

Employee Health and Personal Hygiene for **FAMILY CHILD CARE**



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Employee Health and Personal Hygiene for Family Child Care

Introduction

Meals and snacks are important in family child care programs. Young children rely on the meals they consume to provide essential nutrients for healthy growth and development. However, when meals are not safely prepared, they can be a source for spreading illnesses to young children. For example, sick providers can transmit their illnesses by contaminating the food they prepare or serve. All family child care providers should implement good food handling practices to protect the children in their care.

Purpose

The *Employee Health and Personal Hygiene for Family Child Care* guide was developed to encourage best practices for preventing the spread of foodborne illnesses in family child care settings. This guide highlights three critical areas of food safety:

- Employee health
- Handwashing
- Eliminating bare hand contact with ready-to-eat foods

Addressing all three critical areas can help prevent the spread of foodborne illnesses among children and staff in family child care settings.

Does this guide apply to all employees in a family child care?

Yes. Family child care providers and employees, including assistants, volunteers, substitutes, and all others working in family child care settings, are encouraged to use this information, in addition to any other regulations and policies mandated by

their local regulatory authority or State agency, to prevent foodborne illnesses.

Responsibilities of the Family Child Care Provider

It is the provider's responsibility to verify that they are:

- Effectively washing their hands
- Knowledgeable of the causes and symptoms of foodborne illnesses
- Aware of their responsibility to report symptoms and diagnoses of certain illnesses to parents and regulatory authorities (i.e., the health department)
- Preventing contamination of ready-to-eat food by properly wearing single-use gloves and using suitable utensils, such as tongs, spatulas, or deli tissue

The provider is also responsible for completing the following tasks:

- Training all employees in safe food handling practices
- Excluding or restricting themselves and employees from work when ill
- Knowing when to report illnesses to the regulatory authority (i.e., the health department)
- Supplying hand sinks with warm water, soap, and single-use paper towels
- Posting signs for handwashing procedures at hand sinks throughout the home that are used for work; i.e., in the restroom and food preparation areas

- Providing proper food safety supplies, such as single-use gloves and aprons
- Revising policies when laws and regulations change

Provider Health

Monitoring provider health is one of the most critical factors in preventing foodborne illnesses in family child care settings. Providers and employees who show signs or symptoms of illness, or who have been exposed to or diagnosed with a foodborne illness, should be excluded from preparing and handling food.

What is a foodborne illness?

A foodborne illness is caused by eating contaminated food.

What is a foodborne illness outbreak?

A foodborne illness outbreak is an incident in which two or more individuals experience a similar illness from the ingestion of a common food.

What are other common names of a foodborne illness?

- Foodborne infection
- Food poisoning
- Foodborne disease
- “Stomach bug”

Who is at risk for a foodborne illness?

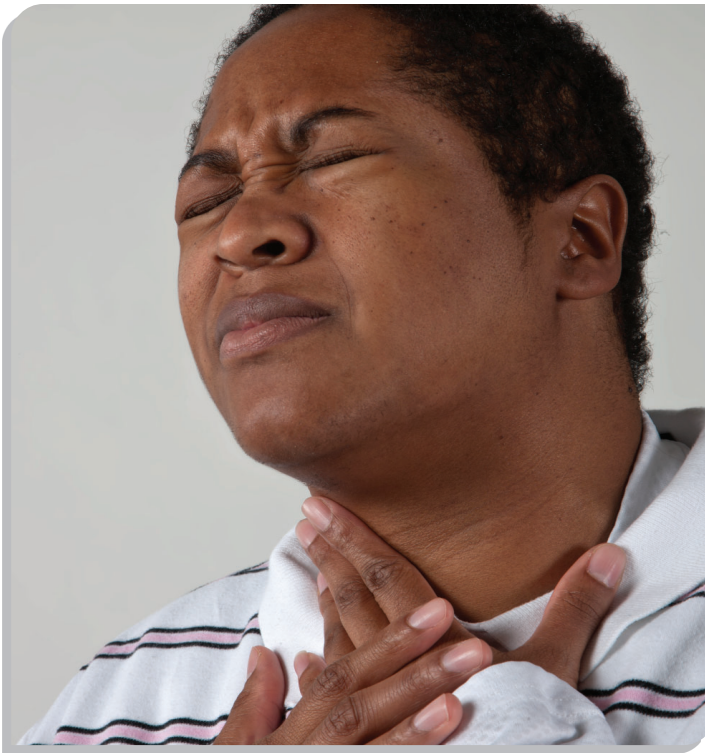
Foodborne illness can affect anyone who eats contaminated food. However, children under the age of five, the elderly, and those with suppressed immune systems are at a higher risk of developing a foodborne illness.



Why is it important to report symptoms, medical diagnoses, and exposures to foodborne illnesses?

Sick or exposed providers can contaminate food, clean utensils and equipment, and surfaces exposed to food. As a result, children can get sick, require hospitalization, and even die from eating contaminated foods. It is critical to contact the sponsor or make alternative arrangements for the children in the provider’s care if a provider has symptoms, medical diagnoses, or exposure to foodborne illness. Reporting this information will help to reduce the risk of a foodborne illness outbreak. Depending on the city, state, or region, regulations may require confirmed cases of certain types of foodborne illnesses to be reported.

Family child care providers should explain to all employees the importance of reporting symptoms. This information should be thoroughly explained when hiring new employees and reviewed at least once a year with all employees. An example of an Employee Health and Personal Hygiene Agreement can be found in Appendix A of this guide to help employees understand their responsibilities related to their health.



What symptoms of foodborne illness should be reported?

Family child care providers or employees should report the following symptoms:

- Vomiting
- Diarrhea
- Jaundice (yellowing of the skin and/or eyes)
- Sore throat with fever
- An infected wound, or lesion containing pus, on the hand, wrist, or an exposed part of the arm or body

What medically diagnosed foodborne illnesses should be reported?

- Norovirus
- Hepatitis A
- Shigellosis (*Shigella* spp.)
- *E. coli* infection*
- Typhoid fever (caused by *Salmonella* Typhi)
- *Salmonella* (nontyphoidal)

**E. coli* (*Escherichia coli*) consists of a diverse group of bacteria. Shiga toxin-producing *E. coli* (STEC) causes a disease commonly associated

with foodborne outbreaks. Providers need to report the diagnosis of STEC infection. Examples include *E. coli* 0157:H7, 0145, 026, 0111, and 0103.

Where can I find more information about these foodborne illnesses?

Fact sheets on norovirus, hepatitis A virus, shigellosis, *E. coli* infection, typhoid fever, and salmonellosis are available through the Institute of Child Nutrition (ICN).

When should an exposure to a foodborne illness be reported?

A family child care provider or employee should report when they have been exposed to a foodborne illness through:

- An outbreak,
- A household member, and
- A household member attending or working in a setting with an outbreak.

Employees are not required to report when they have been exposed to *Salmonella* (nontyphoidal).

What should a provider do when an employee reports an exposure or medical diagnosis, or displays symptoms of a foodborne illness?

The provider is responsible for preventing ill employees from transmitting diseases to children by excluding or restricting the employee from work responsibilities. In some cases, the provider may be required to report certain illnesses and symptoms to the health department or other regulatory authorities.

What should the provider do when they have been exposed to, medically diagnosed, or display symptoms of a foodborne illness?

The provider should follow the same measures as employees when exposed to, medically diagnosed with, or displaying symptoms of a

foodborne illness. The provider may need to exclude themselves by closing the family child care to children and staff if operating with limited staff. For additional information on closing the family child care, contact your local health department or regulatory authority.

What is exclusion?

Exclusion means a sick employee is not permitted to come to work.

What is restriction?

Restriction means a sick employee's activities are limited to prevent the risk of transmitting a disease through food. A restricted employee cannot handle food, work with young children, or clean equipment, utensils, and linens. Job duties for employees who are restricted may include working in non-food cleaning or maintenance tasks. Due to the size and the dynamics of family child care programs, providers may find it challenging to restrict themselves or employees without jeopardizing the health of young children. When in doubt, practice exclusion to avoid a foodborne illness. For additional information on restricting employees, contact your local health department or regulatory authority.

Who can exclude or restrict a family child care employee?

The provider has the authority to exclude or restrict an employee from work. The local health department may also have the authority to exclude or restrict an employee who has symptoms, or has been diagnosed with, a foodborne illness. It is recommended that the provider works with the health department in making these decisions.



When can an excluded or restricted family child care employee return to work?

Appendix B provides guidance on the appropriate time to remove an exclusion or restriction, and when to allow the employee to return to work. In most cases, the family child care provider removes, adjusts, or retains the exclusion or restriction. In some cases, approval from the local health department or a medical provider must remove an exclusion or restriction. The provider should consult with the local health department to address when an excluded or restricted employee can return to regular work.

Are there any exceptions to excluding a provider or employee with symptoms of vomiting or diarrhea?

Yes. A family child care provider or employee does not need to be excluded for vomiting or diarrhea if the symptoms are due to a noninfectious illness or condition such as pregnancy. The employee must provide written medical documentation that states that the symptom is from a noninfectious condition.

Handwashing

Family child care providers should be trained on proper handwashing procedures. They are responsible for ensuring that employees are effectively washing their hands by routinely monitoring handwashing practices. Employees should be trained in effective handwashing practices when they are hired and periodically throughout the year. An example of an Employee Health and Personal Hygiene Agreement is provided in Appendix A to help employees understand their responsibilities related to handwashing.

Why is handwashing important?

Proper handwashing is one of the most effective ways of preventing the spread of pathogens (germs) that cause illness. Failure to wash hands properly can transfer germs from hands to food or food contact surfaces. As a result, children may become sick from eating contaminated food.

What can the family child care provider do to encourage proper handwashing?

The provider should ensure easy access to clean hand sinks supplied with warm, running water. Handwashing instruction signs should be posted at each hand sink. Each day, the provider should verify that each hand sink is supplied with soap, warm water, and paper towels.



How should family child care employees wash their hands?

Effective handwashing includes the following steps.

Step 1: Wet hands with clean, running water, and apply soap.

Step 2: Rub hands together to make a lather and scrub them well, making sure to scrub the backs of hands, between fingers, and under nails.

Step 3: Continue rubbing hands for at least 20 seconds. If a timer is not available, hum the “Happy Birthday” song from beginning to end twice or sing the “ABC Song” once.

Step 4: Rinse hands well under running water.

Step 5: Dry hands using a paper towel.

Step 6: Avoid re-contaminating hands when turning the water off and discarding paper towels. Turn the water off using a paper towel. Use the paper towel to open the bathroom door. Dispose of paper towels in trashcans with foot-pedal operated lids.

When should family child care employees wash their hands?

Employees should wash their hands before:

- Children arrive
- Preparing food and beverages
- Serving food
- Eating
- Participating in food activities
- Putting on single-use gloves
- Changing single-use gloves
- Handling clean dishes or utensils
- Changing food preparation tasks, such as working with ready-to-eat and raw food

Employees should wash their hands after:

- Helping children wash their hands
- Washing an infant's hands or face
- Using the toilet
- Changing diapers or assisting a child using the toilet
- Blowing nose, coughing, or sneezing
- Touching an animal/pet, animal waste, and pet food/treats
- Eating
- Participating in food activities
- Touching garbage
- Handling soiled dishes or utensils
- Touching body parts other than clean hands and arms
- Sweeping, mopping, or wiping counters
- Returning from outdoor playtime
- Using the phone
- Children have left for the day
- Hands become contaminated, look, or feel dirty

When should children wash their hands?

- When hands look or feel dirty
- Before and after participating in food activities
- Before and after eating meals and snacks
- After playing outside
- After sneezing or coughing
- After using the restroom
- After playing with pets
- After using paints, glues, or other supplies

A family child care employee assisting a child in handwashing should help the child wash their hands and then wash their own hands.

Can hand sanitizers be used in place of adequate handwashing in food preparation areas?

The best method for removing dirt and pathogens is washing hands with soap and water. Hand sanitizers do not take the place of adequate handwashing. If soap and water are not available (for example, field trips), use an alcohol-based hand sanitizer containing at least 60% alcohol.

Eliminating Bare Hand Contact with Ready-To-Eat Foods

Ready-to-eat foods can be eaten without further cooking or washing. An employee can contaminate ready-to-eat foods with their bare hands, contributing to foodborne illnesses in children. When handling ready-to-eat foods, employees should apply single-use gloves or use suitable utensils, such as tongs, spatulas, deli tissue, or dispensing equipment. Before putting on gloves and between glove changes, employees should always wash their hands.

Why is it necessary to use single-use gloves when handling ready-to-eat food?

A barrier, such as single-use gloves, is necessary when working with ready-to-eat foods. When used properly, single-use gloves, along with handwashing, can be effective in preventing germs on the hands from contaminating food and food surfaces.



How should single-use gloves be used?

Single-use gloves can be used to protect ready-to-eat food from provider's bare hands. However, glove-use should not take the place of handwashing. Family child care employees should complete the following when using single-use gloves:

- Hands should be properly washed before applying gloves.
- Wear single-use gloves when preparing and serving ready-to-eat foods.
- Change single-use gloves between tasks, such as working with ready-to-eat foods and raw meats, poultry, or seafood.
- Replace single-use gloves when gloves are torn, damaged, or contaminated.
- Single-use gloves may become contaminated after sneezing, coughing, touching skin and hair, touching equipment, handling other food, or conducting other tasks.
- Do not wash or reuse single-use gloves.
- Cover an infected wound or lesion on the hands with a waterproof covering and a single-use glove.
- Ensure that single-use gloves fit properly.
- Consider using non-latex gloves to address latex allergies.

What can be used to handle ready-to-eat foods if a provider does not use single-use gloves?

Providers can use clean utensils that are appropriate for the food to protect food from bare hands. Utensils could include spoons, spatulas, forks, tongs, deli tissues, dispensing equipment, etc.

Other Considerations

Can employees who are responsible for changing diapers also handle food?

Yes. When family child care employees need to perform both tasks, they should thoroughly wash their hands after changing a diaper and again before handling food. Diapers should be changed in designated areas separate from food storage, preparation, and service areas.

Are there other symptoms of illness that should be considered?

Yes. Family child care employees experiencing persistent sneezing; coughing; a runny nose; or discharge from the eyes, nose, or mouth should not work with food or clean dishes and utensils.

What other food safety practices should be considered in family child care?

All family child care employees are encouraged to do the following:

- Wear a hair net, hat, or other approved hair restraint while preparing food.
- Remove jewelry before preparing food.
- Wear clean clothes to prevent contamination of food.
- Keep fingernails trimmed so they are easy to clean.
- Do not wear nail polish or artificial nails when working with food.

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APPENDIX A

Sample Health and Personal Hygiene Agreement for Family Child Care: Employees (Assistants, Volunteers, and Substitutes)

The purpose of this agreement is to inform family child care providers and employees, who will be working with food, of their responsibilities in preventing the transmission of foodborne illness. If required by State and/or local authorities, have providers and employees sign a new agreement yearly.

I agree to report to the family child care provider:

- All foodborne illness symptoms, while at work or outside of work. I will include the date when I first experienced any of the following symptoms:
 - Vomiting
 - Diarrhea
 - Sore throat with fever
 - Jaundice (yellow tint to skin and the whites of the eyes)
 - An infected wound, or lesion containing pus, on the hand, wrist, or an exposed part of the arm or body
- Recent, current, or future medical diagnosis of either myself or a household member, due to any of the following foodborne illnesses (include the onset date):
 - Norovirus
 - Hepatitis A
 - Shigellosis (*Shigella* spp.)
 - *E. coli* infection*
 - Typhoid fever (caused by *Salmonella* Typhi)
 - *Salmonella* (nontyphoidal)
- Recent, current, or future exposure of myself or a household member to an outbreak due to one of the following foodborne illnesses (include the date exposed):
 - Norovirus
 - Hepatitis A virus
 - *Shigella* spp. (shigellosis)
 - Shiga toxin-producing *Escherichia coli* (STEC) (*E. coli* infection*)
 - Typhoid fever (caused by *Salmonella* Typhi)

I am not required to report when a household member or I have been exposed to *Salmonella* (nontyphoidal).

**Escherichia coli* (*E. coli*) consists of a diverse group of bacteria. Shiga toxin-producing *E. coli* (STEC) causes disease commonly associated with foodborne outbreaks. I need to report a diagnosis, or exposure to, STEC infection. Examples include *E. coli* 0157:H7, 0145, 026, 0111, and 0103.

I have read (or had explained to me) this agreement and understand that once I have reported the above, that it is the family child care provider's responsibility to determine if I can work with food and/or stay at work. The provider may seek advice from the health department or other local authorities.

- I understand exclusion means I will not be permitted to come to work.
- I understand restriction means my activities in the family child care home will be limited. I will not be able to work with food, or be able to clean equipment, utensils, or linens.
- I understand the family child care provider can remove, adjust, or retain the exclusion or restriction. In some cases, the provider may need medical documentation or approval from the health department to remove an exclusion or restriction.

I agree to wash my hands:

- When arriving for the day
- When hands look or feel dirty
- When moving from one task to another
- When entering a food preparation area
- Before, during, and after preparing food
- Before serving food
- Before putting on new, single-use gloves, and between glove changes
- Before handling clean dishes or utensils
- When changing food preparation tasks, such as between working with ready-to-eat and raw foods
- After handling soiled dishes or utensils
- After touching bare human body parts, parts other than clean hands and clean, exposed portions of arms
- After using the toilet
- After changing diapers or assisting a child with using the toilet
- After blowing my nose, coughing, or sneezing
- After touching an animal or animal waste
- After handling pet food or pet treats, including visits to petting zoos
- After touching garbage
- When leaving for the day

I understand that effective handwashing includes scrubbing, rinsing, and drying hands. When washing my hands, I agree to complete each of the following steps:

1. Wet hands with clean, running water and apply soap.
2. Rub hands together to make a lather and scrub them well, making sure to scrub the backs of hands, between fingers, and under nails.
3. Continue rubbing hands for at least 20 seconds. If a timer is not available, hum the “Happy Birthday” song from beginning to end twice or sing the “ABC Song” once.
4. Rinse hands well under running water.
5. Dry hands using a paper towel or air dry them with a hand dryer.
6. Avoid re-contaminating hands when turning the water off and discarding paper towels. Turn the water off using a paper towel or a similar barrier. Dispose of paper towels in trashcans with foot-pedal operated lids.

I agree to help children wash their hands:

- When hands look or feel dirty
- Before and after participating in food activities
- Before and after eating meals and snacks
- After playing outside
- After sneezing and coughing
- After using the restroom
- After playing with pets
- After using paints, glues, or other supplies

I understand that touching ready-to-eat food with my bare hands is not safe. I agree to wear single-use gloves, or use other suitable utensils, when working with ready-to-eat food.

I understand that failure to comply with the terms of this agreement could lead to action by my employer that may jeopardize my employment and may involve legal action against me.

Signature of Family Child Care Employee

Date

Appendix B

Table 1

Requirements for Symptomatic, Undiagnosed Family Child Care Employees

| Symptoms | Exclusion or Restriction | Removing Exclusion or Restriction | Notes |
|---|--------------------------|---|--|
| Vomiting | Exclude | Symptom-free for at least 24 hours | An employee with symptoms of vomiting or diarrhea due to a noninfectious illness does not need to be excluded. The employee must provide the director with written medical documentation stating that the symptom is from a noninfectious condition. |
| Diarrhea | Exclude | Symptom-free for at least 24 hours | |
| Sore throat with fever | Exclude | When written medical documentation is provided | Written medical documentation must indicate that the employee is free of, or has received antibiotic treatment for, a <i>Streptococcus pyogenes</i> ("strep") infection. Most strep infections cause mild illnesses, such as "strep throat" or impetigo. Occasionally, these bacteria can cause severe and even life-threatening diseases; potential symptoms must be addressed. |
| Jaundice | Exclude | Consult with the local health department | |
| An infected wound, or lesion containing pus (such as a boil), on the hands, wrist, or exposed portion of the body | Restrict | When the affected area is properly covered with an impermeable cover (e.g., a finger cot) | If the wound or lesion is on the hand or wrist, a single-use glove must also be worn over the waterproof bandage. |

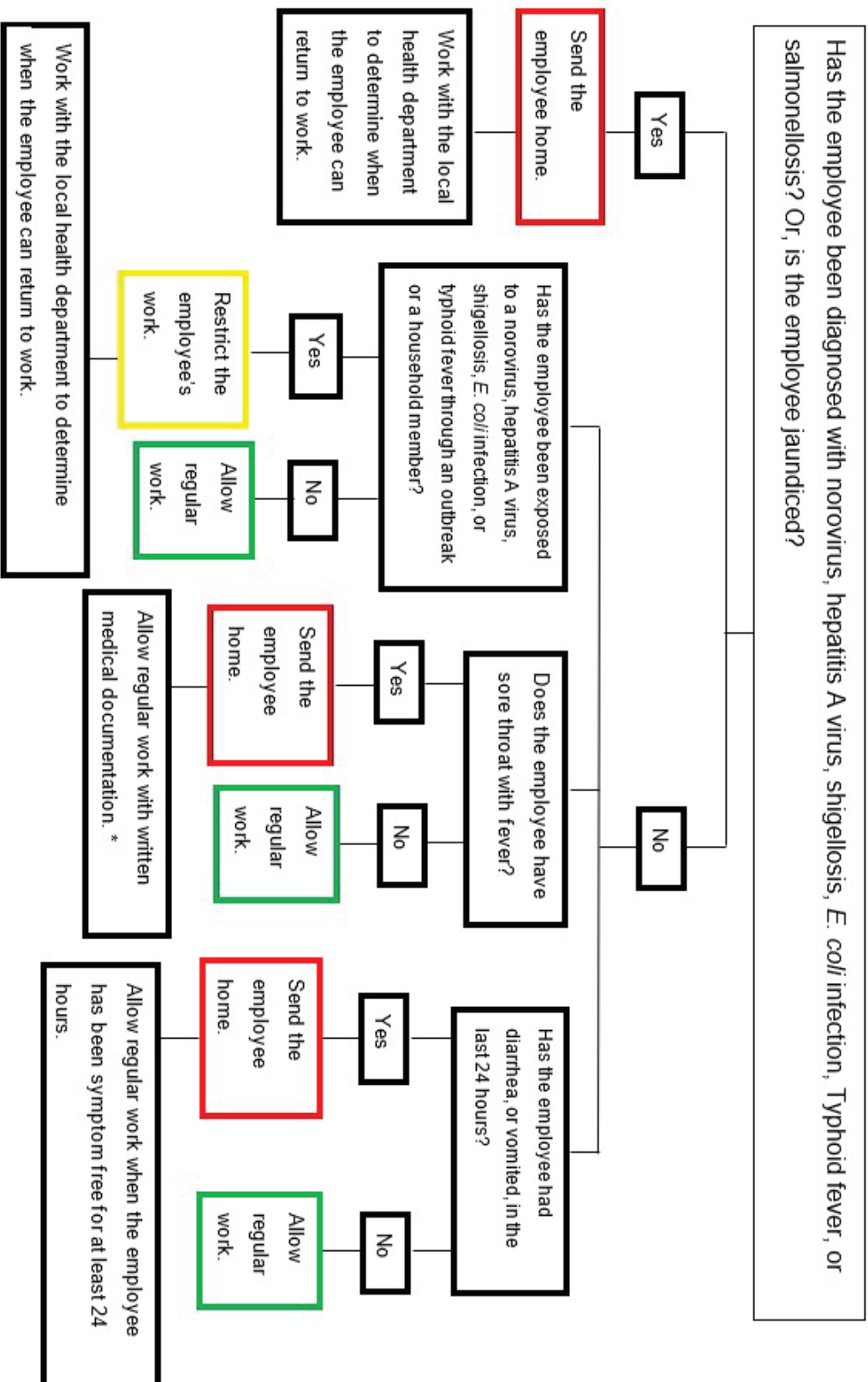
Requirements for Diagnosed Family Child Care Employees

| Diagnosis | Exclusion or Restriction | Removing Exclusion or Restriction | Notes |
|---|--------------------------|--|--|
| Norovirus | Exclude | Consult with the local health department | |
| Hepatitis A | Exclude | Consult with the local health department | |
| <i>E. coli</i> infection | Exclude | Consult with the local health department | <i>Escherichia coli</i> (<i>E. coli</i>) consists of a diverse group of bacteria. Shiga toxin-producing <i>E. coli</i> (STEC) causes a disease commonly associated with foodborne outbreaks. Employees need to report a diagnosis of a STEC infection. Examples include <i>E. coli</i> 0157:H7, 0145, 026, 0111, and 0103. |
| <i>Shigella</i> spp. (shigellosis) | Exclude | Consult with the local health department | |
| Typhoid fever (caused by <i>Salmonella</i> Typhi) | Exclude | Consult with the local health department | |
| <i>Salmonella</i> , nontyphoidal (salmonellosis) | Exclude | Consult with the local health department | |

Requirements for Exposed Family Child Care Employees

Restrict employees exposed to norovirus, hepatitis A, Typhoid fever (caused by *Salmonella* Typhi), shigellosis, or *E. coli* infection through an outbreak, a household member, or a household member attending or working in a setting with an outbreak. Consult with the local health department to determine when to remove the restriction and allow regular work.

Figure 1: Employee Health Decision Tree for Family Child Care



* Written medical documentation must indicate that the employee is free of, or has received antibiotic treatment for, a *Streptococcus pyogenes* ("strep") infection. Most strep infections cause mild illnesses, such as "strep throat" or impetigo. Occasionally, these bacteria can cause severe and even life-threatening diseases; potential symptoms must be addressed.

An employee with an infected wound or lesion containing pus (such as a boil) on the hands, wrist, or exposed portion of the body, may continue to work if the affected area is properly covered with an impermeable cover (e.g., a finger cot, waterproof bandage, etc.). If the wound or lesion is on the hand or wrist, a single-use glove must also be worn over the impermeable cover. If the wound or lesion is not properly covered, the employee's work must be restricted.



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