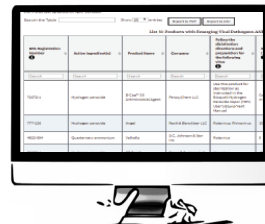


6 Steps for Safe & Effective Disinfectant Use



Step 1: Check that your product is EPA-approved

Find the EPA registration number on the product. Then, check to see if it is on EPA's list of approved disinfectants at: [epa.gov/listn](https://www.epa.gov/listn)



Step 2: Read the directions

Follow the product's directions. Check "use sites" and "surface types" to see where you can use the product. Read the "precautionary statements."

Step 3: Pre-clean the surface

Make sure to wash the surface with soap and water if the directions mention pre-cleaning or if the surface is visibly dirty.



Step 4: Follow the contact time

You can find the contact time in the directions. The surface should remain wet the whole time to ensure the product is effective.

Step 5: Wear gloves and wash your hands

For disposable gloves, discard them after each cleaning. For reusable gloves, dedicate a pair to disinfecting COVID-19. Wash your hands after removing the gloves.



Step 6: Lock it up

Keep lids tightly closed and store out of reach of children.

[coronavirus.gov](https://www.coronavirus.gov)

HAND, FOOT, AND MOUTH DISEASE - SYMPTOMS, TREATMENT, AND PREVENTION

Symptoms to look for



Symptoms can include:

- Mouth sores
- Skin rash of flat red spots that may blister
- Fever
- Sore throat
- Loss of appetite

Symptoms & Diagnosis

Treat symptoms



Most people do not need to see a doctor for hand, foot, and mouth disease.

Treat the illness at home by relieving symptoms and making sure the sick person drinks enough fluids to stay hydrated.

Treatment

Stop the spread



Take steps to keep from getting sick:

- **Wash your hands often** with soap and water for at least 20 seconds.
- **Clean and disinfect** dirty surfaces and soiled items.
- **Avoid close contact** with sick people, like hugging or kissing.

Prevention

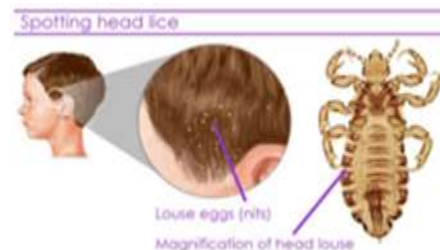
Prevention and Control Measures: Head Lice

Transmission:

- Head lice are spread by direct contact with the hair of an infested person, with close head to head contact being the most common way to spread.
- Head-to-head contact is common during play at school, at home, and elsewhere (sports activities, playground, slumber parties, and camp). Although uncommon, head lice can be spread by sharing clothing (such as hats, scarves, coats) or other personal items (such as combs, brushes, or towels).
- Infestation with head lice is most common among pre-school children attending childcare, elementary school children, and the household members of infested children.

Symptoms:

- Tickling feeling of something moving in the hair.
- Itching caused by an allergic reaction to the bites of the head lice.
- Irritability and difficulty sleeping; head lice are most active in the dark.
- Sores on the head caused by scratching, which can sometimes become infected with bacteria normally found on a person's skin.
- Infestations can be asymptomatic, particularly with a first infestation or when the infestation is light.



Prevention and Control Measures:

- Avoid head-to-head (hair-to-hair) contact during play and other activities at home, school and elsewhere (sports activities, playground, slumber parties, camp).
- Do not share clothing such as hats, scarves, coats, sports uniforms, hair ribbons, or barrettes. Do not share combs, brushes, or towels. Disinfect combs & brushes by soaking in hot water (at least 130 degrees F) for 5-10 minutes.
- Do not lie on beds, couches, pillows, or linens that have been in contact with an infested person.
- Lice can be spread if lice or eggs remain viable on the infested person or on clothing/surfaces. An adult life span is approximately one month. Lice eggs remain viable on clothing for 1 month. Head lice can survive for about 2 days after falling off a person. Nymphs can survive 24 hours without feeding. Under suitable conditions, eggs can remain viable away from the host for up to 7-10 days.
- Machine wash and dry clothing, bed linens, and other items that an infested person wore or used during the 2 days before treatment using the hot water (130 degrees F) laundry cycle and the high heat drying cycle. Clothing and items that are not washable can be dry-cleaned or sealed in a plastic bag and stored for 2 weeks.
- Vacuum the floor and furniture, particularly where the infested person sat or lay. Routine vacuuming of floors and furniture is sufficient to remove lice or nits that may have fallen off of an infested person.
- Insecticide sprays, fumigant sprays or fogs are NOT recommended.
- According to CDC, children diagnosed with head lice do not need to be sent home early from school; they can go home at the end of the day, be treated, and return to class after appropriate treatment.
- Both over the counter and prescription products are available. You may wish to contact your doctor, pharmacist, or health department for additional information about which product they recommend.

For More Information: Visit cdc.gov and type [Head Lice](#) in the SEARCH box.



Alabama Department of Public Health
Infectious Diseases & Outbreaks Division, 201 Monroe St, Montgomery, AL 36104
alabamapublichealth.gov/infectiousdiseases



Prevention and Control Measures: Influenza or Influenza-like Illness in Schools or Child Care Facilities

Transmission:

- Influenza can be spread when droplets from an ill person's cough or sneeze come into contact with mucous membranes in the eyes, mouth, and nose of another person, or when a person touches a surface or object contaminated with influenza virus.

Prevention and Control Measures:

- Remind faculty, staff, parents, and children to get vaccinated against influenza
- Limit group activities when possible
- Recommendations for children and staff:
 - Always cover your mouth with a tissue when coughing or sneezing. Cough or sneeze into your upper sleeve or elbow, if you do not have a tissue available.
 - Dispose of used facial tissues that contain nasal secretions.
 - Avoiding touching eyes, nose, and mouth with unwashed hands.
 - Stay home until fever free for 24 hours.
 - Practice proper [hand washing hygiene](#).
- Continue routine cleaning and disinfection processes for frequently touched surfaces or common areas with appropriate cleaner. Influenza viruses are generally susceptible to standard cleaning products, including those that contain detergent, chlorine, hydrogen peroxide, and alcohols.



For More Information: Visit cdc.gov and type [influenza](#) in the SEARCH box.



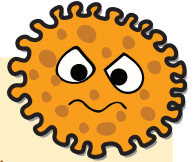
Alabama Department of Public Health
Infectious Diseases & Outbreaks Division, 201 Monroe St, Montgomery, AL 36104
800-338-8374

alabamapublichealth.gov/infectiousdiseases
Influenza Schools or Child Care Facilities (8/16/2018)

Clean-up and Disinfection for Norovirus ("Stomach Bug")

THESE DIRECTIONS SHOULD BE USED TO RESPOND TO ANY VOMITING OR DIARRHEA ACCIDENT

Note: Anything that has been in contact with vomit and diarrhea should be discarded or disinfected.



1 Clean up

- Remove vomit or diarrhea right away!**
 - Wearing protective clothing, such as disposable gloves, apron and/or mask, wipe up vomit or diarrhea with paper towels
 - Use kitty litter, baking soda or other absorbent material on carpets and upholstery to absorb liquid; do not vacuum material: pick up using paper towels
 - Dispose of paper towel/waste in a plastic trash bag or biohazard bag
- Use soapy water to wash surfaces that contacted vomit or diarrhea and all nearby high-touch surfaces, such as door knobs and toilet handles**
- Rinse thoroughly with plain water**
- Wipe dry with paper towels**

DON'T STOP HERE: GERMS CAN REMAIN ON SURFACES EVEN AFTER CLEANING!

2 Disinfect surfaces by applying a chlorine bleach solution

Steam cleaning may be preferable for carpets and upholstery. Chlorine bleach could permanently stain these.

Mixing directions are based on EPA-registered bleach product directions to be effective against norovirus.

For best results, consult label directions on the bleach product you are using.

a. Prepare a chlorine bleach solution

Make bleach solutions fresh daily; keep out of reach of children; never mix bleach solution with other cleaners.

IF HARD SURFACES ARE AFFECTED...
e.g., non-porous surfaces, vinyl, ceramic tile, sealed counter-tops, sinks, toilets

 **3/4 CUP OF CONCENTRATED BLEACH** + **1 GALLON WATER** 

CONCENTRATION ~3500 ppm

IF USING REGULAR STRENGTH BLEACH (5.25%), INCREASE THE AMOUNT OF BLEACH TO 1 CUP.

- Leave surface wet for at least 5 minutes**
- Rinse all surfaces intended for food or mouth contact with plain water before use**

3 Wash your hands thoroughly with soap and water

Hand sanitizers may not be effective against norovirus.

Facts about Norovirus

Norovirus is the leading cause of outbreaks of diarrhea and vomiting in the US, and it spreads quickly.

Norovirus spreads by contact with an infected person or by touching a contaminated surface or eating contaminated food or drinking contaminated water. Norovirus particles can even float through the air and then settle on surfaces, spreading contamination.

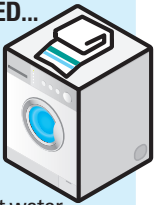
Norovirus particles are extremely small and billions of them are in the stool and vomit of infected people.

Any vomit or diarrhea may contain norovirus and should be treated as though it does.

People can transfer norovirus to others for at least three days after being sick.

IF CLOTHING OR OTHER FABRICS ARE AFFECTED...

- Remove and wash all clothing or fabric that may have touched vomit or diarrhea
- Machine wash these items with detergent, hot water and **bleach** if recommended, choosing the longest wash cycle
- Machine dry



Scientific experts from the U.S. Centers for Disease Control and Prevention (CDC) helped to develop this poster. For more information on norovirus prevention, please see <http://www.cdc.gov/norovirus/preventing-infection.html>.



co.somerset.nj.us/health



neha.org



waterandhealth.org



americanchemistry.com



cfour.org

disinfect-for-health.org

Updated March, 2015

RESPIRATORY SYNCYTIAL VIRUS (RSV)

WHAT IS RSV?

RSV is a common respiratory virus that usually causes mild, cold-like symptoms, but can also cause severe disease, especially in infants and older adults.

HOW DOES IT SPREAD?

RSV can spread through close contact with someone who is sick by:

- Sneezes or coughs
- Touching infected surfaces and then touching your face without first washing your hands

WHAT ARE THE SYMPTOMS?

People infected with RSV usually become contagious 1 to 2 days before they start showing symptoms and show symptoms within 4 to 6 days after getting infected. Some infants and people with weakened immune systems can continue to spread the virus even after they stop showing symptoms (as long as 4 weeks). Symptoms include:

- Runny nose
- Decrease in appetite
- Coughing
- Sneezing
- Fever
- Wheezing



HOW CAN I PREVENT RSV?



Adults 60 years and older can receive an RSV **vaccine**.



Pregnant people can get an RSV **vaccine** which will give protection to the baby once born.



Monoclonal antibodies can be given to infants <8 months and high-risk infants 8 - 19 months of age.

OTHER PREVENTION TIPS:



Stay home if you are feeling sick.



Wear a mask if you are feeling sick.



Cover your coughs and sneezes.



Wash your hands regularly.

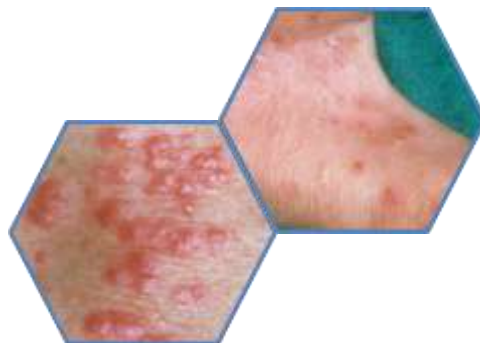
Prevention and Control Measures: Scabies

Transmission:

- Scabies are mites that can be spread from person to person (prolonged skin contact), surface to person (e.g., clothing, towels, furniture), or in crowded conditions, such as nursing homes and prisons, where body contact is frequent.

Symptoms:

- The most common scabies symptoms are itching and a pimple-like rash.
- Symptoms may not appear for up to 2 months after exposure.
- Often, very young children may see scabies on the face, head, neck, palms, and soles of their feet, which is less common in adults and older children.



Prevention and Control Measures:

- Practice proper [hand washing hygiene](#).
- Avoid direct skin contact with person suspected or confirmed to have had scabies for at least 8 hours after treatment.
- Linens, towels, and clothing used by those with scabies should be sealed in a plastic bag prior to leaving their room and washed in hot water and dried under high heat (122°F or above) for at least 10 mins.
- Bedding, rugs, and other furniture that can not be laundered or dry-cleaned should be sealed in a plastic bag or wrapped in plastic and removed from contact for 3-6 days.
-

Additional Precautions for Congregative Living Facilities

- Immediately consult with physician or dermatologist about a definitive diagnosis of scabies and treatment options.
- Diagnosis of scabies can be made based on customary appearance and distribution of the rash and the presence of burrows or by obtaining skin scrapings from suspected persons.
- Once confirmed by physician or lab, begin treatment. If treated with scabicide lotion, include the entire body from the neck down, especially under well-trimmed fingernails. Keep the fingernails trimmed to prevent secondary skin infections.
- Notify the local health department of any scabies outbreak.
- Notify any institutions that may have recently treated persons or staff suspected or confirmed with scabies.
- Treat all suspected and confirmed cases of scabies and prophylactically treat staff, other patients, visitors, or family members who may have had skin-to-skin contact at the same time to prevent exposure.

For More Information: Visit [cdc.gov](https://www.cdc.gov) and type [Scabies](#) in the SEARCH box.



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Prevention and Control Measures: Shigella

Transmission:

- Shigella, a bacterial disease that affects the stomach and intestines, is more common in the summer than in the winter.
- Shigella is common and spreads in settings where hygiene is poor and is spread from person to person. Most infections spread when infected stool on soiled fingers is transferred to the mouth of another person but it can also be spread during recreational water use.
- Shigella is present in the diarrheal stools of infected persons while they are sick and for up to two weeks afterwards.

Symptoms:

- Diarrhea (often bloody), fever, and stomach cramps starting a day or two after being exposed.
- Shigella infections should resolve in 5 to 7 days and rarely do those infected need hospitalization.
- Children less than 2 years old may get a high fever with seizures.



Prevention and Control Measures:

- Practice proper [hand washing hygiene](#), especially after going to the bathroom, changing diapers, and before preparing food or beverages.
- Disinfect diaper changing areas after use and properly dispose of soiled diapers.
- Stay home from healthcare, food service, or childcare jobs while sick.
- Keep children out of childcare settings and supervise handwashing of toddlers and small children after they use the toilet.
- Do not prepare food for others while ill with diarrhea for at least 2 days.
- Do not have sex for two weeks after diarrhea has resolved.
- Do not go swimming.
- Avoid swallowing water from ponds, lakes, or untreated pools.

For More Information: Visit [cdc.gov](https://www.cdc.gov) and type [Shigella](#) in the SEARCH box.



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POISON

Proper Handling of Poisons, Medicines, and First Aid Supplies

Poisons include insecticides, rodenticides, detergents, sanitizers, bleaches, and other cleaning and drying agents, caustics, acids, polishes, and other chemicals.

The only poisons that should be in a food or lodging establishment are those items that are necessary for the cleaning and sanitizing of equipment and utensils, and for the operation and maintenance in the establishment.

Only certified pesticide applicators are allowed to apply restricted-use pesticides (professional bug spray).

Poisonous materials, medicines, and first aid supplies cannot be stored above food, food equipment, utensils, linens, or single-service /single-use articles.

Ensure all toxic or poisonous materials, medicines, and first aid supplies are properly labeled.

The use of containers previously used for storing toxic materials to store, transport, or dispense food is prohibited.

For childcare facilities: All toxic or poisonous materials, medicines, and first aid supplies should be stored in a locked cabinet, separately in leak proof containers, and where they are inaccessible to children.



Food Allergies

Food allergies and other types of food hypersensitivities affect millions of Americans and their families. Food allergies occur when the body's immune system reacts to certain proteins in food. Food allergic reactions vary in severity from mild symptoms involving hives and lip swelling to severe, life-threatening symptoms, often called anaphylaxis, that may involve fatal respiratory problems and shock.



CALL 911 AT THE FIRST SIGN OF A REACTION!

Alergias a los Alimentos

Las alergias alimentarias y otros tipos de hipersensibilidad alimentaria afectan a millones de estadounidenses y sus familias. Las alergias alimentarias ocurren cuando el sistema inmunológico del cuerpo reacciona a ciertas proteínas en los alimentos. Las reacciones alérgicas a los alimentos varían en gravedad, desde síntomas leves que incluyen urticaria e hinchazón de los labios hasta síntomas graves que ponen en peligro la vida, a menudo llamados anafilaxia, que pueden implicar problemas respiratorios fatales y shock.



LLAME AL 911 A LA PRIMERA SEÑAL DE UNA REACCIÓN!

STEPS TO A PEST-FREE INDOOR ENVIRONMENT

Kitchen

Store food in tightly sealed containers.

Keep area around and under refrigerator clean and dry.

Clean the refrigerator every 6 months.

Bathroom

Fix leaks right away.

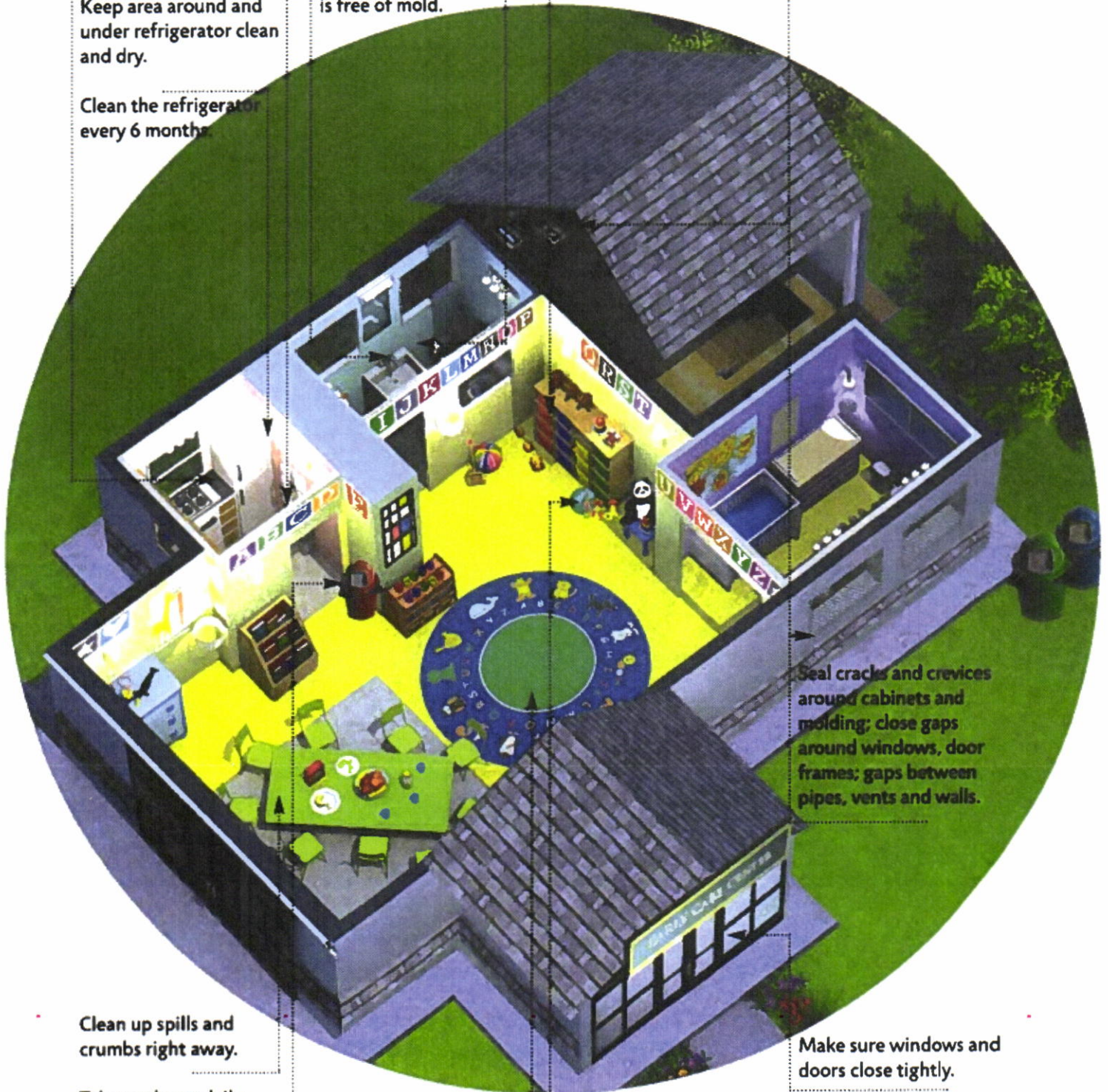
Make sure bathroom is free of mold.

Common Area

Use plastic bins with lids for storage, not cardboard boxes.

General

Place bait stations and traps out of reach of children.



Seal cracks and crevices around cabinets and molding; close gaps around windows, door frames; gaps between pipes, vents and walls.

Clean up spills and crumbs right away.

Take trash out daily.

Make sure windows and doors close tightly.

Minimize clutter and hiding places for pests.

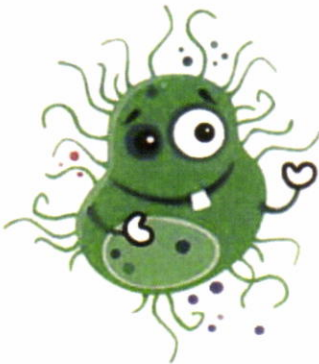
Mop and vacuum floors daily.



WASH YOUR HANDS



- Use plenty of SOAP and RUNNING WATER .
- RUB your hands vigorously.
- WASH ALL SURFACES, including:



- Backs of hands
- Wrists
- Between fingers
- Under fingernails



- RINSE well.
- DRY hands with a paper towel.
- Turn off the water using a PAPER TOWEL instead of bare hands.



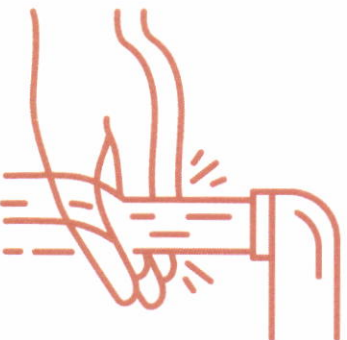
**JEFFERSON COUNTY
DEPARTMENT OF HEALTH**

Serving Jefferson County Since 1917

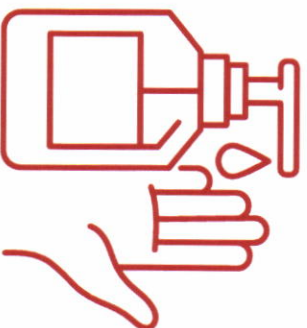


Wash Your Hands!

¡Lávese Las Manos!



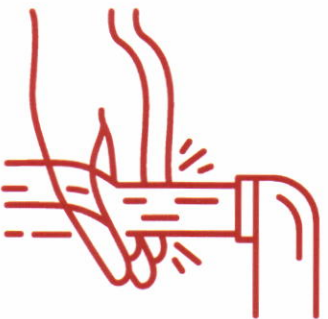
1 Wet Hands
Mójese las manos



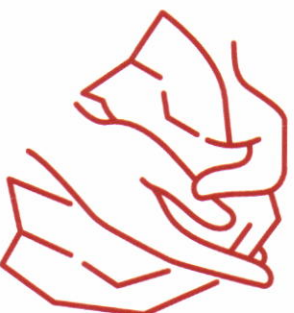
2 Apply Soap
Aplique jabón



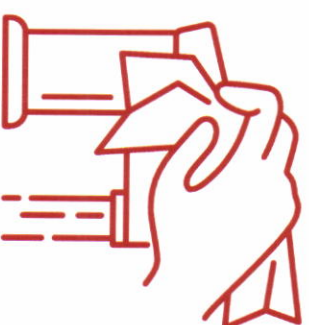
3 Scrub for 20 seconds
Frótese las manos 20 segundos



4 Rinse
Enjuáguese



5 Dry
Séquese las manos



6 Turn Off Water with Paper Towel
Cierre el grifo usando una toalla de papel

DIAPER CHANGING PROCEDURE



Check supplies before bringing child to diapering station. Place disposable paper over the diapering pad.



Wash your hands, and put on gloves. Place the child on the diapering table. Never leave the child unattended. Remove clothes and open diaper. If clothing is soiled, place in plastic bag and securely tie to send home with child.



Clean the child's bottom with disposable towelettes and throw soiled towelettes, diaper, and soiled table paper into a covered, plastic-lined container. Always keep a hand on the child for safety.



Remove gloves and discard in a covered, plastic-lined container. Use a disposable towelette to further clean your hands, if needed. Place a clean diaper on the child and dress child.



Wash the child's hands, regardless of age, with running water and soap or a disposable towelette. Return the child to the play area or crib.



Clean and disinfect the diapering surface and any other surfaces that may have been contaminated with a 400-800 ppm chlorine solution and disposable towels. Wash your hands with soap and water.

***** An EPA-approved disinfectant can be substituted for bleach *****

Playground Surfacing Material



✓ **Appropriate Surfacing**

- Any material impact-tested to ASTM F1292, including unitary surfaces, engineered wood fiber complying with ASTM F2075, loose-fill rubber mulch complying with ASTM F3012, etc.
- Materials not typically impact-tested before sale, but may be used if they are impact-tested before and/or after installation:
 - Pea gravel
 - Sand
 - Wood mulch (not CCA-treated)
 - Wood chips



✗ **Inappropriate Surfacing**

- Asphalt
- Carpet, mats, or other surfaces not impact-tested to ASTM F1292
- Concrete
- Dirt
- Grass
- CCA treated wood mulch

Non-impact-tested loose-fill surfacing depths

Minimum depth when installed (inches)	Minimum depth when compressed (inches)	Non-impact-tested loose-fill material	Protects to this Critical Height (feet)**
8*	6*	Rubber mulch	10
12	9	Sand	4
12	9	Pea gravel	5
12	9	Wood mulch (non-CCA)	7
12	9	Wood chips	10

* Rubber loose-fill surfacing does not compress in the same manner as other loose-fill materials. However, care should be taken to maintain a constant depth as displacement may still occur.

** "Critical Height" is the maximum fall height to which the given depth of loose-fill surfacing can be expected to protect against a life-threatening head injury. Critical height may be reduced due to extreme heat or cold, wind, lack of drainage, freezing of ground/water, compacting, deterioration, and lack of proper maintenance.