Sick at School, Again

Getting a call from preschool saying your child is sick can be upsetting. Especially if it happens over and over again. As child care providers and teachers, I’m sure we can understand the frustration these parents feel. Therefore, I’d like to reiterate what Robert Needlman, M.D. wrote in the fall issue of Scholastic Parent and Child Magazine, 1994.

More than 100 different viruses make the rounds of classrooms and child-care centers. It is not uncommon for an otherwise healthy preschooler to get 10 or more infections a year. Fortunately, though, this period of time when the body is acquiring enough immunity to lower the number of yearly infections, only lasts two or three years.

Babies in group care have an especially high rate of infection because they put everything in their mouths and they haven’t built up much immunity. These same children, however, tend to have fewer illnesses when they start preschool because of their more extensive immunologic experience.

The most common illnesses for children in group care are upper respiratory infections. Next are viral gastrointestinal infections. Different viruses tend to “go around” at different seasons, and schools and centers should notify parents to be on the look out for particular symptoms.

With most of these minor illnesses, a child will start to get better after four to five days and will be back to normal in a week to ten days. However, colds that linger longer than two weeks may be something else, usually allergies or bacterial sinus infections. It’s always wise to advise parents to ask their pediatrician.

A certain number of minor infections is an unavoidable part of growing up. But parents may, at least, be able to keep the infections somewhat at bay by following some simple practices at home and by encouraging the children to practice the same rules of hygiene at school. For example:

* Teach child(ren) healthy eating and sleeping habits. A well-nourished, well-rested body fights off infections faster.
* Start emphasizing basic hygiene early, by washing hands before eating and after toileting, not sharing cups or toothbrushes, covering nose and mouth when sneezing or coughing, etc...
* Remember, cold air, drafts, and wet clothes don’t cause colds, but children who are overly cold or warm feel worse when they do get sick.
* Be aware that cold medicines have limited usefulness for children and should not be used by children under one year of age without a doctor’s guidance. Medications only mask the illness symptoms, they do not make a child non-contagious.
* Offer tender loving care. This, along with plenty of water and rest, is still the best medicine for most minor illnesses.
* Keep ill children at home. Early morning doses of Tylenol may disguise symptoms, but it does not lower the infectiousness.

Most child care centers work very hard at making sure toys, cots, cribs, floors, walls, doors, blankets, pillows, soiled clothing, etc... are cleaned and sanitized regularly. Any parental help is greatly appreciated and rewarded by the wellness of the children.

As winter comes upon us, we realize illnesses are an inevitable part of child care. Thank you for working with us in the endeavor to make each child care center a safe, healthy and happy place to learn and play.

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Healthy Practices in the Child Care Setting

Health care within the child care setting is one of the main components of quality supervision and education. The need for trained professionals who are able to determine when to exclude or include a child with various symptoms is paramount.

Children in group care and their caretakers are prime targets for the ever increasing number of pathogens. Attention to details when performing hand washing, miscellaneous cleaning and disinfecting must be maintained if children and those who care for them are to remain healthy and strong.

The following provides guidance and information that will enable the child care professional to make knowledgeable decisions when faced with questions regarding health issues within the child care setting.

Health Information at Admission

1. A report of current physical examination, signed by the child’s source of medical care, must be submitted at the time of enrollment. This must include current immunizations, health care summary and name and address of the doctor. Updated reports of physical examinations must be submitted annually for children under 24 months of age and whenever a child 24 months or older advances to an older age category.

2. When a child is enrolled, documentation of current immunization, a signed statement of parental objection to the immunization, or a medical exemption, must be submitted and must be signed by a physician.

3. Included in the child’s folder will be:
   - child’s full name, birthdate, current address and phone number.
   - procedure for notifying parent or person legally responsible if child becomes ill.
   - name, address, and phone number of two people who can assume responsibility for the child if the parent cannot be reached in an emergency.
   - signed authorization to the effect that the parent gives permission to the program to act in an emergency situation when the parent cannot be reached or is delayed in arriving.
   - name, address, and phone number of the health care source to be called in case of emergency.
   - special diet needs: modification or allergy to certain foods.
   - signed permission to administer Syrup of Ipecac if so ordered by the poison control center or physician.
   - special medical conditions or allergies.
   - a release for consultant to review if desired.

Guidelines for Excluding from Program:

Illness Policies

Communicable Disease Policy:

Parents should be asked to notify the program within 24 hours if their child has been exposed to any communicable diseases.

The program is obligated to notify all parents in writing when the children in the program have been exposed to a communicable disease. Further, the program must notify the County Health Department when any illness or condition specified by law or regulation is present in the program within 24 hours of the program’s awareness of this situation.

Illness Log

The illness log is used to record any illnesses with children or staff and should be maintained accurately.

Illness Report

The illness report is the communication link between the program and the family physician. The illness report is used to record any illnesses with children and should be filled out completely and accurately prior to being given to the parent of an ill child.

Parents should then be notified of symptoms, and program policy is followed with regard to posting a notice. The parent should bring the note back to the program on the child’s next attendance day.

Inadequately immunized children

If a case of measles, mumps, rubella, pertussis, polio, or diarrhea occurs in the child care setting, children who are inadequately or incompletely immunized must be excluded for the communicable period of the disease. This exclusion is necessary because these children may become infected and contribute to further disease spread. This exclusion also applies to children who have not been immunized for religious reasons.

Medications Administered, (per Nebraska statutes)

The program’s medication policy must state:

Before medication can be dispensed to a child, a
Cleanliness and Sanitation Policies

The goal of the child care program’s cleanliness policies and procedures is to maintain an environment that minimizes risk of contraction or spread of illness. Maintaining a clean, sanitary environment is the responsibility of the child care staff and any outside custodial staff.

Cleaning and Disinfecting

Child care settings bring children together for long periods of time, where they may be exposed to many different germs. Although the environment cannot be made germ free, the harmful effects of germs can be lessened by keeping their numbers at low levels. Germs can most effectively be controlled by frequent, thorough 1) cleaning and disinfecting objects which come into contact with children, and 2) hand washing. In addition, proper handling and disposal of contaminated items are necessary to prevent the spread of infections.

Because germs cannot be seen, cleaning and disinfection of those items that do not look soiled or dirty might be overlooked. Similarly, children who do not show symptoms of illness may not be suspected of carrying or spreading germs, even though they may be as infectious as those children who do have symptoms.

Proper cleaning and disinfection practices must be followed routinely, not only when items appear to be soiled or children appear to be ill. This provides for a safer and healthier environment both for the staff members as well as for the children and their families.

Definitions:

1. Cleaning: a mechanical process (scrubbing), using soap or detergent and water, which removes dirt, debris and large numbers of germs. It also removes invisible debris that interferes with disinfection. Disease-causing germs grow in warm, moist debris, but they may be found even on objects which are not visibly soiled.
2. Disinfecting: destroys specific, harmful germs outside the body with chemicals (Unicide, bleach, alcohol, etc.) or physical agents (heat, for example).
3. Sanitizing: reduces the amount of germs to a “safe” public health level.

Guidelines:

1. Surfaces and objects contaminated with blood, urine, vomitus, or stool should be cleaned with detergent and water and disinfected immediately. Program staff will be instructed as to what to use for disinfecting items on a daily basis.
2. Objects handled by children, especially by those who put objects in their mouth or who are in diapers, should be cleaned and sanitized daily or when soiled (for example: toys, mouthed objects, food utensils, and crib rails.) Program staff will be instructed as to what to use for sanitizing items on a daily basis.
3. Diapering area should be cleaned and disinfected after each diaper change.
4. Bathrooms should be cleaned and disinfected after each diaper change.
5. Toilet-training chairs should never be utilized.

Procedures:

1. Cleaning
   a. Wear disposable gloves when:
      - handling blood (nosebleeds, cuts) or blood/body fluid soiled items, surfaces or clothing, especially if you have open cuts or sores on your hands.
      - cleaning bathrooms
      - changing soiled clothing and diapers
   b. For spills: wipe up the area to remove blood or body fluids.
   c. Clean objects and surfaces by scrubbing with detergent and fresh water to remove debris. Do not re-use water that has been standing in pails, basins or sinks.
   d. Use disposable towels and discard.
   e. Rinse objects (under running water when possible).
   f. Follow cleaning with disinfection of the area/objects.

2. Disinfecting
   Items and surfaces contaminated with blood and body fluids (stool, urine, vomitus) should be disinfected immediately after cleaning procedure.
   a. A commercial disinfectant must be effective against bacteria, viruses (hepatitis), and parasites (Giardia) and used according to manufacturer’s directions.
   b. To disinfect all hard surfaces with the exception of mouthed toys, utensils, and food-contact surfaces, use the sanitizing solution called Unicide. Mix according to manufacturer’s directions. For routine disinfection of contaminated surfaces which have first been cleaned with detergent and water, saturate the area with the solution, wipe the area to distribute the disinfectant evenly, and allow to air dry.
   c. To sanitize mouthed toys, eating utensils, and food-contact surfaces, a commercial sanitizing solution is provided and readily available via the kitchen faucet and proportioner.
     - changing soiled clothing and diapers
     - cleaning bathrooms
     - For spills: wipe up the area to remove blood or body fluids.
     - Clean objects and surfaces by scrubbing with detergent and fresh water to remove debris. Do not re-use water that has been standing in pails, basins or sinks.
     - Use disposable towels and discard.
     - Rinse objects (under running water when possible).
     - Follow cleaning with disinfection of the area/objects.

   3. Other cleaning and disinfecting methods:
      a. Dishwashers and washing machines are acceptable for soaking, cleaning, and disinfecting washable articles, if hot water is used.
      b. The detergent and mechanical action do the cleaning and the heat acts as a disinfectant.

   Hand Washing

The most important thing you can do to prevent the spread of illness is to wash your hands and the children’s hands thoroughly and often. Hands should be washed before and after any food handling, medication administration (including diaper ointments, sun blocks, etc.) or handling multiple children. If bodily fluids are to be handled (blood, urine, feces, mucus, etc.), hands are to be washed even if gloves are used for barrier protection. In addition, when gloves are used, they are disposed of immediately after use with each individual child and then the staff’s hands are to be thoroughly washed.

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Directory

ACCN wants to publish a directory of Adventist centers and Adventist home providers. Please send names and addresses of providers you think should be included to the address below.

Jobline

The ACCN has a jobline that can connect Center Directors and Home Providers with the different Adventist colleges that offer Early Childhood and Child Development majors. If you are in need of a teacher, aide, director, cook, etc... contact us! We’ll put you in touch with others who can help you!

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It is vitally important that adults check medication label three times:
* Before taking from shelf,
* Before pouring medication,
* Before returning to shelf.

If there are questions or concerns, the child’s parent is to be contacted prior to administration of the medication. Only then should the medication be given to the child. This simple procedure will help ensure that the five Rights of Medication are followed:
* Right medication,
* Right time,
* Right manner,
* Right amount,
* Right child.