

Preventing Infectious Diseases in Early Childhood Programs

Nydia Ntouda: Our speakers today are Bobbie Rose and Abbey Alkon, and I'll hand it over to them for them to introduce themselves.

Bobbie Rose: Thank you, Nydia, and hello, everybody. It's wonderful to see so many of you have joined today. I'm Bobbie Rose. I'm a public health nurse and a childcare health consultant, and I am a health and safety subject matter expert with the National Center for Health, Behavioral Health, and Safety. I have nearly 20 years' experience working to protect the health and safety of children, families, and the early childhood community, including staff, at the California Child Care Health Program, which is at the School of Nursing at the University of California San Francisco.

Abbey Alkon: Hi, everyone. I am Abbey Alkon. I'm a professor at the University of California San Francisco in the School of Nursing, and I'm the Director of the California Child Care Health Program. I'm a pediatric nurse practitioner and epidemiologist, so I have experience as a clinician and a researcher. At the National Center of Health, Behavioral Health and Safety, I'm on the leadership team. I am also a health and safety subject matter expert.

It's great to see everyone writing their hellos from around the country in the chat. Thanks so much.

Nobody likes being sick. We always think about child care as a place that we want children to be healthy and safe. It's a top concern for families and for early childhood staff.

For this important webinar, we wanted to do a little icebreaker. Could you please type in the chat, what are the types of infectious illnesses that you are seeing in your early childhood program? I'll wait a minute to see what you write, and I'll mention a few of them.

What are some of the things that you see? Colds, RSV. We're seeing influenza; hand, foot, and mouth disease; lice; strep; COVID; impetigo; ringworm; and lots of things. Common colds and the flu. Lots of hand, foot, and mouth and lice, pinkeye, impetigo, and COVID.

Thanks. That's a lot, and a lot of common things that we're all seeing around the country. Next slide?

Thank you for joining us. I'm going to talk about today some of the fundamental infection control strategies to help early childhood educators ensure a health and safety environment.

I want to make sure I have my slides here. We know that children are naturally curious and playful. They're just beginning to learn the healthy habits to protect themselves from infectious illnesses. As someone who works in early childhood settings, you can take steps to reduce infectious diseases in your program.

We'll be going over how infectious diseases spread and the policies, practices, routines, and habits to reduce the spread of diseases. All of these strategies work together in supporting a safe and healthy environment, where children play and learn.

In addition, these strategies create a healthy and safe workplace for the staff. Many of the strategies will be familiar to you, and some may be new or possibly give you a deeper understanding of concepts you already know.

Here are our objectives for today. We hope that after the webinar, participants will be able to describe how infectious diseases spread in early childhood programs, list the basic infection control strategies and policies, identify COVID-19 risk reduction strategies. The “new” is recognize this new individualized professional development portfolio, known as IPD, course. The title is Preventing Infectious Diseases in Early Childhood Settings, and it's a resource for future staff training. Last is to locate the new IPD Preventing Infectious Disease course, including how to access the online module. Next slide, please.

Preventing infectious illnesses has never been more important. We know that healthy children will experience several common illnesses, and we've listed a lot today in the chat. We know that children are able to fully participate in program activities if they are healthy and able to attend their early childhood programs. We know that children who have a better attendance record are more likely to achieve their learning outcomes.

In order to prevent illnesses in your program, let's start with the definition of an infectious disease. Next slide, please.

What is an infectious disease? Infectious diseases are illnesses that can spread from one person to another. Specific germs, such as viruses, bacteria, and fungi, can cause infectious disease in people. Infectious illnesses can spread from one person to another before people have any signs and symptoms of illness. People may continue to spread germs even after the symptoms have gone away. Next slide, please.

For many of you, I'm sure this is a review. You may already know from experience that infectious illnesses spread easily among children. This is because they have not been exposed to many common germs, and they have limited immunity.

For example, this may be the first time children in a group setting are outside of their home. In these settings, they're exposed to new people, and therefore new germs.

We know that children are not fully vaccinated. For example, infants and toddlers, they haven't completed their series for things like diphtheria, pertussis, tetanus, hepatitis, influenza, MMR, measles, mumps, rubella.

They have close contact with other children and adults, and they have not yet learned the healthy habits and practices to reduce the spread of illness. For example, they're just learning to wash their hands effectively, and they need a lot of help and supervision with handwashing. In the end, we know they can learn this really important healthy routine.

They have behaviors that increase the spread of germs. For example, they may put their toys and other objects in their mouths. Next slide, please.

Generally, there are four main ways for germs to spread – through direct contact, like touching with people or objects; through the air, which is passing from the lungs, throat, or nose of one person to another while breathing, speaking, coughing, or sneezing; through stool or fecal oral transmission, which is a transfer of a germ from an infected person's stool into another

person's mouth; and through blood and body fluids, when germs spread from the blood or secretions of one person to another. Next slide, please.

For infectious diseases to spread, there must be a source of germs. Then there must be a way for the germs to move from another person, which we also call transmission. Then the germs must enter the body of a person who is not immune to that germ.

This is a graphic that shows how easy it is. It can happen in early childhood programs that germs can spread. Next slide, please.

Certain child behaviors also spread germs. These behaviors are sneezing and coughing into the air or into the face of another child or adult; wiping their noses or drooling on other people and surfaces; wiping their noses with a tissue without washing their hands; kissing and hugging; sharing mouth toys, bedding, towels, and clothing; and touching surfaces and objects and then putting their hands in their mouth; or touching their noses, eyes, mouth, or an open wound or a rash and then touching other people.

As you can see, there are so many different ways and opportunities for children to spread germs. Next slide, please.

This might sound overwhelming. But the good news is, you can reduce the risk of spreading illnesses through your healthy practices, your policies, and by making sure your environment is a healthy place for children to play and learn.

Now I'll turn it over to Bobbie, who will talk about the strategies and policies to reduce the risk of spreading illnesses. Next slide, Bobbie.

Bobbie: Thank you, Abbey. Let's start by looking at the Head Start Performance Standard 1302.47(b). This Head Start performance standard states that all staff systematically and routinely implement hygiene practices that, at a minimum, ensure appropriate toileting, hand-washing, and diapering procedures are followed, safe food preparation, and exposure to blood and body fluids are handled consistent with standards of the Occupational Safety Health Administration.

As the performance standards indicate, these everyday practices and routines work together to reduce the risk of spreading diseases. Many of these routines may be familiar to you already, such as the daily health check; healthy air and ventilation; cleaning, sanitizing, and disinfecting; proper diapering and toileting; hand hygiene; standard precautions; food safety; and pest control.

You may also have licensing regulations or tribal or local health jurisdiction guidance to follow regarding infection control. Then there is Caring for Our Children. Caring for Our Children is a collection of national standards for health and safety in child care programs.

Caring for Our Children uses evidence and expert opinion to inform best practices. By following these standards, you're doing more than the minimum to ensure that children are healthy and safe. There are Caring for Our Children standards associated with each of these infection control strategies.

You can refer to the Caring for Our Children online database. That's probably the best way to access this information, for detailed information on all of these topics. The link to the Caring for Our Children online database is in today's handout for your reference.

Now we'll go through some of the strategies as they relate to the various routes of transmission that Abbey just mentioned and their corresponding Caring for Our Children standards.

The first set of strategies is organized into reducing the risk of spreading illness by direct contact or touching. An example of an illness that spreads through direct contact, from some of the illnesses that you put in the chat earlier, are ringworm or impetigo, and even lice.

You can reduce the risk of spreading diseases by direct contact through hand hygiene, cleaning, sanitizing, and disinfecting, by conducting those daily health checks to identify children who are sick or have an infection or signs of infection, and by staying home when sick.

Sometimes, staying home when sick is called exclusion for illness. During COVID, you may have heard terms like quarantine and isolation. This discussion around staying home when you're sick includes some of those terms.

The Caring for Our Children standards for these strategies can be found in Chapter 3, which is titled Health Promotion and Protection. When you go to that online database on Caring for Our Children – this is just a tip – you can type the keyword or the standard number into the search box. The standard will come up, and links to related standards.

I'd also like to mention that COVID modifications have been made to select Caring for Our Children standards, and these modifications are clearly marked in a red box when you access the standards online. After reading that standard, you'll see this box.

Just to mention, it's always important to make sure that you're consulting your applicable state licensure and public health – local public health standards for your specific location.

The next set of strategies is organized to reduce the risk of spreading illness through the air. An example of an illness that spreads through the air is influenza or, of course, COVID-19. You can reduce the risk of spreading diseases through the air by maximizing outdoor play. Of course, children love to play outdoors. That's a good way to be outdoors and not spreading – breathing healthy air. Also, by providing adequate ventilation indoors and filtering the indoor air.

The use of face masks – also, keeping the group size small and consistent, and by conducting those daily health checks to identify children who are sick. You also see on the bottom of this slide, it has all the Caring for Our Children standards that are related to these strategies.

Norovirus is an example of a disease that can spread by the fecal-oral route. You can reduce the risk of spreading diseases by the fecal-oral route through safe food handling, proper hand hygiene – you might have noticed that hand hygiene comes up on all of these lists – by proper diapering and toileting; and by cleaning, sanitizing, and disinfecting surfaces and objects.

Again, on the bottom, you'll see the Caring for Our Children standards. These slides will be available to you after today's webinar. You'll be able to have access to these direct links.

Finally, you can reduce the risk of spreading infectious diseases through blood and body fluids. Hepatitis B is an example of an illness that can spread through blood and body fluids. Make sure all staff who have contact with children have training in standard precautions.

Standard precautions are a set of practices that are used to prevent the spread of germs that can spread by contact with blood and body fluids. Use these measures whether a person appears sick or not. Standard precautions include gloving; hand hygiene; cleaning, sanitizing, and disinfecting; and proper disposal of garbage. That includes sharp items that may be used in the care of people with diabetes.

Be sure to cover cuts and scrapes and rashes with a Band-Aid or with clothing to make sure that you don't have sources where you can become infected as a staff person. Also for children who have open sores.

Now, we'll move on to talk about policies to reduce the risk of infectious illness. Here are some of the policies your program should have in place – immunization policies; knowing the health status of children in your program; policies for when children should stay home due to illness; policies for communicating about an illness with families; policies for keeping your environment, practices, and procedures for infection control up to date; policies for how you use your space and for determining group size; policies for what to do when a child becomes ill during the day; staff infection control policies; and policies for staff training on infection control.

Effective policies do the following: they describe how your program will manage health and safety issues. They include standards, regulations, and best practices. They are specific to your site. As we know, Head Start sites can be in all different kinds of locations and buildings, so you need to take your own site into consideration. They are written down. They are action oriented, stating who does what when, how, and where. They're communicated to staff, and they're communicated to families in the languages in your program, and at the appropriate health literacy level and the appropriate language literacy level for everybody in your program, families, and staff. We've all experienced a lot of policy changes and adjustments during the COVID-19 pandemic. Now I'm going to turn it back to Abbey, and she's going to give us some updates specific to COVID-19.

Abbey: Thanks, Bobbie.

We know it's been a long haul. Take a deep breath. We're all tired. I want to thank you for all your flexibility through these hard times of the COVID-19 pandemic. As we've learned a lot during these two years, we've had to change our behavior and our policies over and over again. It's been hard.

We know that our Head Start programs need to continue to do their COVID-19 risk reduction strategies. We want to keep our staff healthy, we want to keep our children and families healthy, and we want to help programs make sure that they can provide in-person services.

We know children are getting infected and hospitalized at increasing rates. We know that children can get COVID, and they can spread it to other children, staff, and their family members. As of right now, we've had news in the last few weeks that children under five

cannot get vaccinated yet. There are studies going on, and we're hoping that this will be available to them. But it won't happen for a few more months.

We know that unvaccinated people are more at risk of severe illness and hospitalization. We also know the long-term effects of COVID-19 on children are really not known. It's important that we try to prevent the illness for everybody. Next slide, please.

We also know that no single action will stop COVID in early childhood programs or in our communities. We need to use multiple strategies. We call that a layered approach. I know you've seen this before, this is our Swiss cheese risk reduction model.

As you can see, each layer has its imperfections. We need multiple layers to improve success. We also know that the Omicron virus is more infectious than other variants of COVID. We really need to make sure that we use multiple strategies to at least slow it down. Just because you can't do everything doesn't mean you should do nothing. Each strategy and action helps reduce the spread of COVID-19.

I want to mention that on our website, the ECLKC website, we have some really great resources. There's a new one called Steps to Stay Healthy. I know that the link will be put in the chat. We want to make sure that you use our up-to-date resources for you, for the staff, and for families. Next slide.

Because we know that the Omicron variant has changed some things in the way we look at things, and we're also at a different place now than we were two years ago – so we have the new emphasis on the vaccines, masking, testing, quarantine, and isolation. These are some of those risk reduction strategies.

I'll go through each of these updates in subsequent slides. Next slide, please.

Vaccinations. Vaccines remain the key strategy to slowing the spread of COVID-19 and reducing severe illness and hospitalization. We know that when we get vaccinated, our body makes antibodies. It also makes B and T cells to fight the virus if we get infected.

We have learned over time that the antibodies that we make can decrease over time. Now we're recommending boosters to keep everybody up to date on their vaccinations. To be up to date or fully immunized means that you've had not only the primary series but a booster.

The Omicron variant is more contagious than the other COVID-19 variants. More people we know are getting COVID-19 now than they were in the beginning of the pandemic. Although fully vaccinated persons can get what we call breakthrough infections, they're usually not getting seriously ill or getting hospitalized. Overall, the rates of getting COVID-19 and getting seriously ill is much higher for people who are not vaccinated, compared to people who are vaccinated. Right now, the vaccines provide the best protection against COVID-19.

Who is able to get vaccines? As you can see on the slide, it says everyone five years and older is now eligible to receive vaccines, and everyone over 12 years of age needs to get a booster once they're eligible. Vaccines for children under five years of age are still being studied.

The benefits of getting the vaccine, as I had said, is the less – lowers your risk of severe disease, hospitalization, and death. It also makes it so that people can be with family and friends more

safely. Fully vaccinated people don't have to quarantine after they've been exposed to somebody who's had COVID-19.

Vaccination helps protect people who cannot be vaccinated. It is a way for us to protect the young children who cannot get vaccinated.

Next, we'll discuss masks. Next slide.

We know that masks are something that is really effective also against COVID-19. There's two things I think we need to be aware of. The two parts of masking that are important is fit and what we call filtration.

When we talk about fit, we're talking about snugly fitting a mask that covers your nose, your mouth, and your chin. For adults, we're saying use the highest-quality mask that fits and one that you can wear consistently. We know that the best masks for adults are the N95 type, or KF94 or KN95, and the ones that are manufactured from a reliable source. If you're unable to get those masks, then the other option is to wear two masks, a surgical mask underneath a cloth mask.

The cloth masks by themselves are not very effective. The way cloth masks can be used is if they have multiple layers of fabric and a filter that needs to be changed every day. For young children, the best mask is the one that they'll wear. And we really want it to be a mask that fits well.

We know that some of the KN95 and KF94 masks are made for young children, but maybe not as young as infants and toddlers. They have not been approved yet by any U.S. government agency.

Who's supposed to be wearing masks now? Everyone two years of age and older who can remove their own mask. We're supposed to wear masks indoors, except when eating, drinking, or sleeping. We wear a mask outdoors when distancing can't be maintained, especially when you're with young children, like infants and toddlers. The benefits of wearing a mask, as I've said, is that it will lower the spread of the disease between people. It protects both the person wearing it and those people around them.

Especially, it helps protect people who cannot be vaccinated. We'll discuss this next. Let's go on to the – we'll discuss the testing part of the risk reduction strategies next, so let's go to the next slide.

Something new that has happened is that testing has become much more available. When you test, it's really recommended that you test if you have symptoms of COVID-19 or if you've been exposed to someone with COVID-19.

We know right now, there are two types of tests that are fairly well available in most places. The rapid antigen test is the one that is something you can do yourself, and that is a test that you can get the results in 15 minutes. The PCR, or nucleic acid or genetic test, is the one that we use for diagnosing COVID. The rapid antigen test is really helpful to tell us if at that time you are transmitting the virus, meaning that you have a very high viral load. Then your test result would be positive.

What do the results show us? If you have a positive test, it tells us you're infected. If you have a negative test, it says you're probably not infected and you're not contagious.

How should the results be used? It helps us inform people who are quarantining or been exposed to somebody to find out if you have gotten the disease, and it tells us if you're infectious or if you're spreading the virus for COVID-19.

You've probably heard that there are free test kits available for every household in the United States. Every household is allowed to get four of these tests. Here's a website where you can get a test.

Next, we're going to discuss quarantine and isolation. Next slide. Thank you.

Quarantine means that you've been exposed to someone with COVID-19, and at that time, you have no symptoms. If you're going to think about isolation, isolation applies to people who either have symptoms of COVID-19 or have already tested positive for COVID-19.

There are guidelines from the CDC that are listed on their website. I'll summarize a little bit of it right now, as we're looking at this slide.

When we talk about exposure to somebody, that means that you've been within six feet of somebody who you know has COVID-19 for more than 15 minutes. It also would be someone who lives in your household who has been diagnosed with COVID, maybe somebody that you've been working with during the day or a child that you've been taking care of.

When we think about exposure, we have to think about the conditions that you have. Are you vaccinated or not vaccinated? How old are you? That is going to affect what the guidelines are. We recommend that you look at the guidelines for the isolation and quarantine that are listed on the CDC website. We are working on developing something for the Head Start community, we'll have that available soon.

The CDC website now has a really helpful flowchart to help us decide when we should be isolating and when we should be quarantined. Isolation, as I said, is only a situation in which you have symptoms of COVID-19, or you test positive. Next slide.

I'm going to turn it back to Bobbie to talk about the course that we have available for you now. Thank you.

Bobbie Rose: Thank you, Abbey. COVID-19 has really challenged all of us. A big thank you to Head Start programs for being flexible as things have changed throughout the pandemic. You've had to look beyond your own comfort, you've had to make changes when we learned what works to keep children, families, and staff safe, and to prioritize keeping children learning. It's been a long road, but we are getting there.

On to staff training. Ensuring that all staff have up-to-date knowledge of prevention of infectious diseases can be a challenge, especially for recently hired staff members, and especially during a pandemic. We know that staffing has been challenging during the pandemic. There's been a fair amount of staff turnover.

With this in mind, let's take a look again at the Head Start Program Performance Standard 1302.47(b). It addresses safety training for staff with regular child contact. The Performance

Standard says that all staff with regular child contact have initial orientation training within three months of hire, and ongoing training in all state, local, tribal, federal, and program-developed health, safety, and child care requirements to ensure the safety of children in their care, including, at a minimum, and as appropriate, based on staff roles and ages of the children they work with, training in the prevention and control of infectious diseases. Based on this Standard, we know that staff training is key and required in Head Start programs.

Happily, we have a new resource for you. The Individual Staff Development Portfolio, or the iPD, is here to help meet the staff training needs of your program. The iPD portfolio is a learning management system. It was created to support ongoing professional development for staff in Head Start and childcare settings.

The portfolio contains accessible, self-paced online modules based on staff roles and interests. Our new class has two modules, the first one being How Infectious Diseases Spread and Policies to Reduce Transmission, and the second module is Practices to Prevent Infectious Diseases.

You may be familiar with the iPD portfolio already, but today, the National Center on Health, Behavioral Health and Safety is happy to announce these two-brand new modules. I can tell you that as of yesterday, the classes have gone live, so they are available to you. After you get off this webinar, you could go right to the portfolio if you were so inclined.

There are many benefits to using this iPD platform, including it provides continuing education units, or CEUs, or certificates of completion. The CEUs can be used to meet your credentialing and professional development requirements, and the certificates could be used to meet other professional development requirements. This can vary from state to state, so be sure to check with your professional development requirements for your state.

You will receive one contact hour after completing each part of the course and course evaluation. Each module takes about 30 to 60 minutes to complete. They don't have to be completed at the same time. The course is intended for Head Start and child care program staff, directors, managers, administrators, family, child care providers, home visitors, child care health consultants, and others who might want to learn the basic infection control strategies that every child – every early childhood educator needs to follow in order to ensure a healthy and safe environment for both children and staff.

Again, the new series has two learning modules. The modules are interactive, and they have cute little games and pop-ups and short videos. By the end of Module 1, How Infections Spread and Policies to Reduce Transmission, learners will be able to list four routes that can spread infectious diseases and identify elements of effective infection control policies in early childhood programs.

We gave you a little sneak preview of the information earlier in this webinar, so it might be fresh in your mind, because we just touched on some of this in previous slides.

This is Module 2. by the end of Module 2, which is titled Practices to Prevent Infectious Diseases, learners will be able to identify practices, routines, or habits that reduce the risk of spreading infectious diseases in early childhood programs and describe the components of safe

and healthy early childhood environments to reduce those risks. They're rather comprehensive, the two modules.

Again, the modules are easy to understand. They're interactive. They're reasonably entertaining. This slide shows an example of an activity to identify proportions when disposing of garbage, for example.

When you click on “1” next to the child, there's a little pop-up box, with guidance to make sure that infants and toddlers cannot knock over or reach into the container. If you take care of infants and toddlers, you know that is always a possibility because of their curiosity.

The modules are up to date, and they include things like healthy air and ventilation and the use of masks to prevent the spread of illnesses during pandemics according to public health advice. Just to stress that you have fresh graphics, and they're up to date.

You may be wondering, “How do I find the Preventing Infectious Disease iPD modules?” To start with a little background, there are lots of classes on the iPD. In fact, when you go looking for the Preventing of Infectious Diseases modules, you might find some other kinds of classes that you want to take as well.

For example, yesterday, when I was looking through the iPD catalog, there were lots of classes that caught my attention. One that really caught my attention was Math Is Everywhere. If you're interested in math, there's a class for you there.

I also want to mention that there's another new class from the National Center on Health, Behavioral Health, and Safety called Moving with the Brain in Mind. That class is on the importance of physical activity for children. You may also be interested in checking that one out.

How to access the class – there is a link in the handout that's available for you today that will take you right to a page that will get you started. One of the easier ways to get there is to go to the ECLKC website, which I'm sure you are all familiar with, and go to the bottom, go to the Quick Links. Down there, you will see iPD right there. Click on that quick link, that will take you to the page to get you started. You might also notice above that is a click to – a quick link to My Peers. If you're not already on MyPeers, you might want to sign up for MyPeers, so you can be part of a community throughout the country that is asking questions, all kinds of questions, for early childhood professionals.

After you click on this link, you're going to be taken to this page here. This page here has your iPD catalog that you can look through. It has step-by-step documents to help you get started with registration and login. Click on the right side to join if you haven't already registered, or log in if you have already registered.

This is the course catalog that you can click on and find out all the many, many classes that are available to you on the iPD and some FAQs to help get you started. These step-by-step Getting Started handouts are on – you can click on the link, and these will pop up on that web page as well. One is to get you started to register, and the other one is how to log on. You can log on using a computer or using a mobile device, which is a nice option.

Then, you will be taken to this page, where you'll set up your account. You'll need to register and log in. To log in, you'll enter a username, a password, a verification code. The verification code is a dual authentication. It's sent to your email or phone each time you log in, so that you have your own account when you log in, and your classes are tracked that way.

If you have trouble getting set up, you can get help accessing the iPD by sending an email to this email address on this slide. I want to note that this is specific, this email address is specific to the iPD. It's not your information helpline for other kinds of questions. This is the one that you should use if you have specific questions about getting on to the iPD and getting started, so that you can complete your continuing education that way.

After that, you'll fill out your profile. There's a little video to tell you about filling out your profile. Finally, you will get to the launch pad. Then you're ready to pull up your class and begin.

I set up my profile last week. I was able to launch the course, and I can report that it wasn't too hard. I can see how some people, based on what technology you have and whatnot, might need some assistance. Do feel free to reach out to that assistance email if you need it.

I really encourage you to make use of this new resource, and I hope that you find it useful and that it helps with some of your staff training issues.

We do have time for some questions. I know that Nydia is going to help organize the questions on infectious diseases. Feel free to send in your questions in the Q&A, and I will now turn it over to Nydia.

Nydia: Sure. Thank you. A lot of great feedback, especially about the iPD. People are loving the module. A lot of "Thank you's" and "This is great," "This is perfect."

We did have a few questions – a question about the Swiss cheese model, and if you could speak on any relative efficiency of each of the levels of interventions. Should the vaccine intervention be at the start instead of at the end of the model?

Abbey: I'll take that. That's a really great comment and question. When the Swiss cheese model was originally designed, vaccines were not available. It was put at the end as a hopeful one, that we were hoping to get vaccines one day. Even now that we have the vaccines, we haven't changed the order.

The order here in the risk reduction model is not in the order of importance or evidence, it's really a list of saying that we need multiple strategies. I also feel like we've learned that with each of the different variants and over time, the priority changes. You're right. The model doesn't have a priority preference, in terms of the list.

We also know that things are changing. Now that we have more testing available, that also has become a priority, but it wasn't in the very beginning. The model has stayed the same. If you're using this, I would say that you can make sure that people know that it's not listed in order of priority.

The other is to mention – I know that there's going to be a note in the chat for a new poster that we have on the website that does, I would say, is the most relevant right now for the order of things that are important. Just to tell you again, it's called Steps to Stay Healthy.

On the top of that poster is “Get vaccinated.” Next is “Wear a mask.” Then it says, “Stay home if you're sick, get tested if exposed or have symptoms, follow quarantine and isolation guidelines.” Then, “Increase fresh air, wash your hands, and clean and disinfect.” That poster does have more priority – more of a relevant priority of risk reduction strategies, so please utilize that one. Thanks.

It's a long-winded answer, sorry. But I wanted to make sure people know there are some new resources.

Nydia: No, a thorough answer. Thank you very much.

We have a couple more questions that I'm going to try to squeeze in. One of them has a few parts to it – and you did speak to this in the presentation, but if you could speak a little more – someone is asking about tips for working with families who perhaps are unvaccinated, or perhaps do not want their children wearing masks in the centers, a question, if you can, again, about the difference between quarantine and isolation.

And then they mentioned the difficulty of exposure policies and the frequent closures in the centers, and they feel like they're getting mixed messages.

Let me recap, because – recap on that, because I know there was several questions in one. Just some tips on working with families that perhaps do not want their children wearing masks and are unvaccinated.

Bobbie: I can start with having those difficult conversations. It's always important to be clear on what your policies are for your program, but also meet people where they are.

Usually, people have some reasons for holding the beliefs that they do. Having that respectful conversation around that, I believe there is some information on the ECLKC website on motivational interviewing techniques for having those difficult conversations with people and about – about staying level-headed and clear on what your policies are, but at the same time respecting where people are and trying to understand, and provide them with the information that might be helpful to increase their understanding or maybe look at it from a different point of view.

Abbey: I'll speak to a little bit more detail on the isolation and quarantine. I do feel like it's hard to summarize even right now, in a few minutes, because there's a lot of different parts to it. I'll give some basic concepts.

The idea about quarantine is really to say if you've been exposed to somebody but you have no symptoms. The recommendations differ, depending on, as I mentioned, if you yourself are fully vaccinated. For someone who's up to date on their vaccinations, like the staff at Head Start, if you've been exposed to someone, you don't have to stay home, because we really feel like you have the best immunity right now.

If at any time you have symptoms of COVID or any illness, you should get tested. If you have no symptoms, but it's day five after your exposure, it's recommended that you get tested. We also are saying that you should be wearing a mask for the full 10 days.

For children who are unable to mask, who don't have their vaccinations up to date, if they have been exposed to someone, stay home for 10 days. It's different if they're able to wear a mask, but if they're not able to wear a mask, it's 10 days.

And they need to – again, you need to watch for symptoms. They need a COVID test at day five. You can see, it's a little bit different for people who are fully vaccinated, those who are not vaccinated and not able to wear a mask.

In terms of isolation, those are people who have tested positive and have symptoms of COVID-19. We know that for those the people, every [Inaudible] a mask for the full 10 days, and that people should be staying home until they have no symptoms and no fever for 24 hours. That's the general guidance.

Again, I would say, look at the CDC website for more specifics. We'll be providing some more specifics on the website soon.

Nydia: Thank you so very much. I think we caught most of it. We had a little bit of audio going in and out, but really good information that we were able to get.

Just a couple more questions that I'm going to squeeze in – we did have a few questions regarding testing, if you can talk to, again, the differences between the rapid tests and the PCR test.

There was a question about, with all the COVID-19 variants, will one test apply to them all?

Abbey: Those are really good questions. At this time, we only have the two different tests that are available, the PCR test, which will diagnose the COVID-19 to say for sure that you have COVID-19.

The rapid test is a bit different. It's done to tell us what your viral load is, or if you have a lot of virus that's in your nose and in your upper respiratory area. That test will come out positive. It tells us that at the time that you took the test, you actually have a lot of virus in your body, and that you are transmitting the virus into the air. It's a really helpful test to tell us, should you be around other people or not? The PCR test is one to say, do you truly have COVID-19, in terms of the diagnosis?

We know that people who have tested positive on the PCR test can stay positive for a long time. But we've learned that they might not be transmitting the virus throughout the whole time that the PCR is positive. It helps to have the rapid test to tell us if you're transmitting the virus and that you need to stay away from others, but you should be wearing a mask during that time.

The question about other tests for different variants – we don't have any other test available at this time. There have been some very good studies that find that the tests we have available right now is sensitive and very good for the Omicron variant, so we feel comfortable with the results of this test. Thanks.

Nydia: Awesome. Thank you so much. I think I'll squeeze in one more that was asking about some tips for parents, to help educate parents. I'll remind about all the resources that are listed on our handout, but if there's anything else you'd like to add, either Bobbie or Abbey?

Abbey: I think that the posters that we have on the website are great for parents. They're really colorful, we really try to make sure that the message is clear and accurate and simple. I hope that you can use the posters as handouts.

Bobbie: I would also add that you might check with your local health jurisdiction about resources that you have locally. Sometimes, it's a little bit different based on your location. Check that out as well.

Nydia: Thank you. We were able to squeeze in a lot of questions there. That's all the time that we're going to have for today, however, we thank you so much, again, to Bobbie Rose and Abbey Alkon for all this wonderful information today. Really engaged participants.

We want to say, if you have more questions, you can go to MyPeers, or you can write to health@ecetta.info. The evaluation URL will appear when the webinar ends. Be sure that you do not close the Zoom platform, or you won't see the evaluation pop up.

Remember that after you submit the evaluation, you will see a new URL. That is the link that will allow you to access, download, and save and print your certificate. Thank you very much, again, to Bobbie Rose and Abbey Alkon. Thank you again to all, everyone's participation today.

You can subscribe to our monthly list of resources using this URL, the one that you will see at the closing. You can find our resources in the health section of ECLKC or write us at the email address health@ecetta.info.

Thanks again. Kate, you may close the platform.