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ILLNESS AND EXCLUSION POLICY

Reason this policy is important:

Our agency is not set up for the care of sick children; therefore we are unable to accept ill children. Although some illnesses do not require exclusion, sometimes illness requires a child or staff member to be excluded from care to prevent the spread of infection to other children and staff and to allow the child time to rest, recover and be treated for the illness. In the case of a contagious condition for which antibiotics have been prescribed, the child may not return to program until after the required treatment has been administered in accordance with New Hampshire State Regulations. This policy outlines illnesses and situations that require exclusion and those that do not.

Temporary Exclusion is recommended when:

- A child has an illness in which medication has been prescribed. The child may return to care once (s)he has been on the medication for at least twelve hours.
- The illness prevents the child from participating comfortably in activities as determined by supervisor.
- The ill child requires more care than the staff can give, which may result in compromising care for other children.
- Keeping the child in care poses an increased risk to the child or to other children or adults with whom the child will come in contact.

The child has any of the following conditions:

- Appears to be severely ill.
- Behavior change and one or more of the following symptoms:
 - *Fever: Auxiliary temperature (under arm) of 100 degrees Fahrenheit or higher or an oral temperature of 101 degrees Fahrenheit or higher.
 - *Lethargy
 - *Rash
 - *Ear Ache
 - *Sore Throat
 - *uncontrolled coughing or wheezing
 - *general inability to participate in program
- Diarrhea: defined by watery stool that is less formed, more frequent, and cannot be contained by a diaper.
- Blood in stool: not explained by dietary changes, medications or hard stool.
- Vomiting
- Abdominal pain: the pain continues for more than two hours or intermittent pain associated with fever or other signs or symptoms.
- Purulent Conjunctivitis: defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep, and including a child with eye pain or redness of the eyelids or skin surrounding the eye, until 24 hours after treatment has begun.
- Hepatitis A: exclude until 1 week after onset of viral illness or until after immune serum globulin has been given to children and staff in the program as directed by the local health department.
- Impetigo: exclude until 24 hours after treatment has begun.
- Measles: exclude until 4th day after rash disappears or local health department states patient is non-infectious.
- Mouth Sores: with drooling unless the child's physician or local health department authority states the child is non-infectious.

- Mumps: exclude until 9 days after onset of parotid gland swelling.
- Head Lice (Pediculosis): children should be excluded immediately for treatment and may not return until the Program Director determines that the child is free of nits and live lice. Additional treatment is needed 7-10 days later to kill the eggs that have hatched. Using a nit comb is the most effective way to remove lice.
- Whooping Cough (Pertussis): Children should be excluded until 5 days of appropriate antibiotic has been completed or until local health department states patient is not infectious.
- Pinworms and Ringworms: Children should be excluded for 24 hours after treatment has begun.
- Shingles, MRSA or Staph skin infections: if rash cannot be covered then exclude until lesions have dried and formed scabs.
- Rash: with fever and/or behavior change.
- Scabies: Children should be excluded until 24 hours after treatment is begun.
- Strep Throat (Streptococcal Pharyngitis): excluded until 24 hours after treatment has begun.
- Tuberculosis (TB): Exclude until the child's physician or local health department authority states the child is not infectious.
- Chicken Pox (Varicella-zoster): exclude until all lesions have dried and formed scabs, usually within 6 days of onset of rash.

After treatment we may require a doctor's note in order to readmit your child.

Conditions/Illnesses that Do Not Require Exclusion:

Reason this policy is important: When a child becomes ill but does not require immediate medical help, a determination must be made whether the child requires exclusion. Most illnesses do not require exclusion, however if your child is unable to participate in the classroom routine while exhibiting any of the following you may be asked to remove them from program.

- Common Colds, runny noses (regardless of color or consistency of nasal discharge), and coughs.
- Fever without any signs or symptoms of illness. Fever is an indication of the body's response to something, but is neither a disease nor a serious problem by itself.
- Water eye discharge without fever, eye pain, or eyelid redness.
- Yellow or white eye drainage that is not associated with pink or red conjunctiva (i.e., whites of the eyes).
- Rash without fever and behavioral changes.
- Thrush (i.e., white spots or patches in the mouth).
- Fifth Disease (slapped cheek disease, parvovirus B19) in a child without immune problems.
- Cytomegalovirus infection (CMV viral infection).
- Chronic Hepatitis B virus infection.
- Hand, Foot and Mouth Disease
- Pneumonia
- Human Immunodeficiency Virus (HIV) infection, with consideration of risk to the HIV infected Child or others decided on a case by case basis by health professionals.
- Children with Chronic infectious conditions that can be accommodated in the program according to the legal requirements of federal law in the American with Disabilities Act (e.g., HIV infection). The act requires that child care programs and schools make reasonable accommodations for children with disabilities and/or chronic illnesses, considering each child individually.

Following an Illness or Injury, a child will be readmitted to the program when he/she no longer has the above symptoms, has begun appropriate treatment and/or no longer has significant discomfort and feels well enough to participate. If your child becomes ill while at the center/site, you will be contacted to pick up your child immediately. For this reason we ask that you keep your emergency card updated.

