



Family Christian Academy Preschool

“Building Foundations for Faith and Learning”

Infection Control Practices and Disease Prevention

1. Staff and children shall wash their hands at least at the following times: upon entering the center, before preparing or serving meals, after toileting or changing diapers, before and after eating meals or snacks, and anytime hands become soiled with body fluids (urine, stool, saliva, blood, nasal discharge).

2. Hand washing procedures shall ensure that staff teach use of running water, soap, and single use of disposable towels. Hands shall be washed and scrubbed for at least 10 seconds with soap and running warm water. Handwashing and cleaning procedures are monitored weekly by the center’s director to ensure practices are according to policy.

3. Noses shall be blown or wiped with disposable, one-use tissues that are discarded in a plastic-lined and covered garbage container.

4. Draining or oozing cuts or sores shall be covered.

5. Child care personnel shall utilize the procedures listed below for handling blood and blood-containing fluids and wound exudates of all children in the center:

a. For spills of vomitus, urine, and feces, floors, walls, bathrooms, table tops, toys, kitchen counter tops, and diaper-changing tables shall be cleaned and disinfected. Gloves shall be used in these situations.

b. For spills of blood or blood-containing body fluids and injury and tissue discharges, the area shall be cleaned and disinfected. Gloves shall be used in these situations.

c. Persons involved in cleaning contaminated surfaces avoid exposure of open skin sores or mucous membranes to blood or blood-containing body fluids and injury or tissue discharges by using gloves to protect hands when cleaning contaminated surfaces.

d. Mops shall be cleaned, rinsed in sanitizing solution and then wrung as dry as possible and hung to dry.

e. Blood-contaminated material and diapers shall be disposed of in a plastic bag with a secure tie.

Diapering Policy/Procedure

In accordance with regulations, diapers are changed at least every two hours or when wet/dirty. The diapering procedure is as follows:

1. Employees wear gloves at every diaper change
2. After each diaper change, diaper and gloves are disposed of in the “diaper only” trash.
3. The child’s and employee’s hands are washed with soap and warm water after each diaper change

The diaper changing table is cleaned/sanitized with bleach water mixture after each diaper change

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Infection Control Practices and Disease Prevention (Cont.)

The day care center director shall exclude from care any child with the following illnesses or symptoms based on potential contagiousness of the disease. Periods may be extended beyond this depending upon individual conditions.

Illness/Symptom	Exclude Until
Meningococcal disease (<i>Neisseria meningitis</i>)	Well and proof of non-carriage ¹
Hib disease (<i>Haemophilus influenza</i>)	Well and proof of non-carriage ¹
Diarrhea (two or more loose stool, or over and above what is normal for that child)	Diarrhea resolved or is controlled (contained in diaper or toilet)
Fever of unknown origin (100°F oral or 101 rectal or higher) and some behavioral signs of illness	Fever resolved or cleared by child's physician/health department
Chicken pox	Skin lesions (blisters) all scabbed over
Hepatitis A	One week after illness started and fever resolved
AIDS (or HIV infection)	Until child's health, neurologic development, behavior, and immune status is deemed appropriate (on a case-by-case basis) by qualified persons, including the child's physician ² chosen by the child's parent, guardian and the center director
Undiagnosed generalized rash	Well or cleared by child's physician as non-contagious
Any child with a sudden onset of vomiting, irritability or excessive sleepiness	Evaluated and cleared by child's physician

a. ¹Proof of non-carriage: Either by completion of appropriate drug regimen of Rifampin (two-day course for Meningococcal disease or four-day course for Hib disease) or by a negative throat culture obtained after completion of treatment for meningitis.

b. ²These persons should include the child's physician and other qualified individuals such as the center director, a representative from the Office of Public Health, and a child development specialist, and should be able to evaluate whether the child will receive optimal care in the specific program being considered and whether an HIV-infected child poses a potential threat to others.

c. With most other illnesses, children have either already exposed others before becoming obviously ill (e.g., colds) or are not contagious one day after beginning treatment (e.g., strep throat, conjunctivitis, impetigo, ringworm, parasites, head lice, and scabies). The waiting periods required after the onset of treatment vary with the disease. Children who are chronic carriers of viral illnesses such as cytomegalovirus (CMV) and Herpes simplex can and should be admitted to day care centers.

d. The parent or designated person shall be notified as soon as possible if a child develops symptoms of illness or suffers an accident while in care.

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