluation Form
B. Cold Food Storage Chart
C. Disease Specific Fact Sheet Example
D. Food Handler Exclusion Table
E. Resources

Physician Evaluation Form

Program: Phone:
Contact Person: Date:

TO BE COMPLETED BY THE CHILD-CARE PROVIDER

Child's Name: _____ Date of Birth: ____ /_____ /_____

The child ☐ Has ☐ Has Not been excluded from our child-care setting.

We have noticed the following signs and symptoms in this child:

☐ Cough/Weezing ☐ Dark Urine ☐ Diarrhea ☐ Eye Drainage ☐ Fever

☐ Jaundice ☐ Temp ___°F ☐ Light Stool ☐ Mouth Sores ☐ Rash

☐ Respiratory Signs ☐ Skin Lesions ☐ Vomiting

Other concerns in our daily health observation/description of above signs and symptoms:
_____
_____

For your information, _____ cases of _____ have recently been reported in others attending our program.

HEALTH-CARE PROVIDER,
PLEASE EVALUATE THIS CHILD AND COMPLETE THE REMAINDER OF THIS FORM.

DIAGNOISIS

Diagnosis _____ ☐ Communicable ☐ Not Communicable

TREATMENT / MEDICATION

Medication 1: _____ Dosing Instruction: _____
Duration: _____
Medication 2: _____ Dosing Instruction: _____
Duration: _____
Comments: _____
_____

RETURN TO CHILD CARE

☐ May return to child care

☐ Exclude until _____

Comments: _____
_____

Health-Care Provider Signature: _____ Phone Number: _____ Date: ____ / ____ / _____

Parent/guardian, please return this completed form to the child care program when the child returns.

REFRIGERATOR & FREEZER STORAGE CHART

Since product dates aren't a guide for safe use of a product, consult this chart and follow these tips. These short but safe time limits will help keep refrigerated food 40° F (4° C) from spoiling or becoming dangerous.

- Purchase the product before "sell-by" or expiration dates.
- Follow handling recommendations on product.
- Keep meat and poultry in its package until just before using.
- If freezing meat and poultry in its original package longer than 2 months, overwrap these packages with airtight heavy-duty foil, plastic wrap, or freezer paper, or place the package inside a plastic bag.

Because freezing 0° F (-18° C) keeps food safe indefinitely, the following recommended storage times are for quality only.

Product	Refrigerator	Freezer
Eggs		
Fresh, in shell	4 to 5 weeks	Don't freeze
Raw yolks, whites	2 to 4 days	1 year
Hard cooked	1 week	Don't freeze well
Liquid pasteurized eggs or egg substitutes,		
opened	3 days	Don't freeze
unopened	10 days	1 year
Mayonnaise, commercial Refrigerate after opening	2 months	Don't freeze
TV Dinners, Frozen Casseroles		
Keep frozen until ready to heat		3 to 4 months
Deli & Vacuum-Packed Products		
Store-prepared (or homemade) egg, chicken, tuna, ham, macaroni salads	3 to 5 days	Don't freeze well
Pre-stuffed pork & lamb chops, chicken breasts stuffed w/dressing	1 day	Don't freeze well
Store-cooked convenience meals	3 to 4 days	Don't freeze well
Commercial brand vacuum-packed dinners with USDA seal, unopened	2 weeks	Don't freeze well
Raw Hamburger, Ground & Stew Meat		
Hamburger & stew meats	1 to 2 days	3 to 4 months
Ground turkey, veal, pork, lamb	1 to 2 days	3 to 4 months
Ham, Corned Beef		
Corned beef in pouch with pickling juices	5 to 7 days	Drained, 1 month
Ham, canned, labeled "Keep Refrigerated,"		
unopened	6 to 9 months	Don't freeze
opened	3 to 5 days	1 to 2 months
Ham, fully cooked, whole	7 days	1 to 2 months
Ham, fully cooked, half	3 to 5 days	1 to 2 months
Ham, fully cooked, slices	3 to 4 days	1 to 2 months
Hot Dogs & Lunch Meats (in freezer wrap)		
Hot dogs,		
opened package	1 week	1 to 2 months
unopened package	2 weeks	1 to 2 months
Lunch meats,		
opened package	3 to 5 days	1 to 2 months
unopened package	2 weeks	1 to 2 months

Product	Refrigerator	Freezer
Soups & Stews		
Vegetable or meat-added & mixtures of them	3 to 4 days	2 to 3 months
Bacon & Sausage		
Bacon	7 days	1 month
Sausage, raw from pork, beef, chicken or turkey	1 to 2 days	1 to 2 months
Smoked breakfast links, patties	7 days	1 to 2 months
Summer sausage labeled "Keep Refrigerated,"		
unopened	3 months	1 to 2 months
opened	3 weeks	1 to 2 months
Fresh Meat (Beef, Veal, Lamb, & Pork)		
Steaks	3 to 5 days	6 to 12 months
Chops	3 to 5 days	4 to 6 months
Roasts	3 to 5 days	4 to 12 months
Variety meats (tongue, kidneys, liver, heart, chitterlings)	1 to 2 days	3 to 4 months
Meat Leftovers		
Cooked meat & meat dishes	3 to 4 days	2 to 3 months
Gravy & meat broth	1 to 2 days	2 to 3 months
Fresh Poultry		
Chicken or turkey, whole	1 to 2 days	1 year
Chicken or turkey, parts	1 to 2 days	9 months
Giblets	1 to 2 days	3 to 4 months
Cooked Poultry, Leftover		
Fried chicken	3 to 4 days	4 months
Cooked poultry dishes	3 to 4 days	4 to 6 months
Pieces, plain	3 to 4 days	4 months
Pieces covered with broth, gravy	3 to 4 days	6 months
Chicken nuggets, patties	3 to 4 days	2 months
Fish & Shellfish		
Lean fish	1 to 2 days	6 months
Fatty fish	1 to 2 days	2 to 3 months
Cooked fish	3 to 4 days	4 to 6 months
Smoked fish	14 days	2 months
Fresh shrimp, scallops, crawfish, squid	1 to 2 days	3 to 6 months
Canned seafood	*after opening*	*out of can*
(Pantry, 5 years)	3 to 4 days	2 months

www.fda.gov/downloads/Food/FoodborneIllnessContaminants/UCM109315.pdf

Division of Disease Control **What Do I Need To Know?**

NORTH DAKOTA DEPARTMENT of HEALTH

Chickenpox
(Varicella-Zoster Virus)

What is chickenpox?

Chickenpox is caused by the varicella-zoster virus, a member of the herpes virus family. Chickenpox is a common but very contagious childhood illness. Although usually mild, chickenpox can be serious. The chickenpox (varicella) vaccine can help prevent the disease. All children attending child care facilities and entering schools in North Dakota are required to be vaccinated against chickenpox.

Who is at risk for chickenpox?
People who have not previously had chickenpox or have not been vaccinated are at risk for developing the disease. Newborn babies, people who have weakened immune systems, adolescents and adults can get very sick from chickenpox.

What are the symptoms of chickenpox?
Early symptoms of chickenpox are a mild fever, runny nose and cough. The skin rash begins a bit later as red bumps on the chest, back, underarms, neck and face. Within several hours, the bumps turn into small blisters; after a few days, the blisters break and then form scabs. The chickenpox sores often occur in clusters, with bumps, blisters and scabs all present at the same time. The rash and sores itch.

How soon do symptoms appear?
Symptoms appear between 10 and 21 days (usually 14 to 16 days) after exposure to the disease.

How is chickenpox spread?
Chickenpox is spread from person to person through direct contact with fluid from the blisters or discharge from the nose or mouth. A person who has chickenpox can release tiny drops of the virus into the air by coughing or sneezing; another person can catch the disease by breathing in the drops of virus in the air.

When and for how long is a person able to spread the disease?
Chickenpox can be spread from one to two days before the rash appears until all blisters have become scabs (usually about five to six days after the first blisters appear).

How is a person diagnosed?
A visual diagnosis by a health-care professional is generally how chickenpox is diagnosed; however, laboratory tests are also available.

What is the treatment?
The best treatment is bed rest at home and non-prescription medications (such as ibuprofen) and oitments to alleviate discomfort. DO NOT GIVE ASPIRIN OR OTHER MEDICATION THAT CONTAINS SALICYLATE TO ANYONE YOUNGER THAN 18. When children take aspirin for viral illnesses like chickenpox, they are at risk of developing Reye syndrome, a serious condition that can cause death.

Does past infection make a person immune?
Chickenpox generally results in lifelong immunity. However, this infection may remain hidden and reoccur years later as herpes zoster (shingles) in some older adults and sometimes in children.

Should children or others be excluded from child care, school, work or other activities if they have chickenpox?
Yes. The best way to prevent spreading chickenpox to others is for children and adults who have the disease to stay home. Children who have chickenpox should be excluded from activities, including attending school or child care, until all the blisters have dried into scabs and no new blisters have started for 24 hours; or in immunized children without scabs, until the blisters are resolving. This usually takes five to six days after the rash begins. Children who were exposed to chickenpox but don't show any symptoms of the disease do not need to stay home unless they develop chickenpox.

What can be done to prevent the spread of chickenpox?
The North Dakota Department of Health recommends the following:

1. All children between 12 and 18 months of age should be vaccinated with one dose of chickenpox (varicella) vaccine. A second dose is recommended at 4 to 6 years of age. A combination vaccine is also available (MMRV) that protects against measles, mumps, rubella and varicella. Anyone, including adolescents and adults, who have not been vaccinated and who have not had the disease need two doses of varicella vaccine.
2. During chickenpox outbreaks, people who have received only one dose of chickenpox vaccine should be given a second dose. The second dose should be given at least one month after the first dose for children older than 13. In children ages 12 months to 12 years, the second dose should be given at least three months after the first.
3. If you think your child has chickenpox, call your health-care provider. Do not go to the health care provider's office without calling first.
4. Practice good hand washing after being in contact with secretions from the nose or mouth or the blister fluid of someone who has chickenpox. Good hand washing is the best way to prevent the spread of chickenpox and other infectious diseases.
5. Unvaccinated people who have not had chickenpox should call their health-care provider immediately if they are exposed to someone who has chickenpox. Receiving the vaccine within three to five days after exposure may prevent the disease.
6. Pregnant women or people who have weakened immune systems who are exposed to someone with chickenpox, and who have not been vaccinated or have not previously had chickenpox, should contact a health-care provider immediately for possible preventative treatment.

Enteric Pathogen	*Incubation[1, 2]*	*Secondary Transmission[1, 2]*	*Food Employee Exclusion Recommendations[3, 4]*
Campylobacter	Usually 2-5 days, with a range of 1-10 days	Possible, but uncommon. May excrete organisms for 2-7 weeks.	Exclude until asymptomatic for at least 24 hours *or* written medical documentation from a health care practitioner stating the employee is free of infection is provided.
Cryptosporidium	1-12 days, with an average of 7 days	Possible several weeks after symptoms resolve. Oocysts may remain infective 6 months or longer in moist conditions.	Exclude until asymptomatic for at least 24 hours *or* written medical documentation from a health care practitioner stating the employee is free of infection is provided.
Giardia	3-25+ days	Possible during entire period of infection. May last months.	Exclude until asymptomatic for at least 24 hours *or* written medical documentation from a health care practitioner stating the employee is free of infection is provided.
Hepatitis A	15-50 days, with an average of 28-30 days	Possible during 2 weeks before symptoms begin until at least 1 week after jaundice. Can be up to 6 months in children.	Exclude until jaundiced for more than seven calendar days *or* symptomatic with symptoms other than jaundice for more than 14 calendar days *or* written medical documentation from a health care practitioner stating the employee is free of infection is provided.
Norovirus	12-48 hours	Possible up to 3 weeks after symptoms resolve.	Exclude until asymptomatic for at least 48 hours ***or*** if did not have symptoms, 48 hours after diagnosis ***or*** written medical documentation from a health care practitioner stating the employee is free of infection is provided.
***Salmonella* (non-typhoidal)**	Usually 12-36 hours, with a range of 6-72 hours	Possible during entire period of infection, from several days to weeks. Carrier state lasting months is possible.	Exclude until asymptomatic for at least 24 hours **and** 2 consecutive negative stool specimens are collected at least 24 hours apart and 48 hours after completion of antibiotics ***or*** has been asymptomatic for 30 days, ***or*** if did not have symptoms, 30 days have passed since diagnosis.
***Salmonella* Typhi**	3-60+ days, with a usual range of 8-14 days	Possible during entire period of infection, from several days to weeks. Chronic carrier state is possible.	Exclude until 3 negative stool and urine specimens are collected at least 24 hours apart and 48 hours after completion of antibiotics **and** written medical documentation from a health care practitioner stating the employee is free of infection is provided.
Shiga-toxin producing *E. coli* (STEC)	Usually 3-4 days, with a range of 2-10 days	Possible for up to 1 week in adults, can be up to 3 weeks in children.	Exclude until asymptomatic for at least 24 hours **and** 2 consecutive negative stool specimens are collected at least 24 hours apart and 48 hours after completion of antibiotics ***or*** has been asymptomatic for 7 days, ***or*** if did not have symptoms, 7 days have passed since diagnosis.
Shigella	Usually 1-3 days, with a range of 12-96 hours	Possible for up to 4 weeks after illness. Appropriate antibiotic treatment can reduce duration of carriage to a few days.	Exclude until asymptomatic for at least 24 hours **and** 2 consecutive negative stool specimens are collected at least 24 hours apart and 48 hours after completion of antibiotics ***or*** has been asymptomatic for 7 days, ***or*** if did not have symptoms, 7 days have passed since diagnosis.

[1] Heymann DL, ed. Control of communicable diseases manual, 20th ed. Washington, DC: American Public Health Association, 2015.

[2] Centers for Disease Control and Prevention. (2016). Retrieved from http://www.cdc.gov

[3] (NDCC 23-01-03) North Dakota Administrative Code 33-06-04-09

[4] (NDCC 19-02.1-20, 23-01-03(3)) North Dakota Food Code 33-33-04-28

Resources

References

1. American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs. 3rd edition.* Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. http://cfoc.nrckids.org/

2. American Academy of Pediatrics. *Red Book: 2015 Report of the Committee on Infectious Diseases.* 30th ed. In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. Elk Grove Village, IL: American Academy of Pediatrics; 2009.

3. Academy of Breastfeeding Medicine, Protocol #8: Human milk storage information for home use for healthy full-term infants. 2010 Breastfeeding Medicine Volume 5, number 3, 2010

4. Antibiotic use and Resistance
   Available from: Centers for Disease Control and Prevention (CDC)
   Website: http://www.cdc.gov/getsmart/community/about/index.html

5. Cleaning and Sanitizing
   Available from Northern Kentucky Health Department
   Website: http://www.nkyhealth.org/docs/Healthy%20Start/Section2.pdf

6. Foodborne Illness & Contaminants
   Available from U.S. Food & Drug Administration
   Website: http://www.fda.gov/Food/FoodborneIllnessContaminants/default.htm

7. Handwashing: Clean Hands Save Lives
   Available from Centers for Disease Control and Prevention (CDC)
   Website: http://www.cdc.gov/handwashing/index.html

8. *Infectious Disease Control for Child Care.*
   Available from: Douglas County Health Department
   Website: http://www.douglascountyhealth.com/healthy-children/healthy-child-care/pep-manual

9. *Infectious Diseases in Childcare Settings and Schools Manual.*
   Available from: Hennepin County
   Website: http://hennepin.us/childcaremanual

10. *Infectious Disease: Symptoms and causes*
    Available from: Mayo Clinic
    Website: http://www.mayoclinic.org/diseases-conditions/infectious-diseases/symptoms-causes/dxc-20168651

11. North Dakota Administrative Code. Child Care Center Early Childhood Services: N.D.A.C § 75-03-10-18(20). www.legis.nd.gov/information/acdata/pdf/75-03-10.pdf?20151125134714

12. North Dakota Century Code. Food Code: N.D.C.C. § 33-33-04-75(3) and N.D.C.C. § 33-33-04-53.6. www.ndhealth.gov/FoodLodging/PDF/Food_Code_2012_Final.pdf

13. PEP STEPS. A Quick Guide to Postexposure Prophylaxis in the Health Care Setting. Available from: Mountain Plains AIDS Education and Training Center-School of Medicine. Division of Infectious Diseases. In consultation with National Clinicians' Postexposure Prophylaxis (PEP) Hotline. April 2016.

14. Pets in the Child Care Setting
    Available from: California Childcare Health Program
    Website http://www.ucsfchildcarehealth.org/pdfs/healthandsafety/petsen081803_adr.pdf

15. Sample Childcare Center Breastfeeding Policy,
    Available from: Vermont Department of Health
    Website: http://healthvermont.gov/wic/documents/childcare_policy.pdf

16. Sample Child Care Center/Family Child Care Home Model Breastfeeding Policy,
    Available from: Colorado Department of Health and Environment
    Website: https://d3knp61p33sjvn.cloudfront.net/2015/04/FCC-Breastfeeding-Policy.pdf

17. Ten Steps to Breastfeeding-Friendly Child Care Centers Resource Kit,
    Available from: Wisconsin Department of Health Services
    Website: https://www.dhs.wisconsin.gov/publications/p0/p00022.pdf

Additional Websites and Resources

American Academy of Pediatrics (AAP)
Website: http://www.aap.org

Centers for Disease Control and Prevention (CDC)
Website: http://www.cdc.gov
Index to specific disease information: http://www.cdc.gov/az
Vaccines and Immunizations: http://www.cdc.gov/vaccines/

National Resource Center for Health and Safety in Child Care and Early Education
Website: http://nrckids.org/
Caring for Our Children: http://cfoc.nrckids.org/

North Dakota Department of Health, Division of Disease Control
Website: http://www.ndhealth.gov/disease/

Disease Information
Website: http://www.ndhealth.gov/Disease/faq/Faqs.aspx

Immunizations
Website: http://www.ndhealth.gov/immunize/

North Dakota Department of Health, Division of Food and Lodging
Website: http://www.ndhealth.gov/foodlodging/

North Dakota Department of Health, Division of Nutrition and Physical Activity
Website: http://www.ndhealth.gov/breastfeeding/?id=60

North Dakota Legislative Branch, Administrative Code
Websites: http://www.legis.nd.gov/information/acdata/pdf/33-33-04.pdf?20150220094552
http://www.legis.nd.gov/information/acdata/pdf/33-06-01.pdf
http://www.legis.nd.gov/information/acdata/pdf/33-06-04.pdf

United States Department of Agriculture (USDA) Food Safety
Website: http://www.usda.gov/wps/portal/usda/usdahome?navid=FOOD_SAFETY

United States Environmental Protection Agency (EPA) Health and Safety
Website: http://www.epa.gov/gateway/learn/health.html

Selected EPA-registered Disinfectants
Website: http://www.epa.gov/oppad001/chemregindex.htm

United States Food and Drug Administration (FDA)
Education Resource Library
Website: http://www.fda.gov/Food/ResourcesForYou/Consumers/ucm239035.htm

NORTH DAKOTA
DEPARTMENT *of* HEALTH

Division of Disease Control

2635 E. Main Avenue
P.O. Box 5520
Bismarck, ND 58506-5520
701-328-2378 or toll free 1-800-472-2180
www.ndhealth.gov/disease