

when is a child too sick? devising a ‘sick child’ policy for your center

by Lana Button

Determining if a child is too sick for child care isn't always easy. The teacher might be convinced the child is too ill for school, while the parent may feel their child is just a little under the weather. One is trying to clear her room of germs and protect the well-being of the other children and the other is trying to get to work. In the middle you have a child feeling anywhere from just a little under the weather to absolutely miserable, and the director is left to sort out what to do.

Directors who devise a “Sick Child” Policy for their programs and keep current on the latest health recommendations can reduce the stress of



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decision-making in these situations which may prevent unnecessary hardship on parents and staff when a child is sick.

Sick Child Policy for teachers

A teacher is under added stress when a child in her class isn't feeling well. She has the child's best interest at heart, but can't give ongoing one-on-one attention in a group setting. She is also concerned for the well-being of the rest of her class, as well as for herself. (She doesn't want to bring an illness home!) But the fact of the matter is that some teachers jump the gun at the first possible sign of illness. A report in the February 2000 issue of the *Archives of Pediatric and Adolescent Medicine* reported cases where teachers sent a child home because he was lethargic, irritable, or “not himself” (Skull, Ford-Jones, Kulin, Einarson, & Wang, 2000).

Teachers prescribing antibiotics

The report cited above found that many teachers mistakenly believed antibiotics should be prescribed to treat viral infections and to hasten recovery, to

prevent the transmission of an infection, and to prevent a child from getting a bacterial infection. Many teachers recommended parents put their children on antibiotics before coming back to the classroom. Some teachers also admitted to excluding a child because of pressure from other parents who didn't want their child exposed to an illness a child “might” have.

A Sick Child Policy provides teachers with guidelines for determining the seriousness of a suspected illness, and supports the teacher in her decisions. Your center's Sick Child Policy may require a teacher to get a “second opinion” from the director before calling the parent.

The Sick Child Policy is a good topic for your next staff meeting. Staff can:

- Review the center's illness guidelines.
- Discuss the policies and procedures for calling parents.
- Review the procedure for properly taking a child's temperature.
- Talk about how to correctly identify rashes, head lice, and scabies.

**The latest guidelines:
Do you really need to send them home?**

Of course you want the best care for a sick child, and you want to prevent the spread of illness to the other children and your staff, but make sure your policies are up-to-date with regard to the latest health recommendations. The Archives of Pediatric and Adolescent Medicine report (Skull et al., 2000) found that child care centers often excluded sick children unnecessarily. According to Copeland, Duggan, and Shope (2005), children are excluded from child care for harmless conditions that do not meet the national criteria, and these inappropriate exclusions can have a significant economic impact on families.

Fever: The National Resource Center for Health and Safety in Child Care (NRCHSCC, 2005) recommends, in their article "Healthy kids, healthy care: Sick children: When should children stay home?" that children with an axillary temperature (under the arm) above 100°F with behavior changes should be sent home, but a child with a mild temperature who is participating in the program should be permitted to stay at school. The American Academy of Pediatrics and the American Public Health Association (AAP & APHA, 1992) state that a child's temperature may be elevated for a variety of reasons, and does not necessarily indicate a serious illness. In the case of a mild fever, which could be brought on by a mild upper respiratory infection or a recent vaccination, your illness guidelines can direct a teacher to inform the parent at the end of the day, but not send the child home.

Rash: Certain rashes signal a disease such as Chicken Pox, which is highly contagious; common non-communicable rashes, such as baby acne or eczema, do not require a child to be separated from her classmates.

Until recently, children who showed signs of Fifth's Disease were confined.

The NRCHSCC (2005) reports that when the Fifth's Disease rash appears, as is the case with Roseola, the child is no longer contagious, and does not need to be removed from care.

Vomiting and Diarrhea: If a child vomits several times within the same day, or if the child who vomits shows signs of discomfort, then parents need to take him home. But one episode of vomiting, followed by active play may not be a problem. One episode of vomiting in a day needs to be documented, and a recommendation for parents to look into the situation should be made, but may not require a child to stay out of child care. The American Academy of Pediatrics and the American Public Health Association (1992) state that if a child who has vomited does not show signs of dehydration and has no behavior changes, then they should be allowed to stay in the child care facility.

The same is true if a child has diarrhea. Some child care center policies require that children must be sent home if a child has diarrhea, and should stay home 24 hours after the last episode. But sometimes a bout of diarrhea is caused by last night's spaghetti sauce, and not a virus. In your center's illness guidelines, have staff also consider the following three suggestions, as recommended by the national standards in *Caring for Our Children*:

- Can the child participate in the program?
- Can the child be accommodated while providing adequate care for the other children in the group?
- Does the child's illness pose a risk for the other children in the group?

Lice and Scabies: A child infested with lice or scabies does not need to be removed from a group setting and sent home as quickly as possible. The child may remain until the end of the day.

Getting a call at work that your child has lice is embarrassing. If the teacher's suspected diagnosis turns out to be a stubborn case of cradle cap or a misguided fruit fly, parents are going to be understandably upset. Be sure that teachers do not make a diagnosis, but only say they suspect a problem and that the parent should take the child to a health care professional for diagnosis.

According to *Caring for Our Children, National Health and Safety Performance Standards, Guidelines for Out of Home Child Care* (2005), children feeling well enough to participate in the program should not be excluded from child care with the following conditions:

- viral infection
- common colds, runny noses, and coughs
- pink eye (conjunctivitis) without pus or eye pain

The AAP and APHA state that conjunctivitis that is not accompanied by a fever or eye pain can usually be managed without excluding a child from child care, as is the case with a mild respiratory infection.

According to *The Red Book, Report of the Committee on Infectious Diseases of the American Academy of Pediatrics* (2006), most children who have mild respiratory illness do not need to be excluded from child care because they were actually more contagious prior to having had any symptoms. They suggest that the best way to prevent the spread of infectious disease in the child care classroom is with common-sense hygiene practices.

Germ prevention

Pediatricians, like Alan Green, report the best way to keep germs from spreading in your group settings is not by insisting that children be put on antibiotics, or even by excluding

children with green discharge, but it is by having stringent handwashing routines, and by teaching everyone to 'cover up' when they cough or sneeze. In his article, "Sick Children in the Child Care Setting," Green (2001) suggests that a great way to keep germs from getting into the classroom is to have parents wash their child's hands as soon as they enter the school. The American Academy of Pediatrics' *Red Book: Report of the Committee on Infectious Diseases* (1997) suggests the following practices to decrease the spread of infectious disease in child care:

- Keep toilet areas and toilet training equipment in sanitary condition.
- Keep diaper-changing surfaces sanitized. Use disposable diaper pads on diaper changing surfaces.
- Follow sanitary diaper-changing procedures; making sure that diapers are disposed of in a secure foot-activated garbage can, that children have clothes on over their diaper while in child care, and that soiled clothes are bagged and sent home to be washed.
- Both the child's and caregiver's hands are washed after changing a diaper.
- Diaper-changing areas are never located in food preparation areas.

When devising your center's Sick Child Policy, make sure you consult your state's licensing regulations. Some states have specific rules about making notification if there have been cases of particular diseases in a child care center. Many state health departments have fact sheets on infectious diseases. You can contact your state health department for a copy of your state's health regulations by going to the web site for the Centers for Disease Control (see Resources) and scrolling through the listings.

Giving parents options makes everyone feel better

Continuing to pay tuition for a child who is not permitted to attend child care is a definite bone of contention for many parents. Of course, as a director you have fixed expenses that must be paid. A parent who is unable to work because her child can't attend child care often faces an angry employer and docked wages, but is still required to pay her full child care fees. There is no easy solution, but giving parents options might alleviate some of the stress.

'Sick Child' Plan for Parents. The best time to review your center's illness policy is when a parent enrolls his/her child. Parents are told upfront when their child would not be permitted to attend child care, and at the same time, be assured they won't be sent home for every sniffle. Invite parents to put into place a Sick Child Plan that works for their family. Parents may be able to work out an agreement with a relative or close friend to provide back-up child care while their child is ill. The Sick Child Plan would include written instructions for staff on whom to contact should the child need to leave care because of an illness.

Provide Information on Sick Child Care. Provide parents with information on facilities that offer back-up child care when their child is ill. The National Association of Sick Child Care provides a directory of sick child facilities, like the Rainbow Station whose child care centers in Virginia, North Carolina, and Washington, DC accommodate mildly and chronically ill children (see Resources). Although tuition for these centers can be higher than traditional child care, a parent who is desperate to get to work may appreciate this option. Provide Information on the Family Medical Leave Act. A parent may be entitled to take medical leave from work in order to care for their child, in some circumstances.

Consider Sick Day Payment. Parents may welcome the idea of paying a slightly higher monthly fee with the agreement they will receive a discount in fees when their child cannot attend child care because of illness.

By implementing a Sick Child Policy for teachers and parents, directors can support their staff and show compassion for parents while offering the best care possible for children.

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Additional information

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Resources

American Academy of Pediatrics
www.aap.org

Centers for Disease Control and Prevention
www.cdc.gov

For state health regulations <http://www.cdc.gov/doc.do/id/0900f3ec80226c7a>

National Association of Sick Child Care
www.nascd.com

Rainbow Station
www.rainbowstation.org