Common Illnesses and Exclusion Guidelines

- SENDCAA Spring Conference Saturday, March 25th
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 Child Care Aware of ND



Objectives

- Learn how illnesses are spread
- Learn ways to prevent the spread of illness
- Review recommended exclusion guidelines
- Examine common illnesses in child care that do not require exclusion

Here a body fluid, there a body fluid, everywhere a body fluid....

- Nasal drainage
- Tears/eye drainage
- Drool/saliva
- Urine
- Spit-up/vomit
- Poop
- Blood
- Breastmilk

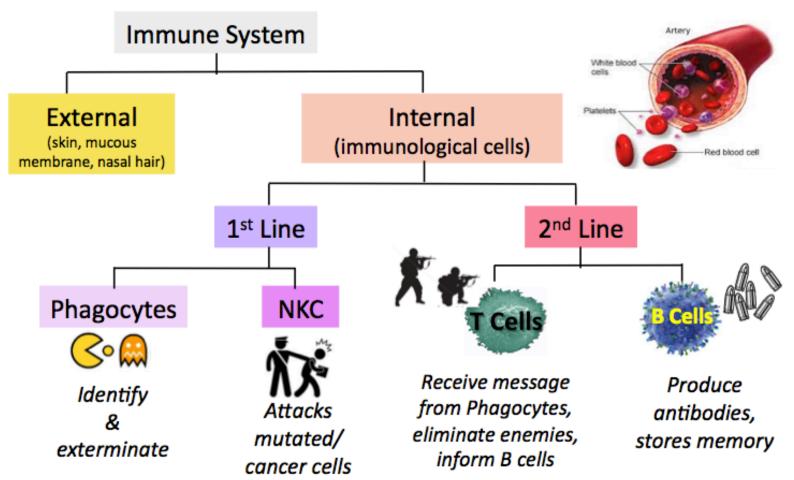


Why are children more vulnerable to infectious disease?

- Not fully immunized
- Immature immune system
- Not able to take care of body fluids themselves (ex. change their own diaper, wipe their own nose)
- Play close to each other, share toys
- Young children do not have control of their body fluids (ex. urine, poop)
- Young children do not have an awareness of their own body fluids (ex. nose, drool)
- Touch everything, put things in their mouths
- Mouthing objects is developmentally appropriate for young children (study showed children <24 months put their fingers in their mouths 81 +/- 7 times/hr)
- Children pick their noses, rub their eyes...



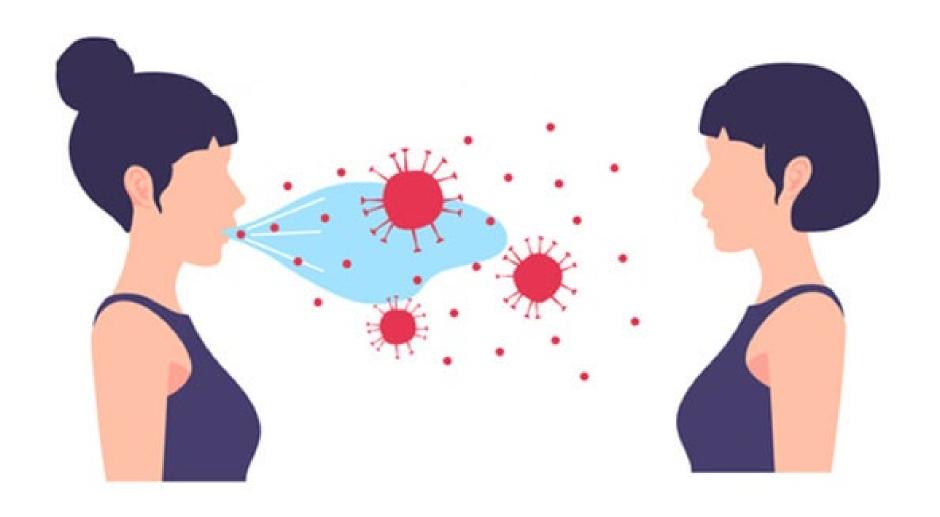
The Immune System Our Ultimate Line of Defence

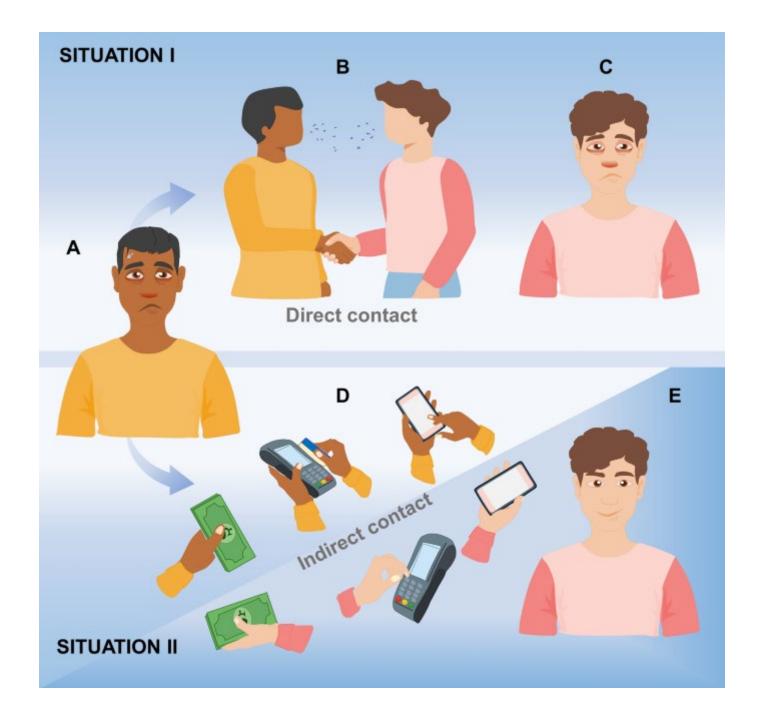


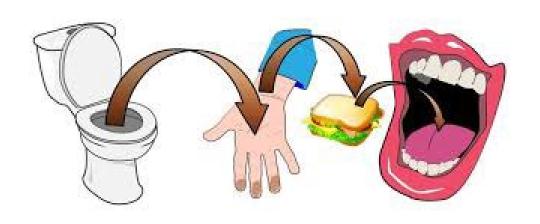


Disease control

- Illness can be caused by bacteria, viruses, fungi, or parasites
- Illnesses can be spread in four different ways:
 - 1. through the respiratory tract
 - 2. through the GI tract
 - 3. through direct or indirect contact
 - 4. through blood







Blood contact route

- Contact with infected blood or infected body fluids
- Blood transfusion or needlestick
- Contact with skin that is broken or open
- Contact with mucous membranes (lining of eyes, nose, etc.)

Types of Bloodborne Diseases

- HIV/AIDS
- Hepatitis B (sex, contaminated needles, infected mother, vaccine)
- Hepatitis C (contaminated needles, no vaccine)
- Hepatitis D (can't get unless have Hep B, uncommon in the US, no vaccine)
- Hepatitis A & E are spread by the fecal/oral route of transmission

Confidentiality

- Parents/guardians are not required to share information with child care programs if their child has a bloodborne illness
- Best practice treat all children as if they have a bloodborne disease

Ways Germs are Spread

- One sink for diapering and bottle prep (GI)
- Coughing/sneezing on child's face (resp.)
- Cots placed right next to each other (respiratory & indirect)
- Not picking up mouthed toys (indirect)
- Children playing with toys while diapering (GI)
- Stacking nap blankets together (indirect)
- Administering first aid without wearing gloves and caregiver's hands have open cuts (blood)
- Kissing a child on the lips (direct)
- Touching heads (direct)
- Not washing hands between wiping noses or using same tissue for several children (indirect)

Fascinating Facts

- Sneezes travel at 100 mph –
 expelling approx. 100,000 droplets
 droplets linger in air 10 minutes
- Coughs travel at 50 mph expelling approx. 3,000 droplets
- Coughs/sneezes can travel 6 feet or more





Exclusion Guidelines

- Can set your own exclusion guidelines
- Be detailed and comprehensive
- Required to notify parents of reportable conditions
- Recommended to notify parents of other illnesses
- Must protect identity of ill child
- Make sure you state your exclusion guidelines in your policy – make sure parents sign contract
- If you make changes, notify parents and have parents sign a new contract
- Give parents a copy of exclusion guidelines, post them (ex. entry), and refer parents to them often
- You do not have to allow a child back in your care even with a physician's note if you don't feel comfortable

Reportable Conditions

- List of mandatory reportable infectious conditions
- NDHHS
- 800-472-2180/701-328-2378
- 701-241-1386 (FCPH/Brenton)
- Required by law to report
- Required by licensing to notify parents
- Recommended to report multiple cases of any illness in your program

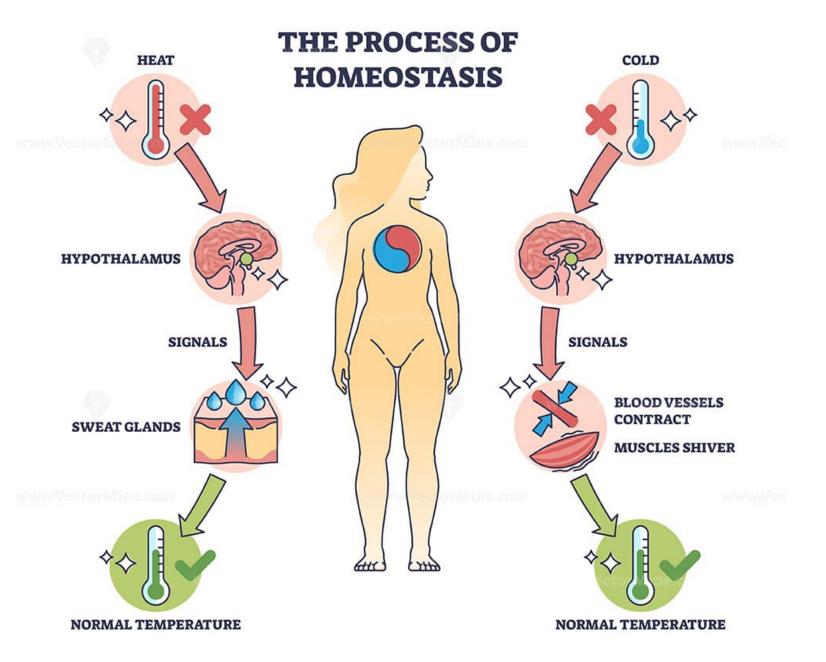




Fever

- What is a fever?
- Fever is a sign that the body's defenses are fighting an infection, due to heat-related illness (heat stroke/heat exhaustion), after vaccination or due to overdressing/over bundling.
- Infants can't regulate their body temperature well – overheating is a risk factor for SIDS
- Hypothalamus is the thermostat in the brain (see diagram)
- Fevers are primarily helpful
- Fevers speed up how cells work, including the ones that fight illness, making them respond to germs faster.
- Fevers make it harder for bacteria and viruses thrive/survive
- What temp is considered a fever?





Exclusion for Fever

- Fever is 101 F
- Exclude for fever WITH other symptoms or behavior change
- It is not required to exclude for fever <u>alone</u> **EXCEPT**
- Exclude infants under 2 months of age with temperature of 100.4 F or higher regardless of other symptoms - they need to be seen by a health care provider (NDHHS)
- AAP under 3 months old
- How the child is acting/feeling is more important than the temperature

When to call/see a doctor?

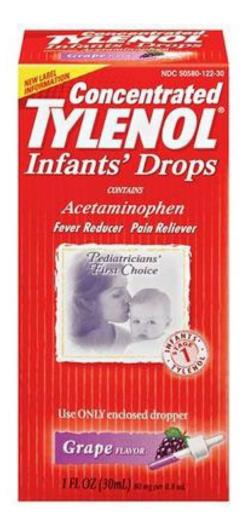
- Infants under 2 months with temperature of 100.4 F (NDHHS), under 3 months (AAP)
- Temperature rises above 104 F for a child of any age
- Fever persists for more than 24 hours for children under 2 years of age
- Fever persists for more than 72 hours for children 2 years old and older

When to treat a fever?

- If child is in pain
- Temperature is over 102 F
- Not recommended to treat infants under 3 months of age, unless recommended by a physician – don't want to mask a fever, infant needs to be evaluated
- Tylenol only for infants under 6 months
- Ibuprofen is not recommended for infants under 6 months unless ordered by a physician
- Tylenol: 4 hours between doses
- Motrin:6-8 hours between doses
- 106.7 F can cause permanent organ damage and death

Medication

- Licensing allows any medication to be given with written parental permission
- Best practice require written order from health care provider
- Liability
- Prescription label serves as written order from health care provider
- Always follow label if instructions are not on label or if parent's instructions are different than label, do not give without a written order from health care provider
- Do not allow "as needed" instructions require specific instructions as to when to give
- Do not give homeopathic/herbal/natural products without written order from health care provider
- Label with child's name
- Check expiration date
- Store out of reach and out of sight



Drug Facts (continued)

Dosing Chart			
Weight (lb)	Age (yr)	Dose (mL)	
under 24	under 2	call a doctor	
24-35	2-5	1.6 mL (0.8 + 0.8 mL)	

Attention: Specifically designed for use with enclosed dropper. Use only enclosed dropper to dose this product. Do not use any other dosing device.

Other information

- do not use if plastic carton wrap or bottle wrap imprinted "Safety Seat®" is broken or missing
- store at room temperature
- see bottom panel of carton for expiration date and lot number

Inactive ingredients

butytparaben, cellulose, clinic soid, com synup, D&C Red #33, FD&C Blue #1, flavors, glycerin, propylene glycol, purified water, sodium benzoste, sorbitol, xanthan gum

Questions or comments? call tol-free 1-877-TYLENOL (1-877-895-3665)

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Drug Facts (continued)

Ask a doctor before use if

- stomach bleeding warning applies to your child
- child has a history of stomach problems, such as heartburn
- child has problems or serious side effects from taking pain relievers or fever reducers
- child has not been drinking fluids
- child has lost a lot of fluid due to vomiting or diarrhea
- child has high blood pressure, heart disease, liver cirrhosis, or kidney disease
- child has asthma
- child is taking a diuretic

Ask a doctor or pharmacist before use if the child is

■ under a doctor's care for any serious condition ■ taking any other drug

When using this product

- take with food or milk if stomach upset occurs
- the risk of heart attack or stroke may increase if you use more than directed or for longer than directed

Stop use and ask a doctor if

- child experiences any of the following signs of stomach bleeding
- feels faint vomits blood has bloody or black stools
- has stomach pain that does not get better
- the child does not get any relief within first day (24 hours) of treatment
- fever or pain gets worse or lasts more than 3 days
- redness or swelling is present in the painful area
 any new symptoms appear

Keep out of reach of children. In case of overdose, get medical help or contact a Poison Control Center right away. (1-800-222-1222)

Directions

- this product does not contain directions or complete warnings for adult use
- do not give more than directed shake well before using
- find right dose on chart below. If possible, use weight to dose; otherwise use age.
- measure with the dosing device provided. Do not use with any other device.
- dispense liquid slowly into the child's mouth, toward the inner cheek
- if needed, repeat dose every 6-8 hours do not use more than 4 times a day

Dosing Chart

Weight (lb)	Age (mos)	Dose (mL)
under	under 6 mos	
12-17 lbs	6-11 mos	1.25 mL
18-23 lbs	12-23 mos	1.875 mL

Other information ■ store between 20-25°C (68-77°F)

- do not use if carton is opened or carton tape imprinted "SAFETY SEAL®" or bottle wrap imprinted "SAFETY SEAL®" and "USE WITH ENCLOSED DOSING DEVICE ONLY" is broken or missing
- see bottom panel for lot number and expiration date



How to take a temperature?

- Rectal most accurate not recommended in child care
- Temporal 2nd accurate
- Oral temperatures are not recommended for children under 4 years of age
- Ear thermometers can be affected by positioning, ear wax, size of ear canal (not to use with infants under 4 months old)
- Use digital thermometer under the child's arm (axillary). Skin to skin contact. No longer recommended to add a degree for underarm/axillary
- Retake temperature after 10 minutes





Exclusion Guidelines

- Primarily for child's comfort, not to prevent the spread of disease
- Usually contagious before symptoms are seen
- If you have to look for illness, chances are the child isn't sick or isn't a risk

Exclusion Guidelines

A child care setting should temporarily exclude a child or send the child home as soon as possible if one or more of the following conditions exist:

The illness prevents the child from participating comfortably in activities as determined by the child care provider.

The illness results in a greater need for care than the child care staff can provide; therefore, compromising the health and the safety of the other children as determined by the child care provider.



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- •Symptoms and signs of possible severe illness such as lethargy, uncontrolled coughing, inexplicable irritability or persistent crying, difficulty breathing.
- •Diarrhea (if stool is not contained in the diaper; if causing "accidents" for toilet trained children; if stool frequency exceeds 2 or more stools above normal for the child). Children are allowed to return to child care once the diarrhea resolves with the exception of the following:
- •Shigella, until 1 negative stool culture
- •E. Coli, until 2 negative stool cultures

- •Skin lesions if they are weeping/draining/oozing and unable to be kept covered with a waterproof dressing
- •Head lice, from the end of the day until after the first treatment.
- •Scabies, not until the end of the day, can return after treatment has been completed.
- •Active tuberculosis, until a health care provider or health official gives written permission stating that the child is on appropriate therapy and can attend child care.



- •Impetigo, at the end of the day, can return once treatment has been started and lesions are covered
- •Ringworm, at the end of the day until treatment has started and lesion is covered
- •Strep throat or other strep infections until child has been treated for 12 hours.
- Chickenpox, until all sores have dried and crusted.
- •Pertussis (whooping cough), until 5 days of antibiotic treatment or if they have been coughing for more than 21 days
- COVID (next slide)
- •Influenza, until fever-free for 24 hours without meds

COVID

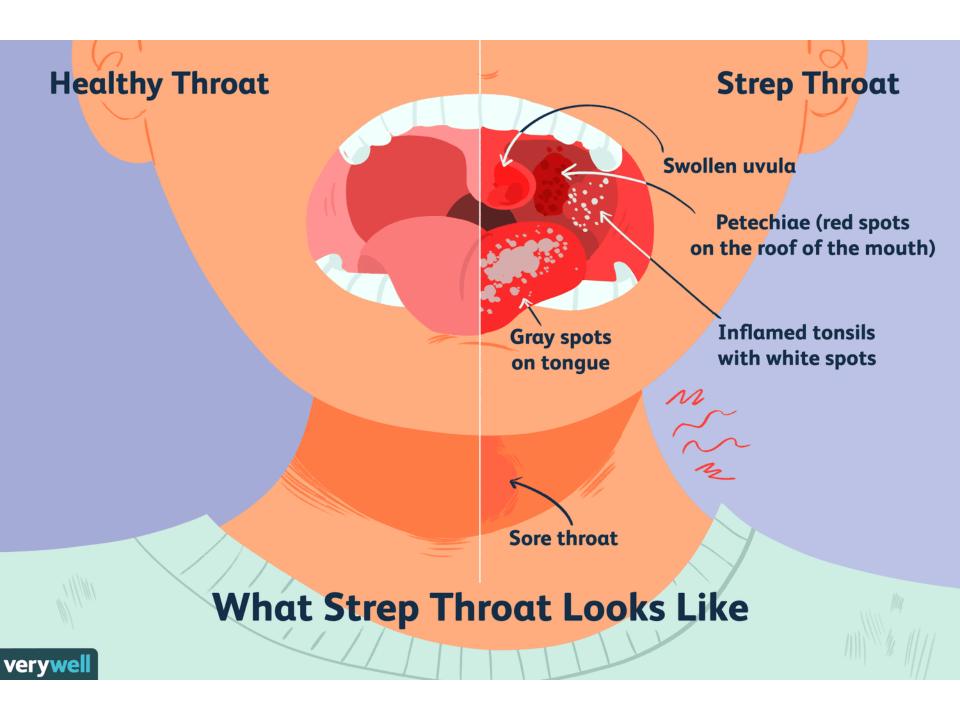
- Children and staff with no symptoms may end isolation after day 5.
- Children and staff that had symptoms may end isolation if: fever-free for 24 hours (without meds) and symptoms are improving
- If fever or symptoms have not improved, continue isolation until they improve.
- Children with SOB/difficulty breathing, were hospitalized, or have a weakened immune system need to isolate through day 10.
- Questions?
 <u>dohcovidchildcare@nd.gov</u>
 886-207-2880





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- •Blood in stools, not explained by dietary change, medication, or hard stools.
- •Vomiting illness (2 or more episodes in the previous 24 hours), unless caused by non-infectious condition (ex. reflux) and the child remains hydrated. One episode if other symptoms are present or if child has recent history of a head injury.
- •Persistent abdominal pain (continues more than 2 hours) or intermittent pain associated with fever or other signs or symptoms.
- Mouth sores if child is unable to control drooling unless a health care provider determines that the child is noninfectious



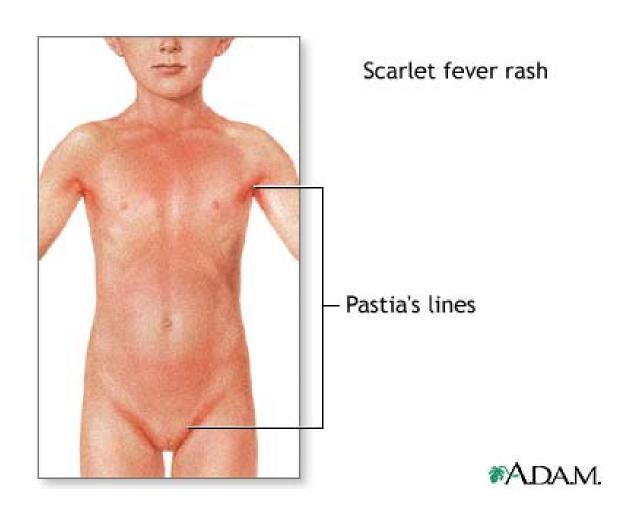




ORIDHEADE CONTROL

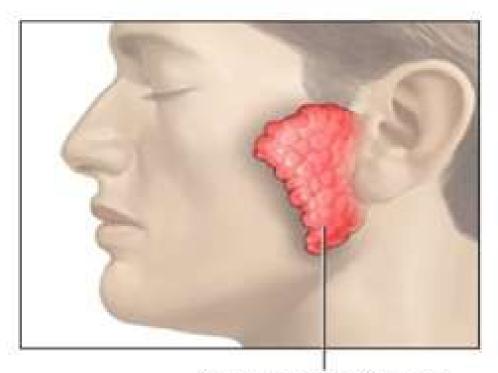








- •Mumps, until 5 days after the onset of parotid gland swelling
- •Hepatitis A virus, until 7 days after onset of symptoms
- •Measles, until 4 days after onset of rash.
- •Rubella, until 7 days after onset of rash.
- •MRSA, if lesions cannot be covered



Swollen parotid gland



Measles

Pathogen

Paramyxovirus

Course

Improvement of exanthem with fine desquamation after 4-5 days

Complications

Subacute sclerosing panencephalitis (SSPE)

14 days

Exposure

Measles encephalitis

Treatment

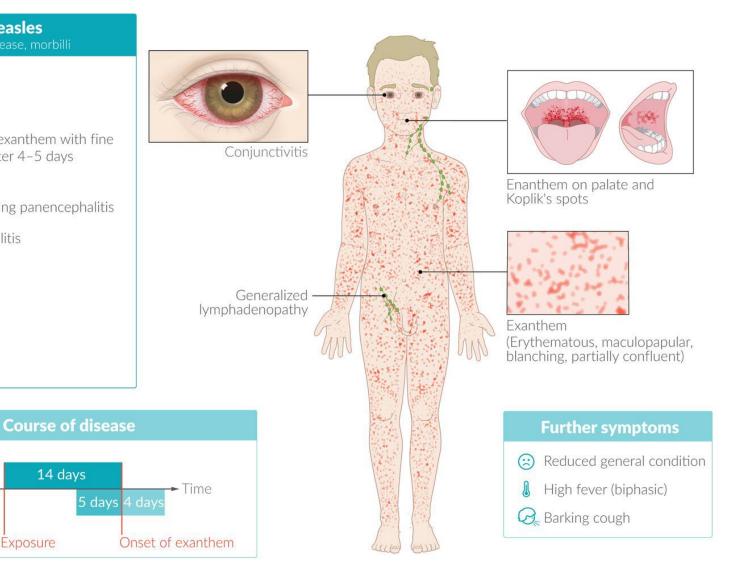
Symptomatic

Incubation period

Contagious period

Vaccine

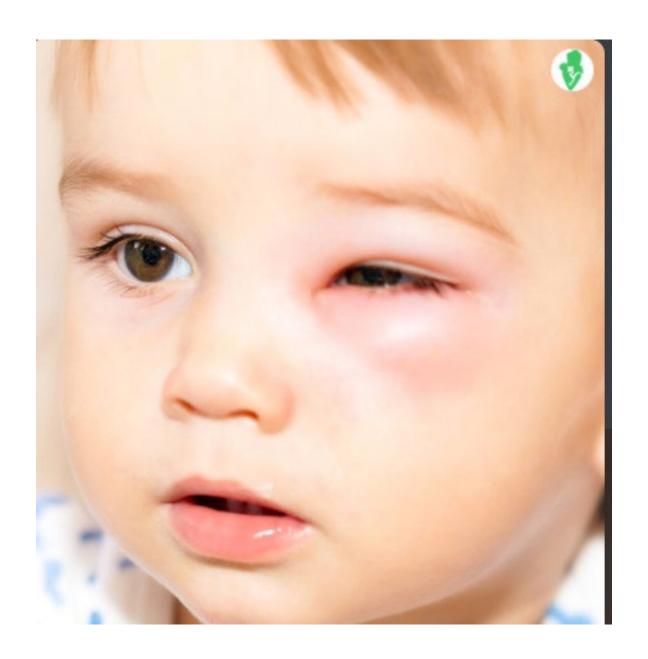
Yes





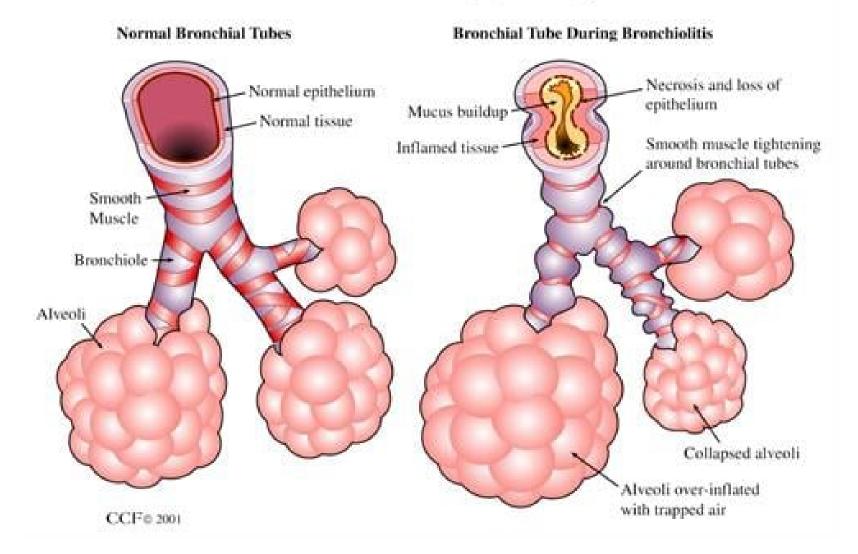
Illnesses that do not require exclusion.....

- Common cold, runny nose regardless of color or consistency of nasal drainage *green/yellow doesn't signify infection.
- Cough unless difficulty breathing, cannot participate
- Pinkeye
- Molloscum contagiosum
- Respiratory Syncytial Virus (RSV)
- Hand Foot & Mouth (HFM)
- Roseola





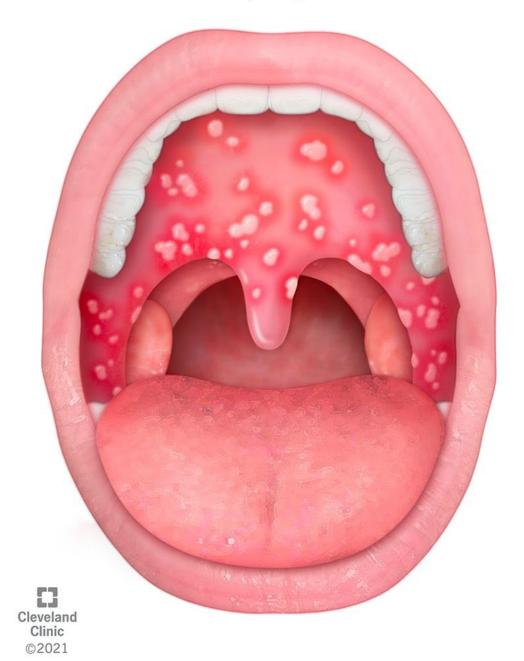
Bronchiolitis Pathophysiology



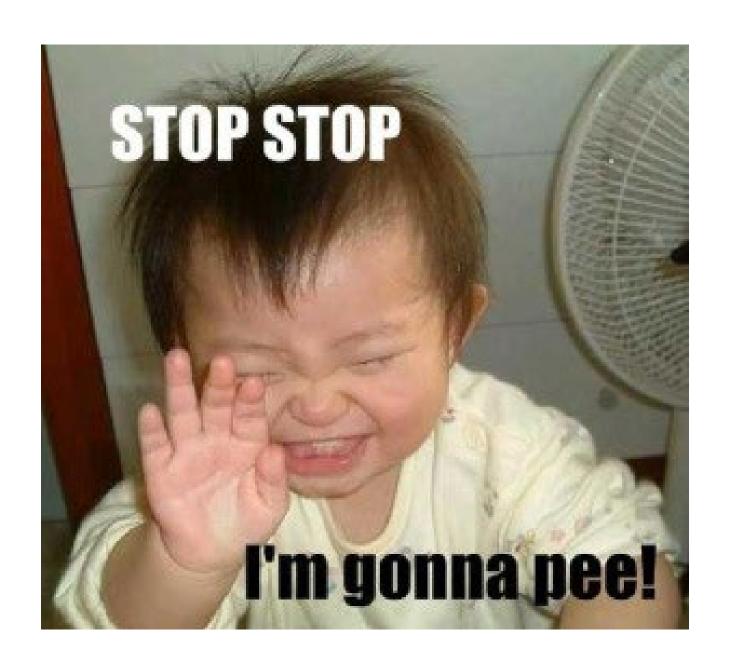


Hand, Foot, and Mouth Disease

Herpangina





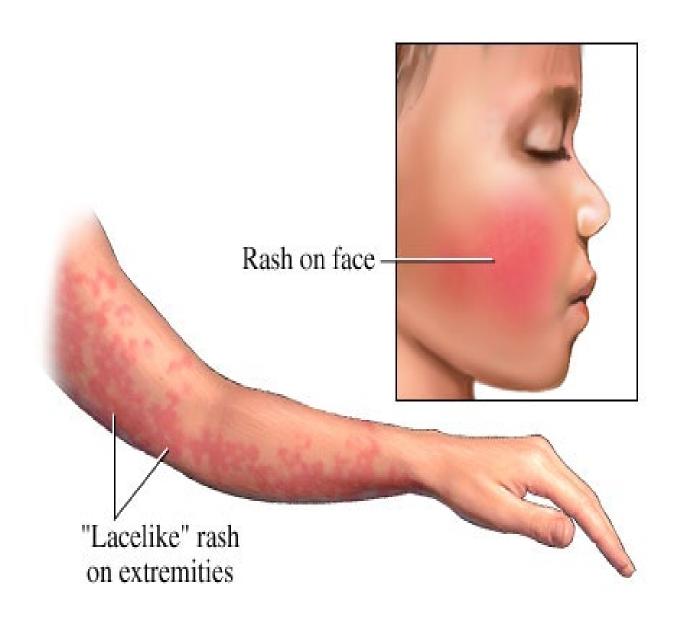


Illnesses that do not require exclusion....

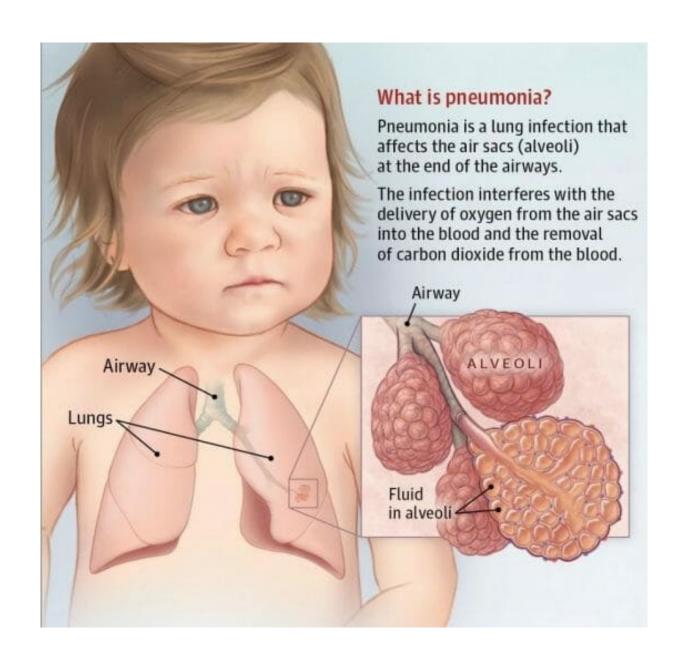
- Thrush
- Yeast infection diaper area
- Fifth Disease
- Shingles, unless the lesions cannot be covered
- Pneumonia (also walking pneumonia)
- Ear infection
- Croup

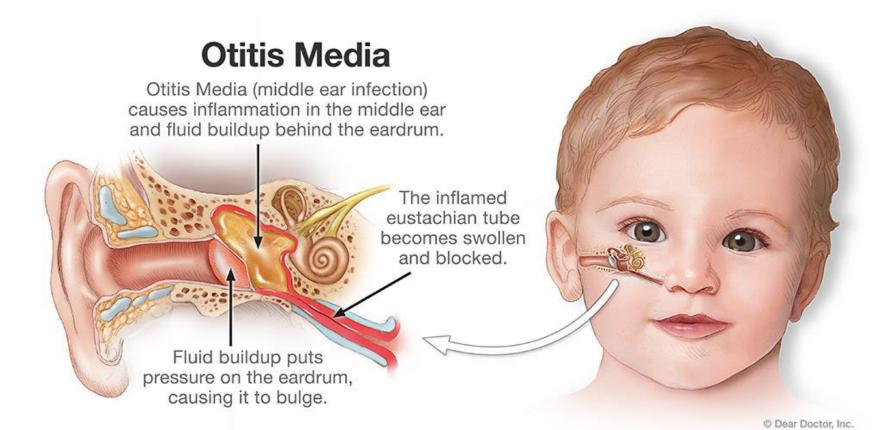






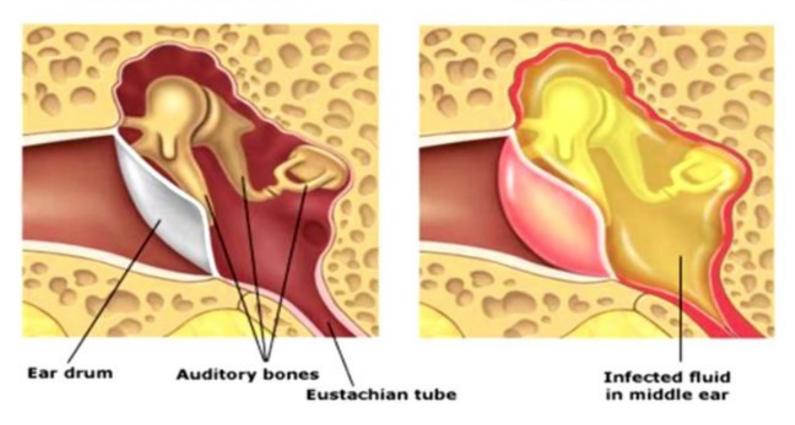






Normal middle ear

Otitis media



Acute Otitis Media



Bulging Tympanic Membrane

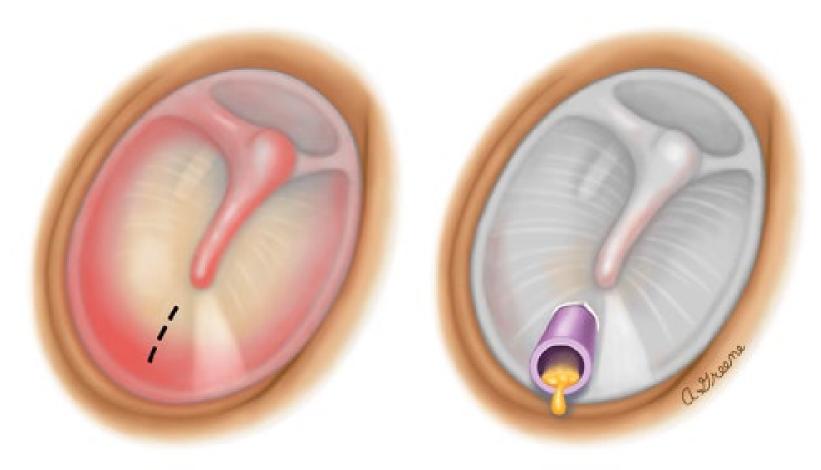


Normal Tympanic Membrane

Normal tympanic membrane

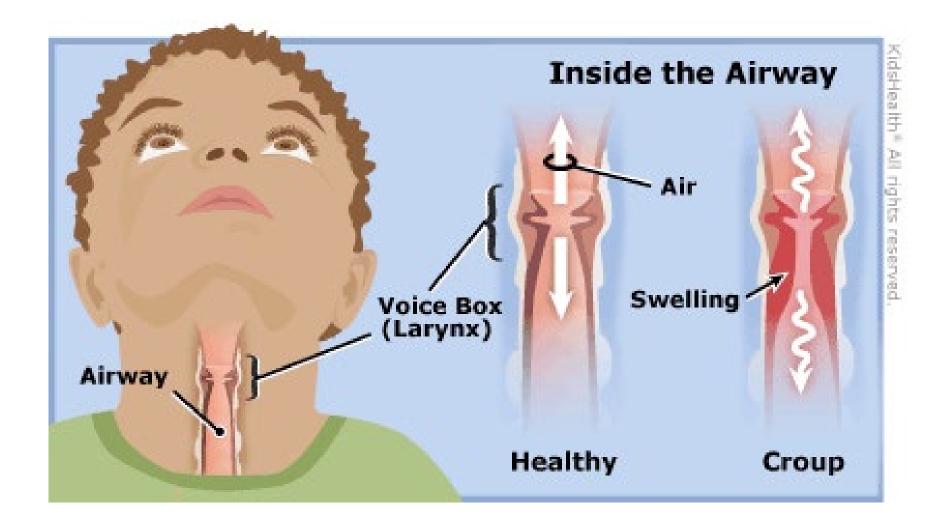






Small cut made in eardrum for tympanostomy tube

Fluid from middle ear drains from tube



Disease Control

- Clean/Sanitize/Disinfect toys and surfaces
- Pick up mouthed toys
- Handwashing
- Proper diapering
- Spacing 3 feet when sleeping further if possible
- Separate personal items
- Storing coats and nap items separately
- Fresh air open windows, play outside, air purifier
- Wear gloves when dealing with body fluids
- Teaching and following coughing/sneezing etiquette
- Exclusion guidelines
- Immunizations flu, COVID, DTaP, pneumococcal, shingles

Cleaning

- > Shelves
- Leg of tables/chairs/cupboard doors
- Walls
- > Plastic containers
- > Pillows/cushions
- Stuffed animals
- > Cots/mats
- Carpets/floors
- Toys –that are NOT mouthed
- Infant equipment exersaucer, activity tables

Sanitizing

- Mouthed toys
- > Counter tops
- > Tables
- Surfaces used for food service/prep
 - > Top of shelves
 - Counter tops

Disinfecting

- Changing pad/table
- > Toilets
- > Sinks
- Covered garbage cans used for diapering/toileting
- Things contaminated with body fluids

Toys

- Mouthed toys—sanitize daily
- Other toys—clean weekly with soap and water
- Cloth toys
- > Dramatic play clothes
- > Puzzles, books, wood blocks

Statewide toll-free Child Abuse & Neglect Reporting Line

1-833-958-3500

8:00-5:00 M-F



Questions?

Sarah Myers, RN sarahm@ndchildcare.org 701-997-1541

www.ndchildcare.org