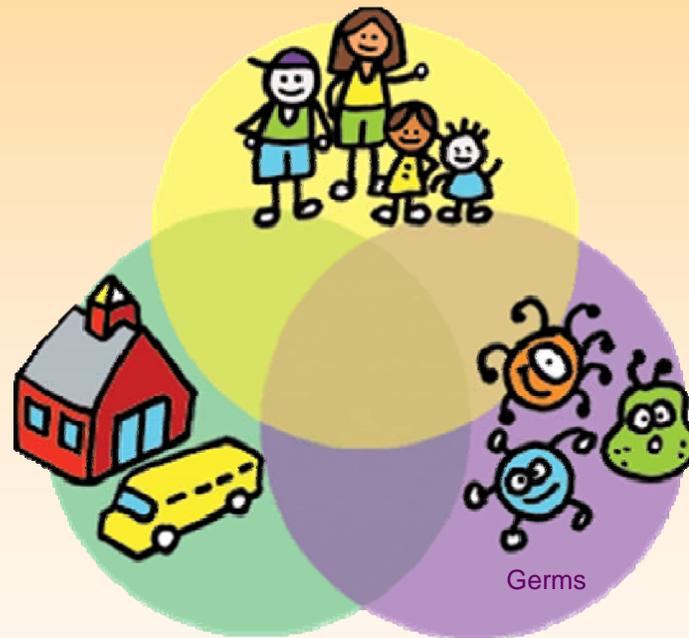


*What You Can't see ...  
CAN Hurt You*

**Managing Infectious Diseases  
in Early Education and Care Settings**



**HOT TOPICS SEMINAR 2012**

*Healthy Child Care Hawai'i*

*A collaborative project of:  
University of Hawai'i*

John A. Burns School of Medicine / Department of Pediatrics

American Academy of Pediatrics - Hawai'i Chapter

Hawai'i State Department of Health / Children with Special Health Needs Branch

*Funded by:* Hawai'i State Department of Human Services



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**Curriculum for Managing Infectious Diseases in Early Education and Child Care Settings**

# Module 1

Understanding Infectious Diseases

- Impact
- Vulnerability
- Symptoms
- Spread



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## Types of Germs

- **Virus**
  - Frequently get better on their own
  - Limited treatment, other than rest and control of symptoms
  - Few medications to treat viruses
- **Bacteria**
  - Often need to be treated with antibiotics
- **Fungus**
  - Often on surfaces of body and can be treated with creams or oral medication
- **Parasite**
  - Typically cause diarrhea
  - Often need to be treated with antiparasitic medications



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## Definitions

- **Infection**
  - When a germ causes a disease
- **Contamination**
  - When a germ is placed in or on the body, a surface, or in food or water



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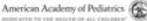
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### More Definitions

- Contagious
  - When germs can be spread to others
- Infectious
  - Capable of causing an infection
- Communicable
  - Can be transmitted to others

***Essentially all mean the same thing***



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### Child Care at 2:00 pm

A 20-month-old child wakes up from a nap and is flushed. She does not want to play with other children and is irritable. Her temperature was taken and is 101° F.

- How does this affect:
  - Parents?
  - Caregivers/teachers at the center?
  - Health care professionals?
- How will the impact influence their decision making?



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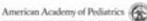
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### Impact of Infectious Diseases

- Economic
  - Loss of revenue for the family
  - Loss of productivity for the employer
- Contagion
  - Other children in child care
  - Families
  - Caregivers/teachers and their families
- Disruption
  - Alternative caregivers
  - Other colleagues filling in for missing parent at work
- Health care
  - Many office visits to get "sick notes"
  - Inappropriate use of antibiotics
  - Added responsibility of administering medication in child care



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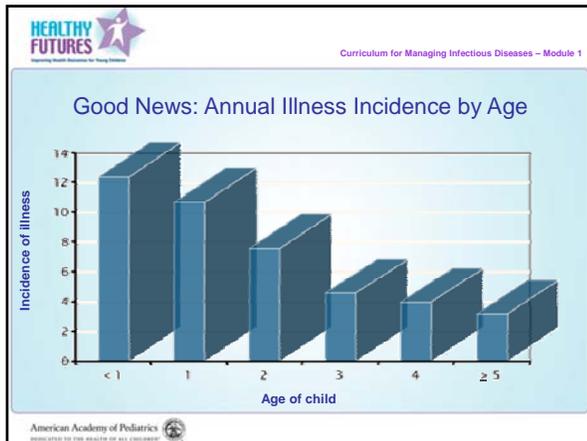
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Healthy Future Initiatives for Young Children

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### More Good News

- Germs in early education programs are the same as those in community outbreaks
- 90% of infections are mild, self-limited, and require no treatment

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### Why Are Children More Vulnerable to Infectious Diseases?

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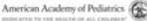
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### Who is Most Vulnerable to Infection?

- Young infants
- Children with special health care needs
  - Equipment in their bodies (catheters, g-tubes)
- Children with impaired immune systems
- Pregnant women



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### Symptoms of Infectious Diseases

- What symptoms might this child have or develop in the next few days?



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### Symptoms of Infectious Diseases

- Cough
- Runny nose and/or congestion
- Difficult or noisy breathing
- Vomiting, nausea, or stomachache
- Diarrhea
- Rash
- Itching
- Drainage or irritation of eye or other infected body part
- Fever
- Aches or pains: Sore throat, earache, headache, body ache
- Mouth sores
- Swollen glands
- Behavior changes



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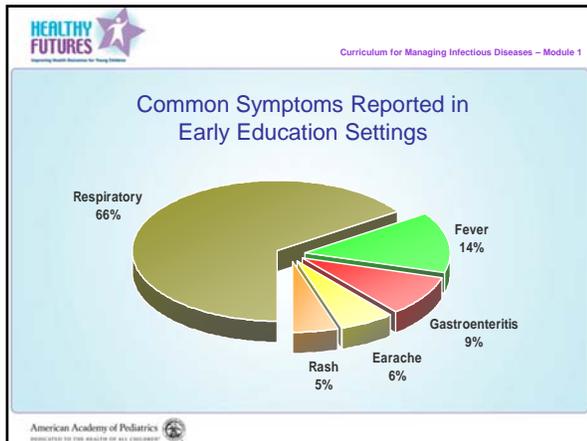
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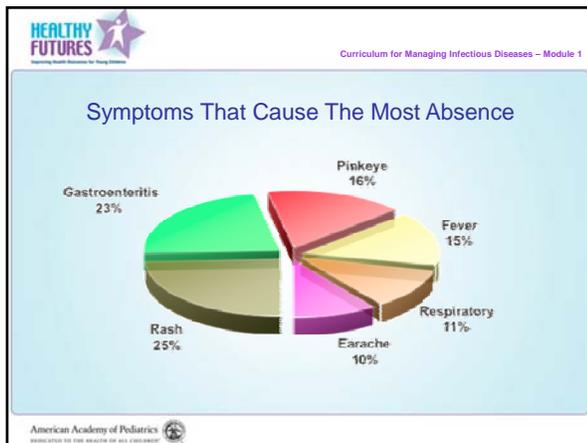
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### How Infectious Diseases Spread

- Respiratory droplets
- Fecal-oral
- Direct contact with people or objects (especially by germs on hands)
- Body fluids: blood, urine, and saliva
- Insects

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Courtesy of Public Health Image Library (PHIL), CDC

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Healthy Future Solutions for Young Children

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**HEALTHY FUTURES**  
Healthy Future Solutions for Young Children

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### Summary

- All members of society are affected by the spread of infectious diseases in groups of children
- Children are more vulnerable because of immature immune systems
- Infectious diseases spread by different methods
- Each method of spread can be prevented by specific strategies, which will be discussed in the next module

**Questions?**



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**Curriculum for Managing Infectious Diseases in Early Education and Child Care Settings**

# Module 2

Preventing Infectious Diseases

- Controlling Spread
- Tools
- Vaccines
- Reducing Germs
- Sanitation
- Food Handling
- Policies and Procedures

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Controlling Spread of Infection

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Supporting Health Relationships in Young Children

Curriculum for Managing Infectious Diseases—Module 1

### Overview of Tools to Control Infection—People

- Promote health of teacher/caregiver and children
  - Nutrition
  - Sleep
  - Exercise
  - Safe activities and healthful practices
  - Immunization with vaccines
  - Manage risks for children and staff who have special needs

*Can you give an example of 1 of these?*

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### Overview of Tools to Control Infection—Places/Environment

- Facility design
  - Enough space to prevent crowding
  - Surfaces easily cleanable
  - Separation of food areas from toileting and diapering
  - Enough flushing toilets and well-designed diaper-changing stations
  - Heating, ventilation, and air conditioning systems meet health standards
- Program Plan
  - Group size and staffing facilitates practicing infection control routines
  - Mixed-age and mixed-group arrangements require extra infection control effort

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### Overview of Tools to Control Infection—Germs

- Wash hands
- Clean and sanitize surfaces
- Follow Standard Precautions for exposure to blood
- Carefully dispose of material that might contain bad germs
- Exclude ill people from the group when it matters

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### Checking Vaccine Records

- Why should early education programs check whether child and staff vaccines are up to date?
- Why are so many people overdue for vaccines?
- Easing the burden of checking:
  - Public health vaccine registries
  - Tracking software
  - Get help from a Child Care Health Consultant
  - Use the CDC Web site vaccine checker at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

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### Hand Washing

- Make sinks, soap, and towels available
- Do at routine times
- Use good technique
- Have fun washing
- Soap and water is best



**When should children and adults wash their hands in child care settings?**

**Role-play proper technique for hand washing**

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### Controversial Issues

- Gloves
  - Required only when contact with blood is possible
  - May be used in diapering, changing soiled clothes, wiping noses, or other situations where contact with body fluids might occur
  - Hands must be washed even when gloves are worn
- Hand sanitizers
  - Toxic, flammable, expensive, and need enough of the sanitizer for required contact time
- Antibacterial soaps
  - Neither required nor recommended



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### Sanitation



Courtesy of Susan Anson, MD, FAAP

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**HEALTHY FUTURES**  
Supporting the Health & Well-being of Young Children

Curriculum for Managing Infectious Diseases—Module 1

### What Does Your Program Do

- To clean and sanitize toys?
- To clean bedding?
- To clean soft toys?
- To clean soft surfaces on furniture?
- To clean carpets and hard surface floors?
- To clean tables, door, and cabinet handles?

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### Evaluate This Diapering Set-up



Courtesy of Cheryl Frank and Andrea Miller

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### Sanitary Food Handling

- Prevent food-borne illness with sanitary food handling practices
- Keep perishable foods at safe temperatures (below 40° F or above 140° F)
- Prevent contamination of food during handling
- Examine foods brought from home to be sure they have been held at safe temperatures during transport

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What Does "Clean" Mean?



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### Sanitizing Versus Disinfecting

- Sanitize: reduce, not eliminate, germs to a level that is unlikely to cause disease
- Disinfect: destroy or inactivate infectious fungi and bacteria, not necessarily spores

**Methods: *immersing, wiping, and spraying***



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**HEALTHY FUTURES**  
Supporting Health Professionals in Young Children

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### Informing Parents and Child Care Staff

- Daily Health Check
- Talking with parents about health policies
- Notification when children are ill
- Providing medical reports
- Children with special needs



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What Are the Infectious Disease Issues  
for Each of These?

- Pets
- Storage of gear and bedding
- Separation of groups



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<b>Cleaning and Sanitizing Chart</b>			
<i>Area</i>	<i>Clean</i>	<i>Sanitize</i>	<i>Frequency</i>
<b>Classroom/Child Care/Food Areas</b>			
Countertops/tabletops, floors, doorknobs, and cabinet handles	X	X	Daily and when soiled
Food preparation/service surfaces	X	X	Before/after contact with food activity; between preparation of raw and cooked foods
Carpets and large area rugs	X		Vacuum daily when children are not present. Clean with a carpet-cleaning method approved by the local health authority. Clean carpets only when children will not be present until carpet is dry. Clean carpets at least monthly in infant areas, at least every 3 months in other areas, and when soiled.
Small rugs	X		Shake outdoors or vacuum daily. Launder weekly.
Utensils, surfaces/toys that go in the mouth or have been in contact with saliva or other body fluids	X	X	After each child's use, or use disposable, one-time utensils or toys.
Toys that are not contaminated with body fluids. Dress-up clothes. Sheets/pillowcases, individual cloth towels (if used), combs/hairbrushes, washcloths, and machine-washable cloth toys. (None of these items should be shared among children without washing first because of the potential for spread of germs by close contact of these items with the skin and hair of the body.)	X		Weekly and when visibly soiled. Many of these articles may be washed in a dishwasher or clothes washer. Small toys, such as plastic blocks, can be put in a net bag for washing.
Blankets, sleeping bags, cubbies	X		Monthly and when soiled
Cribs and crib mattresses	X		Weekly, before use by different child, and whenever soiled or wet
Phone receivers	X	X	Weekly
<b>Toilet and Diapering Areas</b>			
Hand-washing sinks, faucets, surrounding counters, soap dispensers, doorknobs	X	X	Daily and when soiled
Toilet seats, toilet handles, doorknobs or cubicle handles, floors	X	X	Daily or immediately if visibly soiled
Toilet bowls	X	X	Daily
Changing tables, potty chairs (Use of potty chairs in child care is discouraged because of high risk of contamination.)	X	X	After each child's use
<b>General Facility</b>			
Mops and cleaning rags	X	X	Before and after a day of use, wash mops/rags in detergent and water, rinse in water, immerse in sanitizing solution, and wring as dry as possible. After cleaning and sanitizing, hang mops and rags to dry.
Waste and diaper containers	X		Daily
Any surface contaminated with body fluids (eg, saliva, mucus, vomit, urine, stool, blood)	X	X	Immediately, using standard precautions as specified in <i>Caring for Our Children</i> , Standard 3.026
Updated from National Association for the Education of Young Children. <i>Keeping Healthy</i> . 1999, as found in American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care. <i>Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs</i> . 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2002:106. Available at: <a href="http://nrc.uchsc.edu/CFOC/index.html">http://nrc.uchsc.edu/CFOC/index.html</a> . Accessed March 19, 2008.			

Aronson SS, Shope TR. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009. Available at [www.aap.org/bookstore](http://www.aap.org/bookstore)



**Curriculum for Managing Infectious Diseases in Early Education and Child Care Settings**

# Module 3

Recognizing and Managing Infectious Diseases

- Daily health check
- Exclusion
- Symptoms versus disease



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**HEALTHY FUTURES**  
Supporting Health-Related Activities in Young Children

Curriculum for Managing Infectious Diseases—Module 1

### Case 1

The teacher in the toddler room notices that 20-month-old Suzy is a little less active than normal and has a runny nose, though she has been playing on and off. She is still participating in various activities. The teacher checks her temperature by mouth and it is 101° F.

- Does Suzy need to be excluded? Why or why not?
- Is there an exclusion policy that covers this?
- What is difficult about this case?



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**HEALTHY FUTURES**  
Supporting Health-Related Activities in Young Children

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### Daily Health Check

- Routine of greeting parents/children every day
- Form of communication between parents and caregiver/teacher
- May enable caregivers/teachers to identify illness while parents are still present



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Supporting Health Relationships in Young Children

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### What to Do When Kids Get Sick After the Daily Health Check?

- Monitor children for
  - Participation in activities
  - Need for additional care
- If participation decreases or need for care increases, then check for other symptoms
- If other symptoms are present
  - Make a decision about exclusion
  - Notify parents
  - Care for child until the parent arrives

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### Outbreaks

- Sudden rise in the occurrence of a disease
- Notify your child care health consultant or health department
- Consult *Managing Infectious Diseases in Child Care and Schools* for more information

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### Reasons for Exclusion

The caregiver/teacher should exclude if the illness:

- Prevents the child from participating comfortably in activities
- Results in a need for care that is greater than the staff can provide without compromising the health and safety of the other children
- Specific disease, symptom or condition
- Other reasons?
  - Child needs to be diagnosed
  - Child is a danger to others — Many of these conditions can be harmful to other children or require treatment with medications.

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### Symptoms Versus Diseases

- Children develop symptoms first but don't yet have a diagnosis
- Caregivers/teachers **SHOULD NOT** need to make the diagnosis of a specific disease
- Caregivers/teachers **DO** need to recognize symptoms for which exclusion is necessary

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### Symptoms of Severe Illness

Call 911 (and the parents)

- Fever with difficulty breathing or abnormal skin color (very pale, blue, or very pink)
- Child acting very strangely, much less alert or withdrawn, lethargic, or unresponsive
- Difficulty breathing, unable to speak
- Skin or lips that look blue, purple, or gray
- Rhythmic jerking of arms/legs (seizure)
- Vomiting blood
- Large volume of blood in the stools
- Stiff neck with headache and fever
- Suddenly spreading purple or red rash

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### Symptoms of Urgent Conditions

Urgent conditions don't need EMS if parent notification and medical care can be achieved in an hour or so

- Fever in a child who looks more than mildly ill
- Unexplained irritability
- Fever in a child under 60 days old
- Severe vomiting and/or diarrhea
- Animal bite that breaks the skin
- Venomous bites or stings
- Injury like a break to the skin that doesn't hold together

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**HEALTHY FUTURES**  
Improving Health Outcomes for Young Children

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### Symptoms Requiring Exclusion

- Fever WITH behavior change
- Diarrhea (in some cases)
- Blood in stool
- Vomiting more than 2 times in 24 hours
- Abdominal pain (in some cases)
- Drooling with mouth sores

***Some of these symptoms will require a visit to a health care professional, but not all***

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Courtesy of Jason Bossa-Jones

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HEALTHY FUTURES  
Improving Health Outcomes for Young America

Curriculum for Managing Infectious Diseases – Module 3



Courtesy of the AAP and Edward Marcus, MD

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HEALTHY FUTURES  
Helping Health Professionals Do Their Best

Curriculum for Managing Infectious Diseases – Module 3



Courtesy of the AAP and Edward Marcuse, MD

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HEALTHY FUTURES  
Helping Health Professionals Do Their Best

Curriculum for Managing Infectious Diseases – Module 3



Courtesy of the Public Health Image Library (PHIL), CDC

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HEALTHY FUTURES  
Helping Health Professionals Do Their Best

Curriculum for Managing Infectious Diseases – Module 1

### Goals of Exclusion

- Goal is NOT usually to reduce spread of mild infections since symptoms occur after germs have already been spread
- Ensure children who cannot participate or need more care than possible are at home
- Ensure children have adequate supervision and teacher/caregiver to child ratios are maintained
- Keep certain serious conditions out of the program (these are uncommon)



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**HEALTHY FUTURES**  
Supporting Health Professionals in Young Children

Curriculum for Managing Infectious Diseases—Module 1

### Summary

- Exclusion decisions should be based on written criteria
  - Rules are confusing and vary a lot
  - Find your state exclusion criteria at National Resource Center for Health and Safety in Child Care
  - Use *Managing Infectious Diseases in Child Care and Schools*
- Three main reasons for exclusion
  - Prevents the child from participating comfortably in activities
  - Results in a need for care that is greater than the staff can provide without compromising the health and safety of the other children
  - Specific symptoms or conditions
- Decisions about who to notify can be determined by checking *Managing Infectious Diseases in Child Care and Schools* and consulting with local public health authorities as needed

**Questions?**

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## **FORMS AND LETTERS**

## Parent/Guardian Alert Letter

### *Notice of Exposure to Communicable Disease*

Name of Facility/School \_\_\_\_\_

Address of Facility/School \_\_\_\_\_

Telephone Number of Facility/School \_\_\_\_\_

Dear Parent or Legal Guardian:

A child in our facility/school has or is suspected of having \_\_\_\_\_.

Without violating the confidentiality of this child, the facts you need to know about your child's exposure in this situation are:

We want to inform you about this condition and the related exclusion and return-to-care practices at our facility/school. Please read the attached information sheet closely and call us with any questions.

\_\_\_\_\_  
Facility/School Staff Person's Name at \_\_\_\_\_  
Telephone Number

## Information About This Disease

*Note: To be used if there is no applicable Quick Reference Sheet in Chapter 7. You may copy those pages for communications with families/health professionals.*

The disease is spread by \_\_\_\_\_

The symptoms are \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The disease can be prevented by \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What the facility/school is doing to reduce the spread: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is exclusion necessary? \_\_\_\_\_

When can an excluded child return? \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Symptoms or Suspected Illness—Sample A**  
(See alternate type of form on page 178.)

Name of Child \_\_\_\_\_

Facility/School \_\_\_\_\_ Date \_\_\_\_\_

**Dear Parent/Guardian:**

Today at our facility/school, your child was observed to have one or more of the following signs or symptoms:

**General**

- Fever (101°F [38.3°C] or above orally or axillary)
- Complained of headache
- Swelling of or pus from \_\_\_\_\_

**Eye**

- Pinkeye
- Tears, redness of eyelid lining

**Gastrointestinal**

- Diarrhea \_\_\_\_\_ times in the last 24 hours (had an abnormally loose stool)
- Vomiting \_\_\_\_\_ times in the last 24 hours

**Respiratory**

- Difficult or rapid breathing
- Severe coughing
- Child gets red or blue in the face
- Trouble swallowing or complained of sore throat
- Earache or signs that suggested earache (specify) \_\_\_\_\_

**Skin**

- Infected skin patches
- Crusty, bright yellow, dry, or gummy areas of skin
- Severe itching of body/scalp
- Unusual spots or rashes
- Head lice or nits

**Unusual behavior**

- Loss of appetite
- Child cries more than usual
- Child feels general discomfort
- Cranky or less active
- Just seems unwell

**Urine problem**

- Specify \_\_\_\_\_

**Other**

- Specify \_\_\_\_\_

Contact your health professional if there is

- Persistent fever (above 101°F [38.3°C]) and child seems very sick
- Breathing so hard child cannot play, talk, cry, or drink
- Severe coughing
- Earache
- Sore throat with fever
- Thick nasal drainage that lasts more than 10 days
- Rash accompanied by fever
- Persistent diarrhea (more than 1–2 days)
- Severe headache and stiff neck with fever

- Yellow skin and/or eyes
- Considerable confusion or difficult to arouse
- Rash, hives, or welts that appear quickly
- Severe stomachache that causes child to double over and scream
- No urination over 8-hour period; mouth and tongue look dry
- Black stool or blood mixed with stool
- Any child who looks or acts very ill or seems to be getting worse quickly

We are excluding your child from attendance at our facility/school until

- The signs or symptoms that required exclusion have resolved.
- The child can comfortably participate in normal activities.
- We can provide the level of care your child needs.
- Other \_\_\_\_\_

**Symptoms or Suspected Illness—Sample B**  
(See alternate type of form on page 177.)

Name of facility/school \_\_\_\_\_

Child's name \_\_\_\_\_

Date \_\_\_\_\_ Symptom(s) \_\_\_\_\_

When symptom began, how long it lasted, how severe, how often? \_\_\_\_\_

Any change in child's behavior? \_\_\_\_\_

Child's temperature \_\_\_\_\_ Time taken \_\_\_\_\_ (Circle one: Armpit Oral Rectal Ear canal)

How much and what type of food and fluid did the child take today? \_\_\_\_\_

How many urine and bowel movements today and how typical/normal were they? \_\_\_\_\_

Check the appropriate box(es) or write in other symptoms.

- |                                     |  |   |  |
|-------------------------------------|--|---|--|
| <input type="checkbox"/> Runny nose | <input type="checkbox"/> Sore throat       | <input type="checkbox"/> Cough            | <input type="checkbox"/> Diarrhea          |
| <input type="checkbox"/> Wheezing   | <input type="checkbox"/> Trouble breathing | <input type="checkbox"/> Stiff neck       | <input type="checkbox"/> Trouble urinating |
| <input type="checkbox"/> Pain       | <input type="checkbox"/> Itching           | <input type="checkbox"/> Trouble sleeping | <input type="checkbox"/> Earache           |
| <input type="checkbox"/> Headache   | <input type="checkbox"/> Stomachache       | <input type="checkbox"/> Rash             | <input type="checkbox"/> Vomiting          |

Other symptoms \_\_\_\_\_

Any medications today? (name, time, dose) \_\_\_\_\_

Exposure to chemicals, animals, insects, soaps, or new foods \_\_\_\_\_

Exposure to other people who were sick (what sickness?—for confidentiality reasons, please do not identify individuals) \_\_\_\_\_

Child's other problems that might affect this illness (eg, asthma, anemia, diabetes, allergy, emotional trauma) \_\_\_\_\_

What has been done so far? \_\_\_\_\_

# Parent/Health Professional Release Form

## Authorization for Release of Information

I, \_\_\_\_\_, give permission for

(parent/guardian)

\_\_\_\_\_  
(health professional/facility)

to release to \_\_\_\_\_ the following information:

(facility/school)

\_\_\_\_\_  
(screenings, tests, diagnoses, treatments, recommendations)

The information will be used solely to plan and coordinate the care of my child, kept confidential, and only shared with \_\_\_\_\_

\_\_\_\_\_  
(staff title/name)

Name of Child \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Staff Member to Contact for Additional Information

# Medication Administration Packet

Authorization to Give Medicine  
PAGE 1—TO BE COMPLETED BY PARENT

## CHILD'S INFORMATION

Name of Facility/School \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_  
Today's Date

Name of Child (First and Last) \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth

Name of Medicine \_\_\_\_\_

Reason medicine is needed during school hours \_\_\_\_\_

Dose \_\_\_\_\_ Route \_\_\_\_\_

Time to give medicine \_\_\_\_\_

Additional instructions \_\_\_\_\_

Date to start medicine \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop date \_\_\_\_/\_\_\_\_/\_\_\_\_

Known side effects of medicine \_\_\_\_\_

Plan of management of side effects \_\_\_\_\_

Child allergies \_\_\_\_\_

## PRESCRIBER'S INFORMATION

Prescribing Health Professional's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

## PERMISSION TO GIVE MEDICINE

I hereby give permission for the facility/school to administer medicine as prescribed above. **I also give permission for the caregiver/teacher to contact the prescribing health professional about the administration of this medicine. I have administered at least one dose of medicine to my child without adverse effects.**

Parent or Guardian Name (Print) \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Adapted with permission from the NC Division of Child Development to the Department of Maternal and Child Health at the University of North Carolina at Chapel Hill, Connecticut Department of Public Health, and Healthy Child Care Pennsylvania.

# Receiving Medication

PAGE 2—TO BE COMPLETED BY CAREGIVER/TEACHER

Name of child \_\_\_\_\_

Name of medicine \_\_\_\_\_

Date medicine was received \_\_\_\_/\_\_\_\_/\_\_\_\_

## Safety Check

- 1. Child-resistant container.
  - 2. Original prescription or manufacturer's label with the name and strength of the medicine.
  - 3. Name of child on container is correct (first and last names).
  - 4. Current date on prescription/expiration label covers period when medicine is to be given.
  - 5. Name and phone number of licensed health care professional who ordered medicine is on container or on file.
  - 6. Copy of Child Health Record is on file.
  - 7. Instructions are clear for dose, route, and time to give medicine.
  - 8. Instructions are clear for storage (eg, temperature) and medicine has been safely stored.
  - 9. Child has had a previous trial dose.
- Y  N  10. Is this a controlled substance? If yes, special storage and log may be needed.

\_\_\_\_\_  
Caregiver/Teacher Name (Print)

\_\_\_\_\_  
Caregiver/Teacher Signature

# Medication Log

PAGE 3—TO BE COMPLETED BY CAREGIVER/TEACHER

Name of child \_\_\_\_\_ Weight of child \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date	/ /	/ /	/ /	/ /	/ /
Actual time given	AM _____ PM _____				
Dosage/amount					
Route					
Staff signature					

	Monday	Tuesday	Wednesday	Thursday	Friday
Medicine					
Date	/ /	/ /	/ /	/ /	/ /
Actual time given	AM _____ PM _____				
Dosage/amount					
Route					
Staff signature					

*Describe error/problem in detail in a Medical Incident Form. Observations can be noted here.*

Date/time	Error/problem/reaction to medication	Action taken	Name of parent/guardian notified and time/date	Caregiver/teacher signature

<b>RETURNED</b> to parent/guardian	Date	Parent/guardian signature	Caregiver/teacher signature
	/ /		
<b>DISPOSED</b> of medicine	Date	Caregiver/teacher signature	Witness signature
	/ /		

# Medication Incident Report

Date of report \_\_\_\_\_ School/center \_\_\_\_\_

Name of person completing this report \_\_\_\_\_

Signature of person completing this report \_\_\_\_\_

Child's name \_\_\_\_\_

Date of birth \_\_\_\_\_ Classroom/grade \_\_\_\_\_

Date incident occurred \_\_\_\_\_ Time noted \_\_\_\_\_

Person administering medication \_\_\_\_\_

Prescribing health care provider \_\_\_\_\_

Name of medication \_\_\_\_\_

Dose \_\_\_\_\_ Scheduled time \_\_\_\_\_

Describe the incident and how it occurred (wrong child, medication, dose, time, or route?)

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Action taken/intervention \_\_\_\_\_

Parent/guardian notified? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Name of the parent/guardian that was notified \_\_\_\_\_

Follow-up and outcome \_\_\_\_\_

Administrator's signature

*This Hawai'i manual  
"What You Can't See ... Can Hurt You –  
Managing Infectious Diseases in Early Education and Care Settings"  
is based on:*

Curriculum for Managing Infectious  
Diseases in Early Education and  
Child Care Settings

**PARTICIPANT'S MANUAL**



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