Our Children's Center
Illness Safety Plan
April 2024

Overview

The purpose of this plan is to ensure the safety of all students, staff and families of OCC. With the spread of viral illnesses such as RSV and bacterial infections such as strep, OCC must remain vigilant in mitigating outbreaks with the objective of protecting the health of everyone concerned.

Much of this plan is based on the information available from the CDC and the Pennsylvania Department of Health. This plan is intended to serve our community for the foreseeable future but may be amended based on emergent information and recommendations. A copy of this plan will be provided to staff and families.

The Health and Safety Officer is responsible for overseeing the implementation of this plan for all staff and students, and for all documentation. Rebekah Carswell is currently designated as OCC's Health and Safety Officer.

If you have any specific questions regarding this plan, please reach out to Rebekah at occheadofschool@gmail.com or call the office at 814-237-1585. For general questions regarding this safety plan, please contact the Health and Safety Committee directly via email at occbrd@gmail.com.

The principal modifications are (1) expansion to include explicit policies relating to other illnesses such as hand foot and mouth disease, (2) clarification of the vaccine policy as outlined by the PA state code, and (3) removal of the COVID-19 isolation policy, moving towards a more general respiratory virus policy, in line with CDC recommendations. We aim to mitigate the effect of communicable diseases on our school community while balancing our families' need for reliable childcare. We further aim to

continue to be transparent in operation and report exposures and possible exposures to empower families to make their own health choices.

GENERAL HEALTH & WELLNESS POLICIES

We begin with policies that generally apply to all illnesses. Following this section, more specific guidance is available for common illnesses, e.g. respiratory infections and hand foot and mouth disease.

Vaccinations All vaccines recommended by the ACIP (Advisory Committee on Immunization Practices) are required by Pennsylvania State Code for children attending certified childcare facilities, such as OCC, including Hepatitis A and Influenza[1]. The vaccine schedule can be found on the CDC website[2] and the PA Code requirement[3].
Your child may obtain a medical exemption. A medical exemption must be diagnosed and signed by a physician, stating that the immunization is detrimental to the health of the child[1], and provided to the OCC Health and Safety Officer.

Your child may also obtain an exemption if you have a philosophical or religious belief opposing one or more vaccines you may write an exemption. If that is the case, parents must provide a signed statement to OCC's Health and Safety Officer. Please be aware that if there is a disease outbreak at OCC, your child may be excluded for the duration of the outbreak if they are not vaccinated against that disease, per the PA state code, and this could be for days, weeks or months[1].

OCC strongly encourages all students, staff members, parents, and any other adults who live with students to stay up-to-date with regards to other

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[1] https://www.health.pa.gov/topics/Documents/Programs/Immunizations/Childcare%20Immunizations.pdf

[2] https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

[3] https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/028/chapter27/s27.77.html&d=reduce

physician-recommended vaccinations, including getting vaccinated and boosted against COVID-19, if recommended by their healthcare providers.

Ventilation and Cleaning We promote additional ventilation in the classrooms by opening windows as possible to provide a flow of fresh air. OCC runs HEPA air cleaners in the classrooms during weekdays. Each school space is thoroughly cleaned and disinfected every day.

Staff and students practice regular and frequent hand washing with soap and water. Handwashing procedural illustrations are found in each classroom and in all restrooms.

When a Student or Staff Member is Sick Parents and guardians are asked to be on the alert for signs of new illness in their children and to keep them home when they are sick. Children and staff must stay home if they have a fever of 100.4 degrees or higher, or any of the following symptoms that cannot be connected to another health problem or an activity such as physical exercise.

- Fever, temperature 100.4 ºF or higher, or chills
- Diarrhea, vomiting, nausea, or stomachache
- Unexplained cough, not associated with recovery from previous infection
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Unexplained congestion or runny nose, not associated with recovery from previous infection or allergy

Children will be closely monitored for signs of illness at all times. If a child becomes ill while at school, they will be appropriately isolated with the Health and Safety Officer until they can be picked up. Timely pickup of sick children is required, preferably within 30 minutes of notification.

Return to school No child may return to the facility until they are 24 hours fever-free (not using fever-reducing medicine) with substantially reduced symptoms. A good rule of thumb is that if your child is not well enough to participate fully in the day's activities (and this includes outside play), they should stay at home. If a health care practitioner has determined that the illness is bacterial in nature, e.g. strep throat or bacterial conjunctivitis (form of pink eye) and prescribed antibiotics, children may return to school following 24 hours after starting antibiotics and substantial improvement in symptoms.

RESPIRATORY VIRUS POLICY

Policies to mitigate spread of respiratory viruses

Determination of Risk Level The Health and Safety Officer and Health and Safety Committee will use multiple metrics to determine risk level including but not limited to CDC reports, Mount Nittany Medical Center occupancy, and school incidences. When the level shifts, families and staff will be notified via email and masking/cohort policy changes may go into effect.

Cohorts Students from multiple classrooms share space in the Big Room during extended care (before and after school) and for Primary nap in the afternoons. When school or community levels of respiratory infections are deemed high, students will cohort with their separate classrooms to minimize potential spread.

Testing After Large Gatherings and Social Events The majority of cases occur after breaks, so we ask all community members to use extra caution before returning to school. OCC strongly encourages staff members and students to perform rapid COVID-19 tests before returning to school after social gatherings (holidays, school breaks, trips, etc.). If a child or staff member tests positive, they will be considered sick and should follow the return to school policy below; if a family member tests positive while the

child/staff member does not, the family should follow the ‘Direct Household Exposure’ guidance below. Additional respiratory tests (RSV, flu, etc.) will be included in this testing recommendation as they become widely available.

Mask Use All staff and children over the age of 2 years are required to wear masks when school or community levels of respiratory infections, e.g. COVID-19 and/or influenza, are high as determined by the Health and Safety Officer. Under these circumstances, staff and students aged two and older must wear a well-fitting N95/KN95 mask at all times except while napping, eating, or drinking. Visitors will also be asked to mask at these times.

Masking will always be a supported option for staff and students regardless of community level. Individual masking by students will be encouraged at their family’s request. Families should provide well-fitting N95/KN95 face coverings for their children as needed. If you need assistance getting face coverings for your child(ren), please reach out to the Health and Safety Officer.

Any request for a medical exemption to this mask policy will be reviewed on a case by case basis by the Health and Safety Officer.

Direct Household Exposure to COVID-19 If a direct family or household member of an OCC student or staff member tests positive for COVID-19, the student/staff member will be asked to follow a test to stay protocol, i.e., daily testing before attending OCC. Contact the Health and Safety Officer for guidance.

A child or staff member with a positive test is considered sick and should follow the return to school below. Influenza and RSV will be added to the list when at-home testing becomes readily available.

When a Student or Staff Member is Sick

Signs and symptoms

- continuous cough
- high temperature, fever or chills
- loss of or change in, your normal sense of taste or smell
- shortness of breath
- unexplained tiredness, lack of energy
- muscle aches or pains that are not due to exercise
- not wanting to eat or not feeling hungry
- headache that is unusual or longer lasting than usual
- sore throat, stuffy or runny nose not explained by allergy
- diarrhea
- feeling sick or being sick

Return to school No child may return to the facility until they are 24 hours fever-free (not using fever-reducing medicine) with reduced symptoms. Coughs are a common lingering symptom; a good rule of thumb is to wait until the period between coughs is 5 minutes or more. We recommend a negative rapid COVID-19 test before return to school. The purpose of the test at this stage is to prevent onward transmission of COVID-19. With a future goal of reducing exposure to other highly-transmissible and potentially severe illnesses, additional respiratory tests (RSV, flu, etc.) will be included in this testing requirement as they become widely available.

*Reimbursement for required tests is available on request.

Notification of Exposure to Respiratory Infections When someone in OCC tests positive for COVID-19 or has symptoms consistent with respiratory ailments, we aim to stop the spread in our OCC community of families. The Health and Safety Officer will report any known exposures to RSV, flu, COVID-19 to the entire school while respecting the privacy of the individual.

Specific to COVID-19 and generally applicable to respiratory illnesses, close contacts of the index case are defined by the CDC as those who were less than 6 feet away from an infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period[2]. In our OCC classroom setting, where children move about the classroom and engage with classmates through the day, that includes all children in the classroom.

In addition to notifying staff and families directly, OCC will collaborate with state and local health departments, to the extent allowable by federal, state, local, tribal, and territorial privacy laws, regulations and other applicable laws, to confidentially report cases of COVID-19.

If a child has close contact as defined above with someone outside the classroom who tests positive for COVID-19 or has symptoms consistent with COVID-19 and is a presumed case, we ask that parents report the exposure to the Safety Officer.

HAND FOOT AND MOUTH DISEASE (HFMD) POLICIES

Hand foot and mouth disease (HFMD) is usually not serious, but it is very contagious. It can spread quickly in school environments. HFMD is most common in young children under age 5 years, but teenagers or adults may also get the virus.

Signs and Symptoms The early symptoms of HFMD are much like a common cold.

- Fever
- Headache
- Sore throat
- Runny nose

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[2] https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact

A day or two after the fever, you might see:

- Small painful sores (ulcers) on the throat and tonsils
- A rash of very small blisters or red spots on the palms of the hands, soles of the feet, and diaper area. These usually are not itchy.
- Tenderness or pain when touching the palms of the hands and soles of the feet
- Poor appetite due to painful swallowing

After the rash has healed, the skin may peel, but this is harmless. Symptoms of HFMD usually go away in 5 to 7 days. Please see the CDC website for more information. We urge caregivers to contact their healthcare provider with any questions or concerns.

Return to school Your child should stay home from school until

1. they have had no fever for 24 hours without the use of fever-reducing medications.
2. they feel well enough to participate.

This is our standard policy.
In addition, your child should stay home until

3. mouth sores have healed, and there is no excessive drooling or mouthing of toys/items, as saliva is infectious.
4. any blisters have dried up, as fluid inside blisters is infectious.

Note that the students may return to school with a rash, so long as they are fever-free, blister-free, and feel well enough to participate in school activities.

STREP THROAT

Viruses cause most sore throats. However, strep throat is an infection in the throat and tonsils caused by bacteria called group A *Streptococcus* (group A strep).

Group A strep bacteria are very contagious. Generally, people spread the bacteria to others through respiratory droplets (created by talking, coughs,

or sneezing) or direct contact (sores). It usually takes **2 to 5 days** after exposure to become ill with strep throat. *People are contagious even with no symptoms,* though people who are sick with strep throat are more contagious than those who do not have symptoms.

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Signs and Symptoms Common symptoms may include:

- Fever
- Pain when swallowing
- Sore throat that started very quickly and may look red
- Red and swollen tonsils
- White patches or streaks of pus on the tonsils
- Tiny, red spots on the roof of the mouth, called petechiae
- Swollen lymph nodes in the front of the neck

Other symptoms may include:

- Headache
- Stomach pain
- Nausea or vomiting
- Rash (may be an indication of scarlet fever, also caused by Group A strep bacteria. We had 2 cases of scarlet fever in Fall 2023!).

Many of these symptoms also indicate respiratory viral infections. *However,*

- ❖ Cough
- ❖ Runny nose
- ❖ Hoarseness (changes in your voice that make it sound breathy, raspy, or strained).

are *not* associated with group A strep and so their absence indicates a higher likelihood of strep or other bacterial infection.

Return to school No child may return to the facility until they are 24 hours fever-free (not using fever-reducing medicine) with reduced symptoms and have taken antibiotics for at least 24 hours.

Adapted from
https://www.cdc.gov/groupastrep/diseases-public/strep-throat.html
Accessed on 13 April 2024.