Guidelines to Help Prevent the Spread of Skin Infections in Child Care Centers

PUBLIC HEALTH GUIDELINES ABOUT STAPHYLOCOCCAL SKIN INFECTIONS

GENERAL GUIDANCE:

The most effective means of controlling the spread of viruses and bacteria (germs) in the environment is frequent, thorough and effective hand washing.

Child care centers should implement protocols to emphasize good hand hygiene among students and staff by encouraging them to:

**Wash hands frequently** and in accordance with 922 KAR 2:120 Section 3(4)(b)1-7 and 922 KAR 2:120 Section 3(5)(c)1-9.

Staff or children with skin problems should be reported to the supervisor and referred to a health care provider. Individuals with skin lesions, sores or rashes should cover the entire wound with a secure water-proof bandage, particularly if the wound is draining. The bandage should be kept clean and dry. If the bandage becomes wet or soiled it should be replaced. If staff or children have draining sores and laboratory confirmed *Staphylococcus aureus* infections, including Methicillin Resistant *Staphylococcus aureus* (MRSA), they shall be excluded from child care.

Bandages and tissues may be disposed of in the regular trash but should be placed in a zippered bag or securely tied in a separate plastic bag to prevent others from coming in contact with this garbage.

ENVIRONMENTAL CLEANING:

In addition, as part of routine custodial practices, cleaning and disinfecting of surfaces in the facility is essential to keeping the environment healthy. Clean all hard surfaces frequently with particular attention to commonly touched areas such as;

- Doorknobs
- Light switches
- Table tops
- Floors

Detergent-based cleaners should be used to initially clean dirt and debris from surfaces and then followed by Environmental Protection Agency (EPA)-registered disinfectants to remove germs from the environment. Disinfectants are readily
available at stores but the user should make sure that the label indicates it is a disinfectant and follow the instruction for use on the label. In order to effectively disinfect surfaces, germs must be in contact with wet disinfectant for a long enough period of time to be killed. It is best not to rinse or wipe the object or surface right away in order to allow the disinfectant to be in contact for the correct time. Disinfectant should be allowed to air dry on the surface.

- It is important to read the instruction labels on all disinfectants to make sure they are used safely and appropriately. Environmental cleaners and disinfectants should never be used directly on the skin or in direct contact with infections.

- The EPA provides a list of EPA-registered products effective against MRSA: [http://epa.gov/oppad001/chemregindex.htm](http://epa.gov/oppad001/chemregindex.htm)

- Cleaners and disinfectants can be irritating to sensitive individuals and have been associated with health problems such as asthma. Therefore, it is important to read the instruction labels on all cleaning products to make sure they are used safely and in the appropriate concentrations - with disinfection, more is not better. For suggestions on implementing a “green cleaning program” please refer to Hospitals for a Healthy Environment (H2E) 10 Step Guide to Green Cleaning Implementation: [http://www.h2e-online.org/docs/h2e10stepgreenclean-r5.pdf](http://www.h2e-online.org/docs/h2e10stepgreenclean-r5.pdf)

Here are some answers to a commonly asked question:

**If I suspect a child or employee in my child care center has a Staphylococcal skin infection, like MRSA, what should I do?**

- Enforce proper hand hygiene for all staff and children at the facility.
- Ensure that children and staff do not share towels, clothes, toys, or other personal items.
- Notify parents of the possibility of a Staph infection.
- Any child or staff member should be referred to a health care provider:
  - If there are concerns over any lesion, sore, or rash on the skin, especially those that are red, swollen, or draining fluid;
  - If the child or staff member has other signs of illness such as fever or vomiting; or
  - Multiple children or staff have similar symptoms.
- All skin lesions, sores or rashes should be covered by a clean, dry bandage. If lesions cannot be covered completely, or if drainage (or “pus”) is wetting the bandage or seeping out between the bandage and skin, children or staff should be excluded from the facility until the lesion can be safely and completely covered or until a doctor verifies that the individual can return to the facility.
• Restrict children and staff suspected of having Staphylococcal skin infections, including MRSA from direct skin-to-skin contact activities, preparing of food, and diapering.
• Dispose of bandages and tissues in the regular trash but to prevent others from coming in contact with this garbage, make sure to use a zippered bag or tie securely in a plastic bag that is inaccessible to children.
GUIDANCE FOR CHILD CARE CENTERS:

General Hygiene
- At all times, child care staff shall practice good personal hygiene.
- Child care staff shall wash their hands with liquid soap and running water in accordance with 922 KAR 2:120 3(4)(b)1-7 and 922 KAR 2:120 Section 3(5)(c)1-9.

Toilet / Diaper changing areas:
- Soiled diapers and clothing shall be changed promptly.
- Persons changing diapers shall wash hands under running water with soap after each change of diaper and hands shall be dried with single-use towels.
- Additionally, disposable, non-permeable gloves shall be worn when changing a child who has watery or bloody stools.
- Diaper wipes (individual disposable wash cloths) are not an acceptable substitute for washing hands with soap and running water.
- For reusable cloth diapers, a toilet shall be easily accessible so that the contents of diaper may be disposed of before placing the diapers in the diaper pail.
- Soiled diapers and clothing shall be:
  (a) Stored in a covered container temporarily; and
  (b) Washed or disposed of at least once a day.
- After changing the diaper, the child’s hands and bottom shall be washed. Individual disposable washcloths should be used for the affected area (not hands) unless allergic.
- Children who are not toilet trained shall be diapered, at a central diapering area on a surface that is disinfected after each use, or on a disposable paper sheet that is disposed of after each diapering.
- The toilet/training seat shall be cleaned and disinfected after every use.

Toys and Play Areas:
- Sanitize toys at least once per day using an EPA-registered product effective against MRSA: http://epa.gov/oppad001/chemregindex.htm.
  (a) Scrub in warm, soapy water using a brush to reach into crevices;
  (b) Rinse in clean water;
  (c) Submerge in a sanitizing solution for at least two (2) minutes; and
  (d) Air dry.
- Use of stuffed toys should be avoided at all times.
- Use of wading pools, water tables and other water containing play devices should be avoided at all times.
- Toys mouthed by one child shall be washed (or sanitized) before they are used by another child.
• Pacifiers and other items placed in the mouth shall be washed immediately if dropped to the floor or ground.

For more detailed information, please refer to:

- Kentucky Administrative Regulations
  922 KAR 2:120 Child care center health and safety standards
  http://www.lrc.ky.gov/kar/922/002/120reg.htm

- Centers for Disease Control and Prevention (CDC)
  CA-MRSA Information for the Public:
  http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca.html
  NIOSH Safety and Health Topic: MRSA and the Workplace
  http://www.cdc.gov/niosh/topics/mrsa/

- Hennepin County: Infectious Diseases in Childcare Settings and Schools
  http://www.co.hennepin.mn.us/portal/site/HCInternet/menueiltem.3f94db53874f9b6f68ce1e10b1466498/?vgnextoid=90eeaee635fc010VgVCM1000000f094689RCRD

Acknowledgements

Additional Information was gathered from:
http://www.idph.state.il.us/health/infect/schoolstaphrecs.htm and
http://www.doh.state.fl.us/Disease_ctrl/epi/htopics/anti_res/MRSA.html

http://chfs.ky.gov/os/oig/drc.htm (LaShana Harris)