

Inclusion And Exclusion Of Ill Children in Child Care Guidelines For Common Signs And Symptoms, Illnesses And Conditions related to Contagious Diseases

These guidelines have been reviewed by the American Academy of Pediatrics, Vermont Chapter and the Vermont Department of Health, however, they are not a substitute for the advice of the child's doctor. For more details about specific infections, refer to the The Red Book, Report of the Committee on Infectious Diseases by the American Academy of Pediatrics (1997) or the ABCs of Safe and Healthy Child Care: A Handbook for Child Care Providers by the Centers for Disease Control and Prevention (1996.)

Parents and child care providers share the responsibility for maintaining health and preventing the spread of contagious diseases. By including illness-prevention practices in daily routines, caring adults can limit the spread of infections. These include:

- ❑ Parents have their children receive immunizations according to the Vermont Immunization schedule unless exempted for medical, religious or moral reasons.
- ❑ Child care providers have clearly stated policies & procedures for:
 - ✓ checking children's immunization status and helping parents know when their children need immunization;
 - ✓ preventing and handling illness that includes universal precautions, hand washing, diapering, and cleaning & disinfecting;
 - ✓ identifying an ill child or child care provider;
 - ✓ informing parents that their child is ill; and
 - ✓ routinely informing all families whenever a highly infectious condition or disease, such as head lice, measles, or chickenpox occurs in a child care program without compromising the confidentiality of the individual child(ren) with the condition or disease. This is especially important information for children or other members of families with weakened immune systems. As well some conditions or diseases are harmful to pregnant women.
- ❑ Parents have a plan for caring for their child when he or she is ill and cannot attend child care such as providing their child care provider with up-to-date emergency phone numbers, promptly picking up their ill child and consulting with their child's doctor about diagnosis and care when their child is ill.
- ❑ Child care providers keep all medical information confidential and do not disclose this information to others without written parental consent. To promote confidentiality all medical information should be kept in a locked file, never faxed, and medically related documents that are to be mailed are marked confidential.

Get Medical Help Immediately For A Child With Any Of The Following Conditions

- ❑ Specific fevers:
 - A baby less than 2 months of age has a temperature of 100.4° (rectal)
 - A temperature of 104°F (oral) in any age child
- ❑ For infants under 2 months, forceful vomiting with every feeding
- ❑ Looking or acting very ill or getting worse quickly
- ❑ Neck pain when the child's head is moved or touched
- ❑ A stiff neck or severe headache and looking very sick
- ❑ A seizure for the first time
- ❑ Acting unusually confused
- ❑ Pupils (black centers of the eyes) unequal
- ❑ A blood-red or purple rash made up of pinhead sized spots or bruises that are not associated with injury
- ❑ A rash of hives or welts that appears and spreads quickly
- ❑ Breathing so fast or so hard that the child cannot play, talk, cry or drink
- ❑ A severe stomachache that causes the child to double up and scream
- ❑ A stomachache without vomiting or diarrhea after a recent injury, blow to the abdomen or hard fall
- ❑ Stools that are black or have blood mixed through them
- ❑ Not urinating at least once in 8 hours, a dry mouth, no tears or sunken eyes
- ❑ Continuous clear drainage from the nose after a hard blow to the head

**Inclusion and Exclusion of Ill Children in Child Care
Guidelines for Common Signs and Symptoms, Illnesses and Conditions related to Contagious Diseases**

Signs and symptoms child care providers observe	What a child care provider should do	What needs to happen in order for a child to return to child care
I. The ill child is unable to take part comfortably in regular activities	Exclude	The child is able to participate in activities
II. The ill child needs care that significantly interferes with provider's ability to provide appropriate care for other children	Exclude	When the level of care needed does not interfere with the provision of appropriate care for the other children
III. The child has signs or symptoms of a possible serious condition Get Medical Help Immediately For A Child With Any Of The Conditions Listed on Page 2	Exclude Inform parents immediately so they can talk with their child's doctor & get an immediate medical evaluation. If the parent is not available, the child care provider should contact EMS for help.	Return after seen by the child's doctor who says child may return
IV. A child has signs or symptoms that indicates a contagious illness or condition or has a diagnosed contagious illness or condition ¹	Refer to Sections IV A through E	

¹ A child with a weakened immune system, such as a child undergoing cancer treatment or a child with HIV, may need to be excluded temporarily from child care for their own protection during an outbreak of a contagious illness or condition. They may be particularly susceptible to serious illness if infected. In this situation, the child care provider should notify the parents of the child with a weakened immune system of the occurrence of a contagious disease. The parents can then discuss with their child's doctor if it is medically appropriate to exclude their child from child care and if it is, when their child should return to child care.

IV.A. FEVER^{2,3} & BEHAVIOR CHANGE

Signs and symptoms child care providers observe	What a child care provider should do	What needs to happen in order for a child to return to child care
1. A child with an axillary (armpit) temperature of 100°F; oral (mouth) temperature of 101°F; rectal (anus) temperature of 102°F; or greater and behavior change	Exclude	The child has been seen by or the parent has communicated with the child's doctor who says child may return
2. Under 2 months old with temperature 100.4°F or higher rectal (anus)	<p>Inform parents immediately so they can talk with their child's doctor & get an immediate medical evaluation. If the parent is not available, the child care provider should contact EMS for help.</p> <p>Exclude</p>	Return after seen by the child's doctor who says child may return
3. Over 2 months old with temperature 104°F or higher oral (mouth)	<p>Inform parents immediately so they can talk with their child's doctor & get an immediate medical evaluation. If the parent is not available, the child care provider should contact EMS for help.</p> <p>Exclude</p>	Return after seen by the child's doctor who says child may return

² Illness is not the only cause of fever. Exercise, environmental conditions, individual variation and time of day can raise the body temperature.

³ Doctors typically advise parents that their child can return to child care or school 24 hours after their temperature has returned to normal without the assistance of any anti-fever medication.

IV. B. RESPIRATORY SIGNS & SYMPTOMS

Signs and symptoms child care providers observe	What a child care provider should do	What needs to happen in order for a child to return to child care
1. Watery, red eyes	Observe for other symptoms and inform parents	No action needed
2. Thick, white or yellow/green discharge from eye(s) - once	Clean eyes (from outside corner toward the nose), observe for more discharge and inform parents	No action needed
3. Thick, white or yellow/green discharge from eye(s) - continuing ⁴	Exclude	Return 24 hours after treatment is started or if no treatment is started then return when there is no longer discharge from eye(s) or return after seen by the child's doctor who says child may return
4. Earaches (e.g., pain, tugging at ear, grinding teeth, trouble hearing)	Observe for other symptoms and inform parent	No action needed
5. Earaches with fever and behavior change, or pain lasting more than 3 days	Exclude	Return after seen by the child's doctor who says child may return
6. Ear drainage (with or without tubes)	Exclude	Return after seen by the child's doctor who says child may return
7. Runny nose	Observe for other symptoms and inform parent	No action needed
8. Sores in mouth or nose	Exclude	Return after seen by the child's doctor who says child may return
9. Sore throat only: first complaint	Observe for other symptoms and inform	No action needed

⁴ Conjunctivitis (or pink eye) is an infection that causes painful or itchy, red eyes. Pinkeye can be caused by bacterial or viral infections or by allergic reactions to an irritant such as dust, pollen, or other materials. Not all pink eye infections have white or yellow/green discharge. Not all pink eye infections are contagious. Antibiotics may or may not be prescribed.

Signs and symptoms child care providers observe	What a child care provider should do	What needs to happen in order for a child to return to child care
	parent	
10. Sore throat with fever and/or having difficulty swallowing	Exclude	Return after seen by the child's doctor who says child may return If strep is documented, return after 24 hours of antibiotics
12. Coughing for more than 10 days or has severe coughing spells	Inform parent and recommend child see doctor	Return after seen by the child's doctor who says child may return
13. Wheezing (difficulty breathing, whistling sound during breathing)	Obtain immediate medical help if having difficulty breathing Exclude if child has never wheezed before; looks or acts ill or has a fever and behavior change	Return after seen by the child's doctor who says child may return

IV.C. SKIN SIGNS & SYMPTOMS

Signs and symptoms child care providers observe	What a child care provider should do	What needs to happen in order for a child to return to child care
1. Rash – first noticed and not described below	Observe for other symptoms and inform parents	No action needed
2. Rash with fever or behavior change	Exclude	Return after seen by the child's doctor who says child may return
3. Rash accompanied by blood red or purple rash not associated with injury	<p>Inform parents immediately so they can talk with their child's doctor & get an immediate medical evaluation. If the parent is not available, the child care provider should contact EMS for help.</p> <p>Exclude</p>	Return after seen by the child's doctor who says child may return
4. Rash that is oozing or is an open wound	Exclude	Return after seen by the child's doctor who says child may return
5. Diaper rash (simple)	Air dry and inform parents	No action needed
6. Diaper rash (with oozing sores)	Exclude	If infected, return 24 hours after treatment has started
7. Cold sores that are oozing sores	Exclude if the child is biting, drools uncontrollably or mouths toys which other children may put in their mouths	Return when sores are no longer oozing
8. Hives: red blotchy, itchy, raised skin rash with no blisters	Inform parents, if accompanied by difficulty breathing obtain immediate medical attention	Return when no longer having difficulty breathing
9. Insect bites	Obtain immediate medical help if having difficulty breathing; Exclude if bites are infected	If bites are infected, return 24 hours after treatment has started

IV.D. GASTROINTESTINAL SIGNS & SYMPTOMS

Signs and symptoms child care providers observe	What a child care provider should do	What needs to happen in order for a child to return to child care
1. Stomachache with no other symptoms- first complaint	Observe for other symptoms and inform parents	No action needed
2. Stomachache – continues or increases in severity	Exclude	Pain gone
3. Vomiting – one time and no other symptoms	Encourage child to rest; observe for other symptoms and inform parents	No action needed
4. Vomiting – two or more times in 24 hours For infants under 4 months experiencing forceful vomiting with every feeding	Exclude Inform parents immediately so they can talk with their child's doctor & get an immediate medical evaluation.	Return when vomiting resolves. A good rule of thumb is return 12 hours after last vomiting
5. Loose or watery bowel movement that cannot be contained in diaper or toilet (uncontrolled diarrhea) or Five or more loose or watery bowel movements in an 8 hour period	Exclude and recommend child see their doctor	If not yet toilet trained: <ul style="list-style-type: none"> • when stool is contained within diaper, • stool frequency and consistency improves If toilet trained: <ul style="list-style-type: none"> • must be accident-free for one day and The child has been seen by or the parent has communicated with the child's doctor who says child may return
6. Bloody bowel movements	Exclude and recommend child see their doctor	Return after seen by the child's doctor who says child may return

IV.E. ILLNESSES OR CONDITIONS THAT HAVE BEEN DIAGNOSED⁵

Illnesses or Conditions That Have Been Diagnosed	What a child care provider should do	What needs to happen in order for a child to return to child care
Diarrhea diagnosed as either E.coli:0157:H7*, campylobacter*, cryptosporidiosis*, shigella*, salmonella* or giardia*	Exclude; Notify all parents and child care providers that a case of diarrhea has occurred; Urge parents of a child who has a weakened immune system to consult with their doctor	When the Health Department says it is ok to return. In addition for E.coli:0157:H7, the child must have two negative stool tests & for shigella, one negative stool tests. If diarrhea is diagnosed but is not one of these diagnoses, call the Health Department at 1-800-463-4343 and ask for Epidemiology for more information
Chickenpox ⁶	Exclude; Notify all parents and child care providers that a case of chickenpox has occurred; Urge pregnant women and parents of children who have a weakened immune system to consult with their doctor	After no new lesions are erupting and all old lesions are crusted and dry (this typically occurs 6 days after the first pox appears)
Fifth Disease	Notify all parents and child care providers that a case of fifth disease has occurred; Urge pregnant women and parents of children who have a weakened immune, sickle cell anemia, or other blood disorder	No action needed. By the time the rash is evident, the child is considered no longer infectious

⁵ Those illnesses marked with an * are diseases health officials are required to report to the Vermont Department of Health. Child care providers are not required to report these diseases, however, if you have any questions call Epidemiology, Vermont Department of Health at 1-800-463-4343.

⁶ Chickenpox is usually mild, but it can be severe, especially among infants, adults and people with weak immune systems. Many people are not aware that in the U.S. every year there are approximately 100 deaths and 10,000 hospitalizations from chickenpox. The majority of deaths and complications occur in previously healthy individuals. (Dr. Bill Atkinson, CDC, 1999)

Illnesses or Conditions That Have Been Diagnosed	What a child care provider should do	What needs to happen in order for a child to return to child care
	system to consult with their doctor	
Haemophilus Influenzae type b (Hib)* infections	Exclude	Return when the child is well enough to return and has been on antibiotics for 24 hours. If the Vermont Department of Health recommends giving medicine to exposed children and child care provider(s), they may return after receiving medication
Hand, foot and mouth disease (Coxsackie Virus)	Exclude if child has fever and behavior change or unable to participate	Return after seen by the child's doctor who says child may return
Head lice ⁷	Exclude; Check all children's heads daily until head lice is gone, send a general fact sheet and notification of head lice to all families which includes asking parents to check their children's head for lice daily and assure the environment is free from head lice through such measures as vacuuming carpets & upholstered furniture, etc.	Return after receives first treatment; it is recommended that the child is retreated 7 to 10 days after the first treatment since no product is 100% effective against head lice
Hepatitis A*	Exclude; Notify all parents and child care providers that a case of Hepatitis A has occurred	Return once the Department of Health approves; immune globulin (I G) may be given to contacts within the first 2 weeks after exposure to prevent infection from spreading
Hepatitis B* ⁸	Exclude only if the child has weeping skin	Return after seen by the child's doctor

⁷ The Department of Health recommends the use of a "No Nit" policy as a last resort when all other outbreak control measures have been tried.

Illnesses or Conditions That Have Been Diagnosed	What a child care provider should do	What needs to happen in order for a child to return to child care
	lesions that cannot be covered; the child has bleeding problems; or if the child is biting or scratching	who says child may return
HIV (AIDS virus) ^{*3}	Exclude only if the child has weeping skin lesions that cannot be covered; the child has bleeding problems; or if the child is biting or scratching	Return after seen by the child's doctor who says child may return
Impetigo	Exclude; Notify all parents and child care providers that a case of impetigo has occurred	Return 24 hours after treatment has started
Measles*	Exclude; Notify all parents and child care providers that a case of measles has occurred	Return 6 days after onset of rash
Mumps*	Exclude; Notify all parents and child care providers that a case of mumps has occurred	Return 9 days after onset of swelling
Ringworm	Exclude; Notify all parents and child care providers that a case of ringworm has occurred	Return 24 hours after treatment has started (oral medication to treat scalp; cream given to treat skin)
Rubella*	Exclude; Notify all parents and child care providers that a case of rubella has occurred	Return 6 days after onset of rash

Informing child care and school personnel of a child's Hepatitis B or HIV status is not required. Because all children with Hepatitis B or HIV will not be identified, policies and procedures should be established to manage potential exposures to blood or blood-containing materials. Children with Hepatitis B or HIV should be admitted without restriction to child care facilities and schools. "Issues related to Human Immunodeficiency Virus Transmission in School, Child Care, Medical Settings, the Home, and the Community," Pediatrics, vol. 104, no.2, August 1999

Illnesses or Conditions That Have Been Diagnosed	What a child care provider should do	What needs to happen in order for a child to return to child care
	Urge pregnant women to consult with their doctor	
Scabies	Exclude ; Notify all parents and child care providers that a case of scabies has occurred	Return 24 hours after treatment has started
Shingles	Exclude only if sores cannot be covered	Return when sores can be covered; if that is not possible then return after sores crust over
Strep throat or other streptococcal infection	Exclude ; Notify all parents and child care providers that a case of strep throat has occurred	Return 24 hours after antibiotics treatment has started
Tuberculosis*	Exclude if active infection with cough, fever; Notify parents of children who have a weakened immune to consult with their doctor	Return when the Department of Health has given approval
Whooping cough (Pertussis*)	Exclude ; Notify all parents and child care providers that a case of pertussis has occurred	Return 5 days after antibiotics are started or 3 weeks after onset of cough

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