

**Infectious Disease in Child Care Settings
Trainer's Guide**
version 1
(Last updated 2/15/2013)

Copyright Information

NTI has obtained permission from the copyright holders to reproduce certain quoted material in this document. All such material is clearly designated with the expression, "Reproduced with permission." Trainers may not reproduce such material for any purpose without themselves obtaining permission directly from the copyright holders. All other material contained in this document may be used and reprinted by NTI Trainers for training purposes without special permission. Use of the following citation, however, is requested and greatly appreciated.

Suggested Citation

Cimino J and The National Training Institute for Child Care Health Consultants. Infectious disease in child care settings trainer's guide: version 1. Chapel Hill (NC): The National Training Institute for Child Care Health Consultants, Department of Maternal and Child Health, The University of North Carolina at Chapel Hill; 2013.

Supported by grant U46MC00003 from the Maternal and Child Health Bureau, Health Resources and Services Administration, US Department of Health and Human Services.

NOTE TO TRAINER

This Trainer's Guide is part of a Toolkit intended to accompany the *Infectious Disease in Child Care Settings* Training Module. The Toolkit includes a Trainer's Guide to leading training sessions, a Slide Presentation, and materials for participants' packets.

For more information about using the NTI materials, please read "Guidelines for Using the NTI Curriculum Materials," available in the "Curriculum" section of the NTI Resources Website (accessed by entering your NTI username and password at <https://www.unc.edu/sakai/>).

TABLE OF CONTENTS

PREPARATION CHECKLIST	2
OVERVIEW OF TRAINING SESSION.....	4
TRAINER'S OUTLINE	5
MATERIALS FOR PARTICIPANT'S PACKET	21
Handout: Infectious Diseases Associated with Out-Of-Home Child Care	22
Activity: Modes of Transmission.....	23
Handout: 2008 Recommended Immunization Schedule for Persons Ages 0-6 Years.....	24
Review: Cleaning vs. Sanitizing	25
Activity: Comparing Your State Regulations for Infectious Disease with <i>CFOC</i> Standards .	26
Activity: Reporting Infectious Disease	27
Evaluation of Trainer Form	30
Cover Page for Participant's Packet	32

PREPARATION CHECKLIST

Curriculum Materials:

Download the following from the "Curriculum" section of the NTI Resources Website:

- Infectious Disease in Child Care Settings* Training Module
- Infectious Disease in Child Care Settings* Trainer's Guide
- Infectious Disease in Child Care Settings* Slide Presentation
- Training Checklists*

Preparation:

- Read the *Infectious Disease in Child Care Settings* Training Module.
- Read the *Infectious Disease in Child Care Settings* Trainer's Guide.
- Review the *Infectious Disease in Child Care Settings* Slide Presentation:
 - Customize slide #2 to include your name, agency, and the date of your training.
 - Print the slides as overheads or load the slide presentation onto your laptop, USB drive, or a CD. Save or print a back-up copy of the presentation as well.
- Create a participant's packet (one per participant) per copyright guidelines. The participant's packet for this toolkit includes accumulating materials from three different sources (this Trainer's Guide, the North Carolina Child Care Health & Safety Resources Center, and the California Childcare Health Program website. You might also want to print these items for yourself.)
 - Copy activities, worksheets, and the evaluation form provided in this Trainer's Guide under "Materials for Participant's Packet".
 - Print and copy the following document, available online at:
http://www.healthychildcarenc.org/PDFs/preschool_handwash_poster.pdf
 - Print and copy the following document, available online at:
<http://ucsfchildcarehealth.org/pdfs/posters/BWDiaperPosterEN.pdf>
 - Copy the Slide Presentation as a handout.
- Preprint small cards with an "x" or "o", one with an "x", the rest with an "o", for the Introductions/Icebreaker/Opening (one card per participant).
- On a flip chart sheet, write out the Overview of Training Session (you may prefer to leave off the estimated time and training technique) to display in the training room.
- On a flip chart sheet, write out the Training Objectives to display in the training room.
- On five pieces of flip chart paper, write out "Respiratory", "Fecal-Oral", "Skin to Skin", "Blood, Urine, Saliva", and "Arthropod Borne" (one title on each sheet) for the "Modes of Transmission" activity.
- Display the flip chart sheets around the room before the training session begins.
- Print out and separate the descriptions from the "Modes of Transmission of Childhood Infectious Diseases" handout (pg. 24 of the Trainer's Guide) for the "Modes of Transmission" activity.
- See "Training Implementation and Logistics Checklist" (located in the document titled *Training Checklists*) for set-up tasks to do the day of the training.
- Other: _____

Equipment and Supplies:

- See "Equipment and Supplies Checklist" (located in the document titled *Training Checklists*) for general supplies
- Laptop, slide presentation, and LCD projector or overhead projector
- Preprinted small cards with an "x" or "o" for the Introductions/Icebreaker/Opening
- Flip chart sheet for posting Overview of Training Session
- Flip chart sheet for posting the Training Objectives
- Flip chart sheets with Modes of Transmission titles
- Separated modes of transmission descriptions
- Other: _____

OVERVIEW OF TRAINING SESSION

Below is an overview of the topics covered in this session.

Estimated Time	Topic	Training Technique
10-15 minutes prior to session ¹	Registration	-----
10 minutes	Introductions/Icebreaker/Opening	small/large group
5 minutes	Overview of Training Session and Objectives	slides/overheads
5 minutes	Presentation: The Role of the CCHC	slides/overheads
10 minutes	Presentation: Documentation and Occurrence of Infectious Disease in Child Care Facilities	slides/overheads
8 minutes	Activity: Modes of Transmission	small/large group
8 minutes	Presentation: Prevention of Infectious Disease in Child Care Facilities	slides/overheads
5 minutes	Closing: Action Items for the CCHC	large group
5 minutes	Learning Assessment	individual
5 minutes	Evaluation of Trainer	individual
Estimated Total Time: Approx. 1 hour ²		

¹ Not included in total time.

² Add additional time if group guidelines and/or group facilitation methods need to be addressed at the beginning of the session, or if you decide to include any additional activities. For more information, see NTI's *Building Curriculum Development and Training Skills* Training Module.

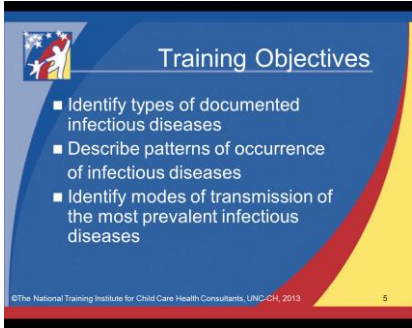
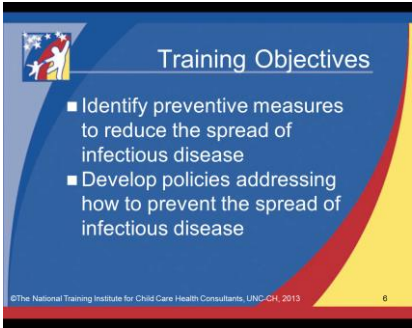
TRAINER'S OUTLINE

Introductions/Icebreaker/Opening

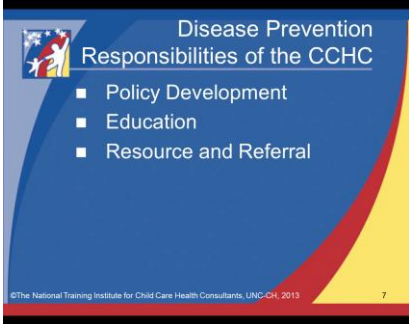
Time	10 minutes
Training Technique	Small/large group
Supplies	Preprinted "x" and "o" cards (number will depend on the size of the training session)
Instructions	<ul style="list-style-type: none">• Place one preprinted card with each participant's packet.• Display slide 3 as participants enter the training room. (This slide is not printed below.)• After all participants have arrived, invite them to stand up, and choose two participants to whom they should introduce themselves. If some participants already know each other, encourage them to meet new participants.• Instruct the participants to introduce themselves by stating the items listed on the slide:<ul style="list-style-type: none">- Name- Agency- Experience with infectious disease in child care settings• As the trainer, you can participate also.• After all introductions are made, ask participants to pull out the card in their participant's packet.• Ask the participant who has an "x" on their card to stand. Explain that the "x" signifies that he/she has been exposed to influenza (or any other infectious disease you choose).• Ask for the participants who introduced themselves to this person standing to also stand. (Offer the option of raising a hand for participants with physical disabilities.)• Ask remaining seated participants to stand if they introduced themselves to any standing participant. Continue until all participants are standing.• As each participant stands, invite them to introduce themselves by name and agency affiliation.• Move to "Talking Points" below, during which participants can be seated.• Show slide 4 to show illustrate the impact that child care-associated illness has on the larger community. • If you create your own activity, remember to base it on the participants' training needs and relate it to the training session's topic.

<p>Talking Points</p>	<p>The Impact</p> <ul style="list-style-type: none"> • This activity illustrates how quickly infectious diseases can spread from one person to another, with the introduction acting as the route of transmission. • Imagine how quickly infectious diseases can spread throughout a child care setting! • We know that high quality out-of-home child care produces lasting benefits to young children and their families. <p>However, over the past several decades, research has also produced convincing evidence that children in child care facilities experience a higher incidence of common infectious diseases than children reared exclusively in their own homes.</p> <ul style="list-style-type: none"> • Considering the large number of children who attend child care today and the higher incidence of many infectious diseases in these settings, some authorities suggest that child care attendance may serve as an important source of infection of family members and eventually the entire community. • As illustrated in this slide, child care staff, siblings, parents and other close contact of children who attend group child care are at increased risk for the infectious diseases associated with child care environments. • <i>(Trainer: You may want to ask how many participants have/have had children in out-of-home child care settings. To follow-up, ask how many participants ever got sick from something they believe their child brought home from their child care setting. This will help illustrate the above point.)</i> • You, as the child care health consultant are in a position to assist child care staff, parents/guardians, health care practitioners, and public health officials in responding to occurrences of infectious disease. <div data-bbox="1019 205 1432 529" data-label="Diagram"> <p>The diagram, titled 'The Impact', illustrates the transmission of infectious diseases. It starts with a single 'Child' icon (a red figure) on the left. An arrow points from the child to a 'Child Care Group' (a cluster of blue and pink figures). From the child care group, an arrow points to a 'Family' (a group of pink and blue figures). Finally, an arrow points from the family to the 'Community' (a large group of blue and pink figures). The diagram is set against a blue background with a red and yellow curved border on the right side. Small text at the bottom of the diagram reads: '(Reprinted with permission from Corbett, R., Centers for Disease Control and Prevention. 'Sanitation Issues in Child Care: practical approaches to solving tough problems in the child care environment.' Scripted address to Healthy Child Care North Carolina Inaugural Conference, March 12, 2009, Chapel Hill, NC.) ©The National Training Institute for Child Care Health Consultants, UNC-CH, 2013'.</p> </div>
<p>For More Information</p>	<p>See NTI's <i>Building Curriculum Development and Training Skills Training Module</i> for ideas about introductions and icebreaker activities.</p>
<p>Notes</p>	

Overview of Training Session and Objectives

Time	5 minutes	
Training Technique	Slides/overheads	
Supplies	<ul style="list-style-type: none"> • Flip chart sheet with Overview of Training Session written on it • Flip chart sheet with Training Objectives written on it 	
Instructions	<ul style="list-style-type: none"> • Direct participants' attention to the posted Overview of Training Session. • Show slides 5-6. 	
Talking Points	<p>Training Objectives</p> <ul style="list-style-type: none"> • Review Overview of Training Session. • Review Training Objectives. 	 
For More Information	See NTI's <i>Building Curriculum Development and Training Skills</i> Training Module to learn more about training objectives.	
Notes		

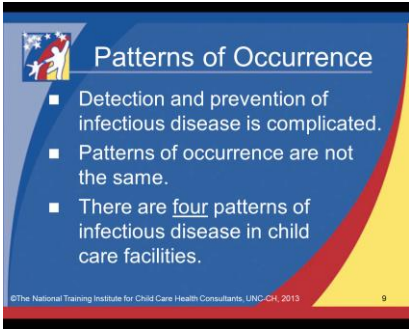
Presentation: The Role of the CCHC

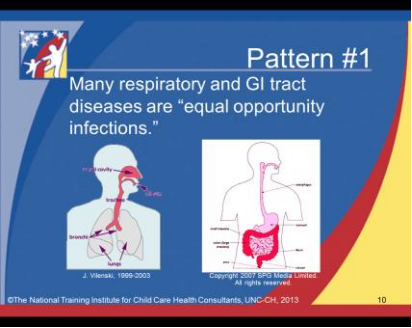


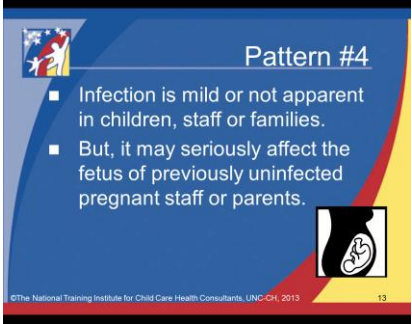
Time	5 minutes
Training Technique	Slides/overheads
Instructions	<ul style="list-style-type: none"> • Show slide 7. • Slide 7 is an animation slide.
Talking Points	<p>Disease Prevention Responsibilities of the CCHC <i>(Trainer: Remember this is an animation slide. Before revealing the challenges of disease prevention, you might want to ask participants what they think are the challenges.)</i></p> <ul style="list-style-type: none"> • Three principle responsibilities of the CCHC in the area of disease prevention are assisting child care staff and parents/guardians with policy development and implementation, education, and resource and referral. • An understanding of infectious diseases is critical to the development of policies in the child care center. • These policies should relate to handwashing, diapering, and other hygiene practices, as well as when to exclude sick children from care, and which diseases to report to local or state officials. • Education plays a critical role in ensuring that these policies are appropriately implemented. • The CCHC also plays an important role in making sure that child care staff and parents/guardians understand the current immunization schedule and recommendations for vaccinations. • The challenge for the CCHC is to increase child care caregiver/teacher awareness of infectious diseases and to communicate this information in a way that they can understand and share with parents/guardians. • Finally, the CCHC should have access to community professionals and resources that can assist with providing information, vaccinations, and assistance in prevention and handling disease outbreaks. 
For More Information	Refer to Module section, “Introduction: The Role of the CCHC.”
Notes	

Presentation: Documentation and Occurrence of Infectious Disease in Child Care Settings

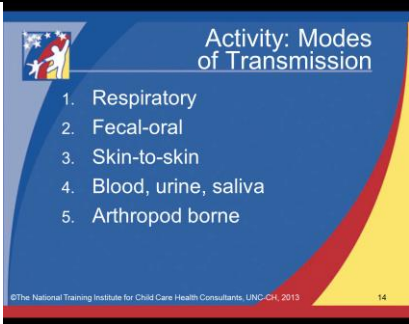
Time	10 minutes
Training Technique	Slide/overheads
Supplies	See pg. 23 of the Trainer's Guide for the "Infectious Diseases Associated with Out-of-Home Child Care" handout.
Instructions	<ul style="list-style-type: none"> • Show slides 8-13. • Slide 8 is an animation slide. • Ask participants what infectious diseases they think have been documented in children and/or adult staff in out-of-home child care programs. • Refer participants to the "Infectious Diseases Associated with Out-of-Home Child Care" handout in their participant's packet.
Talking Points	<p>Documented Infectious Diseases (Trainer: Remember this is an animation slide.)</p> <ul style="list-style-type: none"> • This handout lists a variety of infectious diseases documented, and in some cases associated with, children and/or adult staff in out-of-home child care programs. • This list parallels the list of childhood infectious diseases in general. • What is important for the CCHC to know is that children in child care do not appear to be exempt from any infectious childhood diseases, and <i>any</i> infectious disease has the propensity to spread in child care facilities. • You'll notice that this handout notes the type of disease or infection, which suggests the modes of transmission. We will discuss modes of transmission in further detail later in the training session.
For More Information	Refer to Module section, "What the CCHC Should Know: Incidence of Infectious Disease in Child Care Settings."
Notes	



Talking Points	Patterns of Occurrence <ul style="list-style-type: none">• Because different infectious diseases have patterns of occurrence, their detection and prevention is complicated.• For example, not every disease associated with out-of-home child care shows the pattern of one apparently affected child or adult and then subsequently other apparently affected children or adults.• On the contrary, there are four patterns of infectious disease in child care facilities. 
For More Information	Refer to Module section, “What the CCHC Should Know: Incidence of Infectious Disease in Child Care Settings.”
Notes	

<p>Talking Points</p>	<p>Pattern #1</p> <ul style="list-style-type: none"> • Infection equally affects children, child care staff, and family members. These diseases are referred to as “equal opportunity infections.” This pattern includes many of the respiratory and GI tract diseases. <p>Pattern #2</p> <ul style="list-style-type: none"> • Infection is not apparent in the children, but may be apparent in child care staff and/or parents/guardians. An example of this pattern is the Hepatitis A virus. <p>Pattern #3</p> <ul style="list-style-type: none"> • Infection is apparent in the children, but not in older siblings or adults. Examples of this pattern include otitis media, varicella, and <i>H. influenzae</i> type b. <p>Pattern #4</p> <ul style="list-style-type: none"> • Infection is mild or not apparent in children, staff or families, but may seriously affect the fetus of previously uninfected pregnant staff or parents. The classic example of this pattern of infection is cytomegalovirus. 	   
<p>For More Information</p>	<p>Refer to Module section, “What the CCHC Should Know: Incidence of Infectious Disease in Child Care Settings.”</p>	
<p>Notes</p>		

Activity: Modes of Transmission

Time	8 minutes	
Training Technique	Small/large group	
Supplies	<ul style="list-style-type: none"> • Five flip chart sheets with “Respiratory”, “Fecal-Oral”, “Skin to Skin”, “Blood, Urine, Saliva”, and “Arthropod Borne” preprinted. • Separated modes of transmission descriptions. • See pg. 24 of the Trainer’s Guide for the “Modes of Transmission of Childhood Infectious Diseases” activity 	
Instructions	<ul style="list-style-type: none"> • Show slide 14. • Divide the large group into five small groups. • Give each small group a mode of transmission description. • Ask each small group to read their description aloud to the large group and match it with the appropriate flip chart sheet. • As each group identifies their mode of transmission, ask participants in the large group if anyone has experience with that mode of transmission in a child care setting. • If so, ask the participants to share how they identified the mode of transmission in that experience and describe one specific intervention he/she employed to prevent the spread of the infectious disease present in this experience. • If no participant has experience with that mode of transmission, invite a participant to describe what prevention strategy he/she would use to prevent the spread of an infectious disease. • See the following page for the Answer Key to and suggested prevention techniques for this activity. 	
Talking Points	Activity: Modes of Transmission	
For More Information	Refer to Module section, “What the CCHC Should Know: Transmission of Infectious Disease in Child Care Settings.”	
Notes		

ANSWER KEY

Modes of Transmission of Childhood Infectious Diseases

Respiratory

The most common mode of this type of transmission [**respiratory disease transmission**] is through direct contact with the mucous membranes of the nose, mouth, or eyes (Churchill and Pickering, 1997). Young children are especially susceptible to this type of transmission because of their inadequate hygiene (e.g., infrequent and/or inadequate hand washing) and behaviors (e.g., mouthing objects, sucking thumbs or hands, and rubbing their eyes and noses).

Prevention Strategy Example: Child care staff could be vigilant about handwashing and disinfecting toys.

Fecal-oral

The presence of diaper-aged children and the mouthing behaviors of infants and toddlers are the most important risk factors for this type of transmission [**fecal-oral disease transmission**] in child care environments (Pickering and Osterholm, 1997). Other risk factors include inadequate hygiene practices such as inadequate handwashing by child care staff, and environmental fecal contamination, e.g., the sandbox, the toilet, etc.

Prevention Strategy Example: Child care staff could adhere to strict diapering and toileting hygiene routines.

Skin to Skin

A number of viruses, bacteria and parasites can be transmitted through this type of transmission [**direct skin contact or through skin contact**] with contaminated clothing or objects (Churchill and Pickering, 1997). Touching and sharing of personal belongings such as coats, hats, combs, brushes, stuffed toys, etc. contributes to the spread of these infections.

Prevention Strategy Example: Child care staff could cover any oozing sores on children or exclude children from the facility until their sores are crusted over.

Blood, Urine, Saliva

Several diseases can be transmitted through this type of transmission [**contact with blood, urine or saliva**]. Unhygienic age-specific behaviors, such as mouthing and the presence of diapered children, increase the risk.

Prevention Strategy Example: Child care staff could use universal precautions when handling blood.

Arthropod Borne

Several diseases are transmitted through insect bites, such as from ticks and mosquitoes. Outside activity without proper protection provided by insect repellent or clothing can increase the risk for being bitten by a disease-bearing insect.

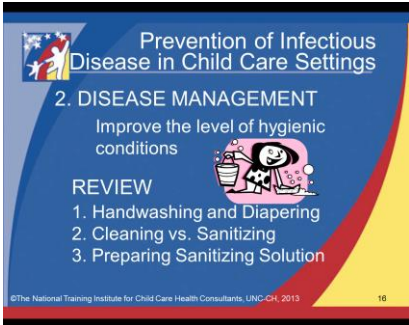
Prevention Strategy Example: Child care staff could use insect repellent and could make sure to remove any standing water.

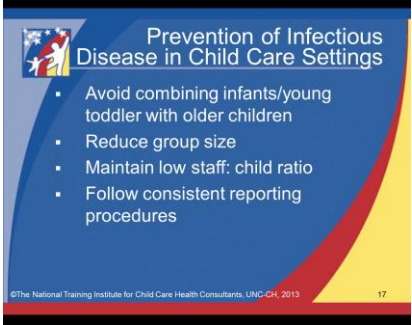
Presentation: Prevention of Infectious Disease in Child Care Facilities

Time	8 minutes
Training Technique	Slide/overheads
Supplies	<ul style="list-style-type: none"> • See pg. 25 of the Trainer's Guide for the "Recommended Immunization Schedule for Persons Aged 0-6 Years" handout. • Preprinted "Washing Your Hands" handout (printed from healthychildcarenc.org) • Preprinted "Stop Disease Diapering Procedures" handout (printed from ucsfchildhealthcare.org) • See pg. 26 of the Trainer's Guide for the "Review: Cleaning vs. Sanitizing" handout.
Instructions	<ul style="list-style-type: none"> • Show slides 15-19. • Slides 15 and 16 are animation slides. • Refer participants to the "Recommended Immunization Schedule for Persons Aged 0-6 Years" handout in their Participant's Packet after discussing slide 16. • Refer participants to the "Washing Your Hands", "Stop Disease Diapering Procedures", and "Review: Cleaning vs. Sanitizing" handouts while presenting slide 17.
Talking Points	<p>Prevention of Infectious Disease in Child Care Settings <i>(Trainer: Remember this is an animation slide. You may want to ask participants if they know of some vaccine-preventable diseases before providing that information. Also, there is one handout associated with this slide.)</i></p> <p>VACCINATIONS Preschool-aged children currently have the highest age-specific incidence of many vaccine-preventable diseases.</p> <ul style="list-style-type: none"> • Some of these diseases include rotavirus, measles, pertussis, rubella, varicella, and <i>Haemophilus influenzae</i> type b disease. • As a result, immunization is of highest priority for children in child care. • Most states mandate age-appropriate immunization of children attending child care facilities. • Every January, the CDC posts the recommended childhood immunization schedule for the United States on their website after it is reviewed and approved by the American Academy of Pediatrics and the American Academy of Family Physicians.



For More Information	Refer to Module section, "What the CCHC Should Know: Prevention of Infectious Disease in Child Care Facilities."
Notes	

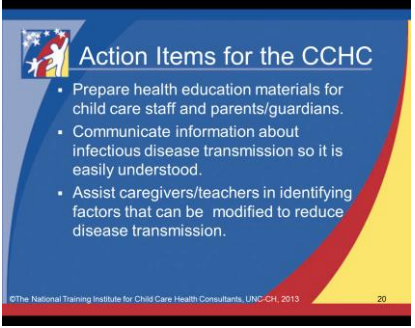
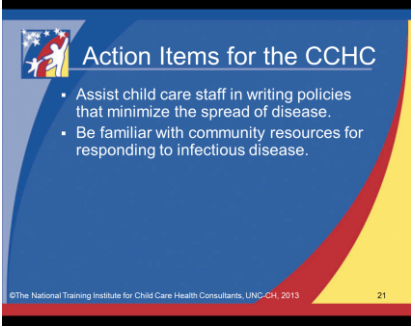
<p>Talking Points</p>	<p>Prevention of Infectious Disease in Child Care Settings <i>(Trainer: Remember this is an animation slide. Also, there are three handouts associated with this slide.)</i></p> <p>DISEASE MANAGEMENT</p> <p>Although vaccination has reduced the risk of more serious diseases in child care, children attending child care facilities remain at higher risk for common communicable illnesses.</p> <ul style="list-style-type: none"> • To reduce the incidence of these illnesses, the infectious disease research recommends that the best recourse for child care staff is to improve the level of hygienic conditions, especially handwashing and sanitation of mouthed and unmouthed products. • Some studies have focused on training on specific procedures, such as handwashing, while most have trained child care staff in a variety of procedures, such as diapering, food preparation, and cleaning and sanitation of the environment and toys. • Let's review the proper procedures for handwashing and diapering in a child care facility. (Refer to the "Washing Your Hands" and "Stop Disease Diapering Procedures" handouts.) • Researchers have also found that there is often a misunderstanding with the distinction between cleaning and sanitation, assuming that if a surface "looks clear", it "is clean" and unlikely to transmit disease. • Let's review the difference. (Refer to the "Review: Cleaning vs. Sanitizing" handout.) • Let's look at how to prepare sanitizing solution. 
<p>For More Information</p>	<p>Refer to Module section, "What the CCHC Should Know: Prevention of Infectious Disease in Child Care Facilities."</p>
<p>Notes</p>	

Talking Points	Prevention of Infectious Disease in Child Care Settings <ul style="list-style-type: none">• To reduce the incidence of infectious diseases, it is recommended that child care staff also:<ul style="list-style-type: none">- Avoid combining infants and young toddlers with older children as much as possible- Reduce group sizes as much as possible- Maintain a low child: staff ratio- Follow consistent reporting procedures 
For More Information	Refer to Module section, “What the CCHC Should Know: Prevention of Infectious Disease in Child Care Facilities.”
Notes	

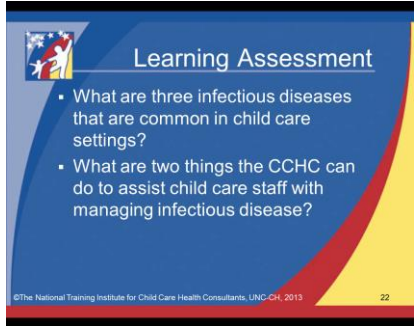
<p>Talking Points</p>	<p>Policy Development/Implementation (CFOC, 3rd ed., 2011) <i>(Trainer: You may want to ask participants if they can think of examples for each type of policy before giving your own.)</i></p> <ul style="list-style-type: none"> • Program policies must be in place for child care facilities to effectively reduce transmission of infections. • Disease prevention is reflected in policies addressing: <ul style="list-style-type: none"> - The physical environment, for example the number of children, staff, child ratio, location of sinks, supplies, ventilation and use of space - Protocol for hygiene practices, for example handwashing, diaper changing, sanitizing toys and surfaces, preparation of disinfectant solutions, handling of body fluids, use of gloves, food preparation and serving, and universal precautions - Protocol for exclusion and/or isolation of sick children, managing staff illness, immunization of children and caregivers/teachers, and reporting procedure - Management of staff illness - Immunizations for children and caregivers/teachers - Reporting procedures • Policies should be readily accessible to staff and parents, and reviewed regularly.
<p>For More Information</p>	<ul style="list-style-type: none"> • Refer to Module section, “What the CCHC Should Know: Prevention of Infectious Disease in Child Care Facilities.” • For further information about policy development, refer to the “Policy Development” section of the NTI <i>Building Consultation Skills</i> Module.
<p>Notes</p>	



Closing: Action Items for the CCHC

Time	5 minutes	
Training Technique	Large group	
Instructions	<ul style="list-style-type: none"> • Show slides 20-21. • Slides 20-21 are animation slides. 	
Talking Points	<p>Action Items for the CCHC The CCHC should:</p> <ul style="list-style-type: none"> • Prepare education materials for child care staff and parents/guardians. • Communicate information about infectious disease transmission so it is easily understood by caregivers/teachers and parents/guardians. • Assist child care staff in identifying factors that can be modified to reduce disease transmission. • Assist caregivers/teachers in writing policies that minimize the spread of disease. • Be familiar with community resources for responding to infectious disease. 	 
For More Information	<ul style="list-style-type: none"> • Refer to Module sections, “Action Items for the CCHC.” • For further information about policy development, refer to the “Policy Development” section of the NTI <i>Building Consultation Skills</i> Module. 	
Notes		

Learning Assessment

Time	5 minutes	
Training Technique	Individual	
Instructions	<ul style="list-style-type: none"> • Show slide 22. • Ask participants to write down their responses to these two questions. • State that their responses will be collected at the end of the session. • If there is enough time, participants could be asked to share their responses with the large group. • Use this as an opportunity to provide resources for further learning. 	
Talking Points	Learning Assessment	
Notes		

Evaluation

Time	5 minutes	
Training Technique	Individual	
Instructions	<ul style="list-style-type: none"> • Show slide 23. (Placeholder slide not printed here.) • Ask participants to complete the “Evaluation of Trainer Form” at this time. • Inform participants that the evaluations are anonymous. • Explain that the evaluation results provide you with information about the effectiveness of the training and that information collected from the evaluation will be used to improve the training. • Allow participants 5 minutes to complete the evaluation. • Collect forms. 	
Notes		

MATERIALS FOR PARTICIPANT'S PACKET

Activities and Handouts

The following activity, “Modes of Transmission”, and the following handouts, “Infectious Diseases Associated with Out-of-Home Child Care”, “Recommended Immunization Schedule for Persons Aged 0-6 Years” and “Review: Cleaning vs. Sanitizing” are used throughout the training session.

The remaining activities (“Comparing Your State Regulations for Infectious Disease with *CFOC* Standards” and “Reporting Infectious Disease”) may be included in your training if you have additional time. Your audience analysis and training objectives will help you determine which of these activities are most appropriate for your group.

Any of the following may be printed and included in a participant's packet or as handouts to be distributed to the group. You may wish to white out the existing page numbers and write in your own, or you may print each activity on different colors of paper for easy reference by your participants.

Evaluation of Trainer

The “Evaluation of Trainer Form” at the end of this material should be printed and distributed to each participant for feedback on various aspects of your training.

Cover Page

The cover page may be printed and used as a cover page for the activities, slide handout, evaluation form and any additional materials you wish to provide as part of a participant's packet. If your participant's packet contains several activities and handouts, you may want to create a table of contents to guide participants through the materials.

HANDOUT: Infectious Diseases Associated with Out-of-Home Child Care

Type of Disease or Infection	Examples	Higher Incidence
Enteric infection	Diarrhea	yes
	Hepatitis A	yes
Respiratory tract infection	Otitis media	yes
	Sinusitis	probably
	Pharyngitis	probably
	Pneumonia	probably
Invasive bacterial diseases	<i>Haemophilus influenzae</i> type b	yes
	<i>Neisseria meningitidis</i>	probably
	<i>Streptococcus pneumoniae</i>	probably
Aseptic meningitis	Enteroviruses	probably
Herpes virus infections	Cytomegalovirus	yes
	Varicella-zoster (chicken pox)	yes
	Herpes simplex	yes
Bloodborne diseases	Hepatitis B	not established
	Human immunodeficiency virus (HIV)	not established
Vaccine-preventable diseases	Measles, mumps, rubella, diphtheria, pertussis, tetanus	not established
	<i>H. influenzae</i> type b	yes
Skin diseases	Impetigo	probably
	Scabies	probably
	Pediculosis	probably
	Ringworm	probably
	CA-MRSA	probably

(Adapted from Pickering and Osterholm, 1997; CDC, 2005)

Notes:

ACTIVITY: Modes of Transmission

Modes of Transmission of Childhood Infectious Diseases

The most common mode of this mode of transmission is through direct contact with the mucous membranes of the nose, mouth, or eyes (Churchill and Pickering, 1997). Young children are especially susceptible to this type of transmission because of their inadequate hygiene (e.g., infrequent and/or inadequate hand washing) and behaviors (e.g., mouthing objects, sucking thumbs or hands, and rubbing their eyes and noses).

The presence of diaper-aged children and the mouthing behaviors of infants and toddlers are the most important risk factors for this mode of transmission in child care environments (Pickering and Osterholm, 1997). Other risk factors include inadequate hygiene practices such as inadequate handwashing by child care caregivers/teachers, and environmental fecal contamination, e.g., the sandbox.

A number of viruses, bacteria and parasites can be transmitted through direct this type of contact or through this type of contact with contaminated clothing or objects (Churchill and Pickering, 1997). Touching and sharing of personal belongings such as coats, hats, combs, brushes, stuffed toys, etc. contributes to the spread of these infections.

Several diseases can be transmitted through this type of transmission. Unhygienic age-specific behaviors, such as mouthing and the presence of diapered children, increase the risk.

Several diseases are transmitted through this type of transmission. Outside activity without proper protection from insect repellent or clothing can increase the risk for being bitten by a disease-bearing insect.

Recommended Immunization Schedule for Persons Aged 0–6 Years—UNITED STATES • 2008

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years	
Hepatitis B ¹	HepB		HepB		see footnote 1	HepB							Range of recommended ages
Rotavirus ²				Rota	Rota	Rota							
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP	see footnote 3	DTaP				DTaP	Certain high-risk groups
Haemophilus influenzae type b ⁴				Hib	Hib	Hib ⁴	Hib						
Pneumococcal ⁵				PCV	PCV	PCV	PCV				PPV		
Inactivated Poliovirus				IPV	IPV	IPV						IPV	
Influenza ⁶						Influenza (Yearly)							
Measles, Mumps, Rubella ⁷							MMR					MMR	
Varicella ⁸							Varicella					Varicella	
Hepatitis A ⁹							HepA (2 doses)				HepA Series		
Meningococcal ¹⁰												MCV4	

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 0 through 6 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not

contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for high risk conditions: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete VAERS form is available at www.vaers.hhs.gov or by telephone, 800-822-7967.

REVIEW: Cleaning vs. Sanitizing

REVIEW: Cleaning versus Sanitizing versus Disinfecting [3.3.0.1](#)

To clean something is to physically remove all dirt and contamination.

Use a single-use, disposable paper towel or cloth and soap and hot water to clean surfaces. This removes the visible dirt.

To sanitize something is to reduce the germs to levels considered safe by public health codes or regulations.

Spray the area with a sanitizer registered with the Environmental Protection Agency (EPA) or bleach and water dilution. For the EPA-registered sanitizer, follow the directions on the manufacturer's label. For the bleach and water solution, allow the surface to air dry or wait two minutes and wipe it dry with a disposable paper towel. [Appendix J](#)

To disinfect something is to destroy or inactivate most germs.

Spray the area with an EPA-registered disinfectant or bleach and water dilution. For an EPA-registered disinfectant, follow the directions on the manufacturer's label. For the bleach and water dilution, allow the surface to air dry or wait two minutes and wipe it dry with a disposable paper towel. [Appendix J](#)

REVIEW: Preparing the Sanitizing Bleach and Water Dilution for Items Intended for the Mouth [3.3.0.2](#), [3.3.0.3](#), [Appendix J](#)

The following steps should be followed to prepare the bleach and water sanitizing dilution for mouthed items:

1. Select an opaque spray bottle.
2. Make sure that the room is well ventilated.
3. Wear gloves and eye protection, and use a funnel.
4. Mix 1 tablespoon bleach (no more) and one gallon of cool water.
5. Prepare the solution daily; label the bottle with contents and where it is to be used, [5.2.9.1](#) and the date mixed.
6. Store the solution separate from foods and in a cabinet inaccessible to children. [5.2.9.1](#)
7. Toys that children have placed in their mouths or that are otherwise contaminated by body secretion or excretion can also be sanitized in a mechanical dishwasher that meets certain requirements. [4.9.0.11-4.9.0.13](#)

ACTIVITY: Comparing Your State Regulations for Infectious Disease with CFOC Standards

1. Obtain a copy of your state laws pertaining to infectious disease.
2. Read the following CFOC standards:
 - 1.3.2.7 (p.16)
 - 2.1.2.4 (p.59)
 - 3.2.1.1 – 3.2.2.4 (p.104-112)
 - 3.3.0.1 (p.116)
 - 3.3.0.2 (p.117)
 - 3.3.0.4 (p.118)
 - 3.6.1.1 (p.131)
 - 4.9.0.11 - 4.9.0.13
 - 5.2.1.1 – 5.2.1.3 (p.211 – 212)
 - 5.2.7.4 (p.226)
 - 5.2.9.1 (p.228)
 - 5.4.1.2 (p.245)
 - 5.4.1.6 (p.246)
 - 5.4.1.10 (p.247)
 - 5.4.2.4(p.249)
 - 6.2.4.1 (p.274)
 - 7.2.0.1 – 7.2.0.3 (p.297-300)
 - 7.3.2.3 (p.302)
 - 7.3.9.2 – 7.3.5.2 (p.309)
 - 7.3.7.1 (p.306)
 - 7.3.1.2 – 7.3.10.1 (p.301)
 - 7.7.2.1 (p.327)
 - 7.4.0.1 (p.311)
 - 7.4.0.3 (p.341)
 - 7.6.1.1 (p.321)
 - Appendix E: Child Care Staff Health Assessment (p.429)
3. Compare whether your state regulations for infectious disease compare with the CFOC Standards.

ACTIVITY: Reporting Infectious Disease

1. Review your state regulations for reporting infectious disease.
2. For the infectious diseases listed in the following table, determine if any notification is necessary, who should be notified in the event of an occurrence/outbreak, and the time frame for reporting in your state.

Table: Reporting Infectious Disease

Infectious Disease	Notification Necessary?		Report to: <i>(Check which party(ies) the infectious disease should be reported.)</i>			Time Frame for Reporting
	Yes	No	Parents/Guardians	Local Public Health Department	Child Care Licensing Agency	
<i>Anthrax</i>						
<i>Botulism</i>						
<i>Chicken Pox (varicella)</i>						
<i>Diarrhea (of newborn)</i>						
<i>Diarrhea outbreaks</i>						
<i>Fevers of unknown etiology</i>						
<i>Haemophilus influenza type b</i>						
<i>Hand, foot and mouth disease (coxsackievirus)</i>						
<i>Hepatitis A</i>						
<i>Hepatitis B</i>						

Infectious Disease	Notification Necessary?		Report to: <i>(Check which party(ies) the infectious disease should be reported.)</i>			Time Frame for Reporting
	Yes	No	Parents/Guardians	Local Public Health Department	Child Care Licensing Agency	
<i>Lice</i>						
<i>Measles</i>						
<i>N. Meningitis</i>						
<i>Mumps</i>						
<i>Otitis media (ear infection)</i>						
<i>Pink eye (conjunctivitis)</i>						
<i>Pneumonia</i>						
<i>Ringworm</i>						
<i>Roseola</i>						
<i>Rubella</i>						
<i>Scabies</i>						
<i>Whooping Cough</i>						
<i>Shigella</i>						

Trainer's Name: _____

Date: _____

**National Training Institute for Child Care Health Consultants
Evaluation of Trainer Form**

Using the rating scale below, please evaluate the Trainer's presentation skills.

1= unsatisfactory 2= below average 3=average 4=above average 5=outstanding NA=non-applicable

Training Content						
Please rate the Trainer on the quality of the following:	1	2	3	4	5	NA
• Introduction and opening						
• Accuracy of information						
• Usefulness of information						
• Clear presentation of training objectives						
• Fulfillment of training objectives						
• Organization of training content						
• Closing						

Training Techniques: Methods, Media, & Materials						
Please rate the effectiveness of the Trainer's use of the following:	1	2	3	4	5	NA
• Flip chart						
• Handouts						
• Overhead transparencies						
• PowerPoint slides						
• Video						
• Other (specify):						

Training Techniques: Activities						
Please rate the Trainer's use of training activities on the following characteristics:	1	2	3	4	5	NA
• Clear instructions						
• Usefulness						
• Opportunities for interaction among participants						

Delivery of Content						
Please rate the Trainer on the following training dynamics:	1	2	3	4	5	NA
• Enthusiasm						
• Voice projection						
• Clarity and professionalism of voice						
• Word choice						
• Pace of presentation						
• Eye contact						

Facilitation Skills						
Please rate the Trainer on the following skills:	1	2	3	4	5	NA
• Time management						
• Manner of answering questions						
• Manner of handling difficult behaviors of participants						
• Ability to engage all participants						

Please take a moment to answer the following questions:

What did you like most about this training?

What can the Trainer do to improve this training?

Was this the most effective way to present this material? Please explain.

Do you have any suggestions for other methods to present the material?

Thank you.



Infectious Disease in Child Care Settings

Participant's Packet