Preventing Infectious Diseases in Child Care Settings
OBJECTIVES

• To increase the child care provider’s knowledge and recognition of infectious diseases

• To provide resources to help providers identify possible preventative measures to limit exposure.
Definitions

• Epidemic: The rapid spread of infectious disease to a large number of people in a given population within a short period of time

• Pandemic: Epidemic occurring in a very wide area (countries or continents) usually affecting a large portion of the population

• Infectious Disease: a disease transmitted only by a specific kind of contact; a disease that is easily passed from one person to another, contagious disease. Infectious Diseases are the most common cause of illness in young children.

*Remember – you can’t always tell by looking at someone whether they carry a communicable disease
Common Disease in Child Care Settings

COXSACKIE

GIARDIA

FIFTH DISEASE

HEAD LICE

Influenza
Infectious diseases are disorders caused by organisms transmitted by bodily fluids. They enter the body through the air into the nose, eyes, mouth or broken skin-by touching, breathing and eating.

- 4 types of infectious diseases:
  - Viruses (colds, chicken pox, flu, coronavirus)
  - Bacteria (strep throat, TB, E-coli)
  - Fungi (ringworm, thrush, diaper rash)
  - Parasites (head lice, Giardia, malaria)
<table>
<thead>
<tr>
<th>Infection/Disease</th>
<th>Symptoms</th>
<th>High-Risk Population</th>
<th>Mode Of Spread</th>
<th>Infectious period</th>
<th>Exclusion from Child Care?</th>
<th>Recommendations for other children/personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coxsackie</strong></td>
<td>Ulcers on tongue, gums, 2 days later on hands/feet</td>
<td>Young children, household members</td>
<td>Fecal-oral, Oral-oral</td>
<td>Prolonged, before onset to 2 weeks. After resolution of illness</td>
<td>Most infections are asymptomatic thus removal is not warranted</td>
<td>Hand washing, basic hygiene</td>
</tr>
<tr>
<td><strong>Giardia</strong></td>
<td>Watery diarrhea, cramps, edema, weight loss, anemia</td>
<td>Infants, children in CC programs (non-toilet trained)</td>
<td>Fecal-oral</td>
<td>Infectious as long as stool tests positive</td>
<td>When diarrhea is no longer present. LHD should be notified</td>
<td>Other symptomatic staff/children should be tested and treated. Disinfecting/Handwashing</td>
</tr>
<tr>
<td><strong>Influenza</strong> (flu syndrome)</td>
<td>Fever, chills, tearing respiratory problems, headache</td>
<td>Children with high-risk health conditions</td>
<td>Person-person by direct contact with secretions</td>
<td>24 hours prior to onset of symptom. To 5-10 days after symptoms began</td>
<td>Based on condition of child</td>
<td>Yearly vaccine for staff and children, careful hand washing attention to secretions</td>
</tr>
<tr>
<td><strong>Fifth Disease</strong></td>
<td>Fever, headache, malaise, &quot;slapped-cheek&quot; rash</td>
<td>S/A children, can spread to younger siblings. Pregnant women.</td>
<td>Close contact through respiratory secretions</td>
<td>1-6 days prior to onset of rash</td>
<td>Not necessary, since not contagious when rash appears</td>
<td>Pregnant staff should practice proper hand washing, avoid shared utensils, etc</td>
</tr>
<tr>
<td><strong>Head Lice</strong></td>
<td>Intense itching, most severe around back and side of head</td>
<td>Highest prevalence between ages of 3 and 10</td>
<td>Direct but can survive 1 week off the human body</td>
<td>From egg laying to emerging adult is 17-25 days</td>
<td>Until live lice and ova are eradicated - usually 24 hrs after effective treatment</td>
<td>Examine all children and staff, treat if any indicators</td>
</tr>
</tbody>
</table>
Infectious diseases spread in child care setting because…..

- There is close contact: child to child; child to adult
- Children explore by touching and putting their hands in their mouths
- Most children have not yet learned good hygiene
- Surfaces and objects can carry germs, including toys, tables, floors, sinks, door knobs, sand boxes, water play tables, etc.
19a87b:1 1 Sick Child Care

(a) A Family day care provider may choose to continue caring for a mildly ill child under the following circumstances:

  (1) The child does not have a fever exceeding 101 degrees F, more than one undiagnosed episode of diarrhea or vomiting, or an undiagnosed skin rash.

  (2) The child attends the facility on a regular basis. No child shall be accepted for sick child care on a drop in basis.

  (3) Universal precautions and sanitary practices are used to prevent the spread of infection.

Other Regulations:

- Provider medical statement
- Household member medical statement
- First aid training/CPR training
- First aid supplies
- Children's medical statement/immunizations
- Incident Logs- accidents, illnesses
- Diaper changing
- Parent information and access-notification of illness/communicable disease
- Administration of medications
### Center and Group Regulations

**19a79-3a(d) Administration**

(4) Emergencies, including, but not necessarily limited to:

- **A)** Medical emergencies, including but not necessarily limited to, a personal emergency, accident or illness, designation of a licensed physician or hospital emergency service to be available, transportation to medical services and notification of parents;

**19a79-6a Health and Safety**

(b) Procedures in case of illness

1. Staff members shall be knowledgeable about signs and symptoms of childhood illness and shall be responsible for the initial observation of each child upon arrival and continued observation throughout the day for such signs and symptoms.

2. Any child showing suspicious signs or symptoms of short-term contagious illness shall be placed in a designated isolation area with continual visual supervision by staff. The parent(s) or other authorized adult shall be called immediately to remove the child from the child day care center or group day care home.

### Other Regulations

- Staff medical statement
- First aid training
- Health Consultant
- Children’s medical statement/immunizations
- Injury/illness/accident reports
- Individual plan of care for children with special health care needs or disabilities
- Hand washing policies
- Diaper changing policies
- Educational requirements-health education
- Administration of medication
- Disinfection of equipment/toys/cots, etc.
Reportable Diseases

- Section 19a-36-A3 of the Public Health Code of State of CT requires the person in charge of any child day care center to report, if known, certain contagious diseases to Local Health Officials.

- Section 19a-79-5(a)(3)(c) of the regulations require that licensees report each case to the Department of Public Health.

- Reportable Diseases include: chickenpox, hepatitis, measles, mumps, outbreaks, rabies, tetanus, and the recently added coronavirus.
February 5, 2020

Re: Change to the List of Reportable Diseases, Emergency Illnesses and Health Conditions and the List of Reportable Laboratory Findings

Dear Colleagues:

The Connecticut Department of Public Health (DPH) is closely monitoring an outbreak of respiratory illness caused by a Novel (now) Coronavirus (named by the World Health Organization as “2019-nCoV”) that was first detected in Wuhan, Hubei Province, China and which continues to expand. To date, there have been no laboratory-confirmed cases of 2019 Novel Coronavirus infection in Connecticut.

As Commissioner of DPH, I hereby amend the List of Reportable Diseases, Emergency Illnesses and Health Conditions and the List of Reportable Laboratory Findings by adding “2019 Novel Coronavirus” to such lists, effective February 5, 2020. This action is taken pursuant to Connecticut General Statutes Section 19a-2a and Section 19a-25-A of the Regulations of Connecticut State Agencies. This is being done to assess and manage risk of potential exposures to 2019-nCoV and implement public health control actions based on a person’s risk level and whether or not they have an illness consistent with the novel coronavirus.

Cases of 2019 Novel Coronavirus infection shall be reported immediately to DPH and to the local department of health in the town of residence of the case-patient by telephone on the day of recognition or strong suspicion of the disease. A report form provided by DPH shall be used to collect information on suspect and confirmed cases. DPH will share the report with the local health department for the town where the case-patient lives.

I thank you in advance for your continued partnership in addressing the public health of the State of Connecticut.

Sincerely,

Renée D. Coleman-Mitchell
Commissioner
For more information, visit

CT.gov/DPH
Standard Precautions

- WASH HANDS OFTEN-most important infection control measure!
- Keep personal belongings separate
- Routinely clean toys and equipment
- Dispose of soiled diapers, etc. in covered container
- Use diaper service or disposable diapers when available
- Use disposable gloves whenever possible
- Make sure open sores are covered
- Require physician’s approval before a child with skin eruptions attends
HANDWASHING

1. Wet hands
2. Apply liquid soap
3. Scrub backs of hands, between fingers, thumbs and around fingernails for at least 15 seconds
4. Rinse
5. Towel dry
6. Turn off taps with towel

REMEMBER, proper handwashing can remove germs that make you sick

For more information, please contact Environmental Help Line at 1-866-777-9613 or www.region.durham.on.ca
**CDC Recommendations**

Please continue to check the Centers for Disease Control and CT Department of Public Health websites

www.cdc.gov

www.ct.gov/DPH
Recommended Strategies

• Get vaccinated against the flu
• Stay home when sick
• Conduct daily health checks
• Separate ill children and staff
• Encourage hand hygiene and respiratory etiquette
• Perform routine environmental cleaning
• Encourage early treatment for anyone at risk for flu complications
• Consider selective early childhood program closures.
ACTION PLAN: START THINKING NOW

• Assign one person to watch for public health warnings and other actions to prevent the spread of disease
• Develop a plan of action (i.e. transportation, staffing)
• Encourage parents to have a “Plan B” for finding alternate care
• Learn about services in your area that can help your staff, children and parents deal with stress and other problems caused by a flu pandemic
• Talk to other providers and programs in your area to share info that could make your plan better- pool resources
• Require parents to keep SICK children home!
Keep your Staff Healthy

- Emphasize proper handwashing
- Good nutrition
- Regular exercise
- Sufficient daily rest
- Stay current with immunizations
- Take scheduled breaks and vacations
- Encourage staff to stay home if sick
- Providers who are ill should take care of themselves and not someone else!
Web Sites

OEC Child Care Licensing: www.ct.gov/oec

- www.cdc.gov - Centers for Disease Control
- www.211infoline.org - Infoline
- www.who.int - World Health Organization
- www.redcross.org - American Red Cross
- www.hhs.gov - Health & Human Services
- www.savethechildren.org/ - Save the Children
- www.ct.gov/dph - Department of Public Health
Quick Review for Prevention

• Yearly vaccines!
• Encourage handwashing
• Clean frequently touched surfaces, toys, etc. daily
• Cover noses and mouths when sneezing/coughing
• Don’t share personal items

• Stay at least 3 ft. away from others
• Closely observe all children for signs of respiratory illness
• Encourage parents to keep sick children home
• Disinfect!
In Conclusion....

- Infectious diseases will continue to be part of child care

- We need to take preventative measures to decrease the spread of infection

- If you have any questions please call the OEC Help Desk at 860-500-4450 or visit our website at www.ct.gov/oec

- Utilize your Local Health Department and your Health Consultant