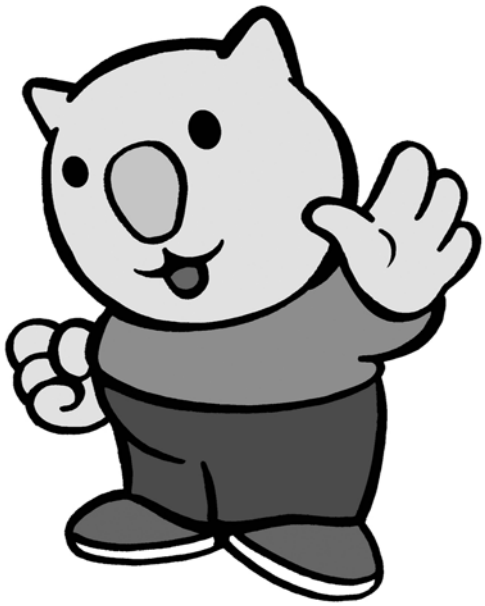
National Prescribing Service Limited

# Common colds need common sense, not antibiotics

## Staff update 2008

## Presenter's guide



# About this staff update

Thank you for presenting at this children's services staff update for the National Prescribing Service *Common colds need common sense, not antibiotics* program.

You will be helping staff:

- refresh their knowledge about common colds and infection control
- review the service's infection control and exclusion policies
- become familiar with our resources so that you can support parents through the common colds season

This staff update contains **two main components:**

1. **Instructions** on how to use the Presenters Guide:
   — for childcare centre directors
   — for guest speakers (where arranged).
2. **The *Presenter's guide*** itself, which gives you:
   — the 'script'
   — rough time allocations
   — instructions to guide the group activities.

A PowerPoint presentation that matches this guide is available for download at www.nps.org.au/commoncolds if you wish to use it and the centre has the technology to do so.

## Abbreviations

| | |
|---|---|
| National Childcare Accreditation Council | NCAC |
| National Health and Medical Research Council | NHMRC |
| National Prescribing Service | NPS |

## Directors — before running your staff update



## Guest speakers — before presenting at this staff update

# For directors

This update will include other National Childcare Accreditation Council Quality Assurance Principles for both Family and Long Day Care. Throughout the staff update there will be reference to the principles that can be met by your service and staff by participating in this staff update. Further details are set out at the end of this section.

## Before running this staff update:

1. **Familiarise yourself** with this guide and the resources provided.

2. **Please bring** your copy of the National Health and Medical Research Council's, *Staying healthy in child care: preventing infectious diseases in child care*. 4th edition. Canberra: Australian Government, 2006. This publication will be referred to as the 'NHMRC guide'. You will also need to make sure that you have a copy/ies of the NHMRC handwashing poster, which came with the guide.

   If you don't have a copy of this NHMRC guide, order your free paper copies by phoning 1800 300 113 or emailing nmm@nationalmailing.com.au or download it from www.nhmrc.gov.au/publications/subjects (select 'Child health'). The handwashing poster can also be printed from this website.

3. **Materials checklist.**
   You will need these for your staff update.

   Checklist ☑

   ☐ Tab your copy of the NHMRC guide *Staying healthy in child care: preventing infectious diseases in child care,* 4th edition (as mentioned above) on pages:
   - 7–9 (recommended minimum exclusion periods for infectious diseases)
   - 39–40 (Asthma fact sheet)
   - 43 (Common colds)
   - 49 (Runny noses)
   - NHMRC handwashing poster (as mentioned above) (optional).

   ☐ Photocopy the staff update Activity sheet (1 per person, including the presenter). The shaded 'Activity' sections of the Presenter's guide refer to the items on this Activity sheet.

   ☐ PowerPoint presentation (optional — sent to volunteer health professionals): download from www.nps.org.au/commoncolds (select the children's services tab) onto the USB flash drive provided.

*(Continued over page)*

- ☐ (Optional) If your centre cares for Aboriginal and Torres Strait Islander children, make copies of Appendix 1 if needed.
- ☐ Photocopy your service's health and hygiene policies (1 copy for every 3 people).
- ☐ **Resources included in this kit:**
  - ☐ Poster
  - ☐ Brochures
  - ☐ Newsletter articles
  - ☐ Copies of the Harvey colour-in sheets
  - ☐ Glo Germ handwashing kit (sent to volunteers)
  - ☐ Staff attendance list
  - ☐ Evaluation form for you to fill in.

4. **Working with a guest speaker**

If you have a guest speaker, we suggest they present sections 2, 3 and *The dilemma of exclusion* and *How are common colds spread?* topics in section 4. Agree with them which sections you will lead and which sections they will lead.

Agree on when staff can ask questions — along the way or only at the end of the staff update. If necessary, remind staff that there is no such thing as a 'silly question'.

5. **At the end of the staff update:**

- Ensure all staff attending fill in the attendance sheet (10 rows are on the attendance sheet, you may need to photocopy more beforehand)
- Ensure you have your evaluation form to fill in at the end.

*(Continued over page)*

## 6. **After the staff update**

- Please return your **completed evaluation form** and **staff attendance list** and you will receive a certificate of participation for your service and one for each staff member attending.

- Please send the completed evaluation form and attendance list by 29 August 2008 in the enclosed pre-addressed envelope provided, to:

National Prescribing Service
Reply Paid, PO Box 1980
Strawberry Hills NSW 2012

# For guest speakers

## Before presenting at this staff update

1. **Familiarise yourself** with this guide and the resources provided.

2. **Enclosed** is an excerpt from the National Health and Medical Research Council's, *Staying healthy in child care: preventing infectious diseases in child care* 4th edition. Canberra: Australian Government, 2006. In the Presenter's guide this publication will be referred to as the 'NHMRC guide'.

3. **Check with the childcare centre director to:**
   - confirm that the childcare centre has received their kit, have read the 'Before running this staff update' section and have prepared the materials listed on their checklist (see pages 4–5 of *Presenter's guide*).
   - agree which sections you will lead and which sections they will lead (it is suggested guest speakers present sections 2, 3 and *The dilemma of exclusion* and *How are common colds spread* topics in section 4).
   - agree on when staff can ask questions — along the way or only at the end of the staff update.
   - if you would like to use the accompanying PowerPoint presentation (see next point), find out what equipment the childcare centre has, i.e. a computer projector and screen, or you can just use a PC or laptop if there is a small number of staff.

4. **If you are using the PowerPoint presentation:**

   A PowerPoint presentation that matches this guide is available for download at www.nps.org.au/commoncolds (select the children's services tab). If you are not using the PowerPoint presentation, an Activity sheet is provided for staff. The director has been asked to make enough copies for staff.

5. **After the staff update**

   We would very much welcome any feedback you might have on this staff update and on the Common colds need common sense, not antibiotics campaign in general.
   Please send your comments to info@nps.org.au or write to:

   National Prescribing Service
   Reply Paid, PO Box 1980
   Strawberry Hills NSW 2012

## National Childcare Accreditation Council Quality Areas and Principles

By offering this update to your staff your service is providing a professional development opportunity.

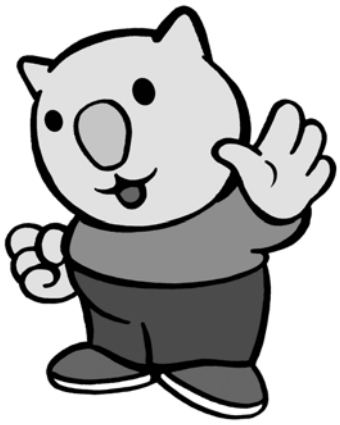
This update includes NCAC Quality Assurance Principles for both Long Day and Family Care. Throughout the staff update there will be reference to these.

In Section 4, Managing common colds in your service:

- Long Day Care Quality Area 6 Health, Nutrition and Wellbeing[1] through:
  - Principle 6.2: Staff implement effective and current food safety and hygiene practices
  - Principle 6.3: Staff encourage children to follow simple rules of hygiene
  - Principle 6.4: Staff ensure toileting and nappy changing procedures are positive
  - Principle 6.6: The centre acts to control the spread of infectious diseases and maintains records of immunisations.
- Also the NCAC Family Day Care Scheme Quality Area 4 Health, Hygiene, Nutrition, Safety and Wellbeing.[2]
- The National Childcare Accreditation Council Inc. (NCAC) has policy templates on:
  - Hygiene and Infection Control
  - Illness
  - Immunisation and Health Related Exclusion
  - Handwashing.

These can be found at the NCAC website:
(www.ncac.gov.au/printer_pages/policy_templates_print.html).

# Staff update 2008



# *Presenter's guide*

## Contents

# 1. Welcome and introduction

**Time:** 5 minutes

| Script | Instructions |
|---|---|
| **Director**<br>Welcome to this staff update and thank you for coming along.<br>In this update, we will refresh your knowledge about:<br>• when children with colds are infectious<br>• what cold symptoms are really telling you<br>• why common colds don't need antibiotics.<br>This staff update is brought to you by National Prescribing Service (NPS).<br>NPS is an independent, non-profit organisation, giving accurate, evidence-based information and services to help people manage their medicines.<br>NPS is member-based and works in partnership with health professionals, government, pharmaceutical industry and consumers.<br><br>**If you don't have a guest speaker**<br>I'm not a health professional or an expert on common colds, so I won't be providing any medical advice about specific treatments or medicines use. Instead, ask your doctor or pharmacist.<br>Feel free to ask any questions — ask your questions along the way **OR** please save all your questions for the end of the staff update. | Hand out staff update Activity sheet, pens/pencils. |

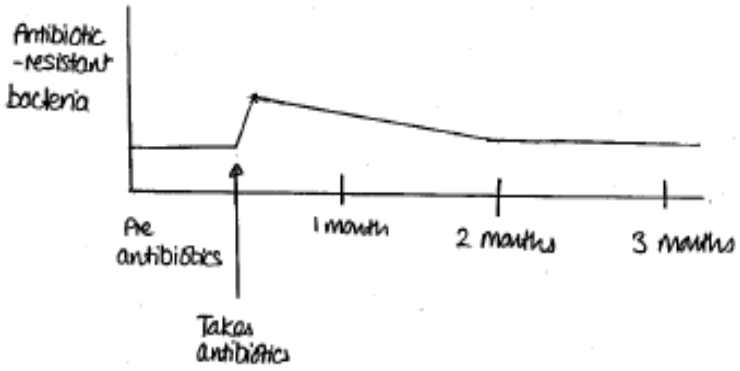
| Script | Instructions |
|---|---|
| **If you have a guest speaker:**<br>Please welcome _____<br>*[insert name of guest speaker]*<br>who is joining us for this staff update.<br>_____ is a local (doctor / pharmacist / nurse) and we appreciate them volunteering their time to join us.<br>Please feel free to ask _____ any medical questions about this topic.<br>Ask your questions along the way<br>**OR**<br>Please save all your questions for the end of the staff update. | |
| ***1.1 ACTIVITY***<br>***Common colds and antibiotics — true or false?***<br>Listed on your Activity sheet are four statements about antibiotics and common colds. In the 'Guess' column, write 'True' or 'False' next to the statements, which I will read out. Keep your answers to yourselves.<br>For cold and flu infections:<br>1. Antibiotics stop these infections spreading to others. (T/F)<br>2. Antibiotics help you get better faster. (T/F)<br>3. Antibiotics prevent a cold or flu from getting worse. (T/F)<br>4. Antibiotics have no effect because cold and flu infections are viral, not bacterial. (T/F)<br>We'll look at the answers later in this staff update. | Answer section 1.1 on Activity sheet. |

# 2. Why common colds don't need antibiotics

**Time:** 10 minutes

| Script | Instructions |
|---|---|
| **Antibiotics don't work for common colds**<br><br>Antibiotics only work on bacterial infections. They do not work on viruses.<br><br>Common colds are caused by viruses, not bacteria.<br><br>Influenza, or the 'flu, most coughs and most sore throats are also caused by viruses.<br><br>No medicines are currently available to prevent or treat viruses that cause common colds. Instead, our body's immune system fights these viruses.[3] | |
| Some ear and throat infections may be caused by either viruses or bacteria, but most will get better on their own. Parents should discuss managing pain relief with their doctor or pharmacist. Complications are rare.<br><br>**[If you do not have a guest speaker]**<br>It is important to remember your role is not to diagnose and recommend treatment — instead, refer parents to take their child to a doctor if they are concerned about their child's health.<br><br>Antibiotics are important medicines used to treat infections caused by bacteria. However, if they are to retain their effectiveness they must be used responsibly. They do not work against viruses including those viruses that cause common colds. | For services caring for Aboriginal and Torres Strait Islander children hand out copies of Appendix 1. |

| Script | Instructions |
|---|---|
| **Antibiotics have unwanted effects**<br>Most medicines can have side effects. When we are prescribed a medicine we need to weigh up the benefits the medicine provides in terms of making us feel better, against the side effects we might experience. | |
| ***2.1 ACTIVITY***<br>***Side effects of antibiotics***<br>Many people are unaware that taking antibiotics can cause unwanted side effects. Can you guess some of the possible side effects?<br>D _ _ _ _ _ _ (diarrhoea)<br>N _ _ _ _ _ _ (nausea)<br>A _ _ _ _ _ (allergic reactions)<br>T _ _ _ _ _ (thrush) | Staff to fill in section 2.1 on the Activity sheet. |
| As we have already discussed, common colds are caused by viruses not bacteria so antibiotics will not help.<br>If antibiotics are taken for a cold, they won't help you get better any faster. Meanwhile, you may experience some of the side effects listed above, adding to your discomfort. Indeed, antibiotics can extend the duration that you're unwell due to unwanted side effects. | |
| **Killing off both good and bad bacteria**<br>Healthy bodies are literally teeming with millions of bacteria, living in harmony.[5] Bacteria help us to digest food and fight infection.[6,7]<br>Only a very small percentage of bacteria are disease-causing, but antibiotics kill off both good and bad bacteria and can upset the harmonious balance. | |

| Script | Instructions |
|---|---|
| **Grow your own bad bacteria**<br>Bacteria can adapt and find ways to survive the effects of an antibiotic. The more often we use an antibiotic, the greater the chance of our bad bacteria becoming resistant to it so the antibiotic may no longer work. We become carriers of these antibiotic-resistant bacteria and can spread them to others.<br>For example, your chance of carrying antibiotic-resistant bacteria, called MRSA (methicillin-resistant *Staphylococcus aureus*), a type of bacteria that can cause infections (golden staph), almost doubles when you take antibiotics.[8] | |
| **Children are excellent spreaders**<br>Children who have taken an antibiotic for an acute respiratory infection will have twice the amount of 'antibiotic-resistant bacteria' in their bodies as they had before they took the antibiotic.[9]<br>  <br><br>Not a scientific graph. For visualisation purposes only.<br>As you can see from the diagram, after 2–3 months the volume of antibiotic-resistant bacteria decreases, but remains slightly higher than before. These changes can sustain a higher level of antibiotic resistance in the community.[9] | Optional — Draw the diagram on butchers' paper or a board. |

| Script | Instructions |
|---|---|
| **The antibiotic time bomb is ticking**<br>In recent years fewer new antibiotics have been discovered and in 2000, 10 out of 15 pharmaceutical companies cut down or stopped research into new antibiotics.[7]<br>If we keep using antibiotics when they are not appropriate, for example, for common colds, we speed up the development of antibiotic resistance unnecessarily and risk returning to a time where many children died of infectious diseases and surgery was impossible because of the risk of infection.[7]<br>By using antibiotics less often, we can slow down the development of resistance and buy more time to develop new types of antibiotics. | |
| ***ANSWERS — 2.1 ACTIVITY***<br>***'True/False' quiz***<br>Now, in light of this new knowledge, let's go back and check our answers to the True/False questions I asked you at the start.<br>**Answers**<br>For cold and flu infections:<br>1. Antibiotics stop these infections spreading to others. ***(FALSE)***<br>2. Antibiotics help you get better faster. ***(FALSE)***<br>3. Antibiotics prevent a cold or flu from getting worse. ***(FALSE)***<br>4. Antibiotics have no effect because cold and flu infections are viral, not bacterial. ***(TRUE)***<br>***DON'T*** ask people how many they got right, to avoid any embarrassment. | Refer staff back to their Activity sheet for their answers to this quiz. |
| Antibiotics are not appropriate for common colds. However, as discussed at the beginning of this section, there are some bacterial illnesses for which antibiotics are very effective and in the case of infections such as meningitis, they can be lifesaving. If you are prescribed an antibiotic always check with your doctor how long you should take the medicine. | |

# 3. Facts about common colds

**Time:** 10 minutes

| Script | Instructions |
|---|---|
| ***3.1 ACTIVITY:***<br>***Who gets the most colds***<br><br>**Question:** Can you guess:<br>• How many colds children may get per year?<br>• How many colds adults may get per year?<br><br>**Answers**<br>• Children may get 5–10 colds per year.<br>• Adults may get 2–4 colds per year.<br><br>More than 200 different viruses cause common colds.[10]<br><br>Adults get fewer colds because we were exposed to certain cold viruses, caught a cold and developed some immunity to the infecting virus.<br><br>Parents of small children seem to have more acute* respiratory infections, which includes common colds, than adults without children.[11]<br><br>* 'Acute' means a sudden onset of short-term illness. | Staff to fill in section 3.1 on the Activity sheet. |

| Script | Instructions |
|---|---|
| **Children in childcare**<br>It's generally accepted that children in childcare have more frequent common colds than children cared for at home. However, it is important to note that this situation is reversed once they get to primary school.[12]<br><br>Overall, children in a family day care situation probably experience the same frequency of colds at school as those children who were cared for at home.[12]<br><br>This risks of getting a cold increases the more children interact with each other. For example, an only child under 2 years who attends childcare service is 3 times more likely to get a cold than if they were cared for at home.[13]<br><br>A parent who is concerned that their child is experiencing more frequent colds since they started childcare, can be reassured that this is to be expected. They are just experiencing any one of around 200 viruses that can cause common colds. All children can spread colds to other children, to adults and also infect themselves. Once the child starts primary school, they are likely to experience fewer colds than children cared for at home.[12] | |

| Script | Instructions |
|---|---|
| ***3.2 ACTIVITY:***<br>***When are children with colds infectious?***<br>**Question:** When do you think children with colds are infectious?<br>Any common cold, however mild, is an infection.<br>**Answer:** Generally, a person can be infectious* for 1–2 days before the first symptoms appear.[14]<br>The person tends to be more infectious at the start of the cold, that is in the first 2–4 days of symptoms[15] (i.e. when sneezing, the first sniffle or a clear runny nose) but can remain infectious for up to 3 weeks.[10]<br>Children have higher concentrations of the virus in their saliva, sneezes and snot and are infectious for longer than adults.[10]<br>* Infectious means the cold is capable of being transmitted from person to person, with or without close physical contact | Staff to fill in section 3.2 on the Activity sheet.<br>Fold in half the *Common colds timeline*, show **top** half **only**. |
| **Cold symptoms**<br>**Question.** Would anyone like clarity on what the symptoms of colds are?<br>**Duration of symptoms**<br>Cold symptoms:<br>• usually begin 1–2 days after contact with the virus[14]<br>• usually improve 7–10 days after they start<br>• if present, a cough is often the last symptom to improve and can last 1–2 weeks longer than other symptoms.[16] | Now show full page of *Common colds timeline*. |

| Script | Instructions |
|---|---|
| ***3.3 ACTIVITY***<br>***Colds symptoms***<br>**Question:** What is a green or yellow runny nose telling you?<br><br>**Answer:** It means the child's immune system is fighting the cold.[17] This colour change is normal and it doesn't mean the child needs antibiotics.<br><br>**Ask:** Was anyone surprised by the answer?<br>Remember that for when we look at exclusion criteria later in the staff update. | Staff to fill in section 3.3 on the Activity sheet.<br><br>*Runny noses fact sheet* (from p. 49 of the NHMRC guide), ask one person to read out the first paragraph. |
| **Colds and asthma**<br>Common colds can trigger asthma attacks in children with asthma. If a child with asthma develops a cold, watch them carefully for signs of an asthma attack (such as coughing, wheezing, chest tightness or shortness of breath).[10]<br>So the beginning of winter is a good time to make sure that:<br>• each child with asthma has an up-to-date asthma management plan. Request parents of these children who don't have an up-to-date asthma management plan to ask their doctor for one<br>• each child's asthma medicine is readily available<br>• you are familiar with the Asthma First Aid plan. | NHMRC guide opened at pp. 39–40 to wave in front of staff. |

# 4. Managing common colds in your service

**Time**: 20 minutes

NCAC Long Day Care Quality Area 6.[1]

NCAC Family Day Care Scheme Quality Area 4.[2]

| Script | Instructions |
|---|---|
| **The dilemma of exclusion**<br>Medically-based recommendations for exclusion of children with infectious diseases are based on the:<br>• incubation period of the illness<br>• period of infectiousness.[18]<br>These two factors determine the 'ease with which the infection can be spread' (p. 6 of NHMRC guide) and therefore whether excluding children and staff to prevent spreading the illness to others is effective or not.<br>The other 2 criteria relevant for children's services are:<br>• ability of the infected person to follow hygiene precautions<br>• the severity of the disease.[15] | |

| Script | Instructions |
|---|---|
| ***4.1 ACTIVITY***<br>***The dilemma of exclusion***<br>Write down what you think the NHMRC recommendations are for excluding children with common colds from children's services. | Staff to fill in section 4.1 on the Activity sheet. |
| Can someone check in the table on minimum exclusion periods for infectious conditions on pp. 7–9 of the NHMRC guide to see what the minimum exclusion periods for common colds are? | Ask someone to look up pp. 7–9 of the NHMRC guide to find any recommendations for common colds. |
| Let's read now from p. 43 of the NHMRC guide:<br>'There is no need to exclude a child with a common cold, unless the child is unwell.'[15] | |

| Script | Instructions |
|---|---|
| **Why no need for exclusion for common colds?**<br>Let's go back and look at the exclusion criteria. | |
| **Ease with which the infection can be spread**<br>To assess this we need to look at the incubation period *and* the infectious period. If we look at the timeline of a cold, we can see that:<br>• a child can be infectious *before* any symptoms show and is usually most infectious at the start of a cold.<br>• a child can continue to be infectious *after* most symptoms have gone away, sometimes for up to 3 weeks.<br>Therefore, it is extremely difficult to identify when a child starts and stops being infectious.<br>For these reasons common colds do not meet the criteria for exclusion on the basis of infectiousness.<br>Also, it is worth considering that, given that a child can get 5–10 colds each year, they could be carrying a common colds virus for as much as 10 months of the year. | NHMRC guide, table pp. 7–9.<br>And refer to *Common colds timeline* again. |
| **Ability of the infected person to follow hygiene precautions**<br>There are some steps, like effective handwashing and covering their nose and mouth when coughing or sneezing, which can reduce the spread of common colds viruses. | Refer to NHMRC p. 43 and p. 49 — *Common colds fact sheet* and the *Runny noses fact sheet*. |
| **Severity of the disease**<br>Complications from common colds are rare so there is no need to exclude on this basis (however, if your centre has Aboriginal and Torres Strait Islander children refer to Appendix 1).<br>If the child feels unwell, the child should stay home until they are feeling well. However, often a child with a cold will still feel well enough to play despite the annoyance of symptoms such as a runny nose or cough in which case exclusion is not necessary.<br>Common colds generally get better on their own in 7–10 days and there are currently no medicines that will make them get better any faster. | If the centre has Aboriginal and Torres Strait Islander children refer to Appendix 1. |

| Script | Instructions |
|---|---|
| **Reducing the spread of common colds**<br>Common colds are usually caught from other people. Colds can be passed on through touching hands or objects, such as tissues and toys that have saliva, mucous or snot that contain the common cold viruses. It can also be passed on by breathing in droplets from sneezes and coughs. | |
| ***4.2 ACTIVITY***<br>***Handwashing***<br>The following activity uses the Glo Germ product to simulate how easily bacteria can be spread. It is worth bearing in mind when we do this exercise that viruses are even smaller than bacteria.<br><br>**Instructions for using Glo Germ**<br>1. Get into pairs.<br>2. Shake Glo Germ bottle.<br>3. Can one person from each pair dab a small amount (about the size of a five cent piece) of the Glo Germ lotion onto your own hand. Spread well over both hands, as if applying hand lotion, scratch nails into palms.<br>4. Shake hands with your partner (to demonstrate how a virus is transmitted).<br>5. **Switch lights off** (the following demonstration works best in a darkened room).<br>6. Place hands under UV light to view 'glowing germs' that exist before handwashing.<br>7. **Lights on.** Wash your hands ***in the same way one of the children in the childcare service typically would.***<br>8. **Lights off.** Place hands under UV light to view the number of 'glowing germs' that are still there. | Demonstrate use of the provided Glo germ kit.<br><br>**WARNING**<br>Do not let lotion contact clothing, as it may stain.<br><br>Glo Germ manufacturers have advised that they are not aware of any allergic reactions to the gel. The gel consists of a Grade A lotion base and finely ground plastic. There are neither peanut nor latex compounds in the product. The materials safety data sheet is included.<br><br>Refer to photograph of 'glowing germs' in Glo Germ kit instructions to see what to look for. |

| Script | Instructions |
|---|---|
| 9. **Lights on.** This time everyone can apply the Glo Germ lotion to their own hands, spreading well over both hands, as if applying hand lotion, scratch nails into palms.<br>10. Perform the NHMRC guide to handwashing. The recommended method is washing with liquid soap and water for 10 seconds, then rinsing for 10 seconds and drying with a paper towel.[15] This is a simple and effective way to limit spreading common colds to others.<br>11. **Lights off.** Again place hands under the UV light to see the outcome when effective handwashing is practised. | Provide the NHMRC handwashing poster to take to the handwashing sinks. |
| Routine handwashing with liquid soap and water is an important hygiene measure to prevent the spread of infection.[19]<br><br>**Note for presenters on liquid soaps to use:** Antibacterial soaps, which seem to be increasingly available, are not more effective at killing germs than regular soap.[20] | See *Tips to limit the spread of common colds*. |

| Script | Instructions |
|---|---|
| **Review your health and hygiene policies** | |
| ***4.3 ACTIVITY***<br>***Reviewing our policies***<br>**Small group discussion**<br>Break into small groups of 3–4 people each.<br>Please spend **3 minutes** on **each** question under the heading *Reviewing our policies*, at the bottom of the Activity sheet, recording your answers on your Activity sheets.<br>**Questions:**<br>• Are changes to our policy/ies needed when comparing with the NHMRC guide? If so, what would they be?<br>• Who will be responsible for reviewing and changing our policies and how can we put these into action in our service?<br>• How can we better apply our policies to our daily work? E.g. reminders, handwashing song (see tip 2 on *Tips to limit the spread of common colds*), posters, new/better-enforced routines. | Hand out copies of your service's health and hygiene policies (1 for each small group).<br>Refer staff to questions in section 4.3 on the Activity sheet.<br>After about 10 minutes, ask a spokesperson from each group to briefly share their answers.<br>Group discussion of answers. |

# 5. Supporting parents and carers

**Time:** 5 minutes
Long Daycare Quality Assurance Principles 2.1 and 2.2.[1]

| Script | Instructions |
|---|---|
| **Information on common colds**<br>**Show and tell**<br>The NPS resources I am about to show you have been developed to help you assist parents and carers prevent the spread of common colds and to relieve their child's symptoms:<br>• Poster<br>• Brochures<br>• Newsletter articles<br>• Colour-in sheets of Harvey. | Hold up and circulate each of the NPS resources provided. |
| ***5.1 ACTIVITY***<br>***Supporting parents and carers***<br>**Whole group discussion**<br>**Question 1:** What information is most vital for parents and carers?<br>**Comment:** This is an opportunity for staff to recall the main points of the staff update, for example:<br>• common colds don't need antibiotics<br>• antibiotics only fight bacteria but colds are caused by viruses<br>• handwashing, cleaning toys and handles, other ways to stop the spread of common colds<br>• children with common colds don't need to be excluded unless they are not well enough to participate. | Staff to fill in section 5.1 on the Activity sheet.<br>Write staff answers up on butchers' paper.<br>Check that the main points listed at left are included. |

| Script | Instructions |
|---|---|
| **Question 2:** How best can we use these resources to reach parents with this information?<br>**Comment:** Examples include:<br>• putting up NPS posters at suitable places<br>• handing out brochures to parents at your next parent meeting and point out the NPS website address<br>• inserting newsletter articles into parent newsletters during winter<br>• giving children Harvey colour-in sheets to take home.<br>All these resources can be downloaded and/or ordered from the NPS website at www.nps.org.au/commoncolds. | Group discussion. |

# 6. Thanks

Time: 2 minutes

| Activity | Materials |
|---|---|
| **If you have a guest speaker**<br>Please thank our guest speaker_____ (name) this evening for volunteering their time and effort in coming along to our staff update (applause). | |
| **Thanks to everyone**<br>Thanks to everyone for your time and effort in coming to this staff update. | |
| **Staff attendance list**<br>**Before you leave, please remember to complete the Staff Attendance List so you will get a certificate.**<br><br>Thanks very much and remember — ***Common colds need common sense, not antibiotics***. | Staff Attendance List |
| **End of staff update** | |

# 7. Evaluation

Presenters are asked to complete the Evaluation Form and return it together with the Staff Attendance List in the envelope provided (enclosed).

Thank you for delivering this staff update. NPS thanks you for your continued support of the *Common colds needs common sense, not antibiotics* campaign.

# Appendix 1: Aboriginal and Torres Strait Islander children

Research shows that some Aboriginal and Torres Strait Islander people are much more likely to develop complications (e.g. pneumonia and ear damage) from respiratory tract infections, so antibiotics may be needed more often.[21]

Conditions that are more common in Aboriginal and Torres Strait Islander children[21] living in certain rural and remote regions compared to Australian born children include:

- acute otitis media (ear infections)
- otitis media with effusion (glue ear)
- rheumatic fever: this is most common in children aged 5–15 years old. This condition can cause heart damage
- influenza
- pneumonia
- tuberculosis.

It's not your role to diagnose and make treatment recommendations — if you think a child is unwell, ask their parent or carer to take them to the health service.

If you are not already, it may also be worth your service working closely with your health service to promote the health of Aboriginal and Torres Strait Islander children.

For more information about most of these conditions, see *Staying healthy in child care: preventing infectious diseases in child care*, 4th edn, by the National Health and Medical Research Council.

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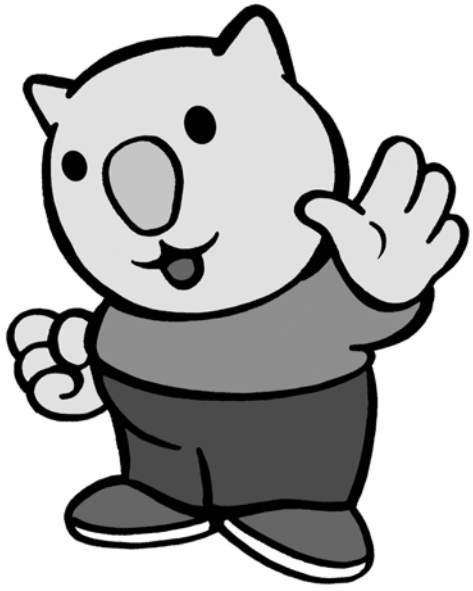
# Common colds need common sense, not antibiotics

## Activity sheet 2008



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# Activity sheet

## Common colds need common sense, not antibiotics
## Staff update 2008

### Objectives

Refresh your knowledge about:

- When children with colds are infectious
- What cold symptoms are really telling you
- Why common colds don't need antibiotics.

### 1.1 Common colds and antibiotics

| **True or False?** For cold and flu infections: | **Guess (T/F)** | **Correct answer** |
|---|---|---|
| 1. Antibiotics stop these infections spreading to others | | |
| 2. Antibiotics help you get better faster | | |
| 3. Antibiotics prevent a cold or flu from getting worse | | |
| 4. Antibiotics have no effect because cold and flu infections are viral, not bacterial | | |

### 2.1 Antibiotics can have unwanted effects

Can you guess the side effects?

D_____

N_____

A_____

T_____

**An independent, Australian organisation for Quality Use of Medicines**
ACN 082 034 393 | Level 7/418A Elizabeth Street Surry Hills 2010 | PO Box 1147 Strawberry Hills 2012
Phone: 02 8217 8700 | Fax: 02 9211 7578 | Email: info@nps.org.au | www.nps.org.au
Common colds need common sense website: www.nps.org.au/commoncolds

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## Facts about common colds

### 3.1 Who gets the most colds?

Children get _____ colds per year

Adults get _____ colds per year

### 3.2 When are children with colds infectious?

### 3.3 What is a green or yellow runny nose telling you?

### 4.1 The dilemma of exclusion

Does the NHMRC contain any recommendations for excluding a child with a common cold? If so, when?

### 4.2 Reviewing our policies

1. Are changes to our policy/ies needed when comparing with the NHMRC guide? If so, what would they be?
2. Who will be responsible for reviewing and changing our policies and how can we put these into action in our service?
3. How can we better apply our policies to our daily work?

### 5.1 Supporting parents and carers

1. What information is most vital for parents and carers?
2. How best can we use these resources to reach parents with this information?

Thank you for your time

If symptoms persist or you are concerned, see your doctor for advice.

common colds need common sense, **not antibiotics**

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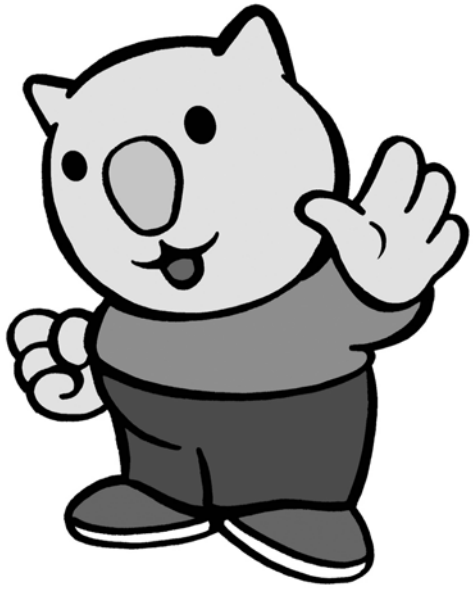
# Common colds need common sense, not antibiotics

## Resources 2008



# Common colds timeline

## Potentially infectious period

**Contact with virus**[1,2]

Peak infectious period due to sneezing and coughing and virus shedding.[3]

| Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Week 2 | Week 3 | Week4 |
|---|---|---|---|---|---|---|---|---|---|

Fold here

## Possible symptoms

| Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Week 2 | Week 3 |
|---|---|---|---|---|---|---|---|---|

**Earlier Symptoms**[4]

Headache, sneezing, chilliness and tiredness

Usually develop and decline rapidly within the first 2 days

**Later Symptoms**[4]

Tiredness, nasal discharge (maybe coloured), and nasal obstruction.

Tend to develop slowly over several days

**Most symptoms last about 7–10 days**[2]

Cough can last up to 3 weeks.[1, 5]


**Common colds need common sense, not antibiotics. 2008 presenters guide staff update**

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**NPSCC00816_2008**

# MATERIALS SAFETY DATA SHEET
## GLO-GERM GEL

Glo-Germ Company
PO Box 537
Moab, Utah 84532

Emergency & Information Telephone Numbers
1-800-424-9300
1-800-842-6622

May 11, 2006

Section I – Product Identification

Producer: Liddell NFPA Ratings H F R 0 1 0

Section II – Hazardous Ingredients

No hazardous ingredients present

Section III – Ingredients

| | |
|---|---|
| White lotionl percentage: | 100% |
| Hazards in blend: | none |
| Component Exposure Limits: | OSHA, PEL, ACGIG TLV Unites: No limit |

Section IV – Health Effect Information

| | |
|---|---|
| Eye contact: | Minimal irritation upon contact. |
| Skin contact: | Single or repeated and prolonged contact is not expected to result in skin irritation. However, chemicals of similar composition cause minimal or slight dermal irritation when applied to the skin of laboratory animals. |
| Inhalation: | Product has a low vapor pressure and is not expected to present an inhalation hazard at ambient conditions. Aerosolization or misting of product should be prevented. The permissible exposure limit (PEL) and threshold limit value (TLV) for this product as oil mist is 5 MG/M3. Exposures below specified limit appear to pose no significant health risk. The short-term exposure limit for this product as an oil mist is 10 MG/M3. Refer to Section V below. |
| Ingestion: | Ingestion is reasonably non-toxic unless aspiration occurs. As this product possesses laxative properties, ingestion may result in abdominal cramps and diarrhea. |

Section V – Health Data

Exposure to a large dose or repeated small doses of mineral oil by inhalation, aspiration, or ingestion leading to aspiration can lead to lipio pneumonia or lipio granuloma, which are low-grade, persistent, localized tissue reactions which are not fatal. The most common symptoms associated with lipio pneumonia or lipio granuloma are shortness of breath and cough. The International Agency for Research on Cancer (IARC) has concluded that highly refined mineral oils are group 3 substances, “NOT CLASSIFIABLE AS TO THEIR CARCINOGENICITY TO HUMANS,” based on inadequate human and animal evidence. In addition, IARC has concluded that there is no evidence for the carcinogenicity to experimental animals of white oils when administered by routes other than by intraperitoneal injection. This substance is not carcinogenic according to the OSHA hazard communication standard.

Section VI – Emergency and First Aid Procedures

| | |
|---|---|
| Eye contact: | Flush eyes with large quantities of water immediately and continue to flush until discomfort is eased. If liquid is hot, treat affected area for thermal burns and take victim to the hospital immediately. |
| Skin contact: | Remove clothing that has come into contact with substance. If liquid is hot, immerse affected area in cool water. If serious burns have been |

sustained, take victim to a hospital immediately.

Inhalation: Due to its low vapor pressure, material is not expected to present an inhalation exposure at ambient conditions.

Ingestion: May act as a laxative. Do not induce vomiting.

Section VII – Personal Health Protection

Eye protection: Not required for normal use.

Skin protection: Not required for single use of short duration. For prolonged or repeated exposure, use impervious clothing over those parts of the body subject to exposure. If handling heated material, use insulated protective clothing (boots, gloves, aprons, etc.)

Respiratory protection: Not required for normal use. If use of material results in vapor or mist, use an organic vapor respirator with a dust and mist filter. All respirators must be NIOSH certified. Do not use compressed oxygen in hydrocarbon atmospheres.

Ventilation: Upon generation of vapor or mist, adequate ventilation in accordance with good engineering practice is necessary.

Section VIII – Transportation Information

Liquid, white lotion, Synthetic Organic Colorant 1 1 0

June 2008

# Articles for your newsletters to parents: an NPS resource to help you support parents and carers

## 10 plus 10 equals … less colds


Common cold viruses can get on our *hands* when we touch infected hands, surfaces and objects. When we put our unwashed hands in our mouth or rub our eyes and nose with them *we* can *infect ourselves* with a cold virus.

**Correct hand washing is one of the *most* effective ways to help prevent the spread of colds.**

- Wash hands thoroughly, especially **before eating** food and **after blowing** the nose, coughing or sneezing.
- Here's how:
  1. **Lather** with liquid soap **for 10 seconds**
  2. **Rinse** with running water **for 10 seconds**
  3. **Dry** hands.

**Antibiotics don't work on viruses** so they won't stop a cold from spreading.

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For more information go to **www.nps.org.au/commoncolds**

## Green snot is good!
## The body is beating the cold


**Antibiotics don't work on viruses**, including those which cause common colds. So when a child has a cold allow their body's natural defenses to do their job.

Did you know?

- Green or yellow mucus from the nose is a positive sign that your child's immune system is fighting the cold.
- This colour change is normal and does not mean that the cold is getting worse or that the child needs antibiotics.

Colds last around 7–10 days. If symptoms persist or you are concerned, see your doctor for advice.

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For more information visit 'parents and carers' at **www.nps.org.au/commoncolds**

These newsletters are provided by the National Prescribing Service. NPS is an independent, Australian organisation for Quality Use of Medicines, funded by the Australian Government Department of Health and Ageing.
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**NPSCC0818_2008**

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Antibiotics work on bacteria, not on the viruses that cause common colds. Green or yellow mucus from the nose is a sign that the immune system is fighting the common cold and does not mean the cold is getting worse.

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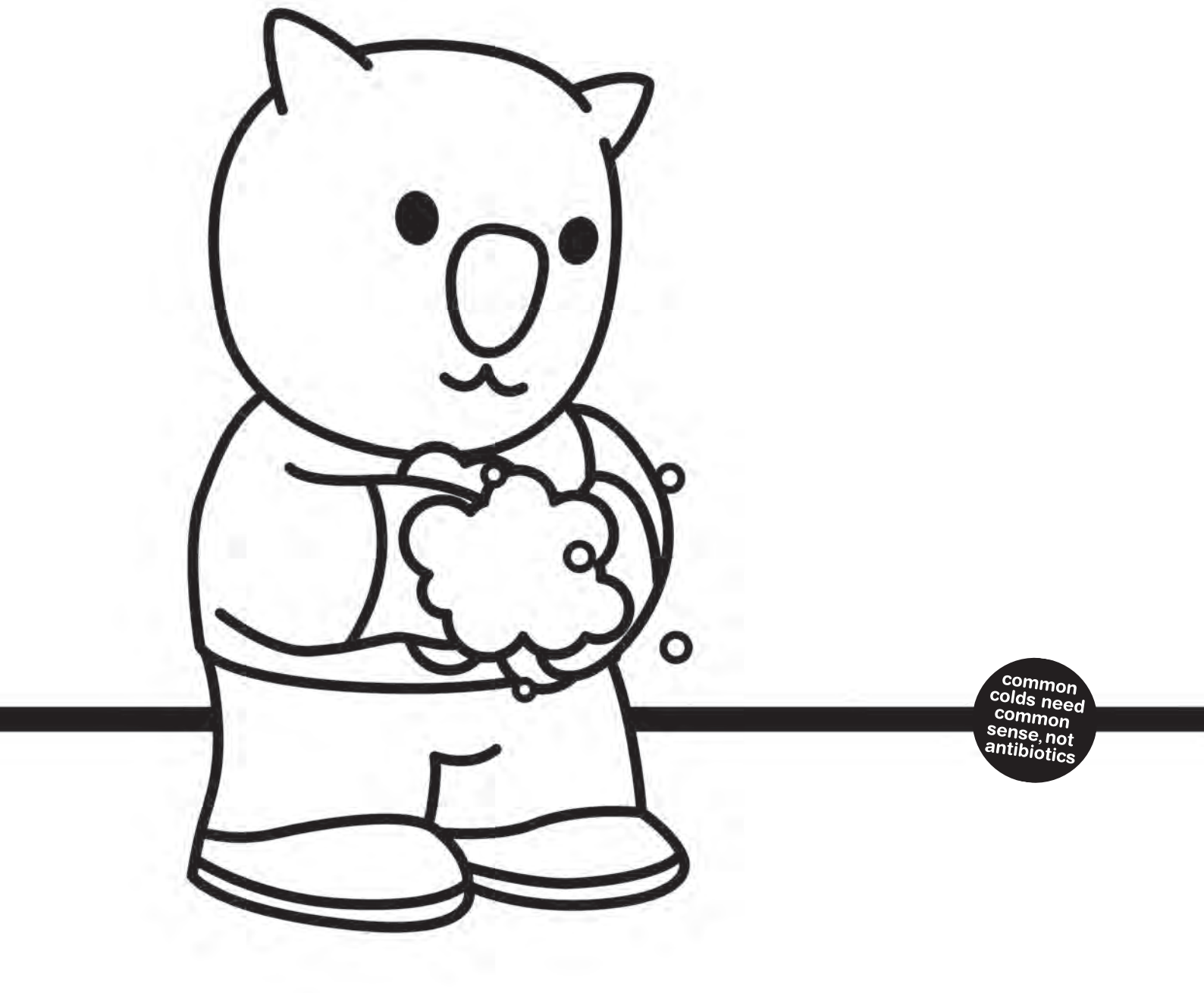


Antibiotics work on bacteria, not the viruses which cause common colds. Washing your hand is the best way to stop the spread of common colds.

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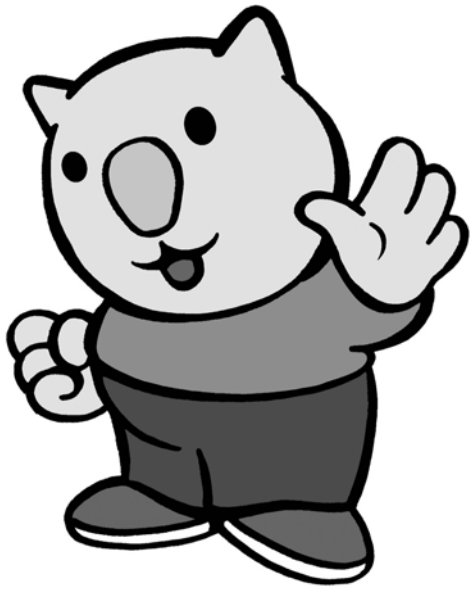
# Common colds need common sense, not antibiotics

# NHMRC guide 2008



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# Staying Healthy in Child Care



## Preventing infectious diseases in child care



Fourth Edition



Australian Government
National Health and Medical Research Council

Australian Government

National Health and Medical Research Council

# Staying Healthy in Child Care

## Preventing infectious diseases in child care

## 4th edition

Endorsed December 2005

# The three most important ways of preventing the spread of infectious disease

The three most important ways of preventing the spread of infectious disease are:

- Effective hand washing;
- Exclusion of sick children and staff; and
- Immunisation.

If these are not done properly, the many other processes that support infection control, such as cleaning and food safety procedures, will not work well.

### HOW EASILY ARE DISEASES SPREAD IN A CHILD CARE CENTRE

Some viruses such as measles and norovirus are very infectious and will very easily infect non-immune people. Measles virus can remain airborne for up to 2 hours after a person has left a room so that further people are exposed. Norovirus is a very common cause of diarrhoea and can infect 50% or more of people in a group.

At the other extreme, Hepatitis B, Hepatitis C and HIV are very difficult to spread in a child care setting.

# Hand washing

*Infections can be spread by a person who shows no signs of illness. Hand washing is one of the most effective ways of preventing the spread of infection.*

The best way to prevent the transmission of disease is to **wash and dry your hands thoroughly.** Educating staff to wash and dry their hands effectively decreases the amount of disease in infants and toddlers. Hand washing is effective because it loosens, dilutes and flushes off germs and contaminated matter.

To promote and enable effective hand washing requires:

- hand basins to be readily accessible and located where they will be needed (including nappy changing areas, toilets, food preparation areas and outdoors); and
- hand basins to be at an appropriate size and height, for staff and children.

Hands-free taps and liquid soap dispensers will reduce the opportunities for cross-contamination.

### HOW TO WASH HANDS

Use the following method to make sure **your** hands and the **children's** hands are as germ-free as possible. The process of thoroughly washing and rinsing your hands should take 10 – 15 seconds. This can be achieved by slowly counting to 10 when you wash and then slowly counting to 10 when you rinse. This is about as long as it takes to sing 'Happy Birthday' twice.

- Wet hands with running water.
- Use liquid soap and spread over hands.
- Rub your hands vigorously as you wash them.
- Wash your hands all over. Pay particular attention to wash the palms and backs of hands, in between fingers, under finger nails and around wrists.
- Rinse your hands thoroughly to remove all suds and germs. Thorough rinsing will help prevent dermatitis from suds.
- Turn off the tap using paper towel.
- Pat dry your hands with a new paper towel.

Teach the children under your care to wash and dry their hands in this way. Staff need to supervise and observe children so that they develop hand washing as a good habit and do it properly. Encourage the children not to touch the tap after they have washed and dried their hands. The tap will have lots of germs on it.

## Babies need to have their hands washed as well

Babies need their hands washed as often and as thoroughly as older children. If the baby is able to stand at an appropriate sized hand basin, you need to wash and dry their hands just as you would for yourself. If the baby is unable to stand at a hand basin, wash their hands with either premoistened towelettes or wet disposable cloths, then pat dry with paper towel.

## Soaps, towels and lotion

Liquid soap dispensers and disposable paper towels are the preferred option for hand washing. Liquid soap is advocated rather than solid bar soap because it is less likely to become contaminated and is more likely to be used.[2] If reusable containers are used for liquid soap, they must be cleaned and dried before refilling with fresh soap. Antibacterial hand washes should not be used routinely in child care centres as they are unnecessary and may encourage the development of resistant bacteria[3]. Alcohol-based hand cleaners can have a role if proper hand washing facilities are not available (eg on excursions). After several uses of an alcohol-based hand cleaner, you will need to wash your hands properly with liquid soap and water.[4]

Effective **hand drying** is just as important as thorough hand washing because wet surfaces transfer germs more effectively than dry ones[4]. Disposable paper towel is the preferred option. Cloth towels should not be used as they allow re-contamination of the hands. Warm air dryers are also not recommended as they take longer to dry hands than with paper towel, can only serve one person at a time and often people do not spend long enough using the dryer.

## Hand care

Some infections are spread when blood from an infected person comes into direct contact through broken or abraded skin, therefore healthy intact skin can be a very effective barrier to disease and infection.

Wash hands with mild soap and water and make sure that they are thoroughly dry. Soaps and detergents remove oils from the skin causing dryness and possible cracking[5]. Some staff and children may find that frequent hand washing may lead to dry skin, which may be prone to cracking and dermatitis. Cracked or inflamed skin is harder to clean properly and may become infected. Application of a hand cream may help to prevent skin cracking and dermatitis.

Prolonged contact with water softens the skin and makes it more susceptible to irritation. Reducing the dryness and irritation of the skin is very important. Application of a hand cream and powder-free gloves may be used to reduce drying of skin.

Sorbolene cream and water may be used instead of soap and water, and hands patted dry, rather than rubbed vigorously. Apply more sorbolene cream as a hand cream if needed.

Use barrier cream to protect skin that will be wet for long periods. Do not use barrier cream on damaged skin[6]. Treat minor cuts and abrasions promptly.

Children with eczema have a type of skin that is dry, itchy and sensitive. Their skin is easily inflamed, gets itchy and is made worse by rubbing and scratching. Reducing the dryness and irritation of the skin is very important. These children may find that frequent use of soap and water may irritate their skin. They can use sorbolene cream instead of soap. They can put the cream on and then gently rub off under running water.

They should pat their hands dry rather than rub and apply more sorbolene cream if needed.

### Hand washing takes time

In the steps for good hand washing you need to slowly count to 10 while soaping and rubbing your hands and then slowly count to 10 while rinsing your hands. This may seem like a long time. It is a challenge to allow enough time in your daily program for children to wash and dry their hands well. But it can be done. Wearing jewellery will make it harder to clean your hands effectively and will require extra attention.

### When to wash your own hands

- When you arrive at the centre. This reduces the introduction of germs;
- Before handling food, including babies' bottles;
- Before eating;
- After changing a nappy;
- After removing gloves;
- After going to the toilet;
- After cleaning up blood, faeces or vomit;
- After wiping a nose, either a child's or your own;
- Before giving medication;
- After handling garbage;
- After coming in from outside play; and
- Before going home. This prevents taking germs home.

### When to wash the children's hands

- When they arrive at the centre. This reduces the introduction of germs. Parents can help with this;
- Before and after eating and handling food;
- After having their nappy changed. Their hands will become contaminated while they are on the change mat;
- After going to the toilet;
- After coming in from outside play;
- After touching nose secretions;
- After coming in contact with blood, faeces or vomit;
- Before joining the mixed age group (if applicable); and
- Before going home. This prevents taking germs home. Parents can help with this.

### GLOVES

Wearing gloves does not replace the need for hand washing as gloves may have very small holes or be torn during use. Hands may also become contaminated during removal of gloves. New gloves should be used for each child.

## Exclusion of sick children and staff

Excluding sick children and staff is one of the three most important ways of limiting the spread of infection in the child care centre (see page 3). The spread of certain infectious diseases can be reduced by excluding a person who is known to be infectious, from contact with others who are at risk of catching the infection.

Parents may find an exclusion ruling difficult and some parents may place great pressure on the director to vary from the centre's exclusion rules. Often these parents are under great pressure themselves to fulfil work, study or other family commitments. This may lead to stress and conflict between parents and centre staff.

The best way to avoid conflict is to have a written policy that clearly states the centre's exclusion criteria. This policy should state the National Health and Medical Research Council's Recommended minimum exclusions periods (see page 7) as well as any additional conditions or exclusion periods your centre may have. Give the policy to all parents and staff when they first join the centre.

Directors should not be influenced by letters from doctors which allow the child back into care, unless the child's condition fulfils the criteria for return to care. Sometimes doctors make different diagnoses for children in the same centre with illnesses that appear similar. Your public health unit should be able to help you with these situations or when you are in doubt about exclusion.

Whenever you exclude a child, take the opportunity to review your infection control techniques with all child carers. In particular, check hand washing is being done as recommended in this book.

### Involvement of parents

Provide parents with a copy of the centre's policies on immunisation, medication, infection control (hygiene) and exclusion when the child is enrolled. Encourage parents to return and discuss these policies with you. The exclusion policy is the policy most likely to cause concern. Make sure that parents understand why the centre has an exclusion policy.

Most parents will appreciate your attempts to prevent illness in their children. In particular, it is important that parents support the centre's policies on cleanliness. Ask parents to encourage their children to **wash and dry their hands** on arrival at the centre and when leaving.

## THE NEED FOR EXCLUSION DEPENDS UPON:

- The ease with which the infection can be spread;
- The ability of the infected person to follow hygiene precautions; and
- The severity of the disease[7].

## THE EXCLUSION PROCEDURE

- Identify when symptoms or a medical diagnosis fit a condition with an exclusion period;
- Refer to the table on page 7 for the recommended minimum periods of exclusion; and
- Advise the parents or staff member when they may return to the centre.

Recommended exclusion periods are based on the time that a person with a specific disease or condition is likely to be infectious.

Recommended 'Not excluded' means there is no significant risk of transmitting infection to others.

The following are recommended minimum periods of exclusion based on risk of infection but a child or staff member may need to stay at home longer than the exclusion period to recover from an illness.

# Recommended minimum exclusion periods for infectious conditions for schools, pre-schools and child care centres

**Children who are unwell should stay home from schools, pre-schools and child care centres.**

Definition of 'Contacts' will vary according to disease. Please refer to specific Fact Sheets for definition of 'Contacts'. (Fact sheets are listed in the contents pages of the manual).

Different exclusion periods will apply to people whose work involves food handling: if they have vomiting and/or diarrhoea they should not return to work until they have been symptom-free for 48 hours and do not have loose bowel actions[8]. For some conditions such as *Campylobacter* and *Giardia*, even though the organism may still found in the bowel actions, children may be able to return to the child care centre 24 hours after the diarrhoea has ceased. This is because the number of organisms will be less and it will be possible for good hygiene to be effectively maintained.

| Condition | Exclusion of Case | Exclusion of Contacts |
|---|---|---|
| Amoebiasis (Entamoeba histolytica) | Exclude until there has not been a loose bowel motion for 24 hours | Not excluded |
| Campylobacter | Exclude until there has not been a loose bowel motion for 24 hours | Not excluded |
| Candidiasis | See 'Thrush' | |
| Chickenpox (Varicella) | Exclude until all blisters have dried. This is usually at least 5 days after the rash first appeared in unimmunised children and less in immunised children.[9] | Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded. |
| CMV (Cytomegalovirus infection) | Exclusion is NOT necessary | Not excluded |
| Cryptosporidium infection | Exclude until there has not been a loose bowel motion for 24 hours | Not excluded |
| Diarrhoea (No organism identified) | Exclude until there has not been a loose bowel motion for 24 hours | Not excluded |
| Diphtheria | Exclude until medical certificate of recovery is received following at least 2 negative throat swabs, the first swab not less than 24 hours after finishing a course of antibiotics followed by another swab 48 hours later. | Exclude contacts that live in the same house until cleared to return by an appropriate health authority. |
| German measles | See 'Rubella' | |
| Giardiasis | Exclude until there has not been a loose bowel motion for 24 hours | Not excluded |
| Glandular fever (Mononucleosis, EBV infection) | Exclusion is NOT necessary | Not excluded |
| Hand, foot and mouth disease | Exclude until all blisters have dried. | Not excluded |

| Condition | Exclusion of Case | Exclusion of Contacts |
|---|---|---|
| Haemophilus influenzae type b (Hib) | Exclude until the person has received appropriate antibiotic treatment for at least 4 days.[10] | Not excluded |
| Head lice (Pediculosis) | Exclusion is NOT necessary if effective treatment is commenced prior to the next day at child care (ie the child doesn't need to be sent home immediately if head lice are detected). | Not excluded |
| Hepatitis A | Exclude until a medical certificate of recovery is received, but not before seven days after the onset of jaundice. | Not excluded |
| Hepatitis B | Exclusion is NOT necessary | Not excluded |
| Hepatitis C | Exclusion is NOT necessary | Not excluded |
| Herpes simplex (cold sores, fever blisters) | Exclusion is not necessary if the person is developmentally capable of maintaining hygiene practices to minimise the risk of transmission. If the person is unable to comply with these practices they should be excluded until the sores are dry. Sores should be covered by a dressing where possible. | Not excluded |
| Human Immunodeficiency Virus (HIV/AIDS) | Exclusion is NOT necessary. If the person is severely immunocompromised, they will be vulnerable to other people's illnesses. | Not excluded |
| Hydatid disease | Exclusion is NOT necessary | Not excluded |
| Impetigo (school sores) | Exclude until appropriate antibiotic treatment has commenced. Any sores on exposed skin should be covered with a watertight dressing. | Not excluded |
| Influenza and influenza-like illnesses | Exclude until well | Not excluded |
| Legionnaires' disease | Exclusion is NOT necessary | Not excluded |
| Leprosy | Exclude until approval to return has been given by an appropriate health authority | Not excluded |
| Measles | Exclude for 4 days after the onset of the rash | Immunised and immune contacts are not excluded.<br>Non-immunised contacts of a case are to be excluded from child care until 14 days after the first day of appearance of rash in the last case, unless immunised within 72 hours of first contact during the infectious period with the first case.<br>All immunocompromised children should be excluded until 14 days after the first day of appearance of rash in the last case.[11] |
| Meningitis (bacterial) | Exclude until well and has received appropriate antibiotics | Not excluded |
| Meningitis (viral) | Exclude until well | Not excluded |
| Meningococcal infection | Exclude until appropriate antibiotic treatment has been completed | Not excluded |
| Molluscum contagiosum | Exclusion is NOT necessary | Not excluded |
| Mumps | Exclude for nine days or until swelling goes down (whichever is sooner) | Not excluded |
| Norovirus | Exclude until there has not been a loose bowel motion or vomiting for 48 hours | Not excluded |
| Parvovirus infection (fifth disease, erythema infectiosum, slapped cheek syndrome) | Exclusion is NOT necessary | Not excluded |

| Condition | Exclusion of Case | Exclusion of Contacts |
|---|---|---|
| Pertussis | See 'Whooping Cough' | |
| Respiratory Syncytial virus | Exclusion is NOT necessary | Not excluded |
| Ringworm/tinea | Exclude until the day after appropriate antifungal treatment has commenced | Not excluded |
| Roseola | Exclusion is NOT necessary | Not excluded |
| Ross River virus | Exclusion is NOT necessary | Not excluded |
| Rotavirus infection | Children are to be excluded from the centre until there has not been a loose bowel motion or vomiting for 24 hours | Not excluded |
| Rubella (German measles) | Exclude until fully recovered or for at least four days after the onset of the rash | Not excluded |
| Salmonella infection | Exclude until there has not been a loose bowel motion for 24 hours | Not excluded |
| Scabies | Exclude until the day after appropriate treatment has commenced | Not excluded |
| Scarlet fever | See 'Streptococcal sore throat' | |
| School sores | See 'Impetigo' | |
| Shigella infection | Exclude until there has not been a loose bowel motion for 24 hours | Not excluded |
| Streptococcal sore throat (including scarlet fever) | Exclude until the person has received antibiotic treatment for at least 24 hours and feels well | Not excluded |
| Thrush (candidiasis) | Exclusion is NOT necessary | Not excluded |
| Toxoplasmosis | Exclusion is NOT necessary | Not excluded |
| Tuberculosis (TB) | Exclude until medical certificate is produced from an appropriate health authority | Not excluded |
| Typhoid, Paratyphoid | Exclude until medical certificate is produced from appropriate health authority | Not excluded unless considered necessary by public health authorities |
| Varicella | See 'Chickenpox' | |
| Viral gastroenteritis (viral diarrhoea) | Children are to be excluded from the centre until there has not been a loose bowel motion or vomiting for 24 hours | Not excluded |
| Warts | Exclusion is NOT necessary | Not excluded |
| Whooping cough (pertussis) | Exclude until five days after starting appropriate antibiotic treatment or for 21 days from the onset of coughing[12] | Contacts that live in the same house as the case and have received less than three doses of pertussis vaccine are to be excluded from the centre until they have had 5 days of an appropriate course of antibiotics. If antibiotics have not been taken, these contacts must be excluded for 21 days after their last exposure to the case while the person was infectious. |
| Worms | Exclude if loose bowel motions present | Not excluded |

# RESPIRATORY COMPLAINTS

## Asthma

### DESCRIPTION

One in five Australian children has asthma, making it the most common chronic medical condition in childhood[39]. Apart from the normal coughs and colds of childhood, it is the condition most likely to be encountered in early childhood settings. Not all of these children will have symptoms all of the time. There is a range of severity of asthma, from those children who have only one or two attacks in their lifetime through to those who need to take medication every day. Most children with asthma are able to lead essentially normal lives, provided they receive the correct medical management.

In asthma, the smaller airways in the lungs become narrow due to inflammation and then swelling of their walls; in addition there is a lot of mucus production and tightening and spasm of the smooth muscle in the walls. This results in further narrowing of the airways, which reduces the flow of air in and out of the lungs, and is also responsible for the wheeze, cough, and difficulty in breathing that are the hallmarks of acute asthma. Severe attacks can be life threatening.

### INCUBATION PERIOD

Nil.

### INFECTIOUS PERIOD

Nil.

### EXCLUSION PERIOD

Nil.

### RESPONSIBILITIES OF CHILD CARE PROVIDERS/STAFF

Ensure staff are aware of which children are known asthmatics and are aware of the centre's 'Asthma First Aid Plan'.

## RESPONSIBILITIES OF THE PARENTS

Ensure staff of centre is aware of child's asthma. Every child with asthma should have a **written action plan** so it is clear exactly what needs to be done during an acute attack. This should be obtained by the parent from the child's doctor and given to the centre when the child is enrolled, or diagnosed as asthmatic.

## CONTROLLING THE SPREAD OF INFECTION

Asthma is not an infection, and is not a disease that other children can 'catch' from being near an asthmatic child.

## TREATMENT

The first principle of treatment is to try and prevent attacks from occurring at all. If acute attacks do occur, or symptoms are present, then the aim is to limit both their severity and duration. For many children, the most effective treatment of asthma is to take medications every day to prevent attacks – these are children who would otherwise have attacks relatively frequently. Most children have only occasional attacks and do not need to take preventative medication – they only take medication when they have symptoms. More children with asthma get into trouble because they are under-treated than because they use medications too much.

Medications used in asthma can be divided into **relievers** and **preventers**[40].

**Relievers** are quick acting and are used to treat the symptoms of an attack, so they are given when the child begins to cough and wheeze. They act on the smooth muscle surrounding the airways to make them wider and so relieve the symptoms. They are usually given by inhalation every three to four hours though, if the symptoms are severe, can be given safely more frequently. Relievers are also used before exercise or sport in those children who get symptoms such as cough, wheeze or shortness of breath when they exert themselves. The child takes a dose of medication just before the activity begins and again during it if needed.

**Preventers** are used to prevent attacks or daily symptoms. Some children take both preventers and relievers.

Asthma medications are generally given by inhalation. Children from about the age of 7-8 years of age are able to use puffers. Younger children are able to use the puffers in conjunction with a 'spacer', which is a plastic cylinder. The puffer fits into one end and the child then puts their lips over these devices which deliver the medication directly into the lungs. Sometimes a nebuliser is used - this is an electrical pump and the medication is turned into a fine mist via an air pump. This is especially useful in an acute attack, though for most children medication delivered by a spacer device is likely to be just as effective.

### Asthma First Aid Plan[41]

1. Sit the person upright and remain calm. Don't leave them alone.
2. Give 4 puffs of a blue reliever, (Airomir, Asmol, Bricanyl**, Epaq or Ventolin) one puff at a time, through a spacer*. (*Use a blue puffer on its own if there is no spacer. **Bricanyl is not used with a spacer)
3. Wait for 4 minutes.
4. If there is little or no improvement, repeat steps 2 and 3.

If there is still little or no improvement, call an ambulance immediately (Dial 000). Continue to repeat steps 2 and 3 while waiting for the ambulance.

# Common cold

## DESCRIPTION

The common cold is caused by many different viruses that affect the nose and throat. It is the most common infectious illness, especially for young children. Young children may have 8 to 10 colds each year[45], with the highest number usually being during the first two years in child care, kindergarten or school. A cold in itself is not serious but colds can sometimes lead to other infections such as ear infections and tonsillitis.

Symptoms include a runny, stuffed up nose, sneezing, coughing and a mild sore throat, with little or no fever. Nasal discharge is usually clear to start with, and then within a day can become thicker, yellow and sometimes green. Up to a quarter of young children with a cold go on to have an ear infection as well, but this happens less often as the child grows older[46].

Colds are spread directly by contact with airborne droplets (coughing and sneezing), or indirectly by contaminated hands, tissues, eating utensils, toys or other articles freshly soiled by the nose and throat discharges of an infected person.

## INCUBATION PERIOD

About 1–3 days.

## INFECTIOUS PERIOD

2-4 days after the cold starts.

## EXCLUSION PERIOD

There is no need to exclude a child with a common cold, unless the child is unwell.

## RESPONSIBILITIES OF CHILD CARE PROVIDERS/STAFF

Report the infection to the director. Advise the parent the child should stay at home until they are feeling well.

## RESPONSIBILITIES OF THE PARENT

The child should stay at home until they are feeling well.

## CONTROLLING THE SPREAD OF INFECTION

To control the spread of germs, children should be encouraged to either:

a) Cover their mouth and nose with a tissue when they sneeze or cough, then dispose of the used tissue appropriately. Wash their hands with soap and water, and dry thoroughly; or

b) Cough or sneeze into their upper sleeve, or elbow, not into their hands. Then wash their hands with soap and water, and dry thoroughly.

Ensure staff wash and dry hands after contact with soiled tissues or contact with nose and throat discharges.

## TREATMENT

No specific treatment. Rest, extra drinks and comforting are important. Decongestants and other cold remedies are widely promoted for the relief of symptoms of colds and flu. However there is little evidence that any of these help[47]. In fact, there may be evidence that they can be harmful and may cause unpleasant side effects such as irritability, confusion and sleepiness. Oral decongestants are not recommended for children under the age of 2 years. Cough medicines are not effective in reducing the frequency, intensity or duration of cough. Like fever, the cough is there for a reason – it serves a useful function in clearing mucus from the child's airways and preventing secondary infection. If concerned, take children to the doctor. Do not give aspirin to any child with a fever.

## COMMENTS

Watch for new or more severe symptoms. They may indicate other more serious infections.

# Runny noses (with green or yellow discharge)

## DESCRIPTION

When germs that cause colds (cold viruses) first infect the nose and sinuses, the nose makes clear mucus. This helps wash the germs from the nose and sinuses. After two or three days, the body's immune cells fight back, changing the mucus to a white or yellow colour[57]. As the bacteria that live in the nose grow back, they may also be found in the mucus, which changes to a greenish colour. This colour change is normal and does not mean the child needs antibiotics or that they need to be excluded.

## INCUBATION PERIOD

2-3 days.

## INFECTIOUS PERIOD

Nil.

## EXCLUSION PERIOD

Nil.

## RESPONSIBILITIES OF CHILD CARE PROVIDERS/STAFF

Report the discharge to the director.

If the child is unwell, the child should stay at home until they are feeling better (this is out of concern and consideration of the child – it is not an infection control issue for the centre).

## RESPONSIBILITIES OF PARENTS

If the child is unwell, the parent should keep the child at home until the child is feeling better (this is out of concern and consideration of the child – not an infection control issue for the centre).

## CONTROLLING THE SPREAD OF INFECTION

To control the spread of germs, children should be encouraged to either:

a) Cover their mouth and nose with a tissue when they sneeze or cough, then dispose of the used tissue appropriately. Wash their hands with soap and water, and dry thoroughly; or

b) Cough or sneeze into their upper sleeve, or elbow, not into their hands. Then wash their hands with soap and water, and dry thoroughly.

Ensure staff wash and dry hands after contact with soiled tissues or contact with nose and throat discharges.

## TREATMENT

No specific treatment. Antibiotics are not needed to treat a runny nose.

# Tips to limit the spread of common colds

## Tip 1

Teach children to cover their mouth when coughing and sneezing by covering the mouth with their own hand or, preferably, with the corner of their elbow.

Handwashing and drying afterwards is also recommended. See pages 3–5 of the NHMRC's *Staying healthy in child care: preventing infectious diseases in child care*, 4th edn, (ie the NHMRC guide) for more information.

## Tip 2

Demonstrate a handwashing, rinsing and drying routine to children.

Count to 10 when washing hands, count to 10 again when rinsing, then dry with disposable towelling. The song below might help, sung to the tune of 'Here we go round the mulberry bush':

- This is the way we wash our hands, wash our hands, wash our hands
- This is the way we wash our hands, [in the early morning, before morning tea break, etc]
- This is the way we rinse our hands, rinse our hands, rinse our hands etc

**When?** Handwashing should happen:

- on arrival at your service, to prevent new infections from coming into the service
- before and after eating
- after touching garbage
- after playing
- after going to the toilet
- after coughing or sneezing (to prevent children from inoculating themselves)
- when leaving the service (to prevent infections being carried home).

Of course, this doesn't just apply to children. It's important that we all wash our hands in these circumstances, and also before preparing food.

**With what?** Wash hands thoroughly with soap and warm water. Soap containing disinfectant or antibacterial solution isn't necessary and may give you a false sense of security — it is the duration of washing that is the important thing.

**Resource:** The NHMRC have a poster on hand washing included in *Staying healthy in child care: preventing infectious diseases in child care*, 4th edn. Visit their website at www.nhmrc.gov.au.

## Tip 3

We know this is a challenge with young children, but encouraging them to keep their hands away from eyes, nose and mouth as much as possible also helps to prevent children from infecting themselves and others.

## Tip 4

Encourage the child or help them blow their nose often with disposable tissues. As in the story book, Harvey catches a cold and visits the doctor, saying 'honk honk' can help children learn how to blow their nose. Tissues (not handkerchiefs) are recommended for hygiene and throw the tissues in a plastic-lined bin straight away and then wash and dry your hands.

**Dealing with nasal discharge:** Wash your hands after you wipe a child's nose to reduce the chance of infecting yourself or others. If you cannot wash your hands after every nose wipe, use gloves and clean tissues which must be disposed of safely and appropriately. Remove the glove by pulling over the hand covering the tissue at the same time.

## Tip 5

Don't share cups or cutlery with others at any time.

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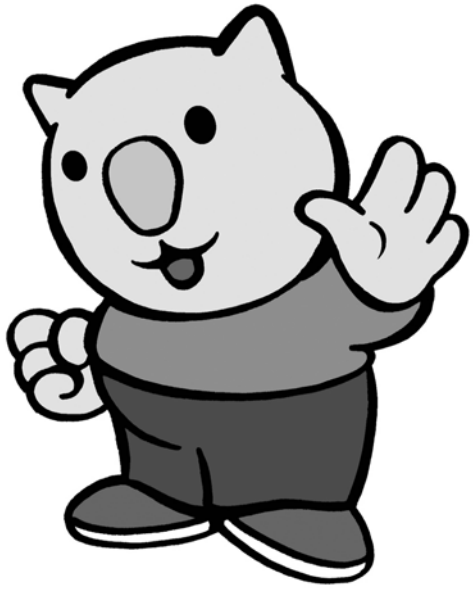
# Common colds need common sense, not antibiotics

## Forms 2008



National Prescribing Service Limited

# Common colds need common sense, not antibiotics
# Staff update 2008: Attendee list

Return this attendee list with your evaluation forms and you will receive a:

- certificate of participation for your children's service
- a certificate of participation for each staff member attending

**Please return this completed form** in the enclosed reply paid envelope, or mail to NPS, Reply Paid PO Box 1980, Strawberry Hills NSW 2012.

## 1. Children's service centre details

Please print in **BLOCK LETTERS**

1. Name of centre: ____

2. Mailing address: ____

Town/Suburb: ____

State or Territory: ____ Postcode: ____

## 2. List of attendees

Please print in **BLOCK LETTERS**

| Title | Firstname | Family name |
|---|---|---|
| | | |
| | | |
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National Prescribing Service Limited

# Common colds need common sense, not antibiotics
# Children's services staff update 2008: Presenters evaluation

Thank you for commitment to presenting this staff update. To help us improve future sessions, we would greatly appreciate your feedback. Please complete a separate form for each staff update conducted. We assure you that your response will remain confidential.

Return your evaluation forms and you will receive a:

- certificate of participation for your children's service
- a certificate of participation for each staff member attending.

## Organisation details

**1.** Your name: _____

**2.** Centre or organisation: _____

**4.** Organisation's mailing address: _____

Town/Suburb: _____

State or Territory: _____ Postcode: _____

All personal information collected by NPS will be used for mailing of NPS materials and for evaluation purposes only.

## About the information session

**5. What is the main occupation of the primary presenter/s (please tick all that apply)?**

☐ Director ☐ Childcare centre worker

☐ Health professional – if so, complete below:

a. Health professional's name: _____

b. Tick the relevant box: ☐ General Practitioner ☐ Pharmacist ☐ Nurse ☐ Other

c. How did the health professional participate?

☐ Co-presented with me ☐ Presented the entire session ☐ Answered questions only

☐ Other (specify) _____

**6. How many staff attended the session?** _____ (including yourself)

**7. How long was your session on common colds need common sense?** _____ minutes

**8. During the staff update, did you have time to reflect on your service's/organisation's policies on infection control, illness or exclusion?**

☐ Yes If yes, did you or will you definitely consider changes to your policy? ☐ Yes ☐ No

☐ No If no, are you planning to review any of these policies? ☐ Yes ☐ No

**9. Do you believe that the information session will lead to changes in practice among your staff?**

☐ Yes ☐ No

**10. How could the session be improved in the future (e.g. resources, guide, speakers etc)? Please also provide any other feedback or comments here (e.g. issues with organising the session, unexpected outcomes, things that worked well etc).**

Thank you for completing these questions and giving us your valuable feedback. Please return this form in the enclosed reply paid envelope, or mail to NPS, Reply Paid 1980, Strawberry Hills NSW 2012.

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