Chapter 10 **Preventing Illness in Child Care Settings**

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Chapter 10 Preventing Illness in Child Care Settings

“Preventing” means stopping something before it happens. You can prevent many illnesses that can occur in child care settings through clean and safe habits. Diseases caused by germs are a major problem in child care because they are easily spread from one person to another. These diseases are called communicable or contagious diseases and include such diseases as flu or chicken pox.

GERMS

HOW GERMS LIVE
Germs are living things that are too small to be seen by the unaided eye. Examples are bacteria, viruses and fungi. They need food, water and warmth. They also like dark, wet areas. Germs live everywhere and are not harmful when they live in their proper places and numbers. However, when germs increase in number or exist where they’re not supposed to, they can cause disease. For example, there is a germ called staphylococcus (a bacterium) that normally lives on human skin and in the nose, and does not usually cause any problems. But if that germ gets from someone’s skin or nose into certain foods, it can grow in those foods. Then if the food is eaten, the poison that the germ makes gets into our stomachs and can cause food poisoning.

HOW GERMS SPREAD
Germs and the illnesses they cause can be spread in many ways. The most common are:

- Through contact with human waste (stool, urine)
- Through contact with body fluids (drool, blood, nose or eye discharge)
- Through direct skin-to-skin contact
- By touching an object that has germs on it (for example: a toy, the telephone, someone else’s hairbrush)
- Through the air in drops of water from sneezing and coughing

Not all germs can spread by all these ways. Some germs are not spread easily but require intimate or sexual contact.

Germs enter the body in different ways. The most common ways are through the eyes, nose, mouth and broken skin. If a germ enters the body and finds a warm place to grow, then illness can occur.
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HAND-WASHING PROCEDURE

ALWAYS WASH YOUR HANDS:

- After you use the bathroom or help a child to use the bathroom
- Before you handle food or cooking utensil.
- Before you eat, we also recommend washing hands after eating
- After you change a diaper
- After you handle any items that may be soiled with bodily fluids or waste, such as blood, drool, urine, stool or discharge from the eyes and nose
- After handling pets or other animals
- After coming in from outside play time

HOW TO WASH HANDS:

1) Turn on water to a warm temperature.
2) Wet hands.
3) Soap up with liquid soap and rub hands together for 20 seconds. Rubbing hands together loosens germs and dirt, and allows them to be washed away. If hands are very dirty, soap up and rub hands together for at least 40 seconds.
4) Rinse well under running water.
5) Dry hands with paper towels, paper napkins or hot-air blow-dryer. Do not use a common cloth towel because it can spread germs.
6) Turn off water with the used paper towel(s) before throwing towel(s) in the wastebasket.
7) Use hand lotion if desired.
8) Clean fingernails daily or when hands have become very dirty.

DIAPER-CHANGING PROCEDURE

WHEN CHANGING DIAPERS:

1) Use a cover on the changing table that can be thrown away after each child’s use. Cheap coverings to use are computer paper, wax paper, clean paper bags, butcher paper.
2) Gather all items needed for diapering and place near the changing table before beginning to change the diaper. Never leave a child unattended on the changing table.
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3) Empty stool into the toilet but do not scrape or rinse the diaper out.

   A. Place disposable diapers in a covered, plastic-lined container.

   B. Place cloth diapers that belong to the child in a plastic bag. Seal and label it with the child’s name. Send it home with the child.

   C. Place cloth diapers from a diaper service in a diaper pail that has been provided for that purpose. Keep diaper pail covered and out of reach of small children.

4) Wash and disinfect the changing table after every change of diapers. To disinfect means **to clean with a bleach solution**. This is done by spraying the surface with a bleach solution (made of 1/2 cup of liquid chlorine bleach mixed with 1 gallon of water), then wiping dry with a paper towel. Keep the solution in a spray bottle for easy use and make it daily, because the bleach weakens over a day’s time. Keep this solution and the bleach out of children's reach.

5) Wash hands after every diaper change.

   **NOTE:** The sink you use for hand washing, after going to the toilet and after changing diapers, must not be the same sink used for preparing food. A sink and covered, plastic-lined waste containers must be located close to the toilet and diapering area. Diaper-changing and toilet surfaces must be washable and kept clean. Disposable soiled items must be thrown away promptly in a safe and secure place.

**SANITIZING AND DISINFECTING**

**Sanitize** food contact surfaces (dishes, utensils, cutting boards and high-chair trays), toys that children may place in their mouths and pacifiers. Let fresh solution stand for two minutes or air-dry.

**Disinfect** nonporous surfaces such as diaper-change tables, countertops, door and cabinet handles and toilets. (Apply as a spray or poured fresh solution, not by dipping into a container with a cloth that has been in contact with a contaminated surface.)

SANITIZING/DISINFECTING WITH A BLEACH SOLUTION

Disinfectants are chemicals that reduce the number of germs. Household bleach is an excellent disinfectant.

• For nonfood surfaces: Mix 1/2 to 3/4 cup of bleach in 1 gallon of water. Saturate area with the solution applied as a spray or poured fresh solution (contaminated material plus cleaning agent or bleach); leave the bleach solution on the surface(s) for a few minutes, then thoroughly rinse with clean water, and dry with a clean cloth. (Do not use a cloth that has been in contact previously with a contaminated surface for cleaning or drying.) Tap water can be used as the rinse if the water source is from a municipal water system.

• If the area is saturated with blood or blood products, then the solution should be 1 1/2 cups of bleach per gallon of water.

• For mouthed toys or eating utensils: Sanitize by boiling or using a dishwasher, or soak items for 2 minutes in a bleach solution and air dry. Bleach solution: 1/2 cup bleach to 1 gallon of water. Then rinse items thoroughly with clean water and dry. (Bleach will corrode metal.)

• Prepare the bleach solution daily because it loses its ability to kill germs over time. Any liquid chlorine bleach mixed with cool water will do. All cleaning solutions are poisonous and must be kept out of children’s reach or locked up. Keep labels on all cleaning products and solutions. Read directions before use. Cleaning products should be stored away from any food. Do not mix cleaners such as bleach and ammonia. Doing so will release harmful fumes.

Surfaces and objects that have obvious dirt on them should first be cleaned with soap and water. Then apply bleach and water solution to soiled objects and surfaces by spraying from a spray bottle or by dipping the object in the solution.

Sanitize/disinfect toys daily or when obviously dirty by using one of the following methods:

• Wash with soap and water to remove obvious dirt and, if possible, dip in chlorine bleach and water solution; rinse items thoroughly with clean water and dry with a clean cloth, allow toys to air-dry a short time before returning them to children

• Running toys through full wash and dry cycles of dishwasher

• Washing cloth toys in the washing machine with detergent and water and air- or machine-drying them
LAUNDERING AND CLEANING

HANDLING CLOTHING AND BEDDING

As mentioned earlier, some germs can be passed from child to object to another child. Anything that comes in close contact with the child can carry disease. To prevent this, certain items must be used by only one child or be laundered before being used by another child. Assign blankets, sheets, cots, cribs and mattresses to one child.

Each child’s bedding (sheets, pillows and blankets) should be stored individually so the bedding does not come in contact with another child’s.

Plastic bags (always kept out of children’s reach), blanket bags, separate drawers, shelves or cubbyholes are all acceptable ways to separate each child’s belongings.

If clothing, towels, bedding, diapers, etc., become soiled, store them safely out of reach until they are laundered (or put in the garbage if they are to be thrown away). Dirty cloth diapers and clothing should be placed in a plastic bag and sent home with the child at the end of the day.

LAUNDRY INSTRUCTIONS

The most important way to reduce germs in soiled clothing, towels, etc., is with soap and water. Adding bleach will further reduce the number of germs.

Clothing or other material soiled with bodily fluids should be washed in a washing machine separately from other items. Presoaking may be necessary for heavily soiled clothing. Otherwise, wash and dry as usual. If the material will not be damaged by bleach, add ½ cup of household bleach to the wash cycle. If the material is not colorfast, add ½ cup non-chlorinated bleach to the wash cycle. (Examples of non-chlorinated bleach are Clorox II and Borateem.)

Always wash your hands after handling soiled laundry.

CLEANING SOILED FLOORS

• If a hard-surfaced floor is soiled (blood, vomit, stool, etc.), wear gloves and blot up as much as possible. Then mop or wipe the area with a germicidal detergent. Check to make sure it is safe for the floor. For cleaning, you may use (and reuse) utility or dish-washing type gloves.

• Mop heads, buckets, dustpans should be soaked in the disinfectant after use and then rinsed thoroughly or washed in hot water in a washing machine.
• If a rug is soiled, use one of these recommendations:
  » Use a sanitary absorbent powder, let dry and vacuum. These powders can be obtained at janitorial supply houses. They soak up spills and sanitize the floor covering.
  » Wear gloves and blot up as much of the spill as you can. Then use a germicidal rug shampoo, using a brush to clean the rug well. Let dry, then vacuum. Soak the brush in a disinfectant and then rinse it off.

PREVENTION IS CRITICAL
The best method of preventing the spread of all types of infections is good hygiene to help stop the spread of germs. Two strategies are very important and cannot be overemphasized.

• Staff and children should wash their hands properly and frequently, using running water and liquid soap and disposing of towels after one use.
• Promptly clean soiled surfaces with a bleach solution prepared daily (1/2 cup of bleach per gallon of water).

STAFF SHOULD WASH THEIR HANDS:
• After performing any activity that involves handling bodily fluids
• After using the bathroom or helping a child use the bathroom
• After changing a diaper
• Before any activity that involves handling food or cooking utensils
• Before eating

GUIDELINES FOR EXCLUDING FROM CHILD CARE
Children and staff with symptoms of communicable disease can spread the disease to others. Children and staff should be excluded from child care until a doctor’s clearance is received. The following guidelines are to help you determine when it would be better not to have the child or staff person present:

• **Diarrhea:** Increased number of watery stools in a 24-hour period; many people use a guideline of three or more watery stools in a 24-hour period as a definition of diarrhea; any child with diarrhea that contains blood or mucus should be excluded regardless of frequency
• **Vomiting:** Vomiting on two or more occasions within the past 24 hours
• **Rash:** Body rashes, not obviously associated with diapering, heat or allergic reactions to medicine, particularly if associated with fever or behavior change; many communicable
diseases have body rashes, such as chicken pox, measles, rubella (German measles), impetigo and some streptococcal infections; often a nurse or doctor is needed to diagnose communicable from non-communicable disease rashes

- **Drainage from the eye**: Thick mucus and pus draining from the eye
- **Mouth sores**: Exclude if the child is drooling, unless a physician or local health department has verified that the child is noninfectious
- **Appearance/behavior**: Unusually tired, pale, lack of appetite, difficult to wake, confused, irritable and particularly if the behavior –
  - Prevents the child from participating comfortably in program activities
  - Results in a need for care greater than the staff can provide without compromising the health and safety of the other children
- **Sore throat**: Sore throat if associated with fever or swollen glands in the neck

Children with mild cold symptoms who do not have the symptoms described above probably do not need to be excluded from child care. Mild colds are very common in young children and excluding them once they have cold symptoms probably does little to control the spread of the cold germ. Decisions about whether or not to exclude children with mild colds will depend on how uncomfortable the child is and how well the staff can care for the child and respond to his or her symptoms.

Ear infections are not easily spread and children should not be excluded just because of an ear infection. The main concern is that the child gets medical treatment and follow-up for the infection. Once again, if the child is extremely uncomfortable and the child care staff does not have enough time to care for him or her, then the child should be sent home.

**OBSERVING AND REPORTING SYMPTOMS OF ILLNESS**

Your observations provide valuable information to help parents and health care providers know how to best treat a child. The following are guidelines for observing, reporting and responding to symptoms of illness.

Report your observations rather than drawing conclusions or making a diagnosis. For example:

"Mary’s finger is swollen and bruised looking." (observation)

**NOT**

"Mary’s finger is broken." (diagnosis)

Statements that are observations provide more information and are more helpful to the parent or health care provider than the statements that come to a conclusion or make a diagnosis.
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- Give measurable facts rather than vague information. For example, a measurable statement would be, “Johnny has a temperature of 103°F,” rather than “Johnny is hot.”

- Get a second opinion when evaluating symptoms of illness and trying to decide what action to take – ask a coworker, the child care director or the child care health consultant.

- Establish policies about how illness will be handled in the child care center. Share these policies with staff and parents. Often, it is easier to convince parents to take an ill child home or not bring him or her to the child care in the first place if rules about illness are clearly stated and shared before illness occurs.

- Write about the illness in the child’s health record. It may seem silly to write, “Johnny stayed home for three days due to a cold,” but recording information reveals how often a child is ill and establishes patterns for his/her illness.

- Accurate record keeping helps you give factual observations to parents and health care providers.

- Report certain communicable diseases to the Arkansas Department of Health.

- Always report an illness to parents – either immediately or at the end of the day, depending upon the seriousness.

MEDICATIONS IN THE CHILD CARE

Sometimes young children need medicine during the day when they are in child care. The following suggestions will help child care providers to be sure that children get the care they need to stay healthy. These are general guidelines; there may be some exceptions to these recommendations. Always check with the parents before administering any medications to any child in your care.

If medicine is given at child care, consider these questions:

- Some medicines are used to prevent problems; others are used to treat an illness. If a child is ill and needs medicine, should she/he be at the child care center that day?

- If the medicine is an over-the-counter drug and is being used to stop a symptom (for example, a runny nose), is it really necessary to stop the symptom? Is the symptom bothering the child or interfering with normal activities such as sleeping or eating? Discuss with parent if medicine appears to be ineffective.

- If medicines do need to be given at the child care center, staff shall give or apply medication, either prescription or non-prescription, only with prior written permission and written instructions from the parent and/or the doctor. Medications must be in the original container, stored according to the instructions, clearly labeled for a named child, and returned to the parent or destroyed when no longer needed. The center or family
home shall maintain a Medication Administration Record as to the time and amount of medication given or applied.

- The child care center must obtain written permission from the parent to give any medication while the child is at the child care center or family home.

- All medications must be stored out of the reach of children. Check the label to see if the medicine needs to be refrigerated, and, if so, be sure that medicine stored in the refrigerator is out of the reach of children. Many providers use some kind of lockable container, such as a fishing tackle box with a small lock, to store medicines in refrigerators that are accessible to children.

The following general procedures should be followed when giving any medication to children:

1) Wash hands before preparing medications.

2) Prepare the medication on a clean surface that is away from toileting or diaper-changing areas.

3) Explain the medication-giving procedure to the child. Never call medication “candy.” You can explain that the medication tastes like bubble gum or candy, but never say that it is bubble gum or candy.

4) Always give plenty of praise to children after they take their medication.

5) Wash hands after giving medications.

6) Stop giving a medication if side effects are observed. Inform parents.

VARIOUS TYPES OF MEDICATION

ORAL MEDICINES (those that are taken by mouth)

- For liquid medicines, use spoons, syringes, droppers or medication cups that have measurements on them so that the correct dosage can be given. Regular table silverware spoons do not provide an accurate measurement for liquid medicine.

- Be sure that the equipment being used is clean.

- For liquid medicines, pour the medicine into the spoon or cup and hold it at eye level to check the dose. Have the child sit or be held in an upright position to help with swallowing. Do not put medicine into baby bottles. Medication can be mixed with a very small amount of a soft food, such as applesauce, only if the child has difficulty swallowing it.
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EYEDROPS
1) Position or hold the child in an upright position.
2) Pull the lower eyelid out to create a tiny cup.
3) Without letting the medicine dropper tip touch the lower lid, drop the appropriate number of drops into the lower lid area.
4) Keep the child in the upright position for several minutes.
5) Keep the child from rubbing eye.

EAR MEDICATIONS
1) Position the child with the ear that needs medication up.
2) Straighten the ear lobe by gently pulling it back.
3) Drop correct number of drops in ear.
4) Maintain the child’s position for several minutes.

TOPICAL MEDICATIONS (ointments and creams applied to the skin)
• Apply the medication according to instructions.

INHALERS (nebulizer, updrafts, metered-dose inhalers with aerochamber)
Nebulizers (sometimes called “updrafts”) and metered-dose inhalers are different ways to give medications that must be inhaled or breathed in. When given as directed, nebulizers and metered-dose inhalers are equally effective. Misuse may result in the child not receiving the full amount of the medicine.
• Metered-dose inhalers are small handheld canisters that deliver inhaled medicine quickly to the lungs. It must be used with a spacer and mask in a young child:
  1) Shake the inhaler well.
  2) Attach the inhaler to the back of the spacer and mask.
  3) Place mask over the child’s nose and mouth.
  4) Push down on the inhaler to deliver the medicine to the spacer.
  5) Allow the child to breathe the medicine in and out, at least six times.
  6) Repeat puffs as many times as instructed.
• A nebulizer (“updraft”) is an electric machine that delivers the medication to the lungs in a mist.

1) Attach the medicine cup, T-piece and mask together.

2) Pour prescribed medicine into the cup and tighten the lid.

3) Attach ends of the tubing to the medicine cup and the nebulizer.

4) Place the mask on the child and strap over the head; adjust for comfort and fit. **NOTE:** A strapped-on mask is the best way to fully deliver medication. Holding a mask or mouthpiece near the child’s mouth and nose will result in most of the medication not being breathed in.

5) Turn on the nebulizer and continue treatment until all medication is gone. This can take 5 to 10 minutes.
### DECREASING VISION AND CROSSED EYES

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Actions Needed if YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this a sudden blindness (in part or complete)?</td>
<td>Call parents; parents need to call health care provider immediately</td>
</tr>
<tr>
<td>Are eyes crossed in a child who is older than six months?</td>
<td>Discuss with parents; needs vision screening within one to two months</td>
</tr>
<tr>
<td>Do you think that vision in one or both eyes is less than normal?</td>
<td>Discuss with parents; needs vision screening within one to two months</td>
</tr>
</tbody>
</table>

- Children who have problems seeing may squint or may not see objects when they are pointed out. Contrary to popular belief, headaches are rarely a sign of poor vision in children.

- Strabismus (lazy eye) is a condition where the eyes do not work equally. This can lead to blindness in the eyes unless it is treated. Children who have strabismus often look as if they have a wandering eye.
## EYES BURNING, ITCHING and/or DISCHARGE

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Action Needed if YES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased vision</td>
<td>Call parents; needs medical attention today</td>
</tr>
<tr>
<td>Some pain in eyes</td>
<td>(Same as above)</td>
</tr>
<tr>
<td>Pupils are different sizes (unless child normally has different size pupils)</td>
<td>(Same as above)</td>
</tr>
<tr>
<td>Discharge that looks like pus</td>
<td>Call parents; parents need to call health care provider, see “pink eye” below</td>
</tr>
<tr>
<td>Eyes that look red and irritated</td>
<td>(Same as above)</td>
</tr>
<tr>
<td>Itching eyes and sneezing</td>
<td>Discuss symptoms with parents; this may be hay fever, and if symptoms are severe, they may wish to seek medical advice</td>
</tr>
<tr>
<td>Itching eyes and runny nose</td>
<td>(Same as above)</td>
</tr>
<tr>
<td>Itching eyes and seasonal occurrence</td>
<td>(Same as above)</td>
</tr>
</tbody>
</table>

Inform parents of minor symptoms when they pick up child at end of the day.

**Pink eye** (conjunctivitis) is an infection of the white part of the eye as well as pink skin under eyelids. It can be caused by either viruses or bacteria. If caused by a virus, no medicine will help – the eyes will heal by themselves. If caused by bacteria, antibiotic eyedrops will be prescribed. The child with pink eye is contagious as long as he or she has discharge unless it is bacterial pink eye, and he or she has been getting antibiotic eyedrops for 24 hours. Exclude from child care until discharge and redness are gone or child has been on antibiotic eyedrops for 24 hours and symptoms are improving. **This also applies to staff.**
**EARACHES**

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Action Needed if YES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there an ear discharge?</td>
<td>See ear discharge</td>
</tr>
<tr>
<td>Does child have severe ear pain, fever, irritability or decreased hearing?</td>
<td>Call parents; child may have middle ear infection and needs medical evaluation</td>
</tr>
</tbody>
</table>

Discuss earache with parents at end of day when they pick up child.

There are two kinds of ear infections:

- **Otitis media** *(middle ear infection)*
- **Otitis externa** *(outer ear infection or “swimmer’s ear”)*

**Otitis media** is caused when germs become trapped and grow in the middle ear because the tube (Eustachian tube) connecting the middle ear with the throat is blocked. Children with otitis media often complain of earache, have fever, are irritable, may have a cold, may have decreased hearing and may have ear discharge. Antibiotics are often needed to treat otitis media. Otitis media is not communicable, and children do not need to be excluded from child care for this condition unless they are too ill to be cared for adequately.

Some children who have had many middle ear infections have an operation where tubes are placed in their eardrums. These tubes allow the middle ear to drain so they do not get as many infections. When children have tubes in their eardrums they should not get water in their ears. Repeated middle ear infections can cause permanent hearing loss, especially if not treated.

Swimmer’s ear *(otitis externa)* is an infection of the ear canal. Children will complain of itchy ears and moving the ear lobe may cause pain. There may also be ear discharge. Eardrops are sometimes prescribed to treat this condition.

Swimmer’s ear is not particularly communicable, and children should not be excluded from child care for this problem. Children with swimmer’s ear should not use a swimming pool because the ear needs to remain dry to heal.
### EAR DISCHARGE

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Action Needed if YES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there ear wax?</td>
<td>No need to do anything</td>
</tr>
<tr>
<td>Is the discharge bloody or like pus?</td>
<td>Call parents; child needs medical evaluation</td>
</tr>
<tr>
<td>Is there fever, cold, severe ear pain, irritability, decreased hearing?</td>
<td>Call parents; child needs medical evaluation. May be a middle ear infection</td>
</tr>
<tr>
<td>Is there itching, red or wet ear canal, pain when ear lobe is moved?</td>
<td>Inform parents of symptoms when they pick up child at end of day; may be swimmer’s ear. May need medical evaluation</td>
</tr>
<tr>
<td>Is discharge (particularly bloody or clear discharge) accompanied by confusion, recent head injury or projectile vomiting?</td>
<td>Call parent; child needs medical care immediately</td>
</tr>
</tbody>
</table>

Inform parents of ear discharge when they pick up child at end of day.

- In a child who has been complaining of ear pain, white, yellow or green discharge may mean the child’s eardrum has burst. The pain to the child is greatest before the eardrum bursts because of the pressure built up in the middle ear from pus. The burst eardrum is part of the healing process and will not permanently affect the child’s hearing, but the child needs medical care – antibiotics will speed the healing.

- Children often like to put things in their ears such as peas or beans. This often causes ear discharge and/or pain. These items usually need to be removed by a physician or nurse.
### RUNNY NOSE

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Action Needed if YES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a smelly discharge on <a href="#">one side</a> of nose?</td>
<td>Inform parents immediately as there may be a foreign body in the nose; parents need to call health care provider and have the child seen that day</td>
</tr>
<tr>
<td>Is discharge a color other than white or yellow?</td>
<td>Inform parents when they pick up child at end of day; parents need to call health care provider</td>
</tr>
<tr>
<td>Is discharge watery, with sneezing or eye watering? Does it occur seasonally?</td>
<td>May be hay fever.; discuss with parents; they may want to seek medical advice</td>
</tr>
<tr>
<td>Is there fever?</td>
<td>See fever</td>
</tr>
</tbody>
</table>

Mention runny nose to parents when they pick up child at end of day.

- A runny nose is very common in childhood.
- Children will also have runny noses during crying and sometimes after exercising.
- Some children have runny noses because they use nose drops for too long. Nose drops should never be used for longer than five days if they contain a decongestant.

**NOSEBLEEDS**

- Most nosebleeds are caused by picking the nose and causing tiny blood vessels in the nose to open and bleed. Nosebleeds may also be associated with colds and hay fever.
- If a nosebleed is caused by a head injury, parents should be called so they can contact their health care provider.
- Repeated nosebleeds should be evaluated by a physician.
• To stop a nosebleed, pinch the child’s nostrils together for at least 4 minutes without releasing pressure. The child should be seated. Do not tilt head back. This causes the child to gag from blood dripping down the back of the throat. A cold wash cloth applied to the nose will also stop the nosebleed. After the bleeding stops, make sure the child does not blow the nose.

• Nosebleeds lasting 30 minutes or more need immediate medical attention.

<table>
<thead>
<tr>
<th>SORE THROAT</th>
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<tbody>
<tr>
<td><strong>Symptoms</strong></td>
</tr>
<tr>
<td>Does the child have severe trouble swallowing or breathing, or is there more drooling than usual?</td>
</tr>
<tr>
<td>Is there a fever?</td>
</tr>
<tr>
<td>Are there large and tender glands in neck?</td>
</tr>
<tr>
<td>Is there headache, general discomfort?</td>
</tr>
<tr>
<td>Is there a red sandpaper rash?</td>
</tr>
</tbody>
</table>

Report sore throat symptoms to parents at end of day when they pick up child.

• Untreated strep infections can cause rheumatic fever, arthritis, heart and kidney disease.

• No one can tell if a sore throat is caused by a streptococcus germ until a throat culture has been done.

• Strep infections are not communicable 24 hours after treatment with antibiotics. However, it is important for the child to take all the medication as prescribed.
## COUGH

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Did violent cough begin suddenly without signs of a cold, and is there difficulty breathing?</td>
<td>Call parents; child may have breathed in an object; needs medical care immediately</td>
</tr>
<tr>
<td>Is breathing fast or difficult?</td>
<td>Call parents; child needs medical evaluation</td>
</tr>
<tr>
<td>Does the child suck in ribs and not seem to get enough air?</td>
<td>(Same as above)</td>
</tr>
<tr>
<td>Does the child have fever?</td>
<td>(Same as above)</td>
</tr>
</tbody>
</table>

- Coughing has many causes and can accompany the following illnesses: colds, flu, pneumonia and whooping cough. Sometimes a cough may be a sign that a child has inhaled a foreign object such as a peanut.
- Persistent and continuous coughs that last more than two weeks and do not seem to be getting better may mean there is a chronic illness or problem, and the child needs to be medically evaluated.
## SKIN RASHES

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Action Needed if YES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there fever?</td>
<td>Call parents; exclude child from child care until parents and their physician can tell you what caused the rash*</td>
</tr>
<tr>
<td>Is there itching?</td>
<td>See: Ringworm, Lice or Scabies, exclude child from child care until treatment is started</td>
</tr>
</tbody>
</table>

*For rashes without raised bumps, see: Measles, Rubella or Scarlet Fever. For rashes with raised bumps, see Chicken Pox. Also see: Impetigo, Diaper Rashes, Baby Rashes, Cradle Cap.

Discuss rash with parents when they pick up child at end of day.

Children often have skin rashes with no other symptoms. Some of the rashes may be caused by allergic reactions, heat or viruses. Often mild rashes disappear as fast as they come.

## DIAPER RASH

<table>
<thead>
<tr>
<th>Are the following present:</th>
<th>Discuss with parents at the end of the day when they pick up child. They should consult physician as diaper rash may be caused by staphylococcus germs or yeast, and may need treatment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Blisters?</td>
<td></td>
</tr>
<tr>
<td>• Small red patches beyond diaper area?</td>
<td></td>
</tr>
</tbody>
</table>

Steps to treat simple diaper rash:

- Keep diaper dry and change as often as possible.
- Remove rubber pants.
- Leave diaper off.
- When washing area, use plain water and soap only. Avoid commercial diaper wipes since they contain alcohol, which is painful to raw skin.
BABY RASHES

There are two very common kinds of baby rashes: one is on the face (milia) and the other is on any part of the body (heat rash). Small white bumps over the forehead, nose and cheeks in an infant are called milia. If the bumps on the face are red, they are sometimes called infant acne. No treatment is needed; they go away eventually and are harmless. They are most commonly seen on newborns and very young infants.

Small red bumps, usually in the skin fold areas, often on the neck and upper chest, are called heat rash. This may mean that the infant is bundled too much. The rash quickly goes away once the baby is unbundled. This rash is also harmless.

CRADLE CAP (Seborrhea)

Cradle cap and dandruff are the same thing. Cradle cap happens when oil glands in the scalp become overactive. An infant who has cradle cap has thick, oily, yellow, scaling patches on the scalp. Frequently, there are very small bumps on the child’s forehead and behind the ears. Although it is not attractive looking, it is not harmful to the infant.

It can be treated by using a soft scrub brush to wash the scalp once a day. Sometimes it helps to put a little oil on the scalp, let it soak in for about 15 minutes and then completely wash off the oil. If oil is left on the scalp, the cradle cap will get worse.

VOMITING

Some children vomit easily for many reasons such as illness, excitement, motion sickness or even for no obvious reason. Any vomiting child should be separated from other children. If any of the following conditions exist, parents should be contacted as the child may need to be seen by a doctor or nurse:

- Child has a fever.
- Vomiting occurs more than twice a day.
- Child also has diarrhea.
- Vomiting occurs more than once after a head injury.
- Child has stomach pains and is bloated.
- Vomit contains blood, looks black or dark green.
- Child is lethargic (sleepy, not alert and responsive).
- Child has pain when passing urine.
- Infant vomited more than 2 ounces of formula in an 8-hour period.

After a child has vomited, avoid giving solid foods. Treatment for vomiting should be determined by the parent or the physician. Contact parent or guardian early to prevent dehydration.
DEHYDRATION
A major concern for children (especially infants) who vomit repeatedly is the danger of dehydration (drying out). Signs of dehydration include:

- Child does not urinate or wet diaper for 6 hours
- Tongue, lips, inside of mouth are dry
- No tears when child cries
- Dry skin
- Sunken eyes, sunken soft spot on heads in infants
- Listlessness (child not moving around much or showing interest in things)

Notify parents if child has signs of dehydration. The child needs a medical exam that day.

FEVER
Fever is often the body’s response to infection. Other things also cause a child’s temperature to rise, including food, too many clothes, excitement and anxiety. A temperature of 98.6°F is an average normal temperature but individuals vary. Many children can have a high temperature without appearing to be sick.

Steps to Take When a Child Has a Fever

- Take a closer look at the child to see if other symptoms such as diarrhea or rash are present. If so, excluding the child from child care should be considered.
- Evaluate the child’s behavior. If he/she is acting very ill and the staff is unable to care for the child, the parents should be called to take the child home.
- Remove extra clothing and offer liquids.
- Do not overdress the child or sponge with alcohol or water.
- Call parents if a fever of over 100°F (axillary) occurs in someone who is less than 6 months of age so that medical advice can be obtained that day. If someone has a fever and sore throat, ear pain, cough, rash or diarrhea, see the decision-making charts on those symptoms for further information.
- Give medicines only as prescribed by health care provider or doctor. Unless prescribed by a physician, aspirin should not be given to children under 18 because of the possible connection between aspirin and Reye’s Syndrome (a serious disease that can cause death).
TAKING A TEMPERATURE

Taking Temperature by Mouth

• You may take temperatures by mouth on children 6 years or older.
• Place bulb end of oral thermometer (slim, long bulb) under tongue.
• Tell child to close mouth by bringing lips together, not teeth; caution child not to bite thermometer.
• Leave under tongue for 2 minutes. Stay with the child to keep him/her still and comforted.

Taking Temperature Axillary (by armpit)

• You may take temperatures by armpit on children/people of any age.
• Place bulb end of either oral or rectal thermometer under the arm, hold arm snug against the body.
• Armpit should be dry.
• Wait 3 - 4 minutes before removing.

Reading the thermometer (for either thermometer)

• Slowly rotate thermometer until line of mercury is seen.
• Read thermometer where line of mercury ends.
  » Normal oral temperature 98.6°F (37.0°C)
  » Normal armpit temperature 97.6°F (36.5°C)

Cleaning thermometers (for either type thermometer)

• After each use, wash thermometer with soap and cool water, rinse, soak for 15 minutes in 70 percent alcohol solution, rinse and dry.
• Store in a protective case.

Note: The AAP no longer recommends use of mercury-containing glass thermometers. For digital colored strips or other types of temperature measuring devices, follow manufacturer’s directions for use and care. To prevent spread of disease, use a new digital probe cover for each child and wipe off probe with alcohol between children.
Chapter 10 Preventing Illness in Child Care Settings

**USING HAND SANITIZERS**

No chemical substitute (sanitizer solution) is as effective as running water. Hand sanitizers do not substitute for or serve as a replacement for hand washing in running water and soap.

However, if away from running water and soap (field trips, playground, etc.), the use of an alcohol-based (60 to 95 percent alcohol) hand sanitizer is an alternative to traditional hand washing with soap and water by children over 24 months of age and adults on hands that are not visibly soiled. A single pump of an alcohol-based sanitizer should be dispensed. Hands should be rubbed together, distributing sanitizer to all hand and finger surfaces, and hands should be permitted to air-dry.

Hand sanitizers should be used for “transitions” only and are not a substitute for running water and soap. Hands should be washed as soon as running water and soap are accessible in the recommended manner.

Premoistened cleaning towelettes do not effectively clean hands and should not be used as a substitute for washing hands with soap and running water.

For visibly dirty hands, a water-saturated towel (when running water is not available) should be used to remove as much dirt as possible before using a hand sanitizer.

Child care programs should follow the manufacturer’s instructions for use – check instructions to determine how long the hand sanitizer needs to remain on the skin surface to be effective.

Supervision of children is required to monitor effective use and to avoid potential ingestion or inadvertent contact of hand sanitizer with eyes and mucous membranes. The children must be monitored when using a sanitizer to ensure the product is being used appropriately.

Some hand sanitizing products contain “nonalcohol” and “natural” ingredients. It is not recommended that this type product be used.