NORTH DAKOTA

CHILD CARE / SCHOOL INFECTION CONTROL MANUAL

NORTH DAKOTA
DEPARTMENT *of* HEALTH

www.ndhealth.gov

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 is brought to you by:

- North Dakota Department of Health, Division of Disease Control.
- North Dakota Department of Health, Division of Food and Lodging.

This manual is available online at:
http://www.ndhealth.gov/disease/Publications.asp?DivisionID=9

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.[1]

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 mucus membranes (i.e., the inside of your 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 blood-borne disease, routine use of the standard precautions outlined in this manual in the Cleaning, Sanitation and Disinfecting section (pg. 18) 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

Though pets may seem harmless, they often carry many germs. 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 infection from handling the contents of a cat's litter box. This disease can be incredibly dangerous, especially for pregnant women. It is important to have pets fully vaccinated and routinely checked by a veterinarian.[1]

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. [1]

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.[1]

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.[1]

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. [1]

Vectors

Some germs rely on insects (such as mosquitoes, fleas, lice or 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. Vector-borne 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.[1]

Fecal-Oral/Foodborne

Children who are in diapers constitute a high risk for the spread of gastrointestinal infections. Diseases can be spread by the child 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. It is imperative that when an infection is recognized that alternative child care be arranged because it is difficult to identify contagious illnesses during the incubation period and the fact that a contagion may be present well before symptoms develop. Parents or guardians and other family members should be carefully questioned as to symptoms of infection in the child.

The following table outlines the recommendations for exclusion for specific diseases. For more information about any of these conditions, please visit www.ndhealth.gov. Regardless of the disease, children should be excluded from child care if the following is true:

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 above 100°F.

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 the child is unable to participate and staff determine 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 or meets other exclusion criteria, such as fever or behavior change.	No. Unless the child meets other exclusion criteria, such as fever or behavior change.	Children can return when they are able to resume normal activities.
Campylobacteriosis ☎	Yes, if: •The child is unable to participate and staff determine 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. •The child meets other exclusion criteria, such as fever or diarrhea (see chart) with behavior change. Exclusion of symptomatic staff or people who handle food is recommended.	No, unless the child cannot self-contain stools. Exclusion of symptomatic people who handle food is recommended.	Children and staff can return when diarrhea resolves.
Chickenpox ☎	Yes. Exposed children without symptoms do not need to stay home unless	Yes. Exposed children without symptoms do not need to stay home unless	Children should be excluded until all blisters have dried into scabs and no new blisters have started for 24 hours or in

Disease	Child care Exclusion	School Exclusion	Return
Chickenpox, continued	chickenpox develops. Disease may be prevented after exposure if unvaccinated children are vaccinated within three to five days of being exposed to chickenpox.	chickenpox develops. Disease may be prevented after exposure if unvaccinated children are vaccinated within three to five days of being exposed to chickenpox.	immunized children without scabs, until the blisters are resolving. This usually takes five to six days.
Cryptosporidiosis ☎	Yes, if: •The child is unable to participate and staff determine 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. •The child meets other exclusion criteria, such as fever or diarrhea (see chart) with behavior change. Exclusion of symptomatic staff or people who handle food is recommended.	No, unless the child cannot self-contain stools. Exclusion of symptomatic people who handle food is recommended.	Children and staff can return when diarrhea resolves.
Diarrhea	Yes. If the child has: •Diarrhea not contained in the toilet (all infants and children in diapers with diarrhea must be excluded until either the diarrhea stops or the continued loose stools are deemed not to be infectious by a licensed health-care professional). •Blood or mucus in stool. •Abnormal color of stool for that child (for example, all black or very pale). •No urine output in eight hours.	Yes. If the child has: •Diarrhea not contained in the toilet. •Blood or mucus in stool. •Abnormal color of stool for that child (for example, all black or very pale). •No urine output in eight hours. •Fever and behavior change. •Jaundice (yellow skin or eyes). •The appearance of being ill. The child should be	Children can return when symptoms resolve or otherwise indicated for a specific diagnosis. Infected child-care staff or people who handle food also should be excluded until diarrhea resolves.

Disease	Child care Exclusion	School Exclusion	Return
Diarrhea, continued	•Fever and behavior change. •Jaundice (yellow skin or eyes). •The appearance of being ill. The child should be excluded if he or she is unable to participate and the staff determine 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.	excluded if he or she is unable to participate and the staff determine 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.	
Ear Infection	No. Unless the child is unable to participate and staff determine 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 or meets other exclusion criteria, such as fever or behavior change.	No. Unless the child meets other exclusion criteria, such as fever or behavior change.	Children can return when they are able to resume normal activities.
E. coli* O157:H7 and all other shiga-toxin producing *E. coli ☎	Yes.	No, unless the child cannot self-contain stools. Exclusion of symptomatic people who handle food is recommended.	Children and staff can return when diarrhea is resolved and two consecutive negative stool cultures are obtained.
Flu (Influenza) ☎	Yes.	Yes.	Children can return when they are fever free for 24 hours without the use of fever reducing medicine.
Fifth Disease	No. Unless the child is unable to participate and staff determine that they	No. Unless the child meets other exclusion criteria, such as fever or behavior	The child may return when he or she is able to participate in activities and when other exclusion criteria are resolved.

Disease	Child care Exclusion	School Exclusion	Return
Fifth Disease, continued	cannot care for the child without compromising their ability to care for the health and safety of the other children in the group or meets other exclusion criteria, such as fever or behavior change.	change.	
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.	
Giardia (Giardiasis) ☎	Yes, if: •The child is unable to participate and staff determine 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. •The child meets other exclusion criteria, such as fever or diarrhea (see chart) with behavior change. Exclusion of symptomatic staff or people who handle food recommended.	No, unless the child cannot self-contain stools. Exclusion of symptomatic people who handle food is recommended.	Children and staff can return when diarrhea resolves.
Hand, Foot & Mouth Disease	No.	No.	
Head Lice	No.	No.	Children can remain in

Disease	Child care Exclusion	School Exclusion	Return
Head Lice, continued			school but should be treated for lice as soon as possible. Head-to-head contact with other children should be discouraged.
Hepatitis A ☎	Yes.	Yes.	Children can return one week after the day their symptoms started unless there are other circumstances in which they should be excluded. Adults with the illness, especially those who work as food handlers, should be out for one week after the day their symptoms started.
Hepatitis B ☎	No, unless a child is exhibiting any of the following: •Weeping sores that cannot be covered •Biting or scratching behavior •A bleeding problem •Generalized dermatitis that may produce wounds or weepy tissue fluids •Unable to participate in routine activities, needs more care than can be provided by staff, or meets other exclusion criteria, such as fever with behavioral change	No, unless a child is exhibiting any of the following: •Weeping sores that cannot be covered •Biting or scratching behavior •A bleeding problem •Generalized dermatitis that may produce wounds or weepy tissue fluids •Unable to participate in routine activities, needs more care than can be provided by staff, or meets other exclusion criteria, such as fever with behavioral change	Children can return to a group setting when skin sores are dry or covered, when the child is cleared to return by a health professional, or when the child is able to participate in activities.
Herpes Simplex "Cold Sores"	No.	No.	
Hib (*Haemophilus influenzae* type B) ☎	Yes. Do not exclude exposed children and staff as long as they have no other reason for exclusion.	Yes. Do not exclude exposed children and staff as long as they have no other reason for exclusion.	When a health professional determines that they are no longer contagious.

Disease	Child care Exclusion	School Exclusion	Return
HIV ☎	No, unless a child is exhibiting any of the following: •Weeping sores that cannot be covered •Biting or scratching behavior •A bleeding problem •Generalized dermatitis that may produce wounds or weepy tissue fluids •Unable to participate in routine activities, needs more care than can be provided by staff, or meets other exclusion criteria, such as fever with behavioral change	No, unless a child is exhibiting any of the following: •Weeping sores that cannot be covered •Biting or scratching behavior •A bleeding problem •Generalized dermatitis that may produce wounds or weepy tissue fluids •Unable to participate in routine activities, needs more care than can be provided by staff, or meets other exclusion criteria, such as fever with behavioral change	The child can be readmitted to a group setting when skin sores are dry or covered, when the child is cleared to return by a health professional, or when the child is able to participate in activities.
Impetigo	Yes. Children should be excluded as soon as impetigo is suspected.	Yes. Children should be excluded as soon as impetigo is suspected.	Children can return 24 hours after starting antibiotics.
Measles ☎	Yes. 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.	Yes. 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 meningitides)* ☎	Yes.	Yes.	People should be excluded until at least 24 hours after antibiotic therapy was started and the illness has subsided.
Mononucleosis (Mono)	No. Unless the child is unable	No. Unless the child meets	Children can return when they are able to resume normal activities.

Disease	Child care Exclusion	School Exclusion	Return
Mononucleosis, continued	to participate and staff determine 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 or meets other exclusion criteria, such as fever or behavior change.	other exclusion criteria, such as fever or behavior change.	
MRSA (methicillin-resistant *Staphylococcus aureus*)	No. Unless the wound cannot be covered.	No. Unless the wound cannot be covered.	
Mumps ☎	Yes.	Yes.	Children and staff can return five days after symptom onset.
Norovirus	Yes, if the child: •Vomited one time within the previous 24 hours, unless the vomiting is determined to be caused by a non-communicable condition and the child is not in danger of dehydration. •Has diarrhea. •Has a fever. •Is unable to participate and the staff determine 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.	No, unless the child cannot self-contain stools. Exclusion of symptomatic people who handle food is recommended.	Children and staff may return 48 hours after diarrhea and/or vomiting has resolved.
Pertussis (Whooping Cough) ☎	Yes. 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	Yes. 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	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.

Disease	Child care Exclusion	School Exclusion	Return
Pertussis, continued	symptoms do not need to be excluded.	symptoms do not need to be excluded.	
Pinkeye	Yes. Children should be excluded if they have bacterial conjunctivitis (i.e., yellow or green discharge, redness or matted eyes).	Yes. Children should be excluded if they have bacterial conjunctivitis (i.e., yellow or green discharge, redness or matted eyes).	Children may return when antibiotic eye drops or ointment is started.
Pinworms	No.	No.	
Pneumonia	No. Unless the child is unable to participate and staff determine 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 or meets other exclusion criteria, such as fever or behavior change.	No. Unless the child meets other exclusion criteria, such as fever or behavior change.	Children can return when they are able to resume normal activities.
Rotavirus	Yes, if the child: •Vomited one time within the previous 24 hours, unless the vomiting is determined to be caused by a non-communicable condition and the child is not in danger of dehydration. •Has diarrhea. •Has a fever. •Is unable to participate and the staff determine 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.	No, unless the child meets any exclusion criteria outlined in the diarrhea section.	Children may return 24 hours after diarrhea and/or vomiting has resolved.
RSV (Respiratory Syncytial Virus)	Yes.	Yes.	Children can return when they are fever free for 24 hours without the use of fever reducing medicine.

Disease	Child care Exclusion	School Exclusion	Return
Rubella ☎	Yes. 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.	Yes. 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 suspected or have rubella should be excluded for seven days after rash onset.
Salmonella (Non-typhoidal) ☎	Yes, if: •The child is unable to participate and staff determine 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. •The child meets other exclusion criteria, such as fever or diarrhea (see chart) with behavior change. Exclusion of symptomatic staff or people who handle food is recommended.	No, unless the child cannot self-contain stools. Exclusion of symptomatic people who handle food is recommended.	Children and staff can return when diarrhea resolves.
Scabies ☎	Yes.	Yes.	Children and staff may return when treatment is complete.
Shigella ☎	Yes.	No, unless the child cannot self-contain stools. Exclusion of symptomatic people who handle food is recommended.	Children and staff can return when diarrhea is resolved and two consecutive negative stool cultures are obtained.
Shingles	No, unless the rash cannot be covered.	No, unless the rash cannot be covered.	Children can return when they are able to resume normal activities.

Disease	Child care Exclusion	School Exclusion	Return
Strep Throat	Yes.	Yes.	Children may return when they have been on appropriate antibiotics for 24 hours.
***Streptococcus pneumoniae* (invasive)** ☎	Yes.	Yes.	Children may return when they are able to resume normal activities.
Tuberculosis (TB) ☎	Yes.	Yes.	Children and staff with TB disease should be excluded from school, day care or the work place until the sputum (mucous or phlegm) is negative (about two to four weeks after the beginning of treatment).
Typhoid Fever ☎	Yes.	Yes.	Children and staff may return when diarrhea resolves and three consecutive negative stool cultures are obtained.

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. The child should continue to be observed for new or worsening symptoms.
3. Follow the advice of the child's health professional.
4. Contact the local or state health department if there is a question of 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. 16).

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. For this reason, the above guidance for children should be extended to child care/school staff. Please encourage staff to discuss their health concerns with their health-care provider or your facility's health consultant.[2]

Notification of Parents/Guardians

It is important to inform parents/guardian if their child has been exposed to a communicable disease so that they are able to watch for signs or symptoms of the disease.[3]

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.[3]

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 Washing

Importance of Hand Washing

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

Technique

1. Wet hands under warm running water. Apply a small amount of liquid soap to hands.
2. Rub hands together vigorously to make a lather. Scrub all surfaces, including between fingers, under fingernails, and around the backs and palms of hands. Scrub hands for 20 seconds.
3. Rinse hands well under running water. Leave water running while drying hands.
4. Dry hands using a paper towel.
5. Use paper towel to turn off faucet. Throw paper towel in trash that is lined with a plastic bag.
6. When assisting a child with hand washing, 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 the child, wash your own hands.

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

When to Wash Hands

Children

- Upon arrival at the child care setting
- 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 clay
- After playing on the playground
- After handling pets, pet cages or other pet objects
- Whenever hands are visibly dirty
- After sneezing or coughing

Providers

- Upon arrival at work
- Immediately before handling food, preparing bottles or feeding children
- After handling one food item and before 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 objects
- Whenever hands are visibly dirty
- After sneezing and 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, Sanitation 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.

Also, it is never appropriate to treat the cleanup of blood or body fluids as if they are safe. There are many diseases that can be spread by blood and body fluid that may not cause the child or staff member to appear ill. Always follow the proper precautions when dealing with these types of cleanups.[3]

Cleaning

Cleaning is the actual process of 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.[3]

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 area or any areas contaminated with stool, vomit or urine.
2. For spills, wipe up the area to remove blood or body fluid. 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 destroys the harmful germs from toys, eating utensils and food contact surfaces with a safe chemical. Be sure to use an appropriate solution that is safe for food preparation areas and is U.S. Environmental Protection Agency (EPA) approved.[3]

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 a food

contact surface. Table tops, high chair trays where children eat, teething toys, pacifiers and anything else that come into contact with the child's mouth are included as well.[3]

Procedure

1. Clean with soapy water and rinse with clear water prior to sanitizing.
2. Submerge the item in sanitizing solution and soak for two minutes, 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; do not towel dry.

Sanitizing Solution

1. Bleach Sanitizer — Check the bottle to see if bleach is appropriate for sanitization.
    - 1 tablespoon bleach in 1 gallon water
    - ¾ teaspoon bleach in 1 quart water
2. Commercial or food-grade sanitizer that is EPA approved.

Disinfecting

Disinfecting destroys germs on non-food contact surfaces. If the same chemical as the sanitizer is used, it is usually at a stronger concentration and therefore not safe to be used on areas that come in contact with food or objects that are used in the mouth. Be sure to use an appropriate solution that is safe and is EPA approved.

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. 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. Wring and hang to dry.
4. Launder rags after one use.
5. Place cleaning materials in a locked cabinet.

Disinfecting Solution

1. Standard Bleach Disinfectant
    - ¼ cup bleach in 1 gallon of water
    - 1 tablespoon of bleach in 1 quart of water
2. Commercial disinfectant that is EPA approved

Norovirus Outbreak

In the event of a norovirus outbreak, the concentration of bleach to water is as such. Please call the North Dakota Department of Health at 800.472.2180 if an outbreak of norovirus occurs in your facility.

- $1\,^{2}/_{3}$ cup bleach in 1 gallon of water

Steps for Specific Items

Below is a reference describing what types of procedures should be taken for specific items.[3]

Bathrooms: Clean and disinfect at least daily and when obviously soiled.

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 boiling for five minutes just prior to filling. Store nipples in a closed container after completely air dried. Do not wash bottles in a sink where routine hand washing occurs.

Carpet: Maintain carpet free from visible soil. Vacuum daily. Shampoo carpets every six months or more often if necessary (every three to four months in infant/toddler rooms).

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

Diapering area: Clean and disinfect after each diaper change and air dry.

Food contact surfaces: Clean and sanitize after each use.

Hand washing sinks/faucet handles: Clean and disinfect at least daily and when soiled.

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.

Objects mouthed by children: Clean and sanitize daily and any time soiled. Includes toys and furnishings such as crib rails.

Surfaces with blood, urine, vomit or stool: Clean with soap and water, disinfect immediately. (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: 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: Can serve as a source of contamination and their use is greatly discouraged. If they are used, children should wash their hands thoroughly at the hand washing sink before and after play in an individual water basin. The 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 daily.

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.[3]

Basic Principles

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

Equipment

Changing Surface

A 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. The surface is recommended to be at least three feet off of the floor.[3]

Hand Washing Sink and Supplies

Ideally, a sink in the diapering area designated for hand washing would be available; however, this is typically not the case. It is recommended that the sink used for hand washing 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.[3]

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.[3]

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.[3]

Disposable Wipes

Pre-moistened wipes must be dispensed in a manner that prevents contamination of the wipes or the container. If this is not possible, each child must have a separate container of wipes, labeled with his or her name and only used for that child.[3]

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.[3]

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.[3]

Waste Container

Use a tightly covered container, preferably with a foot-operated lid. 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 daily. The container must be cleaned with soapy water and disinfected daily.[3]

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 hand washing sinks, food preparation sinks or dishwashing sinks.[3]

Cleaning Supplies

Use disposable gloves, paper towels, soap and disinfecting solution. See Cleaning, Sanitization and Disinfecting (pg. 18) 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 parts 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.[4]

Allergies

It should be common practice to alert parents before they enroll their children in your facility that there are pets in the setting. It is up to the parents to make other arrangements for their child if the child has known allergies. Also, pets should be confined to a particular area of the setting so that there is a pet-free zone to play in for children who are affected by pet allergies.[4]

Animal Bites

Children typically treat pets like they would treat other children. Some children are very good with pets, but to an animal a hug or strong pet could be misconstrued as aggressive behavior, which most likely will elicit an aggressive response. Dog and cat bites are the most commonly reported injuries related to pets. To prevent injury in your child care setting/school, consider the following before bringing animals into the center[4]:

- Before bringing the animal around children, learn and observe the animal for unusual behavior. Be sure you know what frightens the animal and how it behaves when threatened.
- Make sure that children are first introduced to the pet in a quiet, controlled setting.
- Teach children how to behave with the animal. They should be told not provoke or feed the pet and to always keep their fingers and face away from the mouth and claws of the animal. Additionally, do not allow the children to disturb the pet when it is sleeping or eating.
- 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 children. The animal should be immediately removed if the pet is showing signs of distress and discomfort.
- Keep food and water dishes out of the reach of children.
- Do not let children pet an animal that is in a cage or tied up. Children should not put their fingers through the opening of a cage.
- Never allow children to interact with a mother animal when her babies are with her.

Zoonotic Diseases

Many animals get sick just like humans do, but they also are able to carry diseases that make people ill while the animal may look perfectly healthy. These diseases are spread through direct contact with infected animals and their stool or saliva, insects that bite or live on animals, and infections that live in the animal's environment.

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.

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. This is a sign that it could be contaminated. Finally, it is not wise to purchase any food item after its "Sell-By", "Use-By" or other expiration dates.

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

Perishable foods should be put away appropriately within four 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, ground meats and variety meats within two days; other beef, veal, lamb or pork within three to five days.

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.

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

It is most important to remember to wash your hands with warm 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. Cutting boards, utensils and countertops should be washed first with soap and water and then sanitized with an appropriate solution. It is a good idea to have separate cutting surfaces for raw and ready-to-eat products.

Are there safe ways to thaw frozen foods?

The refrigerator allows slow, safe thawing. Make sure thawing meat and poultry juices do not drip onto other food. For faster thawing, place food in a leak-proof plastic bag, submerge in cold tap water, and change the water every 30 minutes. Microwave use also is appropriate, but be certain food is cooked immediately after thawing.

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?

Beef, veal and lamb steaks, roasts and chops may be cooked to 145°F. All cuts of pork, 145°F. Ground beef, veal and lamb to 160°F. All poultry should reach a safe minimum internal temperature of 165°F.

What are the rules about serving warm and cold food?

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

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.

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.

Breast Milk

Safely Preparing and Storing Expressed Breast Milk

- Breast milk should be clearly labeled with the child's name and date the milk was expressed. Do not add fresh milk to already frozen milk within a storage container. It is best not to mix the two.
- Do not save milk from a used bottle for use at another feeding.

Safely Thawing Breast Milk

- As time permits, thaw frozen breast milk by transferring it to the refrigerator for thawing or by swirling it in a bowl of warm water.
- Avoid using a microwave oven to thaw or heat bottles of breast milk. Microwave ovens do not heat liquids evenly. Uneven heating could easily scald a baby or damage the milk.
- Bottles may explode if left in the microwave too long.
- Excess heat can destroy the nutrient quality of the expressed milk.
- Do not refreeze breast milk once it has been thawed.

Storage Duration of Fresh Human Milk for Use with Healthy Full-Term Infants

Location	Temperature	Duration	Comments
Countertop, table	Room temperature (up to 77°F or 25°C)	6–8 hours	Containers should be covered and kept as cool as possible; covering the container with a cool towel may keep milk cooler.
Insulated cooler bag	5-39°F or -15-4°C	24 hours	Keep ice packs in contact with milk containers at all times, limit opening cooler bag.
Refrigerator	39°F or 4°C	5 days	Store milk in the back of the main body of the refrigerator.
Freezer			Store milk toward the back of the freezer, where temperature is most constant. Milk stored for longer durations in the ranges listed is safe, but some of the lipids in the milk undergo degradation resulting in lower quality.
Freezer compartment of a refrigerator	5°F or -15°C	2 weeks	
Freezer compartment of refrigerator with separate doors	0°F or -18°C	3–6 months	
Chest or upright deep freezer	-4°F or -20°C	6–12 months	

Reference: Academy of Breastfeeding Medicine. (2004) Clinical Protocol Number #8: Human Milk Storage Information for Home Use for Healthy Full Term Infants.
*(PDF - 125K) Princeton Junction, New Jersey: Academy of Breastfeeding Medicine. Available

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 improperly. Antibiotics are only useful for certain diseases caused by bacteria and are not useful against viral diseases, such as a cold or influenza.

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 an infection can return to general activities if they are free of fever or other symptoms while on treatment. 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 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. 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 North Dakota Department of Health (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. 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

☐ Bloody

☐ 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 form completed to the child-care program when the child returns for our records.

Cold Food Storage Chart

Product	*Refrigerator (40 °F)*	*Freezer (0 °F)*
Eggs		
Fresh, in shell	3 to 5 weeks	Do not freeze
Raw yolks & whites	2 to 4 days	1 year
Hard cooked	1 week	Does not freeze well
Liquid Pasteurized Eggs, Egg Substitutes		
Opened	3 days	Does not freeze well
Unopened	10 days	1 year
Mayonnaise, Commercial		
Refrigerate after opening	2 months	Do not freeze
Frozen Dinners & Entrees		
Keep frozen until ready to heat	—	3 to 4 months
Deli & Vacuum-Packed Products		
Store-prepared (or homemade) egg, chicken, ham, tuna, & macaroni salads	3 to 5 days	Does not freeze well
Hot Dogs		
Opened package	1 week	1 to 2 months
Unopened package	2 weeks	1 to 2 months

Product	*Refrigerator (40 °F)*	*Freezer (0 °F)*
Luncheon Meat		
Opened package	3 to 5 days	1 to 2 months
Unopened package	2 weeks	1 to 2 months
Bacon & Sausage		
Bacon	7 days	1 month
Sausage, raw — from chicken, turkey, pork, beef	1 to 2 days	1 to 2 months
Smoked breakfast links, patties	7 days	1 to 2 months
Hard sausage — pepperoni, jerky sticks	2 to 3 weeks	1 to 2 months
Summer Sausage Labeled "Keep Refrigerated"		
Opened	3 weeks	1 to 2 months
Unopened	3 months	1 to 2 months
Corned Beef		
Corned beef, in pouch with pickling juices	5 to 7 days	Drained, 1 month
Canned Ham Labeled "Keep Refrigerated"		
Opened	3 to 5 days	1 to 2 months
Unopened	6 to 9 months	Do not freeze

Cold Food Storage Chart

	Refrigerator (40 °F)	*Freezer (0 °F)*
Ham		
Vacuum sealed at plant, undated, unopened	2 weeks	1 to 2 months
Vacuum sealed at plant, dated, unopened	"Use-By" date on package	1 to 2 months
Whole	7 days	1 to 2 months
Half	3 to 5 days	1 to 2 months
Slices	3 to 4 days	1 to 2 months
Hamburger, Ground & Stew Meat		
Hamburger & stew meat	1 to 2 days	3 to 4 months
Ground turkey, veal, pork, lamb, & mixtures of them	1 to 2 days	3 to 4 months
Fresh 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, liver, heart, kidneys, chitterlings	1 to 2 days	3 to 4 months
Pre-stuffed, uncooked pork chops, lamb chops, or chicken breasts stuffed with dressing	1 day	Does not freeze well
Soups & Stews Vegetable or meat added	3 to 4 days	2 to 3 months

Product	*Refrigerator (40 °F)*	*Freezer (0 °F)*
Fresh Poultry		
Chicken or turkey, whole	1 to 2 days	1 year
Chicken or turkey, pieces	1 to 2 days	9 months
Giblets	1 to 2 days	3 to 4 months
Cooked Meat and Poultry Leftovers		
Cooked meat & meat casseroles	3 to 4 days	2 to 3 months
Gravy & meat broth	1 to 2 days	2 to 3 months
Fried chicken	3 to 4 days	4 months
Cooked poultry casseroles	3 to 4 days	4 to 6 months
Poultry pieces, plain	3 to 4 days	4 months
Poultry pieces in broth, gravy	1 to 2 days	6 months
Chicken nuggets, patties	1 to 2 days	1 to 3 months
Other Cooked Leftovers		
Pizza, cooked	3 to 4 days	1 to 2 months
Stuffing, cooked	3 to 4 days	1 month

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

NORTH DAKOTA DEPARTMENT of HEALTH

Hand Washing

Why should you wash your hands?

Keeping your hands clean is one of the most important steps you can take to avoid getting sick and spreading germs to others. It is best to wash your hands with soap and clean running water for 20 seconds. However, if soap and clean water are not available, use an alcohol-based product to clean your hands.

When should you wash your hands?

- Before preparing or eating food
- After going to the bathroom
- After changing diapers or cleaning up a child who has gone to the bathroom
- Before and after caring for someone who is sick
- After handling uncooked foods, especially raw meat, poultry or fish
- After blowing your nose, coughing or sneezing
- After handling an animal or animal waste
- After handling garbage
- Before and after treating a cut or wound
- After handling items contaminated by flood water or sewage

When should you use alcohol-based hand sanitizers?

When your hands are visibly dirty, you should wash them with soap and warm water when available. However, if soap and water are not available, use alcohol-based hand sanitizers. Alcohol-based hand sanitizers significantly reduce the number of germs on skin and are fast acting.

- Apply product to the palm of one hand.
- Rub hands together.
- Rub the product over all surfaces of hands and fingers until your hands are dry.

Always follow the manufacturer's directions regarding amount of product needed.

What is the correct way to wash your hands?

When done correctly, hand washing is the single most effective way to prevent the spread of diseases. Here are five easy steps to make sure you wash your hands correctly.

1. Wet hands and apply liquid, bar or powdered soap.
2. Rub hands together vigorously to make a lather, and scrub all surfaces.
    - Scrub well for 20 seconds. It takes that long to dislodge and remove stubborn germs. To time yourself, sing the ABCs.
3. Rinse hands well under running water.
4. Dry hands using a paper towel or air dryer.
5. If possible, use a paper towel to turn off the faucet.

Remember: If soap and water are not available, use an alcohol-based hand sanitizer.

The North Dakota Department of Health, Division of Disease Control, has fact sheets available for quick references for specific diseases. These fact sheets, like the hand washing fact sheet above, and other information about different diseases can be found online at www.ndhealth.gov/Disease/faq/Faqs.aspx.

Resources

References

[1] *Infectious disease: How they spread, how to stop them.*
Available from: Mayo Clinic
Website: http://www.mayoclinic.com/print/infectious-disease/ID00004/METHOD=print

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

[3] *Infectious Disease Control for Child Care.*
Available from: Douglas County Health Department
Website: http://www.douglascoutyhealth.com/healthy-children/healthy-child-care

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

American Academy of Pediatrics. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide.* Aronson, SS & Shope, TR. Elk Grove Village, IL: American Academy of Pediatrics; 2005.

American Academy of Pediatrics. *Red Book: 2009 Report of the Committee on Infectious Diseases.* Pickering, LK, ed. 28th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009.

Websites

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
Website: http://www.cdc.gov/vaccines/

National Resource Center for Health and Safety in Child Care and Early Education

Website: http://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/

Reportable Conditions Law
Website: http://www.legis.nd.gov/information/acdata/pdf/33-06-01.pdf

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

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