



Asthma Triggers



Asthma is a health condition that can make it hard for a child to breathe at times. Asthma affects the airways that carry the air they breathe into their lungs. When a child has asthma, their airways can get irritated and swollen and cause an asthma attack, making it hard to get enough air into and out of the lungs. Their chest may feel tight and they may cough or wheeze. To keep a child with asthma well and avoid breathing problems, many children need to take daily “controller” medicines and only use “rescue” medicines that relieve symptoms when having problems.

Things that cause asthma attacks are called “triggers.” **Asthma triggers are different for each person.** If you know a child in your center has asthma, discuss the condition with the child’s parents to find out what is being done for the child to keep their asthma under control. It is important to limit or reduce the presence of the following asthma triggers in the day care center to prevent asthma attacks and/or reduce the likelihood that other children in the center will develop asthma.

- *Tobacco smoke or other smoke
- *Dust mites
- *Mold or mildew
- *Being physically active when asthma is not well managed
- *Illnesses that cause a stuffy nose or other problems with breathing
- *Animals with fur or feathers
- *Strong smells and sprays
- *Pollen
- *Breathing cold air

If your child has asthma, the *Multnomah County Health Department Healthy Homes* program provides free home assessment and other services to make your family healthier.

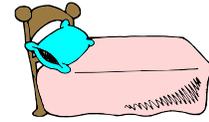
Call 503-988-3663 x24571 or email infocair@multco to contact us.

For more information about our programs, log on to <http://web.multco.us/health/healthy-homes>

For more information about asthma and asthma triggers call the Oregon Asthma Program at (971) 673-0984

Or consult the Environmental Protection Agency (EPA) asthma website at: <http://www.epa.gov/iaq/asthma/>

Care of Bed Linen



Proper storage of an individual child's linen includes pillows, covers, and blankets used on cots, mats, and cribs or futons. Good storage practices may reduce spreading illness in the child care setting. The following recommendations may be used as both guidance in adhering to regulations and best practice applications.

- Each child should have their own linen, stored in individual cubbies or approved containers.
- Children should not share personal bedding items.
- Separate these items and avoid contact with other children's personal items. Cots and mats shall be stored so that contamination is eliminated. Vertical stacking of the mats or on spaced hangers is a good practice. Placing a non-absorbent barrier between the mats is also recommended.
- If cots and mats are interchanged between children, sanitize after each use.
- If a child uses the same mat or cot on a daily basis, labeling of the mat with the child's name is required. Sanitize these cots and mats at least weekly.
- Crib linen shall be changed before another child uses the crib. The non-porous, easy-to-wipe surfaces of the cribs shall be sanitized daily. If the same child uses the crib on a daily basis, label the crib with the child's name, inspect linen daily and change as needed. At minimum, a weekly change of linen is required. Best practice would be a daily change.
- Bedding and linen should be washed weekly and dried in a high temperature setting. Wash bedding and linen more frequently if additional supplies are needed. Parents should be advised to launder weekly or if the center performs this service, the frequency should be a minimum of once a week.

Cleaning, Disinfecting, and Sanitizing



Cleaning will consist of washing surfaces with soap and water, and rinsing with clean water.

Disinfecting/Sanitizing will consist of using bleach/water solution as follows:

Disinfecting	Amount of Bleach *	Amount of Water
Diaper areas, bathrooms and bathroom equipment	1 Tablespoon	1 Quart
Sanitizing	Amount of Bleach*	Amount of Water
Table tops, dishes, mouthed toys, mats, etc...	½-1 teaspoon	1 Quart

* This guide uses regular unscented household bleach. Mix bleach with cool water. Please follow the product label instructions on use. Other approved disinfectors and sanitizers are available. Please check with your health consultant about these products. Solutions should be mixed daily and stored in a cool, dark place out of the reach of children.

- **Tables** used for serving food will be cleaned with soap and water, rinsed, and then sanitized with bleach solution before and after each meal or snack.
- **The kitchen** will be cleaned daily and more often if necessary. Sinks, counters, and floors will be cleaned and sanitized at least daily. Refrigerator will be cleaned and sanitized monthly or more often as needed.
- **Bathroom(s)** will be cleaned daily or more often as necessary. Sinks, counters, toilets, and floors will be cleaned and disinfected at least daily.
- **Furniture, rugs, and carpeting** in all areas will be vacuumed daily. This includes carpeting that may be on walls and surfaces other than the floor.
- **Hard floors** will be swept and mopped (with cleaning detergent) daily and sanitized (with above bleach solution) daily. If floors are soiled with body fluids, disinfect floors according to the policy “General Instructions for the Exposure to Body Fluids”.
- **Mouth toys** will be washed and sanitized in between use by different children. A system for ongoing rotation of mouth toys will be implemented in infant and young toddler rooms. Toys that have been mouthed or contaminated (falling on floor, handled by hands not adequately washed) will be placed in a container labeled “soiled toys” that is not accessible to children.
- **Toys** (that are not mouth toys) will be washed, rinsed, sanitized, and air-dried weekly or toys that are dishwasher safe can be run through a full wash and dry cycle.
- **Cloth toys** will be laundered monthly or more often, as needed. If they cannot be washed in the washing machine, they will be washed in warm soapy water for 1 minute and allowed to air dry. Toys that cannot be washed, sanitized, or laundered shall not be used.
- **Professional steam cleaning** of carpets and fabric furnishings is recommended on a semi-annual frequency.
- **Pacifiers, thermometer, teething toys** shall be cleaned and sanitized between uses. Pacifiers and teething toys shall not be shared.
- **High chairs** are to be treated like dishes. Remove food debris after meals, wash, rinse, and sanitize between uses. Allow chair to dry before storing. High chair safety belt must be washed and sanitized as needed or at least weekly. Protect high chairs from contamination between uses.



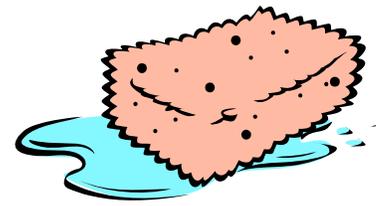
The activities of diaper changing and proper disposal are considered high risk areas in the child care setting. By establishing safe practices, the risk of the spread of disease is minimized. In addition, the child's safety and comfort are important considerations when diapers or pull-ups are changed. The following recommendations follow national standards in diaper changing and disposal.

- Plan ahead with the diaper area set up for changing (supplies within reach including the hand wash sink).
- The diaper changing surface should be nonabsorbent. The surface should not be carpet or a rug that other children play on or have access to. Diaper changing and hand washing sink used following diapering should be in a non-food preparation area.
- Wash your hands before you begin. Remember, through interaction with the child, you may be holding or touching the child. If gloves are worn, put them on at this time.
- Gently pick up the child holding the child away from your body to avoid any soiling on your clothes.
- Place the child on the changing surface. Remove disposable diaper and discard in a plastic lined approved container. Soiled clothes and cloth diapers shall not be rinsed and must be returned home (plastic bagged and tied) or sent to a commercial cloth diaper cleaning service.
- Clean the child's bottom from front to back with a pre-moistened cloth or a dampened single use disposable towel.
- Discard soiled supplies and if using non-latex disposable gloves, remove and dispose of gloves at this time.
- Wash your hands. The sink should be in reach of the diaper change area. Do not leave the child unattended.
- Place a new diaper on the child.
- Wash the child's hands with soap and water. If the child is unable to get to the hand washing sink, a wash cloth moistened with soap and water may be used (for example, with an infant). The wash cloth should then be laundered.
- Return the child to the activity area.
- Clean and disinfect the changing area. Set up for the next change.
- Wash your hands (20 seconds) with soap and water.

http://www.healthychildcare.org/PDF/InfDiseases/M2_DiaperChanging.pdf



General Instructions for Exposure to Body Fluids



All blood or body substance should be considered potentially infectious and should be cleaned up in a careful manner.

Blood or body substances on you

Immediately wash affected area with soap and running water.

- Check area of contamination for cuts or other breaks in skin integrity (i.e. torn hangnails, chapped skin).
- Should you find a cut in your skin repeat the cleansing.
- Notify your supervisor or health care provider.

Surfaces contaminated with blood or body fluids

- Put on gloves first before doing any cleaning.
- Clean surfaces with blood, fecal material, or body secretions with soap and water.
- Use enough absorbent material (paper towels, rags) to avoid contact with your skin. This will remove most of the contamination and allow for further clean up.
- Rinse the area with a bleach solution (1 part household bleach to 9 parts cool water – ½ cup bleach and 1 quart cool water.*) Mix bleach water fresh when needed as it loses potency if stored diluted.
- Surface should remain wet from bleach water for 10 minutes.
- Rinse and cleanup remaining material. Rinse with clear water.
- Dispose of all contaminated articles in a plastic bag with the top tied shut.

Clothing contaminated with Blood or Body Fluids

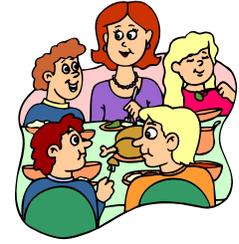
Try to minimize skin contact. If possible remove soiled clothing carefully to minimize further contamination of self.

- Wash any affected area thoroughly with soap and water.
- Change clothing as soon as possible.
- If it is not possible to change clothing, remove and rinse clothing to remove the body substances. Blot dry.
- Place soiled clothing in a plastic bag to be laundered.
- Wash normally using ordinary laundry soap and the temperatures appropriate for the material. Dry cleaning is also safe. No special labeling is necessary.

This solution is between 5000-5800 ppm according to the National Antimicrobial Information Network.



Family Style Meal Service



Family style meal service, for age appropriate children, provides beneficial opportunities for social interaction, conversation and gross and fine motor skill development. In addition, the introduction of the concepts of food, color, quantity, shapes, and temperatures of food are also opportunities for learning. Here are some food safety guidelines that should be considered when planning this activity.

- The table should be cleaned and sanitized.
- Hot food must be kept at 135 degrees F. or warmer and cold food held at 41 degrees F. or colder until served. Foods should be covered until served.
- Provide separate serving portions for each table.
- Children and teachers shall wash their hands before table setting and serving of food.
- Serving tables, containers, and utensils shall be used for the serving of foods.
- Children shall be in table groups no larger than age group defined ratios.
- Teachers shall supervise and interact with children during the meal service.
- A second serving may be offered to the child, but it is important that the teacher not contact the child's plate or bowl with the serving utensil.
- If a child is "mildly" ill, a provision for serving that child shall be provided.
- Discard any leftover food brought to the table and not eaten.
- Children and staff shall wash their hands after the meal service.
- Clean and sanitize the table after each use.

Revised 2013



Storage and Handling of Food



The proper storage and the safe handling of foods are important practices in preventing contamination and food illnesses in the child care setting. The following are recommended guidelines suggested in creating and maintaining a safe and healthy environment for children in care.

- Accept and use only foods that are from an approved source. Approved in this context shall mean food and beverages that have been processed and inspected by a governmental regulatory agency (USDA, FDA, Oregon Department of Agriculture, or similar agencies).
- Wash hands by using soap and water for at least 20 seconds before food preparation and serving. Hands should be dried using a disposable paper towel. Do not use latex gloves because of possible allergic reactions. Vinyl and polyvinyl food grade gloves are alternatives.
- Do not prepare or served foods if symptoms of illness (nausea, vomiting, diarrhea, etc) are present.
- Storage areas include pantries, shelves and cabinets and refrigeration or freezer equipment.
- Dry product storage of food should be elevated off the floor a minimum of 6 inches or on properly designed storage shelving or platforms. This will include any paper or disposable service items.
- Keep the food preparation and storage area clean.
- Clean, Separate (don't cross-contaminate). Follow Cook and Chill guidelines.
- Refrigerator air temperature is 41 degrees F. or colder. Freezer storage at 0 degrees or colder.
- Cook foods to safe temperatures following Food Service Certificate/Training guidelines and/or Food Handler Manual. Foods should be checked using a metal stem thermometer.
- Label and date any leftovers, refrigerate and cool quickly using food safety guidelines described in Food Service Certificate Training.
- Ready to eat, potentially hazardous foods shall be date marked after opening and discarded after 7 days, regardless of expiration date. This includes "special" milks such as soy, almond, rice, etc.
- Discard any food or beverage items that are questionable. "If in doubt, throw it out."
- Do not allow children to make food for others. Children preparing their own food may be ok.
- By following safe storage and food handling in the child care setting environment, children and staff will benefit by avoiding food illnesses caused by mishandling.

www.fightbac.org

www.cdc.gov/foodsafety

www.mchealthinspect.org

[www.fsis.usda.gov/PDF/Basics for Safe Food Handling.pdf](http://www.fsis.usda.gov/PDF/Basics_for_Safe_Food_Handling.pdf)

Revised 2013



Hand Washing



Hand washing is probably the single most effective and important way to decrease the spread of communicable diseases. This fact cannot be over emphasized.

Hands must be washed under warm running water with soap for at least 20 seconds. Create friction by rubbing hands together both front and back. This friction helps get rid of germs. Dry your hands before turning off the water. Use a single towel or disposable towel to thoroughly dry each hand then turn off the faucet with the paper towel to prevent contaminating your hands with germs that might be on the faucet. The paper towel waste receptacle should be placed close to the door so the door can be opened with a paper towel prior to disposing the towel. If bar soap is used, it must be kept in a soap dish that is dry and clean; if a soap dispenser is used, the dispenser must be kept clean. Limit the amount of jewelry worn as germs and food particles may be trapped under rings, bracelets, and/or watches. Keep fingernails short and clean under nails when washing hands.

Child Care Professionals should wash their hands after each of the actions below and again before handling food.

- When arriving at child care or starting the day.
- Before preparing, handling, or serving food or eating. Before putting on disposable gloves.
- Before and after eating or feeding children.
- After using the toilet, assisting children with toileting, or changing diapers.
- After contact with body fluids or secretions (nasal secretions, saliva, etc.).
- After handling or caring for pets or cleaning their cages.
- Before and after administering any type of medication, or applying ointments or creams.
- After cleaning surfaces or toys.
- After handling trash or taking out the garbage.
- Whenever hands are visibly soiled.
- Before leaving work.

Children should wash their hands:

- Upon arrival.
- Before and after food activities or eating.
- After contact with body fluids.
- Before and after playing outside.
- After handling or feeding animals/pets, or handling their cages.
- When their hands are visibly soiled.
- Before leaving child care for the day.

In order for hand washing to be effective against the spread of communicable diseases, hand washing must occur frequently and be a part of the program's curriculum and daily activities.



MULTNOMAH Public Health

Bathing Infants



Although not a common practice, a policy for bathing infants is required. These recommendations may be used for the times infant bathing occurs.

- Plan ahead. Prepare the area with clean clothing, wash cloth and soap, a clean infant bath tub and other items needed for bathing.
- Monitor the water temperature for comfortably warm. Test the water with your hand before placing the infant in the infant bath tub. A baby's bath should be around body temperature (98.6°F) because babies' thermoregulatory system doesn't get sorted out until halfway through the 2nd year. Remember burns may occur quickly on the infant's skin.
- After bathing, return the infant to the normal activity area.
- Clean the area, place the used washcloth and clothing in a container for later laundering or to be sent home with the parents.
- Wash the infant bath tub, rinse, and apply the sanitizer. Store the infant bath tub in a clean and dust free area.

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Pets in Child Care Settings



Exposure of children to infections and injury associated with pets needs to be minimized. Animals in the home or child care center should be appropriate to the age of children. Families are to be informed about pets in child care. If pets are present in child care, a policy on how injuries are handled is available, as well as the cleaning procedure.

Certain animals may be infectious. Some children may be allergic to animal fur or feathers. Pets can also be an asthma trigger; if you have children with asthma in your center, pets are not recommended. Aggressive, frightened, or injured animals may bite or unexpectedly jump on children.

Recommendations:

Pet Health:

- Pets will be clean, healthy appearing, friendly to children, and free of fleas, ticks, worms, or skin disorders.
- Obtain pets from sources that monitor the health of their pets. Avoid purchasing pets from a cage with other animals that appear sick.
- Dogs, cats, and other animals requiring immunizations as recommended by the National Association of State Public Health Veterinarians will be current in those immunizations.
- Pets such as reptiles (lizards, turtles, snakes, and iguanas), frogs, monkeys, hook-beaked birds, baby chicks, chickens, ferrets or potentially aggressive animals are to be housed in and remain in a tank or container that is inaccessible to children. Such animals can cause illness and injury to children.

Health Practices:

- Children will be supervised closely when animals are present. Loud or rough activities that frighten, excite, or injure pets are not allowed.
- Children and staff are to wash their hands immediately and thoroughly after handling pets. It is also a good idea wash hands prior to handling pets to prevent human illnesses spreading to pets.
- Pet rodents, such as mice, hamsters, and guinea pigs, will not be kissed or held closely to one's face.
- Pets are to be kept out of food preparation, food storage, and eating areas. Pet food and other supplies should be stored separately from human food and out of children's reach. Pet food will be stored in a manner that does not attract rodents or insects.
- It is recommended that a person preparing food avoid cleaning the pet area. Hand washing must be done before any food preparation activity.
- Animals not "house or litter box" trained will be kept away from child activity areas to minimize risk of fecal contamination.
- Children are taught to avoid stray or dead animals.

Continues next page.

Cleaning:

- Providers, **not** children, shall clean cages, aquariums, terrariums, or litter boxes, interior accidents, and outside play activity areas and will immediately and thoroughly wash their hands. Cleaning of cages and animal enclosures will be done after children have left the home or center, in well ventilated areas or outdoors. Cages and animal enclosures are to be kept clean and free of soiled bedding.
- Clean up and dispose of animal waste promptly by flushing waste in toilet or placing it in a plastic bag and into a garbage container. Avoid disposing of any type of cat litter in toilet (may clog waste line).

*See Child Care Division rules for specific child care settings:

OAR 414-300-0240 for Child Care Centers

OAR 414-350-0190 for Certified Family Child Care Homes

OAR 414-205-0100 (11-15) for Registered Family Child Care Homes

Additional Resources/Website links: www.cdc.gov/healthypets

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Restrictable Diseases



Child Care facilities are required to restrict children and providers who are ill with certain diseases. This helps prevent the spread of diseases to others in child care. Any child or provider who has a restrictable disease should not come to the child care facility until a health care provider determines that they are no longer contagious to others. Restrictable diseases include the following:

- Chicken pox
- Diphtheria
- Enterohemorrhagic E. Coli
- Food poisoning or waterborne illnesses
- Hepatitis A
- Measles
- Pertussis (Whooping Cough)
- Rubella
- Salmonellosis (including Typhoid)
- Scabies
- Shigellosis
- Streptococcal infection
- Staphylococcus infection
- Tuberculosis
- Norovirus
- Any illness accompanied by diarrhea and vomiting- restrict a minimum of 24 hours from the last symptom.

In addition, if any of the following occurs, contact the Communicable Disease Office (503-988-3406).

- Whenever there is a single case of meningitis or bacteremia (infection of blood) within the facility.
- Whenever 3 or more children or staff in the facility has diarrhea, vomiting, or other gastrointestinal symptoms during a 7 day period.
- Whenever there are 2 or more cases of diagnosed strep throat among children or staff in a home or classroom in a 7 day period.
- Whenever a child or staff member develops jaundice (yellow discoloration of skin or eyes) or is diagnosed with hepatitis.

**Call Multnomah County Communicable Disease Office at 503-988-3406
with any questions or concerns.**

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Breast Milk and Formula storage, handling and feeding



Safe handling of formula, breast milk, bottles, and infant foods is necessary to ensure the health and safety of infants in care. The following are some helpful tips. We recommend that child care providers develop a routine policy so that staff consistently follows these practices. We acknowledge that feeding practices vary from culture to culture and must be respected.

Bottle/Food Preparation Area:

- Before handling or preparing bottles or food, staff should wash their hands.
- Preparation surfaces should be cleaned and sanitized before preparing formula/breast milk.
- Never heat/reheat infant foods, breast milk, or formula in the microwave. Uneven hot spots may occur.
- If a crock-pot is used to warm milk, do not exceed 120 degrees F. Use a clean container (porcelain, stainless, or other suitable material) with heated water and immerse the bottle for 5 minutes. Test the formula or breast milk for temperature before feeding. Never leave bottles in a crock-pot or warm water until another feeding period, because bacteria can grow. Clean and wash the crock-pot or container used as a warmer. The crock-pot should be kept inaccessible to children.

Bottle Labeling and Cleaning:

- Label bottles with child's full name and date prepared. Recheck label for child's name before feeding.
- Used bottles, if brought from home, should be rinsed and returned to the parents at the end of the day.
- At home, bottles, caps, and nipples should be washed in a dishwasher or washed, rinsed and boiled for one minute. Centers should use the commercial dishwasher for sanitizing or boil.

Refrigeration:

- Full bottles should be refrigerated immediately upon arrival at the center or after mixing, unless being fed to an infant immediately (refrigerator temperature should be 41 degrees F. or colder).
- Used bottles should not be placed in the refrigerator for later use; discard leftover milk after feeding.
- Bottles should be stored in the coldest part of the refrigerator (avoid placing in the refrigerator door.)

Feeding Practice:

- Infants should be fed on demand, held by a care provider who looks, talks to, and touches infant in nurturing way. Infants should be fed when they exhibit hunger cues (searching for bottle/breast, sucking on hands, bringing hands to mouth, turning to care provider for food, etc.) and feeding ended when infant signals fullness (falling asleep, pushing bottle out of mouth, decreased sucking, relaxing or pulling/pushing away).
- Nipple covers should be used on all bottles. A clean plastic sandwich bag may be used
- Contents of bottle should be discarded after 1 hour of removing from the refrigerator to prevent bacterial growth in milk.
- Infants should be held when fed until they are able to hold their own bottle or can drink from a cup. Bottles should never be propped. Infants able to hold their own bottle should be held or seated while feeding; infants should not be allowed to walk around with food, bottles, or cups.
- Cup drinking and spoon feeding should be introduced by 9 months of age or when it is developmentally appropriate. Wash and sanitize bottles, cups, and tableware after feeding.

Contents of Bottle:

- We recommend breast milk or iron fortified formula for infants 12 months of age or younger.
- Written permission from the child's licensed health provider is required if any infant is to be on pedialyte or on a special diet.
- No honey, or products made with honey, should be given to infants less than 12 months old due to the risk of botulism.

Formula:

- Ideally, families will provide individually labeled bottles for their child daily. Covered bottles should be brought to the setting each day and returned to the child's family when the child leaves. If formula mixing is required, it is important for the infant's health that it be prepared correctly and stored safely.
- Powdered formula should be dated when opened, stored in a cool, dark place and used before the expiration date. If a container of unused powdered formula is **returned to a child's family, advise the family to discard the remaining contents within 1 month of the date it was opened.** Providers should use the scoop that comes with the can and not interchange the scoop from one product to another.
- Formula provided by parents or by the facility should come in a factory-sealed container, be the same brand of formula used at home and prepared according to the manufacturer's instructions using water from a source approved by the health department.*
- An open container of ready to feed or concentrated formula must be covered, refrigerated, and discarded after 48 hours if not used.
- Formula prepared in advance must be stored in the refrigerator and consumed within 24 hours or discarded.
- Use cold water from the food preparation sink if water is required for formula preparation. If the water from this faucet has not been used for 6 or more hours, run the water until it feels "cold and fresh". It may take 2 minutes or longer. This assists in flushing contaminants from the water line and faucet.
- If your home is on a well, your water should be tested annually for contaminants.
- To prevent burns, do not hold the infant while removing bottle from warm water. After warming, mix gently and check temperature of formula before feeding infant.

Breast Milk:

- Special handling of breast milk is required to eliminate nutritional breakdown of milk and prevent giving the milk to another infant. Bottles of breast milk and formula should be heated in warm water no greater than 120 degrees F. and tested before feeding the infant.
- Breast milk may be stored in a self-contained freezer unit (separate from refrigerator with its own outside door) for up to 3 months or in a freezer compartment inside the refrigerator for 2 weeks. The milk should be labeled with the child's name, date and time milk was expressed, and sealed in a plastic bag or container designed for storing breast milk.
- Breast milk should be thawed using cool running water or thawed under refrigeration. Thawed breast milk should be used within 24 hours and not refrozen.
- If breast milk is freshly pumped, it must be refrigerated immediately in the coldest part of the refrigerator and used within 5 days or put in freezer.
- Storage of breast milk in amounts of 2-4 ounces might help reduce waste.
- Discard breast milk if it is in an unsanitary bottle, has been left unrefrigerated for more than 1 hour, or if feeding of that bottle exceeded an hour.
- Breast milk should be stored in 1) hard sided plastic or glass containers with well fitting tops, 2) freezer milk bags that are designed for storing breast milk. Disposable bottle liners are not adequate as they may leak or break if punctured.
- Parents transporting breast milk from home to the daycare should use a cooler with ice packs and the time the breast milk is in transport/out of refrigeration should not exceed more than 2 hours.
- Shake bottle before feeding if refrigerated and thawed to evenly distribute the fat layer.

* Please check with local health department regarding the need for boiling water.

** It is recommended that USDA CACFP participants check with their sponsor regarding infant guidelines.



Symptoms That Require Family Notification and Exclusion



- Diarrhea: more than 1 watery stool or 1 bloody stool, if not caused by dietary changes, medications, or passing hard stool.
- Persistent stomach pain or intermittent pain with fever and/or other symptoms.
- Pink or red conjunctiva (whites of the eyes) with white or yellow mucous (pus) draining from the eye.
- Fever: a child with a fever of 100 degrees F. or more, measured under the arm must be excluded from child care*, especially when fever is accompanied by changes in behavior or other signs of illness such as sore throat, rash, vomiting, diarrhea, or earache, etc. It is recommended that a health provider examine an infant less than the age of 4 months who has an unexplained fever.
- Body rash, especially with fever, itching, sores or changes in behavior.
- Sick appearance and not feeling good: unusually tired, pale, not hungry, confused or irritable, or not being able to keep up with program activities or requires more attention than you can provide without compromising the health and safety of other children in your care.
- Sore throat with fever or swollen glands in the neck or mouth sores with drooling.
- Vomiting two or more times in the last 24 hours.

These symptoms may indicate an illness that may be contagious to others. It is recommended that the family seek advice from their health provider if these symptoms are present. If the child is in care, the child's family should be notified to pick up their child from the care. The child should be separated from others, in the extent possible, until he/she leaves care.**

Following an illness, children will be readmitted to care at least 24 hours after they no longer have any symptoms or experience discomfort, or their health provider determines they are no longer contagious to others in care.

Staff members will follow the same exclusion criteria for themselves.

* Refer to Child Care Division rules for Certified Family Child Care Homes and Child Care Centers on exclusion based on fever.

**Note: See OAR 333-019-0010 and Child Care Division regulations for additional restrictable diseases. Refer to Child Care Division rules on isolation of ill children in Child Care Centers and Certified Family Child Care Homes.

Reference: Managing Infectious Diseases in Child Care and Schools A Quick Reference Guide, AAP Department of Marketing and Publications Staff, 2005



- Do not share toothbrushes. The exchange of body fluids that such sharing would foster places toothbrush sharers at an increased risk for infections, a particularly important consideration for persons with compromised immune systems or infectious diseases.
- After brushing, rinse toothbrushes thoroughly with tap water to ensure the removal of toothpaste and debris, allow it to air-dry, and store it in an upright position. If multiple brushes are stored in the same holder, do not allow them to drip or contact each other.
- It is not necessary to soak toothbrushes in disinfecting solutions or mouthwash. This practice actually may lead to cross-contamination of toothbrushes if the same disinfectant solution is used over a period of time or by multiple users.
- It is also unnecessary to use dishwashers, microwaves or ultraviolet devices to disinfect toothbrushes. These measures may damage the toothbrush.
- Do not routinely cover toothbrushes or store them in closed containers. Such conditions (a humid environment) are more conducive to bacterial growth than the open air.
- Replace toothbrushes every 3-4 months, or sooner, if the bristles appear worn or splayed. This recommendation of the American Dental Association is based on the unexpected wear of the toothbrush and its subsequent loss of mechanical effectiveness, not on its bacterial contamination.

Tooth brushing Programs in Schools and Group Settings:

Tooth brushing in group settings should always be supervised to ensure that toothbrushes are not shared and that they are handled properly. The likelihood of toothbrushes cross-contamination in these environments is very high, either through children playing with them or toothbrushes being stored improperly. In addition, a small chance exists that toothbrushes could become contaminated with blood during brushing. Although the risk for disease transmission through toothbrushes is still minimal, it is potential cause for concern. Therefore, officials in charge of tooth brushing programs in these settings should evaluate their programs carefully.

Recommended Measures for Hygienic Tooth Brushing in Schools:

Ensure that each child has his or her own toothbrush, clearly marked with identification. Do not allow children to share or borrow toothbrushes.

To prevent cross contamination of the toothpaste tube, ensure that a pea-sized amount of toothpaste is always dispensed onto a piece of wax paper before dispensing any onto the toothbrush. For children less than 3 years of age, use a rice grain size amount of toothpaste.

After the children finish brushing, ensure that they rinse their toothbrushes thoroughly with tap water, allow them to air-dry, and store them so they cannot contact those of other children.

Provide children with paper cups to use for rinsing after they finish brushing. Do not allow them to share cups, and ensure that they dispose of the cups properly after a single use.