

Upper Respiratory Infection (Common Cold)

What is an upper respiratory infection?

The term *upper respiratory infection* usually refers to a viral infection of the upper respiratory tract (ie, nose, throat, ears, and eyes). Upper respiratory infections are common among infants in child care (10–12 per year) but become less common as children mature. Older children and adults have an average of 4 upper respiratory infections per year.

What are the signs or symptoms?

- Cough
- Sore or scratchy throat or tonsillitis
- Runny nose
- Sneezing
- Watery eyes
- Headache
- Fever
- Earache

What are the incubation and contagious periods?

- Incubation period: 2 to 14 days.
- Contagious period: Usually a few days before signs or symptoms appear and while signs and symptoms are present. The presence of green or yellow discharge from the nose is common as the body discards mucus and other debris from the cold. Darker or greener nasal discharge does not mean the child is more ill or contagious or has a greater need for antibiotics.

How is it spread?

- Respiratory (droplet) route: Contact with large droplets that form when a child talks, coughs, or sneezes. These droplets can land on or be rubbed into the eyes, nose, or mouth. Most of the large droplets do not stay in the air; they travel 3 feet or less and fall onto the ground.
- Contact with the respiratory secretions from or objects contaminated by children who carry these viruses.

How do you control it?

- Use good hand-hygiene technique at all the times listed in Chapter 2.
- Teach children and teachers/caregivers to cover their noses and mouths when sneezing or coughing with a disposable facial tissue, if possible, or with an upper sleeve or elbow if no facial tissue is available in time. Teach everyone to remove any mucus and debris and wash

their hands or use an alcohol-based hand sanitizer right after using facial tissues or having contact with mucus to prevent the spread of disease by contaminated hands. Change or cover clothing contaminated with mucus.

- Dispose of facial tissues that contain nasal secretions after each use.
- Sanitize or disinfect surfaces that are touched by hands frequently, such as toys, tables, and doorknobs (see Routine Schedule for Cleaning, Sanitizing, and Disinfecting in Chapter 8).
- Ventilate the facility with fresh outdoor air and maintain temperature and humidity conditions as described in *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs*, 3rd Edition, Standard 5.2.1.2 (<http://cfoc.nrckids.org>).
 - Winter months: 68°F to 75°F (20.0°C–23.9°C) with 30% to 50% relative humidity
 - Summer months: 74°F to 82°F (23.3°C–27.8°C) with 30% to 50% relative humidity
 - Air exchange: Minimum of 15 cubic ft (0.45 m³) per minute per person of outdoor air and up to 60 cubic ft (1.80 m³) per minute per person if vigorous activity is being done in the room

What are the roles of the teacher/caregiver and the family?

Exclusion of children with signs or symptoms has no benefit in reducing the spread of common respiratory infections. Viruses that cause upper respiratory infections are spread primarily by children who do not have signs or symptoms (ie, before they get sick, after they recover, and some who never develop symptoms).

Exclude from group setting?

No, unless

- The child is unable to participate and staff members determine they cannot care for the child without compromising their ability to care for the health and safety of the other children in the group.
- The child meets other exclusion criteria (see Conditions Requiring Temporary Exclusion in Chapter 4).

➤ *continued*

Readmit to group setting?

Yes, when all the following criteria have been met:

When exclusion criteria are resolved, the child is able to participate, and staff members determine they can care for the child without compromising their ability to care for the health and safety of the other children in the group

Comment

Some children, especially those younger than 2 years, may develop a bacterial ear infection immediately after or during an upper respiratory tract infection. This happens when mucus and swelling plug the eustachian tube that connects the middle ear to the throat. This tube is very small and more horizontal than in older children, which makes it easily blocked. Without air coming up the tube to the middle ear, mucus accumulates and can grow bacteria trapped in it. (See Ear Infection Quick Reference Sheet.)

