

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
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- 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.

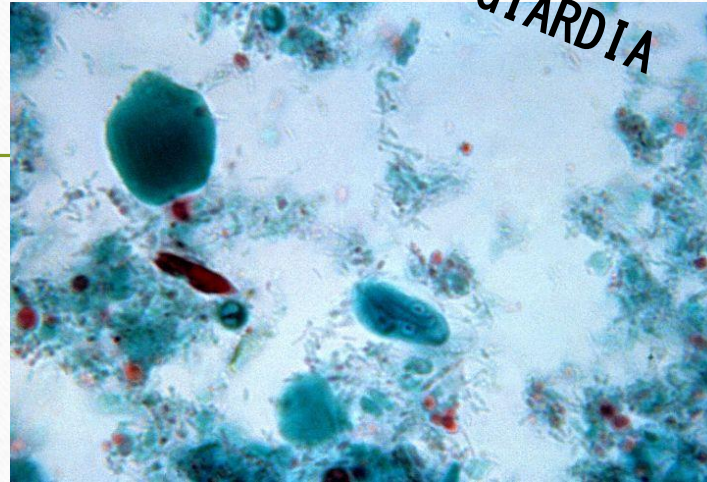
***Remember – you can't always tell by looking at someone whether they carry a communicable disease**

Common Disease in Child Care Settings

COXSACKIE



GIARDIA



Influenza



FIFTH DISEASE



HEAD LICE



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)

Common Communicable Disease in Child Care Settings

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

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.

Family Child Care Regulations

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.*

Coronavirus added to list of reportable diseases 2/5/2020

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



Renée D. Coleman-Mitchell, MPH
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

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 (new) 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-36-A7 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,

A handwritten signature in black ink, appearing to read "Renée D. Coleman-Mitchell".

Renée D. Coleman-Mitchell
Commissioner



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For more
information, visit

CT.gov/DPH

REPORTABLE DISEASES, EMERGENCY ILLNESSES and HEALTH CONDITIONS - 2020		
PART A: REPORTABLE DISEASES		
Physicians, and other professionals are required to report using the Reportable Disease Confidential Case Report form (PD-23), other disease specific form or authorized method (see page 4 for additional information). Forms can be found on the DPH "Forms" webpage or by calling 860-509-7994. Mailed reports must be sent in envelopes marked "CONFIDENTIAL." Changes for 2020 are in bold font.		
Category 1 Diseases: Report immediately by telephone (860-509-7994) on the day of recognition or strong suspicion of disease for those diseases marked with a telephone (☎). On evenings, weekends, and holidays call 860-509-8000. These diseases must also be reported by mail within 12 hours. Category 2 Diseases: All other diseases not marked with a telephone must be reported by mail within 12 hours of recognition or strong suspicion of disease.		
<ul style="list-style-type: none"> Acquired Immunodeficiency Syndrome (1,2) Acute flaccid myelitis ☎ Acute HIV infection ☎ Anthrax Babesiosis <i>Borrelia miyamotoi</i> disease ☎ Botulism ☎ Brucellosis California group arbovirus infection Campylobacteriosis <i>Candida auris</i> Chancroid Chickenpox Chickenpox-related death Chikungunya Chlamydia (<i>C. trachomatis</i>) (all sites) ☎ Cholera Cryptosporidiosis Cyclosporiasis Dengue ☎ Diphtheria E-cigarette or vaping product use associated lung injury (EVALI) Eastern equine encephalitis virus infection <i>Ehrlichia chaffeensis</i> infection <i>Escherichia coli</i> O157:H7 gastroenteritis Gonorrhea Group A Streptococcal disease, invasive (3) Group B Streptococcal disease, invasive (3) <i>Haemophilus influenzae</i> disease, invasive (3) Hansen's disease (Leprosy) Healthcare-associated Infections (4) Hemolytic-uremic syndrome (5) Hepatitis A Hepatitis B: <ul style="list-style-type: none"> • acute infection (2) • HBsAg positive pregnant women 	<ul style="list-style-type: none"> Hepatitis C: <ul style="list-style-type: none"> • acute infection (2) • perinatal infection positive rapid antibody test result HIV-1 / HIV-2 infection in: (1) <ul style="list-style-type: none"> • persons with active tuberculosis disease • persons with a latent tuberculous infection (history or tuberculin skin test ≥ 5mm induration by Mantoux technique) • persons of any age • pregnant women HPV: biopsy proven CIN 2, CIN 3 or AIS or their equivalent (1) Influenza-associated death (6) Influenza-associated hospitalization (6) Legionellosis Listeriosis Lyme disease Malaria ☎ Measles ☎ Melioidosis ☎ Meningococcal disease Mercury poisoning Mumps Neonatal bacterial sepsis (7) Neonatal herpes (≤ 60 days of age) Occupational asthma ☎ Outbreaks: <ul style="list-style-type: none"> • Foodborne (involving ≥ 2 persons) • Institutional • Unusual disease or illness (8) Pertussis ☎ Plague Pneumococcal disease, invasive (3) ☎ Poliomyelitis Powassan virus infection ☎ Q fever 	<ul style="list-style-type: none"> ☎ Rabies ☎ Ricin poisoning Rocky Mountain spotted fever Rubella (including congenital) Salmonellosis ☎ SARS-CoV Shiga toxin-related disease (gastroenteritis) Shigellosis Silicosis ☎ Smallpox St. Louis encephalitis virus infection ☎ Staphylococcal enterotoxin B pulmonary poisoning ☎ <i>Staphylococcus aureus</i> disease, reduced or resistant susceptibility to vancomycin (1) <i>Staphylococcus aureus</i> methicillin-resistant disease, invasive, community acquired (3,9) <i>Staphylococcus epidermidis</i> disease, reduced or resistant susceptibility to vancomycin (1) Syphilis Tetanus Trichinosis ☎ Tuberculosis ☎ Tularemia Typhoid fever Vaccinia disease ☎ Venezuelan equine encephalitis virus infection <i>Vibrio</i> infection (<i>parahaemolyticus</i>, <i>vulnificus</i>, other) ☎ Viral hemorrhagic fever West Nile virus infection ☎ Yellow fever Zika virus infection
FOOTNOTES: (NOTE: a footnote was removed, and have been renumbered) 1. Report only to State. 2. As described in the CDC case definition. 3. Invasive disease: from sterile fluid (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous) bone, internal body sites, or other normally sterile site including muscle. 4. Report HAIa according to current CMS pay-for-reporting or pay-for-performance requirements. Detailed instructions on the types of HAIs, facility types and locations, and methods of reporting are available on the DPH-1 website: https://portal.ct.gov/DPH/Infectious-Diseases/HAI/Healthcare-Associated-Infections-and-Antimicrobial-Resistance . 5. On request from the DPH and if adequate serum is available, send serum from patients with HUS to the DPH Laboratory for antibody testing. 6. Reporting requirements are satisfied by submitting the Hospitalized and Fatal Cases of Influenza-Case Report Form in a manner specified by the DPH. 7. Clinical sepsis and blood or CSF isolate obtained from an infant ≤ 72 hours of age. 8. Individual cases of "significant unusual illness" are also reportable. 9. Community-acquired: infection present on admission to hospital, and person has no previous hospitalizations or regular contact with the health-care setting.		
How to report: The PD-23 is the general disease reporting form and should be used if other specialized forms are not available. The PD-23 can be found on the DPH "Forms" webpage (https://portal.ct.gov/DPH/Communications/Forms/Forms). It can also be ordered by writing the Department of Public Health, 410 Capitol Ave., MS#1 IFDS, P.O. Box 340308, Hartford, CT 06134-0308 or by calling the Epidemiology and Emerging Infections Program (860-509-7994). Specialized reporting forms are available on the DPH "Forms" webpage or by calling the following programs: Epidemiology and Emerging Infections Program (860-509-7994) - Hospitalized and Fatal Cases of Influenza, Healthcare Associated Infections (860-509-7995) - National Healthcare Safety Network, HIV/AIDS Surveillance (860-509-7900) - Adult HIV Confidential Case Report form, Immunizations Program (860-509-7929) - Chickenpox Case Report (Varicella) form, Occupational Health Surveillance Program (860-509-7740) - Physician's Report of Occupational Disease, Sexually Transmitted Disease Program (860-509-7920), and Tuberculosis Control Program (860-509-7722). National notifiable disease case definitions are found on the CDC website. Telephone reports of Category 1 disease should be made to the local Director of Health for the town in which the patient resides, and to the Epidemiology and Emerging Infections Program (860-509-7994). Tuberculosis cases should be directly reported to the Tuberculosis Control Program (860-509-7722). For the name, address, or telephone number of the local Director of Health for a specific town contact the Office of Local Health Administration (860-509-7660).		
For public health emergencies on evenings, weekends, and holidays call 860-509-8000.		

Standard Precautions

- **WASH HANDS OFTEN**-most important infection control measure!
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- 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 1-888-777-9613 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
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- 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
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- 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
 - *Stay Calm. Stay Informed. Stay in Touch.*