

BANANAS HANDOUT

In Sickness & In Health – Establishing Illness Policies

It is inevitable for children to get sick. When children are in child care, they will undoubtedly get sick slightly more often. Making a decision that a child is “too sick” to attend child care can be a complex one. The program has to consider not only the individual child but the health of the other children in care and the needs of working parents and staff. Nothing (not even money!) can cause more tension between a parent and a child care program than decisions about children with illnesses.

That is why child care programs need to design health and illness policies which provide a framework for making decisions regarding illness. Each program must design policies to meet its own needs and review and revise them yearly (at least). Health and child development experts have developed general guidelines to help

child care programs establish illness policies.

These guidelines are recommended in *Caring for Our Children: National Health and Safety Performance Standards Guidelines for Out-of-Home Child Care Programs*. Go to <http://nrc.uchsc.edu/CFOC> to download a copy.

The recommendations state that:

A facility shall not deny admission to or send home a child because of illness **unless one or more of the following conditions exist**. The parent, legal guardian or other person authorized by the parent should be notified immediately when a child has a sign or symptom requiring exclusion from the facility as described below:

- A. The illness prevents the child from participating comfortably in facility activities;
- B. The illness results in a greater care need than the child care staff can provide without compromising the health and safety of the other children; or
- C. The child has any of the following conditions:
 1. **Temperature:** Oral temperature of 101° or greater; rectal temperature of 102° or greater; axillary (armpit) temperature of 100° or greater; accompanied by behavior changes or other signs and symptoms of illness until medical evaluation indicates inclusion.
 2. **Symptoms and signs of severe illness** such as unusual lethargy, uncontrolled coughing, irritability, persistent crying, difficult breathing, wheezing or other unusual signs until medical evaluation indicates inclusion.
 3. **Uncontrolled diarrhea**, that is, increased number of stools, increased liquid, or decreased form that is not contained in the diaper, until diarrhea stops.
 4. **Vomiting illness** (two or more episodes of vomiting in the previous 24 hours) until vomiting resolves or until a health provider determines the illness to be non-communicable, and the child is not in danger of dehydration.
 5. **Mouth sores with drooling** unless a health care provider or health official determines the condition is noninfectious.
 6. **Rash with fever or behavior change**, until a health care provider determines that these symptoms do not indicate a communicable disease.
 7. **Purulent conjunctivitis** (defined as pink or red conjunctiva with white or yellow discharge) until 24 hours after treatment has been initiated.
 8. **Scabies, head lice, or other infestation**, until 24 hours after treatment has been initiated.
 9. **Tuberculosis**, until a health care provider or health official states that the child can attend child care.
 10. **Impetigo**, until 24 hours after treatment has been initiated.
 11. **Strep throat or other streptococcal infection**, until 24 hours after antibiotic treatment of fever.
 12. **Chicken pox**, until six days after the onset of rash or until all of the scabs have dried and crusted.
 13. **Pertussis**, until 5 days of appropriate antibiotic treatment.
 14. **Mumps**, until 9 days after the onset of parotid gland swelling.

15. **Hepatitis A virus**, until 1 week after the onset of illness or as directed by the health department when passive immunoprophylaxis (currently immune serum globulin) has been administered to the appropriate children and staff.
16. **Measles**, until 6 days after onset of rash.
17. **Rubella**, until 6 days after onset of rash.
18. **Unspecified respiratory illness**, severely ill children with the common cold, croup, bronchitis, pneumonia, otitis media (ear infection).
19. **Shingles**, unless the lesions can be adequately covered by clothing or a dressing, until the recommendation of a health care provider.
20. **Herpetic gingivostomatitis**, Herpes simplex, for children who cannot control their secretions.

In designing a policy, remember that there are times when a sick child who is under the care of a health professional can be diagnosed and treated while remaining in child care. This occurs with some illnesses when the professional is sure the illness can be managed and when exclusion results in a hardship to a family. This approach prevents parents whose children are excluded from care from simply enrolling the child in another child care setting and spreading the illness to a new group of children and families (a not uncommon practice).

In many cases, children who have simple colds need not be excluded since all the children have probably been exposed. The average child has 6-8 colds per year lasting 7-10 days. So, excluding children with colds could result in a susceptible child being out of care much of the time. While it might be tempting to exclude every child with a runny nose, it's not very realistic. You have to decide what illnesses your program can handle and then communicate these decisions to parents through your written policies. Once policies are in place, they need to be consistently applied to all families.

If a program does its part by always notifying parents when a contagious disease is diagnosed among the children, their families or the staff, and by providing care for those children who can remain in child care – it is more likely to receive similar cooperation from parents.

A child care illness policy should also include:

- A statement that the program will notify parents whenever children have been exposed to contagious illnesses (See the BANANAS “*Exposure Notice*” Handout, available at our office, by mail or from our website.)
- A requirement that parents inform the program within 24 hours of a diagnosis of a serious illness in the family (Even if the child is kept home or it is a sibling or parent who is ill, the program should know the diagnosis and the cause of the infection in order to advise other families using the care.)
- A list of serious illnesses or conditions which will be the grounds for exclusion

- The program’s plans for the care of a child who becomes ill during care
- A requirement that parents provide information on the care of a recuperating child when the child returns to the program
- The conditions under which medication will be administered.

Verifying Illnesses

If a program keeps ill children in care, especially those with more than a cold, staff must know what the illness is and how to handle it (see BANANAS Handouts, “*Promoting Health and Hygiene in a Child Care Setting*” and “*Giving Medications in Child Care Programs*”). This calls for the advice of the child’s health provider. Having written medical recommendations or verification that a child has been seen helps program staff and builds parent-provider trust. The written report should include specific information about whether or not a disease is contagious, what precautions need to be taken and when a child can return to care. (See sample *Physician Verification Form* on page 4 of this Handout.)

Be prepared to recognize and care for sick children as an everyday part of providing good child care. Symptoms of illness can appear very rapidly and, even if your exclusion policies are very strict, you will have to care for a sick child while waiting for the parent to arrive. While common sense may tell you when a child is sick, you should be able to verify an illness by observing and recording its symptoms. Your observations will be helpful both to the parent and to the child’s health professional.

First, make the child as comfortable as possible. Every program needs a quiet place where a sick child can rest. Change soiled clothes, if necessary, and be reassuring. If you suspect a fever, take the child’s temperature – and, if high, begin sponging the child with tepid (lukewarm, **not** cold) water to help guard against seizures caused by high fevers. Every child care program is required to have at least one staff member on duty who is trained in first aid and CPR in case of an emergency.

Getting Help

Some conditions require immediate medical attention. When this is necessary – and you can reach the parent without delay – tell the parent to come right away. You may also ask the parent to tell the family's health pro-

fessional that you will be calling because you are with the child. If the parent or the child's health professional is not immediately available, contact your program's health consultant or 911 for immediate medical help.

Call Emergency Medical Services (EMS) immediately if:

- You believe the child's life is at risk or there is a risk of permanent injury.
- The child is acting strangely, much less alert, or much more withdrawn than usual.
- The child has difficulty breathing or is unable to speak.
- The child's skin or lips look blue, purple, or gray.
- The child has rhythmic jerking of arms and legs and a loss of consciousness (seizure).
- The child is unconscious.
- The child is less and less responsive.
- The child has any of the following after a head injury: decrease in level of alertness, confusion, headache, vomiting, irritability, or difficulty walking.
- The child has increasing or severe pain anywhere.
- The child has a cut or burn that is large, deep, and/or won't stop bleeding.
- The child is vomiting blood.
- The child has a severe stiff neck, headache, and fever.
- The child is significantly dehydrated: sunken eyes, lethargic, not making tears, not urinating.

from "Caring for our Children," 2002, National Health and Safety Performance Standards.

Some ill children may not necessarily require ambulance transport but still need medical attention. The box below lists some of these more common situations. The

legal guardian should be informed of these conditions. If you or the guardian cannot reach the physician within one hour, the child should be brought to a hospital.

Get medical attention within one hour for:

- Fever in any age child who looks more than mildly ill.
- Fever in a child less than 2 months (8 weeks) of age.
- A quickly spreading purple or red rash.
- A large volume of blood in the stools.
- A cut that may require stitches.
- Any medical condition specifically outlined in a child's care plan requiring parental notification.

Child care regulations mandate sound health procedures in child care programs. These issues are outlined in the regulations and generally include plans for monitoring the daily health of children and the management and reporting of communicable diseases. A list of reportable diseases is in the child care regulations packet.

These diseases are to be reported to the Communicable Disease section of your local health department. First Aid procedures and other emergency health and safety issues also need to be planned. It is a good idea for any type of child care program to find a health consultant willing to review health and safety forms and procedures.

See the following resources for additional information:

- *Caring for Our Children: National Health and Safety Performance Standards, Guidelines for Out-of-Home Child Care Programs*, 2002, APHA publication, \$35 plus \$8 shipping and handling, (888) 227-1770 or <http://nrc.uchsc.edu/CFOC>
- *Healthy Young Children: A Manual for Programs*, NAEYC publication, \$15, (800) 424-2460.
- *Caring for Our Children*, Illness in Child Care, number 260, BANANAS video on attendance policies, medications, illness notification. Call BANANAS, 658-7353, for our video check-out policy.
- *Exposure Notice, Promoting Health & Hygiene in a Child Care Setting* can be downloaded at www.bananasinc.org.
- *Disease Fact Sheets* can be downloaded from the California Childcare Health Program, (800) 333-3212, www.ucsfchildcarehealth.org.

Sample Medical Forms

Physician Verification Form

Dear Physician:

_____ is enrolled at _____.
(Child's Name) (Name of Child Care Program)

Our child care staff feels a medical examination is necessary to protect the health and safety of this child as well as the other children in our care. We have observed the following symptoms:

This child cannot return to the child care program without this signed form. Please complete it and return it to the parent. Thank you.

RESULTS OF THE EXAMINATION: No illness found: Non-Communicable: Communicable:

DIAGNOSIS: _____ AGENT: _____ HOW SPREAD: _____

MEDICATION PRESCRIBED: _____ DOSAGE & TIMING: _____

SPECIAL INSTRUCTIONS: _____

DATE CHILD MAY RETURN TO CARE: _____

_____ Phone: _____ Date: _____
(Physician's Signature)

You can contact us directly by calling _____ at _____.
(Staff Name) (Phone)

(This form was based on a form developed by 4 C's of Santa Clara County.)

Authorization For The Administration of Medication

I authorize the administration of _____ to _____ by
(Medication) (Child's Name)

_____ according to instructions on label. This authorization is effective until _____
(Name of Program) (Date)

Name of Physician Who Prescribed Medicine: _____ Phone: _____
_____ Date: _____
(Parent's Signature)

Authorization To Seek Medical Treatment

I give the authorized representative of _____ permission to
(Child Care Program)

obtain medical treatment for my child, _____.
(Child's Name)

_____ Date: _____
(Parent's Signature)

Parent's Home Phone: _____ Work Phone: _____

(Note: Some hospitals require this authorization form to be notarized. Check with your local emergency hospital for any special requirements.)