
INSTRUCTOR'S GUIDE

Preventing and Managing Illness in ECE Programs



First Edition, 2006



California Childcare Health Program
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This *Instructor's Guide* is a supplement for trainers of the California Training Institute's curriculum for Child Care Health Advocates.

INTRODUCTION TO THE PREVENTING AND MANAGING ILLNESS IN ECE PROGRAMS MODULE

This *Instructor's Guide* will provide trainers with an outline for the teaching of the *Preventing and Managing Illness in ECE Programs* module. This guide will increase participants' understanding of how to prevent and manage illness in the early care and education (ECE) setting. Participants will learn about the transmission of illness, policies and practices to both prevent and manage illness, ways to monitor immunization status, methods for safely administering medication and ways to effectively communicate with families. Child Care Health Advocates (CCHAs) play a critical role in creating a safe and healthy environment by developing a supportive collaboration with other ECE providers and families so that the issues related to illness are well understood.

Learning Objectives:

1. To describe prevention measures to reduce the spread of infectious disease in ECE programs.
2. To develop skills in immunization assessment and monitoring.
3. To describe the standard precautions used to prevent the spread of bloodborne illness.
4. To identify prevention and management of illness resources to assist and support ECE providers and families.

Primary Messages:

1. Illness occurs more frequently in young children in ECE settings than in young children who stay at home.
2. Illness can be reduced and managed, but not eliminated completely, through preventive health policies and practices and thorough staff training.
3. Hand washing is an essential practice in the reduction of transmission of illness.
4. Children with mild symptoms of common illnesses can participate in the program, provided that they feel well enough and provided that they do not require more care than an ECE professional can give and still be able to care for the other children in the program.
5. Age-related immunizations must be kept up-to-date by ECE programs. The Occupational Safety and Health Administration (OSHA) mandates policies, practices and training by employers to prevent employee exposure to disease spread through the blood.
6. The administration of medication to young children in ECE settings requires specific safeguards, policies, practices and training.
7. Clear communication about policies related to illness prevention and management ensures that providers and families collaborate effectively in the attempt to minimize the spread of illness.

Materials and Equipment Needed:

1. Copy of module: *Preventing and Managing Illness in ECE Programs*
2. Copy of *Instructor's Guide: Preventing and Managing Illness in ECE Programs*
3. Flip chart/whiteboard and markers, or chalkboard and chalk
4. Masking tape for posting flip chart paper
5. LCD projector or overhead projector
6. Computer for PowerPoint slides
7. CDs of slides or transparencies
8. Handouts
 - a. Handouts in the *Preventing and Managing Illness in ECE Programs* module
 - i. Handouts from California Childcare Health Program (CCHP), Oakland, CA

Handout Title	Page Number in Module
<i>Fact Sheets for Families: Fever</i>	21
<i>Health and Safety Notes: Excluding Children Due to Illness</i>	23
<i>Health and Safety Notes: Exposure to Communicable Disease</i>	25
<i>Health and Safety Notes: Medication Administration in Child Care Programs</i>	29
<i>Health and Safety Notes: Recommendations for Cleaning, Sanitizing and Disinfecting</i>	33
<i>Health and Safety Notes: Runny Nose in the Child Care Setting</i>	35
<i>Health and Safety Notes: Standard and Universal Precautions in the Child Care Setting</i>	37
<i>Health and Safety Notes: Unimmunized Children in the Child Care Setting</i>	39
<i>Information Exchange on Children with Health Concerns Form</i>	41
<i>Morning Health Check</i>	43

- ii. Handouts from other sources

Handout Title	Page Number in Module
<i>California Immunization Requirements for Child Care</i>	44
<i>Recommended Childhood and Adolescent Immunization Schedule—United States, 2005</i>	45
<i>School and Child Care Immunization Requirements for Schools and Child Care Programs, California Immunization Handbook, 7th Edition, July 2003</i> (handed out as a booklet separate from this module)	—

- b. Handouts in the *Instructor's Guide*

Appendix Title	Appendix Number
<i>Hand Washing Song</i>	8A
<i>Windows for Immunizations</i> (available in English and Spanish) (handed out separate from the <i>Instructor's Guide</i>)	8B
<i>California School Immunization Record</i> (available in English and Spanish) (handed out separate from the <i>Instructor's Guide</i>)	8C
<i>Using the Preventing and Managing Illness in ECE Programs Module</i>	8D

SUGGESTED TRAINING OUTLINE

Outline	Method	Time (Minutes)
I. Introduction to the Preventing and Managing Illness in ECE Programs Module	—	15
A. Assessment of Group Knowledge	Questioning	5
B. Introduction/Rationale to Preventing and Managing Illness in ECE Programs	Lecture and Discussion	5
C. The Role of the CCHA in Preventing and Managing Illness in ECE Programs	Lecture	5
II. Preventing and Managing Illness in the ECE Setting	—	105–120
A. Factors Contributing to Illness	Large Group Discussion	10
B. Routes of Transmission	Lecture and Discussion	15
C. Standard Precautions	Handout Review and Large Group Discussion	15–20
D. Policies to Reduce Illness	Large Group Discussion	20
<i>E. Optional: Communicable Disease</i>	<i>Handout Review</i>	5
<i>F. Optional: Daily Health Check</i>	<i>Handout Review</i>	5
G. Medication Administration	Large Group Activity	20
H. Immunizations	Large Group Activity	25
III. Summary and Closure	—	10–20
<i>A. Optional: Using the Preventing and Managing Illness in ECE Programs Module</i>	<i>Small Group Activity</i>	10
B. Next Steps for the CCHA	Large Group Discussion	5
C. Summary and Closure	Brief Closing Activity	5

Total time: 130–155

OUTLINE AND INSTRUCTIONS

Preventing and Managing Illness in ECE Programs

I. Introduction to the Preventing and Managing Illness in ECE Programs Module

A. **Topic:** Assessment of Group Knowledge

Method: Questioning

Instructions:

1. Ask participants several of the following questions, choosing questions most appropriate for your participants. Ask them to raise their hand if they:
 - Are currently in the role of the CCHA.
 - Know how viruses get spread. Bacteria? Parasites?
 - Monitor immunizations.
 - Have a policy for administering medications.
 - Conduct daily health checks.
 - Routinely sanitize surfaces and toys.
2. Ask participants to state some activities that they are presently engaged in that attempt to reduce the spread of infection.
3. Ask participants to identify the conflicts that arise between providers and parents regarding illnesses.

B. **Topic:** Introduction/Rationale to Preventing and Managing Illness in ECE Programs

Method: Lecture and Discussion

Instructions:

1. State that when children are in group care settings, they have many opportunities to get new germs and to share them with other children. Thus, to prevent and manage illness effectively, ECE programs need clear health policies, up-to-date information and sensitive communication between staff, families and children. When necessary, ECE providers may communicate with local health departments and primary care providers about specific diseases or health problems after they get written permission from a parent/guardian.
2. Ask participants to think of a child who has been sick in their ECE setting and who has had to stay home during the illness. Ask them to brainstorm all of the people who were affected by that illness and how they were affected (e.g., parent had to take time off from work and lost money, ECE provider got sick, child did not feel well, siblings got sick).

C. **Topic:** The Role of the CCHA in Preventing and Managing Illness in ECE Programs

Method: Lecture

Instructions:

1. Open the discussion by stating that the role of the CCHA is to:
 - a. Encourage and implement health practices that prevent and reduce the transmission of illnesses.
 - b. Teach providers, families and children how illnesses are transmitted in the ECE setting.

- c. Model healthy behaviors.
 - d. Develop, implement and monitor policies related to illness prevention and management.
 - e. Monitor immunization status of the children in their programs.
 - f. Administer medication safely and properly, and teach others to do the same.
 - g. Provide up-to-date information about illness, immunizations and medication to staff and families.
2. State that this training will introduce participants to the ways that they can accomplish these tasks.

II. Preventing and Managing Illness in the ECE Setting

A. **Topic:** Factors Contributing to Illness

Method: Large Group Discussion

Instructions:

1. Ask participants why young children get sick more often. As they answer, write their responses on a chart pad, sorting the responses into three categories as you write: child factors, illness factors and environment factors. Refer to pages 2 to 3 of the module for the information needed.
 - a. **Child Factors:** These are factors related to the children themselves—their biology or behaviors. The reasons why children are at risk for illnesses include: they have an immature immune system (i.e., their body is still developing its immunity); they learn by exploring with their hands and mouths, and are exposed to germs through these hand-to-mouth activities; they touch surfaces that often carry germs; they may not always wash their hands each time after toileting, eating or wiping their noses, and this behavior spreads germs; they spend a lot of time on the floor; and caregivers may not always wash their hands in between activities. Children with chronic illnesses, weakness or malnutrition are particularly vulnerable to infection. Children with developmental disabilities are not particularly vulnerable to infection. Only a few categories of disabilities, such as spina bifida, cerebral palsy or Down syndrome, are associated with higher rates of infection.
 - b. **Illness Factors:** These are factors related to the type of “germ”—whether it is a virus, bacterium or parasite. Each varies in its infectiousness and in how easily it is spread.
 - c. **Environment Factors:** These are factors related to the environment in which the children are cared for. For example: Are there a small or large number of children? Are surfaces easy to clean? Are surfaces frequently cleaned? Are toys sanitized regularly? Group size is an important variable related to the rates of illness.
2. State that the interplay of these three factors makes illness inevitable in the ECE setting. Understanding this inevitability is important for both parents and providers, so that they do not blame each other when illness occurs.
3. State that parents may not understand how often small children get sick. Providers are in the important position of keeping communication open about what they do in their setting to prevent illness and what they ask of parents. In other words, ECE providers can provide both education and support to parents. In summary, both ECE providers and parents will benefit from clear communication of policies related to how staff work to prevent illness, the criteria for excluding ill children and the health practices that prevent illness from spreading.

B. Topic: Routes of Transmission

Method: Lecture and Discussion

Instructions:

1. Ask participants to list the illnesses they see in their ECE setting. List these on the chart pad.
2. Review the list and comment on how much illness there is and how that is normal. State that taking certain preventive measures can reduce the amount of illness. In order to take these preventive measures, participants must know how illness is spread from person to person. Introduce the term *routes of transmission*—the way an illness is spread from one person to another. Introduce the four routes of transmission:
 - a. Respiratory (R)
 - b. Fecal-oral (FO)
 - c. Skin-to-skin (S)
 - d. Blood-to-blood (B)
3. Ask participants to go down the list of illnesses on the chart pad and to state how each illness is transmitted. Listen for the four routes of transmission. If the list does not include illnesses from each of the four routes, ask about an illness which falls into the missing category. For example, if an illness transmitted via the fecal-oral route is not mentioned, ask participants, “Are you seeing any diarrheal illnesses? Any pinworms or hand-foot-mouth disease? These illnesses are transmitted through the fecal-oral route.” Refer to pages 3 to 4 of the module for the diseases and their transmission routes.
4. Divide participants into four groups, one for each transmission route, and have them discuss ways to reduce transmission.
5. Reconvene the large group and review their lists.
6. *Optional: Ask participants to list the types of diseases that occur most often in ECE programs and divide those into transmission routes and methods of prevention.*

C. Topic: Standard Precautions

Method: Handout Review and Large Group Discussion

Instructions:

1. Ask participants what *standard precautions* are. Explain that *standard precautions* is a new and expanded term for what used to be called *universal precautions*. Standard precautions are used to avoid the spread of infection due to exposure to body fluids. They are mainly designed to prevent the spread of bloodborne disease, but are also excellent measures to prevent the spread of infectious disease in ECE programs.
2. Ask participants to review *Handout: Standard and Universal Precautions in the Child Care Setting* on page 37 of the module.
 - a. Ask participants the following questions, eliciting the information on page 37 of the module. When practicing standard precautions:
 - i. When should hands be washed?
 - ii. When should gloves be worn?
 - iii. When should surfaces, including diapering areas, be sanitized? When should toys be sanitized?
 - iv. What sanitizing agent should you use to sanitize? What is the correct dilution?

- v. How should bloody diapers, clothing or other items be disposed of?
 - vi. How should syringes or lancets be disposed of?
3. *Optional: Teach participants songs or activities that encourage hand washing in the ECE setting. See the hand washing song in Appendix 8A.*
 4. *Optional: Review Handout: Recommendations for Cleaning, Sanitizing and Disinfecting on page 33 of the module.*

D. Topic: Policies to Reduce Illness

Method: Large Group Discussion

Instructions:

1. State that one of the most important responsibilities of a CCHA is to identify which policies are needed to prevent and manage illness. Each program needs to decide which policies are appropriate for its families.
2. Ask participants which policies they currently have in their programs. Then ask how these policies are communicated to providers and families.
3. State that policies help avoid confusion and conflict between providers and families. With clearly communicated policies, providers and families know what to expect and what is expected of them. It is especially important to have a policy on exclusion and inclusion.
4. Exclusion and Inclusion:
 - a. Explain that clear policies about exclusion and inclusion are essential. Policies should be based on what is known both about illness transmission and about the most appropriate place for children to be cared for when ill. Thus, policies need to consider both prevention strategies and the staff's ability to care for symptomatic children. Use the example of the common cold: In most cases, a child with a clear runny nose is more contagious than a child with a green runny nose. However, it is often the child with green mucous who is excluded, and this does not make sense from a prevention standpoint. Hand washing and sanitizing are the best prevention strategies for colds. In addition, a child does not need to be excluded because of the common cold, but if the child is so uncomfortable that he or she cannot participate fully or if the child will require so much attention that the staff cannot adequately attend to the other children, then the child should stay home.
 - b. Review *Handout: Health and Safety Notes: Excluding Children Due to Illness* on page 23 of the module. Recent guidelines tend to focus on a child's behavior, and whether the child is well enough to participate, rather than focusing on a symptom, which might or might not affect a child's ability to participate.
 - c. *Optional: Return to the list of illnesses generated in Section IIB. Ask participants to discuss the conditions under which a child with those illnesses would be included or excluded.*
 - d. Discuss the importance of communicating about illness (e.g., from the parent to the program, from the program to the parent, from the health care provider to the parent, from the program/parent/health care provider to the health department). Recognize that parents with ill children are in a difficult position because they rely on child care and because missing work is often problematic. Encourage staff to help parents develop backup plans for when children are ill. Some programs provide orientation to new families by stating that young children are frequently ill, by introducing their exclusion/inclusion policy and by asking parents to develop a backup plan. Ask participants how they currently communicate about exclusion/inclusion and other policies.

E. *Optional Topic: Communicable Disease*

Method: Handout Review

Instructions:

1. *Exposure Notices: Explain that when a child comes down with a communicable disease—an illness that one can “catch” or be exposed to from another—families are entitled to confidential notification. For example, the ECE provider can tell parents that children have been exposed to a certain illness. Review the handouts on pages 26 and 27 of the module.*
2. *Reportable Communicable Diseases: Introduce participants to the list of communicable diseases that are reportable in California on page 28 of the module.*

F. *Optional Topic: Daily Health Check*

Method: Handout Review

Instructions:

1. *State that an example of a policy and practice that works to prevent the spread of illness is the daily morning health check. When children enter the facility in the morning, ECE providers check each child to see how the child is and to identify problems early. This practice gives the provider and parent an important opportunity to exchange information. Discovering recent illness in children and their families reduces the spread of communicable diseases. CCHAs can help ECE providers establish a daily morning health check.*
2. *Direct participants to review the list of what the health check should consist of (see page 9 of the module and Handout: Morning Health Check on page 43 of the module).*

G. **Topic: Medication Administration**

Method: Large Group Activity

Instructions:

1. State that ECE providers will need to give medication in some circumstances.
2. Refer to *Activity 1* on page 11 of the module. Follow the instructions.
3. After discussing how errors can be avoided in the future, summarize by telling participants that there is a system for remembering the suggestions that they have just discussed. Tell participants about the 5 R's:
 - a. **The Right Person:** Make sure the right child is the one to receive the medication.
 - b. **The Right Dose:** Make sure the dose is correct. Read the label or instructions.
 - c. **The Right Time:** Make sure it is not too early or too late.
 - d. **The Right Medication:** Make sure the medication is the right medication for that child. Check the label.
 - e. **The Right Route:** Make sure that the medication is being given correctly.

H. **Topic: Immunizations**

Method: Large Group Activity

Instructions:

1. **Preparation:** To prepare for this section, the trainer will need to make up a sample immunization card filled out with information about a made-up child, showing the immunizations that the child has received and when the child received them. The trainer will need the pink *Windows for Immunizations (Appendix 8B)* and the blue *California School Immunization Record (Appendix 8C)*.

2. State that immunizations are one of the most effective ways to prevent illnesses. Making sure that children stay up-to-date on immunizations is an ongoing process and requires monitoring. CCHAs can develop and implement monitoring systems and link children to health care providers who will provide immunizations if needed.
3. Review the immunization requirements listed on pages 44 and 45 of the module.
4. Keep in mind that vaccines with live viruses such as measles, rubella, chicken pox and polio (OPV) are not recommended for people with known weak immune systems.
5. State that you are going to give participants an opportunity to practice monitoring immunization status. Direct participants to *Activity 2* on page 11 of the module and have participants follow those instructions.
6. Debrief by discussing what was easy and what was hard to do. Encourage participants to practice in order to ensure that monitoring in their program is easier and less time-consuming.
7. Tell participants that the Immunization Coordinator from their local health department can provide them with the *California Immunization Handbook* and other promotional materials.

If you have experienced CCHAs in the room, do one or more of the following:

1. Group them in separate groups and ask them to share with each other their successes and challenges related to preventing and managing illness.
2. Ask them to discuss the policies for preventing and managing illness that they use in their programs.
3. Ask them to discuss the ways they communicate with parents about illnesses in their setting.
4. Ask them to describe the immunization monitoring and tracking systems they have in their programs.
5. Ask them to describe the ways they teach children about hand washing and germs.
6. Pair them up with nonexperienced participants and instruct the nonexperienced to ask questions of the experienced CCHAs about activities and programs that the experienced use to teach children and families about illness prevention.

III. Summary and Closure

A. **Optional Topic:** *Using the Preventing and Managing Illness in ECE Programs Module*

Method: *Small Group Activity*

Instructions:

1. *Explain to the participants that the curriculum is a rich resource for them and encourage them to become familiar with it. Towards this end, spend a few minutes looking through it together. Explain that participants will work in pairs to go through the module to find the answers to these questions.*
2. *Hand out Appendix 8D. Tell the participants they have 5 to 10 minutes to locate the answers.*
3. *Note to Trainer: Participants may feel that this is “busy work.” Let them know that our goal is to use our time today to give them new tools and resources, and the curriculum is one such resource. Explain that becoming familiar with the curriculum is one way to help them determine how they will improve quality in their setting.*

B. Topic: Next Steps for the CCHA

Method: Large Group Discussion

Instructions:

1. Review the CCHA's role. Discuss what CCHAs need to know and do.
 - a. Ask participants to think about all of the topics discussed at the training and to list all the tasks that CCHAs and ECE providers can perform to prevent illness (e.g., monitoring immunization status, using standard precautions, conducting daily morning health checks, having policies in place, promoting hand washing, communicating with families).
 - b. Review the role of the CCHA discussed earlier in Section IC of this outline.
 - c. Direct participants to think for a moment about the areas in their ECE settings that need attention in order for illness to be prevented and managed more effectively. Direct participants to call out these areas, as the trainer writes them down on a chart pad for everyone to see.

C. Topic: Summary and Closure

Method: Brief Closing Activity

Instructions:

1. Summarize the key points shared by participants. Review by stating that the role of the CCHA is to prevent illness. Reiterate that it is impossible to eliminate illness among young children in the ECE setting, but the incidence of illness can be reduced.
2. Next Steps: Direct participants to write down one next step they will do in their own ECE setting as a result of this training to better prevent or manage illness. Ask participants to share these with the group.

APPENDIX 8A

Hand Washing Song

(Sung to the tune of *Row, Row, Row Your Boat* while washing hands.)

Wash, wash, wash your hands
Play our handy game.
Rub and scrub, and scrub and rub.
Germs go down the drain. HEY!

Wash, wash, wash your hands
Play our handy game.
Rub and scrub, and scrub and rub.
Dirt goes down the drain. HEY!

APPENDIX 8B

Windows for Immunizations

Windows for Immunizations, which is available in English and Spanish, is handed out separate from the *Instructor's Guide*.

APPENDIX 8C

California School Immunization Record

The *California School Immunization Record*, which is available in English and Spanish, is handed out separate from the *Instructor's Guide*.

APPENDIX 8D

Using the Preventing and Managing Illness in ECE Programs Module

Topic: Using the Preventing and Managing Illness in ECE Programs Module

Method: Small Group Activity

Instructions: Review the module and find the answers to the following questions.

According to the module:

1. What information needs to be communicated by the ECE provider to the health care provider when a child is sick and needs medical attention?
2. What information needs to be communicated by the health care provider to the ECE provider when a child has been sick and is returning to school?
3. What should an ECE provider do when a child is not immunized against an illness and there is an outbreak of that illness?
4. Is green mucous more of a concern than clear mucous?
5. What are some educational materials available to ECE providers for their work with children?
6. How often should a diapering area be sanitized?