Guidelines for the prevention of respiratory droplet spread disease

This guidance is for Early Care and Education and Out-of-School Time programs, including licensed child care centers, licensed family child care homes, registered ministries, legal license exempt programs, Head Start and other prekindergarten or before/after school programs. ECE and Out-of-School time programs still have autonomy to set policies that are best for the children and families they support.

This guidance outlines strategies for programs to reduce diseases spread by respiratory droplets (including COVID-19, RSV, influenza, the common cold and many others).

ECE and OST programs are an important part of communities and are required to make every effort to control the spread of communicable diseases. Also, programs should work with local public health officials to determine strategies to use based on community outbreaks of disease and, when applicable, vaccination rates. Partnership with families is vital and programs should work alongside families to set policies that support growth, development, learning and safety.

Part 1: Prevention strategies

Most programs will have a mixed population of both people who are fully vaccinated and people who are not. Together with local public health officials, program administrators should consider multiple factors to make decisions about implementing layered prevention strategies against communicable diseases.

Things to think about as you look at prevention strategies:

- Level of community transmission.
- Vaccination coverage in the community and among children and staff.
- Increased outbreaks in the child care program or surrounding community.
- Ages of children served by the program impacts social and behavioral factors that may limit the practicality of some prevention strategies (e.g., social distancing is not practical with infants and toddlers).

Strategy 1. Promoting vaccination

Vaccines are a critical component to addressing communicable diseases. Vaccines prevent serious symptoms, hospitalization and death.

It is important to remember that infants, younger children, and adults with certain health conditions are not eligible to receive some vaccinations.

Because children under six months of age cannot be vaccinated such as influenza and RSV, it is important that they are in an environment where the adults are vaccinated—this helps keep them healthy.

Programs can promote vaccinations among staff and families by providing information about vaccination, establishing trust and confidence, and creating ways to make getting vaccinated as easy and convenient as possible.

Older adults, adults with chronic health conditions and pregnant women who work with infants and toddlers should speak to their health care provider about RSV vaccination.

Additional vaccination after the initial series may help to increase protection from serious disease. Speak to your health care provider about what is best for you.

Strategy 2. Staying home when sick and testing

Children and staff who have symptoms of infectious illness, such as RSV, influenza (flu) or COVID-19, should stay home and be referred to their healthcare provider for testing and care. Staying home when sick with communicable diseases is essential.

Programs should also allow flexible, non-punitive and supportive paid sick leave policies and practices that encourage sick workers to stay home without fear of retaliation, loss of pay or loss of employment. Employers should ensure that workers are aware of and understand these policies.

Many of the symptoms of these respiratory illnesses are similar and without testing, there really is no way to specifically say it's COVID or RSV or Influenza. Although COVID-19, colds and flu illnesses have similar symptoms, they are different diseases. Children who have a fever of 100.4°F along with upper respiratory symptoms of infectious illness should not attend your program. Encourage your families to be on the alert for the following signs of illness in their children and to keep them home when they are sick.

Parents should pay particular attention to:

- Fever (temperature of 100.4º F or higher).
- Sore throat.
- Diarrhea, vomiting or stomachache.
- New onset of severe headache.
- New cough that causes difficulty breathing (for a child with chronic allergic/asthmatic cough, see if there is a change from their usual cough).

The length of time the child should stay out of child care depends on their symptoms. Regardless of diagnosis, children and adults need to be fever free for 24 hours without use of a fever reducing medicine and other symptoms need to be improving. The child needs to be able to participate and not require excessive care that reduces care to the other children in the group.

Close contacts of common respiratory diseases

Quarantine is **no longer recommended** for exposure to COVID-19 or other common respiratory virus. However, those who have been exposed to a diagnosed case should monitor for the development of symptoms. Child care facilities should continue to notify families when two or more children in a facility have the same diagnosis. Diagnoses can only come from a health care provider. Programs can post symptoms to watch for when multiple children have similar symptoms requiring them to stay home.

Screening measures to take at child care

Programs should educate staff and families about when they and their children should stay home and when they can return to programs. Programs should have in place policies that allow for collaboration between families and educators regarding what to do when a child is ill.

Programs should consider updating employee and family handbooks to include things like sick leave policies, updated human resource policies and parent expectations. For support with templates or examples of policies or communication strategies, please contact SPARK Learning Lab at 800-299-1627.

Child screening procedures

Child care programs should have policies and procedures in place to assess the health of children when they arrive daily. These policies and procedures should be communicated to families when they agree to participate in your program. These policies and procedures may include items such as:

- If a child presents with a temperature of over 100.4º F, the child should not remain at the childcare and must return home with the parent.

Preparing for when someone is sick

Your program should implement multiple prevention actions to prepare for when someone is sick. All child care programs should identify an area to separate anyone who exhibits symptoms of illness during hours of operation and ensure that children are not left without adult supervision. Close off areas used by a sick person and do not use these areas until after cleaning them; this includes surfaces or shared objects in the area, if applicable.

When cleaning and disinfecting this space, wait several hours to allow droplets to settle before ventilating, cleaning and then disinfecting. A mask and gloves should be worn before entering a space to clean where an ill person spent time.

Strategy 3. Ventilation

- Improving ventilation is an important prevention strategy for communicable diseases. These strategies can reduce the number of virus particles in the air. Bringing fresh outdoor air into a building helps keep virus particles from concentrating inside. This can be done by opening multiple doors and windows, using child-safe fans to increase the effectiveness of open windows and making changes to the HVAC or air filtration systems.

- Encourage regular outdoor activities. Taking children outside allows the room air to settle and increases the exchange of air, reducing the concentration of particles in the air in the room.
- Do not open windows if it poses a safety hazard to the children or staff (e.g., risk of falling, triggering asthma symptoms or high levels of pollution).
- Open multiple windows to allow more air movement. Even having them opened slightly can help. Fans can be used to pull indoor air out but only if a second window is open in the room to allow fresh air in.
- During transportation, open or crack windows in buses and other forms of transportation, if doing so does not pose a safety risk. Keeping windows open a few inches improves air circulation.
- Inspect and maintain exhaust fans in kitchens and bathrooms. Consider running exhaust fans during hours of operation.
- Inspect and maintain HVAC systems. Replace filters regularly; it is recommended to use filters rated MERV 13 or higher. Set HVAC systems to maximum outside airflow for two hours before and after the facility is occupied if possible. Set HVAC system fans to operate constantly to increase air circulation.
- Portable HEPA (high efficiency particulate air) cleaners may be used in rooms for extra filtration. These HEPA cleaners trap particles that are exhaled. Make sure to choose one that is right for the size of the room.
- Be sure to use fans and air cleaners safely around children, watch for cords (i.e., trip hazards) and open areas that may be a source of injury to children.
- Air cleaners that are room based and utilize a chemical process to clean the air are not recommended.
- Air cleaners that rely on UV light should not be used where children are present.

More information can be found in the CDC's recommendation for Ventilation.

Strategy 4. Handwashing and respiratory etiquette

People should practice handwashing and respiratory etiquette (covering coughs and sneezes) to keep from getting and spreading infectious illnesses. Programs can monitor and reinforce these behaviors and provide adequate handwashing supplies.

- Teach and reinforce handwashing with soap and water for at least 20 seconds.
- Remind everyone in the facility to wash hands frequently and assist young children with handwashing.
- If, and only if, handwashing is not possible, use hand sanitizer containing at least 60% alcohol (for staff and older children who can safely use hand sanitizer). Hand sanitizers must be stored up, away and out of sight of children and should be used only with adult supervision for children under six years of age. Hand sanitizers should not be used on infants and children who frequently put their hands in their mouths

- Consider posting signs and graphics that describe how to stop the spread of germs in important facility locations such as entrances and restrooms. Signs should be easy to understand, use pictures and be in primary languages spoken by your staff and families.
- Set up hand hygiene stations at facility entrances, out of the reach of children.
- Wearing gloves is not necessary for protection from illness in most situations, proper handwashing is generally sufficient. CDC does recommend wearing gloves when cleaning and disinfecting.
- Ensure that supplies of facial tissue are readily available.

More information on respiratory etiquette can be found at the CDC's https://www.cdc.gov/hygiene/about/coughing-and-sneezing.html#:~:text=Covering%20coughs%20and%20sneezes%20and,stop%20the%20spread%20of%20germs

Strategy 5. Notification of positive cases

When a child or adult within a program test positive for communicable illness, administrators should notify, to the extent allowable by applicable privacy laws, staff and families of children who were close contacts as soon as possible (within the same day if possible) that someone in the program has tested positive.

Strategy 6. Cleaning and disinfecting

It's important to note that surface transmission of diseases such as COVID-19 or other illnesses spread by respiratory droplets is rare. General cleaning recommendations can be found in Caring for Our Children.

- If a space contained a COVID-19 positive person within the past 24 hours, the space should be empty for a few hours before cleaning and disinfecting. Persons cleaning the space should mask and glove and open windows if possible while cleaning, followed by disinfecting.
- If it has been more than 24 hours since the COVID positive person was present, soap and water cleaning of surfaces is sufficient.
- Visit CDC's https://www.cdc.gov/healthyschools/asthma/index.htm or https://www.cdc.gov/asthma/control/ to learn how to reduce the chance of an asthma attack while disinfecting.

Cleaning toys and other classroom materials

- Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered product safe for food contact surfaces and air-dry or clean in a mechanical dishwasher. Be mindful of items more likely to be placed in a child's mouth, like play food, dishes and utensils.

- Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another child.
- Set aside toys that need to be cleaned. Place in a dishpan of soapy water or a container marked "soiled toys." Keep the containers out of the reach of children. For most toys, soapy water is sufficient for cleaning. Small toys can be placed in a mesh lingerie/garment bag and put into a dishwasher or washing machine.
- Children's books and other paper-based materials are not considered a high risk for transmission of germs and do not need additional cleaning or disinfection procedures.
- Electronic devices should be cleaned with an alcohol-based wipe between uses.

Cleaning and sanitizing clothing, bedding and other cloth articles

- Transmission of germs from cloth/clothing is rare. Cloth articles cannot be disinfected and washing with soap and water is effective in reducing the number of germs on clothing.
- Infants, toddlers and their teachers should have multiple changes of clothing on hand in the child care. Clothing should be changed if there are visible secretions on clothing. Consider having multiple smocks or oversize shirts available for staff who work in infant and toddler rooms.
- Contaminated clothing should be placed in a plastic bag, labeled with how it is contaminated and sent home to be washed or washed in a washing machine at the child care.
- Use bedding (e.g., sheets, pillows, blankets, sleeping bags) that can be washed. Keep each child's bedding separate and consider storing in individually labeled bins, cubbies or bags. Bedding that touches a child's skin should be cleaned weekly or before use by another child.
- Cots and mats should be labeled for each child. Clean and sanitize weekly or before use by another child.

Part 2: Additional considerations for child care programs

Personal hygiene

- Frequent soap and water handwashing is the preferred method of hand hygiene.
- Ensure that employees, children and families have ready access to handwashing stations, hand sanitizer or other hand hygiene products.
- Hand sanitizer must always be kept out of reach of children and when used be administered by an adult.
- Care should be taken to avoid touching your face.

Diapering children

- When diapering a child, collect supplies and wash your hands before you begin, and wear gloves. Follow safe diapering procedures.

- Where feasible, diapering should not be done by the same person who prepares food. If you are the only person available for both diapering and food preparation, use additional prevention strategies (such as handwashing) between diapering and food preparation.
- After diapering, take off gloves and wash your hands (even if you were wearing gloves) and wash the child's hands. Then disinfect the diapering area with a fragrance-free disinfectant on the EPA List N: Disinfectants for Coronavirus (COVID-19) as a sanitizing or disinfecting solution. If other products are used for sanitizing or disinfecting, they should also be fragrance-free and EPA-registered. If the surface is dirty, it should be cleaned with detergent or soap and water prior to disinfection.
- If reusable cloth diapers are used, do not rinse or clean them in your facility. Place the soiled cloth diaper and its contents (without emptying or rinsing) in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents or guardians or laundry service.

Additional strategies that may be useful during increased program or community levels of respiratory or other communicable illness

- Local health departments monitor community levels of communicable disease which can help communities and individuals make decisions about what prevention strategies to use based on whether their community is classified as low, medium or high. These levels take into account hospitalization rates, healthcare burden and number of cases. Recommendations outlined for the community levels are typically the same for schools and ECE programs as those for the community. Schools and ECE programs that serve students from multiple communities should follow prevention recommendations based on the community level of the community in which the school or ECE program is located.
- When the community level for an illness indicates an increase, particularly if the level is high or the school or ECE program is experiencing an outbreak, schools or ECE programs should consider adding layered prevention strategies, described below, to maintain safe, in-person learning and keep ECE programs safely open. Although most strategies are recommended to be added or increased at a high community level, schools might want to consider adding layers when at medium, such as those listed below, based on school and community characteristics.

- When the community level moves to a lower category or after resolution of an outbreak, schools and ECE programs can consider removing prevention strategies one at a time, followed by close monitoring of transmission within the school or ECE and the community level of their community in the weeks that follow.

Masking

- Wearing a well-fitting mask or respiratory consistently and correctly reduces the risk of illness spread by respiratory droplet. During periods of high infection in the community, indoor masking by all over the age of 2 years is recommended.
- Anyone who chooses to wear a mask or respirator during periods of increased respiratory illness or for personal health reasons should be supported in their decision to do so. Schools and ECE programs should consider flexible, non-punitive policies and practices to support individuals who choose to wear masks regardless of the community level.

Cohorting

- A "cohort" is a distinct group that stays together throughout the day. Cohorting can decrease opportunities for disease exposure or transmission limiting exposure to a specific cohort rather than an entire child care program.

Physical distancing

- Distancing can be beneficial. People are encouraged to maintain at least six feet of distance between individuals, when possible, in public indoor spaces.
- Maintaining physical distance is often not feasible in an ECE setting, especially during certain activities (e.g., diapering, feeding, holding/comforting) and among younger children in general. Distancing may be difficult with the children, but adults are more able to accomplish this with staggering use of break rooms, moving meetings to a larger space, minimizing the number of adults allowed within enclosed spaces in the child care.

- When it is not possible to maintain physical distance in ECE settings, it is especially helpful to layer multiple prevention strategies, such as cohorting, masking indoors, improved ventilation, handwashing, covering coughs and sneezes, and regular cleaning to help reduce transmission risk. These strategies may be helpful during any time for any communicable illness.

Part 3: Taking care of child care staff and other workers

Everyone has a right to a safe and healthy workplace. The Occupational Safety and Health Administration contains recommendations to help employers pro- vide a safe and healthy workplace free from recognized hazards that cause or are likely to cause serious physical harm or death. This includes serious communicable disease.

Workers may be at risk even if fully vaccinated. Workers more at risk include older adults and people of any age that have been diagnosed with a chronic illness or acute health condition.

Employers should also understand the potential for mental health strains for workers dur- ing periods of illness outbreaks such as what was observed during the COVID-19 pandemic. Employers should provide information about and for resources such as those from Indiana's 988 site or from Spark Learning Lab. Spark Learning Lab has a wealth of tools available through I-LEAD and My Spark Learning Lab.

Through Build Learn Grow, Building Wellness is a free employee assistance program for early care and education teachers and workers. This program offers access to short-term counseling, legal and financial consultation, work-life assistance and crisis intervention services.

Employers should conduct workplace assessments from time to time to identify disease transmission risks and prevention strategies when conditions change. Programs should have policies and procedures in place that will provide structure for responses during times of seasonal illness.

Part 4: Additional resources for planning and preparing

Emergency operations plans

Child care programs should have an emergency operations plan, also known as a disaster plan, in place to protect children, staff and families from the spread of illness and other emergencies. The EOP should:

- Describe prevention strategies to be implemented for any communicable disease.
- Describe steps to take when a child or staff member has been exposed to someone with a reportable communicable disease. Use guidance used by OECOSL, the CDC or the local health department.
- Plans/policy should be developed in collaboration with regulatory agencies and state, local, territorial and tribal public health departments, and comply with state and local licensing regulations.
- Be developed with involvement of staff, parents and guardians, and other community partners (for example, health centers).
- Describe how staff will be trained on the program's communicable disease safety protocols.
- Plan for back-up staffing.
- Consider the range of needs among staff, children and families, including children's developmental needs, children with disabilities, children with health care needs and children experiencing homelessness.

Resources useful for general planning:

- Caring for Our Children
- Vaccine Information