

A young child with light-colored hair is shown in profile, blowing bubbles. The child's mouth is open, and several bubbles are visible in the air. The background is a solid green color. The overall image has a soft, slightly blurred quality.

Current Management of Acute and Chronic Health Conditions in Early Childhood Care & Education Settings

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Objectives

- Describe principles of infection control
- List exclusion criteria and reportable conditions
- Discuss management of communicable/infectious diseases in early education and child care settings
- Discuss management of select chronic health conditions in early education and child care settings
- Provide resources for ongoing support



Principles of Infection Control

- *Contagious, communicable, infectious*
- *Incubation period*: time from exposure until signs/symptoms of illness appear
- Many germs passed by children who do not appear ill
- Important to understand how germs are spread
- Standard precautions should **always** be used



Inclusion/Exclusion Policy

- Balanced approach
- Base on evidence
- Consistent with local school health policy
- Clear communication
- Consistent enforcement

[CFOC Standards Database | National Resource Center](#)



Exclusion Criteria

- **Ability to Participate:** The child's condition prevents the child from participating comfortably in activities that the facility routinely offers for well children or children who are mildly ill or injured
- **Need for More Care:** The condition requires more care than teachers/caregivers can provide without compromising the needs of the other children in the group.
- **Risk to Others:** Keeping the child in care poses an increased risk to the child or other children or adults with whom the child comes in contact as defined in *Managing Infectious Diseases in Child Care and Schools*.



No Exclusion or Temporary Exclusion

- Fever without behavior change or other signs/symptoms*
- Common colds*
- Conjunctivitis (“pinkeye”)
- Rash without fever or behavioral changes
- Impetigo
- Pediculosis (lice/nits)
- Ringworm
- Scabies
- Thrush
- Fifth disease
- Staph infections
- Chronic hepatitis B



Temporary Exclusion

- Fever with behavior change or other signs/symptoms
- Severely ill-appearing (lethargy, irritability, persistent crying, difficulty breathing, quickly spreading rash)
- Diarrhea (unable to contain stool)
- Vomiting 2 or more times in 24 hours
- Abdominal pain (> 2 hours, fever, other signs/symptoms)
- Mouth sores with uncontrolled drooling
- Rash with fever or behavior changes
- Open, exposed, draining skin lesions unable to be covered with waterproof dressing
- Specific diagnoses



Exclusion

- Respiratory viruses (RSV, influenza, COVID)
 - How spread: respiratory droplets
 - Contagious: from day before symptoms appear to a week or more after
 - Exclude if:
 - Fever with behavior change
 - Respiratory distress
 - Prevention:
 - Good hand hygiene
 - Cough/sneeze hygiene
 - Dispose of tissues
 - Readmit when able to participate



Exclusion

- Pertussis (whooping cough)
 - Bacterial respiratory infection
 - How spread: Respiratory droplets
 - Incubation: 5-21 days (usually 7-10 days)
 - Contagious: beginning of symptoms until 3 weeks after cough begins (longer in unvaccinated infants)
 - Readmit:
 - 5 days of appropriate antibiotic treatment
 - Able to participate
 - Unvaccinated children may be excluded for 21 days after last exposure



Exclusion

- Streptococcal infection (strep throat, scarlet fever)
 - Group A strep bacteria
 - How spread: droplets from respiratory tract
 - Incubation: 2-5 days
 - Contagious:
 - Until antibiotics started (new evidence - 12 hours)
 - Carriers without symptoms - low risk
 - Good hand hygiene
 - Readmit when child is able to participate



Exclusion

- Staphylococcus infection (boils, abscesses, MRSA)
 - Bacteria typically found on skin
 - How spread:
 - close skin-to-skin contact
 - contact with infected surfaces
 - Incubation: unknown
 - Contagious:
 - When sores actively draining
 - Carriers without symptoms - low risk
 - Good hand hygiene
 - Readmit when sores can be covered & child is able to participate



Exclusion

- Impetigo
 - Bacterial infection caused by strep or staph
 - How spread: contact with bacteria from lesions
 - Contagious: until 24 hours of antibiotics or lesions healed
 - Only exclude at end of day
 - Loosely cover until end of day
 - Wear gloves, good hand hygiene
 - Readmit after treatment started
 - Oral or topical antibiotic
 - Contact health department if more than one infected child in a group



Exclusion

- Pediculosis (head lice)
 - Parasitic insect
 - How spread: direct contact
 - Incubation:
 - 7-12 days from laying to hatching of nits (eggs)
 - Lice can reproduce about 2 weeks after hatching
 - Contagious: until no live lice present
 - Only exclude at end of day
 - Readmit after treatment started
 - No-nit policies not shown to be effective



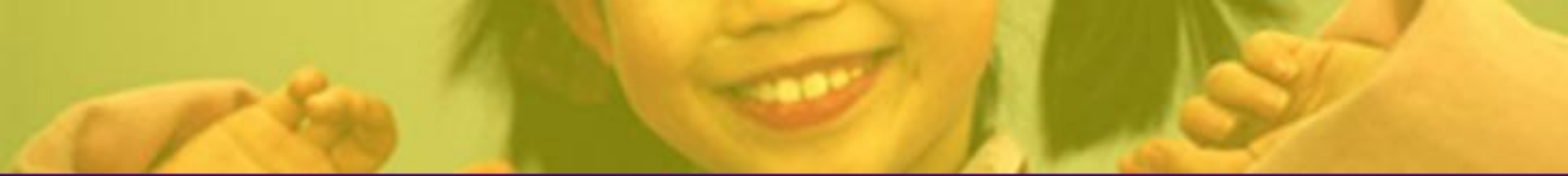
Exclusion

- Scabies
 - Infestation of mites
 - How spread: prolonged, close person-to-person contact
 - Incubation:
 - 4-6 weeks (not previously infected)
 - 1-4 days for repeat exposure
 - Contagious: until treated
 - Only exclude at end of day
 - Readmit after treatment completed (usually overnight)



Exclusion

- Ringworm
 - Fungal infection
 - How spread: contact with infected humans, animals, or contaminated objects
 - Mildly contagious
 - Only exclude at end of day
 - Readmit after treatment started
 - Oral antifungal for tinea capitis (scalp)
 - Antifungal cream for tinea corporis (body) or tinea pedis (athlete's foot)



Exclusion

- Norovirus
 - Leading cause of diarrhea in U.S.
 - How spread: fecal-oral route
 - Incubation: 12-48 hours
 - Contagious: present before vomiting/diarrhea begins, can persist for 3+ weeks
 - Exclude if:
 - Stool not contained in diaper or causing “accidents”
 - Stool is black or contains blood or mucus
 - Child seems dehydrated, unable to participate
 - Readmit when stool contained & child can participate



Exclusion

- Hand-foot-and-mouth disease (HFMD)
 - Generally mild viral illness - usually Coxsackie virus
 - How spread: respiratory droplet, contact, fecal-oral
 - Incubation: 3-6 days
 - Contagious: virus may shed for weeks to months in stool, 1-3 weeks in respiratory tract
 - Exclude if:
 - Excessive drooling due to mouth sores
 - Child unable to participate
 - Readmit when child can participate
 - Can reoccur as not caused by just one virus



Exclusion

- Chicken pox
 - Varicella zoster virus
 - How spread: direct contact & airborne particles
 - Incubation: usually 14-16 days (10-21 days)
 - Contagious:
 - While rash is spreading
 - Up to 1-2 days before rash appears
 - Exclude as soon as recognized
 - Readmit:
 - When all vesicles have scabbed
 - Able to participate



Exclusion

- Rubella (German measles)
 - Viral infection
 - How spread: Respiratory droplets
 - Incubation: 14-21 days
 - Contagious: 7 days before to 14 days after rash
 - Readmit:
 - 7 days after onset of rash
 - Able to participate
 - Unvaccinated children may be excluded for more than 3 weeks



Exclusion

- Mumps
 - Viral illness of salivary glands
 - How spread: Respiratory droplets
 - Incubation: usually 16-18 days (12-25 days)
 - Contagious: from several days before to 5 days after onset of glands swelling
 - Readmit:
 - 5 days after onset of glands swelling
 - Able to participate
 - Unvaccinated children excluded until at least 26 days after onset of last case



Exclusion

- Measles
 - Highly contagious viral illness
 - How spread: Airborne
 - Incubation: 8-12 days from exposure to onset of symptoms
 - Contagious: from 1-2 days before first symptoms until 4 days after rash appears
 - Readmit:
 - 4 days after beginning of rash
 - Able to participate
 - Unvaccinated children excluded for 21 days after onset of rash in last case



Exclusion

- Hepatitis A
 - Viral infection causing liver inflammation
 - How spread: fecal-oral route
 - Incubation: 15-50 days (average 28 days)
 - Contagious: 2 weeks before onset of symptoms
 - Readmit:
 - 1 week after onset
 - After all contacts vaccinated or received immune globulin
 - Able to participate



Unvaccinated children

Maine state law P.L. 2019, Ch. 154, § 11 **does** allow unvaccinated children to attend public/private school and/or childcare in limited circumstances.

In order for an unvaccinated child to attend a private/public school or childcare, the Child's physician, nurse practitioner, or physician assistant must provide documentation that immunization is medically inadvisable.

Please note that **unvaccinated** children in the case of an outbreak of disease in which they are not vaccinated against will be excluded from public/private school or childcare for at least 16 days from the last identified case, or until the child receives the vaccination.



Reportable Conditions

- Who should report?
 - Health & lab officials
 - Designated child care/school staff
- When?
 - Child/staff has reportable condition
 - For assistance in managing suspected outbreak

Disease Reporting - Disease Surveillance Epidemiology Program - MeCDC; DHHS
Maine

<https://ndc.services.cdc.gov/search-results-year/>



Outbreaks

- Occurrence of more cases of disease than expected in a given area or among a specific group of people over a particular period of time
- 2+ unrelated cases within a week
- Single case of an unusual disease (measles)
- Two linked cases of a severe illness
- Seasonal clusters (influenza, HFMD, bronchiolitis) not reportable



Return to center/school

- No longer meets criteria for exclusion
- Treatment initiated for specified time frame
- Health care provider visit not necessarily needed
- If health care provider seen – request documentation



Prevention Methods

- Daily health checks
- Handwashing
- Cough/sneeze etiquette
- Safe handling of blood/body fluids
- Routine environmental cleaning
 - Safe, appropriate products
 - Follow guidelines



Americans with Disabilities Act

- ADA prohibits discrimination by child care centers and family child care providers against individuals with disabilities
- Protects individuals with physical or mental impairment that substantially limits one or more major life activities
- Prohibits admissions policies that screen out or tend to screen out persons with disabilities



Accommodations

- Three primary types of accommodations
 - Changes in policies, practices, or procedures
 - Provision of auxiliary aids and services to ensure effective communication
 - Removal of physical barriers in existing program facilities
- Exceptions
 - The accommodation would fundamentally alter the nature of the program or services offered
 - The accommodation would pose an undue burden
 - The accommodation is not readily achievable
 - Child care centers actually run by religious entities



Special Health Care Needs

- Who needs a care plan?
 - Children who need medication regularly or for emergencies (asthma, allergies, diabetes, seizures)
 - Children who need dietary, activity, environmental, or behavioral modifications



Care Plans

- What is included?
 - Diagnosis & description of condition/concerns
 - Family & provider contact
 - Medications & procedures
 - Allergies
 - Symptoms/triggers to avoid
 - Dietary/feeding modifications
 - Curricular modifications (napping, toileting, activity, transportation)
 - Environmental modifications
 - Special equipment/supplies
 - Emergency response plans
 - Special skills training & education for staff



Care Plans

- Who develops the plan?
 - Health care professionals
 - Parents/guardians
 - Child care providers
- Request release of information
- Health consultant can facilitate communication & necessary training



Medication administration

- Medication administration policy
 - Who may administer
 - Procedures & practices
- Prescriber authorization
 - Detailed instructions
- Parent/guardian permission/authorization
 - First dose should be administered at home (except meds for life-threatening situation)



Medication administration

- Safe handling, storage, & disposal
- Administration
 - Clean, distraction-free space reserved for medication preparation & administration
 - “5 rights” (plus a few more!)
 - Right child
 - Right medication
 - Right dose
 - Right route
 - Right time
 - Right documentation
 - Right response



Medication administration

- Documentation
 - Separate record for each child & medication
 - Details
 - Child's information - name, address, date of birth, parent contact, medication & food allergies
 - Medication - name, dosage, route, timing, start & stop dates
 - Pharmacy name & phone #
 - Prescriber information
 - Signatures of staff administering meds
 - Adverse events - side effects/adverse reactions, errors, child refusal



Medication administration

- Maine Department of Education Medication Administration:
[Medication Administration | Department of Education](#)
- American Academy of Pediatrics Medication Administration in Early Care and Education Settings:
<https://www.aap.org/Medication-Administration-in-Early-Care-and-Education-Settings-2024>



Allergies

- **Definition:** Body's immune reaction to something typically harmless (like food, pollen, pets).
- **Common allergens:** Peanuts, milk, eggs, insect stings, dust, mold.
- **Symptoms:** Sneezing, rash, swelling, hives, stomach pain, trouble breathing.
- **Severe reactions:** Anaphylaxis—life-threatening; needs immediate attention and epinephrine.
- **Prevention tips:** Know each child's triggers, read food labels carefully, avoid sharing food.
- **Emergency plan:** Know allergy action plans and how to use an epinephrine auto-injector.

EpiPen Resources

- [EPIPEN Auto-Injector Training](#)
- [Free Anaphylaxis Training Course. Learn how to use an EpiPen.](#)
- [How To Use: Administering Your EpiPen® | EpiPen®](#)
- [Anaphylaxis and Epinephrine Auto-Injector Training \(Online\) | Red Cross](#)



EpiPen® Auto-Injector 0.3mg (yellow label) removed from carrier tube



EpiPen Jr® Auto-Injector 0.15mg (green label) removed from carrier tube





Asthma

- **Definition:** A condition where airways become inflamed and narrow, making breathing difficult.
- **Triggers:** Cold air, exercise, smoke, strong smells, allergens, respiratory infections.
- **Symptoms:** Coughing, wheezing, chest tightness, shortness of breath.
- **Medication:** Daily inhalers (preventive) and rescue inhalers (during attacks).
- **Prevention:** Avoid known triggers and monitor for early warning signs.
- **Emergency plan:** Follow asthma action plans; know when and how to administer rescue inhaler.

Asthma Rescue Inhalers

- Rapid-acting – not to be confused with preventive inhalers



- Use of inhaler with spacer: [How to use a SMART inhaler with spacer and facemask | Boston Children's Hospital](#)
- Use of inhaler with mouthpiece: [How to use a SMART inhaler with spacer and mouthpiece | Boston Children's Hospital](#)
- [Asthma Devices for Kids: How to Use Inhalers & Nebulizers Effectively - HealthyChildren.org](#)

Nebulizers

- Very young children
- Severe symptoms that are best treated with a nebulizer
- Physical or developmental issues that make inhalers hard to use



[How to Use a Nebulizer Machine with a Mask for a Child – YouTube](#)



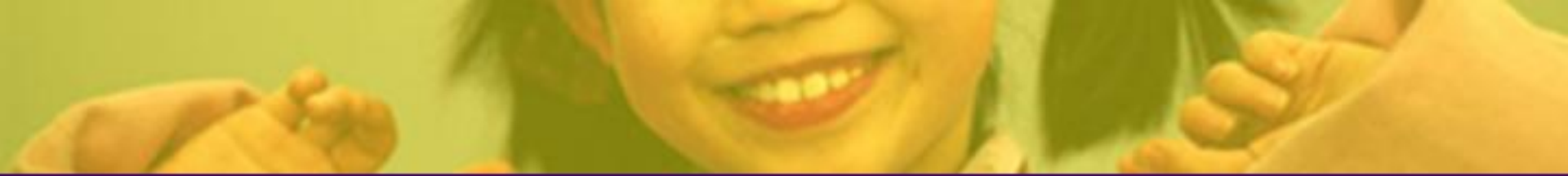
Seizures

- Different types
 - Generalized
 - Involve whole body stiffening and/or shaking
 - May lose control of bladder/bowels
 - May be sleepy or confused after
 - Absence
 - Look like staring spells
 - Will not respond to staff during spell
 - May have lip smacking or eye blinking during spell
 - Focal
 - Involve one part of brain/body
 - May have shaking or stiffening of one part of body
 - May see, hear, or smell something not there



Seizures

- Health plans
 - Seizure type
 - Triggers
 - Daily meds & other treatments
- Emergency management
 - Keep calm, remove bystanders
 - Keep child safe - turn on side, move away from objects/furniture, do not restrain or place anything in mouth
 - Record time, circumstances, behaviors
 - When to give rescue meds & call 911



Seizures

- Nasal rescue medicines:

[Nasal Rescue Medicines | Epilepsy Foundation](#)

- Valtoco resources for school:

[VALTOCO® diazepam nasal spray CIV training and resources for you and your patients \(valtocohcp.com\)](#)

- How to administer rectal Diastat:

[<https://www.youtube.com/watch?v=AYPzm4xdOqQ&t=215s>](#)

- Seizure training for school personnel:

[<https://learn.epilepsy.com/courses/school-personnel-OD-v3#objectives>](#)



Feeding tubes (“G-tubes”)

- Small tube placed directly into child’s stomach for food, fluids, medications
- Care plan
 - Type of G-tube
 - Flushing - when, how much
 - Administering feedings & medications
 - Supplies needed
 - Volume/dose
 - Positioning
 - Venting to release gas
 - Site inspection





Feeding tubes

- Emergency response
 - Notify parent/guardian if:
 - G-tube pulled out (cover with gauze until parent arrives)
 - Redness, irritation, foul odor around G-tube site
 - G-tube leaking
 - G-tube clogged, unable to flush
 - Consider emergency if:
 - Child's stomach is hard/bloated, unable to vent G-tube
 - Child develops forceful vomiting



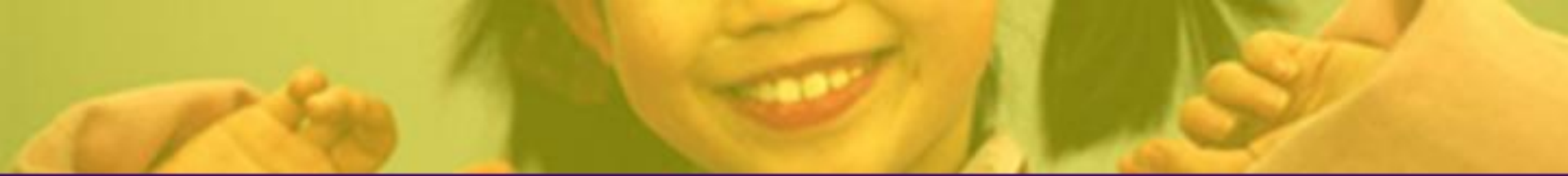
Feeding tubes

- Gastrostomy tube home care guide with video:
<https://www.cincinnatichildrens.org/health/g/g-tube-care>



Resources

- American Academy of Pediatrics Partnering Effectively for Chronic Condition Management in School:
<https://www.aap.org/Partnering-Effectively-for-Chronic-Condition-Management-in-Schools>
- Asthma & Allergies
 - Asthma & Allergy Foundation of America: <https://www.aafa.org/>
 - Maine CDC Asthma Resources: [Asthma Resources | Maine Center for Disease Control & Prevention](#)
- Seizure Disorders
 - Epilepsy Foundation: <https://www.epilepsy.com/>
- Diabetes
 - American Diabetes Association: <http://www.diabetes.org/>



References

- Shope, T. R., & Hashikawa, A. N. (2023). *Managing infectious diseases in child care and schools: A quick reference guide* (6th ed.). American Academy of Pediatrics. <https://doi.org/10.1542/9781610026604>
- Donoghue, E. A., & Kraft, C. A. (2019). *Managing chronic health needs in child care and schools* (2nd ed.). American Academy of Pediatrics. <https://doi.org/10.1542/9781610021760>
- Early Childhood Education Linkage System of the PA Chapter of the American Academy of Pediatrics: <http://www.ecels-healthychildcarepa.org/>
- Maine CDC: <http://maine.gov/dhhs/mecdc/infectious-disease/epi/shm/index.shtml>
- National Resource Center for Health and Safety in Child Care and Early Education, Standard 3.6 Management of Illness: <http://cfoc.nrckids.org/StandardView/3.6>



Questions?

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