

Infectious Disease Plan

Care of Children & Employees

Infectious diseases and injuries are common occurrences among children and Employees who care for them. Policies must clearly state the procedures to follow to make decisions about when to exclude, when attendance is permitted, and when those who have been excluded may return. The care of children who are mildly ill in a clinical setting is an inevitable reality. During the winter, many children have a common respiratory illness (cold) at any one time and do not need to be excluded from the program unless their condition meets the exclusion criteria specified in these policies.

Required Action/Who Is Responsible/How Communicated

A. Admission and Exclusion

1. **Sharing Information:** All families are expected to openly share information about their child's behavior, symptoms, or exposure to illness. Employees are expected to tell ACA Director/Management about any symptoms, illness, or exposure to illness they experience themselves.
2. **Situations That Require a Note From a Health Care Professional:** A note from the child's or Employee's primary health care professional is necessary only when Employees need advice about any special care required by the child or Employees or if the child/patient's or Employee's condition poses a health risk to others. Employees rely on the family's description of the child's behavior or symptoms to determine when a child is well enough to return to treatment after an illness or injury.
3. **Authority for Decision to Admit or Exclude for Acute Illness:** Acute illness or injury is a temporary, short-term, usually infectious disease or injury. All Children's Academy Director/Management decides about inclusion/exclusion, considering the current Employees situation and what is known about the illness or injury. The decision is informed by what the family and the child's Teachers/Caregivers share about the child's condition, current references, and findings of the daily health check procedure if the child is brought to the school ill or injured or becomes ill or injured while in attendance. For Employees who are ill, the decision is made as for children except that the Employees who are ill or injured share information about the condition with ACA Director/Management, who has final decision authority. The decision to exclude a child or Employee takes into account whether there are adequate Employees available to meet the needs of the person who is ill or injured and the other people at the school at the time.
4. **Criteria for Excluding Children Who Are Acutely Ill or Injured**
 - a. **Ability to Participate:** The child's condition prevents the child from participating comfortably in activities that the school routinely offers for well children or children who are mildly ill or injured.
 - b. **Need for More Care:** The condition requires more care than teacher/caregivers can provide without compromising the needs of the other children in the school.
 - c. **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.

5. Criteria for Excluding Employees Who Are Acutely ill or Injured: An Employee is excluded for illness or injury if the Employee cannot competently perform the duties as required by that Employee's job description or if the condition poses a risk to others in the clinic.

6. Permitted Attendance and Care for Mild Illness: The following conditions or symptoms do not require exclusion:

- Common colds, runny noses (regardless of color or consistency of nasal discharge).
- A cough not associated with an infectious disease (e.g., pertussis/whooping cough) or a fever (temperature of 100°F axillary/in an armpit, 100.4°F orally, 102°F rectally or equivalent reading with another type of thermometer). Rectal temperature taking requires specialized training and caution about possible concerns of child abuse.
- Watery yellow or white discharge or crusting eye discharge without fever, eye pain, or eyelid redness.
- Yellow or white eye drainage that is not associated with pink or red conjunctiva (i.e., whites of the eyes).
- Rash without fever and behavioral changes.
- Children with chronic infectious conditions that can be accommodated in treatment according to the legal requirement of federal law in the Americans with Disabilities Act. The act requires that health care clinics make reasonable accommodations for children/patients with disabilities and/or chronic illnesses, considering each child/patient individually.

B. Reporting Requirements

1. Reportable Diseases: Some communicable diseases must be reported to public health authorities so that required control measures can be used. ACA Employees can obtain an updated list of reportable diseases from local or state health authorities annually and share a copy of this list with each parent/legal guardian at the time of initial evaluation.

2. Responsibility for Reporting Illness: At Monthly School Staff Meetings, ACA Director/Management reminds families and Employees to notify ACA Director/Management within 24 hours after a child, Employee, or member of the child's or Employee's immediate household develops a known or suspected communicable disease and if the condition is a reportable communicable disease.

3. Notification of the Public Health Department: While respecting the legal boundaries of confidentiality of medical information, ACA Director/Management notifies the appropriate public health department authority about any suspected or confirmed reportable disease among the children, Employees, or family members of the children and Employees and then follows the advice of the health department about additional notifications that may be necessary. The telephone number of the responsible local or state public health authority to whom to report communicable diseases is *Garland County Health Unit* in Hot Springs, Arkansas at (501)624-3394.

C. Outbreaks of Disease

1. Reporting Outbreaks of Infectious Disease: If more than 2 cases of an infectious disease other than the common cold occur in a group of children/Employees who are in close contact with one another, ACA Director/Management calls the local/state public health department for advice about how to control the spread of

disease and whether the situation constitutes an outbreak. During an identified outbreak, a child/patient or Employee will be excluded if an official in the health department or a primary care practitioner suspects that the child/patient or Employee is contributing to the spread of the illness in the clinic or lacks necessary immunization during an outbreak of a vaccine-preventable disease, or the infectious disease involved poses a special risk to that individual. Re-admission for such exclusions is permitted when the health department official or primary health care professional determines that the risk is no longer present.

2. Plan for Seasonal and Pandemic Influenza (Flu)

a. Infection Control Plan: In the event of an outbreak, this school will

i. Students must be fever free for 24 hours before returning to campus.

ii. Strictly observe hand and surface hygiene measures.

iii. Use the daily health check to exclude children from attending the school according to the school exclusion policy.

iv. Support Employees who are ill so they can stay at home until they are well again with use of their paid time off, if they are full-time employees.

vi. ACA Director/Management has a plan for handling Employees absences that includes substitutes for Employees who are ill, advising families how to continue their child's academics, meeting payroll, communicating with Employees and families, and modifications to the schedule if required.

V. Temporary school closing. All Academy days missed due to closure will be made up as seen appropriate and available in the academic schedule following a recommendation from the calendar committee and voted on by the board.

3. Plan for COVID-19 Crisis and Pandemic (Coronavirus)

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

A. How does COVID-19 spread?

a. The virus that causes COVID-19 probably emerged from an animal source but is now spreading from person to person. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. The virus lives on surfaces for 48-72 hours depending on the type of surface. Learn what is known about the spread

of newly emerged coronaviruses at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>.

B. What are the symptoms of COVID-19?

- a. People with COVID-19 have had mild to severe respiratory illness with symptoms of
 - i. • fever • cough • shortness of breath
- b. If you develop emergency warning signs for COVID-19 get medical attention immediately:
 - i. • Difficulty breathing or shortness of breath • Persistent pain or pressure in the chest • New confusion or inability to arouse • Bluish lips or face
 - ii. *This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

C. How can I help protect myself?

- a. People can help protect themselves from respiratory illness with everyday preventive actions.
 - i. • Avoid close contact with people who are sick. • Avoid touching your eyes, nose, and mouth with unwashed hands. • Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

D. If you are sick, to keep from spreading respiratory illness to others, you should:

- a. • Stay home when you are sick. • Cover your cough or sneeze with a tissue, then throw the tissue in the trash. • Clean and disinfect frequently touched objects and surfaces.

E. I came into Direct Contact:

- a. I came into direct contact with a person who tested Positive for COVID-19 and I was NOT wearing protective gear. Can I return to school/work and when?
 - i. You will be sent home and need to go to the doctor to be tested for COVID-19. You will have to stay home, quarantined until your test results come back.
 - 1. Test Negative: Will need to be asymptomatic for 24 hours with no antipyretics (medications) before returning to school/work
 - 2. Test Positive: Will be off work/school for 5 days and then 24 hours after the 5 days fever-free and no antipyretics (medications)

F. I did NOT come into Direct Contact:

a. I did not come in direct contact with someone who tested positive for COVID-19 and I tested negative for COVID-19. When can I return to school/work?

i. You may return to school/work when you are asymptomatic without antipyretics for 24 hours. Use good judgment of your symptoms based on the provided information in this procedure and that found on the CDC website.

G. I tested Positive for COVID-19:

a. When can I return to school/work?

i. You should remain under home isolation precautions for a minimum of 5 days from symptom onset AND you must be symptom-free without any antipyretics for 24 hours before you can return to work.

H. Infection Control Plan: In the event of an outbreak at our school, we will:

a. If one of our staff has been at work and then tests positive:

i. We will move school to the other school spaces if possible, or close for 24 hours with extensive deep cleaning measures.

ii. The appropriate measures will be taken in contacting local officials.

b. Rigidly observe keeping children in contact only with Teachers/caregivers and children in their own school room.

c. Strictly observe hand and surface hygiene measures.

d. Use the daily health check to exclude children from attending the school according to the school exclusion policy.

e. Teach Employees and parents/guardians/children how to limit the spread of coronavirus, with flyers available in the front office or recommendations to consult with CDC websites, reference list is attached at the end of plan.

f. Support Employees who are ill so they can stay at home until they are well again with use of their paid time off, if they are full-time employees.

g. ACA Director/Management has a plan for handling Employees absences that includes substitutes for Employees who are ill, advising families how to continue their child's academics, meeting payroll, communicating with Employees and families, and modifications to the schedule if required.

Reliable Immunization Resources

for Educators and Parents/Legal Guardians

Web sites

1. American Academy of Pediatrics (AAP) Childhood Immunization Support Program (CISP) Information for providers and parents. www.aap.org/immunization www2.aap.org/immunization/pediatricians/refusaltovaccinate.html
2. Immunization Action Coalition (IAC) The IAC works to increase immunization rates by creating and distributing educational materials for health professionals and the public that enhance the delivery of safe and effective immunization services. The IAC “Unprotected People Reports” are case reports, personal testimonies, and newspaper and journal articles about people who have suffered or died from vaccine-preventable diseases. www.immunize.org/reports
3. Centers for Disease Control and Prevention (CDC) National Immunization Program Information about vaccine safety. Provide possible health consequences of non-vaccination and possible side effects of each vaccine. www.cdc.gov/vaccines/parents/index.html www.cdc.gov/vaccines/pubs/vis/default.htm www.cdc.gov/vaccines/hcp.htm
4. National Network for Immunization Information (NNii) Includes information to help answer patients’ questions and provide the facts about immunizations. www.immunizationinfo.org/professionals www.immunizationinfo.org/parents
5. Vaccine Education Center at Children’s Hospital of Philadelphia Information for parents includes “Vaccine Safety FAQs” and “A Look at Each Vaccine.” www.vaccine.chop.edu
6. Why Immunize? A description of the individual diseases and the benefits expected from vaccination. www2.aap.org/immunization/families/faq/whyimmunize.pdf
7. Institute for Vaccine Safety, Johns Hopkins Bloomberg School of Public Health Provides an independent assessment of vaccines and vaccine safety to help guide decision-makers and educate physicians, the public, and the media about key issues surrounding the safety of vaccines. www.vaccinesafety.edu 132 Model Child Care Health Policies
8. Pennsylvania Immunization Education Program of Pennsylvania Chapter, AAP Includes answers to common vaccine questions and topics, such as addressing vaccine safety concerns, evaluating anti-vaccine claims, sources of accurate immunization information on the Web, and talking with parents about vaccine safety. www.paiep.org
9. Immunize Canada Immunize Canada aims to meet the goal of eliminating vaccine-preventable disease through education, promotion, advocacy, and media relations. It includes resources for parents and providers. www.immunize.cpha.ca/en/default.aspx

Handout

1. Immunization Action Coalition. Reliable sources of immunization information: where to go to find answers! <http://www.immunize.org/catg.d/p4012.pdf>. Accessed July 8, 2013

Books

1. Myers MG, Pineda D. Do Vaccines Cause That?! A Guide for Evaluating Vaccine Safety Concerns. Galveston, TX: Immunizations for Public Health; 2008
2. Offit PA. Autism's False Prophets: Bad Science, Risky Medicine, and the Search for a Cure. New York, NY: Columbia University Press; 2008
3. Offit PA. Deadly Choices: How the Anti-Vaccine Movement Threatens Us All. New York, NY: Basic Books; 2011
4. Mnookin S. The Panic Virus: A True Story of Medicine, Science, and Fear. New York, NY: Simon and Schuster; 2011
5. Offit PA, Moser CA. Vaccines and Your Child: Separating Fact from Fiction. New York, NY: Columbia University Press; 2011