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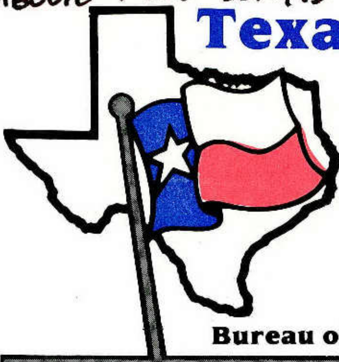

Texas Preventable Disease NEWS

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TEXAS STATE DOCUMENTS COLLECTION

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TEXAS DEPARTMENT OF HEALTH RECOMMENDATIONS FOR HANDLING DIAPER CHANGES AT DAY-CARE CENTERS*

I. FACILITIES AND EQUIPMENT

A. Diaper-changing area must be physically separate from food preparation and serving areas. Foodhandlers should not change diapers.

B. Diaper-changing surface

1. Surface should be flat and covered with a protective, moisture-resistant material that is easily cleaned between uses.

2. The child's safety should be considered when choosing a table for diaper changing to insure that falls will not occur. Children should not be left unsupervised while on the table.

3. The surface should be high enough to be beyond a child's reach. The height should be at least three feet.

4. Storage areas for disinfectants and diapering items (powders, pins, towelettes, etc) should also be beyond the reach of children.

C. Handwashing sink

1. A sink with hot and cold running water should be readily available, preferably in the same room as the diaper-changing table.

2. Sinks should be equipped with soap, either liquid or bar, and single-use, disposable towels.

II. SUPPLIES

A. Cleaning materials

1. Single-use disposable towels should be available in the diaper-changing area.

2. After each diaper change, the diaper-changing table should be cleaned with a sanitizing solution (1/4-1/2 cup of household chlorine bleach per gallon of water). This solution should be prepared daily and dispensed from plastic spray bottles. Label and store these away from children.

3. A second plastic spray bottle of water may be used to rinse off surfaces after sanitizing with the bleach solution.

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*Jointly prepared by the Bureau of Epidemiology and the Bureau of Maternal and Child Health.

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4. Sponges, cloth towels, etc used in the diaper-changing area should be restricted for use in that area only. They should be laundered in hot, soapy water daily.

5. The day-care center should have a supply of disposable gloves in stock for use when fecal soiling of the attendant's hands is possible.

B. Diapers

1. Disposable diapers should be used whenever possible. Encourage parents to provide disposable diapers while the child attends the day-care center.

2. Clean diapers should be stored separately to prevent contact with soiled diapers.

C. Infant skin-care items

1. Skin-care products should be used only if parents specifically request them.

2. Skin-care items, such as lotions, powders, and petroleum jelly, should be provided by parents and labeled for their child's sole use. It is important to prevent cross-contamination of skin-care items, especially where ointments and petroleum jelly are concerned, as these must be dispensed and applied by direct hand contact.

III. IMPORTANT THINGS TO REMEMBER

A. Trash disposal

1. Trash cans should be equipped with lids that close properly and tightly.

2. Cans should be lined with thick plastic trash bags.

3. Trash cans should be located in the restrooms, the diaper-changing area, and wherever single-use, disposable items are used.

B. Be organized when diapering children.

1. Skin-care items and items specifically intended for the child to be diapered should be ready for easy use.

2. If using cloth diapers and safety pins, keep pins closed until needed and whenever possible during changing. Keep pins away from child.

C. Clean-up procedures

1. Disposable gloves should be worn if fecal soiling is likely. Dispose of gloves after use. Wash hands after removing gloves.

2. If gloves are not available and hands become soiled with excreta, the employee should wash her hands thoroughly as soon as possible, remembering to scrub thoroughly under the nails using a scrub brush.

3. Flush solid matter from cloth diapers down the toilet.

4. Soiled disposable diapers should be discarded properly in a trash can lined with thick plastic bags. Used plastic bags should be removed daily or more often as needed.

5. Soiled cloth diapers should be double-bagged in plastic bags, labeled, and returned to parents at the end of the day.

6. If a day-care center has facilities for washing cloth diapers, the diapers should be laundered in hot water with a mild soap and rinsed thoroughly.

7. Clean the diaper-changing surface and soiled, non-disposable supplies with the diluted chlorine bleach solution (See Section II.A.2). Let area dry completely before changing the next child.

D. Handwashing

1. All staff involved with diaper changing must wash their hands thoroughly with soap and water after changing each child.

2. Children should be encouraged to wash their hands after using the toilet.

3. All staff and children should wash their hands before meals or handling food.

E. Report any unusual condition of the child's skin or stool (rash, diarrhea, etc) to both the center director and the child's parents. A log of these conditions should be maintained by the center director.

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2. Infectious diseases in child day care: information for day care center directors and parents or guardians. March, 1983. St Paul Division of Public Health, Minneapolis Health Department, Hennepin County Health Department, and the Minnesota Department of Health.

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MEASLES UPDATE - BRITISH COLUMBIA, CANADA

Measles continues to be reported in British Columbia, Canada in epidemic numbers through the first 16 weeks of 1986. During that period of time, 5,212 cases of measles were reported. Most of the cases continue to occur in the Frazier Valley and Vancouver Island areas. Although no deaths have been attributed to the outbreak, there have been three cases of encephalitis, one with sequelae.

The immunization recommendations in effect for persons who plan to travel to British Columbia, Canada, are:

1. Persons born before 1957 need not receive a measles immunization. These individuals are thought to have either had measles or have been exposed to measles sufficiently to have established natural immunity.

2. Persons born during and after 1957 should check their records. If they cannot document a physician-diagnosed case of measles or a measles immunization given after 1968, they should receive a measles immunization.

3. Texas infants 6 months through 12 months of age should receive a dose of single-antigen measles vaccine at least 30 days prior to traveling to British Columbia, Canada. Measles immunization given to infants in this age group should be repeated in the MMR immunization given routinely at 15 months of age. Infants over 12 months of age should receive MMR immunization and do not need to be reimmunized at 15 months of age.

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INFANT BOTULISM

Infant botulism was first recognized as a distinct clinical entity in 1976. Although Texas did record one case of "infant-like" botulism in an adult in 1984, the diagnosis of infant botulism is limited to children under one year of age. Classic botulism usually results from ingestion of the preformed toxin in improperly home or commercially canned foods.

Infant botulism occurs when *Clostridium botulinum* spores cause an infection in the intestines and produce a toxin which, when absorbed, causes weakness or paralysis in the child. The disease is not outbreak associated, and other family members are not affected. The illness typically begins with constipation, listlessness, poor feeding, difficulty swallowing, ptosis, loss of head control, and generalized weakness. The clinical severity of infant botulism can range from a mild illness to respiratory insufficiency and arrest and, infrequently, sudden infant death.

Four cases of infant botulism were reported to the Texas Department of Health in 1985. All of the cases had *C. botulinum* organisms and type A toxin demonstrated in the stool. The infants ranged in age from 3 to 19 weeks at the time they became ill, and all were female. Three of the four infants resided in El Paso, and the fourth case was from Johnson County, south of Fort Worth. (It is interesting to note that three of the six cases of infant botulism reported in Texas in 1984 were also from El Paso; these were all type A as well.) All four infants recovered from their illnesses following hospital stays which averaged 51 days.

Even though infant botulism is now the most common form of botulism reported in the United States, it is not a common disease. Only 18 cases have been reported in Texas since 1977 when the disease was first documented in this state. Two other types of botulism which differ epidemiologically and clinically from infant botulism are also recognized--foodborne botulism and wound botulism--though no cases were reported in Texas in 1985.

Physicians are reminded that infants who present with constipation, bulbar palsies (especially poor feeding and weak cry), hypotonia, and weakness should be evaluated for possible infant botulism. Examination of feces for *C. botulinum* toxin and organisms is essential for diagnosis and can be done by the state laboratory in Austin. Texas physicians may arrange bacteriologic diagnostic testing by calling the Bureau of Epidemiology at (512) 458-7328 or STS 824-9328.

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