

## Things to Do Before your Presentation

### Resource review:

It is recommended that you review the resource list. You also might want to review resources on standards and regulations such as the following:

- **State Regulations:**

Prior to given your presentation you may want to review your state’s regulations related to managing infectious diseases and/or have copies of these regulations available when you give your presentation. The link to finding state regulations is given in the slides where state regulations are mentioned. State regulations can be found at <https://childcareta.acf.hhs.gov/licensing>

- **Head Start Program Performance Standards (HSPPS):**

If you are giving a presentation to a Head Start program. Review the HSPPS related to managing infectious diseases. HSPPS can be found at <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii>

- **Caring for Our Children (CFOC) National Health and Safety Performance Standards Guidelines for Early Care and Education Programs, 4th Edition:**

This is a collection of national standards that represent the best evidence, expertise, and experience on the quality health and safety practices and policies for early care and education settings. Prior to your presentation you may want to review the managing infectious disease information available in this guide. It is available online at <http://cfoc.nrckids.org/>. Slide notes reference CFOC when a specific standard is mentioned in the presentation. Note that many people have hard copies of this publication. The online version has the latest information as the standards are revised when there is new evidence.

### General materials:

- You may wish to bring some extra pens for participants to use
- Will you be printing copies of handouts or asking participants to view electronic copies?
- Note, that often participants like to have printouts of the slides as note pages.

### Housekeeping items:

- What housekeeping items do you want to attend to at the start of your presentation?  
Questions to consider:
  - Do you know where the restrooms are in the building?
  - Do you want to let participants know when breaks will take place?
  - Do you want to remind participants to silence their phones?

- If your room has wifi, do you know the password for it? Do you want to share it with participants?

## **Introductions:**

- Determine how much time you have for introductions.
- Decide how you want to introduce yourself and how much time to take. Time your introduction so you do not talk too long. Ideas might include talking about your connection to early education and child care.
- Decide on the guidelines for the participant's introductions. Do you just have time for people to state their name and role in their program? Do have time for each one to state one strength and/or one challenge they have? Do you just want to ask for a show of hands- regarding where people are from, their experiences, and background?

## **Conversation Starters:**

Note that within some of the slide notes and script are conversation starters. These are provided as a starting point to engage in additional conversation with your participants. They are often in the form of questions. You may wish to review these ideas as you prepare for your presentation.

## **Tips for a Successful Presentation:**

1. Review the course slide presentation and related materials. Are there areas that you want to add more information or take some details out? Select the speaker notes that best match the interests, challenges, and time available to conduct the course.
2. Think about what you know about your audience and/or contact the head of the program you are presenting to (if possible) and find out about any challenges and/or strengths of program and the individuals you will be instructing. If you have presented to this audience before think about what worked well with the audience in the past and ways to incorporate those things into your next presentation.
3. If state- or regional- resources are available add these to the presentation.
4. Read the note sections of the slide presentations to make sure you have the handouts and other materials you need for each module.
5. Think about your own experiences, are there ways to add your own stories to the presentation to personalize it?

6. Rehearse your presentation out-loud and time it to make sure there is enough time for everything you want to do, including any small or large group activities.
7. If you are using any video clips or the internet for all or part of your presentation, contact the place where you are presenting to verify that internet or wifi is available and/or download the video clips or needed materials to your computer to make sure you have them available.
8. Arrive early so that there is plenty of time to set up your computer, distribute handouts, and make sure the room is set up the way you would like it to be.
9. Remember to leave plenty of time for questions and discussions. Often some of the most valuable time for attendees is being able to hear from other colleagues what their challenges, successes and questions are and possible solutions.
10. Have a few extra pens, markers, sticky notes, and paper on hand.
11. Hand out evaluations and take time to read the feedback so you know what worked well and what you might want to do differently next time.
12. Remember you don't need to know the answer to every question that might be asked. It is ok to say, "That is a great question, let me think about that and get back to you with a possible resource/answer."

## Managing Infectious Diseases in Early Education and Child Care Settings Answer Key

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 the 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

*Continued on the next page*

**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. 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 spread 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

*Continued on the next page*

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. 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

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- c. Wear disposable gloves to change diapers, serve and prepare food, and clean up blood. Teach everyone to cover their mouths with their hands when they sneeze or cough.
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- 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.
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## Module 1

# Understanding Infectious Diseases

- Impact
- Vulnerability
- Symptoms
- Spread



### Script:

Hello and welcome to today's presentation on Managing Infectious Diseases in Early Education and Child Care Settings.

My name is [insert your name and tell a little bit about yourself and your interest/connection to child care- limit yourself to two minutes or so].

**Note:** Go around the room and ask each person to introduce themselves. If you are short on time, ask for a show of hands, asking questions like– How many of you are teachers? How many of you are new to the field of child care? [See the presentation tips resource for guidelines, ideas and timing].

Before we delve into the content of the day, here are a few housekeeping details:  
[insert here information about restrooms, turning cellphones off, when and how breaks will occur, where emergency exits are located, signing–in roster etc.]

**Script:** In the first section of this module we will be covering understanding infectious diseases – defining some basic terms, looking at the impact of infectious diseases, who is vulnerable, symptoms of infectious diseases and how infectious diseases spread.

The objectives for the module are the following:

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.

At the end of this module each participant should have an understanding of how infectious diseases impact parents, caregivers/teachers, and health care professionals. Participants should also be able to educate parents and other child care staff members on methods to decrease the spread of infectious diseases.

Trainer note: You may wish to write the objectives on flip chart paper and leave them up in the room so that participants can refer to them throughout the training and so that they are available for review at the end of the session.

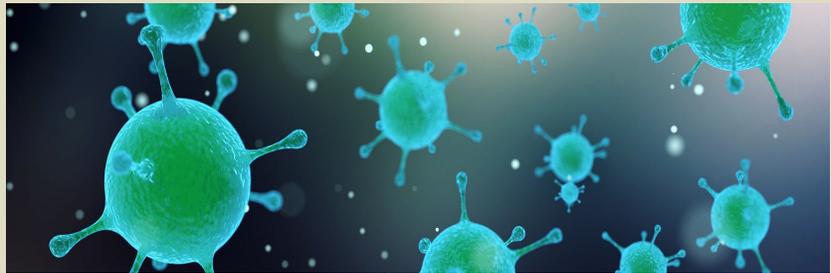
**Activity:**

If you are giving the pre-test for this module, have participants take the pre-test at this time.



## Types of Germs

- Viruses
- Bacteria
- Fungi
- Parasites



### Script:

I am going to start by going over some definitions of words that often are used when talking about managing infectious diseases.

First, Virus

A virus is a microscopic organism, smaller than a bacterium, containing DNA or RNA but not both, that may cause disease. Viruses can grow or reproduce only in living cells. <sup>1</sup>

If someone has a virus they frequently get better on their own

- Limited treatment, other than rest and control of symptoms
- There are very few medications to treat viruses

Examples of viruses are the common cold, influenza, measles, hepatitis B virus, and chicken pox.

Bacteria are organisms that, with proper conditions, can survive in many environments. Some cause diseases in humans. If someone has a bacterial infection they often need to be treated with antibiotics. Examples of bacterial infections are staphylococcus, streptococcus, salmonella, and shigella.

A fungus may do no harm and may be helpful as in making bread with yeast. These organisms get their nutrition from other living organisms or dead organic matter. <sup>1</sup> However, they can also cause illness such as diaper rash and ringworm. They often occur on the surface of the body and can be treated with creams or oral medication.

Parasites are multicellular organisms that live on or in another living organism. Examples are ticks, tapeworm, pinworms, and lice.<sup>1</sup>

**Source:**

1. Aronson, S. S., T. R. Shope, eds. 2019. Managing infectious diseases in child care and schools: A quick reference guide, 5<sup>th</sup> Edition. Elk Grove Village, IL: American Academy of Pediatrics



# What does infection mean? What does contamination mean?



### Script:

What does the word infection mean? Does anyone want to take a guess at a defining infection? [give a few moments to see if a participant wants to answer the question]

- Infection is a condition that is caused by a multiplication of an infectious agent in the body. It is when a germ causes an illness or disease like the flu or strep throat.

How about the word contamination? Does anyone want to take a guess at defining what contamination means? [give a few moment to see if a participant wants to answer the question]

- Contamination is the presence of infectious microorganisms in or on the body, environmental surfaces, articles of clothing, food, or water. It is when a germ is placed in or on the body, a surface, or in food or water.

### Source:

Aronson, S. S., T. R. Shope, eds. 2019. Managing infectious diseases in child care and schools: A quick reference guide, 5<sup>th</sup> Edition. Elk Grove Village, IL: American Academy of Pediatrics



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



- **Contagious**
- **Infectious**
- **Communicable**



### Script:

Just a few more words.

Contagious – when germs can spread to others

Infectious- capable of causing an infection

Communicable- can be transmitted to others

These three words essentially all mean the same thing.



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



### 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 ?

Health care professionals?

How will the impact influence their decision making?



#### Script:

How infectious diseases are managed can have impact on a number of different people. Think about this situation:

It is 2:00 pm at a child care center. 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 it is 101 degrees farhenheit.

Show of hands- have you been involved in a similar situation? How many of you were the parents or guardians in a similar situation? How many of you were the caregiver or teacher?

#### Small Group Activity:

I'm going to divide the room into 2 groups. [ have one half be parents and the other caregivers or teachers].

In your group discuss how this could affect you and how that impact could influence your decision making.

Bring the groups back together and discuss as a large group the affects and how it could influence your decision making.

Ask the large group how they think if affects health care professionals.

**Optional:** If you have flip chart paper and markers you can have the groups write their thoughts on flipchart paper and then share them with the group.

Possible answers for the activity:

- Parents: Missing work, not getting paid at work when you have to leave early, worrying about who will care for the sick child, fear of exposing family/friends, guilt.
- Caregivers: Concern about other children being exposed, concern about

themselves being exposed, extra work to care for a sick child, frustration from other parents about their child being exposed to illness, wondering if the child need to be seen by a health care professional

- Health care professionals: Does this child need to be seen, or should the child be observed at home with symptomatic care? Are there any reasons to exclude this child from care or to report this illness to the health department?



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



### Impact of Infectious Diseases

- Economic
- Contagion
- Disruptions
- Health care provider issues



#### Script:

Infectious diseases impact people's lives in many ways.

There are economic costs such as loss of income for a family.

Findings published from a 2017 Kaiser/HRET Employer Health Benefits Survey, note that there is no federal requirement for paid leave or sick days, which can leave many people, particularly low-income workers, to face tradeoffs such as taking time off without pay, going to work while sick or contagious, sending children to school or child care sick, or paying for caregivers for their children and family members. <sup>1</sup> As of October 2017, only 9 states and Washington, DC require paid sick leave. <sup>2</sup>

Infectious diseases can also cause disruptions such needing to find alternative care or having to fill-in for a colleague who needs to stay home to take care of a sick child.

Health care professionals are affected as well:

- Office visits to get "sick notes" <sup>3</sup>
- Inappropriate use of antibiotics (See the resource handout for a link to "Antibiotic Prescriptions for Children: 10 Common Questions Answered")
- Added responsibility of administering medication in child care

#### Sources:

1. <https://www.kff.org/womens-health-policy/fact-sheet/paid-family-leave-and-sick-days-in-the-u-s-findings-from-the-2017-kaiserhret-employer-health-benefits-survey/>
2. <http://www.ncsl.org/research/labor-and-employment/paid-sick-leave.aspx>

3. Skull SA, Ford-Jones EL, Kulin NA, Einarson TR, Wang EEL. Child care center staff contribute to physician visits and pressure for antibiotic prescription. Arch Pediatr Adolesc Med. 2000;154:180–183



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



## Impact of Infectious Diseases

Everyone is affected.



### Script:

In other words, everyone is affected.



### Bad News: Frequency of Illness

Children in early education  
and child care

- Sick more often
- Illnesses last longer
- More ear infections
- More antibiotic-resistant bacterial infections



#### Script:

In your experience, have you observed these findings from research studies of children in early education and child care?

Children:

- Get sick more often
- Have illnesses that last longer
- Get more ear infections and are more likely to have tubes placed in their ears to drain fluid to the outside
- And, have more antibiotic-resistant bacterial infections

What are thoughts on this? Any surprises?

**Trainer note:** You may wish to ask the question on the slide 7:---Has this been your experience that children in early education and child care settings get sick more often, have illnesses that last longer, have more ear infections, and more antibiotic-resistant bacterial infections?. And then on this slide state that studies confirm these experiences.

#### Sources:

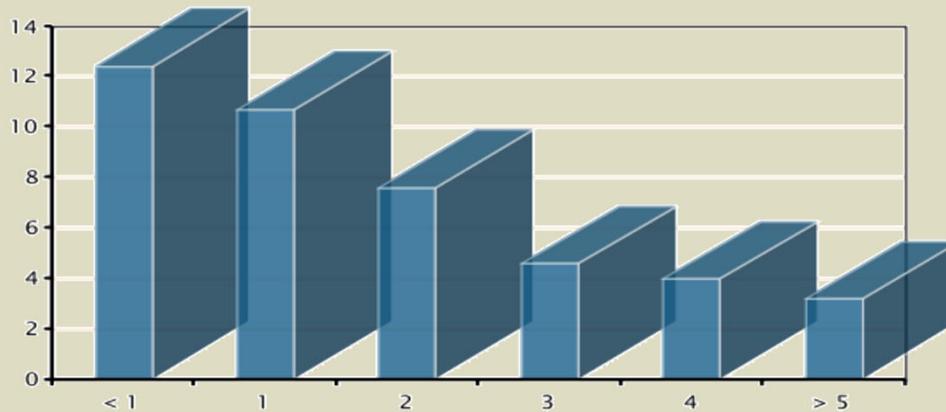
1. Wald ER, Guerra N, Byers C. Frequency and severity of infections in day care: three-year follow-up. *J Pediatr.* 1991;118:509–514
2. Holmes, SJ, Morrow, AL, Pickering, LK. Child-care practices: effects of social change on the epidemiology of infectious diseases and antibiotic resistance. *Epidemiologic Review.* 1996;18:10–28



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



### Good News: Annual Illness Incidence by Age



#### Script:

The good news is that there is good news. This graph shows that as children age, the incidence of illness decreases from around 12 per year to 4 per year by the time the child is around 5 years old.

#### Source:

1. Cordell RL, Waterman SH, Chang A, et al. Provider-reported illness and absence due to illness among children attending child-care homes and centers in San Diego, Calif. *Arch Pediatric Adolescent Medicine*. 1999;153:275–280



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



### 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



#### Script:

And there is even 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.



### Good News for Child Care

- Illness incidence decreases after the first full year of attendance
- Kindergarten children 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

#### Script:

- Illness incidence decreases after the first full year of attendance.<sup>1,2</sup>
- Kindergartners with prior early education program attendance have fewer infections.<sup>3,4</sup>
- Many factors contribute to causing asthma and this needs further study, but the association between attending early education and a decrease in asthma is present.<sup>5</sup>

#### Sources:

1. Hurwitz ES, Gunn WJ, Pinsky PF, et al. Risk of respiratory illness associated with day-care attendance: a nationwide study. *Pediatrics*. 1991;87:62–69
2. Collet JP, Burtin P, Bossard N, et al. Type of day-care setting and risk of repeated infections. *Pediatrics*. 1994;94:997–999
3. McCutcheon H, Woodward A. Acute respiratory illness in the first year of primary school related to previous attendance at child care. *Australian and New Zealand Journal of Public Health*. 1996;20:49–53
4. Ball TM, Holberg CJ, Aldous MB, Martinez FD, Wright AL. Influence of attendance at day care on the common cold from birth through 13 years of age. *Arch Pediatric Adolescent Medicine*. 2002;156:121–126
5. 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



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



# Why are children more vulnerable to infectious diseases?



### Script:

Why do you think children are more vulnerable to infectious diseases?

Reasons why children are more vulnerable to infectious diseases include:

- Frequent hand-to-mouth behaviors
- Still learning appropriate hygiene skills (keeping fingers out of nose, covering coughs, proper hand washing, etc.)
- Some children may not be fully immunized, such as young infants
- Children have close physical contact and do not practice much social distancing

### Trainer Notes:

If time allows, ask the question above and let the participants offer the answers they believe are correct and then discuss the list in the notes above, affirming any accurate answers the participants offer.



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



### Who is most vulnerable to infection?

- Young infants
- Children with special health care needs
- Children with impaired immune systems
- Pregnant women



#### Script:

- Young infants are more susceptible because their immune systems are immature and don't have a lot of defenses (antibodies) built up yet. Some immunity is received from the mother and some can be passed through breast milk, but it is still less than adults have.
- Children with special health care needs, including those with equipment in their bodies are more vulnerable because foreign bodies like metal devices can carry or capture bacteria, even if they were sterile when the device was placed. Devices like catheters can also carry bacteria even if the catheter is sterile and good cleaning procedures are followed.
- Children with impaired immune systems, including HIV/AIDS, chemotherapy, genetic conditions, transplants, or high-dose steroid therapy for longer periods are also more vulnerable
- Pregnant women are not necessarily more susceptible themselves, but they can pass on certain infections to the fetus if the mother is not immune to the disease.



## Symptoms of Infectious Diseases

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



### **Script:**

Earlier we talked about this child: 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.

What are some possible symptoms that this child might develop?

- Do not linger over these points. Keep the discussion moving.
- If audience is not responding, suggest an answer, such as a runny nose. [The next slide has more possible symptoms]



# 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

### Script:

Here's a list of symptoms of infectious diseases.  
How do you or your staff keep track of the symptom's a child has in your program?

[Share the symptom record available at <http://nrckids.org/files/appendix/AppendixF.pdf> and or print copies if you do not have access to the internet.]



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



**What do you think are the most common symptoms that children in early education settings have?**



**Script:**

What do you think are the most common symptoms that children in early education settings have?

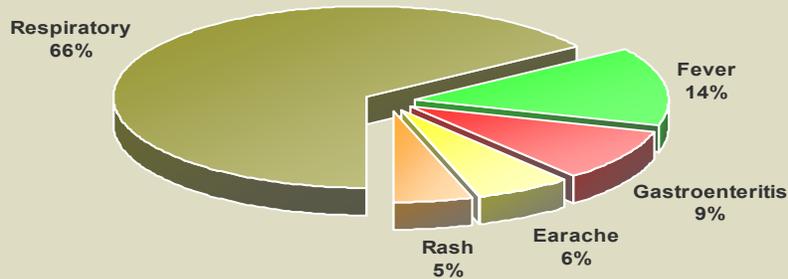
[See the next slide for answers]



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



### Common Symptoms Reported in Early Education settings



#### Script:

Do the results here match your experiences? What if anything surprises you about these findings?

- Respiratory symptoms (cough, congestion, runny nose) are the most common symptoms seen in early education settings. They comprise 66% of the total.
- The second most common is fever (14%).
- The third most common is gastrointestinal (vomiting and diarrhea) (9%).

Ask the audience if this matches with their experience.

#### Source:

1. Cordell RL, Waterman SH, Chang A, et al. Provider-reported illness and absence due to illness among children attending child-care homes and centers in San Diego, Calif. Arch Pediatric Adolescent Medicine. 1999;153:275–280



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



**What symptoms do you think cause the most absence?**



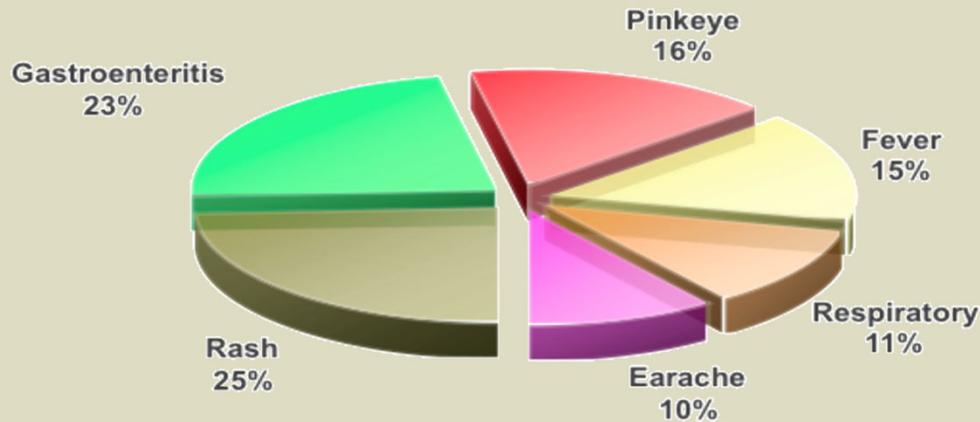
**Script:**

What symptoms do you think cause the most absence?

[See next slide for the answers]



## Symptoms that Cause the Most Absence



### Script:

- Although respiratory symptoms are the most common (65%), they only cause 11% of the absences
- Symptoms that are more likely to cause absence are rash, gastrointestinal (vomiting and diarrhea), and pinkeye
- The difference between which symptoms are common and which ones cause absence probably has to do with exclusion policies
- Vaccines like rotovirus and pneumococcal may change these statistics

### Source:

1. Cordell RL, Waterman SH, Chang A, et al. Provider-reported illness and absence due to illness among children attending child-care homes and centers in San Diego, Calif. Arch Pediatric Adolescent Medicine. 1999;153:275–280



### How Infectious Disease Spreads

- Respiratory droplets
- Fecal-oral
- Direct contact with people or objects
- Body fluids
- Insects

#### Script:

Infectious disease can spread in a number of ways:

- They can spread through respiratory droplets
  - Some germs from the respiratory tract can spread by breathing the air close to someone who has coughed or sneezed.
  - Most germs from the respiratory tract, however, are spread when a person's hands are contaminated by touching moist secretions from an infected person's nose, eye, or mouth, and then touching his or her own eyes, nose, or mouth.

- Germs spread from the feces to the mouth, usually via the hands with typical diaper changing and mouthing behaviors. This can lead to fecal matter being found on hands, floors, toilet and faucet handles, diaper changing areas

Infectious diseases can also spread through direct contact, such as touching the person or the object that has live germs on it.

- Examples are: hands mix germs into modeling compound, and mucus is mouthed onto toys.
  - This can be easily confused with the other methods since there is always some direct contact with the germs.
- Body fluids such as blood, urine, and saliva have germs that can enter the body through open skin, the mouth, nose, or other mucous membranes. In most cases, intimate contact is required for transmission and does not usually occur in child care settings.
  - Insects can harbor germs that can be passed, especially if the insects pierce the skin.



## 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
- There are 9 squares and 8 items including free space

Direct Contact 1

Direct Contact 2

Fecal Oral 1

Fecal-Oral 2

Body Fluids 1

Body Fluids 2

Insects

Free Space

### Script:

Now we are going to play a bingo game. Take out your bingo card. In random order, fill in the squares with these methods of how infectious diseases are spread.

**Trainer note:** The bingo card is available for printing online from the Healthy Futures website at <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-child-care/Pages/Healthy-Futures.aspx>

### Materials

- Bingo card



## Bingo Matching Exercise

- The next slides will have photos of ways that disease can spread
- Match the photo with the way it spreads disease and put an x on that box
- Call out if you get BINGO!

### **Script:**

The next slides will have photos of ways that disease can spread

Match the photo with the way it spreads disease and put an x on that box

Call out if you get BINGO!

### **Participant Activity:**

- Show the slides depicting how infectious diseases are spread.
- The participants will mark the right response on their cards.
- The first participant to have “BINGO” should read out the 3 items that made the bingo and connect those with the pictures.
- There might be some controversy over whether something is “direct contact” or “body fluid” or “respiratory.”



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



Answer

- Sneeze spray: Respiratory



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



Answer

- First aid to a cut: Body Fluids



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



Answer

- Diaper changing: Fecal-Oral



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



Answer

- Child mouthing a toy: Body Fluid/Direct Contact



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



### **Answer**

- Child with a weeping sore: Body Fluid/Direct Contact



Answer

- Mosquito: Insect



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



Answer

- Changing diaper: Fecal-Oral



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



Answer:

- Sharing food: Body Fluid



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



Answer

- Spoiling food: Direct Contact



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



Answer

- Runny nose: Direct Contact



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



## Summary

- Everyone is affected by the spread of infectious diseases in groups of children
- Children are more vulnerable
- 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?*

In summary:

- Everyone is affected by the spread of infectious diseases in groups of children
  - Children are more vulnerable because of immature immune systems
- Children are more vulnerable to infectious diseases for a number of reasons including:
- Frequent hand-to-mouth behaviors
  - Still learning appropriate hygiene skills (keeping fingers out of nose, covering coughs, proper hand washing, etc.)
  - Some children may not be fully immunized, such as young infants
  - Children have close physical contact and do not practice much social distancing
- Infectious diseases spread by different methods
  - Each method can be prevented by specific strategies, which will be discussed in the next module

## Acknowledgements



- This curriculum has been developed by the American Academy of Pediatrics (AAP). The authors and contributors are expert authorities in the fields of pediatrics and early childhood education and care.
- The recommendations in this curriculum do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.
- Listing of resources does not imply an endorsement by the AAP. The AAP is not responsible for the content of resources mentioned in this curriculum.
- Web site addresses are as current as possible, but may change at any time.
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# Acknowledgements



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# Module 2

## Preventing Infectious Diseases

### Controlling Spread

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



[If you are not doing these modules during one time period you may wish to briefly highlight the objectives from module 1. You may also wish to do introductions and go over any “housekeeping issues” such as breaks and where the restrooms and emergency exits are located.]

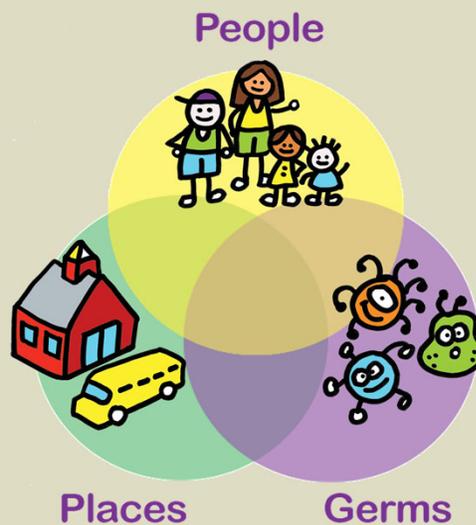
### Script:

The objectives we are going to cover in this module on Managing Infectious Diseases in Early Education and Child Care Settings are the following:

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.
5. Understand ways to promote healthy lifestyles in children and staff
6. Knowledge of what policies and procedures should be in place to decrease the spread of infectious diseases
7. Knowledge of ways to keep vaccine status current and encourage staff and families to get vaccinated



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



American Academy of Pediatrics  
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### Script:

- Infectious diseases occur when vulnerable people succumb to disease-causing organisms (germs) in places where germs overcome barriers and cause infections in people. “Germs” can infect people without causing illness. Illness due to infection occurs when germs cause symptoms like a sore throat or feeling terrible.

There are ways to control the spread of infections.

- Infection control includes:
  - Doing things that make people more resistant such as fostering health and well-being and using vaccines for immunization
  - Reducing the number of disease-causing organisms or germs
  - Changing the environment (places) people occupy to separate people from germs that are likely to cause illness

Illness can be reduced and managed, but not eliminated completely.

- Management of illness is achieved through preventive health policies and practices.
- This includes written program policies that describe expectations for staff and families regarding infectious disease prevention efforts.<sup>1</sup>

Caring for Our Children, National Health and Safety Performance Standards. Guidelines for Early Care and Education Programs, 4<sup>th</sup> Edition available on line at <http://nrckids.org/CFOC> provides a wealth of information on best practices in chapter 7 on infectious diseases.

**Source:**

1. Caring for Our Children, National Health and Safety Performance Standards. Guidelines for Early care and Education Programs, 4<sup>th</sup> Edition, <http://nrckids.org/CFOC>



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



### Overview of Tools to Control Infection: People

- Nutrition
- Exercise
- Safe activities
- Healthful practices
- Immunization
- Manage risk of those with special needs



#### Script:

One way to start thinking about how to control infectious disease is to look at some of the tools that are available in the three categories--- people, germs, and places.

We are going to delve deeper into these 3 areas later. Right now we're just going to do a brief overview.

Take a look at this list of ways to promote the health of teachers, caregivers, children and families.

Can you think of some examples for each of these categories?

For example, good nutrition can help our bodies be stronger for fighting infections. Drinking enough water helps our skin stay hydrated. Dry cracked skin can provide openings for infections. Staying hydrated also helps the linings of our nose, mouth and throat keep germs from growing and causing harm in these and deeper parts of our bodies.

How does your program encourage hydration? Do you have healthy snacks available? What ways does your program promote good nutrition?

What are some examples you can think of for some of the other topics?

[Possible answers may include the following below. You may also use this list as additional talking points. Remember that this is just a brief overview. Also share with participants that the resource handout has more information and links to things like handwashing posters etc.]

**Nutrition: Promoting breastfeeding.** Breastfeeding families are sick less often and the parents miss less work. (Source: Breastfeeding: Why Not Give It A Try? at <https://eclkc.ohs.acf.hhs.gov/nutrition/article/breastfeeding-why-not-give-it-try>) Do you have rooms in your center for breastfeeding and proper storage for breastmilk?

**Practice other good health habits:** Get plenty of sleep, be physically active, drink plenty of fluids and eat nutritious foods. What are some ways you can encourage healthy habits?

**Immunization: Getting the seasonal flu vaccine.** The single best way to prevent the seasonal flu is to get vaccinated every year. How do you encourage staff members and families to get the flu vaccine?

**Healthful practices: Handwashing:** Regular handwashing, particularly before and after certain activities, is one of the best ways to remove germs, avoid getting sick, and prevent the spread of germs to others and prevent our hands from putting germs into our eyes, nose, mouth and throat. (Source: Centers for Disease Control and Prevention <https://www.cdc.gov/handwashing/index.html>) Do you have handwashing sinks in each room? Are handwashing posters posted near sinks?

**Healthful practices: Limiting exposure to insects.** While most children have only mild reactions to insect bites, some children can become sick. (Source: <https://www.healthychildren.org/English/safety-prevention/at-play/Pages/Insect-Repellents.aspx>) Some insects can carry disease such as Zika Virus and can be prevented by avoiding mosquito bites. (Source: <https://www.cdc.gov/zika/prevention/index.html>) Do you have a policy about the use of insect repellents?

**Healthful practices: Immunization.** Making sure staff, children and families are up-to-date on their immunizations is also an important step. The Centers for Disease Control and Prevention website posts the current immunization schedule.

**Trainer Note:** If you have time you may wish to provide more information on immunizations by using some of the immunization presentation slides available on the CDC website at [www.cdc.gov/vaccines/partners/childhood/professionals.html#presentation-child-immun-update](http://www.cdc.gov/vaccines/partners/childhood/professionals.html#presentation-child-immun-update)

**Source:** Unless noted above, sources for some of this information on ways to control infection comes from Centers for Disease Control and Prevention and this website: <https://www.cdc.gov/flu/prevent/actions-prevent-flu.htm>



## Overview of Tools to Control Infection: Places/Environment

- Facility Design
- Program Plan



### Script:

The environment can help control the spread of infectious diseases too. Take a moment to think about how your facility is designed. Things like:

- **Enough space to prevent crowding**  
Caring for Our Children Standard 5.1.2 – Space required per child provides best practice information. This standard states the following: In general, the designated area for children’s activities should contain a minimum of forty-two square feet of usable floor space per child. A usable floor space of fifty square feet per child is preferred. <http://nrckids.org/CFOC/Database/5.1.2>
- **Surfaces easily cleanable**  
Share the Routine Schedule for Cleaning, Sanitizing and Disinfecting Chart ( available at <http://nrckids.org/files/appendix/AppendixK.pdf>) and Selecting an Appropriate Sanitizer or Disinfectant (available at <http://nrckids.org/files/appendix/AppendixJ.pdf>)
- **Separation of food areas from toileting and diapering**  
Special attention should be paid to separation of food and beverage sinks, equipment, containers, and activities from anything to do with handling of body fluids (nose wiping, diapering, toileting). Diapering surfaces should not be in places that tempt parents and staff to use them for any other purpose (eg, to unpack lunch or formula bottles, lay out other materials).

- **Enough flushing toilets and well-designed diaper-changing stations**  
Caring for Our Children standard 5.4.2.4: Use, location and set up of diaper changing areas state that diaper changing areas and food preparation areas should be physically separated. It also notes that diaper changing should not be conducted in food preparation areas or on surfaces used for other purposes. Food and drinking utensils should not be washed in sinks located in diaper changing areas.  
<http://nrckids.org/CFOC/Database/5.4.2.4>
- **Separate sinks for handwashing**  
Caring for Our Children standard 5.4.1.11 Prohibited uses of handwashing sinks states that handwashing sinks should not be used for rinsing soiled clothing, for cleaning equipment that is used for toileting, or for the disposal of any waste water used in cleaning the facility  
<http://nrckids.org/CFOC/Database/5.4.1.11>
- **Heating, ventilation, and air conditioning systems meet health standards**  
Diluting air where children and staff work and play with fresh air that has fewer germs in it reduces sharing of harmful germs.

All of these play a role in helping fight the spread of infectious diseases.

What about **program planning**? Can anyone think about how your program plan might help?

- **Ratios and group size** for example help facilitate being able to practice infection control routines.
- If your program has mixed-age and mixed group arrangements, extra infection control efforts may be needed.  
Mixing groups together provides a larger pool of germs to be shared with everyone. Because of infant and toddler touching behaviors and their need for diapering, they are more likely to share germs with whomever is in their group. Research shows that consistent, small groupings of same-age children are less likely to spread infection. If programs choose to mix children from different groups during some parts of the day, or mix ages in a group, they will need to practice infection control more vigilantly to prevent illness from infection.<sup>1</sup> See Caring for our Children Standard 1.1.1.2 for ratios at <http://nrckids.org/CFOC/Database/1.1.1.2> for more information on ratio and group size best practices

Always check state regulations as they may vary regarding things like the space required per child.



## Overview of Tools to Control Infection: Germs

- Wash hands
- Clean & sanitize surfaces
- Follow standard precautions
- Proper disposal of materials
- Exclude ill people from the group when it matters



### Script:

Following practices that reduce the number of germs in the environment is another way that infectious diseases are controlled. It is important to remember that people without symptoms can also spread germs. This may either be because they are just starting to come down with an illness or because their bodies carry germs without getting sick. Infection control practices must be routinely practiced while providing all the other aspects of the program.

These practices include the following:

**Handwashing** is the most important way to reduce the number of disease-causing germs from entering the body. We will be talking about handwashing in greater detail a bit later.

**Cleaning and sanitizing surfaces** reduces the number of germs on surfaces. Routine cleaning on a schedule with special attention to visible soil and high risk areas is recommended.

What do you think some of the high risk areas are in your program setting?

(Possible answers: bathrooms, diaper changing areas, food preparation surfaces, mouthed toys or pacifiers)

Caring for Our Children has a same routine schedule for cleaning, sanitizing and disinfecting.<sup>1</sup> A copy of this schedule is provided for you in the handout section and in the Resources handout.

Following **standard precautions** for exposure to blood is another practice to control the

spread of germs. Standard precautions are the use of barrier (e.g., gloves) to handle potential exposure to blood, including blood-containing body fluids, tissue discharges, and other potentially infectious fluids and procedures to clean and disinfect contaminated surfaces.<sup>2</sup>

Carefully **disposing of material** that might contain germs requires avoiding any extra touching of these materials, including touching these materials to other surfaces. This is why plastic-lined, hands-free lidded receptacles are recommended for the disposal of diapers and wipes and why individually bagging soiled diapers is not a good idea.

**Exclusion of ill children or staff members** will be discussed later in this training. A limited exposure to a small amount of germs may be handled by the body and produce immunity. This is why every exposure to germs does not cause illness. Exclude ill people from the group when it matters.

Some illness are most infectious when the infected person has no symptoms. This is why exclusion of symptomatic children does little to control the spread of infection in those situations.

Continuing exposure to a small number of germs maintains immunity that may come from having the illness in the past. This is why in group care settings children and new staff members may be ill more frequently in their first year of group experience and then seem to have much less illness as they remain in the group setting.

**Sources:**

1. Caring for Our Children: National Health And Safety Standards Appendix K. Accessed at <http://cfoc.nrckids.org/files/appendix/AppendixK.pdf>
2. Aronson, SS, Shope TR. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. 5th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2019.



## Vaccines

Where can you find current recommended adult and child vaccine schedules?



*NOTE: Sometimes the issue of vaccines can bring up a lot of questions and comments. The curriculum allows about 5 minutes for each of the next 3 slides. Ask the participants to use the “parking lot,” or consult their personal physicians or child care health consultants if this discussion becomes too extended for this and the next slides.]*

### Script:

Where do you find current recommended adult and child vaccine schedules? Do you know when they are updated?

The Centers for Disease Control and Prevention (CDC) [www.cdc.gov](http://www.cdc.gov) and the American Academy of Pediatrics at [www.aap.org](http://www.aap.org) both post current immunization schedules on their websites.

[Provide copies of current immunization schedules to participants]

- These **schedules are updated each year**. It is important to obtain a new schedule in January so that you have the most current recommended schedules. Schedules change with new vaccines and information.
- **All children and adults in child care settings should receive the vaccines** currently and jointly recommended by the CDC, AAP and the American Academy of Family Physicians for their age and circumstances.
- The **national schedules** should be followed to protect children in your care even though state regulations may not specify all the vaccine requirements. **State regulations** may lag behind national regulations, they may require less.
- **Contact your state/local public health professionals** for details about locally enforced vaccine requirements.

- **Child care polices** should require that child and adults are up-to-date on their vaccines at enrollment or hiring
- **Vaccine status should be tracked** so that it is known what vaccines are needed during the year. Coordinate with families and health care professionals.

The CDC provides an adult vaccine quiz on their website at <https://www2.cdc.gov/nip/adultImmSched/> and a quiz for children at <https://www2a.cdc.gov/vaccines/childquiz/> that can help determine what vaccines are needed. These quizzes can also be found by searching CDC vaccine quizzes.

### **Materials**

Centers for Disease Control and Prevention Immunization Schedules at <https://www.cdc.gov/vaccines/schedules/index.html>

American Academy of Pediatrics Immunization Schedules. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Pages/Immunization-Schedule.aspx>

**Trainer note:** You may wish to show or use a few slides from CDC presentations on immunizations that are available at <https://www.cdc.gov/vaccines/partners/childhood/professionals.html#presentation-child-immun-update>



## Seasonal Flu

Why should adults and children  
get vaccinated against the flu?



### Script:

How would you answer this question: Why should children and adults get vaccinated against the flu?

[Possible answers and talking points]:

- If you get the seasonal flu disease, having had flu vaccine is likely to reduce the severity of the illness you get.
- Influenza is a serious disease that can lead to hospitalization and even death. <sup>1</sup>
- Getting the seasonal flu vaccine is the best way to reduce your risk of getting sick with seasonal flu. <sup>1</sup>
- The more people who get vaccinated against the flu, the less flu can spread through your community. <sup>1</sup>

All children and adults in child care need the seasonal flu vaccine in the fall. Flu season in the US can begin as early October and last as late as May. <sup>1</sup>

Flu viruses change from year to year, which means 2 things.

1. You can get the flu more than once during your lifetime. The immunity (natural protection that develops against a disease after a person has had that disease) that is built up from having the flu caused by 1 virus strain does not always provide protection when a new strain is circulating.
2. A vaccine made against flu viruses circulating last year may not protect against the newer viruses. That is why the influenza vaccine is updated to include current viruses every year.

What does your program do to promote annual influenza vaccine use by children and staff in their programs?

[Possible answers/talking points]

- Making families and staff aware of seasonal flu vaccine clinics/fairs in the community
- Sending home information on why it is important to get the flu vaccine. There is a handout in the resource list for parents on preventing the flu
- Sending home reminders
- Adding information in newsletters
- Reminding parents at parent-teacher conferences
- Reminding staff at staff meetings
- Putting up posters in school

**Trainer note:** You may wish to show or use a few slides from CDC presentations on immunizations that are available at <https://www.cdc.gov/vaccines/partners/childhood/professionals.html#presentation-child-immun-update>

### **Materials**

- Centers for Disease Control and Prevention Immunization Schedules at <https://www.cdc.gov/vaccines/schedules/index.html>
- American Academy of Pediatrics Immunization Schedules. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Pages/Immunization-Schedule.aspx>
- Preventing the Flu: Resources for Parents and Child Care Providers at <https://www.healthychildren.org/English/safety-prevention/immunizations/Pages/Preventing-the-Flu-Resources-for-Parents-Child-Care-Providers.aspx>

### **Source:**

1. Centers for Disease Control and Prevention. Flu Vaccination. Accessed at <https://www.cdc.gov/flu/protect/keyfacts.htm>



## Checking Vaccine Records

- How do you keep track of immunization records?
- Why should early childhood programs check vaccine records?
- Why are so many people overdue for vaccines?



### Script:

**Activity:** Provide participants with a copy of the CDC recommended adult vaccine schedule. Have participants perform a self-assessment of their vaccine status. After you have given them time to assess their vaccine status, ask questions such as the following:

- Was this hard to do?
- Were there things you were uncertain about?

Programs must check vaccine records to be sure all adults and children regularly spending time in their facility are protected from the increased risk of exposure in group settings and to protect everyone from being exposed to disease brought to the group by someone who is not protected by vaccines. Checking vaccine records provides a safety net to identify and send those with gaps in their immunizations back to their health care professional for the needed vaccines.

Checking vaccine records by matching schedules to records is a complex task, even for health care professionals.

### What are ways that you keep track of and check immunization records?

Possible answers/talking points:

- **Child care health consultants** can work with you to check vaccine records and match schedules.

Child care programs can make arrangements to check child vaccine status with **immunization information registries**. It is important to note that these registries may not hold complete information depending on whether the places the child received vaccines and/or the parents provided the data to the registry. Information on states that have registries is available on the CDC website ([www.cdc.gov](http://www.cdc.gov)) and searching for Immunization Information Systems.

**Software** is available to for use by child care programs that may include functions to help track the immunization status of children and staff members. Some things to consider when looking at software are the following: the ability to run reports for the individual child and the entire group; the time involved for running reports and data entry; and the ability to apply complex rules for age and intervals between doses or variations, such as a child who received vaccines late or missed doses.

**What are some of the challenges that you think staff members and families may have when it comes to getting needed vaccines and knowing if they are up-to-date?**

Possible answers/talking points could include:

- As we just talked about, **reading and understanding immunization** schedules can be complicated.
- Some may be **worried about the cost of vaccines**. Many types of insurance cover vaccines for children. If coverage is not available, teachers/caregivers can refer families to health clinics and other community resources for free or low cost vaccines. Many types of insurance cover vaccines for adults as well. It is important to remember that the cost for vaccines is small compared with the lost time from work.
- Some people may want to **refuse vaccines** because they have been misled by anti-vaccine campaigns. While all vaccines have some risks for bad effects, overall the risk of going without recommended vaccines is much higher than the risk of a bad reaction from a vaccine. "Vaccine refusal" poses a risk to infants and others who legitimately are underimmunized because of age or medical conditions that limit their ability to receive full vaccine protection. Disease spreads more easily in groups as the number of underimmunized and unimmunized individuals increases. Outbreaks of vaccine-preventable diseases and severe complications that could have been prevented have occurred. Some children and adults who have not received vaccines may have valid medical or religious reasons for this refusal, but they are at risk and increase the risk of others who are in group care with them, requiring special planning with a Child Care Health Consultant or other health care professional for how to handle these situations. Child care programs must consider their liability for accepting a child into the group whose family refuses vaccine for their child. This child poses a risk to others, as well as to her- or himself, for which a child care program, and not just the parent, has been held

responsible. Child care programs should consult an attorney in their state to establish a policy for handling voluntary (non-medical) vaccine refusal. Information on common vaccine safety concerns is available on the CDC website ([www.cdc.gov](http://www.cdc.gov)) and searching common vaccine safety concerns.

[You may wish to share the AAP handout, Vaccine Safety: The Facts as a resource to share with parents, families and staff. See the resources below

**Other challenges may be things like:**

- Finding time to get them
- Not liking to see their child get a vaccine and cry
- Not liking needles

**Sources:**

Centers for Disease Control and Prevention Immunization Information Systems(IIS) at  
<https://www.cdc.gov/vaccines/programs/iis/index.html>

Centers for Disease Control and Prevention Common Vaccine Safety Concerns.  
<https://www.cdc.gov/vaccinesafety/concerns/index.html>

AAP Healthychildren.org. Vaccine Safety: The Facts  
<https://www.healthychildren.org/English/safety-prevention/immunizations/Pages/Vaccine-Safety-The-Facts.aspx>



## Handwashing

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



### Script:

When soap and running water are available, always use hand washing. When soap and running water are not available, hand sanitizer is acceptable. If the program must use hand sanitizer:

- Follow the manufacturer's instructions.
- Keep alcohol-based hand sanitizers inaccessible to children when not in use.
- Closely supervise children if they are using alcohol-based hand sanitizers to make sure that they are using it appropriately and safely.

### Materials

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

[Refer to Situations that Require Hand Hygiene <http://nrckids.org/CFOC/Database/3.2.2.1>]

This information helps clarify when handwashing should be done:

- When arriving for the day or moving from one group to another to keep from spreading bad germs among those in child care.
- Before and after:
  - Eating, handling food, or feeding a child, to avoid putting into the body bad germs picked up on the hands from touching surfaces in the environment and from touching the mouth during eating.
  - Administering medicine for the same reasons that apply to food handling.
  - Playing with water or moist materials, such as play dough, that is used by more than 1 person. Water is an excellent carrier for germs to spread from 1 person to another. Before or while playing in water, children may touch their mouths, eyes,

or noses.

- After:
  - The hands of children of all ages, including infants, should be washed after each diapering or toileting activity since their hands are likely to pick up bad germs at these times that can subsequently spread by touching other surfaces.
  - Diapering and toileting when hands are likely to touch body fluids, even if gloves are worn. Gloves reduce the contact with germs, but all gloves allow some germs through.
  - Handling body fluids (mucus, blood, vomit).
  - Wiping noses, mouths, or touching sores.
  - Handling uncooked food, especially meat and poultry, because these are more likely than other foods to have bad germs on them.
  - Handling pets and other animals (including tropical fish) or cleaning their cages or litter boxes, because of the bad germs these animals may carry without being sick themselves.
  - Playing in sandboxes which hold bad germs from insect and animal contact as well as from the hands of the children who play in the sand.
  - Cleaning surfaces.
  - Handling garbage.
- When leaving for the day, to avoid bringing bad germs home to families from the group.

Managing Infectious Diseases in Child Care and Schools, 5<sup>th</sup> edition, states that hand hygiene must always be performed and that hand hygiene before changing diapers is required only if the staff member's hands have been contaminated since the last time the staff member practiced hand hygiene.

**Conversation Starter:** Thinking about the situations we talked about, what are some of the more challenging times to wash hands properly? Are there times that it is hard to remember to clean hands? What are some of things you have done to make handwashing less challenging?

- Note that child care staff evaluation should include observed performance of hand washing at appropriate times and use of the recommended technique.
- **Ask** "What is the proper technique for hand washing?"

**Handwashing video: Show the CDC's Fight Germs, Wash Your Hands video (3 minutes) at <https://www.cdc.gov/cdctv/healthyliving/hygiene/fight-germs-wash-hands.html>.** If you show the video, note to the viewers that the video uses soap bars for their bullet points. Soap bars hold germs and dirt unless they are allowed to drain and dry between uses which is unlikely to happen in in child care. Bar soap is ok at home where draining and drying might happen, but in child care, liquid soap is preferable.

**And/or role play handwashing:**

- Either pretend or have props (eg, basin, liquid soap dispenser, paper towels) to perform hand washing per technique described in the CDC handwashing poster link in the resource list.. During the role play, sing to the tune of *Row, Row, Row your Boat* to show how to have fun and lather for **at least 20 seconds**: *Wash, wash, wash your hands. Play our*

*handy game. Rub and scrub, and scrub and rub; germs go down the drain. Yea!*

**Sources**

1. *Caring for Our Children, 4<sup>th</sup> Edition. Situations that Require Hand Hygiene.*  
<http://nrckids.org/CFOC/Database/3.2.2.1>
2. Aronson, S. S., T. R. Shope, eds. 2019. *Managing infectious diseases in child care and schools: A quick reference guide, 5<sup>th</sup> Edition.* Elk Grove Village, IL: American Academy of Pediatrics



## Other Issues

- Gloves
- Hand sanitizers
- Antibacterial soap



### Script:

Other issues that often come up when talking about managing infectious diseases are the following:

- When gloves should be used
- When hand sanitizers should be used
- And if it recommended to use antibacterial soaps

**Gloves** are required only when contact with blood is possible.

Some states may recommend wearing gloves when **changing diapers**. When used they can reduce contamination of the caregiver's hands and reduce the presence of infectious disease agents under the fingernails and from the hand surfaces. Even if gloves are used, caregivers must wash their hands after each child's diaper changing to prevent the spread of disease-causing agents. Gloves can provide a protective barrier, but to achieve maximum benefit from use of the gloves, the caregiver must remove the gloves properly after cleaning the child's genitalia and buttocks and removing the soiled diaper. Otherwise, the contaminated gloves will spread infectious disease agents to the clean surfaces as the child is dressed with a clean diaper and clothing.<sup>1</sup>

If gloves are worn for food preparation, hand washing is still a necessity. Gloves can become contaminated as the handler puts on the gloves. Frequent and proper hand washing before and after using clean plastic gloves reduces food contamination.<sup>2</sup>

When soap and water is not available and if hands are not visibly dirty, the use of **hand sanitizers** by children and adults in child care programs may be an appropriate alternative.<sup>3</sup> It is important to note that hand sanitizers are toxic, flammable, and expensive. Also state regulations may require hand washing and not allow the use of hand sanitizers for hand hygiene.<sup>4</sup> They are also not effective against some germs that cause diarrhea. Antibacterial soaps are not required or recommended for use.<sup>4</sup>

## References

1. *CFOC* 4th ed standard 3.014
2. *CFOC* 4th ed standard 4.051
3. Aronson, S. S., T. R. Shope, eds. 2019. *Managing infectious diseases in child care and schools: A quick reference guide*, 5<sup>th</sup> Edition. Elk Grove Village, IL: American Academy of Pediatrics and *CFOC* 3<sup>rd</sup> edition standard 3.2.2.5
4. Aronson, S. S., T. R. Shope, eds. 2019. *Managing infectious diseases in child care and schools: A quick reference guide*, 5<sup>th</sup> Edition. Elk Grove Village, IL: American Academy of Pediatrics



## What does “clean” mean?



### Script:

What does clean mean?”

**Cleaning** is removing dirt and debris by scrubbing and washing with a detergent solution and rinsing with water.

This definition comes from Caring for Our Children Standard 3.3.0.1 Routine cleaning, sanitizing and disinfecting.

A routine housekeeping schedule and procedures can help reduce the spread of germs.<sup>1</sup> See Caring for Our Children Standard 4.9.0.13 for information on washing dishes by hand and the use of bleach and other chemical sanitizing solutions. When bleach is used, it should be diluted according to the manufacturer’s instructions.<sup>2</sup>

### References

1. Aronson, S. S., T. R. Shope, eds. 2019. Managing infectious diseases in child care and schools: A quick reference guide, 5<sup>th</sup> Edition. Elk Grove Village, IL: American Academy of Pediatrics
2. National Resource Center For Health and Safety in Child Care and Early Education.. <http://nrckids.org/CFOC/Database/4.9.0.13>



## Sanitizing & Disinfecting

- What is the difference between sanitizing and disinfecting?



### Script:

[Provide participants with a copy of the Routine Cleaning and Sanitizing Chart, see the trainer note below]

What is the difference between cleaning, sanitizing and disinfecting?

**Sanitizing** is reducing germs on inanimate surfaces to levels considered safe by public health codes or regulations.

**Disinfecting** is destroying or inactivating most germs on any inanimate object, but not bacterial spores.

These definitions come from Caring for Our Children Standard 3.3.0.1 Routine cleaning, sanitizing and disinfecting.

### Activity:

- Have participants look at the Routine Cleaning and Sanitizing Chart and mark any items that need to be improved in their work setting and/or note any challenges.
- If you would like to do a **"walk about" activity**, write the following categories on flip chart paper and have participants write the areas that they need to improve on or find challenging: Food areas, child care areas, toilets and diapering areas, sleeping areas.
- When participants are done discuss the findings and ask for suggestions for ways of improving and also ask for participants to share successes.

### Trainer note:

You may wish to share this resource with your participants: Routine Cleaning and Sanitizing Chart at <http://hrckids.org/files/appendix/AppendixK.pdf>

**Source**

1. <http://nrckids.org/CFOC/Database/3.3.0.1>



### How does your program clean these things?

- Toys
- Bedding
- Soft toys
- Soft surfaces and furniture
- Carpets and hard surface floors
- Tables, door, and cabinet handles



#### Script:

- **Ask** participants to volunteer or round-robin among the group, briefly responding to the question on the slide. Encourage sharing of different approaches, such as:
  - Clean and sanitize toys
    - Use a “soiled” bin to hold toys until they can be washed and sanitized.
    - Use a dishwasher to wash and sanitize toys—perhaps using a nylon bag to contain the toys in the dishwasher and then hanging up the bag with the toys in it so they can fully dry without having to handle each one.
  - Bedding
    - Have a washing machine and dryer to launder bedding at the facility.
    - Send the child’s bedding home with parents to launder and return to the program.
    - Have extra bedding at the center for those who do not remember to return the bedding they took home.
  - Soft toys and any soft surfaces such as upholstered furniture
    - Accept only soft toys that can be used by only 1 child before they are laundered in a washing machine.
    - Either launder soft toys at the facility or send personal toys home to be laundered.
    - Cover soft surfaces with removable, easily washed surfaces.
  - Carpets and hard-surfaced floors
    - Have a commercial carpet cleaner use hospital-type carpet cleaning. Schedule cleaning when there will be at least 24 hours after the cleaning for the carpet to dry while nobody is in the facility.

- Purchase a heavy-duty steam carpet cleaner to clean carpets. Schedule cleaning when there will be enough time for the carpets to dry while nobody is in the facility.
- Hard-surfaced floors, countertops, tabletops, doors, and cabinet handles should be cleaned and sanitized daily as well as anytime they are soiled.



## Evaluate This Diapering Set-Up



Courtesy of Cheryl Frank and Andrea Miller

### Script:

Take a few moments to look at the photo of this diaper changing area.

- **Ask** “What are the strengths of this diaper changing area?”

Responses may include:

- Open storage of supplies that might be needed.
- Nothing is kept on the diapering surface.
- Where the spray bottle is kept (Assume it is an EPA-approved liquid)
- The diaper table surface has sides which tend to keep the child from rolling off, and no safety straps, which trap germs and do not make a child safe on the table. The caregiver must have a hand on the child at all times.

- **Ask** “What needs to be improved?”

Responses may include:

- Food preparation area with microwave oven is too close to diaper changing area, tempting people to put food on the diapering surface or to put soiled diapers on the food preparation surface.
- Close proximity to a sink is necessary to avoid spreading contamination from diapering on the way to wash in a sink that isn't within reach from the diapering surface.
- Unclear whether the diaper changing surface is or will be covered by disposable paper to reduce the transfer of germs to the diapering surfaces.
- The sides of the diapering surface look like they might be made of wood which would be harder to clean and sanitize properly with each diaper change. A surface that is non-porous, durable, and easy to clean and sanitize is best.

- No hands-free lidded, plastic-lined trash receptacle to receive the soiled diapers and wipes is visible in the photo.
- The caregiver/teacher with the Child Care Health Consultant is facing away from the room as is the other caregiver/teacher in the photo. Who is supervising the children? When 1 staff member is diaper changing, the effective staff:child ratio decreases substantially, leaving the other caregivers/teachers with more children than is usually appropriate. Turning the table around so the caregiver/teacher who is doing diapering can glance at the group while diapering and talking with the child being diapered helps.
- Having a mirror on the wall may also help the caregiver/teacher see.

Resources for diaper changing procedures include:

Caring for Children Standard 3.2.1.4, Caring for Our Children, 4th. Edition

The Early Childhood Education Linkage System (ECELS has a diaper changing poster on their website at [http://www.ecels-healthychildcarepa.org/tools/posters/item/279-diapering-](http://www.ecels-healthychildcarepa.org/tools/posters/item/279-diapering-poster.html?highlight=WyJkaWFwZXliLCJjaGFuZ2luZyIsImRpYXBldiBjaGFuZ2luZyJd)

[poster.html?highlight=WyJkaWFwZXliLCJjaGFuZ2luZyIsImRpYXBldiBjaGFuZ2luZyJd](http://www.ecels-healthychildcarepa.org/tools/posters/item/279-diapering-poster.html?highlight=WyJkaWFwZXliLCJjaGFuZ2luZyIsImRpYXBldiBjaGFuZ2luZyJd)  
 Managing Infectious Diseases in Child Care and Schools also provides detailed information about diaper changing.

**Sources:**

1. Aronson, S. S., T. R. Shope, eds. 2019. Managing infectious diseases in child care and schools: A quick reference guide, 5<sup>th</sup> Edition. Elk Grove Village, IL: American Academy of Pediatrics
2. Caring for Our Children. <http://nrckids.org/CFOC/Database/3.2.1.4>



## Sanitary Food Handling

- Prevent food-borne illness with sanitary food handling practices
- Keep perishable foods at safe temperatures
- Prevent contamination of food during handling
- Examine foods brought from home



### Script:

- From preparation to cleanup, sanitary food handling practices are critical to prevent food-borne illness. Wash raw foods, and cook foods thoroughly that are not safe to eat raw. Live chickens, turkeys, and raw poultry and eggs commonly carry bacteria that can cause illness. This is why poultry and eggs must be fully cooked, and any surface that touches raw poultry must be sanitized especially carefully. Soft-cooked or runny eggs are not safe to eat.
- Make sure perishable foods are kept at safe temperatures, either below 40° F or above 140° F. The temperature between 40° F or above 140° F is a danger zone in which bacteria can multiply more easily than at the colder or hotter temperatures. Use a food thermometer to check both hot and cold food temperatures. Use a refrigerator thermometer to monitor and log the temperature of refrigerators to detect problems before food is spoiled.
- Prevent contamination of food during handling, making sure equipment and utensils are cleaned and sanitized to reduce disease-causing germs.
- Encourage safe family-style food service. Offer foods that are in a form that children can easily serve themselves without touching food for other people. Self-serving experiences need to be closely supervised.
- Examine foods brought from home and check the temperature of perishable foods when they arrive to be sure they have been and continue to be kept at safe temperature zones.
- Infant formula should be ready-to-feed, factory-sealed servings, or be prepared at the facility from factory-sealed containers of powder or concentrates diluted with water.
- Wash infant feeding bottles and nipples in the dishwasher to sanitize them, or hand wash

them like dishes using the wash, rinse, and sanitize steps recommended by local health authorities.

- Human milk can be brought to the child care facility frozen or freshly expressed and kept in a cold bag or cooler during transport. Be sure to follow specific instructions for safe storage and feeding of human milk found in Caring for our Children.

Trainer note: See Standard 4.3.13: Preparing, Feeding, and Storing Human Milk at <http://nrckids.org/CFOC/Database/4.3.1.3>



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



### Informing Parents and Child Care Staff

- Daily health check
- Talking with parents about health policies
- Notification when children are ill
- Children with special needs



#### **Script:**

Preventing infectious diseases also involves making sure that parents and child care staff are informed about health policies, daily health checks, procedures for when a child is ill, including providing medical reports and also meeting the needs of children with special needs. The daily health check is covered in the next module in more detail. Caring for our Children provides information on the daily health check including a sample system record that can be used.



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



### Policies and Procedures

- *Caring for Our Children, National Health and Safety Performance Standards, fourth edition*, kept updated online at <http://nrckids.org>
- *Model Child Care Health Policies* at [www.ecels-healthychildcarepa.org](http://www.ecels-healthychildcarepa.org)



#### Script:

As mentioned on the last slide it is important to talk parents about the health policies you have in place to prevent infectious diseases.

Ask:

- Do your programs have clearly written policies that the program reviews with families and child care staff to foster effective collaboration to prevent infectious illness?
- Which areas are covered in written policies and procedures, and which could be improved?
- How can you use the publications shown on this slide to review your written policies and make needed revisions?

If you are not familiar with your program's policies on collaborating to prevent infectious illnesses or if you need to review or revise your policies the two references on this slide are a great starting point for information. *Caring for Our Children, National Health and Safety Performance Standards*, 4th edition is kept updated online at <http://nrckids.org/cfoc>.

The website on the slide takes to the Early Childhood Education Linkage System website. Here you can find model child care health policies at by entering model child care health policies in the website's search box

[Next slide asks more questions]

**Trainer note:** the direct link to the model child care policies is <http://www.ecels-healthychildcarepa.org/publications/manuals-pamphlets-policies/item/248-model-child-care-health->

policies.html?highlight=WyJtb2RlbCIsInBvbGljaWVzliwicG9saWNpZXMnliwibW9kZWwgcG9  
saWNpZXMlXQ==



### 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?



#### Script:

In terms of policies and procedures regarding preventing infectious diseases you may wish to review the following:

- Your program's process to review and update their program policies.
- Review who is involved in implementing and reviewing policies, and including people with health care professional expertise (i.e., a child care health consultant).

Next steps could be answering the following questions as a starting point:

- 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?



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



### Using Caring for Our Children at <http://nrckids.org/>

#### Look-up Exercise:

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



**[If your participants are unfamiliar with using Caring for Our Children, you may wish to spend a few minutes having them look up policies if you have internet access.]**

**[If you are not doing this activity skip this slide or delete it]**

#### Script:

#### Look-up Exercise

Have participants find standards addressing the following:

- Staff Exclusion for Illness
- Staff Modeling of Healthy Behavior
- Space for Ill Child

Note the different sections for each:

- The standard
- The rationale
- Comments
- Type of facility
- Related standards
- References

Also, note that the CFOC gives the link to state regulations. Child care licensing regulations of all states are maintained in a database by the National Center on Early Childhood Quality Assurance (NCECQA) at <https://childcareta.acf.hhs.gov/licensing>



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



### What are the infectious disease issues for each of these?

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



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#### Script:

- Having **animals in child care** is educational. However, some animals carry disease-causing germs<sup>1</sup>.
- **Ask** “Do you know some examples?” (See list below to augment the responses of the participants.)
  - Healthy reptiles and amphibians (eg, snakes, turtles, frogs, and salamanders) carry salmonella, a bacterium that causes diarrhea and serious, even life-threatening, illness. Live chickens and turkeys, and raw poultry and eggs, commonly carry this organism too.
  - Cat claws carry a particular germ, a bacterium *Bartonella henselae*, that causes a serious disease called cat-scratch fever; cat’s feces carry germs, a parasite called *toxoplasma*, that can cause serious problems for babies of pregnant women who handle cat litter or uncovered outdoor sand that may have cat feces in it.
  - See the CDC resource on animals in schools and daycare settings in the resource list for more information.
- **Bedding and clothing** that touches infected skin can transmit disease. Bedding should be stored in a way that keeps sleep surfaces used by one child from touching the sleep surface used by another child. Cleaning, sanitizing, and use of these articles by only one person are key preventive measures.
- Separation of groups is called “cohorting”—which means keeping people together in their own group to avoid spreading disease-causing germs from 1 group to another. Cohorting is a way to have a group share their germs with each other, developing

immunity for those germs that are shared. When groups mix, the individuals in the groups may be exposed to some different disease-causing germs than they have already mastered, and their immunity may not be sufficient to resist such exposures.

**Source:**

1. Centers for Disease Control and Prevention. Animals in Schools and Daycare Settings  
<https://www.cdc.gov/features/animalsinschools/index.html>



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



### Review: Focus of Tools to Control Infection

- People
- Places/environment
- Germs



#### Script:

We have covered the 3 tools to control infection

- People
- Places/environment
- Germs

The resource list contains additional information. I encourage you to take some time to look at these valuable resources. Do you have any questions or comments?

## Acknowledgements



- This curriculum has been developed by the American Academy of Pediatrics (AAP).
- The recommendations in this curriculum do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.
- Listing of resources does not imply an endorsement by the AAP. The AAP is not responsible for the content of resources mentioned in this curriculum.
- Web site addresses are as current as possible, but may change at any time.
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# Acknowledgements



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# Module 3

## Recognizing and Managing Infectious Diseases

- Daily health check
- Exclusion
- Symptoms versus disease



### Script:

This module on recognizing and managing infectious diseases covers the daily health check, exclusion, and differences between symptoms and disease.

The objectives include the following:

1. Identify the 3 primary reasons for exclusion, and know where to find a 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. Understand how to use resources such as *Managing Infectious Diseases in Child Care and Schools* and *Caring for Our Children* 4th edition (CFOC) to find needed information related to infectious diseases.



### 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 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?



#### Script:

[Note: Read the scenario on the slide, including the questions. The goal is to engage with the participants and raise interest in the subject. The intent is NOT to answer these questions at this point.]

**Ask** for participants' opinions. What would they do? What makes this situation challenging? Do they know if their program's exclusion policy covers the issues that this scenario raises? These are some of the issues and topics that this module covers.

**Trainer note:** Expect some (or many) participants to suggest having a temperature elevation suffices to require exclusion. Note that with few exceptions, this is not the case and will be discussed in this module. This will keep the incorrect response from being reinforced and set the stage for further discussion.



## 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

### Script:

Show of hands--- how many of you know what the daily health check is? The daily health check is completed to assess the health of each child every day they attend your program.

[Ask the following questions, to engage in an informational dialogue with participants.

Answers/talking points are provided to make sure that important points are covered.]

**Question:** When is the daily health check performed?

**Answer:** *Each day when children are dropped off at the center and when the caregiver notices symptoms or a change in symptoms*

**Question:** Why do we do it? What are we trying to accomplish?

**Answer:** To detect conditions which might need exclusion because  
1) the child is/will be unable to participate adequately in activities, 2) the child may need more care than staff can provide and still safely attend to the other children, or 3) the child has 1 of the specific excludable conditions – we will discuss these in detail later.

Early identification of ill children before parents leave

- Can make management of an ill child easier because the parent is still at the program
- Is better for the child
- May reduce the chance of exposure to other children
- Some children are dropped off so early they have been asleep during the car ride and the parent has not yet adequately assessed the status of the child.

**Question:** Who does the daily health check?

**Answer:** The daily health check is done by a designated person qualified to

assess the health status of young children. This may vary by the type of program from the teacher/caregiver, director, or designated/trained front desk staff. If possible, have the child's teacher do the recommended daily health check, using knowledge of how the child usually looks and acts to compare with how the child seems when entering the program and whenever the child seems different than usual. Child care health consultants can train staff who greet children to conduct a daily health check.

**Question:** How is the daily health check done?

**Answer:** Engage the parent and child (if age appropriate) in conversation. The conversation should be in a manner that respects the family's culture and the child's body and feelings. Look at the child and observe his/her behavior. If you suspect illness or unusual behavior, touch the child to assess for warmth that may indicate fever. You do not need to check every child for fever, only those exhibiting symptoms of illness. *Caring for Our Children* 4th edition, standard 3.1.1.1 contains a list of items that the daily health check should address.

**Reference:** *Caring for Our Children, 4th Edition*. Accessed at <http://nrckids.org/CFOC/Database/3.1.1.1>



## What To Do When Kids Get Sick After the Daily Health Check

- **Observe children**
  - Look for less activity
  - Increased care needs
  - Check for other symptoms
- **If other symptoms are present**
  - Make a decision about exclusion
  - Notify parents
  - Care for child until the parent/caregiver arrives

### Script:

- Sometimes, children become ill after the parents or guardians have dropped them off.
- Look for children who are:
  - Less active
  - Clingy or cranky
  - Not participating in activities
  - Needing additional care
- If participation decreases, look for other symptoms of illness.
- If symptoms of illness develop, the caregiver/teacher will need to:
  - Determine whether the child needs to be excluded (Exclusion will be talked about in more detail a bit later in this module)
  - Notify the parent or guardian

**Trainer note:** The next slide covers more information on what to do when kids get sick after the daily health check.



### What To Do When Kids Get Sick After the Daily Health Check

- Refer to exclusion criteria
- If a child needs to go home, procedures should be in place to take care of the child until they can be picked up



#### Script:

As you all know sometimes children get sick after they arrive at school. It is always important to make sure parents know under what circumstances children are asked to go home.

When 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 other children;
- Poses a risk of spread of harmful diseases to others.

We will cover exclusion in more detail a bit later in this module.

If a child needs to go home, it is important for program staff members and families to know the procedures you have in place for taking care of the child. These procedures should be made on a case-by-case basis considering the child's age, the surroundings, potential risk to others and the type and severity of the symptoms the child has.

**Ask:** What are your procedures for taking care of a sick child until they can be picked up?

Answers/talking points should include the following from Caring for our Children:

- The child should be supervised by someone who knows the child well and who will continue to observe the child for new or worsening symptoms.
- If symptoms allow, let the child remain in their usual care setting while awaiting pick-up. Often keeping the child in the usual location of care where others have already been exposed is sufficient and is easily arranged with just 3 feet of separation from the other children. It keeps the child under observation and care by someone who knows the child well. Moving the child to another place in the facility is likely to expose people not already exposed to germs that might be making the child sick.
- All who have been in contact with the ill child must wash their hands.

- Toys, equipment, and surfaces used by the ill child should be cleaned and disinfected after the child leaves.

**Reference**

Caring for Our Children, 4th Edition at <http://nrckids.org/CFOC/Database/3.6.1.1>



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



### Outbreaks

- Sudden rise in the occurrence of a disease
- Notify your child care health consultant or health department
- Consult evidence-based resources



#### Script:

- Consider an outbreak when you see an increase in children with the same symptoms.
- Some outbreaks are expected each year (seasonal influenza, hand-foot-and-mouth, bronchiolitis).
- However, if you note unexpected numbers of children with the same symptoms, or a small number of children with unusually severe symptoms, you should report the issue to your child care health consultant, if you have one, or the health department.
- Extensive discussion about outbreaks, epidemics and pandemics are beyond the scope of this course. However, you may consult *Managing Infectious Diseases in Child Care and Schools*<sup>1</sup> for more information. The AAP has a website with information on preparation for pandemic influenza.<sup>2</sup>

The CDC website provides updated information about current outbreaks, epidemics, pandemics and other problems such as E. coli disease caused by contamination of romaine lettuce.

#### Sources:

1. Aronson, S. S., T. R. Shope, eds. 2019. *Managing infectious diseases in child care and schools: A quick reference guide*, 5<sup>th</sup> Edition. Elk Grove Village, IL: American Academy of Pediatrics.
2. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Preparing-Child-Care-Programs-for-Pandemic-Influenza.aspx>
3. CDC US Outbreak Lists at <https://www.cdc.gov/outbreaks/index.html>



## 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?



### Script:

Exclusion and its role in managing infections is an important topic in early care and education programs.

In the next slides we will be talking about the following:

- What are the reasons to exclude children from out-of-home care?
- How to make decisions about exclusion?, and
- What the characteristics are of good exclusion criteria?



### Does exclusion reduce the spread of disease?



**Script:**

Does exclusion reduce the spread of diseases and the transmission of germs?

Exclusion is NOT an effective way to reduce the spread of most common germs.

**Ask:** Why do you think it is not an effective way to reduce the spread of disease?

[If you like use flip chart paper and write responses to this question.]

Make sure answers include the following talking points:

- Germs spread before kids get sick and can continue to spread after a child recovers, sometimes for weeks.
- Some kids spread germs without ever becoming sick themselves.
- Targeting the ones who appear ill has little or no effect on reducing the transmission of most of the common illnesses.
- Viruses and some bacteria and parasites are spread by children who are not having symptoms, thus, targeting sick ones will not deter the spread

There are a small number of conditions that are reportable to the health department and that do require exclusion. We will learn more about these a little later.

Remember the importance of strategies such as handwashing and cleaning, sanitizing and disinfecting for reducing the spread of germs.



## 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
  - Is a specific disease, symptom or condition requiring exclusion

CFOC4 Standard 3.6.1.1. Inclusion/Exclusion/Dismissal of Children  
<http://nrckids.org/CFOC/Database/3.6.1.1>

### Script:

It is helpful to break down the reasons for exclusion into 3 main categories.

The 3 primary reasons to exclude children from out-of-home care are:

- 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.
- The child has a specific disease, condition, or symptom requiring exclusion.

These first 2 primary reasons for exclusion:

- Are at the discretion of the caregiver/teacher.
- Do not require a diagnosis from a health care professional.

**When children meet these first 2 criteria, caregivers/teachers have the ability to decide when children need to be excluded.**

**It is important to remember that exclusion is probably the least effective method for the most common infections in early care and education settings.**

- Probably effective for most vaccine-preventable infections (exceptions: rotavirus, influenza)
- Maybe effective for some infections that are not vaccine-preventable (enteric pathogens)

In addition to the 2 primary reasons for exclusion above, there are specific diseases, symptoms and conditions that require exclusion, and treatment in some cases, prior to return to care. Here are some of those diseases:

- Scabies, tuberculosis, impetigo, strep throat, chickenpox, pertussis, mumps, hepatitis A,

measles, rubella, shingles, and herpes simplex.

- These are specific diseases that require a diagnosis from a health care professional. Discussion of these diseases is covered in *Managing Infectious Diseases in Child Care and Schools*.<sup>1</sup>

Teachers/caregivers usually see children at the BEGINNING of the illness when they have SYMPTOMS.

**Reference**

1. Aronson SS, Shope TR. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. 5th ed. Elk Grove Village, IL: 2019 American Academy of Pediatrics



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



### Symptoms versus Diseases

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



#### Script:

- Caregivers/teachers often worry about making a diagnosis. Caregivers should not need to make diagnosis of specific diseases
- For example, many children are excluded due to a rash but no behavioral changes. Though some might consider a rash a symptom, if the child's activity level has not been negatively affected, the rash does not represent anything harmful to the child or others.
- If the child with elevated temperature does not have symptoms of illness, there is not a reason to exclude.
- Caregivers **do need to recognize symptoms** for which exclusion is necessary



### 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

#### Script:

Some conditions do require exclusion despite the lack of a diagnosis.

Most of these conditions don't require visiting a health professional's office or contacting the health professional by the preferred method (phone, text or email). They can be looked up in resources such as *Managing Infectious Diseases in Child Care and Schools*<sup>1</sup>

- The symptom and conditions listed on this slide **require exclusion** in addition to the first 2 primary 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) AND those diseases already covered in the Reasons for Exclusion slide.
- Fever with symptoms like sore throat, rash, vomiting, diarrhea, or cough. Fever can be caused by harmless conditions. A caregiver/teacher should not take temperature unless the child shows signs of illness!
  - “Fever is an elevation of the normal body temperature. Fever can be a reaction to a vaccine or the result of doing vigorous exercise or being in a hot environment. Fever can be a sign of illnesses not caused by infections, such as rheumatoid arthritis or cancer; fever can be a reaction to a variety of medicines.”<sup>1</sup>
  - Infants younger than 4 months with fever should be evaluated by a medical professional. Any infant younger than 2 months with fever should get medical attention immediately. The fever is not harmful; however, the illness causing it may be serious in this age group.”<sup>1</sup>
- Blood in the stool not related to passage of hard stools — passage of hard stools is called constipation.
- While vomiting more than twice in 24 hours requires exclusion, children who spit

up from diagnosed conditions such as gastro-esophageal reflux do not need to be excluded. Management of children who have a diagnosed condition that explains their symptoms should have a special care plan that teachers/caregivers who are responsible for them follow.

- Abdominal pain lasting less than 2 hours or intermittent but associated with fever or other behavior change.
- Drooling with mouth sores.
- *Managing Infectious Diseases in Child Care and Schools* covers many of the illnesses and symptoms that are common in ECE settings as well as when children with these symptoms can return to care.

**Sources:**

1. Aronson SS, Shope TR. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. 5th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2019.
2. Caring for our Children, 4<sup>th</sup> Edition. Signs and Symptoms chart.  
<http://nrckids.org/files/appendix/AppendixA.pdf>



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



## Signs and Symptoms Chart

Signs and Symptoms Chart						
Routine Exclusion Criteria Applicable to All Signs and Symptoms						
<ul style="list-style-type: none"> <li>Unable to participate.</li> <li>Care would compromise staff's ability to care for other children.</li> <li>Child meets other exclusion criteria.</li> </ul>						
Sign or Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
<b>Cold Symptoms</b>	<ul style="list-style-type: none"> <li>Virus (early stage of many viruses)</li> <li>Adenovirus</li> <li>Coronavirus</li> <li>Enterovirus</li> <li>Influenza virus</li> <li>Parainfluenza virus</li> <li>Respiratory syncytial virus (RSV)</li> <li>Rhinovirus</li> <li>Bacteria</li> <li>Mycoplasma</li> <li>Pertussis</li> </ul>	<ul style="list-style-type: none"> <li>Coughing</li> <li>Runny or stuffy nose</li> <li>Sore throat</li> <li>Sneezing</li> <li>Fever</li> <li>Itchy eyes</li> </ul>	Not necessary unless epidemics occur (e. RVV or vaccine-preventable disease like measles or varicella [chickenpox]).	Yes	<ul style="list-style-type: none"> <li>No, unless</li> <li>Fever accompanied by behavior change.</li> <li>Child looks or acts very ill.</li> <li>Child has difficulty breathing.</li> <li>Child has blood-red or purple rash not associated with injury.</li> <li>Child meets routine exclusion criteria.</li> </ul>	Exclusion criteria are resolved.
<b>Cough</b> (Cough is a body response to something that is irritating tissues in the airway anywhere from the nose to the lungs.)	<ul style="list-style-type: none"> <li>Common cold</li> <li>Lower respiratory infection (e.g. pneumonia, bronchitis)</li> <li>Croup</li> <li>Asthma</li> <li>Sinus infection</li> <li>Bronchitis</li> <li>Pertussis</li> <li>Noninfectious causes like allergies</li> </ul>	<ul style="list-style-type: none"> <li>Dry or wet cough</li> <li>Runny nose (clear, white, or yellow-green)</li> <li>Sore throat</li> <li>Throat irritation</li> <li>Hoarse voice, barking cough</li> <li>Coughing fits</li> </ul>	Not necessary unless the cough is due to a vaccine-preventable disease, such as pertussis.	Yes	<ul style="list-style-type: none"> <li>No, unless</li> <li>Severe cough.</li> <li>Rapid or difficult breathing.</li> <li>Wheezing if not already evaluated and treated.</li> <li>Cyanosis (e. blue color of skin or mucous membranes).</li> <li>Pertussis is diagnosed and not yet treated.</li> <li>Fever with behavior change.</li> <li>Child meets routine exclusion criteria.</li> </ul>	Exclusion criteria are resolved.
<b>Diaper Rash</b>	<ul style="list-style-type: none"> <li>Irritation by rubbing of diaper material against skin wet with urine or stool</li> <li>Infection with yeast or bacteria</li> </ul>	<ul style="list-style-type: none"> <li>Redness</li> <li>Scaling</li> <li>Red bumps</li> <li>Sores</li> <li>Cracking of skin in diaper region</li> </ul>	Not necessary	Yes	<ul style="list-style-type: none"> <li>No, unless</li> <li>Sores that leak body fluids outside the diaper.</li> <li>Child meets routine exclusion criteria.</li> </ul>	Exclusion criteria are resolved.

American Academy of Pediatrics. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. Aronson SS, Shope TR, eds. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017. Used with permission of the American Academy of Pediatrics, 2017.

<http://nrckids.org/files/appendix/AppendixA.pdf>

### Script:

*Caring for our Children* has a signs and symptoms chart that is really useful because it is organized by symptoms. This chart is available at the website address on this slide. Teachers and caregivers should not attempt to make a diagnosis when a child is ill. The teacher's/caregiver's role is to recognize signs and symptoms that require exclusion and know when those indicate that the child needs to be excluded from the group setting.

[If you have an internet connection during your presentation you can show the chart - or print copies for the optional activity below ].

The resource helps to focus on observations of the child and gives clear guidance on sending them home, and if they are sending a child home, when the child can come back.

As a teacher you are an expert in observing children and knowing the children in your care. You and the child's parents often recognize early signs that a young child is starting to become ill. This tool helps support you in making decisions based on your observations.

When using this chart with programs, it is important to review it to make sure it aligns with your program's exclusion policy. These recommendations of national experts may not match what a particular state requires. In these states, the process of revision of regulations may be a difficult process, sometimes involving action by the legislature. Child care health consultants may be a useful in helping to determine how well the chart aligns with a specific program's policies.

### Optional Activity:

Provide copies of the signs and symptoms chart. Have participants review the chart. Ask

questions like the following:

- What symptoms cause the most concern for your families and staff?
- Does this chart align with your exclusion policies?

The chart is available at <http://nrckids.org/files/appendix/AppendixA.pdf>



## Severe Illness



There are certain symptoms of severe illness that it does not matter what the diagnosis is --- Call 911 (and the parents/caregivers)

### Script:

For certain symptoms of severe illness, call 911.

These include the following:

- 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



### Symptoms of Urgent Conditions

- 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
- Venomous bites or stings
- Injury like a break to the skin that does not hold together

#### Script:

The conditions listed on this slide do not need a call to 911 for emergency medical care as long as a parent can pick up the child and bring the child to a health care provider within an hour. If the parent cannot meet the one hour time frame to have the child evaluated by a health care provider, call 911 for transport. Early educators should not be expected to take a child to receive urgent care. Such transport would require a driver and another staff person tending to the ill child during transport and might reduce the number of caregivers to properly care for the other children. In those situations, the staff should call 911. Parents need to be told where their children are being taken by EMS and EMS staff should be given a copy of the child's health information to inform the care of the child.

In areas where it is known that a venomous bite can pose severe risk, a venomous bite should require a 911 call.



### Child Develops Symptoms

- 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?

*Model Child Care Health Policies:* <http://www.ecels-healthychildcarepa.org/>

#### **Script:**

Your program's policies should cover how information is communicated, who is notified and how, and staff member responsibilities for when children develop symptoms.

The PA chapter of the AAP published the 5<sup>th</sup> edition of *Model Child Care Health Policies* available online at the url address on this slide.

Section 11 on Care of Children and Staff Members Who are Acutely Ill or Injured provides sample policies that should be in place such the following: completion of symptom record, who the decision-maker is at your program for inclusion or exclusion, who calls the parents, when your program needs to obtain advice from a health care professional and reporting requirements.

It is also important to know of any state specific polices or regulations as well.

*Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide* is reference that can be used to obtain information on symptoms along with the signs and symptom checklist available in *Caring for Our Children* mentioned on the earlier slide.

#### **References:**

Pennsylvania Chapter of the American Academy of Pediatrics. Model Child Care Health Policies.

Aronson, SS. Ed. 5th Ed. Elk Grove Village, IL: American Academy of Pediatrics. 2014.

[www.ecels-healthychildcarepa.org](http://www.ecels-healthychildcarepa.org)

Aronson SS, Shope TR. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. 5th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2019.



### Child Already Has A Diagnosis

- What is your responsibility to child care staff, children and the affected child?
- When should you notify parents? How?
- When should you notify the health consultant or health department?



#### **Script:**

Sometimes children return to care with a diagnosis from a health care professional.

Program staff need to know when other parents need to be notified and how, when a child care health consultant, or health department needs to be notified as well as your responsibilities to other child care staff members, children, and the child who has been affected.

The Model Child Care Health Policies book referenced on the last slide also provides sample policies to have in place for these issues.

#### **Optional Activities:**

- Share copies of the Model Child Care Health Policies from Section 11 or bring it up on the web site if you have internet access. Spend some time in large or small groups looking at the sample policies and reviewing how to adapt the sample policies to provide direction for answering the questions about what to do if a child develops symptoms or comes to your program with a diagnosis.
- Share copies of the Managing Infectious Diseases in Child Care and Schools and pick out one or two illnesses and have participants look at the symptoms and if exclusion is required- why or why not.
- You may want to ask your attendees if there is a particular symptom or illness they want to look at. Is there one that often causes challenge as to what to do? Remind participants that they do not have to memorize every symptom for every illness but it is important to know where to look for information and whom they can seek guidance from.
- Share copies of the Healthychildren.org handout for parents, When to Keep Your Child Home from Child care available at <https://www.healthychildren.org/English/family-life/work-play/Pages/When-to-Keep-Your-Child-Home-from-Child-Care.aspx>. Have participants look over the information to see if it is aligned with information provided to parents in their programs. Ask if their programs experience any challenges with parents

regarding understanding or following the suggestions.

**References:**

Pennsylvania Chapter of the American Academy of Pediatrics. Model Child Care Health Policies. Aronson, SS. Ed. 5th Ed. Elk Grove Village, IL.: American Academy of Pediatrics. 2014. [www.ecels-healthychildcarepa.org](http://www.ecels-healthychildcarepa.org)

Aronson SS, Shope TR. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. 5th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2019.



### Conditions that DO NOT Need Exclusion

Many symptoms or conditions do not need exclusion (but children with them are frequently excluded)



#### Guided Discussion:

- On a flipchart write down responses to the question: What infections/conditions/symptoms do NOT need exclusion (but children with them frequently are excluded)?

List should include the following and be used as talking points:

- Common cold (runny nose, congestion)
- Eye discharge (watery, yellow, green, white) with or without red eyes (unless 2 or more children have red eyes with discharge [pinkeye], until health department advises)
- Fever without behavior change or signs of illness (unless child is under 5 months)
- Rash without fever or behavioral changes
- Ringworm (exclusion for treatment can be delayed until the end of the day)
- Thrush
- Lice (exclusion for treatment can be delayed until the end of the day) No nit policies are not recommend
- Fifth disease (parvovirus) follows the rash exclusion criteria
  - Exposure of women who lack immunity to fifth disease and cytomegalovirus (CMV) during pregnancy poses some risk to their fetuses. Susceptible pregnant caregivers/teachers and pregnant mothers of children in child care and school settings should carefully wash their hands to reduce their risk of this infection and infection from other viruses that could harm a fetus. These women should consult with their health care professionals about their immune status and risk of infection.<sup>1</sup>
- Methicillin-resistant Staphylococcus aureus (MRSA) without an infection or illness that would otherwise require an exclusion
- CMV infection
- Chronic Hepatitis B
- HIV (case by case, and is based on protecting the HIV-infected child, not on potential harm to others)

#### Reference

1. Aronson SS, Shope TR. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. 5th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2019.



## Goals of Exclusion



### Script:

- The goal is NOT usually to reduce spread of mild infections since symptoms occur after germs have already spread.
- It is to make sure that children who cannot participate or need more care than possible are at home
- The goal should be to focus on the child's activity level to ensure proper teacher/caregiver to child ratios and the most comfortable environment possible for the child.
- There are a number of conditions that are serious. The list is long, but these occur uncommonly. Exclusion, when it matters keeps certain serious conditions out of the program. We vaccinate for many of these conditions. Refer to *Managing Infectious Diseases in Child Care and Schools*.<sup>1</sup>

### Source:

Aronson SS, Shope TR. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. 5th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2019.



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



### Summary

- Exclusion decisions should be based on written criteria
- Three main reasons for exclusion
- Decisions about whom to notify can be determined by checking and consulting with local public health authorities as needed



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#### Script:

- Exclusion decisions are emotional, controversial, and confusing.
- Exclusion criteria need to be written down and reviewed ahead of time. Rules can be confusing and vary a lot. It is important to know your state exclusion criteria. Use evidence-based resources such as those mentioned in this module for information.
- Published guides, such as *Managing Infectious Diseases in Child Care and Schools*, come from a reliable source and help to defuse controversy and fear by imparting knowledge.

Ask: What are the 3 primary reasons for exclusion?

[Answers should be the following]

- 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 diseases, symptoms and conditions listed in *Managing Infectious Diseases in Child Care and Schools*. If you are not certain who needs to be notified contact your health department or child care health consultant.

#### Source

Aronson SS, Shope TR. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. 5th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2019.



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



## Questions



### **Script:**

Are there any questions?

## Acknowledgements



- This curriculum has been developed by the American Academy of Pediatrics (AAP) .
- The recommendations in this curriculum do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.
- Listing of resources does not imply an endorsement by the AAP. The AAP is not responsible for the content of resources mentioned in this curriculum.
- Web site addresses are as current as possible, but may change at any time.
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# Acknowledgements



**American Academy of Pediatrics Council  
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Susan S. Aronson, MD, FAAP

**Curriculum Content Consultant:**

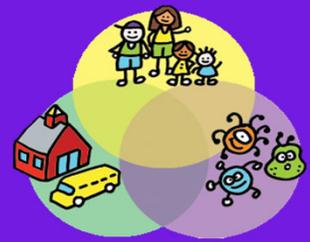
Kelly Towey, M.Ed.

## Copyright Information



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# Wrap Up





### Think-Pair-Share

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



#### Participant Exercise

- The following slide lists some of the policies that could be related to infectious diseases.
- Have the groups compare their lists to the slides.



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



### Policies

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



#### **Script:**

After discussion of the lists that participants came up with during the think-pair-share, compare the lists developed to the list on this page and the following slide.



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



### Policies



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

**Script:**

[Continue to read the list of policies]. Were there any policies left out, or any policies that you listed that were not included on these lists?



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



## Next Steps?



**Script:**  
What are some of your next steps?



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



# Additional Resources



### **Trainer notes:**

Share the Managing Infectious Diseases Resource list with participants. In addition to the handouts and references used in this training, this list provides you with more resources. You may want to ask participants to take a few moments to look at the list and see if there are any resources on here that they have used and if so what have found helpful. Are there resources not on this list that they want to share? Sometimes there are local or regional resources that provide valuable information as well.



## Parking Lot



### **Guided Discussion:**

- This is the time to answer any questions that remain unanswered.
- If there are questions that you cannot answer, offer to get back to the participants.



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



***Thank you for your  
participation !***

**Notes:**

If you are giving the post assessment, handout the post assessment for your participants to fill out. Also, ask them to fill out the evaluation form or survey if you have. You may wish to add your contact information on this slide.

# Acknowledgements



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Susan S. Aronson, MD, FAAP

**Curriculum Content Consultant:**

Kelly Towey, M.Ed.

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**Managing Infectious Diseases in Early Education and Child Care Settings Post-Test**

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. Child who attend child care are less likely to have antibiotic resistant ear infections and have tubes placed.
  - a. True
  - b. False

*Continued on the next page*

## 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. Where 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 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

*Continued on the next page*

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. The goal of exclusion is to:
- a. Provide a setting where the child can recover more easily
  - b. Prevent other children from getting a fever
  - c. Keep certain specific disease from spreading through the child care site
  - d. A and C
  - e. E. None of the above

### Managing Infectious Diseases in Early Education and Child Care Settings Post-Test

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. Child 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. Where 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 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. The goal of exclusion is to:
- a. Provide a setting where the child can recover more easily
  - b. Prevent other children from getting a fever
  - c. Keep certain specific disease from spreading through the child care site
  - d. A and C
  - e. E. None of the above

## Managing Infectious Diseases Resource List

The resources listed serve as a starting point for additional information on the topic of managing infectious diseases in early education and child care settings. Many of these resources are mentioned in the slide presentation.

### **American Academy of Pediatrics**

Immunization Schedules

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Pages/Immunization-Schedule.aspx>

### **Center for Disease Control and Prevention**

Adult Vaccine Quiz

<https://www2.cdc.gov/nip/adultimmsched/>

### **Centers for Disease Control and Prevention**

Animals in Schools and Daycare Settings

<https://www.cdc.gov/features/animalsinschools/index.html>

### **Centers for Disease Control and Prevention**

Childhood Vaccine Quiz

<https://www2a.cdc.gov/vaccines/childquiz/>

### **Centers for Disease Control and Prevention**

Common Vaccine Safety Concerns

<https://www.cdc.gov/vaccinesafety/concerns/index.html>

### **Centers for Disease Control and Prevention**

Handwashing: Clean Hands Save Lives Posters

<https://www.cdc.gov/handwashing/posters.html>

### **Centers for Disease Control and Prevention**

Immunization Information Systems (IIS)

<https://www.cdc.gov/vaccines/programs/iis/index.html>

### **Centers for Disease Control and Prevention**

Immunization Schedules

<https://www.cdc.gov/vaccines/schedules/index.html>

### **Centers for Disease Control and Prevention**

Provider Resources for Vaccine Conversations with Parents

<https://www.cdc.gov/vaccines/partners/childhood/professionals.html>

**Centers for Disease Control and Prevention**

Preventing the Flu: Good Health Habits Can Help Stop Germs

<https://www.cdc.gov/flu/protect/habits.htm>

**Centers for Disease Control and Prevention**

Zika Virus: Prevention and Transmission

<https://www.cdc.gov/zika/prevention/index.html>

**Early Childhood Learning & Knowledge Center**

Breastfeeding Resources

<https://eclkc.ohs.acf.hhs.gov/nutrition/article/breastfeeding-resources>

**Early Childhood Education Linkage System (ECELS)**

Diapering Poster

<http://www.ecels-healthychildcarepa.org/tools/posters/item/279-diapering-poster>

**Early Childhood Education Linkage System (ECELS)**

Model Child Care Health Policies

<http://www.ecels-healthychildcarepa.org/publications/manuals-pamphlets-policies/item/248-model-child-care-health-policies.html>

**Healthychildren.org**

Antibiotic Prescriptions for Children: 10 Common Questions Answered

<https://www.healthychildren.org/English/safety-prevention/at-home/medication-safety/Pages/Antibiotic-Prescriptions-for-Children.aspx>

**Healthychildren.org**

Choosing an Insect Repellent for Your Child

<https://www.healthychildren.org/English/safety-prevention/at-play/Pages/Insect-Repellents.aspx>

**Healthychildren.org**

Preventing the Flu: Resources for Parents and Child Care Providers

<https://www.healthychildren.org/English/safety-prevention/immunizations/Pages/Preventing-the-Flu-Resources-for-Parents-Child-Care-Providers.aspx>

**Healthychildren.org**

Vaccine Safety: The Facts

<https://www.healthychildren.org/English/safety-prevention/immunizations/Pages/Vaccine-Safety-The-Facts.aspx>

**Healthychildren.org**

When to Keep Your Child Home from Child Care

<https://www.healthychildren.org/English/family-life/work-play/Pages/When-to-Keep-Your-Child-Home-from-Child-Care.aspx>

**Henry J. Kaiser Family Foundation**

Paid Family Leave and Sick Days in the U.S.: Findings from the 2017 Kaiser/HRET Employer Health Benefits Survey

<https://www.kff.org/womens-health-policy/fact-sheet/paid-family-leave-and-sick-days-in-the-u-s-findings-from-the-2017-kaiserhret-employer-health-benefits-survey/>

**National Center on Early Childhood Quality Assurance**

Child care licensing regulations of all states database

<https://childcareta.acf.hhs.gov/licensing>

**National Conference of State Legislatures**

Paid Sick Leave

<http://www.ncsl.org/research/labor-and-employment/paid-sick-leave.aspx>

**National Resource Center For Health and Safety in Child Care and Early Education**

Chapter 7: Infectious Diseases

<http://cfoc.nrckids.org/CFOC/Database/7>

**National Resource Center For Health and Safety in Child Care and Early Education**

Enrollment/Attendance/Symptom Record

<http://cfoc.nrckids.org/files/appendix/AppendixF.pdf>

**National Resource Center For Health and Safety in Child Care and Early Education**

Routine Schedule for Cleaning, Sanitizing, and Disinfecting

<http://cfoc.nrckids.org/files/appendix/AppendixK.pdf>

**National Resource Center For Health and Safety in Child Care and Early Education**

Selecting an Appropriate Sanitizer or Disinfectant

<http://cfoc.nrckids.org/files/appendix/AppendixJ.pdf>

**National Resource Center For Health and Safety in Child Care and Early Education**

Situations That Require Hand Hygiene

<http://nrckids.org/CFOC/Database/3.2.2>

## Evaluation

Module: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your participation and feedback. We are always striving to improve our programs and services. Please take a moment to tell us how we did by completing the survey below.

**1. Your organization and role (please check all that apply):**

- Head Start/EHS
- Child Care or Early Childhood Program Director
- Teacher/Caregiver
- Family Child Care Provider
- Other \_\_\_\_\_

Please circle your response below:

**2. BEFORE this training, my knowledge of the content/topics addressed can best be described as:**

1  
I have minimal knowledge in this area.

2  
I know some of the basic concepts of this area.

3  
I know some of the key information and where to go to find more information.

4  
I know this area and am able to give examples and recommend resources.

5  
I have a high level of knowledge in this area and am able to be a resource to others.

**3. AFTER this training, my knowledge of the content/topics addressed can best be described as:**

1  
I didn't learn anything new.

2  
I have a better understanding of the basic concepts in this area.

3  
I now know some of the key information and where to go to find more information.

4  
I have specific new information or strategies I want to try or share with others.

5  
I learned a lot of new information and strategies to use and share with others.

**4. The information provided and discussed will make a difference in my work:**

1  
Strongly Disagree

2  
Disagree

3  
Undecided

4  
Agree

5  
Strongly agree

**5. This presentation met or exceeded my expectations:**

1  
Strongly Disagree

2  
Disagree

3  
Undecided

4  
Agree

5  
Strongly agree





# Certificate of Participation

**Participant Name**

participated in:

## **Managing Infectious Diseases in Child Care and Schools Webinar**

For a total of:

**# of Hours**

contact hours on

Date

Presented By:

**Instructor Print Name**

Sponsored By:

The American Academy of Pediatrics  
Johnson & Johnson Consumer Inc.

Instructor Signature

Date



## Certificate of Participation

\_\_\_\_\_ participated in:

### **Managing Infectious Diseases in Child Care and Schools Webinar**

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Date

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\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date