Staff Health

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California Childcare Health Program
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California Childcare Health Program

The mission of the California Childcare Health Program is to improve the quality of child care by initiating and strengthening linkages between the health, safety and child care communities and the families they serve.

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LEARNING OBJECTIVES

To describe five major occupational hazards in early care and education (ECE) programs.

To describe measures that prevent and manage occupational hazards.

To list three ways a Child Care Health Advocate (CCHA) can assist ECE programs in developing and implementing staff health and safety policies.

To identify staff health and safety resources to assist and support ECE providers and families.

RATIONALE

CCHAs are responsible for putting policies and procedures into place in ECE programs to promote the health and safety of children and ECE staff. Staff health is an important part of providing a quality experience for children. ECE staff who are healthy and not stressed are able to provide responsive care to children. Even though many health and safety policies in ECE programs protect children and adults, some health and safety issues specific to adult staff are often neglected.

WHY ECE STAFF ARE AT RISK

ECE staff face a number of health and safety risks. The four common risks covered in this module are infectious disease, injuries, environmental risks and stress. For example, the health of ECE staff is at risk due to illnesses common in group settings, such as colds, coughs and diarrhea. ECE providers are also exposed to germs because they change diapers and help young children use the toilet. They have job-specific injury risks from using furniture intended for children, from lifting and carrying children all day and from using toxic art and cleaning materials. ECE staff experience a great deal of stress and stress-related illnesses. These risks are outlined in *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition* (CFOC) (American Academy of Pediatrics [AAP], American Public Health Association & National Resource Center for Health and Safety in Child Care, 2002) Appendix B (see *Handout: Major Occupational Health Hazards*). Like many others in the helping professions, ECE providers often put their own needs second to those of the people they care for. A natural part of the CCHA's role is to make sure that the adult staff in the ECE program are healthy and safe.

WHAT A CCHA NEEDS TO KNOW

While many health and safety policies and procedures are required by the various agencies regulating ECE programs, the CCHA must know that the health and safety of the staff is equally important. In the ECE field, funding is often tight and resources scarce. Often, resources are used on the children and the program first. Facilities and staff may often be neglected. Many ECE providers are unaware of Occupational Safety and Health Administration (OSHA) regulations (Cal/OSHA in California) that they must follow as employers, or are struggling to follow the regulations when there are not enough funds. See *Handout: Cal/OSHA: Safety and Health Protection on the Job*.

Infectious Disease Risks

ECE providers get sick more often than adults who have less contact with children (Holmes, Morrow & Pickering, 1996; Reves & Pickering, 1992). The increased risk is due to the higher rate of disease in the group they work with (young children) and to the children's greater tendency for sharing germs. Young children often sneeze or cough without covering their mouth and noses. They often wipe their noses with their hands and then touch toys and food, thus spreading germs. Most of the diseases of greatest concern in ECE programs are spread through respiratory routes (e.g., breathing, sneezing, coughing, sharing food and drinks). Diseases spread this way include measles, mumps, chicken pox (varicella), fifth disease (slapped cheek disease caused by parvovirus B19), impetigo, pinkeye, whooping cough (pertussis), hepatitis A and cytomegalovirus (CMV). When a new staff member joins the ECE program, he or she is more likely to get sick since the new staff person has now come across a new group of germs that the body has not developed protection against.

Not all diseases have the same symptoms for children and adults. In some cases, such as hepatitis A, children may be infected but show no symptoms, while ECE staff get very sick. Other diseases, such as *Haemophilus influenzae* type B (Hib), may produce no visible symptoms in staff, but more severe symptoms in children. Some diseases, such as CMV, may produce mild or no symptoms in both children and staff. However, CMV seriously affects the fetal development in previously uninfected pregnant staff (Adler, 1989).

If ECE providers come to work when they are ill, they may spread their germs to children and coworkers. Thus, it is important for the CCHA to make sure the ECE program has a clearly defined exclusion policy. An exclusion policy outlines when a person should stay home due to illness and when the person can come back to work once the illness is over. Ill ECE staff members are more likely to get other infections that they cannot fight off, as their immune system may be weakened by the original illness. It is important for staff who are pregnant or planning to become pregnant to let their health care provider know that they are working with young children, because exposure to some childhood illnesses (bacterial or viral) during pregnancy can affect the fetus.

State health departments have developed a list that includes infectious diseases that have recommended exclusion periods (i.e., how long the person needs to stay home), what to do when a person has been diagnosed with a particular disease and what diseases must be reported to the local health district.

Parents and ECE staff need to be notified when certain diseases have been going around in the ECE program. ECE providers should give out current disease fact sheets to families and staff during disease outbreaks or exposure. California Childcare Health Program (CCHP) Disease Fact Sheets provide basic information on diseases, how to prevent the spread, when to seek medical attention and whether the disease affects pregnancy (see Web site http://www.ucsfchildcarehealth.org).

Injury Risks

Lifting, carrying and reaching are essential activities when caring for young children. The health and safety of staff are affected not only by how much they lift or carry, but by how, and how many times a day, they lift and carry. ECE providers often have only child-sized furniture to sit and work on. They may need to do some of their work sitting on the floor without proper back support. These activities can cause back, neck and other injuries.

In 1993, OSHA reported that in the general workplace, three out of four back injuries involved lifting. In a survey of injuries to ECE workers, Brown and Gerberich (1993) found that injuries involving the back accounted for the greatest percentage of total injuries (34.1%). Of that percentage, 49% involved lifting a child.

In addition, ECE staff may be at higher risk for falls when reaching for supplies stored in hard-to-reach places or when tripping over toys left on the floor. These falls may result in serious injuries. Brown and Gerberich (1993) found that falls were the second most commonly reported injury for ECE staff, accounting for 21% of all injuries.

Nurturing, responsive care requires that ECE staff communicate with children at the child's eye level. To speak with toddlers, the ECE provider will need to bend and kneel. In addition, an ECE program's family-style meal policy may require ECE providers to sit at a child-sized table with the children. Using child-sized furniture causes adults to sit in awkward positions, which can put stress on the joints of the ankles, knees and hips and may lead to strains and sprains. Lifting children out of cribs may cause back strain if the ECE provider is not taught proper body mechanics (how to use your body correctly). The frequent lifting required in ECE programs can cause repeat injuries for ECE providers. CCHAs need to be aware of these potential injuries and work to prevent them.

Environmental Risks: Being Exposed to Toxic Materials

ECE providers may be exposed to a variety of toxic materials while at work, including cleaning products, art materials, mold, mildew, lead, asbestos and latex.

Cleaning products

In ECE programs, ECE staff are required to clean surfaces thoroughly to prevent the spread of germs (AAP et al., 2002, Standard 3.030): "…countertops, tabletops, floors, door knobs, cabinet handles, food preparation and service areas, phone receivers, hand washing sinks and surrounding counters, faucets, soap dispensers, toilet seats, toilet handles, cubicle handles, toilet bowls, mops and cleaning rags, and any surfaces contaminated with body fluids [should] be sanitized daily and whenever soiled. Utensils, surfaces, and toys that go into the mouth or have been in contact with saliva or other body fluids, changing tables, and potty chairs should be sanitized after each child's use."

Staff are exposed to disinfectants and sanitizers when they clean surfaces and toys. The cleaning solution recommended for ECE programs consists of chlorine bleach (a pesticide) diluted with water. Since the cleaning products used are typically common household cleansers, ECE staff tend to overlook their toxicity. Kitchen and laundry disinfectants and sanitizers, and products that kill mold and mildew are technically referred to as pesticides. CCHAs need to be aware of this common exposure to toxic materials and to educate themselves and other ECE providers about how to safely use cleaning products. Chlorine bleach, for example, is irritating to the skin and can cause serious

damage to the eyes. Other common cleaning products, such as furniture cleaners and polishes, floor cleaners, and carpet shampoos and disinfectants, contain very toxic ingredients. When inhaled, these toxins may irritate the ear, nose and throat, and cause headaches. With repeated exposure, loss of balance, nausea and damage to the liver, kidneys and central nervous system may result. When possible, less toxic materials should be used in place of the more toxic products. In addition, proper ventilation (circulation of air) is required when using these cleaning materials.

Art materials

ECE staff are more likely to be exposed to toxic arts and crafts materials than the children in their care. Staff may use more toxic art materials (such as glues, rubber cement, inks and paints) to create posters or art work for room display. Other toxic art materials commonly used by ECE providers, such as spray-on enamels and spray fixatives, contain organic chemicals that can cause dizziness and sleepiness in the short term. If an ECE provider is exposed to a small amount of toxic art materials for a long period of time (e.g., everyday for several years), he or she may be more likely to experience the following health problems: allergies, asthma, central and peripheral nerve damage, psychological and behavioral changes, respiratory damage, skin damage and cancer (AAP, 2003). There are now art materials that are nontoxic, which should be used instead of the toxic materials.

Mold, mildew, lead and asbestos

ECE programs, especially those in big cities, are often housed in older buildings, probably because such buildings are plentiful and have lower rents. However, if the building was built before 1978, the paint likely contains lead. In most cases, the older the building, the higher the percentage of lead in the paint. Lead paint wears away over time due to moisture, normal use and disturbance during renovation projects. The paint flakes and breaks down into dust that may be so fine it cannot be seen, but it can be inhaled or swallowed. Older buildings also usually contain asbestos (a fire-resistant material) in ceilings, floor tiles, or pipe or furnace insulation, or on other surfaces. Over time, asbestos can also flake and break down into fine dust, which can be inhaled or swallowed. Finally, older buildings have a greater risk of mold and mildew because moisture builds up from leaks in the roof or basement, drafty windows and doorways, and inefficient ventilation or air conditioning systems. All of these characteristics of older buildings create a risk for ECE staff, as well as the children they care for. For example:

- Even at low concentrations, lead can affect the central nervous system and is linked with lower IQ scores and nerve damage (AAP, 2003).
- Exposure to asbestos has a strong link with lung cancer (AAP, 2003).
- Mold and mildew are linked with asthma and respiratory symptoms (AAP, 2003).

Latex

Since ECE providers sometimes wear latex gloves to protect themselves against infections, they are at risk for latex allergies. Latex is a milky liquid produced by rubber trees. It is used to make a variety of common household products, such as protective gloves. Latex allergy or sensitivity is a reaction of the body's immune system to proteins found in natural rubber latex. Symptoms can include skin redness, hives, itching, itchy eyes, sneezing or coughing. See *Handout: Health and Safety Notes: Latex Allergy and Sensitivity in the Child Care Setting* for more information.

Stress in the ECE Workplace

The ECE setting can be very stressful. Some of the causes of stress, such as low pay and working conditions, may not be easily fixed. Stress may be related to tension between families and ECE providers, child-adult ratios, noise, the demands and immediacy of the needs of children, and inadequate benefits. ECE staff commonly do not receive benefits such as medical insurance. The combination of low pay, difficult physical work, lack of breaks and support all add to feelings of stress.

Workplace stress in ECE programs may well play a key role in causing physical illness among staff (Aronson, 2001). Some of the symptoms or early warning signs of job stress include the following:

- tense muscles; sore neck, shoulders and back
- upset stomach
- headaches

- sleep disturbances, insomnia
- fatigue, even when getting enough hours of sleep
- boredom, listlessness and low morale
- self-medicating with alcohol, caffeine and other drugs
- loss of appetite
- irritability
- difficulty in concentrating

CCHAs should be aware of the stress present in the ECE staff and should educate coworkers about ways to prevent and manage stress.

WHAT A CCHA NEEDS TO DO

Prevention of Illness

To prevent illness in staff, several things need to be done. First, CCHAs should consider policies that encourage staff to have health assessments before they are hired, as well as annual physicals to help staff identify any possible weaknesses or vulnerabilities to specific job-related risks. Second, CCHAs should make sure that ECE programs have policies for adult immunization requirements. If ECE providers are immunized, they are less likely to get sick. Thirdly, CCHAs should make sure that there are illness exclusion policies in place. CCHAs should also make sure that ECE providers are aware of the need to prevent illness in pregnant staff members. Lastly, CCHAs should educate ECE providers about *standard precautions* (rules for preventing the spread of disease) and the importance of sanitation.

Staff health assessment

All ECE staff should have a health assessment conducted by a health care professional before their first day of work at the ECE program (AAP et al., 2002; Aronson, 2002; State of California, 2002). The examination should include a health history, physical examination, dental examination, vision and hearing screening, TB screening, review of immune status to vaccine-preventable diseases, review of job-related health concerns and an assessment of risk from exposure to common childhood infections such as parvovirus, CMV and chickenpox. These requirements are well described in CFOC (AAP et al., 2002, Standard 1.045). Appendix E provides a model health assessment form (see *Handout: Child Care Staff Health Assessment*). If ECE staff have a positive TB test, have tested positively for TB in the past or have had TB in the past, they must have a signed document from their doctor that states that they do not have active TB (State of California, 2002).

Staff immunization

CCHAs can encourage ECE staff to get immunized and have yearly flu shots. CFOC recommends the following: "ECE providers shall be current for all immunizations routinely recommended for adults by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC). All child care providers shall have: a) completed a primary series for tetanus and diphtheria, and shall receive boosters every 10 years; b) been immunized or certified immune by a health care provider against measles, mumps, rubella, poliomyelitis, varicella (chickenpox), and hepatitis B following guidelines of the ACIP" (AAP et al., 2002, Standard 3.007). CDC (2003) reports that the childhood immunization program has greatly reduced the rate of vaccine-preventable disease among children, but vaccine-preventable diseases such as hepatitis A, hepatitis B, influenza and pneumococcal infections continue to occur among adults. In 2002, ACIP approved a routine vaccination schedule during 2003 to 2004 for persons aged 19 and older. The most current adult immunization schedule can be found at http://www.dhs.ca.gov/ps/dcdc/izgroup. (Also see *Handout: Recommended Adult Immunization Schedule by Vaccine and Age Group*.) In addition, ECE providers are encouraged to receive yearly flu shots to protect themselves and to reduce the spread of the flu to young children and families (see *Handout: Health and Safety Notes: Influenza and You—What You Need to Know* and *Handout: Fact Sheets for Families: Vaccines Aren't Just for Children*).

Exclusion policies

CCHAs should develop and put into practice exclusion policies that encourage staff to stay at home until they have completely recovered from any infectious

illness. CCHAs should communicate the exclusion policy to parents, making sure they understand the importance the ECE program puts on having staff members, as well as children, stay home when they are ill. The CFOC standards (AAP et al., 2002) list 18 conditions that require the temporary exclusion of a staff member to prevent the spread of illness (AAP et al., 2002, Standard 3.069). In a survey of ECE staff, Gratz and Claffey (1996) found that 87% of staff reported working when ill. See *Handout: Staff Illness and Exclusion Policy* for more information.

Pregnant staff

ECE staff who are pregnant are especially vulnerable to infectious diseases (Gratz, 1994; Gratz & Boulton, 1994). Staff who are pregnant or staff who are considering pregnancy should consult with their health care providers for advice about immunizations and other measures to promote a healthy pregnancy while working in ECE programs. CCHAs can tell all staff members about the risks pregnant ECE providers face.

Standard precautions

To reduce the spread of infectious diseases in ECE programs, staff must wash their hands, wear gloves if needed, and clean and sanitize the room, tables, kitchen area and toys. CCHAs should teach staff about standard precautions as a way to reduce illness in the ECE program. Standard precautions are a set of rules designed to prevent the spread of diseases via blood or body fluids. Any body fluid may carry contagious germs. When ECE providers come into contact with blood or body fluids, they may be exposed to unknown diseases. See *Handout: Health and Safety Notes: Standard and Universal Precautions in the Child Care Setting*.

Here are some other examples of things a CCHA can do to encourage staff wellness:

- Maintain lists of health care providers for pre-employment physicals, immunizations, illness or injury, and workers' compensation evaluation.
- Create a bulletin board in the staff lounge to announce classes, social events, and wellness and stress relief messages, such as stretching, yoga, exercises, plenty of jokes, humor and a staff suggestion box.
- Develop a list of substitute teachers to provide relief when staff are ill or stressed.
- Stock a first aid kit which includes items such as Tylenol, ice compresses and ace bandages.

Prevention of Injuries

To help prevent on-the-job injuries, CCHAs can provide information about proper body mechanics to staff when they work at low tables and on child-sized chairs, and when they lift and carry children. CCHAs can encourage ECE providers to buy furniture that promotes children's safety and helps providers use proper body mechanics.

Staff should follow these guidelines to safely lift children (American Academy of Family

Physicians, 2001; NAEYC, 1997; Gratz & Claffey, 1997; Wortman, 2001):

- Prepare first. Plan ahead and do not rush. For example, lower crib sides before lifting a child from the bed. Be prepared to pick the child up and carry him or her to another place before putting the child down again.
- Make sure there is enough room to lift safely.
- Give yourself a firm base of support. Stand close to the child with your feet about shoulder-width apart, with one foot alongside the child and the other slightly back. If you reach out to lift and carry a child or object, you may hurt your back.
- Squat down, bending at the knees, not the waist. Tighten your stomach muscles to help your back stay in balance while you lift. Try to keep your chin parallel to the floor and your back as straight as possible. Never lift a child by keeping your legs stiff, while bending over the child.
- Have a firm grasp of the child before beginning to lift.
- Begin slowly lifting with your legs. Never twist the body during this step. Twisting stresses the muscles, ligaments and joints of the spine. If you must turn while carrying a child, turn using your feet, not your torso.
- Use slow and smooth movements. Hurried, jerky movements can strain the muscles in the back.
- To put the child down again, follow the same steps in reverse order. Have a firm grasp on the child and place your feet shoulder-width apart,

one foot slightly in front of the other. Remember to keep your back as vertical as possible and bend at the knees to lower the child. Extend arms straight down and do not rotate the trunk. (See *Handout: Cal/OSHA: Work Smarter, Not Just Harder: Think Ergonomics*.)

Prevention of Exposure to Toxic Materials

To decrease this job-related risk, the CCHA should check the ingredients of the cleaning and art supplies to make sure they are not toxic. The CCHA can make sure that the Material Safety Data Sheets (MSDSs) on all supplies requiring them are available and that staff have access to the sheets and the information on them (see *Handout: Material Safety Data Sheet [Clorox Company]*). The CCHA can advise staff to use gloves when working with irritating substances and to check with poison control or the manufacturer if they have additional questions about the materials they are using for sanitation and cleaning. The CCHA should make sure to have nonlatex gloves available for those staff members who have latex allergies (see *Handout: Health and Safety Notes: Latex Allergy and Sensitivity in the Child Care Setting*).

All cleaning products should be used only for their intended purpose and according to the manufacturer's recommendations. For example, when the instructions say, "use with adequate ventilation," the product should preferably be used outside the building. If used inside, windows should be open so that air can flow; exhaust fans can be used as well (AAP et al., 2002, Standard 5.100).

Some other tips include the following:

- ECE staff should limit or avoid using highly toxic liquid cleaners when cleaning carpets.
- Cleaning products should be stored only in their original containers so that safety information is not lost. These products should be kept safely out of reach of children (AAP et al., 2002, Standards 5.011, 5.100).
- By law (OSHA Hazard Communication Standard 1910.1200), the workplace must provide employee training programs on the risks of any chemicals in the workplace and on ways to protect oneself from the chemicals.
- If there is a choice between products that have the same cleaning results, the ECE program should choose the least toxic one. Product labels or MSDSs contain a rating of 0 to 4 under the heading *Health Hazard Rating*. The lower the number, the less toxic the product.
- Staff should carefully review all art supplies used in the ECE program and, whenever possible, replace them with less toxic products (AAP et al., 2002, Standards 5.073, 5.100-5.111). For example, water-based paints can replace paints containing lead. Nontoxic markers can replace permanent markers, which may contain toxic solvents. Wet clay can be used instead of powdered clay, and new, less toxic brush cleaners are now available to replace those with organic solvents (Smith, 2002).

All arts and crafts materials used in ECE programs should have two labels:

- **ASTM D-4236.** All arts and crafts materials imported or sold in the United States are required to meet the American Standards for Testing Materials (ASTM) D-4236 regulations for acute and chronic health hazards. A statement containing this information must appear on the product label. This statement does not mean that the product is safe, but that the product provides information for safe use.
- **ACMI.** The seal of the Art and Creative Materials Institute (ACMI) certifies that an art material can be used without risk of acute or chronic health hazards by anyone, including children and impaired adults (AAP, 2003).

Prevention of Stress

There are two ways to help prevent stress in the ECE workplace. One is to change the workplace to make it less stressful, and the other is to teach ECE staff how to manage and cope with stress.

CFOC (AAP et al., 2002, Standards 1.049, 3.058) recommends making workplace changes in the form of written personnel policies for such things as break times away from children to prevent potentially stressful situations for ECE providers. Other suggested workplace changes for reducing staff stress include the following (AAP et al., 2002; Aronson, 2001; Prevent Child Abuse North Carolina, 2000):

- written job descriptions and personnel policies to insure staff understand their responsibilities
- regular staff meetings so that members can share feelings and concerns, and feel supported by coworkers
- involvement of staff in program decisions so that they feel control over their work environment
- regularly scheduled, trained volunteers to assist during the busiest times of the day so staff can take breaks or provide individual attention to children.
- the presence of an on-call person so staff members who feel overwhelmed by the demands of the job can take a break from the children
- a pleasant, comfortable place with adult-sized furniture for staff to use on breaks so that their time away from the children is relaxing
- regularly scheduled exercise breaks for staff, such as a 10-minute walk twice a day

Instead of changing the things that create stress in the workplace, stress management programs teach ECE providers to change how they react to stressful events. Stress management programs teach workers about the nature and sources of stress, the effects of stress on health and ways to reduce stress, such as time management or relaxation exercises. CCHAs can work with staff to find out what they find stressful in their day and how to make a plan to deal with the stress. CCHAs can provide training on the signs and symptoms of stress, as well as changes that may decrease stress. To date, stress management training in ECE programs has focused on providing tips for building personal skills to manage stress (Aronson, 2001; Mayer, 2002). Some of the stress management tips include the following:

- **Prioritize.** Identify those tasks that are most important and take care of those first.
- **Set limits.** Do not take on other people's problems.
- **Use appropriate resources.** ECE providers can only go so far in meeting children's needs. Recommend community resources to parents when they need more help than you can offer.
- **Maximize job satisfaction.** Structure the day to include as many benefits and enjoyable tasks as possible. Even 5 minutes of an enjoyable activity can improve health.
- **Get support.** Identify other ECE staff to talk about work issues with. Share concerns and ideas.
- **Laugh.** Laughter is good for you. Find time to laugh and have fun with whatever you are doing.
- **Exercise.** Physical activity is relaxing and can help release stress and tension. Stretching exercises and exercises to strengthen the back are important for stress management.

Assess the ECE Program's Existing Staff Health Policies

The CCHA should find out if staff health policies exist. If so, the CCHA should review the existing policies to make sure they are accurate and up-to-date. There should be statements on topics such as exclusion and inclusion for illness, mandatory breaks and safe lifting. The CCHA should assess if staff have proper equipment for protection against exposure to disease (e.g., gloves, disinfectants). The CCHA can help the ECE provider find out if the plan can be designed, when needed, for a particular staff person's special needs. The CCHA should find out who is responsible for the policies and how the policies are monitored. If there are weaknesses in some areas of the plan for staff safety and health, the CCHA can offer realistic recommendations for improving the existing policies or for developing policies if none are available.

Assist with Finding Solutions to Staff Health Issues That Arise

The CCHA can help ECE providers define problems and resolve conflict using the following techniques:

- Have a brainstorming session with staff to explore preventive health needs.
- Provide the current immunization schedule for adults.
- Change the existing policy or create a new one as needed.
- Help develop a plan for training in bloodborne pathogens (diseases carried by blood or other body fluids), standard precautions, body mechanics and other topics.

Link ECE Programs with Health Departments and Other Resources

The CCHA should assist programs in linking with the local health department, the local OSHA office and other relevant health agencies. The CCHA can help ECE programs and staff access low-income health and dental insurance. The CCHA can explore resources for substitute teachers that will allow the ECE provider to maintain child-adult ratios so they may take needed breaks or a day off.

Model Safe and Healthy Behavior at All Times

The CCHA should do the following:

- Wash hands upon entering the ECE program or classroom.
- Remove shoes when entering infant/toddler areas.
- Choose healthy snacks like fruit or nuts when bringing snacks for the staff.
- Model proper body mechanics when lifting, sitting or reaching.

Cultural Implications

Various cultures may have different ideas about how to treat illness. It is very important to consider these cultural, ethnic and language differences when talking to parents and staff. Having clearly defined rules about when and why staff and children should not come to the ECE program due to illness will help families. Having a staff person who can speak in the families' language may also help prevent problems.

Implications for Children and Families

If staff are encouraged to stay home or seek medical attention when they are too ill to work, children in the ECE program will be exposed to fewer illnesses and may miss fewer days. Children and families will learn about appropriate health and safety behaviors when they are practiced by the ECE staff. Staff will have more patience and less stress when working with the children and families, and therefore, the quality of the care may improve.

Implications for ECE Providers

ECE staff will be more comfortable doing their jobs if they are aware of good body mechanics, are aware of stress-reducing interventions and take better care of themselves. ECE staff will be more aware of risk factors in ECE programs and more aware of methods for preventing risks to themselves.

ACTIVITY 1: LARGE GROUP BRAINSTORM

Brainstorm ways CCHAs can assist ECE programs in helping ECE staff feel healthy and less stressed. Make a list of ideas. Talk about how physical fitness and nutrition may play a role.

ACTIVITY 2: STAFF HEALTH STORIES

Please read each story and answer the questions. Talk about the stories in small groups.

Story #1:

The director at your center, Ben Stanley, wants your help as a CCHA. He is very concerned about something he heard from the mother of one of the children. When you arrive, Mr. Stanley tells you that Vera Lloyd-Drake, the mother of a child at the center, came into his office this morning and was very angry and upset. She told him that Adrienne, one of the staff in the center, has hepatitis B. Ms. Lloyd-Drake said she works in the Community Hospital as a housekeeper and saw Adrienne in the hepatitis clinic. Ms. Lloyd-Drake has threatened to pull her child out of the center if Adrienne is allowed to stay.

What are the main issues in this situation that need to be talked about?

Why is the mother upset?

Why is Mr. Stanley upset?

How would you respond to Mr. Stanley?

How can you help the situation?

Story #2:

While you are talking with Mr. Stanley, he also addresses another issue. He tells you he is concerned about one of the center's caregivers, Victoria Lowell. Mr. Stanley describes Ms. Lowell as an incredibly loving caregiver. She has some health problems, however, because she is very overweight. She has back problems and is unable to lift any of the children. She also has a hard time getting in and out of chairs, and it is difficult for her to be involved with the children on the playground. Mr. Stanley values Ms. Lowell as an employee, but is concerned for her health and the children's safety.

What are the main issues in this situation that need to be talked about?

How would you respond to Mr. Stanley? What advice would you give him?

Story #3:

DeeDee Stanford is the Director of the Cedar Street Child Care Center. It is a large facility with an enrollment of 57 preschoolers and 12 infant toddlers. The staff are worried about the safety of using bleach as a disinfectant. Some staff prefer to use Simple Green Cleaner as a disinfectant. Ms. Stanford wants to know what to do.

What are the main issues in this situation that need to be talked about?

How would you respond to Ms. Stanford?

Story # 4:

As the CCHA of a program, you have been asked by the director to make rounds of the rooms and to help identify health risks that need attention. In the toddler room, you notice a staff person lifting a heavy toddler off the diaper table using improper lifting technique (knees straight, twisting while lifting). She also uses the same poor technique when taking heavy diaper bags to the garbage. You also observe the large amount of time ECE staff spend on the floor with the infants and toddlers for bottle feeding and interactions with the babies. One staff member commented that working with babies "kills your back." When you shared this information with the director, she was surprised.

What would you recommend the director do to improve working conditions in the program?

What could you teach the ECE director and staff to help solve this problem?

NATIONAL STANDARDS

From *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition*

1.045-1.049, 3.005, 3.014, 3.020-3.040, 3.058, 5.046, 5.080, 6.001-6.025, 8.011, 8.038, 8.044, 8.058, 8.061, 8.062, Appendix B, Appendix D, Appendix E and Appendix J.

CALIFORNIA REGULATIONS

From *Manual of Policies and Procedures for Community Care Licensing Division*

101217 (b), 101216.1 (i), 101216 (3), 101216 (g).

From *Cal/OSHA Regulations*

19101030,19100151,19100037,19100133,19100157, 19101020,19100138,19100038,19100141,19100006, 19100145,19100160,19100165,19100059,19101025, 19100067.

RESOURCES

Organizations and Resources

Organization and Contact Information	Description of Resources
American Heart Association www.americanheart.org	Dedicated to reducing disability and death from cardiovascular diseases and stroke.
American Physical Therapy Association 1111 North Fairfax Street Alexandria, VA 22314-1488 (800) 999-2782 www.apta.org	The American Physical Therapy Association (APTA) is a national professional organization representing more than 63,000 members. Its goal is to foster advancements in physical therapy practice, research, and education.
Cal-OSHA Regional www.dir.ca.gov/occupational_safety.html www.dir.ca.gov/dosh/dosh_publications/Erg_ChildCare.pdf	District and Field Offices Cal-OSHA Headquarters 455 Golden Gate Avenue, 10th Floor San Francisco, CA 94102 (415) 703-5100 Cal/OSHA Consultation Toll-Free Number (800) 963-9424 Northern California 2424 Arden Way, Ste. 410, Sacramento, CA 95825 (916) 263-0704 San Francisco Bay Area 1515 Clay Street, Ste. 1103, Oakland, CA 94612 (510) 622-2891 Central Valley 1901 North Gateway Boulevard, Ste. 102 Fresno, CA 93727 (559) 454-1295 San Fernando Valley 6150 Van Nuys Boulevard, Ste. 307 Van Nuys, CA 91401 (818) 901-5754 Los Angeles 10350 Heritage Park Drive, Ste. 201 Santa Fe Springs, CA 90670 (562) 944-9366 San Bernardino, Orange 464 W. 4th Street, Ste. 339 San Bernardino, CA 92401 (909) 383-4567 San Diego 7575 Metropolitan Drive, Ste. 204 San Diego, CA 92108 (619) 767-2060

Organization and Contact Information	Description of Resources
Center for Research on Occupational and Environmental Toxicology (CROET) Oregon Health and Sciences University 3181 SW Sam Jackson Park Road, L606 Portland, Oregon 97239-3098 (503) 494-4273 www.croetweb.com	An occupational safety and health resource directory sponsored by the Center for Research on Occupational and Environmental Toxicology (CROET) at Oregon Health & Science University in Portland, Oregon. Contains links to hundreds of occupational safety and health resources focusing on workplace issues.
City of Tucson Environmental Management Division Health and Safety in the Arts www.ci.tucson.az.us/arthazards/medium.html	A searchable database of health and safety information for artists
Head Start Bureau U.S. Department of Health and Human Services Administration for Children and Families www.acf.hhs.gov/programs/hsb Information and Publication Center 1-866-763-6481 www.headstartinfo.org California: Region 9 Telephone: 415-437-8400 Fax: 415-437-8444 Administration for Children and Families 50 United Nations Plaza Room 450 San Francisco, California 94102-4988 www.acf.hhs.gov/programs/region9/	Head Start materials are generally available at no cost and many can be downloaded from their Web site or ordered by phone. The following are suitable for training on the topic of staff health promotion: *Enhancing Health in the Head Start Workplace* www.headstartinfo.org/publications/enhancing_health/contents.htm This technical training guide increases the under-standing and skills of Head Start staff in identifying the various ways in which employee health affects the effectiveness of the organization; design training programs which encourage employees to improve their own health; understand how the organization contributes to the overall health of employees; and implement policies which allow employees to enjoy the best health possible. *Laying a Foundation in Health and Wellness* www.headstartinfo.org/publications/health_wellness/contents.htm This foundation guide helps participants explore their basic understanding of health concepts, encouraging a perspective that is holistic, multicultural and oriented toward individual and community wellness. The guide links health to Head Start's mission of developing social competence and describes ways that the Head Start program can teach about and support healthy behaviors among children, families and staff members.

Organization and Contact Information	Description of Resources
U.S. Department of Labor, Occupational Safety and Health Administration 200 Constitution Avenue Washington, D.C. 20210 (800) 321-OSHA (6742) www.osha.gov	Employee Responsibilities www.osha.gov/as/opa/worker/responsible.html. Employer Responsibilities www.osha.gov/as/opa/worker/employer-responsibility.html. Occupational Safety and Health Act of 1970 www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=OSHACT&p_id=2743&p_text_version=FALSE. State Occupational Safety and Health Plans www.osha.gov/fso/osp. Worker Rights Under the Occupational Safety and Health Act of 1970 www.osha.gov/as/opa/worker/rights.html.
U.S. Consumer Product Safety Commission Recalls and Compliance Division Office of Compliance, ASTM D-4236 American Society of Testing Materials Washington, DC 20207 (301) 504-7913 www.cpsc.gov	The U.S. Consumer Product Safety Commission is charged with protecting the public from unreasonable risks of serious injury or death from more than 15,000 types of consumer products under the agency's jurisdiction. The CPSC is committed to protecting consumers and families from products that pose a fire, electrical, chemical, or mechanical hazard or can injure children. You can find information on over 4,000 product recalls and recall alerts using the Web site.

Publications

American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care. (2002). *Caring for our children: National health and safety performance standards: Guidelines for out-of-home child care programs, Second edition.* Elk Grove, IL: American Academy of Pediatrics.

Aronson, S. (2002). *Model child care health policies.* Fourth Edition. Washington, DC: National Association for the Education of Young Children.

Aronson, S. (2002). *Healthy young children: A manual for programs.* Fourth Edition. Washington, DC: National Association for the Education of Young Children.

California Childcare Health Program. (2001). *Health and safety in the child care setting: prevention of infectious disease. A curriculum for the training of child care providers* (2nd ed.). Oakland, CA: Author.

Gratz, R. R. (1994). Health considerations for pregnant child care staff. *Journal of Pediatric Health Care, 8(1)*, 8-26.

Gratz, R. & Boulton, P. (1994). Health considerations for pregnant child care staff. *Journal of Pediatric Health Care, 8*(1), 18-26.

Graville, I. & Gross, J. (2000). Staff Health. In *Public Health Consultation in Child Care*. (p. 83-90). Seattle, WA: Washington State Department of Health.

Lynch, E.W., & Hanson, M. J. (1992). *Developing cross-cultural competence: A guide for working with young children and their families.* Second Edition. Baltimore, MD: Paul H. Brookes Publishing Co.

University of North Carolina at Chapel Hill Center for Healthy Student Behaviors. (2004). *Stress management: take the stress test.* Retrieved February 28, 2005, from http://www.studenthealth.unc.edu/chsb/stress_management/stresstest.html.

REFERENCES

Adler, S. (1989). Cytomegalovirus and child day care: Evidence for increased infection rate among day care workers. *New England Journal of Medicine, 321*, 1290.

American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care. (2002). *Caring for our children: National health and safety performance standards: Guidelines for out-of-home child care programs, Second edition.* Elk Grove, IL: American Academy of Pediatrics.

American Academy of Pediatrics, Committee on Environmental Health (2003). *Handbook of pediatric environmental health, 2nd ed.* Elk Grove Village, IL: American Academy of Pediatrics.

Aronson, S. (2001). Taking care of caregivers: Wellness for every body. *Child Care Information Exchange*, 140, 40-43.

Aronson, S. (2002). *Model child care health policies.* Fourth Edition. Washington, DC: National Association for the Education of Young Children.

Aronson, S. (2002). *Healthy young children: A manual for programs.* Fourth Edition. Washington, DC: National Association for the Education of Young Children.

Brown, M.Z., & Gerberich, S.G. (1993). Disabling injuries to child care workers in Minnesota, 1985 to 1990. *Journal of Medicine, 35*(12), 1236-43.

Holmes, S. J., Morrow, A. L., & Pickering, L. K. (1996). Child care practices: effects of social changes on epidemiology of infectious diseases and antibiotic resistance. *Epidemiologic Reviews, 18(1)*, 10-28.

Mayer, M. (2002). Manage your stress. *North Carolina Child Care Health and Safety Resource Center Bulletin, 2(6)*, 1-2.

Prevent Child Abuse North Carolina. (2000). *Tips for child care providers: how to manage stress.* Raleigh, NC: Prevent Child Abuse North Carolina.

Reves R. R., & Pickering, L. K. (1992). Impact of child day care on infectious diseases in adults. *Infectious Disease Clinics of North America, 6*, 239-250.

Smith, D. (2002). *Using art materials safely.* Seattle, WA: Daniel Smith. Retrieved December 10, 2005, from http://www.danielsmith.com/learn/techLeaflets/0022/.

State of California, Health and Human Services, Department of Social Services. (2002). *Manual of Policies and Procedures*, Community Care Licensing Division, Child Care Center, Title 22, Division 12. Chapter 1. Chicago, IL: Barclays Law Publishers.

HANDOUTS FOR THE STAFF HEALTH MODULE

Handouts from California Childcare Health Program (CCHP), Oakland, CA

Handouts from Other Sources

Fact Sheets for Families

Vaccines Aren't Just for Children

Parents may think that vaccines or shots are just for infants and children, but illnesses have no age limits and adults also need protection. There are many vaccines for adults as well and some of them are even more important for adults than for children.

How do vaccines protect us?

When you are exposed to germs, your body makes proteins called antibodies to fight them like soldiers, even in the future. Vaccines are made from germs that cause illnesses, but they are either weaker, dead forms or just pieces of germs which cannot cause illness but can still stimulate your body to produce antibodies.

Provided by California Childcare Health Program
For more information, please contact:
Healthline 1-800-333-3212

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Which vaccines are recommended?

More than 40,000 adults die each year from three major vaccine-preventable diseases: influenza (flu), pneumococcal infections and hepatitis B. Measles, mumps, rubella, chickenpox, tetanus, diphtheria and hepatitis A also cause a considerable number of illnesses and some deaths among adults. Many adults need to receive vaccines against these illnesses.

Are vaccines safe?

Vaccines are among the most effective and safest medicines. Even so, like other medicines, vaccines may cause side effects such as temporary pain at the injection site or low fever. Side effects are rarely serious.

Where can adults get vaccines?

Immunizations are given in doctors' offices, managed care organizations (HMOs), public health clinics, nursing homes, assisted care facilities, pharmacies and other sites such as health fairs and senior centers. For information on vaccines, ask your health care provider or call the CDC Immunization Hotline at (800) 232-2522 (English), (800) 232-0233 (Español) or visit www.cdc.gov/nip.

05/04

Recommended Adult Immunization Schedule

Vaccine	Age Group (in years)		
	19–49	50–64	≥65
Tetanus, diphtheria (Td)	1 dose booster every 10 years		
Influenza	1 dose annually for persons with medical or occupational indications or household contacts of persons with indicators	1 annual dose	
Pneumococcal (polysaccharide)	1 dose for persons with medical or other indications (1 dose revaccination for immunosuppressive conditions)		1 dose for unvaccinated persons 1 dose revaccination
Hepatitis B	3 doses (0, 1–2, 4–6 months) for persons with medical, behavioral, occupational, or other indications		
Hepatitis A	2 doses (0, 6–12 months) for persons with medical, behavioral, occupational, or other indications		
Measles, mumps, rubella (MMR)	1 dose if MMR vaccination history is unreliable; 2 doses for persons with occupational, geographic or other indications		
Varicella	2 doses (0, 4–8 weeks) for persons who are susceptible		
Meningococcal (polysaccharide)	1 dose for persons with medical or other indications		

☐ For all persons in this age group ▒ For persons with medical/exposure indicators ■ Catch-up on childhood vaccinations

Influenza and You— What You Need to Know

Is it a cold or the flu?

Colds usually start two to three days after exposure to the virus and last two to seven days. Symptoms may include a scratchy, sore throat, sneezing, runny nose, and a mild cough. Fever is generally mild in older children and adults. Infants and young children may run higher fevers. ***The flu*** causes a sudden headache, dry cough, muscle ache, extreme fatigue, and high fever. Most people feel better in a few days, but the fatigue and cough can last for up to two weeks or more.

How can I prevent the flu from spreading?

- Practice good hand washing.
- Teach children to cough into their elbow and away from people.
- Wipe noses with clean disposable tissues, dispose of them properly and wash your hands.
- Don't share food, bottles, toothbrushes or toys that can be put in the mouth.
- Play outdoors often. Let fresh air into your program daily.

What should I do for a flu victim?

Provide lots of fluids and rest. Medicine for muscle aches and cough may be purchased over the counter. If someone is in a high-risk group, continues to have high fever for more than a few days, or thinks they are getting pneumonia (worsening cough, pain in chest, continued fever, shortness of breath) then they should contact their health care provider immediately.

The flu vaccine

The flu vaccine provides slightly different protection every year because the flu virus mutates or changes frequently. Vaccination against the flu is recommended from October through early November. After receiving the vaccine it takes a couple of weeks to develop protective immunity from the flu virus. This protection lasts for about three to four months or through the worst part of the flu season, which is November through March or April, with peak occurrence in February. It's unusual to get the flu more than once a year.

Who needs the flu vaccine?

You do. The influenza vaccination is recommended for all adults who care for children 0 to 23 months old. By protecting yourself you are also protecting those around you. Any child six months of age or older can be vaccinated against the flu as well.

People at high risk of severe illness are especially encouraged to get the flu vaccine. Influenza vaccination is recommended for all of the following:

- children 6 to 23 months old (this group has the highest rate of hospitalization with the flu);
- household contacts and out-of-home caregivers of children 0 to 23 months old;
- adults and children with chronic health conditions like asthma, heart disease, diabetes, kidney disease, cancer and HIV / AIDS;
- women who are more than three months pregnant during the flu season (typically November through March); and
- adults 65 or older (even if they're in good health).

Where can I get the flu vaccine?

From your health care provider or the Public Health Department. For more information about immunization, or for links to local resources, call the Healthline at (800) 333-3212.

Flu Fact or Myth?

"The flu is just like a bad cold." False.
The flu is far more serious than a bad cold. It's a disease of the lungs, and it can lead to pneumonia. Each year about 114,000 people in the U.S. are hospitalized and about 20,000 people (mostly over 65) die as a result of having the flu. Children under two years of age are as likely as those over 65 to have to go to the hospital because of the flu.

"The flu shot can give you the flu." False.
Flu vaccines are made from killed flu viruses. These cannot give you the flu.

"Even if I get the flu shot, I can still get the flu." Only partly true.
This can happen, but the flu shot protects most people from the flu. The flu shot will not protect you from other viruses that can cause illnesses that sometimes feel like the flu.

"The vaccine isn't 100 percent effective, so I'm better off getting the flu." False.
No vaccine is 100 percent effective. But if you get a flu shot and still get the flu, you are likely to be far less sick than if you had not received the flu shot.

"The side effects of the flu shot are worse than the flu." False.
The worst side effect you're likely to get is a sore arm. The risk of a rare allergic reaction is far less than the risk of severe complications from influenza.

"Not everyone can get a flu shot." True.
If you are allergic to eggs (which are used in making the vaccine), are ill with a high fever, or have had a severe reaction to the flu vaccine in the past, you might not be able to get the vaccine.

"Only the very old and the very sick need a flu shot." False.
Adults and children who are in good health need a flu shot to stay healthy and avoid exposing someone who is more at risk because of their age (very young or very old), a medical condition, pregnancy, or weakened immune system.

"December is too late to get a flu shot." False.
The flu shot can be given before or during the flu season. The optimal time to get a flu shot is October or November, but a flu shot in December or later will still protect you against flu outbreaks.

Resources

For more information on the flu or the vaccine, call the Healthline at (800) 333-3212 or check these sites:
www.cdc.gov/nip/flu
www.immunize.org/vis/2flu.pdf (flyer in English)
www.immunize.org/vis/spflu02.pdf (flyer in Spanish)

Reference

Portions of this article were adapted from *Flu Facts for Everyone*, a fact sheet by the Centers for Disease Control.

by Susan Jensen RN, MSN, PNP (rev. 10/04)

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Health & Safety Notes
California Childcare Health Program

Latex Allergy and Sensitivity in the Child Care Setting

With more child care providers and health professionals following universal precautions to protect themselves from infections such as viral hepatitis and HIV, we are seeing an increase in latex allergies and sensitivities. Universal precautions require that child care providers wear protective gloves for any procedures that put them into contact with blood. The most effective, inexpensive and comfortable protective gloves are made from latex.

What is latex?

Latex is a milky liquid produced by rubber trees. It is used to make a wide variety of common household products such as protective gloves, balloons, disposable diapers, bandage tapes, pacifiers, rubber bands, bottle nipples, tires, toys and elastic in clothing, to name a few.

What is latex allergy?

Latex allergy or hypersensitivity is a reaction of the body's immune system to proteins found in natural rubber latex. Some people also react to chemicals in the gloves besides the latex itself. Sensitivity to latex can range from a mild skin irritation to a severe allergic reaction.

Reactions can occur from direct contact with products containing latex or from breathing latex particles in the air. Most latex gloves are treated with cornstarch powder to make them easier to put on and take off, and this powder binds with the latex proteins. When gloves are removed or snapped, they release the powder—along with the latex proteins—into the air.

What are the symptoms?

If someone becomes sensitive to latex, symptoms usually begin within minutes of exposure, but they can occur hours later and be quite varied.

- Mild reactions may cause skin redness, hives or itching.
- More severe reactions may cause respiratory symptoms such as itchy eyes, sneezing, coughing and asthma.
- Rarely, life-threatening shock may occur (but this seldom occurs as the first episode).

Who is at risk?

Anyone can develop a latex allergy, but the following groups of people are at increased risk:

- people who wear latex gloves regularly, such as child care providers and health care workers
- children with spina bifida (a birth defect involving the spinal cord or backbone)
- people with other allergies or asthma
- people who have had multiple surgical procedures
- people who have allergies to certain foods, especially avocado, potato, banana, tomato, chestnuts, kiwi and papaya.

Latex allergy should be suspected in anyone who develops symptoms after exposure, and he or she should be evaluated by a medical provider to determine if the reaction was caused by exposure to latex.

What should I do if I am allergic?

If diagnosed with a latex allergy by a medical provider, you should:

- Tell your employer, clients and all health care providers that you are allergic. Do not rely on doctors, nurses or dentists to know this from your chart.
- Wear a medical alert bracelet and carry non-latex gloves for convenience.
- Know which products might contain latex and avoid them.
- If you have staff or children in your program who are allergic, post a list of products containing latex and try to replace as many of them as possible with safer alternatives.

- Consult your child care health consultant or health provider regarding preparation for and responding to emergencies (e.g., having auto-injectable epinephrine such as EpiPen and EpiPen Jr.) ready and knowing how to use it.

How can you avoid latex allergy?

- Reduce your exposure to latex by only using latex gloves when you really need to. Protective gloves of any kind are only one part of universal precautions, and handwashing with soap is the most important infection control practice. Wear vinyl gloves instead of latex for routine diaper changes, food preparation and procedures that do not expose you to blood (such as applying cream to a rash or cleaning up vomit). Remember that vinyl gloves are a less effective barrier after about 15 minutes of wear. Medical-grade vinyl gloves are also available for procedures involving blood.
- Use latex gloves without powder. This will reduce the amount of airborne latex.
- Do not use oil-based hand lotions because they can break down and release the latex in gloves.
- Always wash your hands after removing gloves.
- When you use latex gloves, try a larger size than you would normally wear so that you perspire less and trap less moisture under the glove.

Choosing Gloves

There are several kinds of gloves for you to choose from, and each has advantages and disadvantages. You will need to choose the right glove for the right situation.

- Latex gloves provide the most protection at the lowest cost and are the most comfortable for the majority of people.
- Single-use vinyl and polyvinyl chloride gloves do not contain latex and are appropriate for use in the child care setting when blood is not involved.
- Medical grade non-latex gloves provide maximum protection but are are generally more expensive. Consider a bulk purchasing arrangement through your Family Child Care Association.

Any disposable glove is acceptable for food preparation or routine diapering as long as you practice effective handwashing.

The most important point to consider is that not all disposable gloves will protect you from viruses like hepatitis B or C, or HIV. Be sure you are using a medical exam glove that meets EPA guidelines. Talk to a medical supply store or your pharmacist if you're not sure.

If you are searching for non-latex gloves, keep in mind that the term "hypoallergenic" is not regulated, and does not mean latex-free—it usually means there are fewer chemicals used to make them. Read the label or ask your pharmacist.

Also remember that gloves deteriorate over time, so no matter what kind of gloves you purhase, be sure to check the expiration date on the box and store extra boxes in a cool, dry, dark place.

Resources

American Academy of Allergy, Asthma & Immunology
800-222-2762 or www.aaaai.org

American Latex Allergy Association
888-97-ALERT or www.latexallergyresources.org

References

Latex Allergy: A Preventive Guide. DHHS (NIOSH) publication No. 98-113. (Feb. 1999)

Latex Sensitivity: A Compilation of Articles & Reference Material. Ammex Corp. Kent, WA. (Summer, 1997).

Guideline for Latex Glove Users. Occupational Health and Safety Branch, Ministry of Labour, Toronto, Canada. (September, 1994).

ALERT: Preventing Allergic Reactions to Natural Rubber Latex in the Workplace. DHHS (NIOSH) Publication No. 97-135 (July 1998)

By A. Rahman Zamani, MPH and Lyn Dailey, PHN (3/8/01)

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CALIFORNIA CHILDCARE HEALTH PROGRAM

Health & Safety Notes

Standard and Universal Precautions in the Child Care Setting

CHILDCARE HEALTHLINE

What are standard and universal precautions?

Universal precautions is the term used for the guidelines that were developed by the Centers for Disease Control and Prevention in the 1980s to reduce the spread of infection to health care providers and patients in health care settings.

Standard precautions is the new term used for an expansion of universal precautions, recognizing that any body fluid may hold contagious germs. They are still primarily designed to prevent the spread of bloodborne disease (disease carried by blood or other body fluids), but are also excellent measures to prevent the spread of infectious disease in group care settings such as child care facilities.

Why are standard precautions needed?

Standard precautions are designed to reduce the risk of spreading infectious disease from both recognized and unrecognized sources of infections. Germs that are spread through blood and body fluids can come at any time from any person. You may not know if someone is infected with a virus such as hepatitis B or HIV, and the infected person may not even know. This is why you must behave as if every individual might be infected with any germ in all situations that place you in contact with blood or body fluids.

What do standard precautions consist of?

Standard precautions include the following:

Hand washing

- after diapering or toileting children
- after handling body fluids of any kind
- before and after giving first aid (such as cleaning cuts and scratches or bloody noses)
- after cleaning up spills or objects contaminated with body fluids
- after taking off your disposable gloves
- remember that wearing gloves does not mean that you don't have to wash your hands!

Latex gloves should be worn

- during contact with blood or body fluids which contain blood (such as vomit or feces which contain blood you can see)
- when individuals have cuts, scratches or rashes which cause breaks in the skin of their hands

Environmental sanitizing should be done regularly and as needed. In the child care setting this means cleaning toys, surfaces and diapering areas with a bleach solution (1 tablespoon of bleach per quart of water made fresh daily). Blood spills or objects with blood on them need a stronger solution of $^1/_4$ cup bleach to 2 $^1/_2$ cups water. (Donowitz, 1999). Wear gloves when handling blood.

Proper disposal of materials that are soaked in or caked with blood requires double bagging in plastic bags that are securely tied. Send these items home with the child, or if you wash them, wash them separately from other items. Items used for procedures on children with special needs (such as lancets for finger sticks, or syringes for injections given by parents) require a special container for safe disposal. Parents can provide what is called a "sharps container" which safely stores the lancets or needles until the parent can take them home for disposal.

Standard precautions in child care settings vs. hospitals and clinics

Child care facilities follow the standard precautions in clinic and hospital settings with the following exceptions:

- Use of nonporous gloves is optional except when blood or blood-containing body fluids may be involved.
- Gowns and masks are not required.
- Appropriate barriers include materials such as disposable diaper table paper, disposable towels and surfaces that can be sanitized in group care settings.

What else am I required to do?

The Occupational Safety and Health Administration (OSHA) also requires that all child care programs with staff (even family child care homes with assistants or volunteers) have an *Exposure Control Plan for Bloodborne Pathogens*. This plan must be in writing and include:

Exposure determination. This is a list of the job titles or duties which might put an individual in contact with blood or blood-containing fluids (such as first aid, nose blowing, diapering, etc.)

Methods of compliance. These are the ways you will assure your plan will work and which include written standard precautions and cleaning plans, training of staff in their use, and the availability of gloves.

Hepatitis B vaccination. This must be offered by the employer at no cost to staff. The vaccine series can begin either

- within 10 days of employment, or
- within 24 hours after a potential blood exposure (accidental contact with blood while administering first aid, diapering an infant with a bloody stool, etc.)

Note: Hepatitis B is a series of three shots which must be given on a specific schedule. Now that all children are required to have the series before entering care, child care providers should be at a reduced risk of getting hepatitis B in a child care setting.

Exposure reporting procedures. These are required and will tell staff what to do if something happens which puts an employee in contact with blood on their broken skin (cuts, scratches, open rashes or chapped skin) or on their mucous membranes (in the eye, mouth or nose). There are also record-keeping requirements to document the exposure situation, whether or not the employee received a free medical exam and follow-up, and that the employee was offered the hepatitis B vaccination if she/he did not already have the series.

Training on OSHA regulations. This must be provided to all staff at the time that they start work and must include:

- an explanation of how HIV (which causes AIDS) and HBV (which causes hepatitis B) are transmitted
- an explanation of standard precautions and the exposure control plan for your program.

For more information on OSHA requirements, contact the Cal/OSHA Consultation Service office listed in your telephone directory, or call the Healthline at (800) 333-3212 for a referral to the office nearest you.

References

American Public Health Association and American Academy of Pediatrics. *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* (2002). Second Edition.

Child Care Law Center. (1994). *CalOSHA Regulations on Bloodborne Pathogens.* San Francisco, CA.

Donowitz, L.G. (1999). Infection control in the child care center and preschool. Fourth edition. Pennsylvania: Lippincott, Williams & Wilkins.

by Lyn Dailey, PHN Revised Nov. 2004

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Handout #18.2

Staff Illness and Exclusion Policy

Like children, adults are also capable of transmitting communicable diseases. A child care provider should be temporarily excluded from providing care to children if she or he has one or more of the following conditions:

Condition	Exclude from Child Care Setting
Chickenpox	Until six days after the start of rash or when sores have dried/crusted.
Shingles	Only if sores cannot be covered by clothing or a dressing; if not, exclude until sores have crusted and are dry. A person with active shingles should not care for immune-suppressed children, or work with immune-suppressed staff or parents.
Rash with fever or joint pain	Until diagnosed not to be measles or rubella.
Measles and Rubella	Until six days after rash starts.
Vomiting	If two or more episodes of vomiting during the previous 24 hours, or if accompanied by a fever, until vomiting resolves or is determined to be due to such noninfectious conditions as pregnancy or a digestive disorder.
Pertussis (whooping cough)	Until after five days of prescribed antibiotic therapy.
Mumps	Until nine days after glands begin to swell.
Diarrheal illness	If three or more episodes of loose stools during previous 24 hours, or if diarrhea is accompanied by fever, until diarrhea resolves.
Hepatitis A	For one week after jaundice appears or as directed by health department, especially when no symptoms are present.
Impetigo (a skin infection)	Until 24 hours after prescribed antibiotic treatment begins and lesions are not draining.
Active Tuberculosis (TB) [not a positive skin test only]	Until the local health department approves return to the setting.
Strep throat (or other streptococcal infection)	Until 24 hours after initial antibiotic treatment, and fever has ended.
Scabies/head lice/etc.	Until after the first treatment; scabies until treatment has been completed.
Purulent Conjunctivitis	Until 24 hours after prescribed treatment has begun.
Haemophilus Influenza Type b (Hib)	Until the prescribed antibiotic treatment has begun.
Meningococal Infection	As specified in specific disease section of this manual.
Respiratory Illness	If the illness limits the staff member's ability to provide an acceptable level of child care and compromises the health and safety of children or other staff.
Herpes cold sores	Should cover and not touch their lesions, carefully observe hand washing policies and must not kiss or nuzzle infants and children, especially those with dermatitis.
Other conditions mandated by state public health law	As required by law (consult your local health department).

SAFETY AND HEALTH PROTECTION ON THE JOB

State of California
Department of Industrial Relations

California law provides job safety and health protection for workers under the Cal/OSHA program. This poster explains the basic requirements and procedures for compliance with the state's job safety and health laws and regulations. The law requires that this poster be displayed. (Failure to do so could result in a penalty of up to $7,000.)

WHAT AN EMPLOYER MUST DO:

All employers must provide work and workplaces that are safe and healthful. In other words, as an employer, you must follow state laws governing job safety and health. Failure to do so can result in a threat to the life or health of workers, and substantial monetary penalties.

You must display this poster so everyone on the job can be aware of basic rights and responsibilities.

You must have a written and effective injury and illness prevention program for your employees to follow.

You must be aware of hazards your employees face on the job and keep records showing that each employee has been trained in the hazards unique to each job assignment.

You must correct any hazardous condition that you know may result in serious injury to employees. Failure to do so could result in criminal charges, monetary penalties, and even incarceration.

You must notify the nearest Cal/OSHA office of any serious injury or fatality occurring on the job. Be sure to do this immediately after calling for emergency help to assist the injured employee. Failure to report a serious injury or fatality within 8 hours can result in a minimum civil penalty of $5,000.

WHAT AN EMPLOYER MUST NEVER DO:

Never permit an employee to do work that violates Cal/OSHA law.

Never permit an employee to be exposed to harmful substances without providing adequate protection.

Never allow an untrained employee to perform hazardous work.

EMPLOYEES HAVE CERTAIN RIGHTS IN WORKPLACE SAFETY & HEALTH:

As an employee, you (or someone acting for you) have the right to file a complaint and request an inspection of your workplace if conditions there are unsafe or unhealthful. This is done by contacting the local district office of the Division of Occupational Safety and Health (see list of offices). Your name is not revealed by Cal/OSHA, unless you request otherwise.

You also have the right to bring unsafe or unhealthful conditions to the attention of the Cal/OSHA investigator making an inspection of your workplace. Upon request, Cal/OSHA will withhold the names of employees who submit or make statements during an inspection or investigation.

Any employee has the right to refuse to perform work that would violate a Cal/OSHA or any occupational safety or health standard or order where such violation would create a real and apparent hazard to the employee or other employees.

You may not be fired or punished in any way for filing a complaint about unsafe or unhealthful working conditions, or using any other right given to you by Cal/OSHA law. If you feel that you have been fired or punished for exercising your rights, you may file a complaint about this type of discrimination by contacting the nearest office of the Department of Industrial Relations, Division of Labor Standards Enforcement (State Labor Commissioner) or the San Francisco office of the U.S. Department of Labor, Occupational Safety and Health Administration. (Employees of state or local government agencies may only file these complaints with the State Labor Commissioner.) Consult your local telephone directory for the office nearest you.

EMPLOYEES ALSO HAVE RESPONSIBILITIES:

To keep the workplace and your coworkers safe, you should tell your employer about any hazard that could result in an injury or illness to people on the job.

While working, you must always obey state job safety and health laws.

SPECIAL RULES APPLY IN WORK AROUND HAZARDOUS SUBSTANCES:

Employers who use any substance listed as a hazardous substance in Section 339 of Title 8 of the California Code of Regulations, or subject to the Federal Hazard Communications Standard (29 CFR 1910.1200), must provide employees with information on the contents on Material Safety Data Sheets (MSDS), or equivalent information about the substance that trains employees to use the substance safely.

Employers shall make available on a timely and reasonable basis a Material Safety Data Sheet on each hazardous substance in the workplace upon request of an employee, an employee collective bargaining representative, or an employee's physician.

Employees have the right to see and copy their medical records and records of exposure to potentially toxic materials or harmful physical agents.

Employers must allow access by employees or their representatives to accurate records of employee exposures to potentially toxic materials or harmful physical agents, and notify employees of any exposures in concentration or levels exceeding the exposure limits allowed by Cal/OSHA standards.

Any employee has the right to observe monitoring or measuring of employee exposure to hazards conducted pursuant to Cal/OSHA regulations.

WHEN CAL/OSHA COMES TO THE WORKPLACE:

A trained Cal/OSHA safety engineer or industrial hygienist may periodically visit the workplace to make sure your company is obeying job safety and health laws.

An inspection will also be conducted when a legitimate complaint is filed by an employee with the Division of Occupational Safety and Health.

Cal/OSHA also goes to the workplace to investigate a serious injury or fatality.

When an inspection begins, the Cal/OSHA investigator will show official identification from the Division of Occupational Safety and Health.

The employer, or someone the employer chooses, will be given an opportunity to accompany the investigator during the inspection. A representative of the employees will be given the same opportunity. Where there is no authorized employee representative, the investigator will talk to a reasonable number of employees about safety and health conditions at the workplace.

VIOLATIONS, CITATIONS & PENALTIES:

If the investigation shows that the employer has violated a safety and health standard or order, then the Division of Occupational Safety and Health issues a citation. Each citation specifies a date by which the violation must be abated. A notice, which carries no monetary penalty, may be issued in lieu of a citation for certain non-serious violations.

Citations carry penalties of up to $7,000 for each regulatory or general violation and up to $25,000 for each serious violation. Additional penalties of up to $7,000 per day for regulatory or general violations and up to $15,000 per day for serious violations may be proposed for each failure to correct a violation by the abatement date shown on the citation. A penalty of not less than $5,000 nor more than $70,000 may be assessed an employer who willfully violates any occupational safety and health standard or order. The maximum civil penalty that can be assessed for each repeat violation is $70,000. A willful violation that causes death or permanent impairment of the body of any employee results, upon conviction, in a fine of not more than $250,000, or imprisonment up to three years, or both and if the employer is a corporation or limited liability company the fine may not exceed $1.5 million.

The law provides that employers may appeal citations within 15 working days of receipt to the Occupational Safety and Health Appeals Board.

An employer who receives a citation, Order to Take Special Action, or Special Order must post it prominently at or near the place of the violation for three working days, or until the unsafe condition is corrected, whichever is longer, to warn employees of danger that may exist there. Any employee may protest the time allowed for correction of the violation to the Division of Occupational Safety and Health or the Occupational Safety and Health Appeals Board.

HELP IS AVAILABLE:

To learn more about job safety rules, you may contact the Cal/OSHA Consultation Service for free information, required forms and publications. You can also contact a local district office of the Division of Occupational Safety and Health. If you prefer, you may retain a competent private consultant, or ask your workers' compensation insurance carrier for guidance in obtaining information.

OFFICES OF THE DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

HEADQUARTERS: 455 Golden Gate Avenue–10th Floor, San Francisco CA 94102 — Telephone (415) 703-5100

District Offices

Anaheim	2100 East Katella Ave.–Suite 140, Anaheim 92806	(714) 939-0145
Concord	1465 Enea Circle–Bldg. E, Suite 900, Concord 94520	(925) 602-6517
Foster City	1065 East Hillsdale Blvd.–Suite 110, Foster City 94404	(650) 573-3812
Fresno	2550 Mariposa St.–Room 4000, Fresno 93721	(559) 445-5302
Los Angeles	320 West Fourth St.–Room 850, Los Angeles 90013	(213) 576-7451
Modesto	1209 Woodrow–Suite C-4, Modesto 95350	(209) 576-6260
Oakland	1515 Clay St.–Suite 1301, Oakland 94612	(510) 622-2916
Monrovia/Pico Rivera	750 Royal Oaks Dr.–Suite 104, Monrovia 91016	(626) 256-7913
Sacramento	2424 Arden Way–Suite 165, Sacramento 95825	(916) 263-2800
San Bernardino	464 West Fourth St.–Suite 332, San Bernardino 92401	(909) 383-4321
San Diego	7575 Metropolitan Dr.–Suite 207, San Diego 92108	(619) 767-2280
San Francisco	455 Golden Gate Ave.–Room 1524, San Francisco 94102	(415) 703-5210
Fremont/San Jose	39141 Civic Center Dr. Suite 310, Fremont 94538	(510) 794-2521
Santa Rosa	1221 Farmers Lane–Suite 300, Santa Rosa 95405	(707) 576-2388
Torrance	680 Knox St.–Suite 100, Torrance 90502	(310) 516-3734
Van Nuys	6150 Van Nuys Blvd.–Suite 405, Van Nuys 91401	(818) 901-5403
Ventura	1655 Mesa Verde Ave.–Room 150, Ventura 93003	(805) 654-4581
West Covina	1906 West Garvey Ave. S.–Suite 200, West Covina 91790	(626) 472-0046

Regional Offices

Anaheim	2100 East Katella Ave.–Suite 125, Anaheim 92806	(714) 939-8611
Sacramento	2424 Arden Way–Suite 125, Sacramento 95825	(916) 263-2803
Santa Rosa	1221 Farmers Lane–Suite E, Santa Rosa 95405	(707) 576-2419
West Covina	1906 West Garvey Ave. S.–Suite 200, West Covina 91790	(626) 472-0046

CAL/OSHA CONSULTATION SERVICE

Headquarters: 2424 Arden Way–Suite 485, Sacramento CA 95825 — (916) 263-5765

Area & Field Offices:

• Fresno/Central Valley	1901 North Gateway Blvd. Suite 102, Fresno 93727	(559) 454-1295
• Oakland/San Francisco Area	1515 Clay St.–Suite 1103 Oakland 94612	(510) 622-2891
• Sacramento/Northern CA	2424 Arden Way–Suite 410 Sacramento 95825	(916) 263-0704
• San Bernardino/Inland Empire	464 West Fourth St.–Suite 339 San Bernardino 92401	(909) 383-4567
• San Diego/Imperial Valley	7575 Metropolitan Dr.–Suite 204 San Diego 92108	(619) 767-2060
• San Fernando Valley/Santa Barbara/NW L.A. Co.	6150 Van Nuys Blvd.–Suite 307 Van Nuys 91401	(818) 901-5754
• Santa Fe Springs/Los Angeles Metro/Orange Co.	10350 Heritage Park Dr.–Suite 201 Santa Fe Springs 90670	(562) 944-9366

Regional Office

Sacramento	2424 Arden Way–Suite 485, Sacramento 95825	(916) 263-5750

Enforcement of Cal/OSHA job safety and health standards is carried out by the Division of Occupational Safety and Health, under the California Department of Industrial Relations, which has primary responsibility for administering the Cal/OSHA program. Safety and health standards are promulgated by the Occupational Safety and Health Standards Board. Anyone desiring to register a complaint alleging inadequacy in the administration of the California Occupational Safety and Health Plan may do so by contacting the San Francisco Regional Office of the Occupational Safety and Health Administration (OSHA), U.S. Department of Labor (Tel: 415-975-4310). OSHA monitors the operation of state plans to assure that continued approval is merited.

AUGUST 2003

Child Care Staff Health Assessment

********** Employer should complete this section. ********

Name of person to be examined: _____

Employer for whom examination is being done: _____

Employer's Location: _____ Phone number: _____

Purpose of examination: ☐pre-employment (with conditional offer of employment) ☐annual re-examination

Type of activity on the job: ☐lifting, carrying children ☐close contact with children ☐food preparation ☐desk work ☐driver of vehicles ☐facility maintenance

**** Part I and Part II below must be completed and signed by a licensed physician or CRNP. ****

Based on a review of the medical record, health history, and examination, does this person have any of the following conditions or problems that might affect job performance or require accommodation?

Date of exam: _____

Part I: Health Problems (circle)

Visual acuity less than 20/40 (combined, obtained with lenses if needed)? ..... yes ..... no
Decreased hearing or difficulty functioning in a noisy environment (less than 20 db at 500, 1000, 2000, 4000 Hz)? ..... yes ..... no
Respiratory problems (asthma, emphysema, airway allergies, current smoker, other)? ..... yes ..... no
Heart, blood pressure, or other cardiovascular problems? ..... yes ..... no
Gastrointestinal problems (ulcer, colitis, special dietary requirements, obesity, other)? ..... yes ..... no
Endocrine problems (diabetes, thyroid, other)? ..... yes ..... no
Emotional disorders or addiction (depression, substance dependency, difficulty handling stress, other)? ..... yes ..... no
Neurologic problems (epilepsy, Parkinsonism, other)? ..... yes ..... no
Musculoskeletal problems (low back pain or susceptibility to back injury, neck problems, arthritis, limitations on activity)? ..... yes ..... no
Skin problems (eczema, rashes, conditions incompatible with frequent handwashing, other)? ..... yes ..... no
Immune system problems (from medication, inherent susceptibility to infection, illness, allergies)? ..... yes ..... no
Need for more frequent health visits or sick days than the average person? ..... yes ..... no
Other special medical problem or chronic disease that requires work restrictions or accommodation? ..... yes ..... no

Part II: Infectious Disease Status

Immunizations now due/overdue for:

- dT (every 10 years) ..... yes ..... no
- MMR (2 doses for persons born after 1989; 1 dose for those born in or after 1957) ..... yes ..... no
- polio (OPV or IPV in childhood) ..... yes ..... no
- hepatitis B (3 dose series) ..... yes ..... no
- varicella (2 doses or had the disease) ..... yes ..... no
- influenza ..... yes ..... no
- pneumococcal vaccine ..... yes ..... no

Female of childbearing age susceptible to CMV or parvovirus? ..... yes ..... no
Evaluation of tuberculosis status shows a risk for communicable TB? ..... yes ..... no
Mantoux test date_____ Result_____

Tuberculosis transmission shall be controlled by requiring regular and substitute staff members and volunteers to have their tuberculosis status assessed with a one-step or two-step Mantoux intradermal skin test prior to beginning employment unless they produce documentation of the following:
a) A positive Mantoux intradermal skin test result in the past, or
b) Tuberculosis disease that has been treated appropriately in the past.
The one-step Mantoux intradermal tuberculin test shall suffice except that for individuals over 60 years of age or those who have a medical condition that reduces their immune response, the use of the two-step method is required. Individuals with a positive Mantoux intradermal skin test or tuberculosis disease in the past shall be evaluated with chest radiographs and shall be cleared for work by their physician or a health department official.

Please attach additional sheets to explain all "yes" answers above. Include the plan for follow up.

_____	_____	_____	MD DO CRNP
(Date)	(Signature)	(Printed last name)	(Title)

Phone number of physician or CRNP: _____

I have read and understand the above information.

_____ _____

(Date) (Patient's Signature)

Reference: Pennsylvania Chapter, American Academy of Pediatrics. *Model Child Care Health Policies.* 3rd ed. Washington D.C: National Association for the Education of Young Children, 1997.

This form was adapted from *Model Child Care Health Policies*, June 1997, by the Early Childhood Education Linkage System (ECELS), a program funded by the Pennsylvania Depts. of Health & Public Welfare and contractually administered by the PA Chapter, American Academy of Pediatrics.

Major Occupational Health Hazards

Infectious Diseases and Organisms

General Types of Infectious Diseases
Diarrhea (infectious)
Respiratory tract infection

Specific Infectious Diseases and Organisms

Adenovirus
Astrovirus
Caliciviruses
Campylobacter jejuni/coli
Chickenpox (varicella)
Clostridium parvum
Cytomegalovirus (CMV)
Escherichia coli 0157:H7
Giardia lamblia
Hepatitis A
Hepatitis B
Hepatitis C
Herpes 6
Herpes 7
Herpes simplex
Herpes zoster
Human Immunodeficiency Virus (HIV)
Impetigo
Influenza
Lice
Measles
Meningitis (bacterial, viral)
Meningococcus (Neisseria meningitildis)
Mumps
Parvovirus B19
Pertussis
Pinworm
Ringworm
Rotavirus
Rubella
Salmonella organisms
Scabies
Shigella organisms
Staphylococcus aureus
Streptococcus, Group A
Tuberculosis

Injuries and Noninfectious Diseases

Back injuries
Bites
Dermatitis
Falls

Environmental exposure

Art materials
Cleaning, sanitizing and disinfecting solutions
Indoor air pollution
Noise
Odor

Stress

Fear of liability
Inadequate break time, sick time, and personal days
Inadequate facilities
Inadequate pay
Inadequate recognition
Inadequate training
Insufficient professional recognition
Lack of adequate medical/dental health insurance
Responsibility for children's welfare
Undervaluing of work
Working alone

Reference: American Academy of Pediatrics, Committee on Infectious Diseases. *Red Book 2000: Report of the Committee on Infectious Diseases.* Elk Grove Village, Il: American Academy of Pediatrics; 2000.

Clorox Professional Products Company
1221 Broadway
Oakland, CA 94612
Tel. (510) 271-7000

Material Safety Data Sheet

I Product:	COMMERCIAL SOLUTIONS® ULTRA CLOROX® GERMICIDAL BLEACH I
Description:	CLEAR, LIGHT YELLOW LIQUID WITH CHLORINE ODOR

Other Designations	Distributor	Emergency Telephone Nos.
EPA Reg. No. 67619-8 Sodium Hypochlorite Solution	Clorox Sales Company 1221 Broadway Oakland, CA 94612	For Medical Emergencies, call 1-800-446-1014 For Transportation Emergencies, call Chemtrec 1-800-424-9300

II Health Hazard Data

DANGER: CORROSIVE. May cause severe irritation or damage to eyes and skin. Harmful if Swallowed. The following medical conditions may be aggravated by exposure to high concentrations of vapor or mist; heart conditions or chronic respiratory problems such as asthma, chronic bronchitis, or obstructive lung disease. Some clinical reports suggest a low potential for sensitization upon exaggerated exposure to sodium hypochlorite, particularly on damaged or irritated skin. Routine clinical tests conducted on intact skin with Clorox Liquid Bleach found no sensitization in the test subjects. Under normal consumer use conditions the likelihood of any adverse health effects are low.

FIRST AID:

EYE CONTACT: Rinse with plenty of water for at least 15 minutes. Get prompt medical attention.

SKIN CONTACT: Wash skin thoroughly with soap and water.

INGESTION: Drink large amounts of water. DO NOT induce vomiting. Call a physician or poison control center immediately.

INHALATION: If breathing problems develop, remove to fresh air.

III Hazardous Ingredients

Ingredient	Concentration	Worker Exposure Limit
Sodium hypochlorite CAS # 7681-52-9	6.0 - 7.35%	Not established.
Sodium hydroxide CAS # 1310-73-2	< 0.2%	2 mg/m^3 TLV-STEL[a] 2 mg/m^3 PEL[b]

[a]TLV-STEL = ACGIH Threshold Limit Value - Short Term Exposure Limit
[b]PEL = OSHA Permissible Exposure Limit - Time Weighted Average

None of the ingredients in this product are on the IARC, NTP or OSHA carcinogen list.

IV Special Protection and Precautions

Hygienic Practices: Wear safety glasses. With repeated or prolonged use, wear nitrile, neoprene, or butyl rubber gloves. Wash after contact with product. Avoid breathing vapors.

Engineering Controls: Use general ventilation to minimize exposure to vapor or mist.

Work Practices: Avoid eye and skin contact and inhalation of vapor or mist.

KEEP OUT OF THE REACH OF CHILDREN.

V Transportation and Regulatory Data

DOT: Not restricted per 49CFR172.101(c)(12)(iv).

IMDG: Not restricted per IMDG Code Page 0021 Paragraph 5.3.5.

IATA: Not restricted per IATA D.G.R. Special provision A3.

EPA - SARA Title III/CERCLA:
This product is regulated under Sections 311/312. This product contains no chemicals regulated under Section 313 and contains sodium hypochlorite and sodium hydroxide which are regulated under Section 304/CERCLA.

TSCA Status: All components of this product are on the TSCA Inventory.

VI Spill Procedures/Waste Disposal

Spill Procedures: Absorb and containerize. Wash residual down to sanitary sewer. Contact the sanitary treatment facility in advance to assure ability to process washed-down material. For spills of multiple products, responders should evaluate the MSDS's of the products for incompatibility with sodium hypochlorite. Breathing protection should be worn in enclosed, and/or poorly ventilated areas until hazard assessment is complete.

Waste Disposal: Dispose of in accordance with all applicable federal, state, and local regulations.

VII Reactivity Data

Stable under normal use and storage conditions. Strong oxidizing agent. Reacts with other household chemicals such as toilet bowl cleaners, rust removers, vinegar, acids or ammonia containing products to produce hazardous gases, such as chlorine and other chlorinated species. Prolonged contact with metal may cause pitting or discoloration.

VIII Fire and Explosion Data

Not flammable or explosive.

In a fire, cool containers to prevent rupture and release of sodium chlorate.

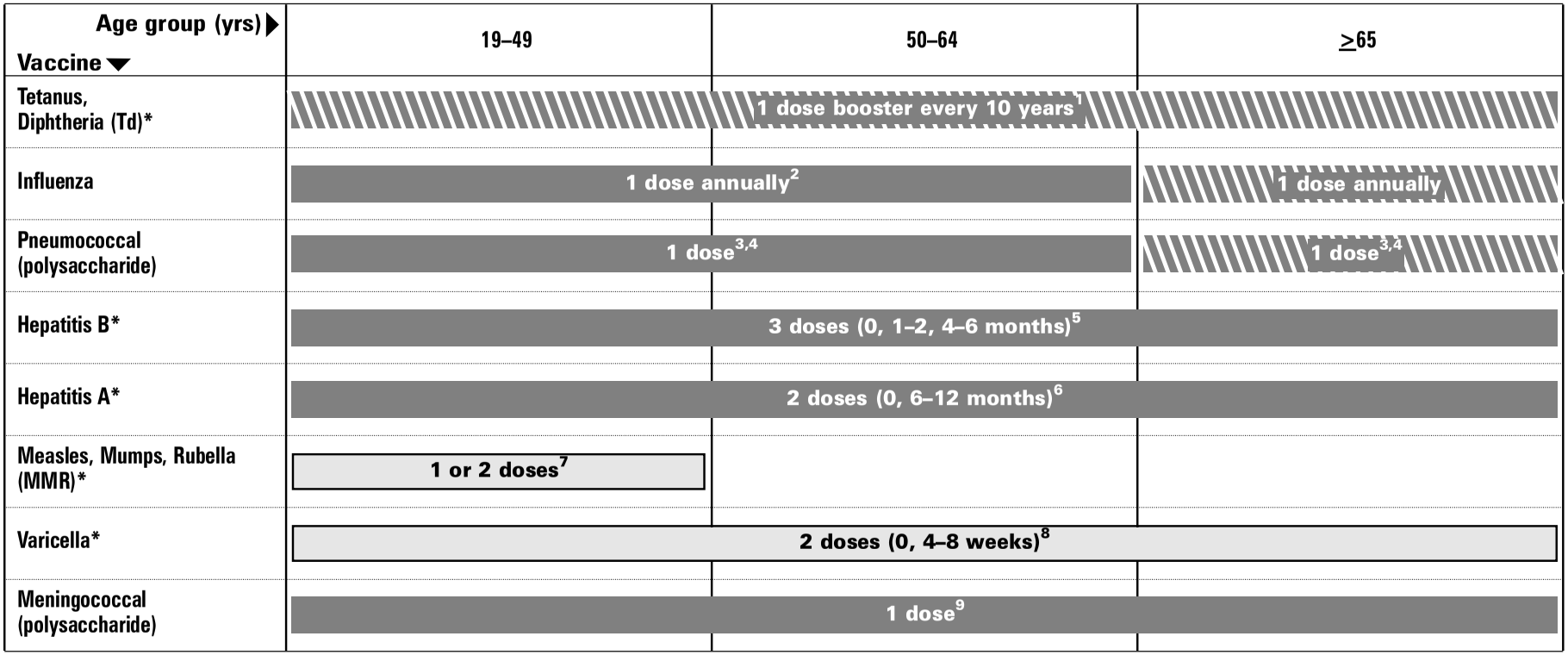
IX Physical Data

Boiling point ..... 212°F100°C (decomposes)
Specific gravity (H_2O=1, 21°C) ..... ~1.10
Solubility in water ..... Complete
pH ..... ~11.4

 DATE PREPARED 4/02

Recommended Adult Immunization Schedule by Vaccine and Age Group

UNITED STATES · OCTOBER 2004–SEPTEMBER 2005



*Covered by the Vaccine Injury Compensation Program.
See Footnotes for Recommended Adult Immunization Schedule on back cover.

For all persons in this group

For persons lacking documentation of vaccination or evidence of disease

For persons at risk (i.e., with medical/exposure indications)

The Recommended Adult Immunization Schedule is Approved by the Advisory Committee on Immunization Practices (ACIP), the American College of Obstetricians and Gynecologists (ACOG), and the American Academy of Family Physicians (AAFP)

This schedule indicates the recommended age groups for routine administration of currently licensed vaccines for persons aged ≥19 years. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. Providers should consult manufacturers' package inserts for detailed recommendations.

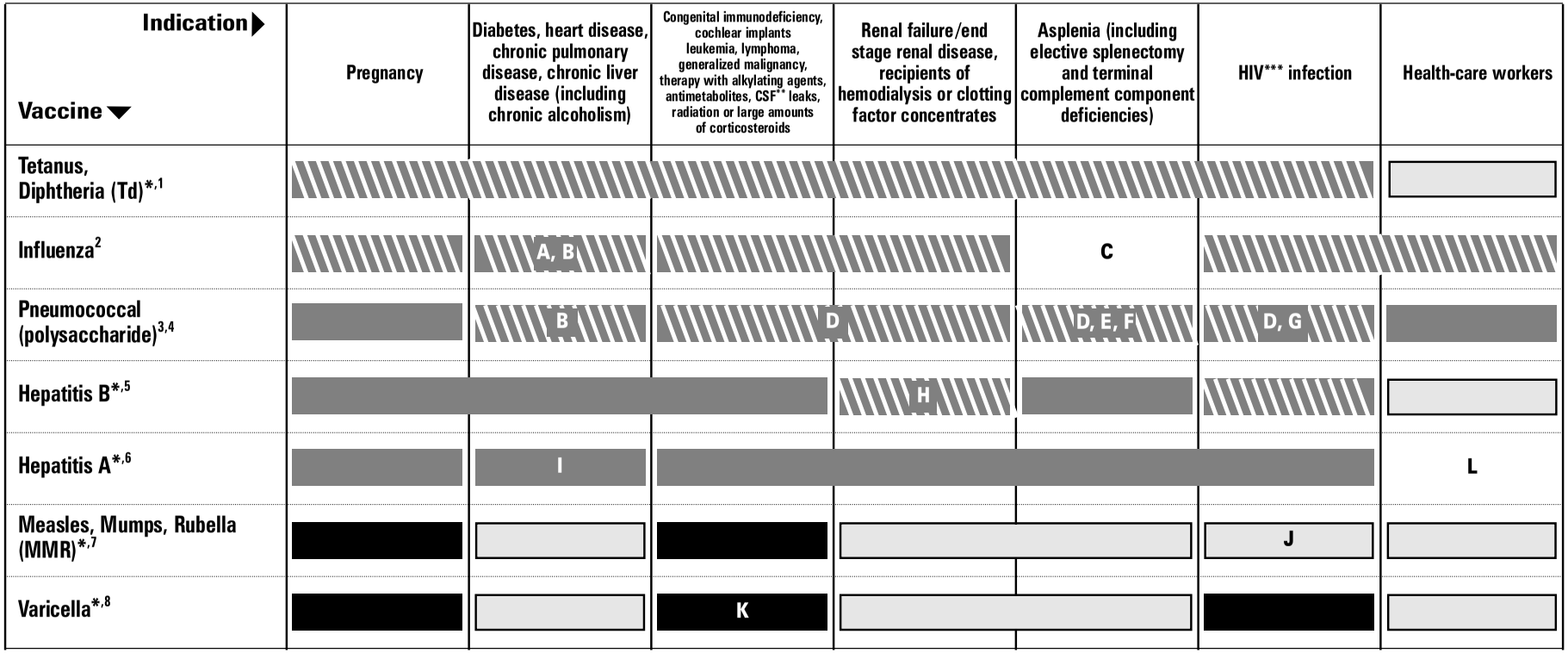
Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available by telephone, 800-822-7967, or from the VAERS website at http://www.vaers.org.

Information on how to file a Vaccine Injury Compensation Program claim is available at http://www.hrsa.gov/osp/vicp or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, DC 20005, telephone 202-219-9657.

Additional information about the vaccines listed above and contraindications for immunization is available at http://www.cdc.gov/nip or 800-CDC-INFO [800-232-4636] (English and Spanish).

Recommended Adult Immunization Schedule by Vaccine and Medical and Other Indications

UNITED STATES · OCTOBER 2004–SEPTEMBER 2005



*Covered by the Vaccine Injury Compensation Program.
**Cerebrospinal fluid.
***Human immunodeficiency virus.
See Special Notes for Medical and Other Indications below. Also see Footnotes for Recommended Adult Immunization Schedule on back cover.

For all persons in this group

For persons lacking documentation of vaccination or evidence of disease

For persons at risk (i.e., with medical/exposure indications)

Contraindicated

Special Notes for Medical and Other Indications

A. Although chronic liver disease and alcoholism are not indications for influenza vaccination, administer 1 dose annually if the patient is aged ≥50 years, has other indications for influenza vaccine, or requests vaccination.

B. Asthma is an indication for influenza vaccination but not for pneumococcal vaccination.

C. No data exist specifically on the risk for severe or complicated influenza infections among persons with asplenia. However, influenza is a risk factor for secondary bacterial infections that can cause severe disease among persons with asplenia.

D. For persons aged <65 years, revaccinate once after ≥5 years have elapsed since initial vaccination.

E. Administer meningococcal vaccine and consider *Haemophilus influenzae* type b vaccine.

F. For persons undergoing elective splenectomy, vaccinate ≥2 weeks before surgery.

G. Vaccinate as soon after diagnosis as possible.

H. For hemodialysis patients, use special formulation of vaccine (40 μg/mL) or two 20 μg/mL doses administered at one body site. Vaccinate early in the course of renal disease. Assess antibody titers to hepatitis B surface antigen (anti-HB) levels annually. Administer additional doses if anti-HB levels decline to <10 mIU/mL.

I. For all persons with chronic liver disease.

J. Withhold MMR or other measles-containing vaccines from HIV-infected persons with evidence of severe immunosuppression (see *MMWR* 1998;47 [No. RR-8]:21–2 and *MMWR* 2002;51 [No. RR-2]:22–4).

K. Persons with impaired humoral immunity but intact cellular immunity may be vaccinated (see *MMWR* 1999;48[No. RR-6]).

L. No data to support a recommendation.