

Preventing and Controlling the Spread of Communicable Diseases including Immunizations Training

What you need to know:

- Young children have frequent illnesses that are often caused by contagious viruses and bacteria
- Illnesses are inevitable among young children, and children in ECE programs are more likely to get sick than children who stay at home
- Infants and young children in ECE programs have a higher rate of certain infectious diseases and a higher risk of getting organisms that are resistant to antibiotics
- Children between the ages of 6 weeks and 17 months have a higher risk of respiratory (related to the lungs) illness if they are enrolled in an ECE program at least 10 hours per week
- Children under 3 years of age attending ECE programs are 3.5 times more likely to have an acute gastrointestinal (related to the stomach and intestines) illness than children who stay at home
- Children between the ages of 3 to 5 who are enrolled in ECE programs are twice as likely to have an acute gastrointestinal illness
- Since young children have immune systems that are not fully developed, they are more vulnerable when they become ill

Why Are Children at Risk?

- Children have developing immune systems that are not as efficient at fighting off viruses as an adult's immune system.
- Infants and young children explore their environment by using their hands and mouths. Children touch their noses, then touch toys, then touch other children and then put toys in their mouths to suck on. Through these hand-to mouth activities, children are exposed to germs
- Surfaces and objects, including toys, bottles, pacifiers, sandboxes, water tables and doorknobs, are often touched by children carrying germs.
- Because young children do not wash their hands on their own after toileting, eating or wiping their noses, they often spread germs.
- Young children are close to the ground and spend a lot of time on the floor.
- Staff members can also spread germs. ECE providers are very busy and may not always take time to wash their hands between activities (such as diapering, wiping noses and preparing food). In addition, if ECE providers come to work while sick, they may spread illness to children in their care.

What Types of Diseases Occur Most Often in ECE Programs?

- Many infectious diseases are commonly seen in infants and young children
- Ear infections (otitis media), upper respiratory infections and gastrointestinal illnesses are more common in children enrolled in ECE programs than children raised at home
- Runny noses are often the sign of a respiratory illness caused by a virus, but can also come from crying, teething, being out in cold weather, or allergies
- Infants often have rashes that are not contagious.
- Noncontagious rashes are sometimes seen in young children as well.
- Infants have two common rashes: heat rash and milia. Milia occurs on the face and consists of very small, white bumps over the forehead and cheeks. It is harmless and eventually goes away. Heat rash can be found mostly in the skin folds of a child and is a small, red rash that is most often the result of being too bundled up. It will disappear once the child is cooler. If it does not go away when the child is in a cooler place, the parents should be notified and asked to talk to a health care provider

- Nausea and vomiting are also commonly seen in ECE programs. There are many reasons for nausea and vomiting, including illness, so a vomiting infant should be separated from other children and monitored closely for signs of dehydration and illness.

How Are Diseases Spread in ECE Programs?

Viruses, bacteria and germs can be spread from person to person in many different ways, including the following: respiratory, fecal-oral, skin-to-skin and through body fluids (such as blood, saliva and urine)

Respiratory

The most common way diseases pass from one child to another is through direct contact with the mucous membranes of the nose, mouth or eyes. Children spread disease this way most often because of their inadequate hygiene (for example, infrequent or inadequate hand washing, or rubbing of eyes). For instance, if a child sneezes on a toy, and then another child puts that toy in his or her mouth, the germs have been passed on. This is known as respiratory transmission.

Illnesses caused by this method of transmission include the following:

- recurrent middle ear infection (otitis media)
- meningitis
- upper respiratory infections (colds, coughs, sinusitis)
- sore throat
- lower respiratory infections (pneumonia, respiratory syncytial virus [RSV])
- Haemophilus influenzae type B (Hib)
- whooping cough (pertussis)
- tuberculosis

Fecal-Oral

Viruses can be passed from one person to another through fecal-oral transmission. This means that through inadequate hand washing or hand-to-mouth behavior, fecal material is brought into a child's mouth, causing illness.

Children in diapers and children that put toys and other objects in their mouths are at risk for fecal-oral transmission of disease.

In addition, an uncovered sandbox can contain cat or other animal feces that may cause disease in humans.

Illnesses caused by this method of transmission include

- diarrheal illnesses,
- pinworms,
- hand-foot-mouth disease (coxsackie),
- and hepatitis A.

Skin-to-Skin

A number of viruses can be spread by skin-to-skin contact.

Touching and sharing of personal belongings, dress-up clothes, stuffed toys and other items can contribute to the transmission of some infections.

Illnesses caused by this method of transmission include the following:

- chickenpox (varicella)
- impetigo (skin infection caused by bacteria)
- scabies (itchy skin caused by mites)
- head lice (pediculosis capitis)

- scalp ringworm (tinea capitis)
- body ringworm (tinea corporis)
- herpes simplex virus (cold sores)

Body Fluids: Blood, Urine, Saliva (Bloodborne Pathogens)

Germ live in body fluids such as blood, urine and saliva. When children put toys and fingers in their mouths, they can spread disease through their body fluids. Bacteria and viruses carried in the blood create a small but serious risk in ECE programs.

However, the spread of illness through blood contact is rare in children.

Illnesses caused by this method of transmission include the following:

- cytomegalovirus (CMV) (viral infection that is usually harmless unless the immune system is weak)
- hepatitis B
- hepatitis C
- HIV/AIDS

What Are the ECE Provider's Responsibilities Related to Prevention and Treatment of Illness?

When a Communicable Disease is Suspected

- Separate the ill child from well children at the facility until the ill child can be taken home.
- Inform parents immediately so that medical advice can be sought.
- Adhere to the exclusion and readmission requirements provided on this chart.
- Observe the appearance and behavior of exposed children and be alert to the onset of disease.
- Pregnant women should avoid contact with individuals suspected of having chickenpox, cytomegalovirus, fifth disease, influenza, measles and rubella. Seek medical advice if exposure occurs.
- In addition to the conditions described in this chart, the following symptoms might indicate an infectious condition; consider excluding or isolating the child:
 - Irritability
 - Difficulty breathing
 - Crying that doesn't stop with the usual comforting
 - Extreme sleepiness
 - Vomiting two or more times in 24 hours
 - Mouth sores

***Minimizing the Spread of Communicable Disease**

Handwashing (<http://www.cdc.gov/handwashing/>)

Regular hand washing is the most important method of infection control for preventing illness in children and ECE providers.

When providers, children and parents wash their hands at proper times and with the proper technique, the spread of illness can be drastically reduced.

- Encourage children and adults to wash their hands frequently, especially before handling or preparing foods and after wiping noses, diapering, using toilets, or handling animals.
- Wash hands with soap and water long enough to sing the "Happy Birthday" song twice.
- Sinks, soap, and disposable towels should be easy for children to use.
- If soap and water are not available, clean hands with gels or wipes with alcohol in them.
- Go over YPW Handwashing guidelines:

Diapering

- Keep handwashing areas near diapering areas.
- Keep diapering and food preparation areas physically separate. Keep both surface areas clean, uncluttered, and dry.
- The same staff member should not change diapers and prepare food.
- Cover diapering surfaces with intact (no cracked or torn) plastic pads.
- If the diapering surface cannot be easily cleaned after each use, use a disposable material such as paper on the changing area and discard the paper after each diaper change.
- Sanitize the diapering surface after each use and at the end of the day.
- Wash hands with soap and water or clean with alcohol-based hand cleaner after diapering.
- Go over YPW Diapering guidelines:
[https://www.ypwkids.com/wp-content/uploads/Training/DiaperChanging DetailedProcedure.pdf](https://www.ypwkids.com/wp-content/uploads/Training/DiaperChanging%20DetailedProcedure.pdf)

Environmental surfaces and personal items

To keep germs from spreading, surfaces and toys should be cleaned and sanitized on a regular basis.

- Toys that cannot be properly and safely sanitized should be eliminated if possible from the ECE program
- Toys that children have placed in their mouths or that are otherwise contaminated by body secretion or excretion shall be set aside where children cannot reach them. **All classroom must have a "Dirty Toys Basket" All teachers must use this basket.**
- Checking the outdoor play areas for used needles, used condoms, other evidence of body fluids, standing water and unusual debris or water on the grounds on a daily basis early in the morning is an essential part of protecting the children and staff from contact with unsafe materials.

Every morning opening leadership team member walks through all the school's playground/outdoor areas to do a safety inspection.

Every time children go to the playground. The teacher place the children by the wall to do a playground inspection. Once inspection is over then children can go an play. Make sure teachers do this.

- Regularly clean and sanitize all food service utensils, toys, and other items used by children.
- Discourage the use of stuffed toys or other toys that cannot be easily sanitized.
- Discourage children and adults from sharing items such as combs, brushes, jackets, and hats.
- Maintain a separate container to store clothing and other personal items.
- Keep changes of clothing on hand and store soiled items in a non-absorbent container that can be sanitized or discarded after use.
- Provide a separate sleeping area and bedding for each child, and wash bedding frequently.
- Go over YPW Sanitizing procedure:
<https://www.ypwkids.com/wp-content/uploads/Training/4StepSanitizingProcess.pdf>
- Go over Deep Cleaning Classroom Schedule
<https://www.ypwkids.com/wp-content/uploads/2013/04/DEEPCleanCenterSchedule.pdf>

Respiratory Hygiene and Cough Etiquette (<http://www.cdc.gov/flu/protect/covercough.htm>)

- Provide facial tissue throughout the facility.
- Cover mouth and nose with a tissue when coughing or sneezing.
- If tissue is not available, cough or sneeze into upper sleeve, not hands. Put used tissue in the waste
- Wash hands with soap and water or clean with alcohol-based hand cleaner after coughing or sneezing.

Standard Precautions

Because we do not always know if a person has an infectious disease, apply standard precautions to every person every time to assure that transmission of disease does not occur.

- Wear gloves for touching blood, body fluids, secretions, excretions, and contaminated items and for touching mucous membranes and nonintact skin.
- Use appropriate handwashing procedures after touching blood, body fluids, secretions, excretions, contaminated items, and immediately after removing gloves.
- Develop procedures for routine care, cleaning, and disinfection of environmental surfaces.

Conduct Daily Morning Health Checks

Daily morning health checks help ECE providers judge what is normal for each child and identify problems early. Discovering recent illness in children and their families reduces the spread of communicable diseases.

This health check shall be conducted as soon as possible after the child enters the child care facility and whenever a change occurs while that child is in care.

The health check shall address the following:

- changes in behavior (such as lethargy or drowsiness) or appearance from the behaviors and appearance observed during the previous day's attendance
- skin rashes, itchy skin, itchy scalp or (during a lice outbreak) nits
- high body temperature (determined by taking the child's temperature)
- complaints of pain or of not feeling well
- other signs or symptoms of illness (such as drainage from eyes, vomiting, diarrhea and so on)
- reported illness or injury in child or family members since last date of attendance

Immunizations

Child-care facilities and schools are required to have an immunization record on file for each child enrolled to ensure that each child has received age-appropriate immunizations.

Antibiotic Use

Antibiotics are not effective against viral infections. Because common colds and many coughs, runny noses, and sore throats are caused by viruses, not bacteria, they should not be treated with antibiotics. Even bacterial illnesses might not require antibiotic treatment. Except for conditions indicated in the readmission criteria, do not require proof of antibiotic treatment for readmission to school or day care. Unnecessary or inappropriate antibiotic use can lead to the development of drug-resistant bacteria.