

Health Screening for Child Care Professionals

PARTICIPANT GUIDE



Office of Early Childhood
Virginia Department of Education

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HEALTH SCREENING FOR CHILD CARE PROFESSIONALS

Successful completion of this course provides four (4) clock hours of training credit.

Core Competencies - This course addresses the following competencies outlined in the Virginia Department of Social Services publication *Core Competencies for Early Childhood Professionals*:

I. Health, Safety, and Nutrition Practices

1. Policies, Practices, and Procedures
5. Health Education

Child Development Associate (CDA) Content Areas - This course addresses the following CDA Content Areas:

- Safe, Healthy Learning Environment

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Health Screening for Child Care Professionals

Office of Early Childhood
Virginia Department of Education

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COURSE DESCRIPTION:

The goal of this course is to promote the health and safety of children in the child day center and family day home environment. This course provides instruction in daily health observation, excluding children for illness, preventing infections, communicable diseases, vaccine preventable disease, immunizations, OSHA health and safety practices, and the provider's role in reporting diseases. While the class is required for providers who work in licensed child day centers and who perform the daily health observation of children, it is beneficial for all child care providers.

OBJECTIVES:

Participants will be able to:

- Define the term "communicable disease"
- Recognize how diseases are spread and ways to reduce their spread
- Conduct the daily health observation of children
- Recognize communicable diseases
- Identify when to exclude a child for illness
- Recognize the provider's role in reporting disease
- Follow OSHA health and safety practices to protect against exposure to Bloodborne pathogens
- Identify vaccine preventable diseases and immunization requirements

Course Overview

SECTION I. WELCOME & INTRODUCTIONS

Participants are introduced to the class objectives, the agenda, class materials and the facility. The introduction also allows the instructor and the class participants to become acquainted and to determine the expectations of the audience.

SECTION II. HOW DISEASE IS SPREAD

Participants will learn to define the term "communicable disease" and learn the ways diseases/illnesses are spread.

SECTION III. DAILY HEALTH ASSESSMENT

Participants will learn how to identify types of disease/illness through observation and the importance of reporting and documentation.

SECTION IV. EXCLUDING/INCLUDING CHILDREN

Participants will be able to describe exclusion guidelines, the importance of reporting and control, policies and procedures, and situations requiring exclusion.

SECTION V. REDUCING TRANSMISSION OF DISEASE

Participants will explore guidelines for Bloodborne pathogens, OSHA standards, proper hand washing techniques, diapering procedures, sanitizing, and safe food practices.

SECTION VI. VACCINE PREVENTABLE DISEASES AND IMMUNIZATIONS

Participants will identify vaccine preventable diseases.

Participants will examine the importance of immunizations, minimum immunization requirements for school/day care, and the risks to self and others for unimmunized children.

SECTION VII. CLOSING

Participants will review course objectives and complete course evaluation.

AGENDA

Section I	Welcome & Introductions	9:00 – 9:15
Section II	How Disease is Spread	9:15 – 9:30
Section III	Daily Health Assessment	9:30 – 10:00
	BREAK	10:00 – 10:15
Section IV	Excluding/Including Children	10:15 – 11:20
	BREAK	11:20 – 11:30
Section V	Reducing Transmission of Disease	11:30 – 12:30
Section VI	Vaccine Preventable Diseases and Immunizations	12:30 – 12:50
Section VII	Closing	12:50 – 1:00

Staying Healthy in Child Care

Glossary of terms

ANTIBODIES: Acting as the body's army, antibodies are proteins generally found in the blood that detect and destroy invaders, like bacteria and viruses.

BACTERIA: A group of small micro-organisms (larger than viruses) that live in the soil, plants and animals as well as in the body. Not all bacteria are harmful, although some may cause illness or produce a poison known as a toxin.

BODILY FLUIDS: include urine, feces, saliva, blood, nasal discharge, eye discharge, and injury or tissue discharge.

CLEANING: Removing infectious agents and matter from surfaces. Cleaning by washing or scrubbing with warm water and soap or detergent, followed by rinsing and drying removes the bulk of germs from surfaces. Germs are unable to multiply on clean, dry surfaces.

CONTACT: A person who has had the opportunity to acquire an infection from a specified type of exposure during the infectious period.

CONTAGIOUS DISEASE: A disease that can be passed from one person to another. It is the same as an infectious disease.

DERMATITIS: Any condition of the skin where there is inflammation. Inflammation is usually marked by redness and swelling.

DISINFECTION: Killing infectious agents that are outside the body by chemical or physical means.

ENDEMIC: A disease or infectious agent present in a community or region at all times.

EPIDEMIC: An illness or disease which attacks many people in a community or region at the same time. It may spread rapidly over a wide area.

FERRILE CONVULSION: Convulsion (seizure) when a child has a fever or high temperature.

GERM: A micro-organism, e.g. bacteria, virus or fungus that may cause disease.

IMMUNE INDIVIDUAL: A person who is highly resistant to a disease. A person becomes immune as a result of immunization or from previous infection.

IMMUNIZATION: The process of making a person immune by use of oral or injected vaccines. Also called **VACCINATION**

IMMUNITY: Resistance to an infection. A person acquires immunity after having an infection or by being immunized. The person's body can then recognize and destroy the micro-organisms that cause that infection before symptoms occur.

IMMUNOGLOBULINS: Proteins which protect the body against infectious microorganisms. They do this by carrying antibodies that can kill the invading organisms. Immunoglobulins can be injected to give immediate protection against diseases such as hepatitis A, hepatitis B, tetanus, measles, etc. This protection is temporary.

INCUBATION PERIOD: The time between an infectious agent entering a person's body and the appearance of a symptom of the disease. Incubation periods may range from a few hours to several years depending on the disease.

INFECTION: The entry and development or multiplication of an infectious agent in the body of a human being or animal. In many cases, infections can lead to illness or infectious disease.

INFECTIOUS AGENT: An organism (virus, bacteria, fungus, protozoa or parasitic worm) that is capable of producing infection or infectious disease.

INFECTIOUS DISEASE: A disease that is caused by an infectious agent or that can be passed on (transmitted) by an infectious agent. It may affect humans and/or animals.

INFECTIOUS PERIOD: The length of time a person who is infectious can pass the infection on to others.

MUCOUS MEMBRANE: The thin lining of body passages and cavities such as the mouth, respiratory tract, genito-urinary tract and eye. Its glands produce mucus.

PHLEGM: Thick mucus secreted in the respiratory tract. (Pronounced 'flem'.)

PUBLIC HEALTH UNIT: These are part of state or territory health departments and deal with the investigation and advice on communicable diseases including outbreak management, immunization and other public health matters.

PUSTULAR: Containing pus.

SANITIZED: means treated in such a way to remove bacteria and viruses from inanimate surfaces through using a disinfectant solution (i.e., bleach solution or commercial chemical disinfectant) or physical agent (e.g., heat). The surface of item is sprayed or dipped into the disinfectant solution and allowed to air dry after use of the disinfectant solution.

SOILED: Unclean, dirty.

UNIVERSAL PRECAUTIONS: means an approach to infection control. According to the concept of universal precautions, all human blood and certain human body fluids are treated as if known to be infectious for human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens.

VACCINE: Vaccines cause resistance to specific infections. They may contain live or dead organisms, or parts or products of organisms.

VIRUS: A group of infectious agents that is much smaller than bacteria. They can only multiply in living cells. They are responsible for some of the most important diseases affecting human beings, for example, most childhood illnesses with rashes, such as measles, chickenpox and rubella.



Source:

http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/ch43.pdf



How Childhood Diseases are Spread

Many common childhood diseases are **communicable**. That is, they spread from one person to another. Everyone knows that some illnesses (like chickenpox) can spread. But many people don't know that diseases like diarrhea, hepatitis, and impetigo can also spread.

Communicable diseases are spread by **germs**. Germs are so small that you can't see them without a microscope. Yet just a few germs on a hand, a sink or a toy may be enough to spread a disease.

Germs spread through **body secretions**. Intestinal tract infections spread through stool. Respiratory tract infections spread through coughs, sneezes, and runny noses. Other diseases spread through direct contact, or touching.

You can't always tell when someone has a communicable disease. Many people who have communicable diseases have **symptoms**. That is, they—or you—can tell they're sick. Sometimes, though, people have communicable diseases—and spread germs—even when they seem to be well.

Also, someone can pass disease germs from one person to another—for example, by unwashed hands or a dirty tissue—without getting the disease him/herself.

This means that procedures to prevent the spread of communicable diseases must **always** be followed—not just when a person in your facility is already sick.

There are four methods of how communicable diseases are spread. Some diseases can be spread in several different ways. For example, chickenpox can be spread through the air or by direct contact with the germ. The four methods of disease transmission are:

1. Respiratory Transmission
2. Direct Contact
3. Fecal/Oral Contact
4. Bloodborne Pathogens



Source:

<http://www.co.washoe.nv.us/repository/files/4/Sol-Manual-2011a.pdf>

Ways Illnesses are Spread

Below are the four most common ways that illnesses are spread and examples of illnesses that are spread that way

AIRBORNE DROPLETS + INFECTIOUS DISCHARGES

Diseases with respiratory tract symptoms are often spread by airborne droplets or by surfaces contaminated with nose/throat discharges. The sneezing and coughing of an infected child can result in some of the germs becoming air-borne. In addition, sick children will often contaminate their hands and other objects with infectious nasal/throat discharges.

EXAMPLES:

Common cold

Rubella

Chickenpox

Streptococcal Infection (Strep)

Influenza

Viral gastroenteritis

Measles

Whooping Cough (Pertussis)

Mumps

Meningitis (viral and bacterial)

FECAL → ORAL

Intestinal tract infections are often spread through exposure to viruses, bacteria, or parasites in the feces and are transmitted by the fecal → oral route. This means that the germs leave the body of the infected person in the feces (poop) and enter the body of another person through the mouth. In most situations this happens when objects that have become contaminated with undetectable amounts of feces are placed in the mouth. Fecal → oral transmission can also occur when food or water is contaminated with undetectable amounts of human or animal feces. Studies have shown that the sites most frequently contaminated with feces are hands, classroom floors, faucet handles, diaper changing areas, toilet flush handles, toys and tabletops.

EXAMPLES:

Campylobacter

E.coli O157

Shigella

Cryptosporidium

Salmonella

Giardia

Hepatitis A (infectious hepatitis)

SKIN CONTACT

Some conditions can be spread directly by skin-to-skin contact or indirectly by contact with contaminated surfaces.

EXAMPLES:

Impetigo

Head Lice

Scabies

BLOOD CONTACT

Some infections are transmitted when a cut or mucous membrane comes in contact with an infected person's blood. Infected children can possibly transmit these infections through biting if there is blood mixed with their saliva (for example from bleeding gums or bites).

EXAMPLES:

Hepatitis B

Hepatitis C

Human Immunodeficiency Virus (HIV)



Source:

<http://www.cdphe.state.co.us/dc/epidemiology/ChildCareflipchart02a.pdf>

Health Log

NAME					YEAR		
Date	Time	Complaint	Action	Comments	Outcome	Time & Pick-up Person	Initials
		Illness: <input type="checkbox"/> Rash <input type="checkbox"/> Stomach illness <input type="checkbox"/> Fever <input type="checkbox"/> Respiratory symptoms <input type="checkbox"/> Other Injury: _____ _____	<input type="checkbox"/> Cleaned with soap & water <input type="checkbox"/> Bandaged <input type="checkbox"/> Ice <input type="checkbox"/> Rest <input type="checkbox"/> Compress <input type="checkbox"/> Comfort <input type="checkbox"/> Other	<input type="checkbox"/> Temperature <input type="checkbox"/> Pulse <input type="checkbox"/> Breathing Rate	<input type="checkbox"/> Returned to class <input type="checkbox"/> Called home <input type="checkbox"/> Spoke to parent <input type="checkbox"/> Sent home <input type="checkbox"/> Referred HCP <input type="checkbox"/> Other		
		Illness: <input type="checkbox"/> Rash <input type="checkbox"/> Stomach illness <input type="checkbox"/> Fever <input type="checkbox"/> Respiratory symptoms <input type="checkbox"/> Other Injury: _____ _____	<input type="checkbox"/> Cleaned with soap & water <input type="checkbox"/> Bandaged <input type="checkbox"/> Ice <input type="checkbox"/> Rest <input type="checkbox"/> Compress <input type="checkbox"/> Comfort <input type="checkbox"/> Other	<input type="checkbox"/> Temperature <input type="checkbox"/> Pulse <input type="checkbox"/> Breathing Rate	<input type="checkbox"/> Returned to class <input type="checkbox"/> Called home <input type="checkbox"/> Spoke to parent <input type="checkbox"/> Sent home <input type="checkbox"/> Referred HCP <input type="checkbox"/> Other		
		Illness: <input type="checkbox"/> Rash <input type="checkbox"/> Stomach illness <input type="checkbox"/> Fever <input type="checkbox"/> Respiratory symptoms <input type="checkbox"/> Other Injury: _____ _____	<input type="checkbox"/> Cleaned with soap & water <input type="checkbox"/> Bandaged <input type="checkbox"/> Ice <input type="checkbox"/> Rest <input type="checkbox"/> Compress <input type="checkbox"/> Comfort <input type="checkbox"/> Other	<input type="checkbox"/> Temperature <input type="checkbox"/> Pulse <input type="checkbox"/> Breathing Rate	<input type="checkbox"/> Returned to class <input type="checkbox"/> Called home <input type="checkbox"/> Spoke to parent <input type="checkbox"/> Sent home <input type="checkbox"/> Referred HCP <input type="checkbox"/> Other		
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Check for Symptoms of Illness

One of the duties of a child care facility is to assess the health of their children. Staff should be trained to monitor the children's behavior and note any symptoms of illness. Good communication with parents can often alert the staff to a sickness in a child's family prior to its arriving in the facility.

SYMPTOMS

- Severe coughing (child gets red or blue in the face, makes high-pitched croupy or whooping sound after coughing)
- Breathing trouble (especially important in an infant under six months old)
- Yellowish skin or eyes
- Pinkeye (redness of eye, watering, or pus from the eye)
- Unusual spots or rashes
- Infected skin sores (crusty, bright yellow, dry or moist areas of skin)
- Fever
- Unusual behavior (child is cranky or less active than usual, won't eat, cries more than usual, or just seems unwell)
- Frequent scratching of the scalp or skin
- Gray or white stool
- Blood or mucous in the stool
- Unusually dark, tea-colored urine
- Sore throat or trouble swallowing
- Headache
- Vomiting
- Loss of appetite
- Diarrhea



Source:

<http://www.cdphe.state.co.us/dc/epidemiology/ChildCareflipchart02a.pdf>

GENERAL GUIDELINES FOR EXCLUSION

You must follow your licensing standards for excluding children due to illness. Having a good written policy in place is important. Each center or family day home should have written policies and procedures that guide them and their families in the decision to exclude and include children. You should develop a policy for excluding staff when they are ill too. A clear, up-to-date exclusion policy that is shared with parents will help avoid conflict between child care providers, parents, and health care providers. The policies should focus on the needs and behavior of the ill child and the ability of the staff in the child care setting to meet those needs without compromising the care of other children in the group.

Exclusion generally includes these three conditions:

- The child's illness prevents him/her from participating comfortably.
- The child requires greater need for care than staff can provide.
- The child has one of the conditions for which he/she should be excluded.

The following slides are examples of common conditions that would require the temporary exclusion of a child:

- Scabies – an infestation of the skin by small insects called mites. Here is what scabies looks like.
- Impetigo – a common skin infection caused by streptococcal or staphylococcal bacteria.
- Chickenpox – an illness with rash and fever caused by the varicella-zoster virus.
- Mumps – a viral illness with swelling of one or more of the salivary glands.
- Rubella or German measles – a mild viral infection.

Other resources of information include VA School Health Guidelines, VDH Disease Fact Sheet, Managing Health Infectious Diseases in Child Care & Schools, 2nd. Ed., Caring for Our Children (2002), and California Childcare Health Program.

What to do when a Child has Symptoms

WHAT TO DO WHEN A CHILD HAS SYMPTOMS

1. Tell your director
2. Separate the child from the other children and make the child comfortable.
3. Take the child's temperature and provide supervised care. Observe for worsening symptoms.
4. If a child is coughing or sneezing, remind her to cover her mouth and to wash her hands afterwards
5. If you wipe a child's nose, throw away the tissue and wash your hands
6. After you touch a child who might be sick, avoid touching other children until after you have washed your hands.

Source:

<http://www.cdphe.state.co.us/dc/epidemiology/ChildCareflipchart02a.pdf>

PLAN OF ACTION

1. Who? (Identify the responsible person)
2. What? (Take action using the steps listed above)
3. When? (How soon action should be taken)
4. Who? (Identify individuals who need to be informed)

Immediate and Emergency Medical Care

There are certain conditions that require immediate medical care, these conditions include:

- Fever in a child of any age who looks more than mildly ill.
- Elevated temperature for a child who is younger than 2 months (60 days), with an armpit temperature of 100.5 degrees or higher.
- Appearing and acting very ill for a child of any age.
- Severe vomiting and/or diarrhea.
- An injury that may require medical treatment, such as a cut that does not hold together after it is cleaned.
- Any animal bite that breaks the skin.
- Venomous bites or stings with spreading local redness and swelling, or evidence of general illness.

You must call Emergency Medical Services (EMS) at 911 immediately and also notify parents anytime you believe a child needs immediate medical assessment and treatment that cannot wait for parents to take the child for care.

In certain situations a 911 call may be appropriate:

- Fever in association with abnormal appearance, difficulty breathing, or a problem with circulation indicated by an abnormal skin color – exceptionally pale, bluish skin tone, or exceptionally pink.
- Multiple children affected by injury or serious illness at the same time.
- A child is acting strangely, is much less alert, is confused, or is much more withdrawn than usual.
- A child looks or acts very ill, or seems to be getting worse quickly.
- A child has difficulty breathing or breathes so fast or hard that he/she is unable to speak, play, cry, or drink.
- Skin or lips look blue, purple, or gray.
- Rhythmic jerking of arms and legs and a loss of responsiveness (except for a child who is known to have seizures and for whom a care plan is in place for management of seizures without calling 911).
- Unresponsive or decreasing responsiveness.
- After a hard blow to the head, decreasing level of alertness, confusion, headache, vomiting, irritability, or difficulty walking.
- Vomiting
- Severe stiff neck (limiting the child's ability to put his or her chin to chest) with headache and fever.
- Severe dehydration with sunken eyes, lethargy, no tears, and not urinating.
- Suddenly spreading purple or red rash.
- A large volume of blood in the stools.
- Hot or cold weather injuries such as frostbite, or heat exhaustion.

Communicating with Parents

Good communication with parents is critical in preventing the spread of illnesses. Educate parents about how they can help prevent the spread of illnesses and keep their children healthy!

- R** Rapport Building
- I** Identify Emotions
- V** Validate Feelings
- E** Emotional Release
- R** Redirect Problem-Solving



Excluding/Including Children Due to Illness Scenarios

Scenario #1

Mrs. Miller brought 8-month-old Scott into your classroom. As part of the greeting, you perform a health check. You observe the following: Scott is smiling and clear eyed. There is thick green mucus draining from his nose and he has an occasional cough. Mom reports that Scott has "had a cold for about a week, but seems to feel just fine now."

Is there a reason for exclusion?

_____ Yes _____ No

Why or why not?

Child Care Providers:

- It is important to know what your program's policies are regardless of best practice.
- A program can always have more stringent requirements than those provided by the standards; but it cannot have less.
- You are not a clinician and should never try to make a diagnosis.

If exclusion is necessary, what are the readmission criteria?

Scenario #2

Four-year-old Amanda skips into your classroom with Dad following close behind. She gives you her usual morning hug. You observe the following: Amanda scratching her head almost continuously. Dad reports she woke up with an itchy scalp, and assumes it is dry skin from all the cold weather. Dad has since left, but upon closer inspection, later in the day, you note tiny round gray lumps adhered to her hair strands at the base of her neck.

Is there a reason for exclusion?

_____ Yes _____ No

Why or why not?

If exclusion is necessary, what are the readmission criteria?

Scenario #3

Mrs. Carter carries 18-month-old Josh into your toddler classroom. He is crying intermittently and rubbing his left eye. You note that his left eye is red and puffy, with yellow drainage. His skin is warm to touch. Mrs. Carter reports that Josh woke up this morning with a "cold in his eye." She had washed it well, but it has crusted up again.

Is there a reason for exclusion?

_____ Yes _____ No

Why or why not?

If exclusion is necessary, what are the readmission criteria?

Scenario #8

Rachel has been absent from your Pre-K class for 2 days. Upon her return Mom reports that Rachel has had a bad chest cold so she's been keeping her home. You observe Rachel to be pale and slightly warm to touch. You take her temperature and it is 100.6° F axillary (armpit). She has a "wet" frequent cough. Mom states that she still isn't feeling 100% but reports that the doctor said it should be okay for her to return to child care. Mom feels that she should be fine as long as she can take frequent rests away from the others every couple of hours.

Is there a reason for exclusion?

_____ Yes _____ No

Why or why not?

If exclusion is necessary, what are the readmission criteria?

Scenario #5

Baby Bryce went home early yesterday at 1:00 pm because of a fever of 102° F axillary. He had been irritable and pulling at his right ear. His father brings him in the next morning at 7:00 am stating, "Bryce has an 'ear infection' and is on antibiotics and Tylenol." You observe Bryce to be cooing and smiling with a normal skin temperature.

Is there a reason for exclusion?

_____ Yes _____ No

Why or why not?

If exclusion is necessary, what are the readmission criteria?

Scenario III

Three-year-old Sally has been at school for two hours. You observe her lying on a beanbag chair with her eyes closed. She tells you her tummy hurts. Mom reports that she refused breakfast this morning. Her current temperature is 101° F axillary. She does not want to participate in even her favorite activities. She wants her “blanky” and her bed.

Is there a reason for exclusion?

_____ Yes _____ No

Why or why not?

If exclusion is necessary, what are the readmission criteria?

Scenario #7

Brian's Dad rushes in to your kindergarten classroom. He is late for a meeting. He gives Brian a quick hug and starts to leave. You observe Brian quietly playing with the blocks. You catch up to Brian's Dad and ask how Brian has been feeling. You know that Brian's younger sister who attends the toddler program is out with Strep throat. Dad reports that Brian had a mild fever and a headache overnight, but gave him children's Advil an hour ago and he perked right up.

Is there a reason for exclusion?

Yes No

Why or why not?

If exclusion is necessary, what are the readmission criteria?

Scenario #8

Miss Sally, the toddler teacher, arrived at the center this morning to begin her work shift. Not her usually jovial self, her co-worker asks her if she is okay. Miss Sally says she's been sick all weekend with vomiting and diarrhea. She says she hasn't had any diarrhea since last night around 11:00 p.m. and that she had a slight fever last night, but not this morning. She says she just hopes she can stay out of the bathroom once class begins.

Is there a reason for exclusion?

_____ Yes _____ No

Why or why not?

If exclusion is necessary, what are the readmission criteria?

Scenario #9:

You notice a couple of blisters on the left arm of Miss Amy, the cook. Thinking she burned herself, you ask "What happened?" She says, "Don't worry, it's just impetigo. I've gotten it before."

Is there a reason for exclusion?

_____ Yes _____ No

Why or why not?

If exclusion is necessary, what are the readmission criteria?

Scenario #10

One of the school-age children arrives at the center after dismissal from public school. Both of her cheeks are bright red. When you inquire about her condition, she states, "The school nurse said I have Fifth Disease."

Is there a reason for exclusion?

_____ Yes _____ No

Why or why not?

If exclusion is necessary, what are the readmission criteria?

Hand Washing Techniques

HAND WASHING

Hand washing is one of the best tools in controlling the spread of infections. Be sure that all of the children perform good hand washing, which will greatly reduce the amount of sickness in your facility.

HAND WASHING TECHNIQUE

- Use **SOAP** and warm **RUNNING WATER**
- Rub your hands vigorously as you wash them
- Wash **ALL** surfaces including the backs of hands, wrists, between fingers and under fingernails
- Rinse your hands well
- Dry your hands with a paper towel
- Turn off the water using a paper towel instead of bare hands

WHEN TO WASH YOUR HANDS AND THE CHILDREN'S HANDS

Be sure to wash your hands when you start work and before handling food. In addition, wash your hands after changing diapers, wiping noses, and cleaning up messes. Be sure that the children's hands are washed after they use the toilet and before they eat or drink. Wash the children's hands for them if they are too young to do it for themselves. Teach children that good hand washing controls the spread of germs.

TEACHING HAND WASHING

Because children often learn by watching adults, it is important that employees use good hand washing technique. When children are not washing their hands properly, it is necessary to show them proper technique in addition to telling them. It is also good to remind children that hand washing will stop the spread of germs that might cause illness.

<http://www.cdphe.state.co.us/dc/epidemiology/ChildCareflipchart02a.pdf>

Hand Washing Resources for Children

TOOLS AVAILABLE:

Scrubby Bear video and curriculum (American Red Cross program)

"Why Don't We Do It In Our Sleeves?" DVD or online by OtoRhinoLounsburology Productions-(for parents and caregivers)

CDC Podcast "Put Your Hands Together"(for parents and caregivers)

BOOKS:

"Those Mean Nasty Dirty Downright Disgusting but...Invisible Germs" (English and Spanish) by Judith Anne Rice and Reed Merrill

"Germs Make Me Sick" (K-Grade 3) by Melvin Berger and Marilyn Hafner

"Germs, Germs, Germs" (level 3 Hello Reader Science) by Bobbi Katz, illustrated by Steve Bjorkman

"Wash Your Hands" (Preschool-Grade 2) by Tony Ross

"Germs Are Not for Sharing" (ages 4-7) by Elizabeth Verdick and Marieka Heinlen

"Magic School Bus Inside Ralphie: A Book about Germs (4-Byrs. old) by Joanna Cole, John Speirs, and Bruce Degan

"Magic School Bus Chapter Book #06: The Giant Germ (4-8yrs old) by Anne Capeci

ONLINE TOOLS/GAMES FOR KIDS (downloadable lesson plans, posters, and brochures):

1. NSF Scrub Club www.scrubclub.org
2. www.cleaning101.com/handhygiene/
3. www.mass.gov/handwashing or call 888-658-2850, Massachusetts Department of Public Health.
4. Brevis Corporation: (glo germ materials/lights) www.brevis.com, 1-800-383-3377 (U.S. and Canada)
5. Henry The Hand - Champion Handwasher- www.henrythehand.com
6. <http://www.washup.org/>
7. <http://www.cdc.gov/germstopper/>
8. www.glogerm.com: main site for products/supplies, lesson plans and poster direct link (<http://www.glogerm.com/worksheet.html>)

Created on 9/25/2008 8:15:00 AM by Rebecca Gonzales, PHN Washoe County Health District 328-2627.

Cleaning and Sanitizing

Child care settings bring children together for long periods of time. This close prolonged contact may expose children to many different disease-causing germs. Although the environment cannot be made germ-free, keeping their numbers at low levels can lessen the harmful effects of germs. Frequent thorough hand washing, cleaning and proper sanitizing or disinfecting objects that come into contact with children, and proper handling and disposal of contaminated items, can most effectively control germs.

Cleaning is the mechanical process of scrubbing to remove dirt, debris, and large numbers of germs. Soil can block the effects of sanitizer and bio-films can just contribute to bacterial growth. It is important to remove the "visible" soil before sanitizing.

General sanitization is the process in which a chemical or heat is used to reduce germs to a "safe" level for children. High temperature or chemical dishwashers can be used for the cleaning and sanitizing process. Providers must follow these simple steps to keep germs at a safe level in their facilities:

1. Clean item/surface with soapy water
2. Rinse with water!
3. Spray to sanitize
4. Air dry or wipe



IT IS IMPORTANT TO REMEMBER TO:

- Label and store chemicals safely
- Always consider the safety of children when cleaning.
- Always have a clean surface before sanitizing
- Always clean the least dirty items and surfaces first (for example, countertops before floors; sinks before toilets).
- Always clean high surfaces first, and then low surfaces.
- Clean completely on a regular schedule and spot clean as needed.

TOYS

- Wash, rinse, and sanitize!!
- Clean and sanitize infant and toddler toys daily
- Toys for older children are cleaned and sanitized weekly
- Dress up clothes should be washed weekly
- Dishwashers can help with the wash step

POTTY CHAIRS/TOILETING AREA

- Toileting area should be convenient for hand washing.
- Potty chairs should have a removable waste container that can be emptied immediately after each use. Chair frames should be smooth and easily cleaned and disinfected.
- Toilets and potty chairs should be cleaned and disinfected during naptime and at the end of the day or when obviously soiled with feces.
- Disinfect the sink where the potty chair was cleaned.

FOOD HANDLING/STORAGE

The tips below can help prevent food contamination and the spread of illness due to food borne causes.

- Wash hands before food prep
- Refrigerate at 40°F or below
- Get rid of formula/milk after 1 hour at room temp
- Keep food away from diapering areas
- Personal items that are hand washed should be washed, rinsed, and sanitized in a sanitizing solution (one tablespoon of bleach in one gallon of water) and air-dried.

BLOOD OR BODY FLUID SPILLS

Step 1: Clean soiled areas

- Isolate the areas where a vomiting or diarrhea incident occurred (25 feet surrounding the location of the incident).
- Wear disposable gloves and masks.
- When heavily contaminated, absorb and remove as much of the vomit/feces as possible with paper towels or disposable cloths.
- Clean soiled areas with detergent and hot water prior to disinfecting.
- Dispose of paper towels/cloths in plastic waste bags.

Step 2: Disinfect soiled areas

- Use freshly made disinfectant chlorine solution or an effective virucide. See manufacturer's instructions for appropriate use.
- Dispose of gloves, mask and cloths in plastic waste bags. Put plastic bags in the regular trash.
- Wash hands thoroughly using soap and water and dry them just as thoroughly with disposable paper towels.

Immunizations

There are many childhood diseases that are now vaccine-preventable. Policies are in place requiring children to get their immunizations before attending child care. These requirements protect the children who receive vaccines as well as those who cannot receive them or whose parents sign a waiver of exemption due to religious beliefs.

Providers are encouraged to stay up to date with adult vaccines. Child care providers are in contact with many children and their families and indirectly with the siblings, schools, and workplaces associated with those families.

The most effective method of preventing certain infections is immunization.

Immunization protects the person who has been immunized, children who are too young to be vaccinated, and other people who have been vaccinated but did not respond to the vaccine.

The principle of immunization is simple: it gives the body a memory of infection without the risk of natural infection.

Ask all parents to provide a copy of their child's immunization records. If the child has **not** been immunized, tell the parents that their child may, depending upon advice from the public health unit, be **excluded from care** during outbreaks of some infectious diseases (such as measles and whooping cough), even if their child is well. If the child is vaccinated, make sure that the child has received all the vaccinations recommended for their age group.

WAYS THAT YOU CAN ENCOURAGE PARENTS TO VACCINATE THEIR CHILDREN INCLUDE:

- Display wall charts around the rooms
- Send home first birthday immunization reminder cards
- Send home fourth birthday immunization reminder cards
- Perform monthly reviews of children behind in their vaccinations
- Update the child's records kept in the center and send home a reminder
- Add a computerized message at the bottom of receipts; and
- When enrolling children, make a note in the director's diary of when updates will be needed.

VACCINATIONS THAT CHILDREN MAY NEED TO PREVENT DISEASES:

- | | | |
|------------------------------|---------------------------|--------------------------|
| • Diphtheria | • Polio | • Varicella (chickenpox) |
| • Tetanus | • Measles, Mumps, Rubella | • Hepatitis B |
| • Pertussis (whooping cough) | | |

Source/Resources:

<http://www.co.washoe.nv.us/repository/files/4/Sol-Manual-2011a.pdf>

http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/ch43.pdf

Vaccine Preventable Diseases

What is tetanus?

Tetanus is a serious disease caused by a toxin (poison) made by bacteria. It causes painful muscle stiffness and can be deadly. The DTaP and Tdap vaccines prevent tetanus.

What are the symptoms of tetanus?

Tetanus in children starts with headache, jaw cramping, and muscle spasms (sudden, involuntary muscle tightening).

It also causes the following:

- Painful muscle stiffness all over the body
- Trouble swallowing
- Seizures (jerking or staring)
- Fever and sweating
- High blood pressure and fast heart rate

For additional information, see the Center for Disease Control: <http://www.cdc.gov/vaccines/vpd-vac/vpd-list.htm>

Tetanus is often called "lockjaw" because the jaw muscles tighten, and the person cannot open his mouth.

How serious is tetanus?

Tetanus is very dangerous. It can cause breathing problems and paralysis (unable to move parts of the body). Muscle spasms can be strong enough to break a child's spine or other bones.

It can take months to recover fully from tetanus. A child might need weeks of hospital care. As many as 1 out of 5 people who get tetanus dies.

How does a person get tetanus?

The bacteria that cause tetanus are found in soil. They get into the body through a puncture of the skin. A person can also be infected after a burn or an animal bite.

Tetanus does not spread from one person to another.

What is the DTaP vaccine?

The DTaP vaccine is a shot that combines the vaccines for tetanus and two other serious diseases: diphtheria and whooping cough (pertussis). The vaccine protects children by helping their bodies build up protection against the tetanus toxin.

Almost everyone who gets all doses of the DTaP vaccine will be protected against tetanus for at least 10 years.

Booster vaccines needed to keep up protection from tetanus

The tetanus vaccine does not offer lifetime protection. People need booster vaccines to keep up protection from tetanus.

Children should get a booster vaccine called Tdap (which protects against tetanus, diphtheria, and whooping cough) at 11 or 12 years of age.

Adults need a booster called the Td vaccine (for tetanus and diphtheria) every 10 years. Adults should also receive a one-time shot of the Tdap vaccine in place of one Td shot.

Why should my child get the DTaP vaccine?

Getting your child the DTaP vaccine helps protect him against painful and possibly deadly disease.

When should my child get the DTaP vaccine?


Children should get five doses of the DTaP vaccine at the following ages for best protection:

- One dose each at 2 months, 4 months, and 6 months;
- A fourth dose at 15 through 18 months; and
- A fifth dose at 4 through 6 years of age.

It is safe to get the DTaP vaccine at the same time as other vaccines, even for babies.

Is the DTaP vaccine safe?

The DTaP vaccine is very safe, and it is effective at preventing tetanus (along with whooping cough and diphtheria). Vaccines, like any medicine, can have side effects. But severe side effects from the DTaP vaccine are very rare.



What can I do to protect
my child from tetanus?

- ✓ Vaccinate your child on time.
- ✓ Talk with your child's doctor if you have questions.
- ✓ Keep a record of your child's vaccinations – to make sure your child is up-to-date.

What is pertussis?

Pertussis, also known as whooping cough, is a very contagious disease caused by a type of bacteria called *Bordetella pertussis*. Among vaccine-preventable diseases, pertussis is one of the most commonly occurring ones in the United States.

Pertussis Vaccine Protection

There is high pertussis vaccine coverage for children nationwide. However, protection from the childhood vaccine decreases over time. Preteens, teens and adults need to be revaccinated, even if they were completely vaccinated as children. If pertussis is circulating in the community, there is still a chance that a fully vaccinated person can catch this very contagious disease. When you or your child develops a cold that includes a prolonged or severe cough, it may be pertussis. The best way to know is to contact your doctor.

Pertussis Symptoms

Pertussis can cause serious illness in infants, children and adults. The disease starts like the common cold, with runny nose or congestion, sneezing, and maybe mild cough or fever. But after 1–2 weeks, severe coughing can begin. Unlike the common cold, pertussis can become a series of coughing fits that continues for weeks. Pertussis can cause violent and rapid coughing, over and over, until the air is gone from the lungs and you are forced to inhale with a loud "whooping" sound. In infants, the cough can be minimal or not even there.

Infants may have a symptom known as "apnea." Apnea is a pause in the child's breathing pattern. If your baby is having trouble breathing, take him to a hospital or doctor right away.

Disease Complications

Pertussis is most severe for babies; more than half of infants younger than 1 year of age who get the disease must be hospitalized. About 1 in 5 infants with pertussis get pneumonia (lung infection), and about 1 in 100 will have convulsions. In rare cases (1 in 100), pertussis can be deadly, especially in infants.

How Pertussis Spreads

People with pertussis usually spread the disease by coughing or sneezing while in close contact with others, who then breathe in the pertussis bacteria. Many infants who get pertussis are infected by parents, older siblings, or other caregivers who might not even know they have the disease.

Preventing Pertussis

The best way to prevent pertussis is to get vaccinated. Parents can also help protect infants by keeping them away as much as possible from anyone who has cold symptoms or is coughing.

Vaccine Recommendations

For Infants and Children: In the US, the recommended pertussis vaccine for children is called DTaP. This is a safe and effective combination vaccine that protects children against three diseases: diphtheria,

tetanus, and pertussis. For maximum protection against pertussis, children need five DTaP shots. The first three shots are given at 2, 4, and 6 months of age. The fourth shot is given at 15 through 18 months of age, and a fifth shot is given when a child enters school, at 4 through 6 years of age. If a 7-10 year old is not up-to-date with DTaP vaccines, a dose of Tdap should be given before the 11-12 year old check up.

For Preteens and Teens: Vaccine protection for pertussis, tetanus, and diphtheria can decrease with time. Preteens going to the doctor for their regular check-up at age 11 or 12 years should get a booster vaccine, called Tdap. Teens and young adults who didn't get a booster of Tdap as a preteen should get one dose when they visit their health care provider.

For Pregnant Women: Pregnant women who have not been previously vaccinated with Tdap should get one dose of Tdap during the third trimester or late second trimester – or immediately postpartum, before leaving the hospital or birthing center. By getting Tdap during pregnancy, maternal pertussis antibodies transfer to the newborn, likely providing protection against pertussis in early life, before the baby starts getting DTaP vaccines. Tdap will also protect the mother at time of delivery, making her less likely to transmit pertussis to her infant.

For Adults: Adults who didn't get Tdap as a preteen or teen should get one dose of Tdap.

Getting vaccinated with Tdap at least two weeks before coming into close contact with an infant is especially important for families with and caregivers of new infants.

Adults 65 years and older who have close contact with infants should also get a dose of Tdap if they never have before.

The easiest thing for adults to do is to get Tdap instead of their next regular tetanus booster—the Td shot that is recommended for adults every 10 years. The dose of Tdap can be given earlier than the 10-year mark, so it's a good idea for adults to talk to a health care provider about what's best for their specific situation.

Vaccine Preventable Diseases

Find out more about the rest of these vaccine preventable diseases. Similar to the information provided to you about tetanus and pertussis, is information about the other vaccine preventable diseases.

To find out more, go to <http://www.cdc.gov/vaccines/vpd-vac/vpd-list.htm> .

Tetanus

Pertussis (Whooping Cough)

Measles, Mumps, & Rubella

Haemophilus Influenza type B (Hib)

Influenza (seasonal)

Diphtheria

Polio

Rotavirus

Hepatitis A and B

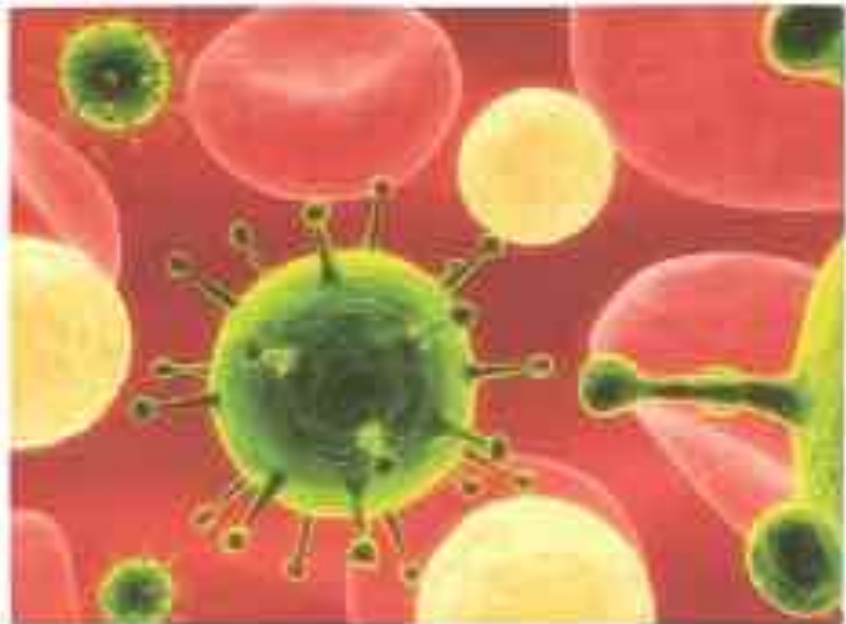
Meningococcal

Pneumococcal

Human Papillomavirus (HPV)

Herpes Zoster (shingles)

Varicella (chickenpox)




Vaccine ▼	Age ▶	Birth	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years	
Hepatitis B ¹		HepB	HepB					HepB						Range of recommended ages for all children
Rotavirus ²				RV	RV	RV ³								Range of recommended ages for certain high-risk groups
Diphtheria, tetanus, pertussis ¹				DTaP	DTaP	DTaP		Tdap ⁴	DTaP				DTaP	Range of recommended ages for certain high-risk groups
Haemophilus influenzae type b ¹				Hib	Hib	Hib ⁵		Hib						Range of recommended ages for certain high-risk groups
Pneumococcal ¹				PCV	PCV	PCV		PCV					PPSV	Range of recommended ages for certain high-risk groups
Inactivated poliovirus ⁶				IPV	IPV			IPV					OPV	Range of recommended ages for certain high-risk groups
Influenza ⁷								Influenza (yearly)						Range of recommended ages for all children and certain high-risk groups
Measles, mumps, rubella ⁸								MMR			Tdap ⁴		MMR	Range of recommended ages for all children and certain high-risk groups
Varicella ⁹								VAR			Tdap ⁴		VAR	Range of recommended ages for all children and certain high-risk groups
Hepatitis A ¹⁰								Dose 1 ¹¹				HepA series ¹²	Range of recommended ages for certain high-risk groups	
Meningococcal ¹³								MCVs – See footnote 14						Range of recommended ages for certain high-risk groups

Vaccine ▼	Age ▶	7-10 years	11-12 years	13-18 years	
Tetanus, diphtheria, pertussis ¹		1 dose if indicated ¹⁵	1 dose	1 dose if indicated ¹⁵	Range of recommended ages for all children
Human papillomavirus ¹⁶		See footnote ¹⁷	3 doses	Complete 3-dose series	Range of recommended ages for certain high-risk groups
Meningococcal ¹³		See footnote ¹⁸	Dose 1	booster at age 16 years	Range of recommended ages for certain high-risk groups
Influenza ⁷		Influenza (yearly)			Range of recommended ages for all children and certain high-risk groups
Pneumococcal ¹		See footnote ¹⁹			Range of recommended ages for certain high-risk groups
Hepatitis A ¹⁰		Complete 2-dose series			Range of recommended ages for certain high-risk groups
Hepatitis B ¹		Complete 3-dose series			Range of recommended ages for certain high-risk groups
Inactivated poliovirus ⁶		Complete 3-dose series			Range of recommended ages for certain high-risk groups
Measles, mumps, rubella ⁸		Complete 2-dose series			Range of recommended ages for certain high-risk groups
Varicella ⁹		Complete 2-dose series			Range of recommended ages for certain high-risk groups


VACCINE ▼	AGE GROUP ▶	19-21 years	22-26 years	27-49 years	50-59 years	60-64 years	≥65 years
Influenza ^{7, *}		1 dose annually					
Tetanus, diphtheria, pertussis (Td/Tdap) ^{1, *}		Substitute 1-time dose of Tdap for Td booster, then boost with Td every 10 years					
Varicella ^{9, *}		2 doses					
Human papillomavirus (HPV) ^{16, *} Female		3 doses					
Human papillomavirus (HPV) ^{16, *} Male		3 doses					
Zoster ²⁰						1 dose	
Measles, mumps, rubella (MMR) ^{8, *}		1 or 2 doses				1 or 2 doses	
Pneumococcal (polysaccharide) ^{13, *}			1 or 2 doses				1 dose
Meningococcal ^{13, *}			1 or more doses				
Hepatitis A ^{10, *}			2 doses				
Hepatitis B ^{1, *}			3 doses				

* Covered by the Vaccine Injury Compensation Program

 For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection

 Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle or other indications)

 Tdap recommended for ≥65 if contact with <12-month-old child. Either Td or Tdap can be used if no infant contact

 No recommendation

References

ABC's of Day Care Attendance for Children with HIV/AIDS, Virginia Department of Health, pamphlet, 04/06.

A Guide for Mandated Reporters in Recognizing and Reporting Child Abuse and Neglect, Commonwealth of Virginia, Department of Social Services, Child Protective Services, 03/07.

Bloodborne Pathogens Training: Preventing Disease Transmission, American Red Cross, 2003.

Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, 2nd Edition, 2002.

Child Care Provider/Staff Survey, Get Smart Virginia, Know When Antibiotics Work Project, 2003.

Communicable Disease Awareness Activity. The National Training Institute for Child Care Health Consultants, UNC-CH, 2003.

Communicable Disease Reference Chart for School Personnel, 11/07, Virginia Department of Health.

Customer Submitted Ideas on the Glo Germ website, <http://www.glogerm.com/ideas.html>.

Day Care-related Outbreak of Rhamnose-Negative Shigella sonnei: Six States, June 2001-March 2003. Medscape General Medicine. Article posted on Medscape website 2/11/04.

Diarrhea Fact Sheet, Pennsylvania Chapter, American Academy of Pediatrics, 6/27/01.

Early childhood Workshops that Work! The Essential Guide to Successful Training and Workshops, Nancy P. Alexander, Gryphon House, Beltsville, MD, 2001.

Exposure to Nontraditional Pets at Home and to Animals in Public Settings: Risks to Children, Pickering, MD., Marano, Nina, DVM, MPH, et. al., Pediatrics, Volume 122, Number 4, October 2008.

Health and Safety in the Child Care Setting: Prevention of Infectious Disease. A Curriculum for the Training of Child Care Providers, Module 1, 2nd Edition, The California Child care health Program, Oakland, CA Revised March 2001.

Health Link Online, www.paaap.org/ecels, click on Publications and Media, click again, and then click on Health Link ECELS Newsletter.

Health Young Children: A Manual for Programs, 2002 Edition, National Association for the Education of Young Children.

Infectious Diseases in Childcare Settings and Schools. Information for Directors, Caregivers, and Parents or Guardians and School Health Staff, 5th Edition.

Keeping Safe when Touching Blood or Other Body Fluids. A Self-Learning Module for Early Education and Child Care Providers. By Elizabeth L.M. Miller, BSN, RN, BC, Early Childhood Education Linkage System (ECELS).

Managing Infectious Diseases in child Care and Schools. A Quick Reference Guide. Editors Susan S. Aronson, MD, FAAP and Timothy R. Shope, MD, MPH, FAP, American Academy of Pediatrics, 2nd Edition, 2009.

Preparing for the Flu (Including 2009 H1N1 Flu) – A Communication Toolkit for Child Care and Early Childhood Programs, CDC.

Recognizing, Reporting and Preventing Child Abuse and Neglect in Virginia, Brochure, Virginia Department of Social Services, 01/07.

Regulations for Disease Reporting and Control, Commonwealth of Virginia State Board of Health, March 2011.

Sanitizing Safely and Effectively, California Child Care Health Program, 2011.

Standards for Licensed Child Day Centers. Virginia Department of Social Services, 03/08.

Standards for Licensed Family Day Homes with Interpretation Guidelines, Virginia Department of Social Services, 07/2010.

The Director's Toolbox. Chapter 3, Health and Safety, Virginia Department of Social Services, Richmond Virginia (2007).

http://en.wikipedia.org/wiki/Infectious_disease

<http://lupus.about.com/od/glossary/g/Antibody.htm>

<http://www.cdph.state.co.us/dc/epidemiology/ChildCareflipchart02a.pdf>

<http://www.co.washoe.nv.us/repository/files/4/Infectious-Diseases-Word-Search.pdf>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2851373/>

<http://www.nhmrc.gov.au/guidelines/publications/ch43>

<http://www.nhmrc.gov.au/files/nhmrc/publications/attachments/ch43.pdf>

<http://www.youtube.com/watch?v=XHISh559oho&NR=1>