



Runny Nose in the Child Care Setting (The Snuffly Child or Green Gooky Nose)

What Is it?

The child with a runny nose and stuffiness is a familiar problem in the child care setting. The nose is lined or covered by a delicate tissue called “mucosa” which produces mucus (sticky, slippery secretions) to protect the nose. If this tissue is irritated, it swells up, causing blockage and a lot of mucus. Sometimes children get repeated runny noses or permanent sniffles and a green nasal discharge, which are uncomfortable conditions for the child as well as child care provider.

What causes the runny nose?

1. *The common cold* is the most typical cause of a runny nose and chronic runny nose. This is generally a mild illness, and the child feels and looks well otherwise. The child usually gets better on his own within a week. The runny nose is usually accompanied by a mild fever. There may also be other symptoms such as headache, sore throat, coughing, sneezing, watery eyes, and fatigue.

Children with the common cold usually get better on their own within a week.

2. *Allergies* can also cause a runny nose. They usually occur after two years of age and after the child has had plenty of exposure to allergens (the substances that can produce allergic reaction in the body). They might occur during a specific season or after a particular exposure—for example, after being around grass or animals. The child may also have watery and itchy eyes, sneezing, asthma, rubbing of the nose and a lot of clear mucus.

With allergies, the runny nose may last for weeks or months, but there is no fever or spread of disease to others.

3. *Bacterial infection (sinus infection)* may occasionally develop and contribute to the continuation of illness. This additional infection of the common cold tends to cause yellow-greenish mucus and sometimes pain that continues for more than 10 days.

Remember that yellow or green mucus does not always mean that a child has a bacterial infection. It is normal for the mucus to get thick and change color as common viral cold progresses.

Is green mucus more of a concern than clear mucus?

In most cases green nasal mucus (usually found toward the end of the cold) is not more contagious than clear mucus and may even be less contagious. The runny nose usually starts with clear mucus which then becomes whitish or greenish as the cold dries up and gets better. This happens because as the body mounts its defenses against the virus, the white blood cells enter the mucus and give it the green color. Usually the green mucus is in smaller amounts and thicker, a sign that the cold is “drying up” and ending.

Green runny nose that lasts for more than 10 to 14 days, and that may be accompanied by fever, headache, cough and foul-smelling breath, might be a sign of sinus infection. The child should have a medical evaluation and may need antibiotic treatment.

When are children contagious?

The amount of virus present is usually highest two to three days before a person develops symptoms of the illness and continues to be present for two to three days after symptoms begin. As a result, infected chil-

dren have already spread viruses before they begin to feel ill.

If a person is infected, how is the infection spread?

Germ s may be spread to others by:

- wiping a nose and then touching other people and objects before washing hands;
- sharing of mouthed toys by infants and toddlers;
- coughing and sneezing into the air;
- kissing on the mouth; and
- poor ventilation.

How can we limit the spread of infection?

To prevent the spread of infection from respiratory illnesses and runny noses, follow routine healthy practices:

- Avoid contact with mucus as much as possible.
- Make sure that all children and staff use good handwashing practices, especially after wiping or blowing noses, after contact with any nose, throat or eye secretions, and before preparing or eating food.
- Do not allow food to be shared.
- Clean and disinfect all mouthed toys and frequently used surfaces on a daily basis.
- Wash eating utensils carefully in hot, soapy water, then disinfect and air dry. Use a dishwasher whenever possible. Use disposable cups whenever possible.
- Make sure that the facility is well ventilated and that children are not crowded together, especially during naps on floor mats or cots. Open the windows and play outside as much as possible, even in the winter.
- Teach children to cough and sneeze into their elbow, wipe noses using disposable tissues, throw the tissue into the wastebasket, and wash their hands.

When should a child stay home?

Exclusion policies should be based on your general illness policies, not merely the color of the mucus. For example, you might decide to exclude any child who is too sick to participate, no matter what the cause or color of the discharge.

Excluding children with runny noses and mild respiratory infections and colds is generally not recommended. As long as the child feels well, can participate comfortably and does not require a level of care that would jeopardize the health and safety of other children, he or she can be included.

Exclusion is of little benefit since viruses are likely to be spread even before symptoms have appeared.

When should a child be sent home or seen by a health provider?

- When the child looks sick, has a rash, has a fever over 102 degrees (oral), or has difficulty breathing or seems to be in pain.
- When a child complains of earache and/or is pulling at his or her ears, which might be accompanied by fever and fussiness (all possible signs of ear infection).
- When a child has redness, sores and crusting of the skin around the nose and mouth.
- When an infant, especially under 4 months of age, does not get better in a couple of days or gets worse.

References

Healthy Young Children, A Manual for Programs, 1995 Edition.

Keeping Kids Healthy, Preventing and Managing Communicable Diseases in Child Care, Preliminary Edition.

The ABCs of Safe and Healthy Child Care, A Handbook for Child Care Providers, published by CDC.

by A. Rahman Zamani, MD, MPH (Oct 2001)

California Childcare Health Program • 1333 Broadway, Suite 1010 • Oakland, CA 94612-1926

Telephone 510-839-1195 • Fax 510-839-0339 • Healthline 1-800-333-3212 • www.ucsfchildcarehealth.org