

Notifying Parents, Guardians, and Staff Members



Public Health Reasons

If an outbreak is identified at a child-care facility, it is critical that parents and guardians be notified as soon as possible. According to the Center for Disease Control and Prevention's (CDC) FoodNet database, from 1998-2008 there were 51 recorded foodborne disease outbreaks in child-care facilities in the U.S. Of those, 17.6% were due to viruses, 54.9% were due to bacteria, and 27.5% were due to other factors. As a result of these outbreaks, 1,947 children became ill and 77 were hospitalized.

Child-care facilities must have set policies for communicating with parents and guardians in the time of an outbreak or emergency. Parents will require concise and helpful information on the outbreak, such as the symptoms and pathogen, if known, and what they must do. For this reason, it is often helpful to ask the local health officials for assistance in communicating with parents.

At the onset of the outbreak, staff of the facility must also be notified. In many cases, these employees will be the first to identify and record symptoms and may notice unusual patterns. Staff will also need to be trained on what the procedures are for exclusion/segregation of sick children (See "Excluding Ill Children" fact sheet) and monitoring children's health so that this information can be quickly relayed to parents (see "Monitoring Sick Children's Health" fact sheet).

A foodborne disease outbreak is classified as a public health crisis. There are three recognized phases of a crisis: prevention, preparedness, and recovery. Each of these phases requires planned communication strategies. An outbreak often creates a high-emotion, low-trust situation. To mitigate this, it is important to be clear, forthcoming, and transparent in communications to parents, guardians, and staff members.

Practices

A plan for managing an outbreak and communicating outbreak information between child-care center staff members, parents, and guardians must be established prior to a crisis event. Inform parents and guardians of this procedure when they first enroll their child at the facility. It can also be helpful to remind parents about policies and procedures once a year.

After the occurrence of an outbreak, child-care providers can seek help from local health officials on developing messages for parents, guardians, and staff. Messages must be provided as soon as possible in order to increase chances of isolating the illness and to decrease the amount of people who come in contact with the illness.

Guidelines for Message Development

- Be balanced and honest (do not assess blame outside of the organization).
- Focus on the specifics of the outbreak.
- Pay attention to what the parent or staff member already knows to reduce redundancy.
- Be tailored to the specific needs of the audience. For example, staff may want to know whether they will be paid.
- Place the risk in appropriate context.
- Provide the specific information needed to resolve the decisions that the parent, guardian, or staff member will have to make.

Common Methods for Communicating

- Letter or other written communication. This form of communication will likely be the most efficient and effective for communicating with parents. These must be written in a manner that is concise, organized, and contains accurate information that parents and guardians can understand.
- Telephone call or in-person meeting. If the center is large, this may not be the best method because it can be time consuming. However, this may work best for staff members. The benefit is that the parents, guardians, and staff members can ask questions.
- Communication using e-mails, text messages, social media, and company websites. This is a quick method of communication, but it requires up-front work to be ready for use during an outbreak.

Before an outbreak, each facility must decide which of the above methods provides rapid, reliable, and effective communication to parents, guardians, and staff members. For example, a large center with multiple clients may choose to use e-mail and text messages to alert parents and guardians once an outbreak has been identified, and direct them to a staff member for more information. Some facilities may not have this technology readily available, and some parents may not be responsive to this type of message, so a letter may be best. In a small home-based setting, a quick round of phone calls directly to parents and guardians may be more suitable. The best communication method for staff members may be different than the best method for parents and guardians.

Communicating with Parents/Guardians

- Describe the outcomes associated with the pathogen (symptoms, duration of illness, and further transmission within the family).
- Explain what is currently known (number of illnesses, investigation, clean-up, and exclusion) in a way that is easily understood.
- Provide parents and guardians with information for monitoring their child, including the identified and recorded symptoms.
- Provide information on what to do if one suspects that their child is ill.
- Provide information for parents and guardians who have an ill child, including how long the child must stay out of child-care.

- Inform the parents and guardians of the measures that have been taken to slow or stop the outbreak. (e.g. increased cleaning procedures, disposal of questionable foods, etc.)
- Provide parents and guardians an opportunity to ask questions. This can be the name and phone number of a staff member to contact if they have questions.
- Explain the vaccination recommendations (applicable in hepatitis A outbreaks).
- Ensure parents that follow-up communication will be made to keep them informed.
- Provide after-hours contact information, and be responsive. As well, provide them with a health department contact and telephone number.
- Include any information the public health official has provided as guidance that may be beneficial to the parents' and guardians' understanding.

Communicating with Employees

Child-care staff must always be notified of potential illnesses as soon as they are recognized. A plan for communicating outbreak information to child-care employees must be established prior to an outbreak. Child-care staff must become familiar with this plan at the time that they are hired. Child-care staff must also complete the following:

- If the causal agent is Hepatitis A, staff must be immunized according to the recommendations at the local health office.
- Be familiar with the center's policies and procedures and state laws regarding hygiene and sanitation in child-care centers, including hand washing, waste disposal, cleaning and disinfecting, diapering, general hygiene, and food safety.
- Do *not* work while sick. Sick pay and sick leave policies that do not penalize ill workers might help to facilitate such staff exclusion.

An employee meeting is the best practice to use because it ensures that all employees are provided with the same information at the same time and allows for questions to be answered.

- Explain what is occurring in a way that employees can easily understand.
- Tell employees everything that is known about the cause of the outbreak, including any suggestions made to the child-care center by the local public health officials.
- Provide employees with information on isolating the illness, including monitoring the children in their classrooms, information about the identified and recorded symptoms, and specific classrooms where illness has occurred.
- Provide information for what employees must do if they suspect a child is ill.
- Inform the employees of the measures that will be taken to slow or stop the outbreak (increased cleaning procedures, disposal of questionable foods, etc.). Ensure that each employee understands their role, as well as its importance.
- Provide employees with an opportunity to ask questions.
- Prepare employees to answer questions parents may have. Provide employees with the name of someone to contact in the event that they are unable to answer a parent's question.
- Sometimes a local health official will either recommend or require closure as a precaution or in an attempt to avoid spread of illness. In the event of closure, inform child-care employees immediately with a plan for how the center may be ready for reopening.

References

1. Aronson S. S., & Shope, T. R. ed. 2009. *Managing infectious diseases in child care and schools: A quick reference guide* (2nd ed.). Elk Grove Village, IL: American Academy of Pediatrics.
2. Covello, V. T. 1992. Trust and credibility in risk communication. *Health and Environment Digest* 6:1-5.
3. Covello, V. T., Fischhoff, B., Kasperson, R. E., & Morgan, M. G. 1993. Comments on "the mental model" meets "the planning process." *Risk Analysis* 13:493.
4. Graham-Clay, S. 2005. Communicating with parents: strategies for teachers. *The School Community Journal* 6 (1): 117-129.
5. Doeg, C. 1995. *Crisis management in the food and drinks industry: a practical approach*. London, UK: Chapman and Hall.
6. Hall, A., Vinje, J., Lopman, B., Park, G. W., Yen, C. Gregoricus, N. & Parashar, U. 2011. Updated norovirus outbreak management and disease prevention guidelines. *Morbidity and Mortality Weekly Review* 60.
7. Heymann, D. L. ed. 2004. *Control of Communicable Diseases Manual*. 18th edition. Washington, DC: American Public Health Association.
8. Muldoon, K. 2010. Vancouver child's illness spirals into deadly grip of *E. coli*. *Oregon Live*. http://www.oregonlive.com/news/index.ssf/2010/04/vancouver_childs_illness_spira.html (accessed October 5, 2012).
9. New Mexico Department of Health. 2008. Manual for Investigation and Control of Selected Communicable Diseases. nmhealth.org/erd/healthdata/pdf/CDManualFinal04.pdf (accessed October 5, 2012).

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