



## Common Ground Child Care Center's

### Infection Control Policy

It is inevitable that children will get sick, no matter where they are. As children begin to have contact with the world outside that of their own families, they are exposed to viruses and bacteria that are foreign to their bodies. This is the way they build immunities. We cannot, nor would we want to, shield a child completely from the outside world. If we did, the natural immunities a child gains through contact with others would not develop and a simple cold could become a serious illness. However, we do want to protect a child from an unusually high exposure to germs all at once.

In a child care setting, children come into contact with groups of other children outside their families. It is in this situation that the illness of one child can spread rapidly through the group to other children and staff members if stringent measures to prevent this spread are not taken.

For this reason, the staff at the center will take constant precautions to prevent the spread of disease. Many common childhood diseases are contagious. They are caused by germs that may be spread in several ways. Intestinal tract infections are spread through stools. Respiratory tract infections are spread through coughs, sneezes, and runny noses. Other diseases are spread through direct contact. Careful hand washing by staff and children can eliminate approximately 75 percent of the risk of spreading these illnesses. Other precautions include separating sick children from those who are well, taking extra precautions with diapering or toilet training children, and working to maintain sanitary conditions throughout the center.

You, the parent/guardian, can help us in our effort to keep your children healthy. We ask your cooperation in the following ways:

1. If **your child has been exposed** to any of the diseases listed on the accompanying charts (pages 3-5 of this document), we ask that you notify us immediately of the exposure.
2. If **your child shows any of the following symptoms** you will be called and asked to come immediately to **take your child home**. Please help us protect the other children by

responding promptly. **If your child has any of the following symptoms at home, we ask that you keep him/her out of school until the symptoms are gone or until your physician says it is all right to return.**

The symptoms include:

- ♥ fever of 101°F. or higher\* (*see below*)
- ♥ severe coughing - child gets red or blue in the face
- ♥ high-pitched croupy or whooping sounds after coughing
- ♥ difficult or rapid breathing - especially in infants
- ♥ yellowish skin or eyes
- ♥ pinkeye - tears, redness of eyelid lining, followed by swelling and discharge of pus
- ♥ unusual spots or rashes
- ♥ sore throat or trouble swallowing
- ♥ infected skin patches
- ♥ crusty, bright yellow, dry, or gummy areas of skin - possibly accompanied by fever
- ♥ unusually dark, tea colored urine - especially with a fever
- ♥ grey or white stool
- ♥ headache and stiff neck
- ♥ vomiting
- ♥ severe itching of body or scalp or scratching of scalp
- ♥ Diarrhea\*\* (*see below*)

If any of the above symptoms are present or if a child appears cranky or less active than usual, cries more than usual, or just seems generally unwell at home, you are asked to look for any of the above symptoms or inform the child's teacher so that the child can be watched carefully for the development of symptoms.

*\*Note Regarding Fever: Because a fever may indicate other health concerns a child must be fever-free, without the use of fever-reducing medicine, for twenty-four hours before*

*returning to child care. Upon return, child must be able to participate in all classroom activities including outdoor play. Twenty-four hour policy is based on fever as described above.*

*\*\*Note Regarding Diarrhea: Child will be sent home for diarrhea that occurs three or more times per day for infants that is not contained by diapers and two or more times per day for toddlers and preschool children that is not contained by diapers or toilet use. Child may return to childcare when diarrhea (as described above) has not occurred in the previous eight ours. On the day the child returns, if one such stool occurs, he/she will be excluded from childcare.*

*If there appears to be blood present in the stool, immediate medical attention is necessary. Diarrhea of two weeks' duration is an indication for medical evaluation, and a note from a healthcare provider will be required for continued attendance. \*All diarrhea is a health concern in the classroom.*

It is imperative that we all work together to keep all of the children who attend the center as healthy and happy as possible.

We thank you for your cooperation.



## Communicable Disease Reference Chart for School Personnel

DISEASE	INCUBATION PERIOD	TRANSMISSION	COMMON SYMPTOMS	RECOMMENDATIONS
Chickenpox* (Varicella)	10-21 days, usually 14-16 days. (Incubation period in persons who receive VariZIG or IGIV extends through day 28.)	By direct contact with vesicular fluid or by airborne spread from respiratory tract secretions.  Infectious from 2 days before rash onset until all lesions are crusted over and no new lesions appear within a 24-hour period (average is 4-7 days).	Sudden onset with slight fever and itchy eruptions which become vesicular (small blisters) within a few hours. Lesions commonly occur in successive crops, with several stages of maturity present at the same time. Communicable for as long as 5 days (usually 1-2 days) before eruption of vesicles and until all lesions are crusted (usually 5 days). Communicability may be prolonged in immunocompromised people.	CASE: Exclude from school for at least 5 days after eruptions first appear or until vesicles become dry. Avoid exposure to women in early pregnancy who have not had chickenpox and/or varicella vaccine.  CONTACTS: Check vaccination status of contacts and recommend vaccination if needed. On appearance of symptoms, exclude from school.
Conjunctivitis, Acute Bacterial (Pink Eye)	Varies depending on causative agent.	By contact with discharges from the conjunctivae or contaminated articles.	Pink or red eyeball with swelling of the eyelids and eye discharge. Eyelids may be matted shut after sleep. May involve one or both eyes.	CASE: Exclude from school while symptomatic or until 24 hours of antibiotic treatment has been completed.  CONTACTS: School exclusion not indicated.
Diarrheal Diseases* (Campylobacteriosis, <i>E. coli</i> O157:H7, Giardiasis, Salmonellosis, Shigellosis, etc.)	Campylobacteriosis: 1-10 days, usually 2-5 days. <i>E. coli</i> O157:H7: 1-8 days, average 3-5 days. Giardiasis: 3-25 days, usually 7-10 days. Salmonellosis: 6-72 hours, usually 12-36 hours. Shigellosis: 12-96 hours, usually 1-3 days.	By the fecal-oral route through direct contact or by ingestion of contaminated food or water.	Ranges from sudden onset of fever, abdominal pain, diarrhea, nausea, and sometimes vomiting in salmonellosis, to cramps and bloody stools in severe cases of shigellosis and <i>E. coli</i> O157:H7. Dangerous dehydration may occur in younger children. In giardiasis, persons may be asymptomatic or have decreased appetite and weight loss.	CASE: Exclude from school until cessation of acute diarrhea. Stress importance of proper handwashing.  CONTACTS: School exclusion and stool cultures not indicated in absence of symptoms. Consult with your local health department for advice during suspected school outbreaks.
Fifth Disease (Erythema Infectiosum)	From 4-21 days.	Primarily through contact with respiratory secretions.	Rash characterized by a vivid reddening of the skin, especially of the face, which fades and recurs; classically, described as a "slapped face appearance." Mild symptoms of fever, body aches, and headache may occur 7-10 days before rash.	CASE: Exclusion from school not indicated.  CONTACTS: School exclusion not indicated. Pregnant women and immunocompromised persons should seek medical advice.
Hepatitis A*	From 15-50 days, average 28-30 days.	By the fecal-oral route through direct contact or ingestion of contaminated food or water.	Fever, loss of appetite, nausea, abdominal discomfort and weakness followed by jaundice. Many unrecognized mild cases without jaundice occur, especially in children. Communicability greatest from 7 days before to several days after onset of jaundice.	CASE: Follow advice of child's physician and/or your local health department.  CONTACTS: School exclusion not indicated. Stress importance of proper handwashing.

NOTE: THESE RECOMMENDATIONS APPLY ONLY TO SCHOOL-AGED CHILDREN - A more complete discussion of these conditions and other communicable diseases may be found in *Control of Communicable Diseases Manual* (2008) published by the American Public Health Association and the *2009 Report of the Committee on Infectious Diseases (The Red Book)* published by the American Academy of Pediatrics. Additional information and consultation are also available through your local health department.

\* Officially reportable in Virginia to the local health department. All outbreaks and unusual occurrences of disease are also reportable.

DISEASE	INCUBATION PERIOD	TRANSMISSION	COMMON SYMPTOMS	RECOMMENDATIONS
Hepatitis B*	From 45-160 days, average 90 days.	By direct contact with infected blood or body fluids. Transmission occurs when the hepatitis B virus enters the body through broken skin or mucous membranes.	Only a small proportion of acute infections have clinical symptoms. Symptoms are similar to those of hepatitis A.	CASE: Follow advice of child's physician and/or your local health department. CONTACTS: School exclusion not indicated.
HIV Infection* and AIDS*	Variable	By direct contact with infected blood or body fluids. Transmission occurs when the human immunodeficiency virus enters the body through broken skin or mucous membranes.	A broad range of disease manifestations affecting multiple organ systems. Many children remain asymptomatic.	CASE: Follow advice of child's physician and/or your local health department. CONTACTS: School exclusion not indicated.
Influenza	Usually 1-4 days	Person to person by respiratory droplets created by coughing or sneezing.	Sudden onset of fever, chills, headache, malaise, and nonproductive cough. Subsequently, respiratory tract signs including sore throat, nasal congestion, rhinitis, and cough become more prominent.	CASE: Exclude from school until at least 24 hours following resolution of fever. CONTACTS: School exclusion not indicated. Seasonal influenza vaccination encouraged to reduce spread of influenza.
Measles* (Rubeola, Red Measles)	From 7-21 days, (usually 8-12 days from exposure to onset of symptoms).	Airborne by droplet spread or direct contact with nasal or throat secretions of an infected person.	Prodrome characterized by fever followed by reddened eyes, runny nose, and cough. Dusky-red blotchy rash appears on day 3 or 4 and lasts 4 to 7 days. Communicable from 4 days before to 4 days after the appearance of the rash.	CASE: Exclude from school until at least 4 days after appearance of the rash. Check immunization records of all students. Discuss with your local health department. CONTACTS: Exclude from school immediately on signs of prodrome. Unimmunized students may need to be excluded from school. Follow recommendations of your local health department.
Meningitis, Bacterial ( <i>H. influenzae</i> *, Meningococcal*, Pneumococcal)	<i>H. influenzae</i> : 2-4 days Meningococcal: 2-10 days, usually 3-4 days. Pneumococcal: 1-4 days	By direct contact or droplet spread of nasopharyngeal secretions of an infected person.	Sudden onset of fever, headache, nausea, stiff neck and photophobia. Rash may occur in cases of meningococcal disease.	CASE: Exclude from school during acute illness. Non-communicable after 24-48 hours of appropriate drug therapy. CONTACTS: School exclusion not indicated. Discuss with your local health department to determine if close contacts need prophylactic treatment for <i>H. influenzae</i> or meningococcal meningitis.
Mumps*	From 12-25 days, usually 16-18 days.	By droplet spread or by direct contact with the saliva of an infected person.	Fever with swelling and tenderness of one or both parotid glands located below and in front of the ears. Unrecognized mild cases without swelling may occur. Communicable from 3 days before swelling until 5 days after.	CASE: Exclude from school for 5 days after the onset of parotid gland swelling. CONTACTS: School exclusion not indicated.

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DISEASE	INCUBATION PERIOD	TRANSMISSION	COMMON SYMPTOMS	RECOMMENDATIONS
Norovirus	From 12-48 hours	Primarily by the fecal-oral route through direct contact or ingestion of contaminated food. Transmission is also possible through contact with surfaces contaminated by, or direct contact with, the vomit of an infected person.	Sudden onset of vomiting and/or diarrhea, abdominal cramps, and nausea.	CASE: Exclude from school until 24 hours after symptoms resolve. Stress importance of proper handwashing as virus is shed in stool for weeks after symptoms resolve.  CONTACTS: School exclusion not indicated.
Pediculosis (Head Lice)	Eggs hatch in 7-12 days and reach maturity 9-12 days later.	By direct contact with an infested person or their personal belongings such as combs, brushes, and hats.	Severe itching and scratching, often with secondary infection. Eggs of head lice (nits) attach to hairs as small, round, gray lumps.	CASE: Notify parents; inform that child has lice and should be treated. School exclusion is not indicated.  CONTACTS: Inspect head for evidence of infestation. Refer for treatment if infested.
Pertussis*	From 4-21 days, usually 9-10 days.	By direct contact with respiratory secretions of an infected person by the airborne route.	The initial stage begins with upper respiratory symptoms and increasingly irritating cough. The paroxysmal stage usually follows within 1 to 2 weeks, and lasts 1 to 2 months. Paroxysmal stage is characterized by repeated episodes of violent cough broken by a high-pitched inspiratory whoop and vomiting. Older children may not have whoop. Convalescence may require many weeks.	CASE: Exclude from school until a physician advises return (usually 5 days after initiation of appropriate antibiotic therapy). Discuss with your local health department.  CONTACTS: Exclude on first indication of symptoms.
Ringworm of the Body (Tinea Corporis)	Unknown.	By contact with lesions of an infected persons, animals or fomites.	Circular well-demarcated lesion that can involve face, trunk, or limbs. Itching is common.	CASE: Exclusion from school not indicated as long as lesions are covered or child is receiving treatment.  CONTACTS: School exclusion is not indicated.
Rubella* (German Measles)	From 12 to 23 days, usually 14 to 17 days.	By direct contact or droplet spread of nasopharyngeal secretions of an infected person.	Mild symptoms; slight fever, rash of variable character lasting about 3 days; enlarged head and neck lymph glands common. Joint pain may occur, especially in older children and adults. Communicable for 7 days before onset of rash and at least 7 days thereafter.	CASE: Exclude from school for 7 days after onset of rash. Avoid exposure to women in early pregnancy. Check immunization records of all students. Discuss with your local health department.  CONTACTS: Discuss with your local health department; unimmunized contacts may need to be excluded. Those who are pregnant and not immunized should be urged to seek medical advice.

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DISEASE	INCUBATION PERIOD	TRANSMISSION	COMMON SYMPTOMS	RECOMMENDATIONS
Scabies	Persons without previous exposure: 4 to 6 weeks. Previously infested and sensitized: 1-4 days after re-exposure.	By direct skin-to-skin contact.	Begins as itchy raised areas around finger webs, wrists, elbows, armpits, belt-line, and/or genitalia. Extensive scratching often results in secondary infection.	<p>CASE: Exclude from school until 24 hours of appropriate treatment has been completed.</p> <p>CONTACTS: Inspect for evidence of infestation and refer for treatment if necessary. School exclusion is not indicated in the absence of infestation.</p>
Streptococcal Diseases (Including Impetigo, Scarlet Fever, and "Strep" throat)	Variable, often 2-5 days, may be longer.	By direct contact with infected persons and carriers or by contact with their respiratory droplets.	<p>Impetigo: Multiple skin lesions usually of exposed area (e.g., elbows, legs, and knees), but may involve any area. Lesions vary in size and shape, and begin as blisters, which rapidly mature into brown crusts on a reddened base. Healing from center outward produces circular areas, which may resemble ringworm.</p> <p>Scarlet Fever: Fever, sore throat, exudative tonsillitis or pharyngitis. Sandpaper-like rash appears most often on neck, chest, and skin folds of arms, elbows, groin, and inner aspect of thighs.</p> <p>"Strep" throat: Sudden onset of fever, sore throat, exudative tonsillitis or pharyngitis, and enlarged lymph nodes. Symptoms may be absent in some cases.</p>	<p>CASE: Exclude from school until lesions are healed or until 24 hours of antibiotic treatment has been completed.</p> <p>CONTACTS: Exclusion from school not indicated. Observe carefully for symptoms.</p> <p>-----</p> <p>CASE: Exclude from school during acute illness. Non-communicable after 24 hours of appropriate drug therapy.</p> <p>CONTACTS: Exclude on first indication of symptoms. Culturing of school contacts and treatment of carriers not usually indicated.</p> <p>-----</p> <p>CASE: Exclude from school until 24 hours of antibiotic treatment has been completed.</p> <p>CONTACTS: Exclusion from school not indicated. Observe carefully for symptoms.</p>

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