

HEALTHY FUTURES



Improving Health Outcomes for Young Children

A program of the American Academy of Pediatrics

Curriculum for Managing Infectious Diseases in Early Education and Child Care Settings

PARTICIPANT'S MANUAL



Editors:

Susan Aronson, MD, FAAP

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Curriculum For Managing Infectious Diseases in Early Education and Child Care Settings

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Introduction

The Healthy Futures: Improving Health Outcomes for Young Children, Curriculum on Infectious Diseases in Early Education and Child Care has been made available by the American Academy of Pediatrics (AAP) Early Education and Child Care Initiatives. It is designed as an educational tool for child care providers with all levels of understanding about infectious diseases. With this curriculum, participants will learn how to prevent, recognize, and manage infectious diseases in early education and child care settings. The curriculum contains the following components:

Getting Started

Module 1: Understanding Infectious Diseases

Module 2: Preventing Infectious Diseases

Module 3: Recognizing and Managing Infectious Diseases

Wrap Up

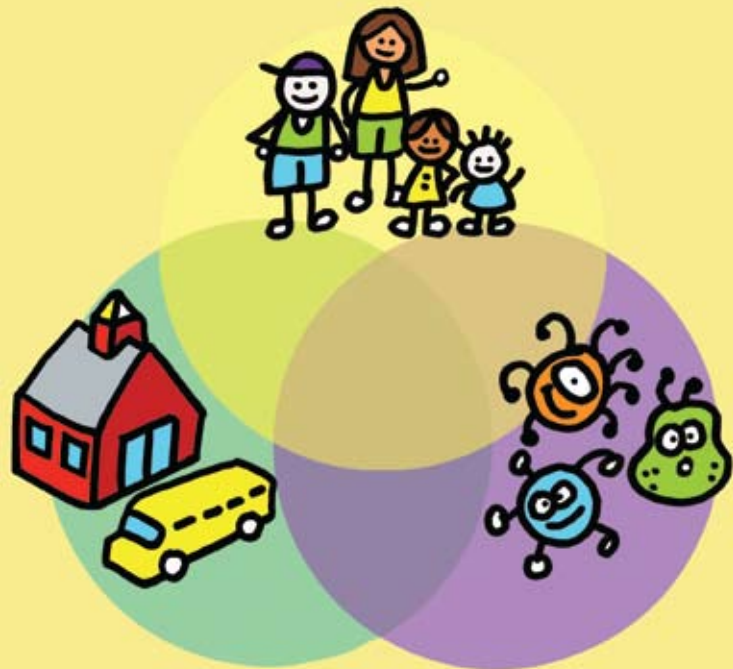
The *Curriculum on Infectious Diseases* is a collaborative effort of health care and early education and child care professionals from the AAP, the State Child Care and Development Fund, Early Childhood Comprehensive Systems, Family Voices, the National Association for the Education of Young Children, the National Association of Pediatric Nurse Practitioners, the National Child Care Information and Technical Assistance Center, the National Resource Center for Health and Safety in Child Care and Early Education, the National Training Institute for Child Care Health Consultants, and the Office of Head Start.

The *Curriculum on Infectious Diseases* went through extensive review through the AAP, specifically the Board of Directors; the Committee on Early Childhood, Adoption, and Dependent Care; the Committee on Infectious Diseases; the Section on Infectious Diseases; and the Section on Early Education and Child Care.

Optimal instructors for this course include pediatricians, Child Care Health Consultants, or other licensed health care professionals with experience in child care settings.

Curriculum for Managing Infectious Diseases in Early Education and Child Care Settings

GETTING STARTED



Curriculum for Managing Infectious Diseases in Early Education and Child Care Settings

Getting Started





Curriculum for Managing Infectious Diseases – Getting Started

Scavenger Hunt Exercise

- Find Scavenger Hunt card in the Participant's Manual
- Introduce yourself to others in the room
- Find a person in the group who fits 1 of the descriptions in the boxes and get that person's initials next to the description
- **Just sign 1 box**, even if you do more than 1 activity
- Let the instructor know when you have found all the items

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Curriculum for Managing Infectious Diseases – Getting Started

Review of Scavenger Hunt

- How do these activities relate to the spread of infectious diseases?

Your thoughts?

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Curriculum for Managing Infectious Diseases – Getting Started

Session Plan

- Module structure
- Timeline
- Participation
- Parking lot for questions that can't be answered immediately
- Housekeeping
- Complete the pre-assessment





Curriculum for Managing Infectious Diseases – Getting Started

Objectives

- By the end of this curriculum, participants will be able to:
 - Identify ways infectious diseases are spread
 - Discuss ways to reduce the risk of infectious diseases including good hygiene, immunization, environmental controls, and healthy lifestyle
 - List the actions involved in conducting a daily health check
 - Identify criteria for exclusion from child care and explain the rationale behind it





Curriculum for Managing Infectious Diseases – Getting Started

Best Practices and Regulations

- Best practices are developed from research and expert opinion
- *Caring for Our Children*
- State standards and regulations
 - May differ from national recommendations
- You must follow state regulation to maintain licensure in your state
- Best practice often exceeds state regulations




**Today we will be discussing best practices.
Not all of these practices will be required
by regulation in this state.**



References

- American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*. 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2002. Also available at <http://nrckids.org> (Slide 6)



Getting Started

References

- American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*. 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2002. Also available at <http://nrckids.org> (Slide 6)



Scavenger Hunt

- Introduce yourself to others in the room.
- Find a person in the group who fits 1 of the descriptions and get that person's initials next to the description.
- Each person should just sign 1 box, even if she does more than 1 activity.
- Let the instructor know when you have found all the items .

Cares for infants	Prepares food	Checks vaccine records
Cleans up after meals	Changes diapers	Performs daily health check
Stays home when sick	Up-to-date on vaccines	Washes hands after helping with toileting

Name

State

Date

☐ Caregiver/teacher☐ Health Professional☐ Other _____

Curriculum for Managing Infectious Diseases in Early Education and Child Care Settings Pre-assessment

Instructions: Circle the letter of the choice that best complements the statement or answers the question

MODULE 1: Understanding Infectious Diseases

1. **Viruses should be treated with antibiotics.**
 - a. True
 - b. False
2. **Children who attend child care are less likely to have antibiotic resistant ear infections and have tubes placed.**
 - a. True
 - b. False
3. **Children who attend child care are more resistant to infections after their first year of attendance.**
 - a. True
 - b. False
4. **The most important surface to clean to avoid spread of disease is our hands.**
 - a. True
 - b. False
5. **Children's immune systems:**
 - a. Get stronger as they are exposed to infectious diseases
 - b. Get weaker when they are exposed to infectious diseases
 - c. Are not affected by infectious diseases

MODULE 2: Preventing Infectious Diseases

6. **Mixing children from different groups together when staffing is short in the morning and late afternoon spreads infection from group to group.**
- a. True
 - b. False
7. **Which of the following is the best answer for how to reduce the number of germs in child care settings?**
- a. Circulate fresh outdoor air, use right-size flushing toilets, wash hands, and clean and sanitize surfaces that have been in contact with body fluids
 - b. Clean and sanitize eating and diaper/underwear changing surfaces before and after each use, wash hands with antibacterial soap, and use germ-killing aerosol sprays to remove odors
 - c. Wear disposable gloves to change diapers; serve and prepare food and clean up blood; and teach everyone to cover their mouths with their hands when they sneeze or cough
 - d. Quickly remove children who seem sick from the facility and do not allow them to return until they have a note from a health care professional that says they are well

MODULE 3: Recognizing and Managing Infectious Diseases

8. **Children should be excluded (sent home) from child care if they (Choose all the answers that apply):**
- a. Have a fever
 - b. Cannot participate in activities
 - c. Require more care than can be provided in child care
 - d. Have a condition that the health department says requires exclusion
 - e. Have any diarrhea
9. **The goal of exclusion is to:**
- a. Provide a setting where the child can recover more easily
 - b. Prevent other children from getting fever
 - c. Keep certain specific diseases from spreading through the child care site
 - d. A and C
 - e. None of the above

- 10. The daily health check is performed:**
 - a. When the parent is transferring care of the child to the care of facility staff
 - b. When the child leaves the facility to go on a field trip or has a new caregiver
 - c. When the caregiver notices that a child has symptoms of illness
 - d. A and C

- 11. A note from a child's health care professional to return to child care after an illness is not necessary for children who act and feel well.**
 - a. True
 - b. False

- 12. To care for an ill child, caregivers should (Choose all answers that apply):**
 - a. Adapt activities to the activity level of the ill child
 - b. Provide extra attention to the ill child
 - c. Inform parents of new symptoms by phone and use the symptom record to document the child's status
 - d. Isolate the ill child in the director's office

- 13. Before the child actually starts receiving care in the program, child care staff should discuss the following with parents:**
 - a. The program's policy on caring for ill children
 - b. Parent's alternative care plans for child illness
 - c. Who makes the final decision about whether an ill child can be in child care
 - d. All of the above

Curriculum for Managing Infectious Diseases in Early Education and Child Care Settings

MODULE 1

Understanding Infectious Diseases

- Impact
- Vulnerability
- Symptoms
- Spread



Curriculum for Managing Infectious Diseases in Early Education and Child Care Settings

Module 1

Understanding Infectious Diseases

- Impact
- Vulnerability
- Symptoms
- Spread





Curriculum for Managing Infectious Diseases- Module 1

Types of Germs

- **Virus**
 - Frequently get better on their own
 - Limited treatment, other than rest and control of symptoms
 - Few medications to treat viruses
- **Bacteria**
 - Often need to be treated with antibiotics
- **Fungus**
 - Often on surfaces of body and can be treated with creams or oral medication
- **Parasite**
 - Typically cause diarrhea
 - Often need to be treated with antiparasitic medications

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Committee on Infectious Diseases





Curriculum for Managing Infectious Diseases- Module 1

Definitions

- **Infection**
 - When a germ causes a disease
- **Contamination**
 - When a germ is placed in or on the body, a surface, or in food or water





Curriculum for Managing Infectious Diseases- Module 1

More Definitions

- Contagious
 - When germs can be spread to others
- Infectious
 - Capable of causing an infection
- Communicable
 - Can be transmitted to others

Essentially all mean the same thing



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Curriculum for Managing Infectious Diseases - Module 1

Child Care at 2:00 pm

A 20-month-old child wakes up from a nap and is flushed. She does not want to play with other children and is irritable. Her temperature was taken and is 101°F.

- How does this affect:
 - Parents?
 - Caregivers/teachers at the center?
 - Health care professionals?
- How will the impact influence their decision making?



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Curriculum for Managing Infectious Diseases- Module 1

Impact of Infectious Diseases

- Economic
 - Loss of revenue for the family
 - Loss of productivity for the employer
- Contagion
 - Other children in child care
 - Families
 - Caregivers/teachers and their families
- Disruption
 - Alternative caregivers
 - Other colleagues filling in for missing parent at work
- Health care
 - Many office visits to get "sick notes"
 - Inappropriate use of antibiotics
 - Added responsibility of administering medication in child care



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Curriculum for Managing Infectious Diseases – Module 1

Impact of Infectious Diseases

- All members of society are affected




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Curriculum for Managing Infectious Diseases– Module 1

Bad News: Illness Frequency

Children in early education and child care

- Sick more often
- Illnesses last longer
- More ear infections and are more likely to have tympanostomy tubes placed
- More antibiotic-resistant bacterial infections



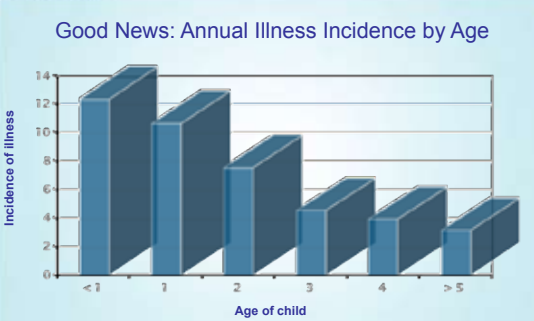
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Curriculum for Managing Infectious Diseases – Module 1

Good News: Annual Illness Incidence by Age



Age of child	Incidence of illness
<1	12
1	10
2	7
3	5
4	4
>5	3

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Curriculum for Managing Infectious Diseases- Module 1

More Good News

- Germs in early education programs are the same as those in community outbreaks
- 90% of infections are mild, self-limited, and require no treatment






Curriculum for Managing Infectious Diseases- Module 1

Good News for Child Care

- Illness incidence decreases after the first full year of attendance
- Kindergarteners with prior early education program attendance have fewer infections
- Children who attended early education programs were less likely to develop asthma at 6 years of age






Curriculum for Managing Infectious Diseases - Module 1

Why Are Children More Vulnerable to Infectious Diseases?







Curriculum for Managing Infectious Diseases- Module 1

Who is Most Vulnerable to Infection?

- Young infants
- Children with special health care needs
 - Equipment in their bodies (catheters, g-tubes)
- Children with impaired immune systems
- Pregnant women

Curriculum for Managing Infectious Diseases- Module 1

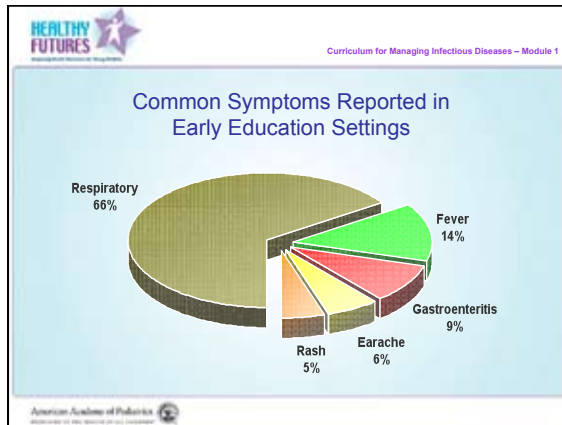
Symptoms of Infectious Diseases

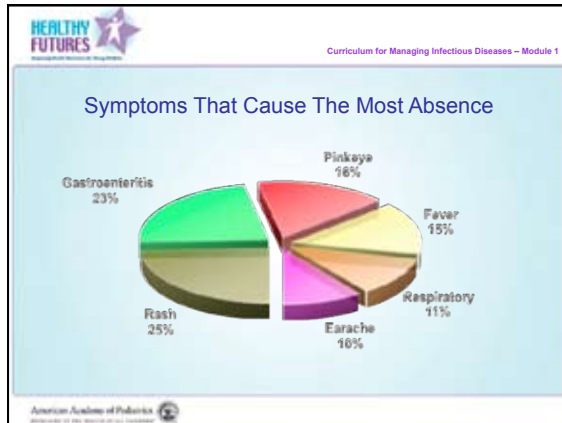
- What symptoms might this child have or develop in the next few days?

Curriculum for Managing Infectious Diseases- Module 1

Symptoms of Infectious Diseases

- Cough
- Runny nose and/or congestion
- Difficult or noisy breathing
- Vomiting, nausea, or stomachache
- Diarrhea
- Rash
- Itching
- Drainage or irritation of eye or other infected body part
- Fever
- Aches or pains: Sore throat, earache, headache, body ache
- Mouth sores
- Swollen glands
- Behavior changes





HEALTHY FUTURES
Managing Infectious Diseases

Curriculum for Managing Infectious Diseases– Module 1

How Infectious Diseases Spread

- Respiratory droplets
- Fecal-oral
- Direct contact with people or objects (especially by germs on hands)
- Body fluids: blood, urine, and saliva
- Insects

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SUPPORTING POSITIVE OUTCOMES IN TODAY'S CHILDREN

Curriculum for Managing Infectious Diseases- Module 1

Bingo Matching Exercise

- Pull out your blank bingo card
- In random order on your card, fill in the squares with these methods of how infectious diseases are spread

- Direct Contact 1	- Direct Contact 2
- Fecal-Oral 1	- Fecal-Oral 2
- Body Fluids 1	- Body Fluids 2
- Insects	- Free Space
- Respiratory	

Curriculum for Managing Infectious Diseases- Module 1

Bingo Matching Exercise

- We will be projecting photos of ways to spread disease
- Match the photo with the way it spreads disease
- Call out if you get BINGO!

Curriculum for Managing Infectious Diseases - Module 1



Curriculum for Managing Infectious Diseases – Module 1



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Advancing the Science of Child Health



Curriculum for Managing Infectious Diseases – Module 1



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Curriculum for Managing Infectious Diseases – Module 1



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Advancing the Science of Child Health

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Curriculum for Managing Infectious Diseases – Module 1



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HEALTHY
FUTURES

Curriculum for Managing Infectious Diseases – Module 1



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FUTURES

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FUTURES

Curriculum for Managing Infectious Diseases – Module 1



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Curriculum for Managing Infectious Diseases- Module 1

Summary

- All members of society are affected by the spread of infectious diseases in groups of children
- Children are more vulnerable because of immature immune systems
- Infectious diseases spread by different methods
- Each method of spread can be prevented by specific strategies, which will be discussed in the next module

Questions?







Curriculum for Managing Infectious Diseases- Module 1

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- Ball TM, Castro-Rodriguez JA, Griffith KA, et al. Siblings, day-care attendance, and the risk of asthma and wheezing during childhood. *New England Journal of Medicine*. 2000;343:538-543 (Slide 11)





Module 1: Understanding Infectious Diseases

Objectives

A. Knowledge

Each participant will be able to:

1. Identify 3 ways infectious diseases impact our society.
2. State reasons why some children with special health care needs are at higher risk for acquiring infectious diseases.
3. Name the 3 most common symptoms of infectious diseases in children in early education settings.
4. Identify 5 ways infectious diseases are spread.

B. Attitude

Each participant will be able to:

1. Have an understanding of the different impacts of infectious disease on parents, caregivers/teachers, and health care professionals.
2. Be willing to educate parents and other child care staff members on methods to decrease the spread of infectious diseases.

C. Behavior

Each participant will:

1. Answer the pre-assessment questions under Getting Started in the Participant's Manual.
2. Correctly identify methods by which infectious diseases spread through the bingo matching exercise.

Module 1: Understanding Infectious Diseases

References

- Carabin H, Gyorkos TW, Soto JC, Penrod J, Joseph L, Collet J. Estimation of direct and indirect costs because of common infections in toddlers attending day care centers. *Pediatrics*. 1999;103(3):556–564 (Slide 6)
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Module 1: Understanding Infectious Diseases

Resources

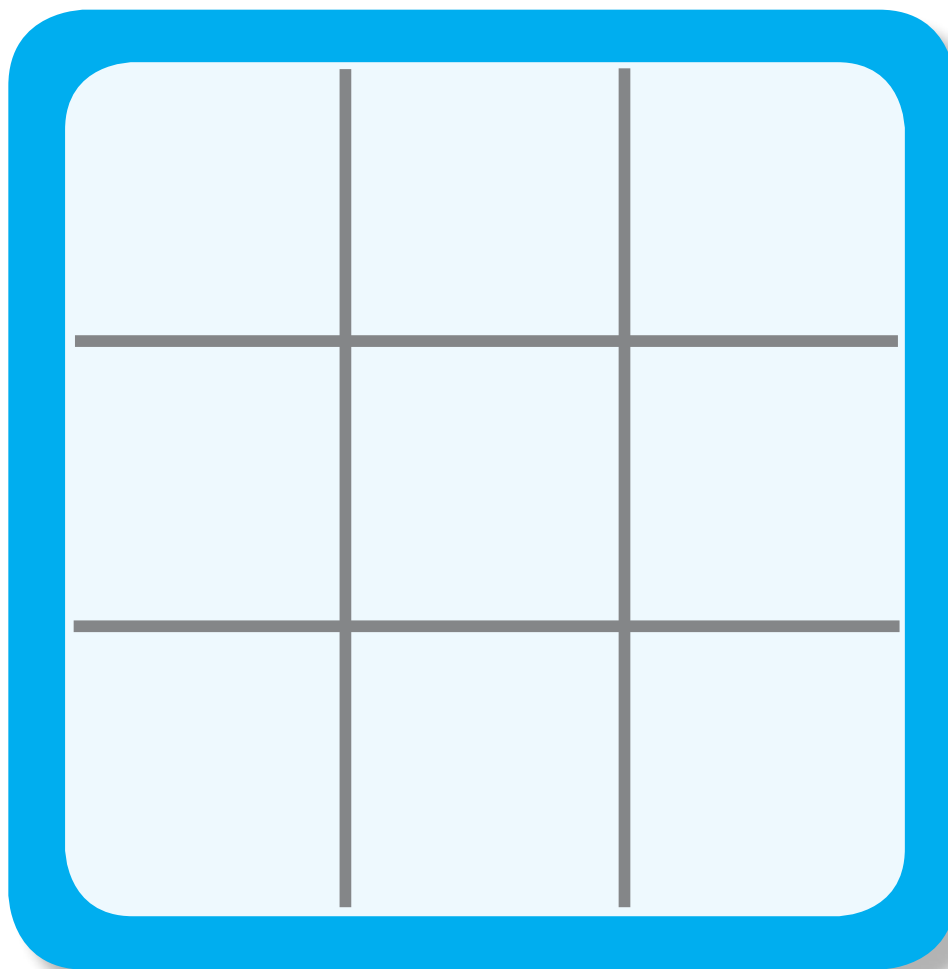
1. “Fact Sheet: Paid Sick Days Are Good for Children’s Health,”

www.nationalpartnership.org/site/DocServer/Fact_Sheet__Paid_sick_days_are_good_for_childrens_health.pdf?docID=4182

B I N G O !

In a random order, fill in the squares below with these methods of how infectious diseases are spread:

Direct Contact 1	Direct Contact 2
Fecal-Oral 1	Fecal-Oral 2
Body Fluids 1	Body Fluids 2
Insects	Free Space
Respiratory	



View slides depicting how infectious diseases are spread.
Mark the right response on your card.
Get 3 in a row and be the first 1 to have BINGO!

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Enrollment/Attendance/Symptom Record

Pennsylvania Chapter, American Academy of Pediatrics. *Model Child Care Health Policies*. 3rd ed. Washington, DC: National Association for the Education of Young Children; 1997. Also available at www.ecels-healthychildcarepa.org/content/MHP4thEd%20Total.pdf

Curriculum for Managing Infectious Diseases in Early Education and Child Care Settings

MODULE 2

Preventing Infectious Diseases

- Controlling Spread
- Tools
- Vaccines
- Reducing Germs
- Sanitation
- Food Handling
- Policies and Procedures



Curriculum for Managing Infectious Diseases in Early Education and Child Care Settings

Module 2

Preventing Infectious Diseases

- Controlling Spread
- Tools
- Vaccines
- Reducing Germs
- Sanitation
- Food Handling
- Policies and Procedures



HEALTHY FUTURES
Helping your children stay healthy

Curriculum for Managing Infectious Diseases – Module 2

Controlling Spread of Infection

People



Places Germs

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HEALTHY FUTURES
Helping your children stay healthy

Curriculum for Managing Infectious Diseases – Module 2

Overview of Tools to Control Infection—People

- Promote health of teacher/caregiver and children
 - Nutrition
 - Sleep
 - Exercise
 - Safe activities and healthful practices
 - Immunization with vaccines
 - Manage risks for children and staff who have special needs

Can you give an example of 1 of these?



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Curriculum for Managing Infectious Diseases – Module 2

Overview of Tools to Control Infection—Places/Environment

- Facility design
 - Enough space to prevent crowding
 - Surfaces easily cleanable
 - Separation of food areas from toileting and diapering
 - Enough flushing toilets and well-designed diaper-changing stations
 - Heating, ventilation, and air conditioning systems meet health standards
- Program Plan
 - Group size and staffing facilitates practicing infection control routines
 - Mixed-age and mixed-group arrangements require extra infection control effort







Curriculum for Managing Infectious Diseases – Module 2

Overview of Tools to Control Infection—Germs

- Wash hands
- Clean and sanitize surfaces
- Follow Standard Precautions for exposure to blood
- Carefully dispose of material that might contain bad germs
- Exclude ill people from the group when it matters







Curriculum for Managing Infectious Diseases – Module 2

Vaccines

- Current recommended adult and child vaccine schedules at www.cdc.gov/vaccines
- How do you:
 - Check vaccine records?
 - Promote flu vaccine use?







Curriculum for Managing Infectious Diseases – Module 2

Checking Vaccine Records

- Why should early education programs check whether child and staff vaccines are up to date?
- Why are so many people overdue for vaccines?
- Easing the burden of checking:
 - Public health vaccine registries
 - Tracking software
 - Get help from a Child Care Health Consultant
 - Use the CDC Web site vaccine checker at www.cdc.gov/vaccines






Curriculum for Managing Infectious Diseases – Module 2

Hand Washing

- Make sinks, soap, and towels available
- Do at routine times
- Use good technique
- Have fun washing
- Soap and water is best



When should children and adults wash their hands in child care settings?

Role-play proper technique for hand washing





Curriculum for Managing Infectious Diseases – Module 2

Controversial Issues

- Gloves
 - Required only when contact with blood is possible
 - May be used in diapering, changing soiled clothes, wiping noses, or other situations where contact with body fluids might occur
 - Hands must be washed even when gloves are worn
- Hand sanitizers
 - Toxic, flammable, expensive, and need enough of the sanitizer for required contact time
- Antibacterial soaps
 - Neither required nor recommended






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Sanitation



Courtesy of Susan Anderson, MD, FAAP

American Academy of Pediatrics





Curriculum for Managing Infectious Diseases – Module 2

What Does Your Program Do

- To clean and sanitize toys?
- To clean bedding?
- To clean soft toys?
- To clean soft surfaces on furniture?
- To clean carpets and hard surface floors?
- To clean tables, door, and cabinet handles?



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Curriculum for Managing Infectious Diseases – Module 2

Evaluate This Diapering Set-up



Courtesy of Cheryl Frank and Andrea Miller

American Academy of Pediatrics





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Sanitary Food Handling

- Prevent food-borne illness with sanitary food handling practices
- Keep perishable foods at safe temperatures (below 40°F or above 140°F)
- Prevent contamination of food during handling
- Examine foods brought from home to be sure they have been held at safe temperatures during transport






Curriculum for Managing Infectious Diseases – Module 2

What Does “Clean” Mean?







Curriculum for Managing Infectious Diseases – Module 2

Sanitizing Versus Disinfecting

- Sanitize: reduce, not eliminate, germs to a level that is unlikely to cause disease
- Disinfect: destroy or inactivate infectious fungi and bacteria, not necessarily spores

Methods: immersing, wiping, and spraying





Curriculum for Managing Infectious Diseases – Module 2

Informing Parents and Child Care Staff

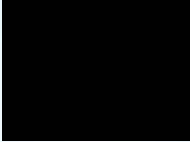
- Daily Health Check
- Talking with parents about health policies
- Notification when children are ill
- Providing medical reports
- Children with special needs






Curriculum for Managing Infectious Diseases – Module 2

Video: Informing Parents and Staff






Curriculum for Managing Infectious Diseases – Module 2

Policies and Procedures

- *Caring for Our Children, National Health and Safety Performance Standards*, third edition (2011), available online at <http://nrckids.org>
- *Model Child Care Health Policies*, available online at www.ecels-healthychildcarepa.org, print version available from the National Association for the Education of Young Children at www.naeyc.org








Curriculum for Managing Infectious Diseases – Module 2

Policies and Procedures

- Does your program have clearly written policies to minimize infectious illnesses?
- Do you share these policies with families and child care staff?
- Do the policies need updating?
- What can you do to review and revise your program policies to minimize infectious illness?




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Using *Caring for Our Children*

Look-up exercise:

- Staff exclusion for illness
- Staff modeling of healthy behavior
- Space for an ill child



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Curriculum for Managing Infectious Diseases – Module 2

What Are the Infectious Disease Issues for Each of These?

- Pets
- Storage of gear and bedding
- Separation of groups



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Curriculum for Managing Infectious Diseases – Module 2

Review: Focus of Tools to Control Infection

- People
- Places/Environment
- Germs






Curriculum for Managing Infectious Diseases – Module 2

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Module 2: Preventing Infectious Diseases

Objectives

A. Knowledge

Each participant will be able to:

1. Identify the 3 factors involved in controlling the spread of infection.
2. Explain the role of nutrition, healthy lifestyle, and immunization in preventing infectious diseases.
3. Identify 4 ways to reduce the number of germs in child care settings.
4. Explain at least 1 activity that families, caregivers/teachers, and health care professionals can do to prevent infectious diseases.

B. Attitude

Each participant will be able to:

1. Feel knowledgeable about good diaper changing techniques.
2. Plan to promote healthy lifestyles in children and staff by practicing good nutrition, and getting adequate exercise and rest.
3. Commit to updating and implementing policies and procedures to decrease the spread of infectious diseases, like effective hand washing and sanitizing.
4. Commit to keeping vaccine status current, plan to encourage other staff to do likewise, and explore how to improve efforts to have parents keep their children's immunizations updated.

C. Behavior

Each participant will:

1. Perform a self-assessment of vaccine status.
2. Demonstrate the proper technique for hand washing.
3. Participate in look-up exercise using *Caring for Our Children* standards.

Module 2: Preventing Infectious Diseases

References

- American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*. 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2002. Also available at <http://nrckids.org> (Slides 1, 2, 4, 9, 18, 19, 20, 21)
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Module 2: Preventing Infectious Diseases

Resources

1. *CFOC* 2nd ed standard 3.014
2. National Association for the Education of Young Children. *Keeping Healthy: Families, Teachers and Children*. 2007. Available at www.naeyc.org/store/node/66
3. California Childcare Health Program: www.ucsfchildcarehealth.org (search pest management)
4. Eco-Healthy Childcare:
www.oeonline.org/resources/publications/factsheetarchive/Pesticides.pdf
5. www.aap.org/immunization
6. *CFOC* 2nd ed standard 3.021

Enrollment/Attendance/Symptom Record

Pennsylvania Chapter, American Academy of Pediatrics. *Model Child Care Health Policies*. 3rd ed. Washington, DC: National Association for the Education of Young Children; 1997. Also available at www.ecels-healthychildcarepa.org/content/MHP4thEd%20Total.pdf

Diaper Changing

Components of a Diapering Area

Diaper-changing areas should

- Not be located in food preparation areas.
- Not be used for temporary placement of food or utensils.
- Be conveniently located, washable, with all surfaces, including walls and floors, made of a nonporous material without cracks or crevices that are difficult to clean and sanitize.
- Have tightly covered, hands-free receptacles within arm's reach to prevent environmental contamination.
- Take into account whether caregivers must provide simultaneous supervision of the other children in the group. If so, the diaper-changing table should be positioned to allow caregivers/teachers to maintain constant sight and sound supervision of children.
- Be designed to prevent contamination of surfaces during, and as a result of, the diaper-changing process.
- Provide at least one diaper-changing table per infant or toddler group to
 - ~ Allow sufficient time for changing diapers.
 - ~ Allow for cleaning and sanitizing between uses.
- Be used only by those children in one group because
 - ~ Disease spreads more easily when caregivers/teachers from different groups use the same diaper-changing surface and sinks for diapering. This means that diaper-changing tables should not be placed between or shared between classrooms because doing so promotes cross-contamination.
- Be organized to maximize the opportunity for one-on-one time between the child and the teacher/caregiver. Skilled teachers plan diaper-changing areas to give the child visual stimulation, but use objects that do not add to the burden of cleaning and sanitation after the diaper change. For example, mirrors on the wall or ceiling, mobiles, and laminated pictures on the walls or ceiling are interesting for children to look at, and they offer an opportunity for the caregiver and child to interact while diapering is done. While this interaction distracts the child during the diapering activity, more importantly, it fosters language and caring relationships. If the child is given something to hold while being diapered, that object must be considered contaminated and taken from the child to be cleaned and sanitized when the soiled diaper is removed from the child's bottom.

Changing Table Requirements

Changing tables should be

- Made of moisture-proof, nonabsorbent, smooth surfaces that do not trap soil and are easily sanitized
- Sturdy
- At a convenient height (between 28" and 32" high) for use by caregivers/teachers
- Be equipped with railings or barriers that extend at least 6" above the change surface
- Be free of restraining straps or any other objects that pose an additional challenge to cleaning and sanitizing after each diaper change

Sinks in Diaper-Changing Areas

- Sinks in diaper-changing areas should be within arm's reach of the caregivers/teachers so hand washing can be done before any other surfaces are touched and contaminated.
- At least one sink should be available for every 2 changing tables.
- Sinks and diaper-changing tables should be assigned to a specific group of children.
- Sinks should not be used for bathing or removing smeared fecal material.
- Drinking utensils and food should not be washed in these sinks.

Diaper-Changing Steps

The procedure for diaper changing is designed to reduce surface contamination that, later, will come in contact with uncontaminated surfaces such as hands, furnishings, and floors. Posting this multistep procedure may help caregivers/teachers routinely follow the correct steps to changing a child's diaper.

Staff who will be involved with food handling should avoid being involved with diaper changing if at all possible until after food handling duties are completed. All staff should follow these diapering procedures.

Step 1: Get organized.

Before bringing child to diaper area, gather the needed supplies.

- Nonabsorbent paper liner, large enough to cover changing surface from the child's shoulders to beyond the child's feet (so that the table surface is protected and

➤ *continued*



Diaper Changing, continued

the paper liner can be folded back under the child after removing the soiled diaper and cleaning the child's bottom, if the surface under the child's bottom becomes soiled during cleanup)

- Fresh diaper
- Clean clothes (if needed)
- Wipes for cleaning child's bottom and wiping the caregiver's/teacher's and child's hands between taking off the soiled diaper and putting on the clean diaper
- Plastic bag for soiled clothes
- Disposable gloves (If used, put on before touching soiled clothing or diapers and remove before touching clean diapers and surfaces.)
- Thick application of any diaper cream (when appropriate) removed from the container to a piece of disposable material (eg, a small piece of the table liner paper)

Step 2: Carry the child to changing table, avoiding contact with soiled clothing.

- Always keep a hand on the child.
- If the child's feet cannot be kept out of the diaper or from contact with soiled skin during the changing process, remove the child's shoes and socks so the child does not contaminate them with stool or urine.
- Put any soiled clothes in a plastic bag and securely tie the bag to send the soiled clothes home.

Step 3: Clean the child's diaper area.

- Place the child on the diaper-changing surface and unfasten the diaper, but leave the soiled diaper under the child.
- If safety pins are used, close each pin immediately once it is removed and keep pins out of the child's reach (never hold pins in your mouth).
- Lift the child's legs as needed to use disposable wipes to clean the skin on the child's genitalia and buttocks.
- Remove stool and urine from front to back, and use a fresh wipe each time.
- Put the soiled wipes in the soiled diaper or directly into a plastic-lined, covered, foot-operated receptacle.

Step 4: Remove the soiled diaper without contaminating any surface not already in contact with stool or urine.

- Fold the soiled surface inward.
- Put soiled disposable diapers in a plastic-lined, covered, hands-free receptacle. If reusable cloth diapers are used, put the soiled cloth diaper (without emptying or rinsing) in a plastic bag or into a plastic-lined, covered, foot-operated receptacle to give to parents or the laundry service.
- If gloves were used, remove them and put them into a plastic-lined, covered, hands-free receptacle.
- Whether or not gloves were used, use a disposable wipe to clean the surfaces of the caregiver's/teacher's hands, and another wipe to clean the child's hands, and put the wipes into the plastic-lined, hands-free, covered can.
- Check for spills under the child. If there are any, use the paper that extends under the child's feet to fold the disposable paper over so that a fresh, unsoiled paper surface is now under the child's buttocks.

Step 5: Put on a clean diaper and dress the child.

- Slide a fresh diaper under the child.
- Use tissue to apply any necessary diaper creams, discarding the tissue in a plastic-lined, covered, foot-operated receptacle.
- Observe, note, and plan to report any skin problems such as redness, skin cracks, or bleeding.
- Fasten the diaper (if pins are used, place your hand between the child and diaper when inserting the pin) and put on the child's clothing and shoes, being careful to stand the child only on a clean surface so that the child's shoes do not carry contamination from the diaper-changing table around the room.

This is the end of the soiled portion of the diaper change. Gloves should be off and all soiled articles should be in the hands-free can.

➤continued



Diaper Changing, continued

Step 6: Wash the child's hands and return the child to a supervised area.

- Use soap and water (no less than 60°F [15.6°C] and no more than 120°F [48.9°C]) to wash the child's hands.
- If a child is too heavy to hold or cannot stand at the sink, use the following method to wash hands:
 - ~ Wipe the child's hands with a damp paper towel moistened with a drop of liquid soap.
 - ~ Wipe the child's hands with a paper towel wet with clean water.
 - ~ Dry the child's hands with a paper towel.

Step 7: Clean and sanitize the diaper-changing surface.

- Dispose of the paper liner used on the diaper-changing surface in a plastic-lined, covered, hands-free receptacle.
- Clean any visible soil from the changing surface with detergent and water; rinse with water.
- Spray a sanitizing bleach solution onto the entire changing surface (see "Sanitation, Disinfection, and Maintenance" on page 20).
- Leave the bleach sanitizer on the surface for at least 2 minutes. (The surface can be wiped dry or left to air-dry.)

Step 8: Wash your hands and record the diaper change in the child's daily log.

- Wash hands using soap and water, using a paper towel to turn off water faucet.
- In the daily log, record what was in the diaper and any problems (eg, diarrhea, unusual color or odor, blood in the stool, any skin irritation).

The procedure for diaper changing is designed to

- Reduce surface contact that leads to contamination of uncontaminated surfaces.
- Ensure the child's safety by assembling supplies before bringing child to the changing area.
- Reduce possible contamination and spreading of disease by taking supplies directly from their containers and leaving containers in their assigned areas.

Remember,

- Food preparation should not be permitted in the diapering area.
- Gloves are not necessary, but may reduce contamination of hands and infectious agents under the fingernails.
- After diapering, clean visible soil from surfaces followed by application of a sanitizing solution. If a spray solution of bleach (1 tablespoon bleach to 1 quart of water) is used, apply the spray until the surface is wet enough to glisten, and then leave the solution on for 2 minutes before wiping or allow the surface to air dry (see "Sanitation, Disinfection, and Maintenance" on page 20). If there is no visible soil, there is no need to clean with detergent first. The 2-minute waiting time for the bleach solution to work can be used conveniently to wash the caregiver's hands, record the diaper change, and gather supplies for the next child's diaper change. By the time these tasks are completed, if another child must use the diaper-changing table, and 2 minutes have elapsed with the table still wet from the bleach solution, the table can be wiped dry with a paper towel.



Insect Repellent: Safety Considerations

- Do not allow young children to apply insect repellent to themselves; have an adult do it for them.
- Apply it to your own hands and then rub your hands on the child.
- Avoid children's eyes and mouth and use it sparingly around their ears. Do not apply over cuts, wounds, or irritated or sunburned skin.
- Do not apply repellent to children's hands; children may tend to put their hands in their mouths.
- Use just enough to cover exposed skin.
- Do not apply repellent to skin under clothing.
- Do not use sprays in enclosed areas or near food.
- Reapply if washed off by sweating or by getting wet.
- Wash the treated skin with soap and water when the children return inside.
- If repellent is applied to clothing, wash treated clothing before wearing again.
- Keep repellents out of reach of children.
- If a child develops a rash or other reaction from any insect repellent, discontinue use, wash the repellent off with soap and water and contact the poison control center (800-222-1222) or a physician, followed by the child's parent.

References:

Centers for Disease Control and Prevention. What You Need to Know About Mosquito Repellent. 2007. Available at: www.cdc.gov/ncidod/dvbid/westnile/mosquitorepellent.htm

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Cleaning and Sanitizing Chart			
Area	Clean	Sanitize	Frequency
Classroom/Child Care/Food Areas			
Countertops/tabletops, floors, doorknobs, and cabinet handles	X	X	Daily and when soiled
Food preparation/service surfaces	X	X	Before/after contact with food activity; between preparation of raw and cooked foods
Carpets and large area rugs	X		Vacuum daily when children are not present. Clean with a carpet-cleaning method approved by the local health authority. Clean carpets only when children will not be present until carpet is dry. Clean carpets at least monthly in infant areas, at least every 3 months in other areas, and when soiled.
Small rugs	X		Shake outdoors or vacuum daily. Launder weekly.
Utensils, surfaces/toys that go in the mouth or have been in contact with saliva or other body fluids	X	X	After each child's use, or use disposable, one-time utensils or toys.
Toys that are not contaminated with body fluids. Dress-up clothes. Sheets/pillowcases, individual cloth towels (if used), combs/hairbrushes, washcloths, and machine-washable cloth toys. (None of these items should be shared among children without washing first because of the potential for spread of germs by close contact of these items with the skin and hair of the body.)	X		Weekly and when visibly soiled. Many of these articles may be washed in a dishwasher or clothes washer. Small toys, such as plastic blocks, can be put in a net bag for washing.
Blankets, sleeping bags, cubbies	X		Monthly and when soiled
Cribs and crib mattresses	X		Weekly, before use by different child, and whenever soiled or wet
Phone receivers	X	X	Weekly
Toilet and Diapering Areas			
Hand-washing sinks, faucets, surrounding counters, soap dispensers, doorknobs	X	X	Daily and when soiled
Toilet seats, toilet handles, doorknobs or cubicle handles, floors	X	X	Daily or immediately if visibly soiled
Toilet bowls	X	X	Daily
Changing tables, potty chairs (Use of potty chairs in child care is discouraged because of high risk of contamination.)	X	X	After each child's use
General Facility			
Mops and cleaning rags	X	X	Before and after a day of use, wash mops/rags in detergent and water, rinse in water, immerse in sanitizing solution, and wring as dry as possible. After cleaning and sanitizing, hang mops and rags to dry.
Waste and diaper containers	X		Daily
Any surface contaminated with body fluids (eg, saliva, mucus, vomit, urine, stool, blood)	X	X	Immediately, using standard precautions as specified in <i>Caring for Our Children</i> , Standard 3.026
Updated from National Association for the Education of Young Children. <i>Keeping Healthy</i> . 1999, as found in American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care. <i>Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs</i> . 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2002:106. Available at: http://nrc.uchsc.edu/CFOC/index.html . Accessed March 19, 2008.			

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DEDICATED TO THE HEALTH OF ALL CHILDREN™



Hand Hygiene

When to Wash Hands

To prevent the spread of infection, signs should be posted at each sink indicating when and how staff, volunteers, and children should wash their hands.

Hand washing should occur

- When arriving for the day or when moving from one group of children to another
- Before and after
 - ~ Eating, handling food, or feeding a child; especially important for children who eat with their hands to decrease the amount of saliva (which may contain organisms) on their hands
 - ~ Administering a medication
 - ~ Playing with water that is used by more than one person
- After
 - ~ Diapering and toileting
 - ~ Handling body fluids (eg, mucus, blood, vomit)
 - ~ Wiping noses, mouths, and sores
 - ~ Handling uncooked food (especially raw meat and poultry)
 - ~ Handling pets and other animals (including tropical fish) or cleaning their cages or litter boxes
 - ~ Playing in sandboxes (to prevent the ingestion of parasites that could be present in contaminated sand and soil)
 - ~ Cleaning
 - ~ Handling garbage
- When leaving for the day

How to Wash Hands

Children and staff should wash hands using the following method:

- Make sure a clean, disposable paper (or single-use) towel is available.
- Turn on water (no less than 60°F [15.6°C] and no more than 120°F [48.9°C]).
- Moisten hands with water and apply liquid soap to hands.
- Rub hands together vigorously until soapy lather appears, and continue for at least 10 seconds; rub areas between fingers, around nail beds, under fingernails and jewelry, and on back of hands.
- Rinse hands under running water until free of soap and dirt. Leave water running while drying hands.

- Dry hands with a clean, disposable paper towel or single-use cloth towel.
- If taps do not turn off automatically, turn taps off with a disposable paper towel or single-use cloth towel.
 - ~ Shared towels can transmit infectious diseases.
- To dispose of towels
 - ~ Throw disposable towel in lined trash container.
 - ~ Place single-use cloth towel in laundry hamper.
 - ~ Hang individually labeled cloth towels to dry.
- If desired, use hand lotion from a liquid lotion dispenser to prevent chapping.

Use a source of clean, running water. Running water will initially rinse off some soil, provide moisture for a good lather, and rinse the skin thoroughly to leave the skin clean.

Children and staff should use liquid soap because

- Although adequately drained bar soap has not been shown to transmit bacteria, bar soaps sitting in water have been shown to be heavily contaminated with *Pseudomonas* and other bacteria.
- Many children do not have the dexterity to handle a bar of soap, and many adults do not take the time to rinse the soil off before putting down the bar of soap.

Additional information

- Premoistened cleansing towelettes
 - ~ Do not effectively clean hands and may spread pathogens from one hand to another.
 - ~ May be used when running water is not available (eg, during an outing).
 - ~ May be used while in the middle of diapering. After removing the soiled diaper and before putting on a clean diaper, the caregiver's/teacher's hands (and often the child's hands, too) may come in contact with feces or urine by touching the soiled skin in the diaper area. Stepping away from the diaper table to wash hands at a sink at this point is not practical. Using a wipe to reduce the level of soil on the caregiver's/teacher's and child's hands at this point is a reasonable compromise.
- Antibacterial soaps may be used, but are neither required nor recommended.

➤continued



Hand Hygiene, continued

Assisting Children With Hand Washing

Encouraging and teaching children good hand-washing practices must be done in a safe manner. Washing infants' hands helps reduce the spread of infection. Washing under running water is best. Staff should wash their own hands after assisting children with hand washing.

Caregivers/teachers should provide assistance

- At a sink for infants who can be safely cradled in one arm
- For children who can stand, but not wash their hands by themselves

For the child who is unable to stand and too heavy to hold at the sink to wash hands under running water, the following method should be used:

- Wipe the child's hands with a damp paper towel moistened with a drop of liquid soap, and discard towel.
- Wipe the child's hands with a clean, wet paper towel until hands are free of soap, and discard towel.
- Dry the child's hands with a clean paper towel.

Using Alcohol-based Hand Rubs

The use of alcohol-based hand-rub products (eg, liquid, gel, or foam hand sanitizers) does not substitute for hand washing in the group care setting. Hand washing is required to remove visible soil. Alcohol-based hand rubs should be limited to instances in which no sink is available. These products require an alcohol content of 60% or greater to be effective at killing germs. They are highly toxic if ingested by children, and they are flammable.

Caregivers/teachers should do the following:

- Limit the use of alcohol-based hand rubs to areas of the facility that are inaccessible to children (eg, in a kitchen that is off-limits to children or the maintenance equipment area).
- Discourage alcohol-based hand rubs for hand hygiene in child-use areas. If they are used in these areas because of lack of sinks, ensure that no child can have independent use of the container or dispenser.
- Be sure that hand hygiene using alcohol-based hand rubs conforms to the manufacturer's instructions. The procedure for using alcohol-based rubs should include the following:
 - ~ Apply the required volume of the product to the palm of one hand and rub together; cover all surfaces of the hands and fingers until the hands are dry. The required volume should keep the hand surfaces wet for at least 15 seconds or longer if indicated by the manufacturer.
 - ~ Check the dispenser systems for hand-hygiene rubs on a regular schedule to be sure they deliver the required volume of the product and do not become clogged or malfunction in some other way.
 - ~ Store supplies of alcohol-based hand rubs in cabinets or areas approved for flammable materials.
 - ~ Monitor hand hygiene with unannounced and regular direct observation. When hand rubs are used, check how much of the product is being used to be sure the appropriate amount gets used as a way to verify that the staff who are authorized to use this method of hand hygiene are continuing to use the material properly.



Bedding, Personal Clothing, and Cribs

Sleep equipment should be used only by one child and cleaned and sanitized before use by another child. Equipment used by one child should be stored separately from that used by others.

- Cribs and crib mattresses should have a nonporous, easy-to-wipe surface.
- Bedding (eg, sheets, pillows, blankets, sleeping bags) should be washable.
- Lice infestation, scabies, and ringworm are among the most common contagious diseases in child care and school settings. Although no evidence exists to show that lice are transmitted except by head-to-head contact, some skin diseases have been shown to spread if bedding materials, jackets with hoods, and hats used by various children are stored so that they touch each other.

Potty Chairs and Toilets

- Potty chair use is not recommended and should be discouraged. Toilets adapted for use by children are preferable.
- If potty chairs are used, they should be
 - ~ Made with a surface that is easily cleaned and sanitized
 - ~ Used only in a bathroom area
 - ~ Used over a surface that will not be damaged by moisture
 - ~ Out of reach of toilets or other potty chairs
 - ~ Emptied into a toilet, then cleaned in a sink that is used only for cleaning and sanitizing potty chairs
- Toilets should be kept visibly clean and separate from the children's activity area.

Staff Training

Provide training for staff who are responsible for cleaning, including the following:

- How to handle, mix, and store cleaning solutions. (See "Sanitation, Disinfection, and Maintenance" on page 20.)
- Proper use of protective barriers (eg, gloves).
- Proper handling and disposal of contaminated materials, such as soiled diapers or bandages that are contaminated with blood or body fluids.
- Information required by the US Occupational Safety and Health Administration about the use of any chemical agents. Even if custodial services are provided under a contract with an outside service organization, be sure that an assigned staff member supervises routine cleaning of the facility according to the facility's schedule. Be sure that the staff have read the Material Safety Data Sheet for any products they use.

Hand Hygiene

Because many infected people carry communicable diseases without having symptoms and are contagious before they experience symptoms, caregivers/teachers need to protect themselves and the children they serve by carrying out hygienic procedures on a routine basis.

Why Is Hand Hygiene Important?

Hand hygiene is the most effective means of reducing germs and infections in group care settings. Studies have shown that unwashed or improperly washed hands are primary carriers of infections. Lack of hand washing and poor hand-washing techniques have contributed to many outbreaks of diarrhea among children and staff in group care settings. Conversely, adherence to good hand-washing techniques has consistently demonstrated a reduction in disease transmission in child care and school settings. While working with children, caregivers/teachers should not wear elaborate jewelry or long or artificial nails, because these interfere with effective hand washing. Using hand lotion after hand washing to prevent chapping and cracking of skin also is important.

Although alcohol-based hand rubs have come into common use in hospitals and other health care settings, hand washing is still the preferred method of hand hygiene in educational settings. Alcohol-based hand rubs should only be used when there is no visible soil, and when soap and water washing is not practical. Proper use of alcohol-based hand rubs requires that the product contain at least 60% alcohol and that the amount of product applied to the skin be sufficient to keep the hands wet with the solution for the length of time specified on the manufacturer's label, generally 15 seconds. This is not less time than it takes to wash hands with soap and water. While the alcohol-based hand rubs are convenient carry-along products, they are expensive, toxic, and flammable. If they are used, precautions to handle these risks are required. Instructions for the use of these products are included in "Hand Hygiene" on page 25.

Hand washing is best; use hand rubs only when there is no visible soil, and soap and water washing is not practical.

Diaper Changing

See "Diaper Changing" on page 27 for sanitary procedures.



(eg, an entryway) that might tempt someone to use the diapering surface as a temporary place to put down articles unrelated to diapering.

- ~ Locate stored diaper-changing supplies off but near the diaper-changing surface, so the supplies for a single diaper change can be gathered and brought to the table without contaminating the bulk supplies during the diaper change. However, the bulk supplies should be stored so that there are no barriers, such as cabinet doors that would have to be handled to get to the supplies if an extra diaper is unexpectedly needed during the diaper change.
- ~ Post the diaper-changing procedures in graphics that are large enough and clear enough to remind staff and families who use the diaper-changing area to follow the steps of the procedure correctly.
- ~ All surfaces must be nonporous, without cracks or crevices, so that they can be effectively cleaned and sanitized between uses. That means that straps and restraints should not be a part of the table design since they cannot be cleaned and sanitized effectively after each change.
- ~ Be sure the plastic-lined, lidded, hands-free container for disposable diapering items is big enough and in good working order so that nobody uses hands to open it or push trash into it.
- Routine environmental sanitation. (See the “Cleaning and Sanitizing Chart” on page 21 to establish and monitor the frequency and method of maintenance for all surfaces and “General Guidelines for Surfaces and Equipment” on page 22.)

Health Consultant

All programs in which children routinely spend time should have a health consultant to

- Assist in the development and implementation of written policies for prevention and control of communicable diseases.
- Perform site visits and observe program operations to spot and help correct hazards and risky practices and provide health education to children, child care providers, and families. Facilities with infants should seek services from a health consultant at least monthly, all centers at least quarterly, and all family child care homes at least annually. See Chapter 8, “Role of the Health Consultant in Child Care and Schools,” on page 161 for more information.

Written Policies

All child care facilities and schools should have written policies dealing with infectious disease control as part of the program’s health policies that describe the following:

- Environmental hygiene (cleaning and sanitizing)
- Inclusion and exclusion for children and staff illnesses
- Families’ responsibility to share information about illnesses and needs for special care of their children
- The need to notify local health authorities of certain communicable diseases involving children or staff
- Accurate record keeping and tracking for immunizations and other routine preventive health care services
- The need to identify the child’s source of routine, comprehensive health care, known as the medical home

Sanitation, Disinfection, and Maintenance

Routine Cleaning, Sanitizing, and Disinfecting of Contaminated Surfaces

Routine housekeeping procedures can help reduce the spread of germs in child care and school environments. Following are definitions of these terms and techniques for their use:

- **Routine cleaning:** using detergents or abrasive cleaners and rinsing with water to remove surface soil.
- **Sanitizing:** removing filth or soil and small amounts of certain germs. For a surface to be considered sanitary, the surface must be cleaned first, and then an additional sanitizer solution must be applied to reduce the number of germs to such a level that disease transmission by that surface is unlikely. This procedure is less rigorous than disinfecting and is applicable to a wide variety of routine housekeeping procedures.
 - ~ Many different types of sanitizing solutions are available.
 - ~ Follow the instructions on the manufacturer’s label for correct use.
 - ~ Products that are registered with the US Environmental Protection Agency (EPA) as *detergent-disinfectant* or *hospital-grade* germicides may be used for sanitizing. Although there are products that are specifically listed as effective against different types of infectious agents, except in an outbreak situation, any of these products is suitable for use in child care and schools. In an outbreak, the instructions of the local health department should be followed.
 - ~ Avoid products that are labeled as toxic for children.
 - ~ Be cautious about using industrial products advertised as “having germicidal action” or “killing germs.” They may not have the same effectiveness as bleach and water or EPA-approved hospital-grade germicides.



US Environmental Protection Agency Definitions

Sanitization—Reduce, but not necessarily eliminate, microorganisms from the inanimate environment to levels considered safe as determined by public health codes or regulations.

Disinfection—Used on hard, inanimate surfaces and objects to destroy or irreversibly inactivate infectious fungi and bacteria, but not necessarily their spores.

Sterilize—Used to destroy or eliminate all forms of microbial life including fungi, viruses, and all forms of bacteria and their spores.

Source: http://www.epa.gov/oppad001/ad_info.htm. Accessed July 21, 2008.

- ~ Consult with your local health department or regulatory licensing authority for any product other than household bleach.
- ❖ Surface sanitizing method.
 - Household bleach is inexpensive, relatively safe, and easy to use, and can be mixed as follows:
 - For all tasks that do not involve blood, mix $\frac{1}{4}$ cup of household bleach to 1 gallon of tap water (or 1 tablespoon of household bleach to 1 quart of water) for a 1:64 dilution. Because chlorine evaporates from bleach and is weakened by sunlight and heat, this minimal dilution may become too diluted to be effective if not made fresh daily from the stock bottle of household bleach. Freshly purchased stock supplies should be used within a few months so they, too, do not become too weak to be effective when diluted.
 - To sanitize with the freshly made 1:64 dilution of bleach, spray the diluted solution on the surface until glossy. Leave the bleach solution on the surface for at least 2 minutes before wiping it off with a clean paper towel, or allow it to air-dry.
 - If blood is involved, change the strength of the bleach and water solution to 1:10 and conduct the same cleaning and sanitizing procedure, carefully bagging all articles in contact with potentially contaminated surfaces.
 - Dipping methods for sanitizing dishes and toys that have been washed and rinsed also are useful.
 - Follow the manufacturer's instructions on the containers for products other than bleach.
 - Household bleach
 - Mix 1.5 teaspoons of household bleach per gallon of water (100 parts per million chlorine) that is not less than 75°F (23.9°C).
 - Immerse the object to be sanitized for at least 2 minutes.
 - Allow the object to air-dry.
 - Hot water immersion

- Completely immerse in hot water at 170°F (76.7°C) for not less than 30 seconds.
- Air-dry.

- **Disinfecting:** eliminating virtually all germs from surfaces through the use of chemicals registered with the US EPA as *disinfectants* or physical agents (eg, heat).

Prevention of Disease Transmission

Baseline routine frequency of cleaning and sanitation can be found in the “Cleaning and Sanitizing Chart” on page 21. Frequency of cleaning and sanitation should be increased when

- There are outbreaks of illness.
- There is known contamination.
- There is visible soil, blood, or other body fluids.
- There are recommendations by the health department to control certain infectious diseases.

Fecal bacteria in the environment have been shown to increase during outbreaks of diarrheal illnesses. Health officials may recommend a more frequent cleaning schedule in certain areas, depending on the nature of the problem.

General Guidelines for Surfaces and Equipment

- Carpets, porous fabrics, other surfaces that trap soil, and potentially contaminated materials, such as potted plants, should not be used in toilet rooms, diaper-changing areas, and food preparation areas.
- Walls, ceilings, floors, furnishings, equipment, and other surfaces should be maintained in good repair and kept clean.
- Because children will touch any reachable surface (including floors), all surfaces may be contaminated and can spread infectious disease agents. Generally, sanitizing agents are not very effective at removing visible soil, and do not work well to sanitize if visible soil is present. Therefore, all surfaces must be properly cleaned and then sanitized.
- Respiratory tract secretions (nasal discharge, drool, eye secretions) may contaminate surfaces. They may contain viruses that remain infectious for varying periods of time, making it possible to acquire an infection by touching these surfaces. Children usually have respiratory tract secretions on their hands and may have viruses in their respiratory tract before and after they seem sick. That is why any surface that might have been in contact with a child's hands must be cleaned and sanitized so often.
- All surfaces, furnishings, and equipment that are not in good repair or have been contaminated by body fluids should not be used until repaired, cleaned, and, if needed, sanitized effectively. Have a way to take out of service any

Aronson SS, Shope TR. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*, 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009. Available at www.aap.org/bookstore

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surfaces or furnishings that cannot be cleaned or repaired right away. For example, you can use a plastic bin labeled, “dirty—to be washed”, for soiled toys, and yellow plastic tape or yarn to rope off areas that must be temporarily put out of use.

- Adhere to appropriate hand and personal hygiene for children and staff. (See “Hand Hygiene” on page 25.)
- Clean all toys—make it a priority to use toys that can be washed in a dishwasher or washing machine.
- Clean/sanitize tables and countertops, including those used for play, food handling, and eating.
- Clean/disinfect spills of blood or body fluids.
- Sanitize floors and handles of doors and cabinets—all surfaces that children touch.
- Use caution when shampooing rugs used by children who are crawling. Cleaning with potentially hazardous chemicals should be scheduled to minimize exposure to children.
- To prevent animal and insect access, cover sandboxes when they are not in use.
- Ensure that pets are appropriately enclosed and their enclosures are kept clean of waste.
- Ensure that staff wash hands before and after contact with any animal, and after handling animal waste, cages, or bedding (including fish tanks).
- Provide separate and sanitary sleep equipment for each child.
- One way to measure compliance with the standard for cleanliness is to wipe a surface with a clean mop or rag and then insert the mop or rag in cold rinse water. If the surface is clean, no residue will appear in the rinse water.

Cleaning Equipment

- Only utility gloves/equipment designated for cleaning and sanitizing toilets should be used. After each use, wash utility gloves with soapy water and then let them air-dry.
 - ~ Disposable gloves commonly are made of latex or vinyl. If individuals sensitive to latex are present in the facility, only vinyl disposable gloves should be used.
- Disposable towels are preferred for cleaning, and should be placed in a plastic-lined container until removed to outside garbage.
- After each day of use, place cloth rags in a closed, foot-operated receptacle until laundered.
- Reusable rags should be cleaned and sanitized before and after each day of use.
- Sponges are not recommended because they retain organic material that promotes bacterial growth.
- Mops should be assumed to be contaminated because they are used to remove contamination from floors and other soiled surfaces. Be sure they are cleaned and sanitized before and after a day of use.

~ Bleach solution that is used for sanitizing the child care and school environment (see “Routine Cleaning, Sanitizing, and Disinfecting of Contaminated Surfaces” on page 20) can be used for sanitizing mops and rags. Detachable mop heads and reusable rags may be cleaned in a washing machine without other types of articles in the same load, and dried in a mechanical dryer or hung to dry.

Waste Receptacles

Waste receptacles in toilet rooms should be kept clean, lined with plastic bags, in good repair, and emptied daily. Those that receive materials that are contaminated with body fluids should be of the hands-free type, such as a foot-operated receptacle. All other waste receptacles should be kept clean and emptied daily. This practice prevents the spread of disease.

Toys

- All toys can spread disease. Toys become contaminated when children touch them or put them into their mouths. If other children play with or mouth the toy, those children can get the germs on their hands and mucous membranes.
- Toys that cannot be washed and, if needed, sanitized should not be used.
- Mouthed toys or toys contaminated by body secretions or excretions should be removed from the play area until they are washed with water and detergent, rinsed, sanitized, and air-dried.
- Machine-washable cloth toys should be used only by one child until these toys are laundered.
- Indoor toys should not be shared between groups of infants or toddlers unless they are washed/sanitized before being moved from one group to another.
- Small, hard-surfaced toys can be cleaned in a dish pan labeled “soiled toys,” containing soapy water to remove soil, or a dry container can be used to bring the soiled toys to a toy cleaning area later in the day. A dishwasher that can sanitize dishes can be used to clean and sanitize hard-surfaced toys.
- Have more than one set of toys on hand so that one set can be used while the other is cleaned.

Mouthed Objects

Thermometers, teething toys, and similar objects should be cleaned, and reusable parts should be sanitized between uses. Pacifiers should be cleaned, and not shared. Pacifiers should never be placed in a caregiver’s mouth.



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- Cribs and crib mattresses should have a nonporous, easy-to-wipe surface.
- Bedding (eg, sheets, pillows, blankets, sleeping bags) should be washable.
- Lice infestation, scabies, and ringworm are among the most common contagious diseases in child care and school settings. Although no evidence exists to show that lice are transmitted except by head-to-head contact, some skin diseases have been shown to spread if bedding materials, jackets with hoods, and hats used by various children are stored so that they touch each other.

Potty Chairs and Toilets

- Potty chair use is not recommended and should be discouraged. Toilets adapted for use by children are preferable.
- If potty chairs are used, they should be
 - ~ Made with a surface that is easily cleaned and sanitized
 - ~ Used only in a bathroom area
 - ~ Used over a surface that will not be damaged by moisture
 - ~ Out of reach of toilets or other potty chairs
 - ~ Emptied into a toilet, then cleaned in a sink that is used only for cleaning and sanitizing potty chairs
- Toilets should be kept visibly clean and separate from the children's activity area.

Staff Training

Provide training for staff who are responsible for cleaning, including the following:

- How to handle, mix, and store cleaning solutions. (See "Sanitation, Disinfection, and Maintenance" on page 20.)
- Proper use of protective barriers (eg, gloves).
- Proper handling and disposal of contaminated materials, such as soiled diapers or bandages that are contaminated with blood or body fluids.
- Information required by the US Occupational Safety and Health Administration about the use of any chemical agents. Even if custodial services are provided under a contract with an outside service organization, be sure that an assigned staff member supervises routine cleaning of the facility according to the facility's schedule. Be sure that the staff have read the Material Safety Data Sheet for any products they use.

Hand Hygiene

Because many infected people carry communicable diseases without having symptoms and are contagious before they experience symptoms, caregivers/teachers need to protect themselves and the children they serve by carrying out hygienic procedures on a routine basis.

Why Is Hand Hygiene Important?

Hand hygiene is the most effective means of reducing germs and infections in group care settings. Studies have shown that unwashed or improperly washed hands are primary carriers of infections. Lack of hand washing and poor hand-washing techniques have contributed to many outbreaks of diarrhea among children and staff in group care settings. Conversely, adherence to good hand-washing techniques has consistently demonstrated a reduction in disease transmission in child care and school settings. While working with children, caregivers/teachers should not wear elaborate jewelry or long or artificial nails, because these interfere with effective hand washing. Using hand lotion after hand washing to prevent chapping and cracking of skin also is important.

Although alcohol-based hand rubs have come into common use in hospitals and other health care settings, hand washing is still the preferred method of hand hygiene in educational settings. Alcohol-based hand rubs should only be used when there is no visible soil, and when soap and water washing is not practical. Proper use of alcohol-based hand rubs requires that the product contain at least 60% alcohol and that the amount of product applied to the skin be sufficient to keep the hands wet with the solution for the length of time specified on the manufacturer's label, generally 15 seconds. This is not less time than it takes to wash hands with soap and water. While the alcohol-based hand rubs are convenient carry-along products, they are expensive, toxic, and flammable. If they are used, precautions to handle these risks are required. Instructions for the use of these products are included in "Hand Hygiene" on page 25.

Hand washing is best; use hand rubs only when there is no visible soil, and soap and water washing is not practical.

Diaper Changing

See "Diaper Changing" on page 27 for sanitary procedures.



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authority to contribute to transmission of the illness at the facility. These conditions that do not require exclusion include:

- a) Presence of bacteria or viruses in urine or feces in the absence of illness symptoms, like diarrhea. Exceptions include children infected with highly contagious organisms capable of causing serious illness such as *E. coli* 0157:H7, *Shigella*, or *Salmonella typhi*. Children with *E. coli* 0157:H7 or *Shigella* shall be excluded from child care until two stool cultures are negative and they are cleared to return by local health department officials. Children with *Salmonella typhi* shall be excluded from child care until three stool cultures are negative and they are cleared to return by local health department officials;
- b) Nonpurulent conjunctivitis, defined as pink conjunctiva with a clear, watery eye discharge and without fever, eye pain, or eyelid redness;
- c) Rash without fever and without behavior changes;
- d) CMV infection, as described in STANDARD 6.021 and STANDARD 6.022;
- e) Hepatitis B virus carrier state, provided that children who carry HBV chronically have no behavioral or medical risk factors, such as unusually aggressive behavior (biting, frequent scratching), generalized dermatitis, or bleeding problems;
- f) HIV infection, provided that the health, neurologic development, behavior, and immune status of an HIV-infected child are appropriate as determined on a case-by-case basis by qualified health professionals, including the child's health care provider, who are able to evaluate whether the child will receive optimal care in the specific facility being considered and whether that child poses a potential threat to others;
- g) Parvovirus B19 infection in a person with a normal immune system.

RATIONALE: Excluding children with many mild infectious diseases is likely to have only a minor impact on the incidence of infection among other children in the group and the staff (32). Thus, when formulating exclusion policies, it is reasonable to focus on the needs and behavior of the ill child and the ability of staff in the out-of-home child care setting to meet those needs without compromising the care of other children in the group (32).

COMMENTS: The lay term pink eye is used interchangeably to describe purulent and nonpurulent conjunctivitis. The infectious characteristics of purulent and nonpurulent conjunctivitis, however, are quite different. For more information on the difference between purulent and nonpurulent conjunctivitis, see STANDARD 3.068, on conjunctivitis.

For additional information on child inclusion, exclusion, and dismissal, see STANDARD 6.003 on exclusion during antibiotic treatment of *Haemophilus influenzae* type b (Hib); STANDARD 6.008, on exclusion during antibiotic treatment of meningococcal infection; STANDARD 6.011, on exclusion during antibiotic treatment of pertussis; STANDARD 6.034 on excluding children with an immune system that does not function properly to prevent infection.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

STANDARD 3.069 STAFF EXCLUSION FOR ILLNESS

Please note that if a staff member has no contact with the children, or with anything with which the children come into contact, this standard does not apply to that staff member.

A facility shall not deny admission to or send home a staff member or substitute with illness unless one or more of the following conditions exists (65). The staff member shall be excluded as follows:

- a) Chickenpox, until all lesions have dried and crusted, which usually occurs by 6 days;
- b) Shingles, only if the lesions cannot be covered by clothing or a dressing until the lesions have crusted;
- c) Rash with fever or joint pain, until diagnosed not to be measles or rubella;
- d) Measles, until 4 days after onset of the rash (if the staff member or substitute is immunocompetent);
- e) Rubella, until 6 days after onset of rash;
- f) Diarrheal illness, three or more episodes of diarrhea during the previous 24 hours or





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- blood in stools, until diarrhea resolves; if *E.coli* 0157:H7 or *Shigella* is isolated, until diarrhea resolves and two stool cultures are negative;
- g) Vomiting illness, two or more episodes of vomiting during the previous 24 hours, until vomiting resolves or is determined to result from noncommunicable conditions such as pregnancy or a digestive disorder;
 - h) Hepatitis A virus, until 1 week after onset or as directed by the health department when immunoglobulin has been given to appropriate children and staff in the facility;
 - i) Pertussis, until after 5 days of appropriate antibiotic therapy (which is to be given for a total of 14 days) and until disease preventive measures, including preventive antibiotics and vaccines for children and staff who have been in contact with children infected with pertussis, have been implemented;
 - j) Skin infection (such as impetigo), until 24 hours after treatment has been initiated;
 - k) Tuberculosis, until noninfectious and cleared by a health department official;
 - l) Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and end of fever;
 - m) Head lice, from the end of the day of discovery until after the first treatment;
 - n) Scabies, until after treatment has been completed;
 - o) Purulent conjunctivitis, defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep, and including eye pain or redness of the eyelids or skin surrounding the eye, until 24 hours after treatment has been initiated;
 - p) *Haemophilus influenzae* type b (Hib), prophylaxis, until antibiotic treatment has been initiated;
 - q) Meningococcal infection, until all staff members, for whom antibiotic prophylaxis has been recommended, have been treated. See STANDARD 6.006 through STANDARD 6.008;
 - r) 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 the children.

Child care providers who have herpes cold sores shall not be excluded from the child care facility, but shall:

- 1) Cover and not touch their lesions;

- 2) Carefully observe handwashing policies;
- 3) Refrain from kissing or nuzzling infants or children, especially children with dermatitis.

RATIONALE: Adults are as capable of spreading infectious disease as children are. See also the Rationale for Child Inclusion/Exclusion/Dismissal, STANDARD 3.065.

COMMENTS: Other management procedures should be followed as stated in Child Inclusion/Exclusion/Dismissal, STANDARD 3.065. For additional information on infectious disease, see STANDARD 6.001 through STANDARD 6.039.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

CARING FOR ILL CHILDREN

STANDARD 3.070 SPACE REQUIREMENTS FOR CARE OF ILL CHILDREN

Environmental space utilized for the care of children who are ill with infectious diseases and cannot receive care in their usual child care group shall meet all requirements for well children and include the following additional requirements:

- a) If the program for ill children is in the same facility as the well-child program, well children shall not use or share furniture, fixtures, equipment, or supplies designated for use with ill children unless it has been cleaned and sanitized before use by well children;
- b) Indoor space that the facility uses for ill children, including hallways, bathrooms, and kitchens, shall be separate from indoor space used with well children; this reduces the likelihood of mixing supplies, toys, and equipment. The facility may use a single kitchen for ill and well children if the kitchen is staffed by a cook who has no child care responsibilities other than food preparation and who does not handle soiled dishes and utensils until after food preparation and food service are completed for any meal;



Caring for Our Children:

National Health and Safety Performance Standards



STANDARD 2.061 HEALTH EDUCATION TOPICS

Health education for children and staff shall include physical, oral, mental/emotional, nutritional, and social health and shall be integrated daily in the program of activities, to include such topics as:

- a) Body awareness;
- b) Families (including cultural heritage);
- c) Personal/social skills;
- d) Expression of feelings;
- e) Self-esteem;
- f) Nutrition;
- g) Personal hygiene;
- h) Safety (such as home, vehicular care seats and belts, playground, bicycle, fire, and firearms);
- i) Conflict management and violence prevention;
- j) First aid;
- k) Physical health;
- l) Handwashing;
- m) Awareness of special needs;
- n) Importance of rest and sleep;
- o) Fitness;
- p) Oral health;
- q) Health risks of secondhand smoke;
- r) Taking medications;
- s) Dialing 911 for emergencies.

RATIONALE: For young children, health and education are inseparable. Children learn about health and safety by experiencing risk taking and risk control, fostered by adults who are involved with them. Whenever opportunities for learning arise; facilities should integrate education to promote healthy behaviors. Health education should be seen not as a structured curriculum, but as a daily component of the planned program that is part of child development. Certified health education specialists are a good resource for this instruction. The American Association for Health Education (AAHE), the National Commission for Health Education Credentialing, Inc. (NCCHEC), and the State and Territorial Injury Prevention Directors' Association (STIPDA) provide information on this specialty. Contact information for the AAHE, NCCHEC, and STIPDA is located in Appendix BB.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

STANDARD 2.062 GENDER AND SEXUALITY

The facility shall prepare caregivers to appropriately discuss with the children anatomical facts related to gender identity and sexuality differences.

RATIONALE: Open discussions among adults concerning childhood sexuality increase their comfort with the subject. The adults' comfort may reduce children's anxiety about sexuality.

COMMENTS: Developing a common approach to matters involving young children, sexuality and gender identity is not always easy because the views of facility administrators, caregivers, parents, and community leaders do not always coincide (53).

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

STANDARD 2.063 STAFF MODELING OF HEALTHY BEHAVIOR

The facility shall require all staff members to model healthy behaviors and attitudes in their contact with children in the facility, including eating nutritious foods, complying with no tobacco use policies, and handwashing protocols.

RATIONALE: Modeling is an effective way of confirming that a behavior is one to be imitated.

COMMENTS: Modeling healthy behavior and attitudes can be specified in the plan as compliance with no tobacco use policies, handwashing protocols, and so forth.

See Policy on Smoking, Tobacco Use, Prohibited Substances, and Firearms, STANDARD 8.038 and STANDARD 8.039. See also Hygiene, STANDARD 3.012 through STANDARD 3.019, on handwashing protocols.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home



Caring for Our Children:

National Health and Safety Performance Standards



of futons and ensure that bedding is not shared, thereby reducing transmission of infectious diseases and keeping children out of traffic areas.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

STANDARD 5.148 BUNK BEDS

Children younger than 6 years of age shall not use the upper levels of double-deck beds (or “bunk beds”). Bunk beds must conform to the U.S. Consumer Product Safety Commission (CPSC) Facts Document #071, Bunk Beds and the American Society for Testing and Materials (ASTM) F1427-96 Standard Consumer Safety Specification for Bunk Beds.

RATIONALE: Falls and entrapment between mattress and guardrails, bed structure and wall, or between slats from bunk beds are a well-documented cause of injury in young children.

COMMENTS: Consult the CPSC, the manufacturer's label, or the consumer safety information provided by the American Furniture Manufacturer's Association (AFMA) for advice. Contact information for the CPSC, the ASTM, and the AFMA is located in Appendix BB.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

AREAS FOR SPECIAL THERAPIES AND INJURED OR ILL CHILDREN

STANDARD 5.149 SPACE FOR ILL CHILD

Each facility shall have a separate room or designated area within a room for the temporary or ongoing care of a child who needs to be separated from the group because of injury or illness. This room or area shall be located so the child may be supervised. Toilet and lavatory

facilities shall be readily accessible. If the child under care is suspected of having a communicable disease, all equipment the child uses shall be cleaned and sanitized after use. This room or area may be used for other purposes when it is not needed for the separation and care of a child or if the uses do not conflict.

RATIONALE: Children who are injured or ill may need to be separated from other children to provide for rest and to minimize the spread of potential infectious disease. Toilet and lavatory facilities must be readily available to permit frequent handwashing and provide rapid access in the event of vomiting or diarrhea to avoid contaminating the environment. Handwashing sinks should be stationed in each room not only to provide the opportunity to maintain cleanliness but also to permit the caregiver to maintain continuous supervision of the other children in care.

COMMENTS: Separate rooms need not be used for mild illness since children may consider isolation as a form of punishment. For additional information on caring for injured or ill children, see STANDARD 3.072 through STANDARD 3.080; and STANDARD 8.011 and STANDARD 8.012. See STANDARD 3.066, for situations that require separation or isolation.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

STANDARD 5.150 SPACE FOR THERAPY SERVICES

In addition to accessible classrooms, in facilities where some but fewer than 15 children need occupational or physical therapy and some but fewer than 20 children need individual speech therapy, centers shall provide a quiet, private, accessible area within the child care facility for therapy. No other activities shall take place in this area at the time therapy is being provided.

Family child care homes and facilities integrating children who need therapy services shall receive these services in a space that is separate and private during the time the child is receiving therapy.



Curriculum for Managing Infectious Diseases in Early Education and Child Care Settings

MODULE 3

Recognizing and Managing Infectious Diseases

- Daily Health Check
- Exclusion
- Symptoms versus disease



Curriculum for Managing Infectious Diseases in Early Education and Child Care Settings

Module 3

Recognizing and Managing Infectious Diseases

- Daily health check
- Exclusion
- Symptoms versus disease





Curriculum for Managing Infectious Diseases – Module 3

Case 1

The teacher in the toddler room notices that 20-month-old Suzie is a little less active than normal and has a runny nose, though she has been playing on and off. She is still participating in various activities. The teacher checks her temperature by mouth and it is 101°F.

- Does Suzy need to be excluded? Why or why not?
- Is there an exclusion policy that covers this?
- What is difficult about this case?

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Daily Health Check

- Routine of greeting parents/children every day
- Form of communication between parents and caregiver/teacher
- May enable caregivers/teachers to identify illness while parents are still present

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What to Do When Kids Get Sick After the Daily Health Check?

- Monitor children for
 - Participation in activities
 - Need for additional care
- If participation decreases or need for care increases, then check for other symptoms
- If other symptoms are present
 - Make a decision about exclusion
 - Notify parents
 - Care for child until the parent arrives

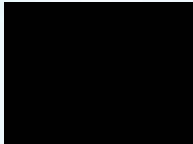






Curriculum for Managing Infectious Diseases – Module 3

Video: What to Do When Kids Get Sick After the Daily Health Check







Curriculum for Managing Infectious Diseases – Module 3

Outbreaks

- Sudden rise in the occurrence of a disease
- Notify your child care health consultant or health department
- Consult *Managing Infectious Diseases in Child Care and Schools* for more information






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Exclusion

- How do you make decisions about exclusion?
- What are characteristics of good exclusion criteria?
- Is exclusion an effective way to reduce transmission of germs?
- What are the reasons to exclude children from out-of-home child care?





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Reasons for Exclusion

The caregiver/teacher should exclude if the illness:

- Prevents the child from participating comfortably in activities
- Results in a need for care that is greater than the staff can provide without compromising the health and safety of the other children
- Specific disease, symptom or condition
- Other reasons?
 - Child needs to be diagnosed
 - Child is a danger to others — Many of these conditions can be harmful to other children or require treatment with medications.





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Symptoms Versus Diseases

- Children develop symptoms first but don't yet have a diagnosis
- Caregivers/teachers SHOULD NOT need to make the diagnosis of a specific disease
- Caregivers/teachers DO need to recognize symptoms for which exclusion is necessary






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Video: Symptoms and Diseases Requiring Exclusion

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Symptoms of Severe Illness

Call 911 (and the parents)

- Fever with difficulty breathing or abnormal skin color (very pale, blue, or very pink)
- Child acting very strangely, much less alert or withdrawn, lethargic, or unresponsive
- Difficulty breathing, unable to speak
- Skin or lips that look blue, purple, or gray
- Rhythmic jerking of arms/legs (seizure)
- Vomiting blood
- Large volume of blood in the stools
- Stiff neck with headache and fever
- Suddenly spreading purple or red rash

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Symptoms of Urgent Conditions

Urgent conditions don't need EMS if parent notification and medical care can be achieved in an hour or so

- Fever in a child who looks more than mildly ill
- Unexplained irritability
- Fever in a child under 60 days old
- Severe vomiting and/or diarrhea
- Animal bite that breaks the skin
- Venomous bites or stings
- Injury like a break to the skin that doesn't hold together

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Symptoms Requiring Exclusion

- Fever WITH behavior change
- Diarrhea (in some cases)
- Blood in stool
- Vomiting more than 2 times in 24 hours
- Abdominal pain (in some cases)
- Drooling with mouth sores

Some of these symptoms will require a visit to a health care professional, but not all

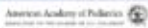





Curriculum for Managing Infectious Diseases – Module 3

Child Develops New Symptoms

- Often children develop new symptoms after the daily health check
- What are your responsibilities to the affected child and parents? To the other children, and the child care staff?
- When should you notify other parents?
- When should you require a health visit?
- When should you notify the health consultant or health department?






Curriculum for Managing Infectious Diseases – Module 3



Courtesy of Jason Besser-Jones



HEALTHY
FUTURES

Curriculum for Managing Infectious Diseases – Module 3



Courtesy of the AAP

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HEALTHY
FUTURES

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Child Already Has a Diagnosis

- Sometimes children return to care with a diagnosis from a health care professional
- What is your responsibility to other child care staff, children, and for the affected child?
- When should you notify other parents? How?
- When should you notify the health consultant or health department?

Curriculum for Managing Infectious Diseases – Module 3

Courtesy of the AAP and Edward Marcuse, MD

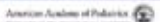
Curriculum for Managing Infectious Diseases – Module 3

Courtesy of the AAP and Edward Marcuse, MD


Curriculum for Managing Infectious Diseases – Module 3



Courtesy of the Public Health Image Library (PHIL), CDC




Curriculum for Managing Infectious Diseases – Module 3

Conditions Which DO NOT Need Exclusion

- Many symptoms/conditions do not need exclusion (but frequently are excluded)
- List these conditions





Curriculum for Managing Infectious Diseases – Module 3

Goals of Exclusion

- Goal is NOT usually to reduce spread of mild infections since symptoms occur after germs have already been spread
- Ensure children who cannot participate or need more care than possible are at home
- Ensure children have adequate supervision and teacher/caregiver to child ratios are maintained
- Keep certain serious conditions out of the program (these are uncommon)






Curriculum for Managing Infectious Diseases – Module 3

Summary

- Exclusion decisions should be based on written criteria
 - Rules are confusing and vary a lot
 - Find your state exclusion criteria at National Resource Center for Health and Safety in Child Care
 - Use *Managing Infectious Diseases in Child Care and Schools*
- Three main reasons for exclusion
 - Prevents the child from participating comfortably in activities
 - Results in a need for care that is greater than the staff can provide without compromising the health and safety of the other children
 - Specific symptoms or conditions
- Decisions about who to notify can be determined by checking *Managing Infectious Diseases in Child Care and Schools* and consulting with local public health authorities as needed

Questions?






Curriculum for Managing Infectious Diseases – Module 3

References

- American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*. 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2002. Also available at <http://nrcckids.org> (Slides 1, 2, 6, 13, 14, 18)
- Aronson SS, Shope TR. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009 (Slides 1, 2, 6, 7, 12, 13, 14, 15, 18, 19, 22, 23, 24)
- American Academy of Pediatrics and the American Public Health Association. *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs Video Series*. Elk Grove Village, IL: American Academy of Pediatrics; 1995 (Slides 5, 9)




Module 3: Recognizing and Managing Infectious Diseases

Objectives

A. Knowledge

Each participant will be able to:

1. Identify the 3 primary reasons for exclusion, and know where to find and how to use the list of specific conditions that require exclusion.
2. Identify 2 reasons why exclusion does not reduce the spread of most common germs.
3. Explain at least 1 goal of exclusion.
4. Explain why consistent application of exclusion criteria creates clear expectations of families and child care staff, and a healthier environment.
5. Explain how to effectively manage an outbreak of an infectious disease and which people should be involved.

B. Attitude

Each participant will be able to:

1. Commit to implementing daily health checks in the child care facility.
2. Feel comfortable using a resource, such as *Managing Infectious Diseases in Child Care and Schools*, to determine proper management of infectious disease strategies.

C. Behavior

Each participant will:

1. Demonstrate proficiency using *Managing Infectious Diseases in Child Care and Schools* and *Caring for Our Children (CFOC)* to research a disease based on symptoms.
2. Demonstrate proficiency using *Managing Infectious Diseases in Child Care and Schools* and *CFOC* to research a disease based on a diagnosis.

Module 3: Recognizing and Managing Infectious Diseases

References

- American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*. 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2002. Also available at <http://nrckids.org> (Slides 1, 2, 6, 13, 14, 18)
- Aronson SS, Shope TR. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009 (Slides 1, 2, 6, 7, 12, 13, 14, 15, 18, 19, 22, 23, 24)
- American Academy of Pediatrics and the American Public Health Association. *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs Video Series*. Elk Grove Village, IL: American Academy of Pediatrics; 1995 (Slides 5, 9)



Module 3: Recognizing and Managing Infectious Diseases

Resources

1. Aronson SS, Shope TR. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009:169–170 (Slide 6)
2. www.aap.org/disasters/pandemic-flu-cc.cfm (Slide 6)
3. AAP Healthy Children Web site for Families:
www.healthychildren.org/English/News/pages/AAP-Offers-Updated-Guidance-on-Treating-Head-Lice.aspx (Slide 19)
4. Frankowski BL, Bocchini JA, Council on School Health and Committee on Infectious Disease. Head Lice. *Pediatrics*. 2010(126):392-403 (Slide 19)
5. National Resource Center for Health and Safety in Child Care, <http://nrckids.org/> (Slide 24)



Symptom-based Case 1

A 10-month-old girl had some loose stools yesterday. She came to child care today. By lunch time, she has had 3 stools that are larger in volume than usual and watery green with no blood or mucus. The stools are contained in her diaper. She is acting normal and does not feel warm (no fever if you check). Normally, she has 2 stools from morning drop-off until her late afternoon pick-up from the child care program.

Take 5 minutes to discuss and write down your answers. You should try to look up the American Academy of Pediatrics' policies in *Caring for Our Children* or *Managing Infectious Disease in Child Care and Schools*.

Questions to consider:

Should she be excluded?

What are your responsibilities to the affected child, the other children, and the child care staff?

When should you notify other parents or guardians?

When should you require a health visit?

When should you notify the health consultant or health department?

What do you think about the AAP policy on diarrhea?

Symptom-based Case 2

A 10-month old boy develops green/yellow eye discharge and the whites of his eyes appear red. He is otherwise acting normally other than a runny nose. He is playful, interactive, and eating and drinking well. See slide.

What are your responsibilities to the affected child, the other children, and the child care staff?

Questions to consider:

Should he be excluded?

What are your responsibilities to the affected child, the other children, and the child care staff?

When should you notify other parents or guardians?

When should you require a health visit?

When should you notify the health consultant or health department?

What do you think about the AAP policy on pink eye/conjunctivitis?

Symptom-based Case 3

A 24-month-old boy develops a rash consisting of small red bumps and white fluid-filled blisters on hands. He also complains of some mouth pain and you note some red areas with white tops inside his lips. He is otherwise acting normally other than a runny nose. He is playful, interactive, and eating and drinking well. See slides.

Take 5 minutes to discuss and write down your answers. You should try to look up the American Academy of Pediatrics' policies in *Caring for Our Children* or *Managing Infectious Disease in Child Care and Schools*.

Questions to consider:

Should he be excluded?

What are your responsibilities to the affected child, the other children, and the child care staff?

When should you notify other parents or guardians?

When should you require a health visit?

When should you notify the health consultant or health department?

What do you think about the AAP policy on rash? Is this a specific type of rash? Does the exact diagnosis make a difference in how you manage this child?

Parent/Guardian Alert Letter

Notice of Exposure to Communicable Disease

Name of Facility/School _____

Address of Facility/School _____

Telephone Number of Facility/School _____

Dear Parent or Legal Guardian:

A child in our facility/school has or is suspected of having _____.

Without violating the confidentiality of this child, the facts you need to know about your child's exposure in this situation are:

We want to inform you about this condition and the related exclusion and return-to-care practices at our facility/school. Please read the attached information sheet closely and call us with any questions.

Facility/School Staff Person's Name at _____
Telephone Number

Aronson SS, Shope TR. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009
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Pinkeye (Conjunctivitis)

What is conjunctivitis?

Inflammation (ie, redness, swelling) of the thin tissue covering the white part of the eye and the inside of the eyelids

What are the signs or symptoms?

There are several kinds of conjunctivitis, including

- Bacterial
 - ~ Red or pink, itchy, painful eye(s).
 - ~ More than a tiny amount of green or yellow discharge.
 - ~ Infected eyes may be crusted shut in the morning.
 - ~ May affect one or both eyes.
- Viral
 - ~ Pink, swollen, watering eye(s) sensitive to light.
 - ~ May affect only one eye.
- Allergic
 - ~ Itching, redness, and excessive tearing, usually of both eyes.
- Chemical
 - ~ Red, watery eyes, especially after swimming in chlorinated water.
- Immune mediated, such as that related to a systemic disease like Kawasaki disease.

What are the incubation and contagious periods?

Depending on the type of conjunctivitis, the incubation period varies.

- Bacterial
 - ~ The incubation period is unknown because the bacteria that cause it are commonly present in most individuals and do not usually cause infection.
 - ~ The contagious period ends when the course of medication is started.
- Viral
 - ~ Sometimes occurs early in the course of a viral respiratory tract disease that has other signs or symptoms.
 - ~ One type of viral conjunctivitis, adenovirus, may be contagious up to 14 days after the appearance of signs or symptoms. Children with adenovirus infection are often ill with fever, sore throat, and other respiratory tract symptoms. This virus may uncommonly cause outbreaks in child care and school settings. Antibiotics for this condition do not help the patient or reduce spread.
 - ~ The contagious period continues while the signs or symptoms are present.



MARK PETER HUGHES

Child with pinkeye

- Allergic
 - ~ Occurs in response to contact with the agent that causes the allergic reaction. The reaction may be immediate or delayed for many hours or days after the contact.
 - ~ No contagious period.
- Chemical
 - ~ Usually appears shortly after contact with the irritating substance.
 - ~ No contagious period.

How is it spread?

Hands become contaminated by direct contact with discharge from an infected eye, or by touching other surfaces that have been contaminated by respiratory tract secretions and gets into the child's eyes.

How do you control it?

- Consult a health professional for diagnosis and possible treatment. The role of antibiotics in treatment and preventing spread is unclear. Most children with pinkeye get better after 5 or 6 days without antibiotics.
- Careful hand hygiene before and after touching the eyes, nose, and mouth.
- Careful sanitation of objects that are commonly touched by hands or faces, such as tables, doorknobs, telephones, cots, cuddle blankets, and toys.

What are the roles of the caregiver/teacher and the family?

- Report the infection to staff designated by the child care program or school for decision making and action related to care of ill children. That person, in turn, alerts possibly exposed family members and staff to watch for symptoms.
- Notify child's parent/guardian to consult with the child's health professional about diagnosis and treatment by telephone or office visit. Documentation from the child's health professional is not required.

➤continued

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Pinkeye (Conjunctivitis), continued

- Seek advice from the health department or the program's health consultant about how to prevent further spread if 2 or more children in one room have red eyes with watery discharge.
- Review hand-hygiene techniques and sanitation routines.
- Complete course of medication, if prescribed, for bacterial conjunctivitis.

Exclude from group setting?

No, unless

- The child is unable to participate and staff determine that they cannot care for the child without compromising their ability to care for the health and safety of the other children in the group.
- The child meets other exclusion criteria, such as fever with behavior change (see "Conditions Requiring Temporary Exclusion" on page 41).
- There is a recommendation of the health department or the child's health professional.

Readmit to group setting?

- When exclusion criteria are resolved, the child is able to participate, and staff determine that they can care for the child without compromising their ability to care for the health and safety of the other children in the group.
- Antibiotics are not required to return to care.

Comments

- It is helpful to think of pinkeye like the common cold. Both conditions may be passed on to other children but resolve without treatment. We do not exclude for the common cold. Pinkeye generally results in less symptoms of illness than the common cold. The best method for preventing spread is good hand hygiene.
- One form of viral conjunctivitis, caused by adenovirus, can cause epidemics. If 2 or more children in a group care setting develop conjunctivitis in the same period, seek the advice of the program's health consultant.

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Hand-Foot-and-Mouth Disease

What is hand-foot-and-mouth disease?

A common set of symptoms associated with viral infections that are most frequently seen in the summer and fall. Despite its scary name, this illness generally is mild. Most commonly caused by coxsackievirus A16 and enterovirus 71.

What are the signs or symptoms?

- Tiny blisters in the mouth and on the fingers, palms of hands, buttocks, and soles of feet that last a little longer than a week (one, few, or all of these may be present).
- May see common cold signs or symptoms with fever, sore throat, runny nose, and cough. The most troublesome finding is blisters in the mouth, which make it difficult for the child to eat or drink. Other signs or symptoms, such as vomiting and diarrhea, can occur, but are less frequently troublesome.
- Hand-foot-and-mouth disease caused by enterovirus 71 can cause neurologic symptoms.

What are the incubation and contagious periods?

- Incubation period: 3 to 6 days.
- Contagious period: Virus may be shed for several weeks after the infection starts; respiratory shedding of the virus is usually limited to a week or less.

How is it spread?

- Respiratory route (ie, coughing, sneezing)
- Direct contact
- Fecal-oral route

How do you control it?

- Teach children and caregivers/teachers to cover their mouths and noses when sneezing or coughing with a disposable facial tissue if possible, or with a shoulder if no facial tissue is available in time ("give your cough or sneeze a cold shoulder"). Teach everyone to wash hands right after using facial tissues or having contact with mucus.
- Dispose of facial tissues that contain nasal secretions after each use.
- Use good hand-washing technique at all the times listed in "When to Wash Hands" on page 25, especially after diaper changing.



Child with blisters inside lips

AAP, COURTESY OF EDGAR O. LEDBETTER, MD



Child with blisters on hands and feet

AAP, COURTESY OF JERRI ANN JENISTA, MD

What are the roles of the caregiver/teacher and the family?

- Report the infection to staff designated by the child care program or school for decision making and action related to care of ill children. That person, in turn, alerts possibly exposed family members and staff to watch for symptoms.
- Encourage the family to seek medical advice if the child is very uncomfortable with signs of illness from the infection, such as an inability to drink or eat, or if the child seems very ill.

Exclude from group setting?

No, unless

- The child is unable to participate and staff determine that they cannot care for the child without compromising their ability to care for the health and safety of the other children in the group. Excessive drooling from mouth sores might be a problem that staff will find difficult to manage for some children with this disease.
- The child meets other exclusion criteria, such as fever with behavior change (see "Conditions Requiring Temporary Exclusion" on page 41).

➤continued

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Hand-Foot-and-Mouth Disease, continued

- Note: Exclusion will not reduce disease transmission because some children may shed the virus without becoming recognizably ill, and other children who became ill may shed the virus for weeks in the stool.

Readmit to group setting?

When exclusion criteria are resolved, the child is able to participate, and staff determine that they can care for the child without compromising their ability to care for the health and safety of the other children in the group

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Aronson SS, Shope TR. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009
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Diagnosis-based Case 1

You are the director of a center-based program. The third child in the past 2 weeks was just excluded from the toddler room for bloody diarrhea. The first 2 were diagnosed with shigella. They were treated and allowed back in the program after being cleared by their doctor. You just learned that 1 of your child care staff members who prepares the lunch each day has been coming to work despite having stomach cramps and diarrhea. You feel you have a major problem on your hands.

Take 5 minutes to discuss and write down your answers. You should try to look up the American Academy of Pediatrics' policies in *Caring for Our Children* or *Managing Infectious Disease in Child Care and Schools*.

Questions to consider:

What are your responsibilities to the affected child, the other children, and the child care staff?

When should you notify other parents or guardians?

When should you require a health visit?

When should you notify the health consultant or health department?

What do you think about the AAP policy on shigella?

Why is this policy stricter than other policies?

Diagnosis-based Case 2

You notice that 3-year-old Billy has been scratching his head quite a bit the last few days. You take a closer look and, in horror, note a small insect running from the lower neck into the deeper hair. Though your instinct is to run, you do look closer, and note lots of white casings at the bases of the hair follicles behind both ears and...1 more live critter. You take a deep breath and...

Take 5 minutes to discuss and write down your answers. You should try to look up the American Academy of Pediatrics' policies in *Caring for Our Children* or *Managing Infectious Disease in Child Care and Schools*.

Questions to consider:

What are your responsibilities to the affected child, the other children, and the child care staff?

When should you notify other parents or guardians?

When should you require a health visit?

When should you notify the health consultant or health department?

What do you think about the AAP policy on lice?

Diagnosis-based Case 3

Sally, age 4 years, was bitten by a mosquito about a week ago. Despite your best efforts she continued to scratch at it. Today, the area of the bug bite looks worse. It is bigger, a little red, and is oozing some fluid. It doesn't seem to hurt. Sally seems to be feeling well, participating in activities, and is not warm to touch or temperature. You remember that her mom told you that another family member had a MRSA skin infection last month.

Take 5 minutes to discuss and write down your answers. You should try to look up the American Academy of Pediatrics' policies in *Caring for Our Children* or *Managing Infectious Disease in Child Care and Schools*.

Questions to consider:

What are your responsibilities to the affected child, the other children, and the child care staff?

When should you notify other parents or guardians?

When should you require a health visit?

When should you notify the health consultant or health department?

What do you think about the AAP policy on boils, abscesses, and MRSA infections?

Lice (Pediculosis Capitis)

What are head lice?

- Small, tan-colored insects (less than 1/8" long) that
 - ~ Live on blood they draw from the scalp.
 - ~ Live for days to weeks depending on temperature and humidity.
 - ~ Crawl. (They do not hop or fly.)
 - ~ Deposit tiny, gray/white eggs, known as *nits*, on a hair shaft 3 to 4 mm from the scalp because the eggs need the warmth from the scalp for hatching.
 - ~ Cannot live for more than 48 hours away from the scalp as adult insects, and as eggs, cannot hatch at temperatures lower than those found close to the scalp.
- Having an infestation with lice may cause irritation and scratching, which can lead to secondary skin infection.
- Families and caregivers/teachers often get very upset about lice; however, head lice do not carry disease. Head lice infestations occur in all socio-economic groups and do not represent poor hygiene.
- Often, normal activities are disrupted because people become so upset about these insect pests.

What are the signs or symptoms?

- Itching of skin where lice feed on the scalp or neck or complaints about itchiness by older children.
- Nits may be glued to hair, most easily seen behind ears and at or near the nape of the neck.
- Scratching, especially behind and around ears and at the nape of the neck.
- Open sores and crusting from secondary bacterial infection that may be associated with swollen lymph nodes (commonly called *swollen glands*).

What are the incubation and contagious periods?

- Incubation period: 10 to 14 days from laying to hatching of eggs.
 - ~ Lice can reproduce 2 to 3 weeks after hatching.
- Contagious period: Until lice are killed with a chemical treatment.

How are they spread?

- Direct contact with infested hair.
- Only lice, not nits, spread the infestation. (Nits must be near a warm scalp to hatch.)



EDGAR K. MARCUSE, MD

Child with nits on hair behind ears and at nape of neck

How do you control them?

- By using medications (pediculocides) that kill lice and nits. Resistance of lice and nits to these chemicals has been reported, but the extent of resistance to the chemicals varies. Some chemicals may require 2 treatments. Since the chemicals are toxic, they should be used according to the approved instructions only. If a particular chemical fails to work, repeated use of that chemical is unlikely to be successful, and an alternative chemical that has been shown to be effective should be tried.
- None of the suggested remedies using common household products (eg, salad oils, mayonnaise, petroleum jelly) or chemicals intended for other purposes have been shown to be effective. Some that have been tried (eg, kerosene) are very dangerous.
- Mechanical removal of the lice and nits by combing them out with a special fine-tooth comb is tedious and very time-consuming.
- Have families examine the heads of household and close contacts.
- Infested articles that can be laundered should be cleaned at 130°F (54.4°C) and dried on the hot setting. Dry-cleaning clothing and bedding, or separating them from contact with people also is effective.

➤continued

Aronson SS, Shope TR. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009. Available at www.aap.org/bookstore

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Lice (Pediculosis Capitis), continued

- Toys, personal articles, bedding, other fabrics, and upholstered furniture that cannot be laundered with hot water and a dryer or dry-cleaned can be kept away from people (eg, in a plastic bag) for more than 2 days if there is concern about lice having crawled from an infested child onto these articles.
- Because head lice can only live for 1 to 2 days away from the scalp, chemical treatment of the environment is not necessary. Vacuum floors, carpets, mattresses, and furniture (a safe alternative to spraying).
- Help prevent lice infestation by encouraging children not to engage in activity that causes head-to-head contact.

What are the roles of the caregiver/teacher and the family?

- Report the infestation to staff designated by the child care program or school for decision making and action related to care of ill children. That person, in turn, alerts possibly exposed family members and staff to watch for symptoms.
- Have parents/guardians consult with a health professional for a treatment plan.
- Check children observed scratching their heads for lice; check all contacts.
- Educate caregivers/teachers and families on how to recognize lice and nits.

Exclude from group setting?

Yes, at the end of the program or school day.

- Children with lice should be referred for treatment at the end of the day.
- Until the end of the program or school day, avoid any activity that involves the child in head-to-head contact with other children or sharing of any headgear.

Readmit to group setting?

After the child has received the treatment recommended by the child's health professional

Comments

- Removal of nits from the hair near the scalp that might contain live eggs is very difficult. Those farther than ¼" from the scalp are empty egg casings. Nit removal may help reduce diagnostic confusion about reinfestation of children who have been successfully treated. However, no-nit policies that require children to be nit free are not recommended because they have not been shown to be effective in controlling outbreaks, may keep the child out of the program needlessly, and unduly burden the child's parents/guardians who must implement this measure.
- Education of families and caregivers/teachers about the relatively benign consequences of head lice infestations should be attempted to reduce the level of disruption for the infested child and all the others involved in the program. It may be necessary to arrange for a health professional to provide this education to overcome the widespread beliefs about this problem.
- The itching results from an allergic reaction to the saliva of the lice; itching often persists for weeks after the infestation has resolved.

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Curriculum for Managing Infectious Diseases in Early Education and Child Care Settings

WRAP UP



Curriculum for Managing Infectious Diseases in Early Education and Child Care Settings

Wrap Up





Curriculum for Managing Infectious Diseases – Wrap Up

Think-Pair-Share

- Find a partner
- Discuss what policies on infectious diseases should be present where you work
- Think about the items that those policies should include
- List them to share with the whole group
- You have 5 minutes

American Academy of Pediatrics
Committee on Infectious Diseases



Curriculum for Managing Infectious Diseases – Wrap Up

Policies

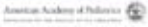
- Exclusion (and when a child can return)
- Staff health
- Immunization
- Food preparation
- Hand washing
- Hygiene practices (cleaning toys, storing personal materials)
- Diaper changing

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Curriculum for Managing Infectious Diseases – Wrap Up

Policies

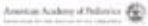
- Standard precautions
- Daily health checks
- Care of an acutely ill child
- Parental notification
- Medication administration
- Outbreaks including pandemics
- Confidentiality




Curriculum for Managing Infectious Diseases – Wrap Up

What 1 thing will you do differently after this session?

Volunteers?





Curriculum for Managing Infectious Diseases – Wrap Up

Additional Resources

- Sample letters
- Sample forms
- Resource lists






Curriculum for Managing Infectious Diseases – Wrap Up

Summary

- The spread of infections requires a combination of people, places, and germs
- Infectious diseases are spread by respiratory route, direct contact, fecal-oral route, body fluids, and insects
- The spread of infectious diseases can be decreased by hygiene, immunization, environmental controls, and healthy lifestyle





Curriculum for Managing Infectious Diseases – Wrap Up

Summary

- The daily health check is an important tool in identifying and controlling infectious disease
- Exclusion from child care
 - Unable to participate
 - Require too much care
 - Specific symptoms or conditions





Curriculum for Managing Infectious Diseases – Wrap Up

Parking Lot







Final Housekeeping

- Complete your post-assessment and evaluation and turn it in to the instructor
- Verification of credit

Thank you for your participation!



Wrap Up

Resources

1. American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*. 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2002. Also available at <http://nrckids.org>
2. American Academy of Pediatrics. Pickering LK, Baker CJ, Kimberlin DW, Long SS, eds. *Red Book: 2009 Report of the Committee on Infectious Diseases*. 28th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009
3. Aronson SS, Shope TR. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009:15 Healthychildcare.org
4. **American Academy of Pediatrics (AAP) Web sites**
 - www.healthychildcare.org: The Healthy Child Care America Web site is designed to provide health and safety information for early education and child care professionals.
 - www.healthychildren.org: The Healthy Children is the go-to destination for children's health information.
 - www.aap.org/immunization/: The Immunization Web site provides information and resources to parents and pediatricians.
5. **Web sites**
 - California Child Care Health Program: www.ucsfchildcarehealth.org: This Web site provides a wealth of resources for both professionals and families.
 - Centers for Disease Control and Prevention: www.cdc.gov/vaccines/recs/schedules/default.htm: This Web site provides immunization schedules for children, adolescents, and adults.
 - Early Childhood Education Linkage System (ECELS): www.ecels-healthychildcarepa.org: This Web site provides a wealth of resources for early education and child care providers as well as health professionals.
 - National Resource Center for Health and Safety in Child Care and Early Education (NRC): <http://nrckids.org/STATES/states.htm>: This Web site provides state child care licensing regulations.
 - Healthy Kids, Healthy Care (developed by the National Resource Center for Health and Safety in Child Care and Early Education): <http://www.healthykids.us/>: This Web site provides expert information and resources for parents of children who attend child care programs.

Name

State

Date

☐ Caregiver/teacher☐ Health Professional☐ Other _____

Curriculum for Managing Infectious Diseases in Early Education and Child Care Settings Post-assessment

Instructions: Circle the letter of the choice that best complements the statement or answers the question

MODULE 1: Understanding Infectious Diseases

1. **Children who attend child care are more resistant to infections after their first year of attendance.**
 - a. True
 - b. False
2. **Children's immune systems:**
 - a. Get stronger as they are exposed to infectious diseases
 - b. Get weaker when they are exposed to infectious diseases
 - c. Are not affected by infectious diseases
3. **Viruses should be treated with antibiotics.**
 - a. True
 - b. False
4. **The most important surface to clean to avoid spread of disease is our hands.**
 - a. True
 - b. False
5. **Children who attend child care are less likely to have antibiotic resistant ear infections and have tubes placed.**
 - a. True
 - b. False

MODULE 2: Preventing Infectious Diseases

6. Which of the following is the best answer for how to reduce the number of germs in child care settings?
- a. Circulate fresh outdoor air, use right-size flushing toilets, wash hands, and clean and sanitize surfaces that have been in contact with body fluids
 - b. Clean and sanitize eating and diaper/underwear changing surfaces before and after each use, wash hands with antibacterial soap, and use germ-killing aerosol sprays to remove odors
 - c. Wear disposable gloves to change diapers; serve and prepare food and clean up blood; and teach everyone to cover their mouths with their hands when they sneeze or cough
 - d. Quickly remove children who seem sick from the facility and do not allow them to return until they have a note from a health care professional that says they are well
7. Mixing children from different groups together when staffing is short in the morning and late afternoon spreads infection from group to group.
- a. True
 - b. False

MODULE 3: Recognizing and Managing Infectious Diseases

8. A note from a child's health care professional to return to child care after an illness is not necessary for children who act and feel well.
- a. True
 - b. False
9. The daily health check is performed:
- a. When the parent is transferring care of the child to the care of facility staff
 - b. When the child leaves the facility to go on a field trip or has a new caregiver
 - c. When the caregiver notices that a child has symptoms of illness
 - d. A and C
10. Before the child actually starts receiving care in the program, child care staff should discuss the following with parents:
- a. The program's policy on caring for ill children
 - b. Parent's alternative care plans for child illness
 - c. Who makes the final decision about whether an ill child can be in child care
 - d. All of the above

11. Children should be excluded (sent home) from child care if they (Choose all the answers that apply):

- a. Have a fever
- b. Cannot participate in activities
- c. Require more care than can be provided in child care
- d. Have a condition that the health department says requires exclusion
- e. Have any diarrhea

12. To care for an ill child, caregivers should (Choose all answers that apply):

- a. Adapt activities to the activity level of the ill child
- b. Provide extra attention to the ill child
- c. Inform parents of new symptoms by phone and use the symptom record to document the child's status
- d. Isolate the ill child in the director's office

13. The goal of exclusion is to:

- a. Provide a setting where the child can recover more easily
- b. Prevent other children from getting fever
- c. Keep certain specific diseases from spreading through the child care site
- d. A and C
- e. None of the above

Certificate of Attendance

(Disclaimer: This is not a certificate of competency)

Presented to:

For participating in:

**Healthy Futures: Improving Health Outcomes for Young Children
Curriculum for Managing Infectious Diseases in Early Education and Child Care Settings**

For a total of _____ contact hours on ____/____/____
CDA Content Area: #1

Presented by: _____

*Sponsored by:
The American Academy of Pediatrics
Healthy Child Care America*

Date

Instructor Signature

Curriculum for Managing Infectious Diseases in Early Education and Child Care Settings

ADDITIONAL RESOURCES



**American Academy of Pediatrics
Curriculum for Managing Infectious Diseases
in Early Education and Child Care Settings**

**APPENDIX:
Preparing Child Care Programs for
Infectious Disease Outbreaks or Pandemic Influenza**

In 2008, the American Academy of Pediatrics (AAP) completed a needs assessment of 1,500 licensed child care centers. Results show that more can be done to prepare the early education and child care community for a pandemic influenza. The survey results also indicated that while knowledge of and preparation for a pandemic influenza was poor, child care center directors were willing to take steps to improve preparedness. The top choices for improving preparedness were use of print materials, participation in training sessions, and access to downloadable or interactive web-based tools. The purpose of this handout is to recommend topics, strategies, and resources that can be used to improve preparedness for pandemic influenza within child care settings.

Face-to-face training sessions are an effective way to help early education and child care program staff learn how to improve day-to-day preparedness and determine plans to respond when there is an active infectious disease outbreak or pandemic influenza. Asking a local pediatrician, health department representative or qualified child care health consultant to present a professional development session is a great way to engage these partners in child care health and safety activities. Also, such teaching activities help develop relationships that keep staff informed of current community preparedness efforts. A strong connection between child care and public health leaders is critical. During a pandemic, recommendations and communication strategies evolve rapidly. Early education and child care programs need to be aware of existing mechanisms for information dissemination and decision-making.

Instruction of early education and child care providers about infection control and pandemic influenza preparedness should include the following topics for discussion:

Infection Control During an Infectious Disease Outbreak:

- What constitutes an infectious disease outbreak, epidemic, pandemic, and public health emergency
- Role of hand washing, cough/sneeze etiquette, and personal hygiene/sanitation practices
- Protocols for effective cleaning, sanitizing, and disinfecting of toys and other objects/surfaces
- Use of symptom, illness, and absence records as well as daily health checks
- Importance of written infectious disease control, hygiene and sanitation, and immunization policies
- Importance of and options for collecting immunization record data for children and staff in child care and using the data to identify children and staff who need to be referred to their health care providers to fill gaps in the vaccines they have received to meet recommended schedules.
- Benefits of partnerships with child care health consultants and local health care professionals

Pandemic Influenza Topics:

- What constitutes a pandemic and when it becomes a public health emergency
- Difference between seasonal and pandemic influenza viruses (transmission, spread, and severity)
- Why young children are at increased risk during a pandemic
- Which children may be at highest risk during a pandemic
- Importance of annual seasonal influenza immunization for children and child care providers as well as approaches to supplemental vaccine when recommended by public health authorities (e.g. as in the H1N1 pandemic influenza)
- Importance of family preparedness, employer contingency planning, and business continuity strategies for early education and child care programs
- Lessons learned during the H1N1 pandemic influenza
 - Challenges of this pandemic; why the US was not prepared
 - How to respond to anti-immunization misinformation and vaccine refusals
 - Use of laboratory testing, hospitalization, and other data
 - Review of clinical trials for H1N1 vaccines; why children initially need 2 shots, etc.
 - Role of the media in providing updates (discussion of “the worried well”)
 - Why certain public health departments, primary care physicians, emergency hotline personnel, and hospital emergency departments were overwhelmed; how child care programs can help

Appendix: Preparing for Infectious Disease Outbreaks or Pandemic Influenza

Steps for Improving Preparedness

- Develop a written emergency/disaster plan that includes a process and timeline for updating this document
- Identify “trusted sources” of health information (CDC, health department, community pediatrician, and child care health consultant)
- Establish protocols/assignments for communication systems that can be used in an emergency. This would include a process to share key information as well as an immediate alert plan. Compile and maintain a list of community contacts and key phone numbers in advance to be ready to communicate during an emergency
- Determine who will monitor information and health alerts and report back on key findings
- Develop a process for sharing key information with staff, parents, and children during an emergency
- Prepare template handouts for staff and parents in advance
- Discuss the process for ordering supplies (and maintaining inventory) during times of staff absences or when there is an increased need for certain hygiene or cleaning supplies
- Use seasonal influenza as an opportunity to practice preparedness and response efforts
- Collaborate with community partners on preparedness activities or contingency planning
- Review criteria for and steps involved in facility closure
- Implement steps to support families and employees to develop personal preparedness plans

Strategies

In addition to the steps described above, encourage child care programs to implement one or more new strategies to enhance preparedness, such as:

- Provide seasonal influenza immunizations on site at the child care facility
- Collaborate with nearby centers on the use of substitutes, mass supply ordering, or training
- Create a Web site or answering service message to provide daily updates to clients
- Form a team that includes a child care health consultant and/or local public health representative to make decisions during an outbreak or pandemic

Resources

American Academy of Pediatrics

- AAP Children and Disasters Web site <http://www.aap.org/disasters/index.cfm>
- AAP Preparing Child Care Programs for Pandemic Influenza Web site <http://www.aap.org/disasters/pandemic-flu-cc.cfm>
- AAP Healthy Child Care America Web site www.healthychildcare.org
- Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide, Second Edition
- Hand Hygiene <http://aapredbook.aappublications.org/news/MIDCCS2hygiene.pdf>
- Outbreaks, Epidemics, and Other Infectious Disease Emergencies <http://aapredbook.aappublications.org/news/MIDCCSoutbreaks.pdf>

US Department of Health and Human Services

- H1N1 Flu: Resources for Child Care and Early Childhood Programs www.cdc.gov/h1n1flu/childcare
- FLU.gov <http://www.flu.gov/index.html>

Other

North Carolina Child Care Health and Safety Resource Center Pandemic Flu in Child Care Trainer's Manual: The Pandemic Flu and Child Care trainer's manual is designed to increase a trainer's knowledge of pandemic influenza and provides the trainer with the content, handouts, and a PowerPoint presentation that instructors can use to teach early care educators about pandemic flu. The curriculum covers an introduction to the flu, preventing the spread of flu in child care settings, preparing for pandemic flu in child care and responding to pandemic flu. For more information or to order a copy, contact the NC Child Care Health and Safety Resource Center at jackie_quirk@unc.edu.

California Child Care Health Program Preparing for Pandemic Flu in Child Care Programs http://www.ucsfchildcarehealth.org/pdfs/healthandsafety/PandemicFlu_EN_020210.pdf

Healthy Child Care Pennsylvania

WellCareTrackerTM: an immunization tracking and child care health record quality improvement tool <http://www.wellcaretracker.org/index1.php>

Workshop on Pandemic Flu

<http://www.ecels-healthychildcarepa.org/section.cfm?subID=15&scope=all>

Additional resources

<http://www.ecels-healthychildcarepa.org/>

Minnesota Department of Human Services Handbook for Family Child Care Providers: Keeping Kids Safe, Your Home Child Care Emergency Plan. Materials are available in multiple languages. <http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-5299-ENG>

Washington Coalition for Safety and Health in Early Learning Informational materials for child care providers and parents; available in multiple languages.

www.del.wa.gov/publications/development/#flu

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Parent/Guardian Alert Letter

Notice of Exposure to Communicable Disease

Name of Facility/School _____

Address of Facility/School _____

Telephone Number of Facility/School _____

Dear Parent or Legal Guardian:

A child in our facility/school has or is suspected of having _____.

Without violating the confidentiality of this child, the facts you need to know about your child's exposure in this situation are:

We want to inform you about this condition and the related exclusion and return-to-care practices at our facility/school. Please read the attached information sheet closely and call us with any questions.

Facility/School Staff Person's Name at _____
Telephone Number

Information About This Disease

Note: To be used if there is no applicable Quick Reference Sheet in Chapter 7. You may copy those pages for communications with families/health professionals.

The disease is spread by _____

The symptoms are _____

The disease can be prevented by _____

What the facility/school is doing to reduce the spread: _____

What you can do at home: _____

Is exclusion necessary? _____

When can an excluded child return? _____

Comments _____

Symptoms or Suspected Illness—Sample A
(See alternate type of form on page 178.)

Name of Child _____

Facility/School _____ Date _____

Dear Parent/Guardian:

Today at our facility/school, your child was observed to have one or more of the following signs or symptoms:

General

- ☐ Fever (101°F [38.3°C] or above orally or axillary)
- ☐ Complained of headache
- ☐ Swelling of or pus from _____

Eye

- ☐ Pinkeye
- ☐ Tears, redness of eyelid lining

Gastrointestinal

- ☐ Diarrhea _____ times in the last 24 hours (had an abnormally loose stool)
- ☐ Vomiting _____ times in the last 24 hours

Respiratory

- ☐ Difficult or rapid breathing
- ☐ Severe coughing
- ☐ Child gets red or blue in the face
- ☐ Trouble swallowing or complained of sore throat
- ☐ Earache or signs that suggested earache (specify) _____

Skin

- ☐ Infected skin patches
- ☐ Crusty, bright yellow, dry, or gummy areas of skin
- ☐ Severe itching of body/scalp
- ☐ Unusual spots or rashes
- ☐ Head lice or nits

Unusual behavior

- ☐ Loss of appetite
- ☐ Child cries more than usual
- ☐ Child feels general discomfort
- ☐ Cranky or less active
- ☐ Just seems unwell

Urine problem

- ☐ Specify _____

Other

- ☐ Specify _____

Contact your health professional if there is

- ☐ Persistent fever (above 101°F [38.3°C]) and child seems very sick
- ☐ Breathing so hard child cannot play, talk, cry, or drink
- ☐ Severe coughing
- ☐ Earache
- ☐ Sore throat with fever
- ☐ Thick nasal drainage that lasts more than 10 days
- ☐ Rash accompanied by fever
- ☐ Persistent diarrhea (more than 1–2 days)
- ☐ Severe headache and stiff neck with fever

- ☐ Yellow skin and/or eyes
- ☐ Considerable confusion or difficult to arouse
- ☐ Rash, hives, or welts that appear quickly
- ☐ Severe stomachache that causes child to double over and scream
- ☐ No urination over 8-hour period; mouth and tongue look dry
- ☐ Black stool or blood mixed with stool
- ☐ Any child who looks or acts very ill or seems to be getting worse quickly

We are excluding your child from attendance at our facility/school until

- ☐ The signs or symptoms that required exclusion have resolved.
- ☐ The child can comfortably participate in normal activities.
- ☐ We can provide the level of care your child needs.
- ☐ Other _____

Symptoms or Suspected Illness—Sample B
(See alternate type of form on page 177.)

Name of facility/school _____

Child's name _____

Date _____ Symptom(s) _____

When symptom began, how long it lasted, how severe, how often? _____

Any change in child's behavior? _____

Child's temperature _____ Time taken _____ (Circle one: Armpit Oral Rectal Ear canal)

How much and what type of food and fluid did the child take today? _____

How many urine and bowel movements today and how typical/normal were they? _____

Check the appropriate box(es) or write in other symptoms.

- | | | | |
|-------------------------------------|--|---|--|
| ☐ Runny nose | ☐ Sore throat | ☐ Cough | ☐ Diarrhea |
| ☐ Wheezing | ☐ Trouble breathing | ☐ Stiff neck | ☐ Trouble urinating |
| ☐ Pain | ☐ Itching | ☐ Trouble sleeping | ☐ Earache |
| ☐ Headache | ☐ Stomachache | ☐ Rash | ☐ Vomiting |

Other symptoms _____

Any medications today? (name, time, dose) _____

Exposure to chemicals, animals, insects, soaps, or new foods _____

Exposure to other people who were sick (what sickness?—for confidentiality reasons, please do not identify individuals) _____

Child's other problems that might affect this illness (eg, asthma, anemia, diabetes, allergy, emotional trauma) _____

What has been done so far? _____

Parent/Health Professional Release Form

Authorization for Release of Information

I, _____, give permission for

(parent/guardian)

(health professional/facility)

to release to _____ the following information:

(facility/school)

(screenings, tests, diagnoses, treatments, recommendations)

The information will be used solely to plan and coordinate the care of my child, kept confidential, and only shared with _____

(staff title/name)

Name of Child _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____

Parent/Guardian Signature

Witness Signature

Staff Member to Contact for Additional Information

Medication Administration Packet

Authorization to Give Medicine PAGE 1—TO BE COMPLETED BY PARENT

CHILD'S INFORMATION

Name of Facility/School _____	____/____/____ Today's Date
Name of Child (First and Last) _____	____/____/____ Date of Birth
Name of Medicine _____	
Reason medicine is needed during school hours _____	
Dose _____	Route _____
Time to give medicine _____	
Additional instructions _____	
Date to start medicine ____/____/____	Stop date ____/____/____
Known side effects of medicine _____	
Plan of management of side effects _____	
Child allergies _____	

PRESCRIBER'S INFORMATION

Prescribing Health Professional's Name

Phone Number

PERMISSION TO GIVE MEDICINE

I hereby give permission for the facility/school to administer medicine as prescribed above. **I also give permission for the caregiver/teacher to contact the prescribing health professional about the administration of this medicine. I have administered at least one dose of medicine to my child without adverse effects.**

Parent or Guardian Name (Print)

Parent or Guardian Signature

Address

Home Phone Number

Work Phone Number

Cell Phone Number

Adapted with permission from the NC Division of Child Development to the Department of Maternal and Child Health at the University of North Carolina at Chapel Hill, Connecticut Department of Public Health, and Healthy Child Care Pennsylvania.

Receiving Medication

PAGE 2—TO BE COMPLETED BY CAREGIVER/TEACHER

Name of child _____

Name of medicine _____

Date medicine was received ____/____/____

Safety Check

- ☐ 1. Child-resistant container.
- ☐ 2. Original prescription or manufacturer's label with the name and strength of the medicine.
- ☐ 3. Name of child on container is correct (first and last names).
- ☐ 4. Current date on prescription/expiration label covers period when medicine is to be given.
- ☐ 5. Name and phone number of licensed health care professional who ordered medicine is on container or on file.
- ☐ 6. Copy of Child Health Record is on file.
- ☐ 7. Instructions are clear for dose, route, and time to give medicine.
- ☐ 8. Instructions are clear for storage (eg, temperature) and medicine has been safely stored.
- ☐ 9. Child has had a previous trial dose.

Y ☐ N ☐ 10. Is this a controlled substance? If yes, special storage and log may be needed.

Caregiver/Teacher Name (Print)

Caregiver/Teacher Signature

Medication Log

PAGE 3—TO BE COMPLETED BY CAREGIVER/TEACHER

Name of child _____ Weight of child _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date	/ /	/ /	/ /	/ /	/ /
Actual time given	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____
Dosage/amount					
Route					
Staff signature					

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date	/ /	/ /	/ /	/ /	/ /
Actual time given	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____	AM _____ PM _____
Dosage/amount					
Route					
Staff signature					

Describe error/problem in detail in a Medical Incident Form. Observations can be noted here.

Date/time	Error/problem/reaction to medication	Action taken	Name of parent/guardian notified and time/date	Caregiver/teacher signature

RETURNED to parent/guardian	Date	Parent/guardian signature	Caregiver/teacher signature
	/ /		
DISPOSED of medicine	Date	Caregiver/teacher signature	Witness signature
	/ /		

Medication Incident Report

Date of report _____ School/center _____

Name of person completing this report _____

Signature of person completing this report _____

Child's name _____

Date of birth _____ Classroom/grade _____

Date incident occurred _____ Time noted _____

Person administering medication _____

Prescribing health care provider _____

Name of medication _____

Dose _____ Scheduled time _____

Describe the incident and how it occurred (wrong child, medication, dose, time, or route?)

Action taken/intervention _____

Parent/guardian notified? Yes _____ No _____ Date _____ Time _____

Name of the parent/guardian that was notified _____

Follow-up and outcome _____

Administrator's signature

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name (Last) (First)		Gender ☐ Male ☐ Female	Date of Birth / /
Does Child Have Health Insurance? ☐ Yes ☐ No	If Yes, Name of Child's Health Insurance Carrier		
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.			
Signature/Date		This form may be released to WIC. ☐ Yes ☐ No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? ☐ Yes ☐ No								
Abnormalities Noted:	<table border="1"> <tr> <td>Weight (must be taken within 30 days for WIC)</td> <td></td> </tr> <tr> <td>Height (must be taken within 30 days for WIC)</td> <td></td> </tr> <tr> <td>Head Circumference (if <2 Years)</td> <td></td> </tr> <tr> <td>Blood Pressure (if ≥3 Years)</td> <td></td> </tr> </table>	Weight (must be taken within 30 days for WIC)		Height (must be taken within 30 days for WIC)		Head Circumference (if <2 Years)		Blood Pressure (if ≥3 Years)	
Weight (must be taken within 30 days for WIC)									
Height (must be taken within 30 days for WIC)									
Head Circumference (if <2 Years)									
Blood Pressure (if ≥3 Years)									

IMMUNIZATIONS

- ☐ Immunization Record Attached
☐ Date Next Immunization Due: _____

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	☐ None ☐ Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	☐ None ☐ Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	☐ None ☐ Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	☐ None ☐ Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	☐ None ☐ Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	☐ None ☐ Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	☐ None ☐ Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	☐ None ☐ Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

☐ I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)
 - **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
 - **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
 - **Head Circumference** - Only enter if the child is less than 2 years.
 - **Blood Pressure** - Only enter if the child is 3 years or older.
2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health and Senior Services, Immunization Program at 609-588-7512.
 - The Immunization record must be attached for the form to be valid.
 - "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.
3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.
 - a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.state.nj.us/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.
 - b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

- c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.
 - d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.
 - e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.
 - f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.
 - g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.
 - h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.
4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
 - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
 - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
 - Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.
 5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
 - Print the health care provider's name.
 - Stamp with health care site's name, address and phone number.

Return to Group Care Form

Note: To be used when program staff have questions for a health professional, not for routine return of every excluded or ill child.

Dear Health Care Professional,

_____ has been excluded from _____ for the following health reason(s):
(child's name) (name of facility/school)

Unable to participate in normal activities _____

Requires more care than the staff can provide _____

Has a specific acute illness that merits exclusion according to the American Academy of Pediatrics/
American Public Health Association/National Resource Center for Health and Safety in Child Care
and Early Education (available at <http://nrc.uchsc.edu/CFOC/index.html>) _____

Please assess this child by history and physical examinations (laboratory tests as needed) for

1. The **presence of harmful communicable illness**, such as enteric pathogens (eg, *Salmonella*, *Shigella*, *Escherichia coli*, *Campylobacter*, *Giardia*, hepatitis A), pertussis, measles, mumps, varicella, rubella, diphtheria, or tuberculosis
2. The **presence of signs or symptoms of severe illness** such as dehydration, respiratory distress, or lethargy
3. The **presence of any condition that would preclude the child from returning** to the routine program or, if a program for ill children is available, what the child needs in the way of care to be able to return while still ill

Please indicate

Harmful communicable disease No _____ Yes _____

Signs of severe illness No _____ Yes _____

Condition precluding return No _____ Yes _____

If yes for any, may return once _____ resolves.

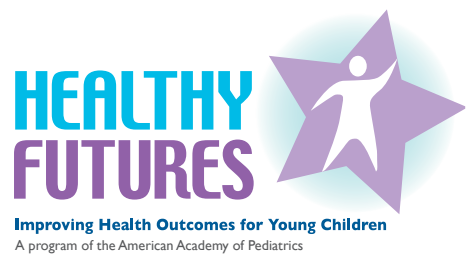
If no for all, may return once

1. Can participate fully in all activities
2. Does not require so much increased supervision that staff cannot properly care for child or other children in the program or school

Please **complete the attached medication administration form** if medication is necessary. Please consider the following suggestions:

- Include written recommendation for acetaminophen or ibuprofen (no medications can be given without orders).
- Avoid "as needed" (prn) orders (these may be confusing for caregivers/teachers); instead, describe the signs and symptoms teachers would see that determine when medication should be given.
- Include an asthma action plan for children with asthma.
- Include a care plan for any child with any other chronic condition.

Curriculum for Managing Infectious
Diseases in Early Education and
Child Care Settings
PARTICIPANT'S MANUAL



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



Curriculum for Managing Infectious Diseases in Early Education and Child Care Settings

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