

What Staff Members Can Do to Reduce Illness from Infection in Early Education/Child Care and Schools

Overall Approach to Prevent and Manage Infectious Disease

Adults who work in child care programs and schools can collaborate with families and health professionals to protect children (and themselves) against infectious illness in the following ways:

1. Keep the number of disease-causing germs that enter the body down to a level that the body can manage. Follow hand hygiene and surface sanitation and disinfection guidelines specified in [*Caring for Our Children*](#), (at <http://nrckids.org/CFOC>)
2. Make sure staff members and the families of the children in the program obtain preventive care from health professionals that is recommended for children by the American Academy of Pediatrics (See Bright Futures at www.aap.org) and for adults by the Centers for Disease Control and Prevention (www.cdc.gov.) Follow healthful practices such as good nutrition, exercise, and sleep to keep the body fit and able to resist disease.
3. Have policies and procedures that specify health practices that the program requires related to infection prevention. Educate all staff members about infectious disease risks for themselves and for the children. Explain to staff members how they can reduce these risks by following the standards in [*Caring for Our Children*](#) (at <http://nrckids.org>) and *Model Child Care Health Policies, 5th ed.* (at www.ecels-healthychildcarepa.org) for immunization, sanitation, hygiene, and group exposure.

Keep the Number of Germs Down to a Manageable Level

Germs like warm, moist places. They live in body fluids, in foods, and on surfaces. Germs live on surfaces that are touched, such as toilets, door handles, tables, and floors where children crawl and people walk with their shoes. Some germs can survive in an inactive state on dry surfaces for quite a long time. Some survive hours, others days and weeks. The germs may become active when they come in contact with a moist surface again. Germs can get inside the body by touching contaminated surfaces with hands and then touching the eyes, nose, or mouth, or by simply eating without practicing hand hygiene. Germs can be passed by sharing glasses, forks, spoons, and mouthed toys that have not been properly cleaned. Some germs travel through the air. Diluting the air with fresh, healthful air is a good way to keep the concentration of germs as low as possible.

Hand Hygiene:

Hand hygiene is one of the most important measures to prevent the spread of germs. To facilitate good hand-washing practices for all adults and children, have accessible sinks with warm water, soap, disposable towels, hand lotion, and easy-to-understand instructions posted in each area of early education and school-age facilities where activities occur that require hand hygiene before and/or after the activity. Also post these instructions where hand hygiene supplies and hand washing sinks are located.

Make hand washing the first choice method for hand hygiene. If hands look clean, children older than 24 months and adults may use an alcohol-based hand sanitizer with at least 60% alcohol as an alternative to hand washing. Hand sanitizers do not kill all germs, are not effective if the hands are visibly soiled. They are toxic and flammable. Children require close supervision when using a hand sanitizer.

When to Practice Hand Hygiene

- When coming inside from outside, after breaks, and when moving from one group to another
- Before and after
 - Preparing food or beverages
 - Eating, handling food, or feeding a child
 - Giving medication or applying a medical ointment or cream where there is a break in the skin (eg, sores, cuts, scrapes)
 - Playing in water (including swimming, wading, water tables) that is used by more than one person
 - Changing diapers, training pants or soiled underwear.(It is not necessary to practice hand hygiene before these changes if hand hygiene was recently performed for another purpose and no new contamination has occurred since that hand hygiene was done. Hand hygiene must always be done after the changing activity is completed.)
- After
 - Using the toilet or helping a child use a toilet; changing a diaper, disposable training pants, or soiled underwear; or touching inside the garment to see if diapers or underwear need to be changed
 - Handling body fluids (eg, mucus, blood, vomit) from sneezing, wiping and blowing noses, mouths, or sores
 - Handling animals or cleaning up animal waste, cages, containers, or aquariums
 - Playing in sand, on wooden play sets, and outdoors
 - Cleaning or handling garbage

Preventive Health Care in a Medical Home Helps Adults and Children to Stay Healthy

The ideal preventive health care is accessible, continuous, comprehensive, coordinated, compassionate, culturally effective, and family centered. Such a source of health care is known as a *medical home* (see <https://medicalhomeinfo.aap.org/>). A medical home uses a team-based approach, led by a physician, and will likely include medical assistants, nurse practitioners, physician assistants, and others. For adults, the team will be led by a family practice physician or an internist and includes nurse practitioners and other types of health care providers in a private or public health program. For children, the team is led by a pediatrician or a family practice physician. As for adult care, the pediatric team often includes pediatric nurse practitioners and other health care providers. A medical home promotes life-long wellness. When a medical home is not available that meets the ideal, seek care from a source that most closely follows the medical home concept in the community.

Before finalizing arrangements for an adult to start work in an early education/ child care program, prospective new staff members should review with a supervisor their occupational risks. This should include discussion and review of a written reminder about the increased risk of exposure to infectious diseases, the risks of not receiving recommended vaccines and, if the adult is a woman of child-bearing age, the increased risk of birth defects caused by certain viruses in an unborn child if a pregnant woman is a teacher/caregiver for a group of children less than 5 years of age. Supervisors of these staff members should recommend that these staff members talk with their health care providers about their occupational risks and ways to reduce them. The program should give the staff members who might become or are pregnant and are caring for young children an oral and written explanation of the special risk to an unborn child and require that these staff members sign an acknowledgement that they have been informed about it.

Two viral infections are of special concern for teachers/caregivers of child bearing age. Repeated shedding of cytomegalovirus (CMV) by children who are younger than 4-5 years of age and participate in group care occurs at higher rates than among children who receive care only at home. Most of these episodes of shedding of CMV cause no symptoms in the children. If the teacher/caregiver has a CMV infection during her pregnancy, her baby may have significant birth defects such as sensory-neural hearing loss, heart, brain and other organ damage. This risk can be reduced by conscientious hand hygiene or transfer of the woman before she becomes pregnant or as soon as possible thereafter to

duties that do not include care of children who are younger than 4 or 5 years of age. Parvovirus infection of pregnant women poses a risk of causing severe anemia for an unborn child.

The review of occupational risks should occur again when staff members are due for periodic health assessments. Typically, health professionals schedule these check-ups for adults every two years.

Communicate Appropriately

It is difficult to have extended discussions with health professionals and obtain documentation of required services without having the health provider's office schedule enough time for these tasks. A heavily-booked schedule may lead to fast-paced work by health professionals. This can result in poor communication, such as hasty responses, overlooked messages, incompletely completed documentation and misunderstandings. When making an appointment or seeking a dialog with a health care professional, alert the person scheduling the appointment of the need for "talk time."

When seeking information from a child's health professional, be sure the child's parent or legal guardian has completed the forms used by the health professional to meet legal requirements to release any information. The federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that most health professionals transfer health information about a patient only with consent from the adult patient or the parents/legal guardians of a child. Most health professionals require completion of their office's version of a HIPAA consent form, which can be obtained from the medical professional's office staff. Search online for "HIPAA Form" to locate state-specific HIPAA forms.

HIPAA does not apply to release of information about children by educators to health care providers. However schools that enroll children less than 18 years of age do require written parent consent to give health care providers information that is school-derived health information, protected by the federal Family Educational and Rights to Privacy Act (FERPA law). This law applies to K-12 schools, but the H I P A A form that doctors usually require covers information exchange in both directions: from schools to health care providers and from health care providers to the child's education/care program. For more information about FERPA, go to <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/lea-officials.html>.

It is best to discuss with parents how their consent to share information about a child helps the child's educators, family and health care providers to collaborate for the benefit of the child. With consent in hand, the educator should provide to the health professional a clear, brief statement of the concerns or

questions in whatever form of communication being used – phone call, email, or message hand carried by the parent/legal guardian. Ask the person who answers the phone in the health care provider’s office about the best way to communicate with the child’s health care provider. If communication is not easily arranged, talk with the health care provider’s practice manager about how to go about getting the necessary information. A child care health consultant can help who is familiar with the local health care systems and who understands medical language that the health care provider might use.

Routine notes for return after illnesses are not necessary if the child seems well. Generally, health care providers determine whether a child is well by asking parents/legal guardians how the child seems to them. A note from a health professional may be warranted if 1) there is a concern about the effect of a diagnosis on the health of others in the group (e.g. recovery from diarrhea caused by certain types of infections such as those caused by shiga toxin-producing *E.coli* (STEC) or shigella ; 2) there is a concern that parents/legal guardians did not adequately communicate the severity of symptoms to the health care provider; or 3) a care plan is needed for a child who might require special accommodation. Consult the Quick Reference Sheets in *Managing Infectious Diseases in Child Care and Schools*, 4th edition, a publication of the American Academy of Pediatrics, to see if a note is needed.

Notifying parents/legal guardians about their child’s exposure to a potential infection, outbreak, or epidemic without causing alarm or prompting inappropriate action is challenging. Before children are enrolled in early education/child care or school, educators/ child care providers should explain to families what to expect for communication about these issues. At enrollment, parents/legal guardians need more than being given a written brochure. Review the key issues verbally, including common situations, program procedures, and policies. Families need to know *how* they will receive information or updates. E.g. should the families refer to a program policies booklet or a bulletin board? Will they be contacted personally or receive a written notice? Will routine notifications differ from times when there is a potential outbreak? These written and verbal discussions at the time of enrollment may reduce confusion in the future about communications about infectious diseases.

Require Families to Follow the Schedule for Routine Preventive Care for Their Children

Families should follow the American Academy of Pediatrics’ Bright Futures schedule for preventive care for their children. A tracking system will help the program identify children who have gaps in recommended preventive health services. Their families may need reminders and help to obtain these services. The amount of illness in the group will be lessened if adults and children are keeping up to

date with routine preventive care. See www.wellcaretracker.com, an example of a tracking system.

Use Health Record Review as a Tool

The health record of each staff member and each child should be periodically reviewed by designated staff members in the early education/child care or school program. The first such review should be pre-employment for adults and at time of enrollment for children. This is the time to clarify questions about the individual's health. For children, use this review as an opportunity to emphasize the value of a 3-way partnership among parents/legal guardians, the program, and health professionals to foster the child's well-being and learning. All staff need to comply with the confidentiality requirements related to health records.

Care for Children and Staff Members with Special Needs

Staff members should work with families and appropriate professionals to develop plans for children whose needs for care differ from those of typically developing children and for staff who require some type of accommodation. The job description for the prospective staff member's position should be explicit about what the staff member is expected to do. If performance of these expectations will not be possible with reasonable accommodation, then the person should not be considered for that position. The American's for Disability Act defines what programs must do to offer reasonable accommodation. If in doubt about what is reasonable under the law, consult a lawyer.

Children with special health needs may be more vulnerable to infectious diseases than other children for a variety of reasons. Therefore, programs should not allow attendance of these children until they work out the details about how the program will be able accommodate them to fully participate in all activities. The child's Care Plan should specify if there are any particular vulnerabilities that the child has such as an altered immune system the limits their ability to be vaccinated against certain diseases.

Some children with chronic conditions do not have a medical home and use emergency departments or urgent care centers. This results in fragmented, sporadic medical treatment instead of preventive care. Examples of chronic illnesses that may make children more susceptible to severe infections or complications of infections include allergies, asthma and other respiratory problems, cancer, transplanted organs, metabolic and kidney problems, cystic fibrosis, diabetes, and liver disease.

Vaccines

The program's policies should require that the program must have documentation of up-to-date immunizations for children who are enrolled and adults who work in the program. Any exceptions should be properly documented. Be sure staff and children get recommended immunizations on time to protect them and others in contact with them from vaccine-preventable illnesses. Annual flu vaccine and a single dose of tetanus, diphtheria, acellular pertussis (Tdap) vaccine for teachers/caregivers is especially important. Although requiring that staff receive the vaccines recommended by the Centers for Disease Control and Prevention may lead to some staff resistance, caring for young children puts both the under immunized adults and young children in their care at risk. Education programs can draw from recent successful approaches used by medical care facilities to get their staff immunized as a condition for continued employment. The approaches that seem to be successful include: Routine education/reminder sessions about the value of immunization to the adult staff member, to the children in care and to the adult staff member's and child's family. 2) Reimbursement for annual influenza vaccine with recognition of those who are compliant. 3) Arrangements for on-site provision of annual flu vaccine by local pharmacies or other community health care providers.

Vaccine Refusal

The education program staff should express support of the vaccine schedule recommended by the Centers for Disease Control and Prevention and the program policy to require that enrolled children and staff follow this schedule. Share valid information about the value of following the currently recommended vaccine schedules for children and adults. Offer the table of misconceptions and the findings of the Institute of Medicine report on vaccine safety to families and staff members refusing recommended vaccines summarized in the fact sheet "What Families Can Do ..." on the ECELS website.

Refer all vaccine refusers to their health care provider to discuss their concerns. The program's policies should address the reality that staff members and families who refuse vaccines increase the risk for serious infections for children who are too young to have received all the needed vaccine doses or whose medical condition prevents them from receiving certain vaccines. All states allow medical exemptions from immunization, and some allow non-medical (religious or philosophical) exemptions. Check with a lawyer about the program's potential liability for allowing "voluntary vaccine refusers" to participate in the group setting. If the program allows participation by vaccine refusers who lack a medical reason for their refusal, be sure that those involved have had a meaningful review of the facts. Have the parent/legal guardian sign an acknowledgement of the health risks for the under-immunized

child and others who will be in contact with them. Under immunized children will need to be excluded if a case of a vaccine-preventable illness occurs in the group. Exclusion criteria for fever or rash might need to be more rigorous for children who are not vaccinated. Other parents/legal guardians need to be informed that there is such a child in the group. That child poses a risk of exposure of others to illness as well as to themselves.

Encourage “vaccine refusers” to discuss their reasons for failing to follow the recommended immunization schedule with their own or their child’s health care provider. Helping people to voice their concerns is a good first step. Suggest that when making such an appointment, ask for enough time on the health professional’s schedule to properly explore the concerns.

Nutrition

Breastfeeding to any extent is helpful; no amount is too little to matter. Sustain infant feedings of human milk to any extent possible. Exclusive use of human milk for feedings offers the greatest protection, and smaller amounts still help. Support mothers who want to breastfeed their infants before, during or after child care by having a quiet, private place for feeding if possible.

Many easy to understand articles about how to make breastfeeding successful are on the AAP website at <https://www.healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/default.aspx>. The articles are available in English and Spanish. They include practical advice about how to sustain breastfeeding and the disease-prevention qualities of human milk. Obtain and use this information about how mothers should safely express, store, and transport milk to child care for times when mother and baby cannot be together for feedings. Review storing instructions for keeping frozen and fresh breastmilk in child care. Be sure that appropriate storage and handling of breast milk is practiced at home and at the early education and child care facility to preserve its benefits, avoid wasting it, and ensure that children receive only their own mother’s milk. Make the best use of breastmilk by storing it in slightly smaller amounts than the infant typically consumes at one feeding, and then have a few ounces stored separately to offer if the infant seems hungry.

If a mother is having difficulty sustaining her milk supply, suggest she seek in-person help from a lactation consultant who can offer one-on-one coaching. See D. Infant/Toddler Feeding and Appendix R in *MCCHP*, 5th edition for guidelines about use of stored human milk accessible at <http://www.ecels-healthychildcarepa.org>. See [Caring for Our Children](#), Standard 4.3.1.4 for what to do if human

milk is accidentally fed to the wrong infant, other than to a same age sibling, accessible at <http://nrckids.org>.

Follow the Child and Adult Care Food Program guidelines for good nutrition for all children. For both adults and children, use the resources available on the U.S. Department of Agriculture's website at www.choosemyplate.gov. Fruits and vegetables have key vitamins that help the body to fight infection.

Physical Activity

Maintain recommended levels of physical activity and be responsive to cues that signal a need for rest and sleep. Individualizing wherever possible helps children (and adults) sustain health and cope with unavoidable stress.

Manage Illness

Communicate with staff members in the facility and families (with regard for privacy) about the risk of illness in the group—in general and when a specific increased risk through exposure has occurred. The information on the website of the Centers for Disease Control and Prevention has information to share with staff members and families when an outbreak occurs.

Help staff members and families develop a plan for what they will do for illness. How will staff responsibilities be managed until the adult staff member recovers? How will families care for their children when their children are ill and excluded from the program? The best time for this discussion is early in the fall, before the expected increase in numbers of children and adults with common respiratory infectious disease and influenza occurs.

Discuss with the program's health consultant whether and how broadly to notify families when children in the group have been exposed to an infectious disease. Depending on the circumstances and disease, the extent of this notification may range from notifying the families whose children are in the child's immediate group to everyone in the facility. The health department should be notified for a few contagious diseases that might pose a risk for others in a group care setting. Such notification might be coordinated with the child's health care provider.

Educators must recognize their duty to report to public health authorities when an outbreak or a serious infectious illness has been diagnosed in a child who is enrolled in the group care setting. Often, the physician's or laboratory's report of the diagnosis of the disease to public health authorities does

not include consideration of the exposure of others who are not members of the child's immediate family.

Make a plan to care for children who become ill while they are waiting for their families to pick them up. The location of the child who is ill should not increase the exposure of others who have not already been in contact with the child. The waiting place for the ill child should ensure that the ill child is directly supervised and receives competent and nurturing care from someone familiar to the child. This is usually best accomplished by keeping the child in the child's usual child care space. Providing at least 3 feet of separation from others in the group will allow heavy respiratory droplets from coughs and sneezes that have germs in them to fall to the floor and not directly on uninfected children. While some respiratory germs may be carried on finer droplets into the room, the 3-foot separation is a practical objective that allows the child to remain with the group who have already been exposed and limit exposure of children in other groups.

Avoid intermixing of groups of children or contact with staff from different groups at any time during the day. This is especially important during periods when infectious diseases seem to be more prevalent among the children and staff members, such as during the respiratory virus season in the late fall and winter.

Establish mechanisms for communication with children's health professionals when there are questions about diagnosis and care or when children are moderately or severely ill or possibly have an illness that poses a risk to others in the group care setting. Teachers/caregivers/caregivers need to have clear directions about care to provide during the time children are in the program. Health professionals can make better diagnoses and treatment decisions about a specific concern when they know what the teachers/caregivers have observed. Remember that confidentiality laws require parent/legal guardian consent for exchange of information about an individual child between health professionals and educators.). However, once parents/legal guardians provide consent for release of information essential exchange of information can occur. If making these arrangements is difficult, ask the office manager of the health care practice for help. Most health care professionals have forms to collect consent for this information exchange.

Establish the Role of a Health Advocate and an Ongoing Relationship with a Health Professional as a Child Care Health Consultant or the School Health Personnel

Some programs have a school nurse who can observe and advise on health and safety. Others must make arrangements with a community health professional for these services as a paid consultant or volunteer. It is essential that every program has a health professional who provides ongoing observations and input on health and safety matters.

The program's health consultant should have expertise in child health and development and be able to work with staff members in a collaborative fashion. The role includes recognizing unacceptable health and safety risks and working on ways of reducing those risks that are acceptable to educators and families. In addition, the health professional can identify and collaborate to seamlessly incorporate health-promoting behaviors into the educational curriculum. The role of the health consultant for early care and education programs is defined in *Caring for Our Children* Standard 1.6.0.1. An updated version of this resource is accessible at <http://nrckids.org>. Policies for school health are in *School Health: Policy & Practice*, 7th Edition, American Academy of Pediatrics (AAP). Information about how to order the school health book are available at <https://shop.aap.org/school-health-policy-and-practice-7th-edition-paperback/>.

Making sure that best practices are understood and followed requires a combination of oversight by supervisors, peer-to-peer coaching, as well as an ongoing relationship with a health professional (health consultant or school health personnel) who visits the facility periodically and is available to respond to questions as needed. Infusion of health and safety issues into the education curriculum must be intentional.

What are the Qualifications and Specific Responsibilities of the Health Advocate?

In addition to a health consultant, every group care program should identify a health advocate. This person should be someone who works in the program site on a day-to-day basis. The health advocate may have another primary role but should be present on a day-to-day basis to remind other staff members about integrating best practices for health and safety into the program's planning and operations. Educators should choose someone to be the health advocate who is willing and accepted by other staff and by the families to fulfill this role. The health advocate's role includes observing whether everyone understands and follows the program's written health and safety policies and procedures.

Who performs these tasks for reducing the risk of infectious diseases will vary from program to program.

The qualifications and responsibilities of a health advocate in an early education program/ child care are described in *Caring for Our Children*, (at www.nrckids.org) Standard 1.3.2.7. The health advocate should be able to foster collaboration among the individuals involved in achieving a safe and healthful program.

How Does a Staff Member Learn How to Perform the Health Advocate Role? The staff member who accepts the responsibility of carrying out the role of health advocate can learn how to fulfill this role in a variety of ways. Here are three examples:

- **Health Advocate Workshop Series:** The website of the California Childcare Health Program (CCHP) has a curriculum in English and Spanish that a health professional can use to teach health advocates about relevant topics. The curriculum includes lesson plans for workshops and readings for participants in the workshops. This curriculum can be accessed at no cost on the CCHP website at <https://cchp.ucsf.edu/content/training-curricula> .
- **Health Advocate College Credit Course:** Since 2007, the Northampton Community College (NCC) has offered an online 3 college credit course that consists of 15 weeks of assignments, weekly participation by entering comments and responding to the comments of co-participants on a discussion board and 7 live interactive sessions led by the course instructor in which the participants ask and respond to questions by speaking and putting notes into a chat box. The assignments include readings, implementing changes at the student's worksite related to the course topics and reporting the results of their work in a Reflection Journal. The course has been offered in the fall and again in the spring term each year since 2008. To learn more about this course, contact the NCC Admissions Office at 610-861-5500. Ask about EARL 160.
- **Self-Learning:** A health advocate can read about and implement desired changes in the facility's operation by using readily available health and safety print and internet accessible materials from credentialed sources. In addition to the website of the CCHP and the CDC mentioned above, other credentialed content is available from:
 - The Head Start Early Childhood Knowledge and Learning Center. This website has a section devoted to health and safety with many regularly updated resources. Access this section at <https://eclkc.ohs.acf.hhs.gov/>

- [Healthy Young Children: A Manual for Programs \(5th ed.\)](#) a publication available from the National Association for the Education of Young Children. Order this book from the NAEYC bookstore at www.naeyc.org/store.
- The website of the Early Childhood Education Linkage System of the PA Chapter of the American Academy of Pediatrics at www.ecels-healthychildcarepa.org. This website is richly populated with many free materials such as *Model Child Care Health Policies* and Health Link Online, a quarterly newsletter about implementing health and safety in group care programs.
- The parent education website of the American Academy of Pediatrics at <http://www.healthychildren.org> with content in both English and Spanish