



Excluding Children Due to Illness

Four steps to a healthier program

1. Start the day with a health check. Perform a brief and casual assessment of each child every day upon arrival and before the parent leaves. You are familiar with what is typical for each child and can identify “red flags.”

- **Listen** to what the child and parent tell you about how the child is feeling. Is the child hoarse, having trouble breathing, or coughing? Did he or she eat breakfast?
- **Look** at children from their level. Observe for signs of crankiness, pain, discomfort or fatigue. Does the child look pale, have a rash, sores or runny nose or eyes?
- **Feel** the child’s cheek and neck with the back of your hand for warmth, clamminess or bumps.
- **Smell** for unusual odors in their breath or diaper.

2. Distribute and explain your exclusion policies to parents and staff. Have a clear, up-to-date exclusion policy for illness and provide parents with a copy. Ask your health consultant or a health professional to review it periodically. Writing a sound policy and enforcing it consistently will help reduce conflicts. Make sure all staff persons understand the policies and how to enforce them. Have an orientation for staff and parents and explain your exclusion policy. Post the California Childcare Health Program’s “Keep me Home If...” poster available in both English and Spanish in a place that is visible to all staff and parents.

3. Understand the reasons for exclusion.

- The child doesn’t feel well enough to participate comfortably in routine activities.
- The ill child requires more care than staff is able to provide without compromising the health and safety of the other children.
- Poses a risk of harmful diseases to others.

4. Notify parents. Inform parents of observed signs or symptoms, and promptly notify all families when a diagnosed communicable condition arises. Post a notice that includes the signs and symptoms to watch for, what to do, and when children with the condition can return.

Conditions for which exclusion is not recommended:

Certain conditions, by themselves, do not require exclusion unless recommended by the child’s health care provider or the public health department. However, the reasons listed in step 3 still apply.

1. Common colds, runny noses (regardless of color or consistency of nasal discharge), and cough.
2. Fever in the absence of any other signs or symptoms of illness.
3. Presence of germs in urine or stool in the absence of symptoms of illness. Exceptions include potentially serious organisms such as E. coli 0157:H7, shigella or salmonella.
4. Watery eyes with a clear, watery discharge and without fever, eye pain, or eyelid redness.
5. Rash without fever and without behavior changes.
6. Diagnosed CMV infection.
7. Carrier of hepatitis B virus, if they have no behavioral or medical risk factors such as unusually aggressive behavior (biting), oozing rashes or bleeding.
8. HIV infection, provided the child’s health, immune status and behavior are appropriate as determined by that child’s health care provider.

Symptoms or conditions for which exclusion is recommended:

For some conditions, exclusion can significantly reduce the spread of infection or allow children time to recover to the point where you can safely care for them:

1. **Fever along with behavior change or other signs of illness** such as sore throat, rash, vomiting, diarrhea, earache, etc. *An unexplained temperature over 100.5° F (under the arm) in an infant under 4 months of age should be evaluated by a medical professional as soon as possible. If a child over 4 months is behaving normally but has a fever, the child should be monitored but does not need to be excluded for fever alone.*
2. **Symptoms and signs of possible severe illness** such as unusual tiredness, uncontrolled coughing or wheezing, continuous crying, difficulty breathing, or severe abdominal pain.
3. **Diarrhea** — runny, watery or bloody stools when the stool cannot be contained in a diaper or is causing accidents in a toilet trained child or the child is having more stools than is typical for that child in a day.
4. **Vomiting** — more than two times in the past 24-hour period.

5. **Strep throat**, until 24 hours after treatment has been started.
6. **Impetigo**, until 24 hours after treatment has started.
7. **Eye discharge** — thick mucus or pus draining from the eye until evaluated by a healthcare provider.
8. **Mouth sores with drooling** until evaluated by a health care provider.
9. **Scabies**, until 24 hours after treatment is applied.
10. Any child determined by the local health department to be contributing to transmission of illness during an outbreak. For a list of reportable diseases see CCHP Health and Safety Note: Exposure to Communicable Disease.

What to do when a child becomes ill in your program

- Attempt to keep the child from intimate contact with other children and staff. Remove and sanitize toys and other items they may have put into their mouth. WASH HANDS!
- Contact the parents to have the child picked up as soon as possible. Make the child as comfortable as possible. Do not isolate them in such a way that you cannot provide supervision at all times.
- Continue to observe the child for new or worsening symptoms.
- If the child does not respond to you, is having trouble breathing, or is having a seizure, call 9-1-1.
- Document your actions in the child's file with date, time, symptoms, actions taken, by whom, and be sure to add your signature.

When to get immediate help

Some conditions require immediate medical help. If the parent can be reached, tell them to come right away and to notify their medical provider.

Call Emergency Medical services (9-1-1-) immediately and Also notify parents if any of the following happens:

- You believe a child needs immediate medical assessment and treatment that cannot wait for parents to take the child for care.
- A child has a stiff neck (that limits his ability to put his chin to his chest) or severe headache and fever.
- A child has a seizure for the first time.
- A child who has a fever as well as difficulty breathing,
- A child looks or acts very ill, or seems to be getting worse quickly.
- Skin or lips that look blue, purple or gray.

- A child is having difficulty breathing or breathes so fast or hard that he or she cannot play, talk, cry or drink.
- A child who is vomiting blood.
- A child complains of a headache or feeling nauseous, or is less alert or more confused, after a hard blow to the head.
- Multiple children have injuries or serious illness at the same time.
- A child has a large volume of blood in the stools.
- A child has a suddenly spreading blood-red or purple rash.
- A child acts unusually confused.
- Unresponsive or decreasing responsiveness.

Tell the parent to come right away, and get medical help immediately, when any of the following things happen. If the parent or the child's medical provider is not immediately available, call 9-1-1 (EMS) for immediate help:

- A fever in any child who appears more than mildly ill.
- An infant under 2 months of age has an axillary ("arm-pit") temperature of 100.5° F or higher.
- An infant under four months of age has two or more forceful vomiting episodes (not the simple return of swallowed milk or spit-up) after eating.
- A child has neck pain when the head is moved or touched.
- A child has a severe stomach ache that causes the child to double up and scream.
- A child has a stomach ache without vomiting or diarrhea after a recent injury, blow to the abdomen or hard fall.
- A child has stools that are black or have blood mixed through them.
- A child has not urinated in more than eight hours, and the mouth and tongue look dry.
- A child has continuous, clear drainage from the nose after a hard blow to the head.
- A child has a medical condition outlined in his special care plan as requiring medical attention.
- An injury that may require medical treatment such as a cut that does not hold together after it is cleaned.

References

Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs. Second Edition Washington, D.C.: American Public Health Association and American Academy of Pediatrics (2002).

Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide, 2nd Edition, 2009

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