EAST CAROLINA UNIVERSITY

INFECTION CONTROL POLICY

| Nancy Darden Child Development Center | Date Reviewed: 11.17.93, 3.22.95, 3.26.97, 3.22.00, 3.26.03, 7.19.06, 12.6.11, 6.7.16, 12.3.19 |
| Date Originated: November 17, 1993 |
| Date Approved: |

Approved by:

_________________________
Departmental Chairman

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Administrator/Manager

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Chairman, Infection Control Committee

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Infection Control Nurse
I. Purpose: The Infection Control Policy is established to help safeguard children and personnel from the transmission of infection between children and personnel during childcare. All ECU personnel and students are to comply with all Infection Control Policies.

II. Personnel:

A. All new and current employees will comply with employment screening as outlined by the Prospective Health Policy. All employee health records will be maintained by the Prospective Health.

B. Employees have potential for blood or other potentially infectious material exposure will be offered hepatitis B vaccine at no charge to the employee. Students with clinical rotations in the Child Development Center will have documentation of Infection Control training, required vaccination administered and PPD skin testing results.

C. Any staff or student who has an exposure to a communicable disease through a needlestick or other means will report that exposure to Child Development Laboratory Director or clinical instructor and follow-up will be done per the Bloodborne Pathogen Exposure Control Plan or Prospective Health Policy depending on exposure.

Accidental exposures to chemicals will be reported on an incident report form. The person exposed to these hazards will be evaluated according to ECU Policy. Refer to the Radiation Safety Manual, the Biological Safety Manual, and the Chemical Hygiene Plan.

D. Employees will receive education on infection control, standard precautions and OSHA standards upon employment and yearly thereafter.

E. This policy will be evaluated every three (3) years and revised as needed due to change in practice or standards.

III. Physical Layout:

A. The Child Development Laboratory layout consists of four (4) classrooms (rooms 161, 163, 168, 174) in the Rivers Building.

IV. Procedures:

A. Handwashing should be done immediately with an antimicrobial soap and water before and after contact with potentially infectious materials of a child. Sinks are available in each room, the kitchen, and facility bathroom. If handwashing facilities are not immediately available, antiseptic hand cleaners in conjunction with clean
cloth/paper towels or antiseptic towelettes will be provided.

B. Aseptic technique should be strictly observed with any emergency aid treatment of accidents.

C. Standard precautions will be observed on all children. Gloves are worn if hands may be exposed to blood and other potentially infectious materials. Pocket Resuscitators will be utilized if cardiopulmonary resuscitation (CPR) is to be administered.

Child care workers who have exudative lesions or weeping dermatitis shall refrain from direct contact with children until the condition resolves. Open wound or sores should be covered with a protective dressing.

D. Procedures performed in the Child Development Center consist of First Aid, Cardiopulmonary Resuscitation (CPR), cleaning toys, and cleaning tables for meals.

E. If an accident occurs involving a spill of blood or other potentially infectious Materials onto a facility surface, the area will be cleaned with an approved disinfectant.

F. Personal protective equipment which includes gloves, pocket resuscitators, and antiseptic towelettes will be available in each Child Development Center classroom.

G. Refer to Appendix 1 for a list of common procedures that require minimum personal protective equipment.

Refer to Appendix 2 for the work up of a child exposure to blood and the handling of such an exposure.

H. Being a day care center, the Child Development Center is inspected twice yearly by the sanitation division of the Pitt County Public Health Center. Snacks are assembled on site in accordance with sanitation regulations. Infection Control will receive a copy of the inspection report.

I. Management and prevention of illness.
Transmission of an agent within a group depends on
1. Characteristics such as mode of spread, infective dose, and survival in the environment.
2. Frequency of asymptotic infection or carrier state.
3. Immunity to the respective pathogen.
J. Illness of Children:

If a child displays any of the following symptoms, he/she will be isolated from the other children until the parents are contacted to pick him/her up as soon as possible.

1. Suspected signs of a communicable disease
2. Continued nausea, vomiting, of greater than 2 times in previous 24 hours unless determined noncommunicable, or diarrhea (frequents loose stools)
3. Constant cough or difficulty breathing, complaints of sore throat, or chest discomfort
4. Discharge from ears or eyes, inflamed tissues around eyes or ears
5. Any visible rash or skin sore with suspected communicable nature, mouth sores associated with an inability to contain saliva
6. Axillary temperatures of more than 99°F.
7. Continuing headaches and general malaise.

Readmission to the center will be permitted when the symptoms are no longer present or upon authorization by a physician or nurse practitioner. Children who are too ill to participate in indoor or outdoor play during a day should remain home.

If a child or a family member has been exposed to a communicable disease such as chicken pox, impetigo, scabies, a strep infection, etc., inform the center. If the center identifies a child or staff member with a communicable disease, the center will contact parents and either verbally or in writing pass along the information and recommendations given to the center by it's health consultant.

K. Vaccine - Preventable Diseases

1. All children enrolled in child care should provide written documentation of standard immunizations for age.

2. Children who have not been immunized in an age appropriate manner before enrollment should have their immunization series initiated As Soon As Possible - No later than within 1 month of enrollment.

3. In the interim, non-immunized or inadequately immunized children should be allowed to attend child care unless a vaccine preventable disease to which they are susceptible occurs in the child care program.

4. Child care providers should be current for all immunizations routinely recommended for adults.
V. Equipment and Supplies:

A. Clean Equipment will be stored in the classrooms.

B. Equipment will be inspected periodically and repaired or replaced as necessary. Reusable contaminated equipment will be cleaned with an approved disinfectant or sterilized. Contaminated disposable equipment will be discarded in appropriate containers.

Refer to ECU Infection Control policy on cleaning and disinfection of toys and for handling of toys.

C. Rooms will have an appropriately labeled contaminated trash can (red bag) and a non-contaminated trash can (clear or brown bag). Any contaminated non-sharp trash will be discarded in the red bag trash. These red bags will be gathered and sent for incineration. Any non-contaminated trash will be discarded in clear or brown bag.

D. Toilet areas should be maintained in a sanitary condition.

E. The Child Development Center will provide a crib for each infant. The Child Development Center will wash crib sheets daily.
Appendix 1

List of common procedures and minimum protective equipment needed

<table>
<thead>
<tr>
<th>Common Procedures</th>
<th>Minimum Equipment Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Injury with open wound</td>
<td>Gloves</td>
</tr>
<tr>
<td>2. Injury without open wound</td>
<td>None</td>
</tr>
<tr>
<td>3. Oozing of body fluids</td>
<td>Gloves</td>
</tr>
<tr>
<td>4. Cardiopulmonary Resuscitation (CPR)</td>
<td>Gloves, Pocket Resuscitators</td>
</tr>
</tbody>
</table>
Appendix 2

WORK-UP CHILD EXPOSED TO BLOOD

Date of exposure:______________________________________________________________

Name of child bitten/scratched/exposed:________________________________________

Name of child biting/scratching/exposing:_______________________________________

**BITE/SCRATCH**

Aid rendered to child:

Wash area_____________________________________________________________________

Apply ice (swollen area)__________________________________________________________

Wound site:

Broken skin_____________________________________________________________________

Bleeding at site_________________________________________________________________

For child biting, examine hands and nails for evidence of blood:_____________________

________________________________________

**SPLASH/OTHER EXPOSURE (Blood on broken/open skin)**

Blood in contact with broken skin_________________________________________________

Blood in contact with intact skin__________________________________________________

Splash to face___________________________________________________________________

Notification

Parent of child bitten/scratched/exposed:__________________________________________

Parent of child biting/scratching/exposing:________________________________________

Risk

Child born outside US____________________________________________________________

Parents born outside US__________________________________________________________

Child known carrier of Hepatitis B or HIV_________________________________________

Blood transfusion________________________________________________________________

Child received Hepatitis B Vaccine_________________________________________________

**COMMENTS:**

_____________________________________________________________________________

_____________________________________________________________________________

Nancy-Darden-Child-Development-Center-1
Signatures:
Parent/Guardian child bitten/scratched/exposed:

Parent/Guardian child biting/scratching/exposing:

Worker completing form: