

Standard Precautions, Including Prevention and Control of Infectious Diseases and Immunizations

Module Two: Immunizations and Other Ways to Reduce Risk

Reducing Your Risk

Now that you're more familiar with infectious diseases and how they're transmitted between people, in this module, we'll learn about ways to reduce your risk of becoming infected or passing on an infection yourself.

Bloodborne Pathogens in Real Life

Let's start by taking another look at the scenario we reflected on at the end of module one.

What Do You Think?

What do you think: what procedures will you follow to clean up the books and table in this situation?

Wearing non-porous gloves, properly cleaning and disinfecting contaminated surfaces, and correctly washing your hands when you are done are all appropriate standard precautions to follow in this situation. If any blood is on items that cannot be cleaned and disinfected (such as the paper pages inside the books), those items should be thrown away.

Standard Precautions

As the scenario we just watched illustrates, anyone in an early care and education setting could be exposed to blood or other bodily fluids. That is why standard precautions are necessary. But what exactly are "standard precautions"?

Standard precautions treat all blood and body fluids as if they were potentially infectious. Standard precautions include practices like:

- Hand hygiene (which usually means hand washing)
- Use of personal protective equipment, or PPE, when dealing with blood and bodily fluids (including disposable gloves, clothing covers, and masks)

- And there are a number of other ways to avoid infection that go hand-in-hand with standard precautions (everything from immunizations to safe cleanup of contaminated materials to best practices for preventing the spread of disease).

Standard precautions like these are considered the minimum approach to preventing infection. A minimum approach is appropriate in settings where there is a low risk of getting an infection, like early care and education programs. Additional precautions might be appropriate in high-risk settings, such as hospitals or during outbreak situations.

Standard Precautions

Following standard precautions means you will use them every time, in every situation that could potentially put you or others at risk of disease transmission. Make them part of your everyday practice.

Let's look at each standard precautions practice in more detail.

Hand Washing

From paint to playgrounds, sneezes to scratches—working with young children can get dirty. How many times each day do you think you wash (or will wash) your hands at work?

If you said 10 or more, you're probably doing a great job of following standard precautions.

Hand Washing

Each and every time you wash your hands, you are not just getting your hands visibly cleaner, you're also using standard precautions to prevent the spread of germs. In fact, hand washing is the single most effective way to prevent sickness and infections from spreading. According to the Centers for Disease Control, thirty percent of diarrhea-related illness and 20 percent of colds could be prevented just by better hand washing.

Hand washing is important for employees, and for children and classroom visitors as well. Even infants and toddlers should be helped to wash their hands.

When to Wash Hands

Here is a list of times when hands should be washed by everyone in an early care and education setting.

- Whenever hands are visibly dirty
- When you arrive
- When entering or re-entering a care room
- Before handling, preparing, or serving food
- Before and after eating
- Before and after water play and sensory tables
- Before and after administering first aid or medication
- Before going home
- After contact with sneezing, coughing, or throwing up
- After playing on the playground
- After “messy” play
- After handling pets or pet cages
- After handling cell phones
- After cleaning and sanitizing
- After toileting or diapering

That’s a lot of hand washing! We understand that it can feel tedious or impractical to wash your hands every time that you should. You can do it, though! It may help to remember just how crucial hand washing is to prevent germs from spreading—you are helping to keep the children in your care healthy, not to mention their families, yourself, and your family as well.

Also, as a care provider, you are serving as a role model for the children and families you work with. When you make hand washing a priority, your good choices will ripple outward and encourage good hand hygiene among other people, too.

Effective or Not?

How you wash your hands is important, too. All of these care providers wash their hands each time that they should. Read about their hand washing techniques and decide whether or not you think they are washing effectively.

“I prefer to use sanitizer because not only is it faster than soap and water, the articles I’ve read say it’s more effective, too.”

Effective

Not Effective

Not effective. We will talk about this more in a moment.

“With a room full of little kiddos, I’m always rushing, but I figure washing my hands fast is better than not washing at all. And my jeans count as a hand towel, right?!”

Effective

Not Effective

Not effective. Scrub hands long enough to remove germs and dirt, and use a clean paper towel to avoid getting germs back on your hands.

“It took time to get used to, but now washing my hands well is a habit. I use warm water, scrub all over with soap for at least 20 seconds, rinse, dry, then turn off the faucet with a paper towel so I don’t get my nice clean hands dirty again.”

Effective

Not Effective

Effective! This provider is doing a great job.

“If my hands are really dirty, I use soap. Otherwise, I skip it—the soap takes extra time, and dries my skin. I think just water is enough for most handwashing. It still gets the grime off.”

Effective

Not Effective

Not effective. Using soap and water is the only way to get hands germ-free.

Washing Hands Effectively

This provider is doing a great job! She’s following the steps recommended by the Centers for Disease Control (CDC):

1. Wet your hands with clean, running water (warm is best!) and as a best practice, apply liquid soap (not bar soap, which can harbor germs).
2. Lather your hands by rubbing them together with the soap.
3. Scrub out of the water for at least 20 seconds (that’s the length of time it takes to sing the “ABCs”). Scrub your hands all over: front, back, in between fingers, under your nails, around your cuticles.
4. Rinse in the water until all the soap is gone.
5. Dry your hands with a disposable towel or air dryer.

Follow these steps when you wash your own hands and teach the children in your care to follow them as well.

If you’d like to see effective hand washing in action, you may view this video.

Washing More Effectively

What could these three providers do differently to wash their hands more effectively?

Soap vs. Sanitizer

Some providers have asked, “What about hand sanitizer? Isn’t it faster than hand washing and just as good?” These are great questions. The quick answer is that hand washing is always best, although sanitizer is acceptable when soap and running water are not readily available.

Why is hand washing best? Because soap, water, and friction remove germs, *and* they remove dirt. Sanitizer does kill germs, but it doesn’t do much for grime. So, sanitizer should only be used when running water and soap are not available, such as on a field trip to your local park. And then you should wash your hands with soap and water as soon as it is available.

Sanitizer should not be used for children three years old and younger. This is because hand sanitizers contain rubbing alcohol or other chemicals in order to kill germs, and can be dangerous to infants and toddlers who may accidentally ingest the sanitizer.

If you do use sanitizers for older children or yourself, always store the sanitizer out of reach of young children, follow the instructions on the product label, and wash your hands with soap and water when it becomes available.

Personal Protective Equipment

Personal protective equipment, or PPE, is a wide range of items that are useful for keeping your body and your clothes clean when you need to deal with blood or other bodily fluids. Most PPE items are designed to be used a single time and then discarded.

The PPE that you’ll use most often in an early care and education setting is gloves. For example, tight-fitting, disposable gloves should be worn when providing first aid or cleaning up urine, feces, vomit, or blood.

In contrast, the gloves used for food preparation are not considered PPE because they are loose-fitting and will not protect you. Instead, these gloves are worn to keep you from contaminating the food during preparation. Be sure to read the label on the box and select the correct gloves for your purpose.

Using Gloves

Follow these tips when using disposable gloves:

- Know where the gloves are stored at your workplace.
- Wear gloves that fit; they are available in different sizes.
- Use non-latex gloves to avoid allergic reactions to latex.
- Use the gloves only once even if they do not look dirty.
- Don't try to use soap or hand sanitizer to clean gloves for re-use. The chemicals in these materials can destroy the glove material.

Glove Removal

Wearing disposable gloves helps keep blood, bodily fluids, and other contamination off of the skin of your hands. Once the gloves get dirty, though, what's the best way to take them off without transferring all that contamination onto your skin?

You should follow these glove-removal steps. Select the arrows to learn more.

1. Pinch the palm of one glove with the fingers and thumb of your other hand.
2. Peel off the pinched glove, turning it inside out.
3. Hold the glove you just removed in your other, still-gloved hand.
4. Slip the fingers of your bare hand under the wrist of the glove you're still wearing.
5. Pull the glove to remove it, turning it inside out and leaving the first glove inside of it.
6. Dispose of the gloves safely, and wash your hands in case any contamination made it past the gloves. Pay special attention to your wrist area.

Practice Makes Perfect

It's a good idea to practice this way of taking off gloves before you need to do it with germ, contaminated gloves. To get the most out of practicing, put on a pair of gloves, and then add something to your gloved hands to represent germs, like mustard or chocolate sauce.

Practice removing the gloves until you can do it without getting any mustard or sauce on your skin. A video and an illustrated chart about how to remove gloves are available in the course Resources.

Other Types of PPE

There are other types of PPE that you may use at work, depending on what your early care and education program provides and what ages of children you work with. Select each type of PPE to learn

more.

Disposable Face Masks

Single-use face masks should be worn when cleaning up vomit, because the vomiting can produce airborne particles which can stay in the air around where you are cleaning.

Protective Eyewear

Protective eyewear is used to protect your eyes from splashes when cleaning up blood and bodily fluids. Normal prescription eyeglasses or sunglasses do not count as protective eyewear, because most of them do not wrap around enough to protect the sides of your eyes.

Smocks, Aprons, or Large Overshirts

Smocks, aprons, or large overshirts are worn over the clothing to prevent splashes, drips, and sprays of contamination from getting on your clothes or body. Washable, reusable smocks, aprons, and shirts are often worn when caring for infants, while disposable ones are helpful for cleaning up blood and bodily fluids.

CPR Masks

CPR masks are used to provide a barrier when providing mouth-to-mouth rescue breathing during CPR. If you have been trained in how to provide rescue breathing, you should use a CPR mask while performing it.

Other Ways to Prevent Disease

There are other ways besides hand washing and wearing PPE that can help limit and prevent exposure to infectious diseases. One of the most crucial ways to prevent the spread of serious pathogens is the use of immunizations, which are also known as vaccines. Immunizations can be given by mouth or nose, but are usually given as shots.

Vaccines are made using a weakened or dead form of the disease. When vaccines are given, they can protect against specific diseases. When the vaccine enters a person's body, the body can develop antibodies that protect that person from getting sick with that disease or passing that disease to others. This means that vaccines protect not only the child who was vaccinated, but also other people who are too young to be vaccinated or who cannot be vaccinated due to medical conditions.

Required Immunizations

Although there are some exemptions from the rule, Colorado law requires that all children receive the correct vaccines for their age before they start school or child care.

To learn more, you may take the Child Care and Preschool Immunizations course on the Colorado Shines PDIS, or view the immunization chart in the Resources.

Early care and learning providers can support immunization by putting policies into place that require children and staff members to be fully vaccinated, unless they have a valid exemption.

Required Immunizations

Select the child and care provider to see examples of the vaccines they should each receive. Note that many vaccines are given as a series of doses over time, at recommended intervals, until all doses have been given.

Child

Required:

- DTaP (tetanus, diphtheria, and/or pertussis-whooping cough)-series of doses
- Polio-series of doses
- MMR (measles, mumps, and rubella)-two doses
- Hib (influenza B)-multiple dose series
- Hepatitis B-three-dose series
- Varicella (chickenpox)-two doses
- PVC13 (pneumococcal)-multiple dose series

Recommended:

- Influenza (flu): annually
- Rotavirus (causes fever, vomiting, diarrhea, irritability): three-dose series
- Hepatitis A: two-dose series

Care Provider

Recommended:

- Tdap (tetanus and diphtheria): every 10 years
- Influenza (flu): annually
- MMR: 1 or 2 doses, or other evidence of immunity
- Varicella: 2 doses or other evidence of immunity
- Hepatitis A: 2 doses (if not received as a child)
- Hepatitis B: 3 doses (if not received as a child)
- HPV: 2 or 3 doses (if under age 26 years)
- Shingles: 1 or 2 doses (if age 50 or older)
- Prevnar/PCV 13 (pneumonia): 1 dose, sometimes followed a year later by 1 dose of Pneumovax/PPSV23 (if age 65 or older)

Health Policy for Staff

Another important way to limit and prevent exposure to infectious diseases is by isolating or excluding people who are sick or have germs from other people who are healthy. This includes you! If you're sick, stay home. This will prevent your illness from being passed on to your coworkers and the children you care for.

The early care and learning program where you work is required to have a staff illness policy that can help you determine when exactly an illness means you should stay home and when it is okay to return to work. Make sure you are familiar with your program's policy, and know the steps to follow if you need to call in sick.

Select the document icon to view a sample staff illness policy.

Health Policy for Children

All licensed programs are also required to have a health policy for children. The health policy should address each of these illness-related topics. Select each topic to learn more.

Illness Log: What Is It?

An illness log is a written record of the symptoms and illnesses that children in an early care and education setting experience. Any time a child goes home sick or a family calls in to say a child is sick and won't be attending, information about the child's symptoms should be entered into the illness log. The illness log should include the child's name or other identifying information, their assigned room or group, the date and time symptoms began, what symptoms they are experiencing, what actions were taken, and the date and time the child returned to care.

Select the document icon to see a sample illness log form.

Illness Log: Why It Matters

Child care providers are required by the Colorado Department of Public Health and Environment to maintain an illness log. This is because keeping track of illnesses can help track how illnesses have spread from person to person, especially if there is an outbreak of a serious illness.

An outbreak occurs when more people get sick with a disease than would normally be expected. For example, it may be normal for a child care facility to have a couple children out sick with a respiratory

illness at any particular time. If suddenly five or 10 children are out sick with the same respiratory symptoms, that may be an outbreak.

If an outbreak involves a serious disease (such as chicken pox, measles, or salmonella), it must be reported to your child care health consultant and local health department. They can provide more information about cleaning, reducing exposures to others, whether unvaccinated children should be excluded from care during the outbreak, and notification to families. Please remember that when notifying parents about illness, confidentiality must be maintained.

Here's a link to find your local public health department.

Illness Log: Daily Health Checks

Along with keeping an illness log, daily health checks can also prevent the spread of illness. A daily health check should be done on each child as they are dropped off at the early care and education program.

There are two parts to a health check. First, look at the child to observe any symptoms of illness. For example, are they acting normally, or do they seem like they are tired or not feeling well? Do they look flushed or pale? Are they breathing normally? Is there any discharge from their eyes or nose?

Second, talk with the parent and child to see if there is anything unusual about how the child is acting or how they have been eating, sleeping, or using the bathroom.

A health check does not need to take long. However, if the health check reveals any symptoms of illness, determine if the child is able to remain in care or should be sent home sick. Talk with your director or supervisor to make this determination based on your illness policy. If and only if the child is not well enough to remain in care, note the symptoms on the illness log.

Communication

Another way to protect the children you care for from infectious diseases is through communication. Your program's child health policies should support communication as a way of sharing information and increasing knowledge about illness and standard precautions.

When you share information with children, families, and other employees about how illness is spread, how to prevent it from spreading, and so on, you encourage everyone to follow disease-prevention practices.

Communication can help you personally learn more, too, and can help you stay up to date on the most current information. Your program's child care health consultant is an excellent resource, and can help you identify risks and ways to protect both children and staff.

When Not to Exclude: Proper Treatment

Your program's policies should include information about when a child who is sick or showing symptoms of illness is still able to attend your early care and education program. In general, most mildly ill children can attend if they have been properly treated, and if they feel well enough to participate in normal activities.

Proper treatment is important because many illnesses that are easily passed from one person to another are no longer contagious after medication has started. If a child has started treatment for an illness such as impetigo, they may attend care as long as they feel well enough. For other illnesses such as strep throat, a child may return to care after taking medication for a certain length of time.

When Not to Exclude: Not Contagious

Another reason not to exclude children who feel well enough is that many illnesses (such as Fifth disease) go through a process. First, a person is exposed to germs, and the germs enter their body. Next, the person is carrying the germs and is contagious, meaning they can pass the germs on to other people.

However, the person often does not seem sick or have any symptoms until the last stage of the illness. By the time they do not feel well, the germs that have made them sick are no longer very contagious. So, once a child seems sick, it is possible they've already exposed other children and adults to germs, meaning that there is no reason to exclude the child from care if they feel well enough to participate.

When to Exclude

Your program's policies should include specific requirements for when a sick child should be excluded, or kept home, from care.

There are three main reasons to exclude a sick child. First, if a child does not feel well enough to participate in normal activities, they should be excluded. You may be able to tell a child doesn't feel well if they are overly tired, fussy, or won't stop crying.

Second, a child should be excluded if they need enough care that staff aren't able to properly care for all of the other children in the group.

When to Exclude, cont.

Third, a child should be excluded if they have certain symptoms, such as vomiting or diarrhea, which make it more likely that other people will be exposed to the sick child's bodily fluids.

To learn more about specific illnesses and symptoms that mean a child should be excluded, select the document icons to review information for child care professionals and for families.

Avoiding Contamination

Program health policies and immunizations are important methods for preventing the spread of infectious disease. The things that you do every day as an individual are just as important.

Let's talk about some best practices you can use for avoiding contamination through any of the four transmission routes: bloodborne, direct contamination, airborne, or fecal/oral.

The Great Germ-Stopping Game

Answer the questions on the next few screens to see what you already know—if you're not sure what the answer is, don't worry. Just do your best. And watch out, some of the germs we stopped earlier in this course are back. Each time you answer a question correctly, you'll stop one of the germs from spreading.

Ready? Select "Next" to begin.

1. (Select one) Luelle is on a 15-minute break from the toddler room where she cares for children. She wants to use the break to have a snack and check her lipstick. Where's the best place for her to do all of these things to avoid contamination?
In the staff break room
In the designated first-aid location at the child care center

That's right! Eating and personal care routines (like applying makeup or handling contact lenses) should not take place in an area designated for first aid. This is to protect YOU from contamination from potentially infectious bodily fluids and materials in the first-aid area.

2. (Select all that apply) What should you do when changing diapers to avoid contamination?

Wear gloves

Clean and disinfect all changing surfaces and equipment when you are done

Wash your hands if the diaper was extra full

That's right! Diaper changes involve urine and feces, bodily fluids that could be potentially infectious. So, you should follow procedures like wearing gloves and cleaning and disinfecting afterwards. You should also wash both your hands and the child's hands after every change, whether it seems like they got dirty or not. Let's take a moment to look at diaper-changing procedures in more detail next.

Diaper Changing Procedures

Avoiding contamination during diaper changes is important enough that the health department has specific requirements about how diaper changes must be handled. If you work with children who wear diapers, are you following all of these procedures?

Take a moment to read through a summary of these steps. You may also select the View button if you'd like to read the full text of Sanitation Regulation 7.12.4 C or would like to view or print a diaper changing chart that shows the process in pictures.

1. All supplies must be at the diaper changing area before bringing the child. Remove all the wipes you may need from the wipes container.
2. Put on a new pair of gloves prior to changing a diaper.
3. Place the child on a clean, disinfected, dry changing table or mat.
4. Completely clean the child.
5. Place soiled clothes and cloth diapers in a plastic bag to take home. Do not rinse. Place soiled diapers in a covered, leak-proof, plastic-lined receptacle. Remove gloves.
6. Put on clean gloves if topical ointments are applied. Remove gloves before handling clean clothing and diapers.
7. Wash the child's hands.
8. The child may then be returned to a clean crib or to play.
9. Then, clean the area to remove visible soiling and disinfect the following:
 - The diapering area
 - The equipment or supplies touched during diapering
 - Any other surfaces or furnishings contaminated with urine or feces
10. Thoroughly wash employee hands.

The Great Germ-Stopping Game

3. (Select one) Mike is three years old. He scraped his knee on the playground, and while he was napping, the bandage on his knee came off. Now, his nap bedding has blood on it. How should his contaminated laundry be treated?

Wear gloves when handling it, and wash it according to the rules for contaminated laundry

Dispose of it in the trash — once it's contaminated, it can never be properly cleaned

Just wash it like any other laundry

That's right! Any clothing (child's or staff's), bedding, costumes, or cloth diapers that become contaminated with bodily fluids should be handled with gloved hands. Handle these items as little as possible, and do not shake anything off of them (even vomit or feces). Items should either be bagged and sent home for the family to clean, or, per the Health Department, items may be washed in a separate load from other laundry in water that is at least 165 degrees, that has bleach added in the rinse cycle, or that is dried on the hot setting.

4. (True or False) Anthony is a preschool teacher who has diabetes. When he gives himself an insulin shot at work, it's okay for him to dispose of the used needle in the trash as long as he wraps it in a plastic bag first.

True

False

That's right! This is false. Sharp objects or "sharps," such as needles, must be disposed of in a special manner so that someone who empties the trash does not accidentally have their skin punctured by the contaminated sharp. Properly handling sharps is important, so let's talk some more about it on the next slide.

Handling Contaminated Sharps

Injection needles are not often found in child care settings, but they may be, along with other sharp objects (such as small lancets used for getting a blood sample from a child or adult with diabetes). So, it's important to know how to safely dispose of sharps if they become contaminated.

OSHA defines sharps as anything that could penetrate someone's skin, such as needles and broken glass. If these items become contaminated with blood, they must be disposed of in an approved sharps container. Sharps containers must meet requirements such as having hard sides, being closable, being labeled or color-coded red, and being leak-proof on the sides and bottom. Only sharps go into these special containers. For more information, select the information marker.

The Great Germ-Stopping Game

5. (Select one) When someone coughs or sneezes, they should limit the spread of contamination to the air by covering their mouth and nose with:
- A tissue
 - Their elbow
 - Their hand

That's right! The most effective way to limit the spread of contamination to the air is by covering the mouth and nose with your elbow. Even young children can be taught to do this, too. This also prevents contamination from landing on the hand and transferred to the next surface that is touched. To learn more, view this video.

Cleanup and Exposure Incidents

We've already talked about some of the ways to limit the spread of contamination and handle contaminated items safely. In this section, we'll learn more about how to clean, disinfect, and sanitize surfaces to prevent infectious disease.

We'll also talk about what an exposure incident is and what to do if one occurs.

Spill Kit

Your program should be prepared and make plans before an incident happens where blood or bodily fluids may be present. Part of your plan needs to include having supplies readily available to clean up fluids and contamination.

Many schools and child care programs have combined these supplies into a "spill kit." This kit contains all needed cleaning and disposal supplies and places them together in a convenient place. A pre-packaged spill kit can be purchased, or your program can make one. It does not need to be fancy or expensive—many programs use something like a plastic sand bucket to hold all the kit materials.

Each program has its own approach for who is responsible for cleaning up spills. This person may be a teacher, a person on the environmental services team, or whoever is most available. Talk with your director to find out what the cleanup plan is at your program.

Build a Spill Kit

What should be included in a spill kit? Select the items that you think should be included.

Sponge

Nope, you don't need a sponge in the kit! Sponges that are reused can keep germs inside of them. Clean up with disposable, single-use materials instead.

Paper Towels

Paper towels are a great disposable option for wiping up fluids or other material.

Vacuum

A vacuum is a great way to clean up other types of messes, but stick with the broom and dustpan for this type of cleanup.

Caution Tape

Nope, you don't need caution tape in the kit! You do want children and other people to stay away from the contaminated area until it has been cleaned and sanitized, but you don't need to rope them off with caution tape.

Absorbent Material

Absorbent material is generally a powder or made of small pellets. Kitty litter can be used, or a commercial product such as Voban. Absorbent material soaks up fluids like blood or vomit so that you can sweep them up.

Broom and Dustpan

Keep a small broom and dustpan that is designated for use only in this type of cleanup. You'll need it to sweep up absorbent material.

Trash Bags

Enclose any bodily fluids, absorbent material, and cleaning supplies used during cleanup in a trash bag before discarding.

Soap Mixture

After sweeping up fluids that have been soaked into absorbent material, use a soap mixture to clean the contaminated surface.

Disinfectant Spray

Use disinfectant spray after cleaning the contaminated surface with a soap mixture. Use according to the label instructions.

PPE Gloves

Wear PPE gloves throughout the cleanup process. Wash your hands after cleanup is done and you've removed the gloves.

Disposable Mask

A mask can protect you from splashes and airborne particles.

The Four Components

There are four components involved in safely cleaning up contaminated surfaces: cleaning, sanitizing, disinfecting, and disposing. You'll need to use some or all of these components depending on what type of cleanup you're doing, whether it's regular preventative cleaning, cleaning up debris like food and dirt, or cleaning up bodily fluids. This section will help you learn about each component and when you'll need to use it.

Disposable gloves should be worn during each component when cleaning up bodily fluids to protect you from infectious diseases.

Sanitizing and disinfecting products that you use during the cleanup process must be registered with the Environmental Protection Agency (or EPA). Registered products will have usage information on the product label. Remember, all products must be clearly labeled and kept out of reach of children.

Select each box to find out more about each component.

Cleaning

The first component of the cleanup process is cleaning. It is done regularly as a preventative measure, and it physically removes all the dirt and contamination that is present. For example, tabletops need to be cleaned after a meal to remove any food scraps.

Cleaning is done using soap and water. Use a disposable or washable towel to wipe and scrub the surface. The friction caused by cleaning actually removes most germs from the surface, and exposes any remaining germs for the following component of cleanup (sanitizing or disinfecting).

Sanitizing

After cleaning, contaminated surfaces should be either sanitized or disinfected. Both of these components of the cleanup process reduce or destroy germs, but they involve different types of chemicals and are used for different purposes.

Sanitization is used for any surface that needs to be safe for food or mouths, such as those on your screen. All of these surfaces commonly come into direct contact either with food and mouths, or with hands and skin that later come into contact with food and mouths.

The most common sanitizing product used in child care settings is a bleach and water solution that can be sprayed on surfaces and left to dry after the surfaces have been cleaned. Solution must be tested with test strips daily and when new solution is mixed, and should be mixed and used according to the manufacturer's label instructions.

Sanitizing should not replace cleaning with soap and water unless your program uses a product that is designed to clean and sanitize in one step.

Disinfecting

Disinfection destroys or inactivates germs on inanimate objects such as diaper changing surfaces, and bathroom floors and toilets. Disinfectants are stronger than sanitizers, which is why sanitizers are used instead for surfaces that need to be safe for food and mouths, in case any residue is left behind that could be transferred from the surface to a mouth.

The strength of disinfectants is important for surfaces that are contaminated with blood or other potentially infectious materials, such as toilets, diapering areas, and any surface that becomes contaminated with blood or vomit.

Just like when sanitizing, a contaminated surface should first be cleaned, and then disinfected by following the manufacturer's label instructions for the product you are using. Be sure to mix the product according to the manufacturer's label instructions, and leave it on the surface for the required amount of time, to make sure it can destroy any germs.

Disposal

The last component in the cleanup process is disposing of any contaminated waste, such as gloves or disposable towels that you used during the cleanup process.

As we already learned when we talked about the right way to dispose of contaminated sharps like needles, some contaminated waste can't be disposed of in the normal trash. This is because normal trash removal deals with what we call "non-regulated waste." This waste may be contaminated, but not so badly contaminated that it needs to be treated with special safety procedures.

Non-regulated waste that you can dispose of in the normal trash includes diapers, sanitary products, used bandages, and disposable gloves.

Items such as sharps that do need to be treated with special safety procedures are called regulated waste. This type of waste involves items that are saturated with large amounts of blood. When dealing with regulated waste, follow your program's disposal plan. You can also get advice from the health department and your trash removal service.

Scenario (1 of 2)

Let's put everything we've just learned about the four components of the cleanup process into practice! Read each scenario and choose what you would do to cleanup.

It's a rainy day, and the preschoolers you work with are having active indoor play time. During a game that involves swinging their arms like a monkey, Mikey accidentally swings his arm into Trang's nose. Trang's nose begins to bleed and it drips onto the floor. Your co-teacher takes all the children to the other side of the room to play away from the contaminated area.

(Select one) After you care for Trang, what should you do next to clean up the floor?

Clean and disinfect it

Just sanitize it

Just clean it

Clean, sanitize, and disinfect it

That's right! First the floor should be cleaned, and then—because blood was involved—disinfection will remove bloodborne pathogens from the area. Just cleaning and/or sanitizing the area is not enough.

Scenario (2 of 2)

Melly, a toddler that you care for, got sick and threw up in a tub of plastic blocks.

(Select one) After taking care of Melly, what should you do to clean up the blocks and storage tub?

Throw everything away

Clean and disinfect them

Clean and sanitize them

Clean and disinfect them. Then, clean and sanitize them

That's right! Because vomit was involved, just cleaning and sanitizing is not enough to clean the toys and tub. They must be cleaned and disinfected. However, disinfectant cannot be left on toys (or any other surface that must be safe for food and mouths) because it is dangerous for children to handle and may end up in their mouths. So, the disinfectant must be cleaned off after its proper application time, and then the toys should be sanitized. And remember to wear a mask throughout this process, as pathogens from vomit may remain in the air where you can breathe them in.

Exposure Incidents

We have one final topic to talk about in this course: exposure incidents.

An exposure incident happens if you get someone else's blood or other bodily fluid inside your body. This can happen if the bodily fluid splashes into your eyes or mouth, if a child bites you and breaks your skin, or if a contaminated sharp punctures your skin.

Coming into contact with blood or other bodily fluids is NOT an exposure incident if the fluids don't enter your body. For example, if blood, urine, feces, or vomit gets on your skin and you don't have any open cuts or scratches on your skin that would let those fluids enter your body, then you have not had an exposure incident.

Exposure Incidents: What To Do

Why does it matter what is and is not an exposure incident? Because an exposure incident increases your exposure to infectious diseases. So, if an exposure incident occurs at work, there are specific steps you must follow to help protect yourself.

First, as soon as possible, you must wash your hands and any broken or punctured skin with soap and water for five minutes. If bodily fluids got into your eyes or mouth, flush them with running water for 15 minutes.

Next, follow first aid procedures to bandage your skin if necessary. Then, immediately tell your supervisor what happened, and follow your program's procedure to document the exposure incident.

You will be provided a confidential medical evaluation at no cost to you that same day. The health care provider will give you a written opinion about your level of risk and a treatment plan.

If you are a family child care home provider, follow the same process for cleaning the exposure site. Document what happened, and get in touch with your health care provider right away for more instructions.

Hepatitis B Vaccine

Based on your healthcare provider's recommendation, you may be offered the Hepatitis B vaccine after an exposure incident. The vaccine is a series of three shots, and the first shot should be given to you within 24 hours of the exposure incident. The other shots will be given based on the vaccine schedule. If the Hepatitis B vaccine is offered to you, it is recommended that you get it. However, you may refuse it, and can sign a form that you are declining it. If you change your mind, you can request the vaccine series at a later time.

Knowledge Check

Great job! You've made it to the end of Module Two. Now you have a chance to check what you've learned. Select "Start" to begin the Knowledge Check.

1. (True/False) One of the most effective ways to prevent the spread of pathogens is proper hand washing.

True

False

This is true. Hand washing is one of the most effective ways to prevent the spread of pathogens.

2. (True/False) Food preparation gloves are designed to protect the food from germs that could be transmitted from the person preparing the food.

True

False

This is true. Food preparation gloves are looser than gloves used for PPE and are designed to protect the food, not to protect the person.

3. (True/False) Shaking soiled laundry and clothing over a trash can is considered safe practice.

True

False

This is false. Shaking soiled items over a trash can release particles of feces, urine, and/or vomit into the air and onto surrounding surfaces, which can spread germs.

4. (True/False) A sanitizer is stronger than a disinfectant.

True

False

This is false. Disinfectants are actually stronger than sanitizers.

5. (True/False) Most exposure incidents result in infection.

True

False

This is false. The risk of getting an infection after someone else's blood gets into your body is actually low. The risk does exist, though, which is why we always use standard precautions.

Summary

We hope this course has helped you better understand the bloodborne pathogens you may come into contact with as an early care and education provider. You should now have a better understanding of how to lower your risk of exposure to infectious diseases, and what to do if you are exposed or need to clean up any bodily fluids.

Remember, standard precautions are a very important way to reduce your risk of exposure, but they only work if you use them and use them correctly every day and every time.

Reflections

As you finish this course, take a moment to think about what you have learned about infectious diseases, illnesses, immunizations, and standard precautions. How will you apply your new knowledge to help protect yourself, your coworkers, the children you work with, and their families?