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authority to contribute to transmission of the illness at the facility. These conditions that do not require exclusion include:

1. Presence of bacteria or viruses in urine or feces in the absence of illness symptoms, like diaper rash. Exceptions include children infected with highly contagious organisms capable of causing serious illness such as E. coli 0157:H7, 

Shigella, or Salmonella typhi. Children with E. coli 0157:H7 or Shigella shall be excluded from child care until two stool cultures are negative and they are cleared to return by local health department officials. Children with Salmonella typhi shall be excluded from child care until three stool cultures are negative and they are cleared to return by local health department officials.

2. Nonpurulent conjunctivitis, defined as pink conjunctiva with a clear, watery eye discharge and without fever, eye pain, or eyelid redness;

3. Rash without fever and without behavior changes;

4. CMV infection, as described in STANDARD 6.021 and STANDARD 6.022;

5. Hepatitis B virus carrier state, provided that children who carry HBV chronically have no behavioral or medical risk factors, such as unusually aggressive behavior (biting, frequent scratching), generalized dermatitis, or bleeding problems;

6. HIV infection, provided that the health, neurologic development, behavior, and immune status of an HIV-infected child are appropriate as determined on a case-by-case basis by qualified health professionals, including the child’s health care provider, who are able to evaluate whether the child will receive optimal care in the specific facility being considered and whether that child poses a potential threat to others;

7. Parvovirus B19 infection in a person with a normal immune system.

RATIONALE: Excluding children with many mild infectious diseases is likely to have only a minor impact on the incidence of infection among other children in the group and the staff (32). Thus, when formulating exclusion policies, it is reasonable to focus on the needs and behavior of the ill child and the ability of staff in the out-of-home child care setting to meet those needs without compromising the care of other children in the group (32).

COMMENTS: The lay term pink eye is used interchangeably to describe purulent and nonpurulent conjunctivitis. The infectious characteristics of purulent and nonpurulent conjunctivitis, however, are quite different. For more information on the difference between purulent and nonpurulent conjunctivitis, see STANDARD 3.068, on conjunctivitis.

For additional information on child inclusion, exclusion, and dismissal, see STANDARD 6.003 on exclusion during antibiotic treatment of Haemophilus influenzae type b (Hib); STANDARD 6.008, on exclusion during antibiotic treatment of meningococcal infection; STANDARD 6.011, on exclusion during antibiotic treatment of pertussis; STANDARD 6.034 on excluding children with an immune system that does not function properly to prevent infection.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

STANDARD 3.069  
STAFF EXCLUSION FOR ILLNESS

Please note that if a staff member has no contact with the children, or with anything with which the children come into contact, this standard does not apply to that staff member.

A facility shall not deny admission to or send home a staff member or substitute with illness unless one or more of the following conditions exists (65). The staff member shall be excluded as follows:

1. Chickenpox, until all lesions have dried and crusted, which usually occurs by 6 days;

2. Shingles, only if the lesions cannot be covered by clothing or a dressing until the lesions have crusted;

3. Rash with fever or joint pain, until diagnosed not to be measles or rubella;

4. Measles, until 4 days after onset of the rash (if the staff member or substitute is immunocompetent);

5. Rubella, until 6 days after onset of rash;

6. Diarrheal illness, three or more episodes of diarrhea during the previous 24 hours or
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Chapter 3: Health Protection/Promotion

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

The recommendations in this publication 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. Original document included as part of Caring for Our Children: National Health and Safety Performance Standards Guidelines for Out-of-Home Child Care Programs. 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2002. Also available at http://nrckids.org

Infectious Diseases Curriculum INSTRUCTOR’S MANUAL

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| Blood in stools, until diarrhea resolves; if E.coli 0157:H7 or Shigella is isolated, until diarrhea resolves and two stool cultures are negative; |
| G) Vomiting illness, two or more episodes of vomiting during the previous 24 hours, until vomiting resolves or is determined to result from noncommunicable conditions such as pregnancy or a digestive disorder; |
| H) Hepatitis A virus, until 1 week after onset or as directed by the health department when immunoglobulin has been given to appropriate children and staff in the facility; |
| I) Pertussis, until after 5 days of appropriate antibiotic therapy (which is to be given for a total of 14 days) and until disease preventive measures, including preventive antibiotics and vaccines for children and staff who have been in contact with children infected with pertussis, have been implemented; |
| J) Skin infection (such as impetigo), until 24 hours after treatment has been initiated; |
| K) Tuberculosis, until noninfectious and cleared by a health department official; |
| L) Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and end of fever; |
| M) Head lice, from the end of the day of discovery until after the first treatment; |
| N) Scabies, until after treatment has been completed; |
| O) Purulent conjunctivitis, defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep, and including eye pain or redness of the eyelids or skin surrounding the eye, until 24 hours after treatment has been initiated; |
| P) Haemophilus influenzae type b (Hib), prophylaxis, until antibiotic treatment has been initiated; |
| Q) Meningococcal infection, until all staff members, for whom antibiotic prophylaxis has been recommended, have been treated. See STANDARD 6.006 through STANDARD 6.008; |
| R) Respiratory illness, if the illness limits the staff member’s ability to provide an acceptable level of child care and compromises the health and safety of the children. |

Child care providers who have herpes cold sores shall not be excluded from the child care facility, but shall:

1) Cover and not touch their lesions;

2) Carefully observe handwashing policies;

3) Refrain from kissing or nuzzling infants or children, especially children with dermatitis.

RATIONALE: Adults are as capable of spreading infectious disease as children are. See also the Rationale for Child Inclusion/Exclusion/Dismissal, STANDARD 3.065.

COMMENTS: Other management procedures should be followed as stated in Child Inclusion/Exclusion/Dismissal, STANDARD 3.065. For additional information on infectious disease, see STANDARD 6.001 through STANDARD 6.039.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

CARING FOR ILL CHILDREN

STANDARD 3.070
SPACE REQUIREMENTS FOR CARE OF ILL CHILDREN

Environmental space utilized for the care of children who are ill with infectious diseases and cannot receive care in their usual child care group shall meet all requirements for well children and include the following additional requirements:

a) If the program for ill children is in the same facility as the well-child program, well children shall not use or share furniture, fixtures, equipment, or supplies designated for use with ill children unless it has been cleaned and sanitized before use by well children;

b) Indoor space that the facility uses for ill children, including hallways, bathrooms, and kitchens, shall be separate from indoor space used with well children; this reduces the likelihood of mixing supplies, toys, and equipment. The facility may use a single kitchen for ill and well children if the kitchen is staffed by a cook who has no child care responsibilities other than food preparation and who does not handle soiled dishes and utensils until after food preparation and food service are completed for any meal;