Norfolk State University
Preschool Academy

Infection Control and Sick Policy

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

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

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

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

1. If your child or any family member has been exposed to any of the diseases listed on the accompanying list, we ask that you notify us of the exposure as soon as possible.

2. If your child shows any of the following symptoms you will be called and asked to pick up your child immediately. Please help us protect the other children by responding promptly. If your child has any of the following symptoms at home, we ask that you keep him/her out of school until the symptoms are gone or note from the physician stating that it is safe for child to return to school.

3. For those children who has some of the following symptoms (runny nose, coughing or difficulty breathing) related to their allergy or Asthma problems, the parent must provide the statement from the physician stating that child’s symptom is related to the allergy or asthma, and it is not contagious.

4. Please be alert to a child who may have a cold and starts to have more major symptoms and ensure he/she is seen by a doctor.

5. Children must be fever free for 24 hours before returning to school.
The symptoms include:

- fever greater than 100°F or 37.7°C
- constant severe coughing
- high-pitched croupy or whooping sounds after coughing
- constant runny nose
- difficult or rapid breathing
- yellowish skin or eyes
- pinkeye – tears, redness of eyelid lining, followed by swelling and discharge of pus.
- unusual spots or rashes
- sore throat or trouble swallowing
- infected skin patches
- crusty, bright yellow, dry, or gummy areas of skin – possibly accompanied by fever.
- unusually dark, tea colored urine – especially with a fever
- grey or white stool
- headache and stiff neck
- vomiting
- severe itching of body or scalp or scratching or scalp.

**Chicken Pox** – cannot return until all lesions have been crusted.

**Mumps** – cannot return until nine days after onset of swelling of parotid glands.

**Measles** – cannot return until six days after onset of rash.

**Rubella** – cannot return until six days after onset of rash.

**Conjunctivitis** (pink eye) – stay home until 24 hours after the start of antibiotic treatment and until there is no discharge from the eyes.

**Strep throat** – cannot return until fever free and have taken antibiotics for at least 24 hours.
Child cannot return to school until approved by the health care official for the following symptoms:

- Tuberculosis
- Haemophilus influenza type b (HIB)/meningococcal infection
- Hepatitis A virus

If any of the above symptoms are present or if a child appears cranky, less active than usual, weak, cries more than usual, or just seems generally unwell at home, we asked that you keep your child at home until the symptoms are gone or notification from the doctor it is safe to return to school.

When your child comes to school when he/she is not normal self it is difficult for the child to participate class activities and more likely you will receive a call from the school to pick up your child. Please, keep your child at home at least 24 hours after onset of symptoms or until 24 hours after the treatment has been initiated with the physician’s note stating that symptoms are clear before your child return to school.

**Handwashing Policy**

1. Adults & children must wash hands at the sink by the door.
2. Adults must supervise proper hand washing procedure. Please regulate water temperature.
3. Children are not left unattended at the sink.
4. Adults must wash hands even if entering the office for administrative purposes or dropping off supplies for your child’s cubby.
5. Children are not permitted to enter cubby area prior to washing hands.
6. Children must wash hands at the sink by the door and not in the bathroom.
7. **If you walk beyond the stop sign, you must wash your hands.**
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Parent Agreement for Infection Control and Sick Policy

By signing below, I acknowledge that I have received, fully read, and understood the attached Infection Control and Sick Policy. I agree to abide by them for the protection of my child, as well as the other children, and staff members at NSU Preschool Academy. I understand that if I have any questions or concerns about this policy, it is my responsibility to discuss this with staff.

Child’s Name: ____________________________________________________________

Parent/Guardian’s Name: __________________________________________________

__________________________________________  __________________
Signature of Parent/Guardian                  Date

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