

# Module 3

## Recognizing and Managing Infectious Diseases

- Daily health check
- Exclusion
- Symptoms versus disease



### Script:

This module on recognizing and managing infectious diseases covers the daily health check, exclusion, and differences between symptoms and disease.

The objectives include the following:

1. Identify the 3 primary reasons for exclusion, and know where to find a list of specific conditions that require exclusion.
2. Identify 2 reasons why exclusion does not reduce the spread of most common germs.
3. Explain at least 1 goal of exclusion.
4. Explain why consistent application of exclusion criteria creates clear expectations of families and child care staff, and a healthier environment.
5. Understand how to use resources such as *Managing Infectious Diseases in Child Care and Schools* and *Caring for Our Children* 4th edition (CFOC) to find needed information related to infectious diseases.



## Case 1

The teacher in the toddler room notices that 20-month-old Suzie is a little less active than normal and has a runny nose, though she has been playing on and off. She is still participating in various activities. The teacher checks her temperature and it is 101°F.

- Does Suzy need to be excluded? Why or why not?
- Is there an exclusion policy that covers this?
- What is difficult about this case?



### Script:

[Note: Read the scenario on the slide, including the questions. The goal is to engage with the participants and raise interest in the subject. The intent is NOT to answer these questions at this point.]

**Ask** for participants' opinions. What would they do? What makes this situation challenging? Do they know if their program's exclusion policy covers the issues that this scenario raises? These are some of the issues and topics that this module covers.

**Trainer note:** Expect some (or many) participants to suggest having a temperature elevation suffices to require exclusion. Note that with few exceptions, this is not the case and will be discussed in this module. This will keep the incorrect response from being reinforced and set the stage for further discussion.



## Daily Health Check



- Routine of greeting parents/children every day
- Form of communication between parents and caregiver/teacher
- May enable caregivers/teachers to identify illness while parents are still present

### Script:

Show of hands--- how many of you know what the daily health check is? The daily health check is completed to assess the health of each child every day they attend your program.

[Ask the following questions, to engage in an informational dialogue with participants.

Answers/talking points are provided to make sure that important points are covered.]

**Question:** When is the daily health check performed?

**Answer:** *Each day when children are dropped off at the center and when the caregiver notices symptoms or a change in symptoms*

**Question:** Why do we do it? What are we trying to accomplish?

**Answer:** To detect conditions which might need exclusion because  
1) the child is/will be unable to participate adequately in activities, 2) the child may need more care than staff can provide and still safely attend to the other children, or 3) the child has 1 of the specific excludable conditions – we will discuss these in detail later.

Early identification of ill children before parents leave

- Can make management of an ill child easier because the parent is still at the program
- Is better for the child
- May reduce the chance of exposure to other children
- Some children are dropped off so early they have been asleep during the car ride and the parent has not yet adequately assessed the status of the child.

**Question:** Who does the daily health check?

**Answer:** The daily health check is done by a designated person qualified to

assess the health status of young children. This may vary by the type of program from the teacher/caregiver, director, or designated/trained front desk staff. If possible, have the child's teacher do the recommended daily health check, using knowledge of how the child usually looks and acts to compare with how the child seems when entering the program and whenever the child seems different than usual. Child care health consultants can train staff who greet children to conduct a daily health check.

**Question:** How is the daily health check done?

**Answer:** Engage the parent and child (if age appropriate) in conversation. The conversation should be in a manner that respects the family's culture and the child's body and feelings. Look at the child and observe his/her behavior. If you suspect illness or unusual behavior, touch the child to assess for warmth that may indicate fever. You do not need to check every child for fever, only those exhibiting symptoms of illness. *Caring for Our Children* 4th edition, standard 3.1.1.1 contains a list of items that the daily health check should address.

**Reference:** *Caring for Our Children, 4th Edition*. Accessed at <http://nrckids.org/CFOC/Database/3.1.1.1>



## What To Do When Kids Get Sick After the Daily Health Check

- **Observe children**
  - Look for less activity
  - Increased care needs
  - Check for other symptoms
- **If other symptoms are present**
  - Make a decision about exclusion
  - Notify parents
  - Care for child until the parent/caregiver arrives

### Script:

- Sometimes, children become ill after the parents or guardians have dropped them off.
- Look for children who are:
  - Less active
  - Clingy or cranky
  - Not participating in activities
  - Needing additional care
- If participation decreases, look for other symptoms of illness.
- If symptoms of illness develop, the caregiver/teacher will need to:
  - Determine whether the child needs to be excluded (Exclusion will be talked about in more detail a bit later in this module)
  - Notify the parent or guardian

**Trainer note:** The next slide covers more information on what to do when kids get sick after the daily health check.



### What To Do When Kids Get Sick After the Daily Health Check

- Refer to exclusion criteria
- If a child needs to go home, procedures should be in place to take care of the child until they can be picked up



#### Script:

As you all know sometimes children get sick after they arrive at school. It is always important to make sure parents know under what circumstances children are asked to go home.

When illness:

- Prevents the child from participating comfortably in activities;
- Results in a need for care that is greater than the staff can provide without compromising the health and safety of other children;
- Poses a risk of spread of harmful diseases to others.

We will cover exclusion in more detail a bit later in this module.

If a child needs to go home, it is important for program staff members and families to know the procedures you have in place for taking care of the child. These procedures should be made on a case-by-case basis considering the child's age, the surroundings, potential risk to others and the type and severity of the symptoms the child has.

**Ask:** What are your procedures for taking care of a sick child until they can be picked up?

Answers/talking points should include the following from Caring for our Children:

- The child should be supervised by someone who knows the child well and who will continue to observe the child for new or worsening symptoms.
- If symptoms allow, let the child remain in their usual care setting while awaiting pick-up. Often keeping the child in the usual location of care where others have already been exposed is sufficient and is easily arranged with just 3 feet of separation from the other children. It keeps the child under observation and care by someone who knows the child well. Moving the child to another place in the facility is likely to expose people not already exposed to germs that might be making the child sick.
- All who have been in contact with the ill child must wash their hands.

- Toys, equipment, and surfaces used by the ill child should be cleaned and disinfected after the child leaves.

**Reference**

Caring for Our Children, 4th Edition at <http://nrckids.org/CFOC/Database/3.6.1.1>



## Curriculum for Managing Infectious Diseases in Early Education and Child Care Settings



### Outbreaks

- Sudden rise in the occurrence of a disease
- Notify your child care health consultant or health department
- Consult evidence-based resources



#### Script:

- Consider an outbreak when you see an increase in children with the same symptoms.
- Some outbreaks are expected each year (seasonal influenza, hand-foot-and-mouth, bronchiolitis).
- However, if you note unexpected numbers of children with the same symptoms, or a small number of children with unusually severe symptoms, you should report the issue to your child care health consultant, if you have one, or the health department.
- Extensive discussion about outbreaks, epidemics and pandemics are beyond the scope of this course. However, you may consult *Managing Infectious Diseases in Child Care and Schools*<sup>1</sup> for more information. The AAP has a website with information on preparation for pandemic influenza.<sup>2</sup>

The CDC website provides updated information about current outbreaks, epidemics, pandemics and other problems such as E. coli disease caused by contamination of romaine lettuce.

#### Sources:

1. Aronson, S. S., T. R. Shope, eds. 2019. *Managing infectious diseases in child care and schools: A quick reference guide*, 5<sup>th</sup> Edition. Elk Grove Village, IL: American Academy of Pediatrics.
2. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Preparing-Child-Care-Programs-for-Pandemic-Influenza.aspx>
3. CDC US Outbreak Lists at <https://www.cdc.gov/outbreaks/index.html>



## Exclusion

- How do you make decisions about exclusion?
- What are characteristics of good exclusion criteria?
- Is exclusion an effective way to reduce transmission of germs?
- What are the reasons to exclude children from out-of-home child care?



### Script:

Exclusion and its role in managing infections is an important topic in early care and education programs.

In the next slides we will be talking about the following:

- What are the reasons to exclude children from out-of-home care?
- How to make decisions about exclusion?, and
- What the characteristics are of good exclusion criteria?



### Does exclusion reduce the spread of disease?



#### **Script:**

Does exclusion reduce the spread of diseases and the transmission of germs?

Exclusion is NOT an effective way to reduce the spread of most common germs.

**Ask:** Why do you think it is not an effective way to reduce the spread of disease?

[If you like use flip chart paper and write responses to this question.]

Make sure answers include the following talking points:

- Germs spread before kids get sick and can continue to spread after a child recovers, sometimes for weeks.
- Some kids spread germs without ever becoming sick themselves.
- Targeting the ones who appear ill has little or no effect on reducing the transmission of most of the common illnesses.
- Viruses and some bacteria and parasites are spread by children who are not having symptoms, thus, targeting sick ones will not deter the spread

There are a small number of conditions that are reportable to the health department and that do require exclusion. We will learn more about these a little later.

Remember the importance of strategies such as handwashing and cleaning, sanitizing and disinfecting for reducing the spread of germs.



## Reasons for Exclusion

- The caregiver/teacher should exclude if the illness:
  - Prevents the child from participating comfortably in activities
  - Results in a need for care that is greater than the staff can provide without compromising the health and safety of the other children
  - Is a specific disease, symptom or condition requiring exclusion

CFOC4 Standard 3.6.1.1. Inclusion/Exclusion/Dismissal of Children  
<http://nrckids.org/CFOC/Database/3.6.1.1>

### Script:

It is helpful to break down the reasons for exclusion into 3 main categories.

The 3 primary reasons to exclude children from out-of-home care are:

- Prevents the child from participating comfortably in activities.
- Results in a need for care that is greater than the staff can provide without compromising the health and safety of the other children.
- The child has a specific disease, condition, or symptom requiring exclusion.

These first 2 primary reasons for exclusion:

- Are at the discretion of the caregiver/teacher.
- Do not require a diagnosis from a health care professional.

**When children meet these first 2 criteria, caregivers/teachers have the ability to decide when children need to be excluded.**

**It is important to remember that exclusion is probably the least effective method for the most common infections in early care and education settings.**

- Probably effective for most vaccine-preventable infections (exceptions: rotavirus, influenza)
- Maybe effective for some infections that are not vaccine-preventable (enteric pathogens)

In addition to the 2 primary reasons for exclusion above, there are specific diseases, symptoms and conditions that require exclusion, and treatment in some cases, prior to return to care. Here are some of those diseases:

- Scabies, tuberculosis, impetigo, strep throat, chickenpox, pertussis, mumps, hepatitis A,

measles, rubella, shingles, and herpes simplex.

- These are specific diseases that require a diagnosis from a health care professional. Discussion of these diseases is covered in *Managing Infectious Diseases in Child Care and Schools*.<sup>1</sup>

Teachers/caregivers usually see children at the BEGINNING of the illness when they have SYMPTOMS.

**Reference**

1. Aronson SS, Shope TR. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. 5th ed. Elk Grove Village, IL: 2019 American Academy of Pediatrics



### Symptoms versus Diseases

- Children develop symptoms first but don't yet have a diagnosis
- Caregivers/teachers **SHOULD NOT** make the diagnosis of a specific disease
- Caregivers/teachers **DO** need to recognize symptoms for which exclusion is necessary



#### Script:

- Caregivers/teachers often worry about making a diagnosis. Caregivers should not need to make diagnosis of specific diseases
- For example, many children are excluded due to a rash but no behavioral changes. Though some might consider a rash a symptom, if the child's activity level has not been negatively affected, the rash does not represent anything harmful to the child or others.
- If the child with elevated temperature does not have symptoms of illness, there is not a reason to exclude.
- Caregivers **do need to recognize symptoms** for which exclusion is necessary



## Symptoms Requiring Exclusion

- Fever WITH behavior change
- Diarrhea (in some cases)
- Blood in stool
- Vomiting more than 2 times in 24 hours
- Abdominal pain (in some cases)
- Drooling with mouth sores

### Script:

Some conditions do require exclusion despite the lack of a diagnosis.

Most of these conditions don't require visiting a health professional's office or contacting the health professional by the preferred method (phone, text or email). They can be looked up in resources such as *Managing Infectious Diseases in Child Care and Schools*<sup>1</sup>

- The symptom and conditions listed on this slide **require exclusion** in addition to the first 2 primary reasons for exclusion (prevents the child from participating comfortably in activities; results in a need for care that is greater than the staff can provide without compromising the health and safety of the other children) AND those diseases already covered in the Reasons for Exclusion slide.
- Fever with symptoms like sore throat, rash, vomiting, diarrhea, or cough. Fever can be caused by harmless conditions. A caregiver/teacher should not take temperature unless the child shows signs of illness!
  - “Fever is an elevation of the normal body temperature. Fever can be a reaction to a vaccine or the result of doing vigorous exercise or being in a hot environment. Fever can be a sign of illnesses not caused by infections, such as rheumatoid arthritis or cancer; fever can be a reaction to a variety of medicines.”<sup>1</sup>
  - Infants younger than 4 months with fever should be evaluated by a medical professional. Any infant younger than 2 months with fever should get medical attention immediately. The fever is not harmful; however, the illness causing it may be serious in this age group.”<sup>1</sup>
- Blood in the stool not related to passage of hard stools — passage of hard stools is called constipation.
- While vomiting more than twice in 24 hours requires exclusion, children who spit

up from diagnosed conditions such as gastro-esophageal reflux do not need to be excluded. Management of children who have a diagnosed condition that explains their symptoms should have a special care plan that teachers/caregivers who are responsible for them follow.

- Abdominal pain lasting less than 2 hours or intermittent but associated with fever or other behavior change.
- Drooling with mouth sores.
- *Managing Infectious Diseases in Child Care and Schools* covers many of the illnesses and symptoms that are common in ECE settings as well as when children with these symptoms can return to care.

**Sources:**

1. Aronson SS, Shope TR. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. 5th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2019.
2. Caring for our Children, 4<sup>th</sup> Edition. Signs and Symptoms chart.  
<http://nrckids.org/files/appendix/AppendixA.pdf>



# Curriculum for Managing Infectious Diseases in Early Education and Child Care Settings



## Signs and Symptoms Chart

Signs and Symptoms Chart						
Routine Exclusion Criteria Applicable to All Signs and Symptoms						
<ul style="list-style-type: none"> <li>Unable to participate.</li> <li>Care would compromise staff's ability to care for other children.</li> <li>Child meets other exclusion criteria.</li> </ul>						
Sign or Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
<b>Cold Symptoms</b>	<ul style="list-style-type: none"> <li>Virus(es) (early stage of many viruses)</li> <li>Adenovirus</li> <li>Coronavirus</li> <li>Enterovirus</li> <li>Influenza virus</li> <li>Parainfluenza virus</li> <li>Respiratory syncytial virus (RSV)</li> <li>Rhinovirus</li> <li>Bacteria</li> <li>Mycoplasma</li> <li>Pertussis</li> </ul>	<ul style="list-style-type: none"> <li>Coughing</li> <li>Runny or stuffy nose</li> <li>Sore/sore throat</li> <li>Sneezing</li> <li>Fever</li> <li>Itchy eyes</li> </ul>	Not necessary unless epidemics occur (i.e., RSV or vaccine-preventable disease like measles or varicella [chickenpox]).	Yes	<b>No, unless</b> <ul style="list-style-type: none"> <li>Fever accompanied by behavior change.</li> <li>Child looks or acts very ill.</li> <li>Child has difficulty breathing.</li> <li>Child has blood-red or purple rash not associated with injury.</li> <li>Child meets routine exclusion criteria.</li> </ul>	Exclusion criteria are resolved.
<b>Cough</b> (Cough is a body response to something that is irritating tissues in the airway anywhere from the nose to the lungs.)	<ul style="list-style-type: none"> <li>Common cold</li> <li>Lower respiratory infection (e.g., pneumonia, bronchitis)</li> <li>Croup</li> <li>Asthma</li> <li>Sinus infection</li> <li>Bronchitis</li> <li>Pertussis</li> <li>Noninfectious causes like allergies</li> </ul>	<ul style="list-style-type: none"> <li>Dry or wet cough</li> <li>Runny nose (clear, white, or yellow-green)</li> <li>Sore throat</li> <li>Throat irritation</li> <li>Hoarse voice, barking cough</li> <li>Coughing fits</li> </ul>	Not necessary unless the cough is due to a vaccine-preventable disease, such as pertussis.	Yes	<b>No, unless</b> <ul style="list-style-type: none"> <li>Severe cough.</li> <li>Rapid or difficult breathing.</li> <li>Wheezing if not already evaluated and treated.</li> <li>Cyanosis (i.e., blue color of skin or mucous membranes).</li> <li>Pertussis is diagnosed and not yet treated.</li> <li>Fever with behavior change.</li> <li>Child meets routine exclusion criteria.</li> </ul>	Exclusion criteria are resolved.
<b>Diaper Rash</b>	<ul style="list-style-type: none"> <li>Irritation by rubbing of diaper material against skin wet with urine or stool</li> <li>Infection with yeast or bacteria</li> </ul>	<ul style="list-style-type: none"> <li>Redness</li> <li>Scaling</li> <li>Red bumps</li> <li>Sores</li> <li>Cracking of skin in diaper region</li> </ul>	Not necessary	Yes	<b>No, unless</b> <ul style="list-style-type: none"> <li>Sores/sores that leak body fluids outside the diaper.</li> <li>Child meets routine exclusion criteria.</li> </ul>	Exclusion criteria are resolved.

American Academy of Pediatrics. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. Aronson SS, Shope TR, eds. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017. Used with permission of the American Academy of Pediatrics, 2017.

<http://nrckids.org/files/appendix/AppendixA.pdf>

### Script:

*Caring for our Children* has a signs and symptoms chart that is really useful because it is organized by symptoms. This chart is available at the website address on this slide. Teachers and caregivers should not attempt to make a diagnosis when a child is ill. The teacher's/caregiver's role is to recognize signs and symptoms that require exclusion and know when those indicate that the child needs to be excluded from the group setting.

[If you have an internet connection during your presentation you can show the chart - or print copies for the optional activity below ].

The resource helps to focus on observations of the child and gives clear guidance on sending them home, and if they are sending a child home, when the child can come back.

As a teacher you are an expert in observing children and knowing the children in your care. You and the child's parents often recognize early signs that a young child is starting to become ill. This tool helps support you in making decisions based on your observations.

When using this chart with programs, it is important to review it to make sure it aligns with your program's exclusion policy. These recommendations of national experts may not match what a particular state requires. In these states, the process of revision of regulations may be a difficult process, sometimes involving action by the legislature. Child care health consultants may be a useful in helping to determine how well the chart aligns with a specific program's policies.

### Optional Activity:

Provide copies of the signs and symptoms chart. Have participants review the chart. Ask

questions like the following:

- What symptoms cause the most concern for your families and staff?
- Does this chart align with your exclusion policies?

The chart is available at <http://nrckids.org/files/appendix/AppendixA.pdf>



## Severe Illness



There are certain symptoms of severe illness that it does not matter what the diagnosis is --- Call 911 (and the parents/caregivers)

### Script:

For certain symptoms of severe illness, call 911.

These include the following:

- Fever with difficulty breathing or abnormal skin color (very pale, blue, or very pink)
- Child acting very strangely, much less alert or withdrawn, lethargic, or unresponsive
- Difficulty breathing, unable to speak
- Skin or lips that look blue, purple, or gray
- Rhythmic jerking of arms/legs (seizure)
- Vomiting blood
- Large volume of blood in the stools
- Stiff neck with headache and fever
- Suddenly spreading purple or red rash



### Symptoms of Urgent Conditions

- Fever in a child who looks more than mildly ill
- Unexplained irritability
- Fever in a child under 60 days old
- Severe vomiting and/or diarrhea
- Venomous bites or stings
- Injury like a break to the skin that does not hold together

#### Script:

The conditions listed on this slide do not need a call to 911 for emergency medical care as long as a parent can pick up the child and bring the child to a health care provider within an hour. If the parent cannot meet the one hour time frame to have the child evaluated by a health care provider, call 911 for transport. Early educators should not be expected to take a child to receive urgent care. Such transport would require a driver and another staff person tending to the ill child during transport and might reduce the number of caregivers to properly care for the other children. In those situations, the staff should call 911. Parents need to be told where their children are being taken by EMS and EMS staff should be given a copy of the child's health information to inform the care of the child.

In areas where it is known that a venomous bite can pose severe risk, a venomous bite should require a 911 call.



### Child Develops Symptoms

- What are your responsibilities to the affected child and parents, to the other children, and the child care staff?
- When should you notify other parents?
- When should you require a health visit?
- When should you notify the health consultant or health department?

*Model Child Care Health Policies:* <http://www.ecels-healthychildcarepa.org/>

#### Script:

Your program's policies should cover how information is communicated, who is notified and how, and staff member responsibilities for when children develop symptoms.

The PA chapter of the AAP published the 5<sup>th</sup> edition of *Model Child Care Health Policies* available online at the url address on this slide.

Section 11 on Care of Children and Staff Members Who are Acutely Ill or Injured provides sample policies that should be in place such the following: completion of symptom record, who the decision-maker is at your program for inclusion or exclusion, who calls the parents, when your program needs to obtain advice from a health care professional and reporting requirements.

It is also important to know of any state specific polices or regulations as well.

*Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide* is reference that can be used to obtain information on symptoms along with the signs and symptom checklist available in *Caring for Our Children* mentioned on the earlier slide.

#### References:

Pennsylvania Chapter of the American Academy of Pediatrics. Model Child Care Health Policies.

Aronson, SS. Ed. 5th Ed. Elk Grove Village, IL: American Academy of Pediatrics. 2014.

[www.ecels-healthychildcarepa.org](http://www.ecels-healthychildcarepa.org)

Aronson SS, Shope TR. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. 5th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2019.



### Child Already Has A Diagnosis

- What is your responsibility to child care staff, children and the affected child?
- When should you notify parents? How?
- When should you notify the health consultant or health department?



#### **Script:**

Sometimes children return to care with a diagnosis from a health care professional.

Program staff need to know when other parents need to be notified and how, when a child care health consultant, or health department needs to be notified as well as your responsibilities to other child care staff members, children, and the child who has been affected.

The Model Child Care Health Policies book referenced on the last slide also provides sample policies to have in place for these issues.

#### **Optional Activities:**

- Share copies of the Model Child Care Health Policies from Section 11 or bring it up on the web site if you have internet access. Spend some time in large or small groups looking at the sample policies and reviewing how to adapt the sample policies to provide direction for answering the questions about what to do if a child develops symptoms or comes to your program with a diagnosis.
- Share copies of the Managing Infectious Diseases in Child Care and Schools and pick out one or two illnesses and have participants look at the symptoms and if exclusion is required- why or why not.
- You may want to ask your attendees if there is a particular symptom or illness they want to look at. Is there one that often causes challenge as to what to do? Remind participants that they do not have to memorize every symptom for every illness but it is important to know where to look for information and whom they can seek guidance from.
- Share copies of the Healthychildren.org handout for parents, When to Keep Your Child Home from Child care available at <https://www.healthychildren.org/English/family-life/work-play/Pages/When-to-Keep-Your-Child-Home-from-Child-Care.aspx>. Have participants look over the information to see if it is aligned with information provided to parents in their programs. Ask if their programs experience any challenges with parents

regarding understanding or following the suggestions.

**References:**

Pennsylvania Chapter of the American Academy of Pediatrics. Model Child Care Health Policies. Aronson, SS. Ed. 5th Ed. Elk Grove Village, IL.: American Academy of Pediatrics. 2014. [www.ecels-healthychildcarepa.org](http://www.ecels-healthychildcarepa.org)

Aronson SS, Shope TR. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. 5th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2019.



## Conditions that DO NOT Need Exclusion

Many symptoms or conditions do not need exclusion (but children with them are frequently excluded)



### Guided Discussion:

- On a flipchart write down responses to the question: What infections/conditions/symptoms do NOT need exclusion (but children with them frequently are excluded)?

List should include the following and be used as talking points:

- Common cold (runny nose, congestion)
- Eye discharge (watery, yellow, green, white) with or without red eyes (unless 2 or more children have red eyes with discharge [pinkeye], until health department advises)
- Fever without behavior change or signs of illness (unless child is under 5 months)
- Rash without fever or behavioral changes
- Ringworm (exclusion for treatment can be delayed until the end of the day)
- Thrush
- Lice (exclusion for treatment can be delayed until the end of the day) No nit policies are not recommend
- Fifth disease (parvovirus) follows the rash exclusion criteria
  - Exposure of women who lack immunity to fifth disease and cytomegalovirus (CMV) during pregnancy poses some risk to their fetuses. Susceptible pregnant caregivers/teachers and pregnant mothers of children in child care and school settings should carefully wash their hands to reduce their risk of this infection and infection from other viruses that could harm a fetus. These women should consult with their health care professionals about their immune status and risk of infection.<sup>1</sup>
- Methicillin-resistant Staphylococcus aureus (MRSA) without an infection or illness that would otherwise require an exclusion
- CMV infection
- Chronic Hepatitis B
- HIV (case by case, and is based on protecting the HIV-infected child, not on potential harm to others)

### Reference

1. Aronson SS, Shope TR. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. 5th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2019.



## Goals of Exclusion



### Script:

- The goal is NOT usually to reduce spread of mild infections since symptoms occur after germs have already spread.
- It is to make sure that children who cannot participate or need more care than possible are at home
- The goal should be to focus on the child's activity level to ensure proper teacher/caregiver to child ratios and the most comfortable environment possible for the child.
- There are a number of conditions that are serious. The list is long, but these occur uncommonly. Exclusion, when it matters keeps certain serious conditions out of the program. We vaccinate for many of these conditions. Refer to *Managing Infectious Diseases in Child Care and Schools*.<sup>1</sup>

### Source:

Aronson SS, Shope TR. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. 5th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2019.



## Curriculum for Managing Infectious Diseases in Early Education and Child Care Settings



### Summary

- Exclusion decisions should be based on written criteria
- Three main reasons for exclusion
- Decisions about whom to notify can be determined by checking and consulting with local public health authorities as needed



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#### Script:

- Exclusion decisions are emotional, controversial, and confusing.
- Exclusion criteria need to be written down and reviewed ahead of time. Rules can be confusing and vary a lot. It is important to know your state exclusion criteria. Use evidence-based resources such as those mentioned in this module for information.
- Published guides, such as *Managing Infectious Diseases in Child Care and Schools*, come from a reliable source and help to defuse controversy and fear by imparting knowledge.

Ask: What are the 3 primary reasons for exclusion?

[Answers should be the following]

- Prevents the child from participating comfortably in activities.
- Results in a need for care that is greater than the staff can provide without compromising the health and safety of the other children.
- Specific diseases, symptoms and conditions listed in *Managing Infectious Diseases in Child Care and Schools*. If you are not certain who needs to be notified contact your health department or child care health consultant.

#### Source

Aronson SS, Shope TR. *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. 5th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2019.



# Curriculum for Managing Infectious Diseases in Early Education and Child Care Settings



## Questions



### **Script:**

Are there any questions?

## Acknowledgements



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- The recommendations in this curriculum do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.
- Listing of resources does not imply an endorsement by the AAP. The AAP is not responsible for the content of resources mentioned in this curriculum.
- Web site addresses are as current as possible, but may change at any time.
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**American Academy of Pediatrics Council  
on Early Childhood Reviewer:**

Susan S. Aronson, MD, FAAP

**Curriculum Content Consultant:**

Kelly Towey, M.Ed.

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