[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
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.¹

Source:
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

**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](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](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. See Caring for our Children Standard 1.1.1.2 for ratios at [http://nrckids.org/CFOC/Database/1.1.1.2](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. 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.  

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:**
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 and the American Academy of Pediatrics at 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


**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. ¹
• Getting the seasonal flu vaccine is the best way to reduce your risk of getting sick with seasonal flu.¹
• The more people who get vaccinated against the flu, the less flu can spread through your community. ¹

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.¹

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
- 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:**
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) 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 mislead 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) 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


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, 5th 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
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.¹

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.²
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. 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. They are also not effective against some germs that cause diarrhea. Antibacterial soaps are not required or recommended for use.

**References**
1. *CFOC 4th ed standard 3.014*
2. *CFOC 4th ed standard 4.051*
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.¹ 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.²

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

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://nrckids.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.
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-poster.html?highlight=WyJkaWFwZXliLCJjaGFuZ2luZyIsImRpYXBlciBjaGFuZ2luZyJd
Managing Infectious Diseases in Child Care and Schools also provides detailed information about diaper changing.

Sources:
2. Caring for Our Children. http://nrckids.org/CFOCDatabase/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.

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.
Policies and Procedures


- *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 polices 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](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 polices in the website’s search box.

[Next slide asks more questions]


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

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

Script:

• Having animals in child care is educational. However, some animals carry disease-causing germs.

  Ask “Do you know some examples?” (See list below to augment the responses of the participants.)
  
  – Healthy reptiles and amphibians (e.g., 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:
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.
• Support for the Heathy Futures curricula has been provided through funding from Johnson & Johnson Consumer Inc.
Acknowledgements

American Academy of Pediatrics
Council on Early Childhood
Reviewer:
Susan S. Aronson, MD, FAAP

Curriculum Content Consultant:
Kelly Towey, M.Ed.
© Copyright 2019 American Academy of Pediatrics. All rights reserved. Specific permission is granted to duplicate this curriculum for distribution to child care providers for educational, noncommercial purposes.