INFECTIOUS DISEASES:

Don’t Let Germs Get the Best of Your Program
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As a result of participation in this activity, participants will be able to:

• Identify ways infectious diseases are spread
• Describe steps to reduce the risk of infectious diseases
• List the steps to perform a daily health check
• Identify criteria and rationale for exclusion due to illness

What’s a Germ?

Viruses
Bacteria
Fungus
Parasites

What’s a Germ?

• Viruses: usually get better on their own. Medications are usually not effective (influenza - unless given in 1st 48 hours of illness)
• Bacteria: often require treatment with antibiotics (urinary tract infection)
• Fungus: often on surfaces; are treated with creams or oral medication (ring worm)
• Parasite: much less common; treated with anti-parasitic medications (pinworms)
Risk of Infection is Highest among Youngest Children

Why are Young Children So Vulnerable to Infection?

Normal Behaviors

- Hand-to-mouth
- Close contact with others
- Not yet aware of basic hygiene behaviors (covering cough, fingers out of nose, hand washing)

Incomplete Immunity to Common Germs

- Immune system needs time and experience to develop
- Haven’t had all vaccines

What are the most common symptoms of illness?

- Not all symptoms need to trigger an exclusion from child care!
Common Ways Germs are Spread

1. Reduce number of germs
   - Appropriate cleaning, sanitizing and disinfection
   - Safe food handling
   - Healthful practices around diaper changing and toileting

Reduce number of germs (continued)

- Standard precautions when handling body fluids
  - Put on gloves
  - Clean and disinfect
  - Remove gloves and do hand hygiene

- Hand hygiene
  - MORE TO COME.....

Keeping the Environmental Burden of Germs Low

- Cleaning: removing visible soil
- Sanitizing: reduces germs on surfaces that may have contact with food or object that may be put into the mouth (food preparation counter, utensils, pacifiers)
- Disinfection: kills germs on non-porous surfaces that are likely to have high concentrations of contamination (changing tables, toilet, door knobs)

Cleaning, Sanitizing, Disinfecting: when to do what?

Sanitary Food Practices

- FOOD STORAGE:
  - Check expiration dates
  - Only store prepared formula for 24 hrs – then discard
  - Keep perishable foods at safe temperatures (≤40°F OR ≥140°F)
Sanitary Food Practices (continued)

- **FOOD PREPARATION:**
  - Use clean and sanitized utensils and equipment
  - Staff who handle food must be healthy, have no open sores, do not do toileting tasks until food prep is done
  - *Caring for Our Children, 3rd Ed. Standard 4.9.0.2: Staff Restricted from Food Preparation and Handling*

- **FOOD CONSUMPTION:**
  - Discourage sharing of foods prepared at home
  - Encourage communal meals

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When to Perform Hand Hygiene

- When **arriving AND leaving** the program each day
- After **moving from one child care group to another**
- **Before AND after handling food** or helping children eat
- After **touching dirty tissues** or mucous from runny noses, sneezes, or coughs
- After **diapering** or changing soiled "pull-ups" or underwear
- **Before AND after giving medication**

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Other Hand Hygiene Questions (1):

**What is the correct way to wash hands?**

- Wet hands
- Liquid soap
- Wash 20 seconds
- Rinse
- Dry with single use paper towel
- Turn water off with paper towel

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Time for A Polling Question:

**When is it important to wear gloves?**

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Other Hand Hygiene Questions (1):

**When should I use gloves?**

- When contact with blood is possible
- When diapering, wiping of noses, or when other contact with body fluids might happen

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Other Hand Hygiene Questions (2):

- **When is it safe to use hand sanitizers?**
  - For children over 24 months of age
  - Only if their hands are not visibly dirty
  - Must be placed in location children cannot access independently or drip onto floor or other surfaces
- **Is it important to use antibacterial soap?**
  - No - not recommended because it can promote bacteria to become more resistant to antibiotics
2. Separating People from Germs

- Make sure surfaces are easily cleaned
- Do not change diapers on floor
- Ensure complete separation of places where food is prepared or eaten from diaper changing
- Provide enough space (42-50 sq ft) per child
- Cribs, cots, sleeping bags, beds, mats, or pads in/on which children sleep: placed at least 3 ft apart
- Create small, consistent, same-age groupings

(continued)

- Maintain physical environment
- Use integrated pest management
- Regular service of heating, ventilation and air conditioning (HVAC)
- Windows should be opened whenever weather and outdoor air quality permits or when children are out of the room e.g., for outdoor active play – *Caring for Our Children*, 3rd Ed. Standard 5.2.1.1: Fresh Air

3. Make people more resistant to infection (improve immunity)

- Support breastfeeding
- Keep skin healthy to block germs to enter the body
- Practice oral hygiene (prevents mouth infections)
- Promote vaccines for children and teachers

Vaccines and Immunity

- **Immunity**: the body’s ability to fight a germ and prevent it from causing a disease
- Two ways to get immunity for many germs…
  
  **NATURAL INFECTION**  
  *Contact with the germ that can trigger infection but also causes disease*

  **VACCINE**  
  *Giving a weakened or killed version of the germ to get protective response without disease*

Early Educators - Role in Vaccination

- Check vaccine records at time of enrollment/intake.
- Verify vaccine records against immunization regimens (usually requires partnership with public health).
- Monitor which vaccines due during the year and ask parent if child has received them.

Reasons for Undervaccination

**Difficulties getting a vaccine**

- Cost concerns
- Missed preventive healthcare visits
- Unanswered questions about vaccine effectiveness and safety
### Reasons for Undervaccination

**Refusal to vaccinate**
- Some valid medical contraindications to vaccination
- Poses serious risk to other members of the child care program and community
- Recent outbreaks of measles are an example of effects of vaccine refusal

### Why Perform a Daily Health Check?

To assess the child’s readiness and appropriateness to participate
- Can identify any conditions that require special attention or exclusion of the child from the program for the day
Can also perform a health check during the middle of the day if you notice a child is
- Less active
- Clingy or cranky
- Not participating in activities
Ensures that child is not ill or a risk to others

### Daily Health Check (1)

- **Greet and transition** the child into the program. Ask friendly, respectful questions about how the child has been at home. "Has there been anything unusual such as an illness, injury, or special event that involved the child or a family member?"
- Ask when and what child **last ate**, and when child was **last changed or used the toilet**. "When did the child eat breakfast? Did the child use the toilet before you left home? When did you last change a diaper?"

### Daily Health Check (2)

- **Observe** the child for irritability, tiredness, sadness, and readiness to participate in the group.
- **Look** for skin rashes, itching or scratching, runny nose, flushing of the skin, and/or irritated eyes.
- **Listen** to the child’s breathing and voice.
- **Touch** the child gently to feel for any unusual body warmth that might suggest a fever.
- Note any **odors** that suggest a situation that needs immediate care.

### Exclusions: what you need to know…

Up to 50% of exclusions are not necessary (i.e. it is safe for the child to stay in the facility)
- Exclusion policies vary by state
- Best to have written criteria that comply with state law
- Should be discussed at the time of enrollment
- Must be applied consistently to all children

### Principles of Exclusion

- Illness prevents the child from participating comfortably in activities
- Results in a need for care greater than the staff can provide without compromising the health and safety of the other children
- Child has a specific disease, condition, or symptom requiring exclusion
Child Care Health Consultation

Child Care Health Consultant and Child Care Health Advocate = Your Partners

Helping your program:
1. Implement best practices for infection prevention and management
2. Develop policies
3. Meet professional development needs

Developing Exclusion/Inclusion Policies

*Model Child Care Health Policies, 5th Ed.*

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

Publications> Manuals/Pamphlets/Policies (2nd page of items)

Section 11, Care of Children and Staff Members Who Are Acutely Ill or Injured pages 79-84
- Order from [www.shop.aap.org](http://www.shop.aap.org)

Time for A Polling Question:

Who should receive and be required to review your program’s written policies related to prevention and care of illness?

Symptoms that Require Immediate Action

CALL 911 FOR AMBULANCE AND CALL PARENTS!

- Fever with difficulty breathing or abnormal skin color (very pale, blue, or very pink)
- Child acting very strangely, much less alert or withdrawn, lethargic, or unresponsive
- Difficulty breathing, unable to speak
- Skin or lips that look blue, purple, or gray

Symptoms that Require Rapid Action

CALL PARENT. CHILD NEEDS MEDICAL ATTENTION WITHIN 1 HOUR

CALL 911 FOR AMBULANCE AND CALL PARENTS!

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

Symptoms that Require Immediate Action (continued)

CALL 911 FOR AMBULANCE AND CALL PARENTS!

- Vomiting blood
- Large volume of blood in the stools
- Rhythmic jerking of arms/legs (seizure)
- Stiff neck with headache and fever
- Suddenly spreading purple or red rash
Other Symptoms…
From Managing Infectious Diseases in Child Care and Schools, 3rd Ed.
available for purchase from www.aap.org/bookstore

Time for A Polling Question:

Does pink eye (conjunctivitis) require exclusion?

Diseases that May Require Exclusion

- **Lice**: exclude only until child has received 1 treatment (a child with “nits” does not need to be excluded)
- **Scabies**: exclude only until child has received 1 treatment
- **Strep throat**: exclude until child has received 12 hours of antibiotics
- **Chickenpox**: exclude until sores are fully crusted
- **Pertussis (whooping cough)**: exclude until child has completed 5 days of antibiotics

The “Bad” and “Good” of Early Education and Child Care

- Sick more often
- Illnesses can last longer
- More ear infections
- More antibiotic resistant bacterial infections
- 90% of infections DON’T need specific treatment
- Risk of illness decreases after 1st year
- Lower rate of infection when in kindergarten
- Less risk of developing asthma

Resources

- Detailed recommendations in Caring for Our Children, 3rd edition at: http://nrckids.org/
- User-friendly content in Managing Infectious Diseases in Child Care and Schools, 3rd edition (purchase from www.aap.org/bookstore)
Wrap Up

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