

PROCEDURES FOR HANDLING COMMUNICABLE DISEASES

Information for the following communicable diseases follows.

Bed Bugs
Chicken Pox
Conjunctivitis (Pink eye)
COVID-19
Diarrhea
Fever
Fifth Disease
Hand, Foot & Mouth Disease
Head Lice
Hepatitis A, B and C
Herpes
HIV
Impetigo
Influenza
Measles, Mumps, Rubella, Pertussis, Meningitis
Molluscum Contagiosum
MRSA
Otitis Media
Pinworms
Poison Oak Dermatitis
Rash
Ringworm
Roseola
RSV (Respiratory Syncytial Virus)
Scabies
Scarlet Fever
Strep Throat
Stye
URI (Common Cold)
Vomiting
Yeast Infections (Thrush) or Monilia (Candida)

Adapted from Control of Communicable Disease, Manual of School Health, and Managing Infectious Disease in Child Care and School listed in References.

*Note: The Child Care health Programs Health and Safety Notes which are referenced in this section can be found at <https://cchp.ucsf.edu/resources>

BED BUGS

Definition: Bed bugs are small, brownish, flattened insects that feed on the blood of people while they sleep. Unlike head lice, they do not live on the person and usually only come out at night to feed. However, they can hitchhike from one place to another in backpacks, clothing, and other items. Bed bugs are not known to transmit diseases and actual bed bug infestations in schools are uncommon.

Signs and symptoms: The major symptom is the development of an itchy welt similar to a mosquito bite.

Initial Management: If a suspected bed bug is found on a child or their belongings the following procedure should be followed: the child should be discreetly removed from the classroom so that staff can examine the child's clothing and other belongings. Any bugs found should be removed and collected to share with parents. If a suspected bed bug is found, staff should contact the child's parents to inform them of the bed bug presence on their child. Staff will send educational materials home to the family. In the event of a suspected infestation, at home, parents should store the child's freshly laundered clothing in sealed plastic bags until they are put on in the morning. This will prevent bugs from hiding in clothing and being carried to school. Items such as backpacks, lunchboxes, and blankets that travel back and forth to school should also be inspected daily and stored in sealed containers at home to prevent bed bugs from getting into them. At school, students should be provided with plastic bags in which to store their belongings in order to prevent any bed bugs from spreading to other students' belongings.

Exclusion and re-admission: Children should not be excluded from school due to bed bugs unless parents have been repeatedly notified and no efforts have been made to remedy the infestation.

CHICKENPOX

Definition: Chickenpox is a very contagious disease caused by a virus.

Signs/symptoms: Usually begins with a mild fever and itchy rash. The rash begins as small red bumps on the stomach or back and spreads to the face and limbs. These bumps rapidly become blistered and oozy, and then crust over.

Initial Management: Alert parents if you note an unusual rash with fever.

Exclusion and re-admission: Exclude children with chickenpox until six days after rash first appears and/or until all the blisters are crusted over and dry.

Additional information: Chickenpox vaccine (Varicella) is now required for childcare entry. The disease is spread by close personal contact (sharing breathing space or direct touching contact) with infected discharge from the nose, throat or rash. The best method of disease prevention is GOOD HANDWASHING. Other methods to help prevent the spread of chickenpox are opening windows to allow fresh air in, teach children to cough and sneeze into their shoulders or elbows, use tissues to wipe noses, and don't share food or eating utensils.

CONJUNCTIVITIS (Pink Eye)

Definition: Conjunctivitis or pink-eye is a common, mild eye infection or irritation. It can be caused by germs (viral or bacterial) and often occurs with a cold or ear infection. It can also be caused by allergies, chemicals or irritants such as smoke or dust.

Signs/Symptoms: With this infection, the white parts of the eyes become pink and produce lots of tears and discharge. Eyes can be itchy and painful, sensitive to light, and in the morning the discharge may make the eyelids stick together. Bacterial conjunctivitis usually will have thick yellow or green pus. There is no treatment for viral conjunctivitis.

Initial Management: Notify parents at the end of the day if child has any of the above signs/symptoms. Exclude child if the thick yellow or green pus is present, use good hand washing.

Exclusion and re-admission: Children who have the thick yellow or green discharge should be excluded until they have been seen by their doctor and cleared for re-admission to the program with or without treatment as determined by the doctor. Children with conjunctivitis due to allergies need not be excluded.

Incubation and communicability periods: The incubation period is usually twenty-four (24) to seventy-two (72) hours. Viral or bacterial conjunctivitis can be spread anytime there is discharge present.

Additional information: Conjunctivitis is spread when discharge (pus) from the infected person's eyes gets into other person's eyes. It is also spread by mucus from the nose or throat during a respiratory infection. The best method of prevention is GOOD HANDWASHING and avoid touching your eyes with your hands. Teach children to use tissue and wash their hands after touching their nose. Teach them also to not rub their eyes.

COVID-19

Definition: COVID-19 is a respiratory illness caused by the SARS-CoV-2 virus. The virus is constantly changing and can lead to the emergence of variants that may have new traits, like different ways of spreading or how sick it makes people. COVID-19 is caused by a strain of coronavirus. Coronavirus is a common virus that can cause cold-like symptoms. The COVID-19 virus spreads through the air when a person coughs, sneezes, sings, or talks. It can also be spread when droplets land on surfaces and then are rubbed into the eyes, nose, or mouth.

Signs/Symptoms: Fever, runny nose or congestion, sore throat, cough, headache, tiredness, muscle pain, loss of taste or smell, nausea or vomiting, diarrhea.

Exclusion and re-admission: exclude until 24 hours fever free without the use of fever reducing medication AND symptoms mild and improving.

Incubation: 2 days before and 8-10 days after the onset of symptoms depending on the severity of symptoms.

Additional Information: The best method of prevention is good handwashing, routine cleaning and sanitizing, up-to-date vaccination, and proper room air ventilation. Other methods of prevention are teaching children to catch their coughs and sneezes, avoid touching eyes, nose, and mouth, and properly dispose of tissues.

DIARRHEA

Definition: Diarrhea is considered the passage of bowel movements or stools that are more frequent, looser and more watery than usual.

Signs/symptoms: Stools may also have a different color, such as green or yellow, have mucus and in the case of a more severe illness have blood present. May be accompanied by complaints of stomachache, headache, fever or vomiting. Dehydration may occur quickly in very young children. Signs of dehydration include the inability/refusal to take fluids, decreased tears when crying, decreased urination (in an infant, less than 8 wet diapers per day), dry and sticky mouth, increased thirst or sunken eyes, and unusual drowsiness or listlessness.

Initial management: Observe child for other signs of illness. Notify parents if child has more than two loose stools in a 24 hour period, or if fever or vomiting are present.

Exclusion and re-admission:

Exclude children with diarrhea if any of the following are present:

- Stool is not contained within the diaper for diapered children.
- Diarrhea is causing “accidents” for toilet trained children.
- Stool frequency exceeds two or more in a 24-hour period.

Child must be fever-free (without the use of Tylenol, Motrin, or other fever-reducing medication) and diarrhea-free for twenty-four (24) hours before returning to school.

Incubation and communicability: The contagious period may vary depending on the cause of diarrhea. Most diarrhea caused by an infection is contagious one to two days prior to the start of symptoms. The person may continue to be infectious after diarrhea has stopped.

Additional information: The best way to prevent diarrhea illness is to practice good hand washing. Follow diapering procedure. See the Health and Safety note [General](#)

[Recommendations Regarding Diarrhea](#) for additional information. This Health and Safety note may also be used as a parent handout.

FEVER

Definition: An elevation in the body’s normal temperature which is a natural response to an infection caused by virus or bacteria. Fever commonly occurs with mild, viral illnesses and may come and go for a few days. An infant age 4 months or less with a fever of 100.4 or greater should always be seen by a medical professional ASAP. An infant 4-6 months old with a fever of 100.4 or greater should be referred to a health care provider at minimum with a phone call.

Signs/symptoms: A temperature above 100.4 degrees is considered above normal. Note any other symptoms the child may have as well. (Vomiting, diarrhea, stomach ache, sore throat, nasal congestion, earache, rash, etc.) Other factors which may temporarily increase the child’s’ body temperature are exercise, hot weather, time of day (late afternoon), over dressing, immunizations, or teething.

Initial Management: Take the child’s temperature using a temporal scanner/forehead thermometer. Allow time to observe if any of the above symptoms which may affect the child’s temperature are present. Note all symptoms observed or reported by the child. Notify parents if a fever and other symptoms are present or if child is unable to participate in the program due to symptoms noted or not feeling well.

Exclusion and re-admission: If a child over 4-6 months is behaving normally but has a fever, the child should be monitored for signs and symptoms of illness but does not need to be excluded for fever alone. Immediate exclusion is not necessary for a child with a mild fever unless other signs and/or symptoms, as noted above, are present or the child is behaving too ill to participate in the program. For example, a playful, alert child with mild cold symptoms and a fever is perfectly fine to stay in the child care setting or school. Exclude if fever is above 100.4 degrees

and child has other signs and/or symptoms as noted above. Once excluded, a child should be well enough to participate in child care activities without the use of Tylenol, Motrin, or other fever-reducing medication before they return to the Center.

Additional information: As always, the best method of illness prevention is good hand washing. Please see the Intranet, Health home page links for Childcare Health Program's CCHP Health and Safety note [Fever: what you need to know](#) and [Excluding children due to illness](#), for additional information and references see <http://cchp.ucsf.edu>. This Health and Safety note may also be used as a parent handout.

**CCHP family notes (Fact Sheets for Families) link is also available on the Health home page on the intranet and the CCHP website. The family notes (Fact Sheets for Families) are excellent resources for parents in English and Spanish.

FIFTH DISEASE

Definition: Fifth disease is a mild rash, also called slapped cheek. It is caused by a virus and occurs most often in winter and spring.

Signs and symptoms: Can begin as a mild fever and complaints of tiredness. After a few days, the cheeks take on a "slapped" appearance. There may also be a soft, light rash on the chest, arms and legs. As the rash appears, the fever resolves and the child feels better. The rash may re-appear with exposure to sunlight and heat (such as a warm bath).

Initial Management: Notify parents if an unusual rash or fever is observed.

Exclusion and re-admission: Children with Fifth Disease need not be excluded from childcare. The child may be in the Center as long as they are fever-free (without the use of Tylenol, Motrin, or other fever-reducing medication) for twenty-four (24) hours.

Incubation and communicability: Fifth disease is contagious one to two weeks before the rash appears. Once the rash appears, the child may not be contagious.

Additional information: Notify all parents and staff members as there is a slight risk to a pregnant woman that damage may occur to her fetus. Pregnant women exposed to Fifth Disease should notify their health care provider. The best method of prevention is to practice good hand washing. Please see the Childcare Health Program's Health and Safety note [Fifth Disease](#) for additional information. This Health and Safety note may also be used as a parent handout.

HAND-FOOT-AND-MOUTH DISEASE

Definition: A common and mild childhood illness caused by a virus.

Signs and symptoms: In many people, infection causes no symptoms. Symptoms include sores in the mouth followed by a rash of tiny painful blisters on the hands and feet. May also have a mild fever, sore throat and stomachache.

Initial Management: Note symptoms and inform parents.

Exclusion and re-admission: Children with Hand-Foot-and-Mouth Disease need NOT be excluded unless they are too uncomfortable (due to the mouth sores) to participate or unless they have excessive drooling or a fever (see fever policy). The virus is shed in stool prior to the sores and for weeks after.

Additional information: The best method of prevention is GOOD HANDWASHING. See the Childcare Health Program's Health and Safety note [Hand-Foot-and-Mouth Disease](#) for additional information. This Health and Safety note may also be used as a parent handout.

HEAD LICE

Definition: Head Lice are tiny insects that live on the head and scalp. Head lice do not live on other parts of the body, nor do they live on animals. The adult lice hatch from small eggs (called nits) which are attached firmly to the person's hair shaft. Adult lice live off human blood that they get from biting the scalp. They survive less than 24 hours off of the human head. Nits must be close to the scalp for warmth to remain alive. Nits more than ½" from the scalp are not alive therefore will not hatch.

Signs and symptoms: The major symptom is itching caused by the bite of the louse. This itching can cause persistent scratching of the head and back of the neck. Diagnosis is made by finding the adult live lice or tiny nits on the hair shaft, near the scalp.

Initial management: Daily head checks will identify children with nits or live bugs.

Exclusion and re-admission: Children with live adult lice or nits within ½" of the scalp will be excluded until the child is "lice-free" and has no nits within ½" of the scalp. Children must be brought to school for a head check prior to being allowed on the bus.

Additional information: Parents can purchase over-the-counter medicated shampoo or rinse to kill the lice. Please advise them to follow the directions carefully as these products are powerful insecticides and can be toxic if not used as recommended. The nits within ½" of the scalp must be removed. Parents should wash all clothes and bedding in hot water. Carpets and furniture should be vacuumed. Other family members should be checked and treated if found to be infested.

HEPATITIS A, B, OR C

Definition: All are infections of the liver. Each has it's own symptoms, incubation periods, and exclusion criteria.

PLEASE REFER ALL CHILDREN WITH A POTENTIAL HEPATITIS TO THE HEALTH SERVICES MANAGER/REGISTERED NURSE FOR INDIVIDUAL CASE MANAGEMENT. THEY WILL CONTACT THE HEALTH DEPARTMENT FOR DIRECTION AS NEEDED. THEY WILL SEND YOU SPECIFIC DISEASE INFORMATION.

HERPES SIMPLEX TYPE 1 (COLD SORE)

Definition: Common infection usually caused by virus.

Signs/symptoms: Symptoms may include fever, runny nose, and painful lesions (fever blisters or cold sores) on the lips or the mouth. The blisters or sores usually form scabs and heal within a few days.

Initial management: Notify parents if any unusual rash is noted.

Exclusion and re-admission: Exclude a child with open blisters or mouth sores if the child is a biter, drools uncontrollably, or mouths toys that other children may put in their mouths.

Children may return when the blisters/sores are crusted over.

Additional information: Cold sores are spread by direct contact with the lesions or saliva of an infected person. The best way to prevent the spread is through GOOD HANDWASHING. Also, teach children not to mouth toys. Wash all mouthed toys before use by another child.

HIV

Definition: A virus which may progressively affect the body's immune system.

PLEASE REFER ALL CHILDREN WITH A POTENTIAL HIV ILLNESS TO THE HEALTH SERVICES MANAGER/REGISTERED NURSE FOR INDIVIDUAL CASE MANAGEMENT. THEY WILL CONTACT THE HEALTH DEPARTMENT FOR DIRECTION AS NEEDED. THEY WILL SEND YOU SPECIFIC DISEASE INFORMATION.

IMPETIGO

Definition: A very common and mild skin infection that appears as a blistering rash.

Signs/symptoms: When the blisters open, they produce a thick golden-yellow (looks like honey) discharge that dries, crusts and sticks to the skin. Children often have impetigo on their faces. It is most commonly seen during the warm summer months.

Initial management: If a suspicious lesion with honey colored drainage is noted, try to cover the area and notify parents at the end of the day. If the child is unable to keep the area covered, or keep their hands away from the area, notify parents immediately.

Exclusion and re-admission: Exclude child from the Center until twenty-four (24) hours after treatment has begun and the child no longer has oozing from the area.

Additional information: Impetigo is spread through direct contact with the discharge from infected lesions. The best method of disease prevention is GOOD HANDWASHING, along with cleaning and sanitizing of surfaces and objects exposed to the discharge. Teach children to not touch the area, try to keep it covered while at Center.

INFLUENZA

Definition: Influenza, also called the "flu" is a respiratory illness that is caused by an infection with a virus. It is spread from person-to-person with respiratory droplets or nasal secretions.

Signs/symptoms: Initial symptoms include a sudden onset of fever, chills, headache, dry cough, muscle aches and general malaise. Later symptoms include sore throat, runny nose, productive cough and conjunctivitis. In infants, influenza can sometimes develop into croup, bronchitis, or pneumonia requiring hospitalization.

Initial Management: Alert parents if the child has an elevated fever according to the fever policy.

Exclusion and re-admission: Exclude initially if the child has a fever according to the fever policy. Can return to the center when fever free without the use of Tylenol, Motrin or any other fever reducing medication for 24 hours and well enough to participate.

Incubation and communicability: The incubation period is 1-3 days. The contagious period can be from 1 day before the onset of symptoms up to 7 days after.

Additional information: Influenza vaccine is recommended for all infants and children between 6 months and 18 years of age. Vaccination is also recommended for any adult over 50 years of age and adults who work in health care or child care settings.

Other prevention techniques include frequent handwashing, cover your mouth and nose when you cough or sneeze, avoid touching your eyes, nose or mouth, stay home when you are sick and avoid contact with sick people.

MEASLES, MUMPS, RUBELLA, PERTUSSIS, MENINGITIS

These are all serious diseases that do not occur very often. Each disease can have different types, therefore different follow-up.

PLEASE REFER ALL CHILDREN WITH A POTENTIAL MEASLES, MENINGITIS, MUMPS, RUBELLA OR PERTUSSIS. ILLNESS TO THE HEALTH SERVICES MANAGER/REGISTERED NURSE FOR INDIVIDUAL CASE MANAGEMENT. THEY WILL CONTACT THE HEALTH DEPARTMENT FOR DIRECTION AS NEEDED. THEY WILL SEND YOU SPECIFIC DISEASE INFORMATION.

MOLLUSCUM CONTAGIOSUM

Definition: A skin disease caused by a virus, somewhat similar to warts. It is mildly contagious and is most often spread to other areas of the affected child's body, rather than other children. It is spread from person-to-person through close contact or through inanimate objects such as towels.

Signs/Symptoms: Small, flesh-colored bumps on the skin, often with a tiny, hard, indented seed-like center.

Initial Management: Notify parents at the end of the day if you notice an unusual rash or skin condition on a child. There is no reason to send the child home.

Exclusion and re-admission: There is no reason to exclude children with Molluscum Contagiosum. There is no reason to cover the lesions.

Incubation and communicability: The incubation period is usually between 2-7 weeks, but may be as long as 6 months. The contagious period is unknown.

Additional information: Usually goes away on its own as the person develops antibodies to the virus. Frequent handwashing can help prevent the spread. Discourage scratching by offering the child a cold compress for the bumps.

MRSA (Methicillin Resistant Staphylococcus (staph) Aureus)

Definition: Staph bacteria are bacteria that are commonly found in noses and on the skin of healthy people without causing infection. MRSA is a type of staph infection that is resistant to many of the antibiotics commonly used to treat bacterial infections. This means that the usual treatment with common antibiotics will not work against infections caused by MRSA.

Signs/Symptoms: Symptoms of MRSA infections vary depending on the part of the body that is infected. Skin infections are the most common site of staph infections and often result in local redness and warmth of the infected area with or without pus. The infections may look like boils, pimples, spider or insect bites or infected wounds. Individuals with MRSA infections often complain of a sore that started as a spider bite. Most infections are mild, but MRSA bacteria can get into the bloodstream or lungs and cause severe illness.

Initial management: Notify parents at the end of the day if you notice a boil, red or inflamed skin on a child. If a wound is draining, cover it with a bandage.

Exclusion and re-admission: Treatment may be different for each child, therefore it is a good idea to get a release from the child's health care provider to return to the center. Generally, if the wound is not draining, the child can return to the center. A non-draining wound should be covered, if possible.

Incubation and communicability: The incubation period varies. MRSA is usually spread by direct contact with the hands, skin, drainage from a wound, or secretions from the nose of a person who is infected. Transmitted most often by skin-to-skin contact, but it may also be spread through contaminated objects or surfaces.

Additional information: HANDWASHING is the most effective method of preventing staph infection. Sanitize surfaces and items that may be soiled with bodily fluids or secretions. Don't share personal items such as towels and bedding. Keep cuts and scrapes clean and covered until healed. Teach children that they should not touch other people's wounds or bandages. Wear non-porous gloves when cleaning children's wounds or changing bandages and wash your hands before and after using gloves.

-For additional information, see the Child Care Health Program's Health and Safety note entitled [MRSA Infections in Child Care](#).

OTITIS MEDIA

Definition: Infection of the middle ear (the part of the ear behind the eardrum). It is usually a complication of an upper respiratory infection, such as a cold. It can be acute(new), chronic (persistent) or serous (associated with fluid that does not contain germs). It is more common in young children because the tube that connects the middle ear to the nasal passages is very short and straight, making it easy for bacteria in the mouth and nose to reach the ear.

Signs/symptoms: Symptoms result from swelling of the middle ear. The child may cry, tug at the ear, have a fever, be cranky, and unable to hear well. The biggest problem from ear infections is the potential for hearing loss. Fluid may remain in the ears for as long as 6 months after an infection.

Initial Management: If a child is in obvious pain, alert the parents. Assess other symptoms such as fever, vomiting etc.

Exclusion and re-admission: There is no reason to exclude a child from the program for an ear infection, as they are not contagious. If a child is in pain or has a high fever, they should be excluded until fever free for twenty-four (24) hours after the fever is gone, without the use of Tylenol, Motrin, or other fever-reducing medication.

Additional information: Conditions which increase a child's risk of ear infections are frequent colds, allergic runny noses, bottle propping, exposure to smoke and attendance in childcare. Please see the Childcare Health Program's Health and Safety Note [Ear Infections in the Child Care Setting](#) for additional information. This Health and Safety Note can also be used as a parent handout.

PINWORMS

Definition: Tiny worms that commonly affect children and live in the lower intestine. The female worms (resembling short, white threads less than ½ inch long) come out through the anus at night and they lay their eggs around the opening.

Signs and symptoms: Anal itching, sleeplessness, irritability and anal irritation due to scratching. Common in preschool and school-age children.

Initial management: If anal itching or irritation is observed in a child, let the parents know at the end of the day. Encourage them to take their child to their health care provider for diagnosis.

Exclusion and re-admission: Children should be excluded until the first dose of medication has been taken.

Additional information: Pinworms are spread when an uninfected person touches the anal area of an infected person (e.g. during diaper changing), or sheets or other articles contaminated with pinworm eggs, then touches the mouth, transferring the eggs, and swallows the eggs. An infected person can transfer the eggs by scratching the anal area, then contaminating food or other objects that are eaten or touched by uninfected persons. The best method of prevention is

GOOD HANDWASHING. Do not allow children to share clothes or bedding. Bathrooms should be cleaned and disinfected often.

POISON OAK DERMATITIS

Definition: Poison oak is a plant that can cause a skin rash called allergic dermatitis upon contact.

Signs/symptoms: Red, uncomfortable, itchy rash which shows up in lines or streaks and has fluid-filled blisters or large raised areas. The rash is caused by contact with the oil from the plant or anything (clothing, pets, sports equipment, etc) that has come in contact with the plant. The rash appears 8 to 48 hours after contact with the plant or oil.

Initial Management: Alert parents at the end of the day if you notice a rash on a child without fever or other symptoms.

Exclusion and re-admission: The rash is not contagious. You cannot catch or spread the rash once it appears. A child with a poison oak rash need not be excluded from childcare, unless they are too uncomfortable to participate.

Additional information: Treatment is symptomatic. To relieve symptoms of a mild rash use wet compresses and cool baths. Moderate or severe cases should be seen by a health care professional.

RASH

Definition: A general term applied to any eruption of the skin. It is usually temporary and a shade of red that varies with the disease.

Signs/symptoms: Can vary in size, location, color, shape and pattern of lesions. Can be itchy, scaly, or crusty.

Initial Management: Notify parents immediately if child is uncomfortable or has a fever or behavior changes, otherwise notify them at the end of the day.

Exclusion and re-admission: Children are **not excluded** with a rash unless they are determined by a health care provider to be contagious or they have a fever or behavior changes with the rash. Children will be excluded if there is drainage from an open wound that cannot be covered. Children will be readmitted when they are able to participate in daily activities, they are on prescribed medications for 24 hours (if indicated) or the exclusion criteria are resolved.

Additional information: Common causes of rashes include viruses (i.e. chickenpox, fifth disease, warts, cold sores etc), skin infections and infestations (i.e. ringworm, head lice, scabies) and severe bacterial infections (i.e. meningococcus and pneumococcus).

NOTE: A reminder that a rash without fever, behavior changes, or oozing from the wound is not cause for exclusion.

RINGWORM

Definition: A mild and common fungal infection of the scalp, skin, feet or nails.

Signs/symptoms: On the skin, ringworm appears as a flat, growing ring-shaped rash. The edges of the circle are usually reddish and may be raised, scaly and itchy. On the scalp, infection begins with a small bump and spreads outward, leaving scaly patches of temporary hair loss.

Initial Management: Alert parents to a suspicious rash at the end of the day.

Exclusion and re-admission: Once treatment is started, there is no need to exclude a child.

Additional information: Ringworm and other fungal infections are spread by direct contact with a person or animal infected with the virus. The best method of disease prevention is GOOD HANDWASHING. Other methods to prevent the spread include keeping the environment clean and dry (fungi like to grow on warm, moist environments), don't share combs, brushes or bedding, and dry skin thoroughly after washing).

ROSEOLA

Definition: A common rash illness in infants caused by a herpes 6 or 7 virus.

Signs/symptoms: High fever that lasts for 3 to 5 days, runny nose, irritability, eyelid swelling and tiredness. When the fever breaks, a pink, patchy rash appears over the neck, chest and body and lasts for several days.

Initial management: Call parents if child has a high fever and rash.

Exclusion and re-admission: Children with a high fever should be excluded. A child with the rash may return to childcare when they are fever free for twenty-four (24) hours without the use of Tylenol, Motrin, or other fever-reducing medication.

Additional information The virus that causes Roseola is spread from healthy adults to children via saliva. As with any disease, the best method of prevention is GOOD HANDWASHING.

RESPIRATORY SYNCYTIAL VIRUS (RSV)

Definition: A virus that is the major cause of respiratory illness in young children. Illnesses can range from mild (like a simple cold) in adults to severe (pneumonia) in young children. Illnesses are most severe in the first two years of life.

Signs/symptoms: In infants under 3, RSV often causes lower respiratory infections.

Symptoms can include high fever, severe cough, wheezing, rapid and difficulty breathing. In children over 3 and adults, RSV can cause an upper respiratory tract infection. Symptoms are similar to a cold and include nasal congestion, mild fever, mild headache etc.

Initial Management: Take child's temperature and manage them according to the fever policy.

Exclusion and re-admission: Exclude a child with a high fever from the Center until the child is fever-free without the use of Tylenol, Motrin, or other fever reducing medication for twenty-four (24) hours. Without a fever, the child with RSV need not be excluded from Center, as they were most contagious prior to symptoms.

Additional information: Almost 100% of children in the childcare setting will get infected before their second year of life. Nearly every child in the US will get RSV before age three. The best method of disease prevention is GOOD HANDWASHING. Other ways to help prevent the spread of RSV are using tissues to wipe runny noses, and clean and disinfect toys often. Mouthed toys should be put in a separate container for washing prior to being used by other children. See the Childcare Health Program's Health and Safety Note [RSV in the Child Care Setting](#) for more information. This Health and Safety Note can also be used as a parent handout.

SCABIES

Definition: Scabies is a skin infection caused by a tiny (microscopic) bug called a mite. The mite burrows into the skin, causing a rash.

Signs/symptoms: The rash begins as an itchy, raised and usually red rash. Although it is most commonly found around fingers, wrists and beltline, the rash may occur anywhere on the body below the face. In infants and young toddlers, the rash may look different and can occur on the face or scalp.

Initial Management: Alert parents at the end of the day of any unusual rash. Check for fever.

Exclusion/re-admission: Once a child is **diagnosed** with Scabies exclude until after treatment is completed. Child can return to the Center twenty-four (24) hours after treatment for scabies.

Additional information: Scabies is spread by direct skin contact with an infected person or their clothes and bedding. The best method of prevention is GOOD HANDWASHING. Do not allow children to share clothes or bedding.

SCARLET FEVER

Definition: A type of strep infection characterized by a skin rash.

Signs/symptoms: This rash consists of fine, red, bumps that feel like sandpaper and appear on the neck, chest, groin and/or inner surfaces of the knees, thighs and elbows. It may only last a few hours. Other symptoms include flushed cheeks, paleness around the mouth and a red tongue that resembles the surface of a strawberry.

Initial management: Call parents if the child has a rash and a high fever.

Exclusion and re-admission: Children diagnosed with scarlet fever can return to the Center twenty-four (24) hours after medication has been started. They must be fever-free for twenty-four(24) hours without the use of Tylenol, Motrin, or other fever-reducing medication.

Additional information: Scarlet fever is transmitted through direct contact with respiratory discharges of an infected person. The best method of disease prevention is GOOD HANDWASHING. Teach children to cough into their elbow or shoulder, cover their mouths when they sneeze. Open windows often to allow fresh air in and maximize outdoor playtime.

STREP THROAT

Definition: An acute illness caused by bacteria.

Signs/symptoms: A very red, painful throat often accompanied by fever, tender and swollen glands, headache and stomachache and occasionally a cough and runny nose.

Initial management: If a child complains of a sore throat, can't swallow liquids or also has a high fever, call parents.

Exclusion/re-admission: Children diagnosed with strep throat can return to Center twenty-four (24) hours after medication has been started. They must be fever-free for twenty-four(24) hours without the use of Tylenol, Motrin, or other fever-reducing medication.

Additional information: Strep throat is transmitted through direct contact with respiratory discharges of an infected person. The best method of disease prevention is GOOD HANDWASHING. Teach children to cough into their elbow or shoulder, cover their mouths when they sneeze. Open windows often to allow fresh air in and maximize outdoor playtime.

STYE

Definition: Localized inflammation of the sebaceous gland near the eyelashes and is generally on the lower eyelid.

Signs/symptoms: Redness, swelling, pain or tenderness often comes to a head and resembles a pimple in two to three days.

Initial management: Check with parents/guardians to see if treatment has been initiated. Use good hand washing techniques.

Exclusion and re-admission: Child should be excluded if the stye is painful, the eye is draining, or if child cannot keep from rubbing or touching his or her eye. May return after treatment has been started.

UPPER RESPIRATORY INFECTION (THE COMMON COLD)

Definition: Mild infection of the upper respiratory tract.

Signs/symptoms: Stuffy or runny nose, sore throat, coughing or sneezing, watery eyes and fever.

Initial Management: Alert parents to cold symptoms at the end of the day. Allow child to remain at the Center if they are not running a high fever and they feel well enough to participate.

Exclusion and re-admission: A child with a cold does not need to be excluded from childcare unless they have one of the following: Severe coughing that causes the child to get red or blue in the face, a fever (see fever policy), or the child is too ill or tired to participate in the program.

Additional information: Colds are spread through contact with infected discharges from the nose and throat, through coughing, sneezing, kissing, sharing eating utensils and contact with contaminated objects (doorknobs, money, keys, etc) A person is most contagious before they ever show signs/symptoms of a cold. See the Childcare Health Program's Health and Safety note [Common Cold](#) for additional information. This Health and Safety note can also be used as a parent handout.

VOMITING

Definition: To eject stomach contents through the mouth.

Signs and Symptoms: Vomiting may be accompanied by fever and/or diarrhea. Vomiting may also be brought on by excessive heat, excitement, or strong coughing. Dehydration may occur quickly in very young children. Signs of dehydration include the inability/refusal to take fluids, decreased tears when crying, decreased urination (in an infant, less than 8 wet diapers a day), dry and sticky mouth, increased thirst or sunken eyes, and unusual drowsiness or listlessness.

Initial Management: Observe child for other signs of illness. Notify parents if child vomits more than once at center.

Exclusion and re-admission: Exclude if child vomited more than two times in 24 hours and the vomiting is not from a known condition for which the child has a health care plan. Exclude child if vomiting is accompanied by a fever (see Fever policy). Child may return to center when no vomiting has occurred for 24 hours.

Incubation and communicability: The contagious period may vary depending on the cause of the vomiting.

Additional Information: Good hand washing is the best way to prevent any gastrointestinal disease. See the Child Care Health Program's Health and Safety note [Excluding Children Due to Illness](#).

YEAST INFECTIONS (THRUSH) OR MONILIA (CANDIDA)

Definition: Common infections in babies and young children in diapers.

Signs/symptoms: A thrush infection is seen in the mouths of infected children as white patches which look like milk curds but cannot be wiped off.

Diaper rash caused by monilia looks different than other diaper rashes and starts as very red, raised round spots. Sometimes all the spots run together and you will see large areas of beefy, red raised skin that may be very sore and even bleed.

Initial management: Alert parents at the end of the day if a rash is observed. Alert parents sooner if the rash is painful or the child is too uncomfortable to remain in the program.

Exclusion/re-admission: A child with thrush or a diaper rash need not be excluded from childcare unless they are too uncomfortable to be at the Center.

Additional information: Although they can spread from one person to another, people usually catch yeast infections from themselves. The organisms are on the body waiting for the right conditions to develop. When skin is moist (mouth or diaper area) yeast can invade and start spreading. The best method of disease prevention is GOOD HANDWASHING. Follow the diapering procedure. Wash all mouthed toys before use by another child.