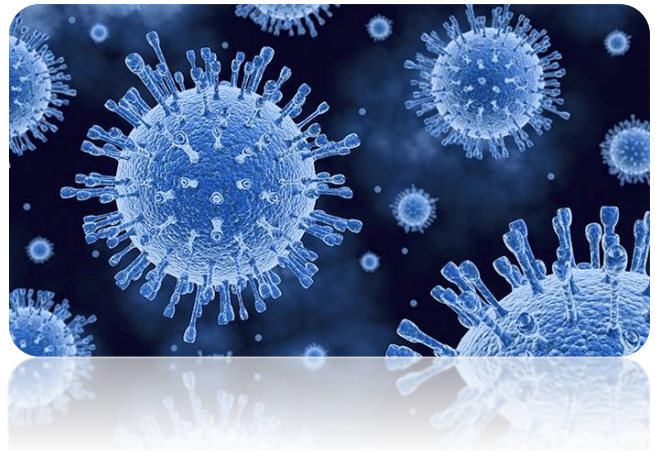


Infectious Disease Emergency Response Plan



I. OVERVIEW

An infectious disease is an illness caused by the presence of disease-causing agents or germs, including viruses, bacteria, fungi and parasites and other microbes. These diseases are called communicable diseases or transmissible diseases due to their potential of transmission from one person to another. Transmission may occur by direct contact with an infected person or animal, by ingesting contaminated food or water, or by contact with infected surroundings or contaminated air. Infectious (communicable) diseases that usually require a more specialized route of infection—for example, by insects such as mosquitoes or ticks (disease vectors)—are usually not regarded as contagious. Strict measures as addressed in annual Blood Borne Pathogen training are a prevention strategy in place in the Center.

At-Risk Population

Children are a high-risk population for infectious disease, and exposure to a variety of infectious diseases in a childcare population is inevitable. Infectious diseases are common in young children who have immature immune systems and are developmentally unable to understand and practice the concepts of good personal hygiene. However, older youth and teenagers exposed to different social situations are also prone to certain infections.

In any school population, there are certain individuals who may have a higher risk of complications if exposed to specific diseases. Students and staff who are medically fragile or are immunosuppressed, pregnant, and/or have chronic disease, nutritional deficiencies or debilitating illness should be informed of the possible risks of acquiring an infection. The responsibility of the school is to inform those individuals to consult with their licensed health care provider. The licensed health care provider will assess the risk, provide appropriate treatment and/or make

recommendations so that reasonable accommodations are put in place for the individual by the school.

MITIGATION AND PREVENTION

Mitigation activities are taken in advance of an infectious disease outbreak to prevent or temper its impact. Mitigation efforts will occur primarily during the early phase of the outbreak.

A. How Illness Spreads

Transmission of an infectious disease may occur through several pathways:

1. Direct Contact. Direct-contact involves skin-to-skin contact and physical transfer of microorganisms from an infected person to a susceptible host.

a. Person to person: The most common way for infectious disease to spread is through the physical direct transfer of bacteria, viruses, or other microorganisms from one person to another.

b. Animal to person: A scratch or bite from infected animal or handling animal droppings can cause disease.

2. Indirect Contact.

Many microorganisms can linger on objects such as doorknobs, faucet handles, desktops and computer keypads. Indirect contact involves contact of a susceptible host with a contaminated intermediate object in the environment. Some infections can be spread indirectly by contact with contaminated clothing. Chickenpox (varicella), shingles (herpes zoster), impetigo, head lice, ringworm, and scabies are all spread this way.

3. Vector.

Vector-borne diseases rely upon organisms, usually insects, for transmission of the parasitic, viral or bacterial pathogens from one host to another. Bites and stings from mosquitoes, fleas, ticks and lice carry disease-causing microorganisms on their body or in their intestinal tract which can infect humans.

4. Droplets.

Disease is easily spread when droplets containing pathogenic microorganisms are generated from an infected person during sneezing, coughing or talking. Large droplets travel less than three feet before falling to the ground and do not remain suspended in the air. Transmission via large-particle droplets requires close contact between the infected host and another person. Sick students will often contaminate their hands and other objects with infectious nose and throat discharges. When other students come in contact with these objects and then touch their eyes, mouth, or nose, they can become infected. This type of transmission route is common in childcare settings. Some of the infections passed in this way are the common cold, chickenpox, influenza, meningitis (viral and bacterial), mumps, rubella, pink eye (conjunctivitis), strep throat, and whooping cough (pertussis).

5. Airborne.

Airborne transmission occurs when an infected person coughs, sneezes or talks and generates very small respiratory droplets containing virus or bacteria. These small particles remain suspended in the air for long periods and can be widely dispersed by air currents. When another person inhales these small particles, they can become ill. Airborne transmission of disease can

also occur through inhalation of small-particle aerosols in shared air spaces with poor circulation.

6. Foodborne.

Consumption of food and liquids contaminated with pathogenic bacteria can result in illness or death. Common symptoms of foodborne illness (“food poisoning”) include nausea, abdominal pain, vomiting, diarrhea, gastroenteritis, fever, headache and/or fatigue.

7. Fecal.

Intestinal tract infections are often spread through oral ingestion of viruses, bacteria, or parasites found in the stool of an infected person or animal. This type of transmission happens when objects contaminated with microscopic amounts of human or animal feces are placed in the mouth. In centers, the areas most frequently contaminated with feces are hands, classroom floors, faucet handles, toilet flush handles, toys and tabletops.

B. SLCC Prevention Strategies

1. The School Environment: Cleaning, Sanitizing, Disinfecting

CLEANING. A virus generally lives 2 to 8 hours on surfaces, but certain viruses may live up to a week or longer. Friction is a key element in cleaning by using soap (or detergent) and water to physically remove germs, dirt, and impurities from surfaces or objects. Cleaning does not necessarily kill germs but lowers their numbers and mitigates the necessary host environment for pathogen survival, concurrently reducing the risk of spreading infection.

DISINFECTING. Disinfection is the destruction by use of chemicals of pathogenic or other harmful microorganisms on surfaces or objects. Disinfecting does not necessarily clean dirty surfaces or remove germs. Disinfecting agents specifically target infectious pathogens and can

lower the risk of spreading infection by killing germs on a surface after it has been cleaned. Disinfection requires contact between the disinfectant and the surface to be disinfected for at least ten minutes under moist conditions. The SLCC staff will ensure to disinfect surfaces multiple times daily as needed or required by DSS and DHEC especially focusing on toys mouthed by younger children, diapering surfaces and children restroom areas.

SANITIZING. Sanitizing reduces the number of microbial contaminants on surfaces or objects to a relatively safe level, as judged by public health standards or requirements. Sanitizing works by either cleaning or disinfecting surfaces or objects to lower the risk of spreading infection.

a. Routine Cleaning and Disinfecting. It is important to match cleaning and disinfecting activities to the types of microorganisms to be removed. SLCC staff members will focus on a special cleaning and disinfecting processes, including wiping down high touch surfaces & equipment, as needed or required..

If surfaces or objects are soiled with body fluids or blood, use gloves and other standard precautions to avoid coming into contact with the fluid. Remove the spill, and then clean and disinfect the surface.

Extra attention will be paid in cleaning the following areas:

- All classrooms including floors children. Clean and sanitize toys twice daily.
- Common areas. Clean and periodically sanitize shelves, tables, countertops and drinking fountains. Shared spaces to include the library, Light Lab/Art Studio and all the hallway interactive activity spaces
- High touch areas. Computer keyboards, doorknobs and handles, visual aids and telephones.

b. Handle waste properly. The staff of SLCC will follow standard procedures for handling waste, which may include wearing gloves. There will be no-touch waste baskets where they are

easy to use. Throw disposable items used to clean surfaces and items in the trash immediately after use. Avoid touching used tissues and other waste when emptying waste baskets. Wash your hands with soap and water after emptying waste baskets and touching used tissues and similar waste.

2. Universal Precautions

Universal precautions are a set of guidelines that assume that all blood and certain other bodily fluids are potentially infectious. Follow universal precautions when providing care to any individual, whether or not the person is known to be infectious. The list below describes universal precautions:

a. Handwashing

Handwashing is one of the best tools for controlling the spread of infections. All children and staff should perform effective handwashing, which will reduce the amount of illness in the center. Avoid eating or touching mouth or eyes while giving any first aid.

The instructions and illustrations for proper hand washing will be posted at every sink at SLCC.

The children will be modeled and showed how to wash hands thoroughly with warm running water and a mild liquid soap for at least 20 seconds. Scrub between fingers, under fingernails and around the tops and palms of hands: The following activities will require handwashing as directed by DSS/DHEC and best practices as outlined in Infant Toddler Rater Scale (ITERS) or Early Childhood Education Rating Scale (ECCERS).

- Immediately upon arrival to school in the morning (Staff/Children).
- Before and after physical contact with any person (even if gloves have been worn) (Staff)
- Before and after all messy play or shared art items (Children)

- Before and after all sensory play or water (Children)
- Before and after eating or handling food (Staff/Children)
- After contact with a cleaning agent (Staff)
- After using the restroom (Staff/Children)
- After providing first aid (Staff)

b. Personal Protective Equipment (PPE)

All SLCC staff will be trained on processes and procedures to handle situations where PPE is needed or required.

- Staff will wear disposable gloves when in contact with blood and other body fluids.
- Staff will wear protective eyewear when body fluids may come into contact with eyes (e.g., squirting blood)

c. Clean-up

All Staff will be trained on processes and procedures required to clean up Blood Borne Pathogens as follows:

- Wipe up any blood or body spills as soon as possible
- Double-bag the trash in plastic bags and dispose of immediately
- Clean the area with an approved disinfectant or bleach solution (see instructions on Bleach bottle for safe mixing directions)
- Send all soiled clothing home with the child in a double-bagged plastic bag (Soiled clothes will not be washed at the center)

3. Immunizations

a. Childhood Immunizations

Immunizations help prevent serious illnesses. Per South Carolina DHEC and DSS Childcare Licensing, “The child care agency shall have a DHEC of Health Official Immunization Certificate before accepting any child age two (2) months or older into care. Exceptions to immunization record requirements may be made only if:

- The child’s physician or a state or local health department provides a signed and dated statement giving a medical reason why the child should not be given a specific immunization;
- The child’s parent provides a signed written statement that such immunizations conflict with his/her religious tenets and practices; or
- If care for children of homeless families and/or children in state custody is needed before documentation of immunizations shall not exceed sixty (60) days.”

PREPAREDNESS

Effective preparedness includes establishing policies to maintain sanitation, keep records current, conduct periodic inspections and regular maintenance and training for staff.

A. General Activities

- Plan, exercise, evaluate and revise the Infectious Disease Plan;
- Train and equip staff to assure competencies and capacities needed to respond to an infectious disease outbreak;
- Develop partnerships with local community health care institutions and providers, and local, State and federal response agencies and their staff;
- Develop and implement surveillance and reporting procedures to monitor illness patterns at SLCC;
- Educate parents about infectious disease and recommend protective measures;
- Stockpile necessary equipment and supplies that will be needed to respond to a disease outbreak;
- Establish ventilation (HVAC) standards to be used during response and recovery (such as filter change schedules, etc.).

B. Personal Protective Equipment (PPE)

- Provide PPE to staff when necessary (masks and gloves).
- Address PPE issues with staff (i.e. uncomfortable, frequent changes, communication issues, one size does not fit all).
- Ensure that you have adequate stock and an array of sizes and types available.
- Provide and use alcohol-based hand sanitizer and non-aerosol spray disinfectant for commonly touched surfaces. Also use of bleach solution (properly diluted) to clean
- **Train all staff to use PPE.** Encourage staff to talk about the PPE issues and to develop a “we will get through this” mentality.

C. Training

Require new staff, including substitutes and volunteers, to complete Child First Aid and CPR training.

- Provide refresher awareness training for all staff;
- Train maintenance staff to use chemicals properly to prevent accidental contamination and human exposure;
- Provide training on identifying symptoms of infectious disease;
- Educate SLCC staff on the process and importance of routine hand hygiene and standard health precautions;
- Maintain training and attendance records on all SLCC staff to ensure compliance.

D. Emergency Contacts

- Compile an emergency contact list of authorities. Include the names and phone numbers for specific personnel from each agency or authority.
- Determine which agency or authority would serve as first responder(s). The first responder represents the most important authority that needs to be involved in response to an infectious disease
- Distribute the emergency contact list to appropriate SLCC staff.
- Post the emergency contact list in a secure yet prominent place; make it available in hard copies & post cards
- SLCC leadership team will program the emergency contact numbers into their telephones.
- Verify and update emergency contact information often. Note dates of revisions to prevent confusion.
- There will be procedures in place for communicating with children, parents, and staff.

RESPONSE

It will be our number one priority to assist in case of any response at SLCC. Response is the immediate reaction to a disaster. Certain aspects of the response may take place before the event if it is anticipated. Response yields to recovery.

A. Detection

We have a role in assessing the health of our SLCC children. Staff should be trained to monitor student's behavior and note any symptoms of illness.

1. Common Indicators of Infectious Disease in Children

Teachers who spend several continuous hours a day with their children, are in an excellent position to detect early physical and behavioral changes in the child at the center. They may observe differences in the usual pattern for a particular child, and deviation from a developmental "norm" for children of a given age. The physical and behavioral "indicators" listed below are nonspecific and do not in themselves suggest the presence of an infection.

a. Appetite.

Often, a student who is ill or becoming ill with an infection will exhibit changes in eating habits. He/she may "pick at" solid foods, eat lightly, want only certain foods, and/or prefer liquids.

b. Behavior.

Irritability may be associated with illnesses, often because of the accompanying fatigue, fever, and discomfort. Play activities may diminish and the student may become lethargic (drowsy or indifferent).

c. Fever.

Fever is a symptom of illness, but it does not automatically require therapy. Repeated low-grade fever may occur as the result of physiological changes in the body and may not cause any discomfort to the student. However, students with fever over 100°F and other symptoms will be sent home from school, especially if other symptoms are apparent. The student's parent/guardian should be notified immediately, and the parents will be required to pick their sick child up within 1 hour from being contact. In order for that child to return to school please refer to Page 23-24 of the SLCC Parent Handbook for the sick policy and school exclusion list.

d. Appearance.

A pasty, pale appearance may signal an illness, especially if it is a change from a student's normal skin color. A new yellow tinge to the eyes or skin, or a flushed appearance with rosy cheeks and glassy or red eyes, may also indicate an illness.

e. Rash.

The diagnosis of rashes can be very difficult and even a licensed health care provider may require lab tests to confirm whether a certain disease is present. If a child is suspected to have a rash that appears contagious the parent will be notified to pick up their child within 1 hour of notification. The parents will be required contact a licensed health care provider make an appointment and later provide a clearance letter to SLCC leadership team the morning of return. If the child is diagnosed with a skin rash that is contagious the parents are required to contact SLCC immediately so the leadership team will post a notice in the classroom of that child. (no child name will be listed on the notice).

f. Change in Bowel Habit.

Diarrhea may accompany a number of infectious diseases. Conversely, sluggishness of the bowels and constipation may occur, sometimes with abdominal cramps. Cramps can be due to the inactivity of the ill student and the dehydration that often occurs during infections. *Please refer to page 23-24 of the SLCC Parent Handbook for the policy for returning to school.*

g. Nasal Discharge and Obstruction.

Clear nasal discharge may signal a cold or it may indicate an allergic reaction, especially if accompanied by watery eyes. Yellow or green discharge indicates an infection (usually viral or possibly bacterial) or obstruction by a foreign body. Breathing may be noisy. If breathing is labored, immediate medical referral is indicated. *Please refer to page 23-24 of the SLCC Parent Handbook for the policy for returning to school.*

h. Sore Throat.

A sore throat can be a minor problem. However, it may also accompany potentially more significant infections such as streptococcal pharyngitis, infectious mononucleosis, or even serious generalized illnesses. Children who have symptoms accompanying fever will have the parent/guardian notified. SLCC will make a recommendation for an medical evaluation if the sore throat since the sore throat is accompanied by fever, difficulty swallowing, and/or swollen lymph nodes (glands). The parent is required to notified SLCC if the child is diagnosed with any illness that is considered contagious. A notice of illness will be posted on the door of that's child's classroom. (no child's name will be posted on the notice)

i. Cough.

Coughs accompany some chronic conditions, allergic conditions, and many infectious diseases. Persistent coughs, especially with other symptoms such as fever, loss of appetite, will require a medical evaluation. All children who have a cough that is persistent for 2 days and the cough is interfering with the child's ability to play, sleep or interact with others parent's will be notified and the parent/guardian will be required to pick up within 1 hour of notification. The child will not be allowed back to school without a clearance letter from a physician.

j. Ear Ache and Ear Discharge.

A student may complain, pull at the ear, or put a hand to the ear if there is discomfort. When there is an earache, particularly when blood or pus is seen running from the ear, the parent will be notified and it will be the recommendation of SLCC for the child to be referred for medical care.

k. Pain (Back, Limbs, Neck, Stomach).

Leg and back pains are not uncommon during the course of infectious diseases. Stomach pains or cramps usually do not signal serious disease in children, although appendicitis must be considered when abdominal pain is severe or persistent. Gastrointestinal disturbances such as vomiting, diarrhea, and constipation may be accompanied by abdominal pain. If a child complains or a SLCC staff observes a child experiencing these symptoms, parents will be notified immediately and will be required to pick the child up within 1 hour of notification.

2. Symptomatic Treatment

Symptomatic treatment of any illness that may occur while the child is in SLCC setting should be avoided unless the parent/guardian has complied with school policy on the administration of oral medications for symptomatic treatment of illness or injury. Any medication that requires administration will only be done in accordance with the Page 24 SLCC Parent Handbook Medication Policy.

B. Infection Control

The key concepts of infection prevention and control are:

- 1. Handwashing** – the single most effective way to prevent the spread of germs.
- 2. Cover your cough** – an effective way to reduce the spread of germs when coughing and sneezing.
- 3. Proper diapering procedures** – to reduce the spread of germs found in feces to hands, objects, and the environment.
- 4. Cleaning, sanitizing, and disinfection** – to reduce the presence of germs in the environment.
- 5. Food safety** – to reduce the spread of germs from improperly cooked and handled food.
- 6. Exclusion guidelines** – to reduce the opportunity for germs to spread from ill people to others.
- 7. Immunizations** – for list of resources for age appropriate immunizations and childcare and school requirements.

8. Avoid sharing personal items – SLCC staff will encourage and ensure children will NOT share items such as water bottles, food, utensils, beverages, straws, toothbrushes, lip gloss, lip balm, lipstick, towels, head gear, combs, brushes, etc. to prevent the spread of germs to others.

9. Self care – SLCC staff will encourage and ensure children to perform their own self care when age appropriate.

10. Barriers -- Barriers may be used where there is a possibility of exposure to blood and body fluids (e.g., urine, stool, secretions from the nose and mouth, drainage from sores or eyes). One aspect of standard precautions is the use of barriers. The purpose of using barriers is to reduce the spread of germs to staff and children from known/unknown sources of infections and prevent a person with open cuts, sores, or cracked skin (non-intact skin) and their eyes, nose, or mouth (mucous membranes) from having contact with another person's blood or body fluids.

Examples of barriers that would be used for childcare during the school include:

Gloves when hands are likely to be soiled with blood or body fluids. Note: an incident of an allergic response to latex or powdered gloves may occur, but the risk from not using gloves of any kind is greater.

CPR (cardiopulmonary resuscitation) barriers – CPR mask or shield.

Eye protection and face mask when the face is likely to be splattered with another's blood or body fluid.

C. Exposure Response Strategies

- Any child affected with health issues will be sent home per page 23-24 of SLCC parent handbook sick policy and exclusion list

- SLCC sick employees home according to the sick policy and not permitted to return without proper clearance from a medical professional.
- SLCC leadership team and staff will monitor and identify number and scope of potential and probable exposures.
- SLCC staff will isolate the infected child(ren) until the parent arrives for pick up
- SLCC Director will notify administrative authorities and local health department. Follow reporting protocols in the case of an confirmed infectious disease .
- SLCC along with Pastors of the church will identify spokesperson for the incident.
- SLCC Director will be responsible for any notifications of key messages to the parents or staff..
- SLCC Director will collect health-related information needed for public communications to parents
- SLCC Director will communicate information about the infectious disease to the SC Health Department and SC Department of Human Services:
 - Possibly physical symptoms.
 - At risk groups
 - Actions being taken.
- SLCC Director will solicit a professional cleaning company to come in and clean and sanitize rooms and facilities identified with contamination.
- SLCC Director will document actions, submit data and appropriate forms.

E. Exclusion Guidelines

The decision to exclude students who have an infectious disease from SLCC will be made in conjunction with the State or local public health agency, health care professionals, and/or parents/guardians. These guidelines contain exclusion recommendations for each disease or condition. Students will only be allowed to return to school once the exclusion period is met or a health care provider clears the student. Generally, if any of the following conditions apply, exclusion from school should be considered:

- If the child does not feel well enough to participate comfortably in usual activities, it will be required that he/she stay or return home until feeling well.

- If the child has a fever of 100.0, diarrhea, persistent cough, rash, and/or difficult breathing; parents will be contacted, and medical personnel will be dispatched if needed.
- If the child requires more care due to illness than teachers are able to provide.
- If the child has a high fever, behavior changes, persistent crying, difficulty breathing, lack of energy, uncontrolled coughing, or other signs suggesting a severe illness.
- If the child is ill with a potentially contagious illness and exclusion is recommended by a health care provider, the State or local public health agency, or these guidelines. In cases where unvaccinated students are exposed to a vaccine preventable disease (such as measles, mumps, rubella, and pertussis), the State or local public health agency will be consulted in order to determine if exclusion of unvaccinated students is necessary.

If staff become ill with an infectious disease, the affected staff member will be required to consult with a health care provider to determine if they can work. If ill with diarrhea or vomiting, school will not work until the illness is over. A letter from the health care provider/physician will be required to return to work.

1. Social Distancing

Social distancing strategies are non-medical measures intended to reduce the spread of disease from person-to-person by discouraging or preventing people from coming in close contact with each other. These strategies include closing schools and public assemblies, cancelling athletic activities and social events, closing non-essential agency functions, implementing emergency staffing plans, increasing telecommuting and flexible scheduling and other options. SLCC will alter some of our day to day operations to minimize the amount of traffic throughout the school.

Those specific measure are highlighted in the parent letter. Please review and acknowledge those measure to ensure social distancing and as we get through this transition.

2. Quarantine

Quarantine is the physical separation and restriction of movement of individuals, families groups and communities who, though not ill, have been exposed to a contagious disease. Quarantine will be required to prevent the spread of infectious disease that may be transmitted to other individuals before illness develops or is recognized. Any child or staff member diagnosed or exposed to a contagious disease specifically COVID-19 at SLCC will be required a minimum 14 day quarantine period after last exposure or diagnosis. Quarantines may be done at home or in a restricted area, depending on the specific nature of the infectious agent. The child or staff member diagnosed with any contagious disease or illness will not be allowed back to SLCC without a clearance letter from a medical professional.

A 3. Isolation

Isolation applies to persons who are ill with a contagious disease. Isolation is the physical separation and restriction of movement of an individual who is ill or is suspected of having an infectious illness from those who are not ill and have not been exposed to the contagion.

Isolation may be required if medically necessary and reasonable to treat, prevent, or reduce the spread of disease. All children who have suspected of a contagious illness or disease that child will be temporarily isolated from the rest of the children and the parent will be notified and proper precautions will be adhere too accordingly to this policy.