

The purpose of the CPE Marie Auxiliatrice/Les Amis de Don Bosco Health Protocol is to give parents and educators accurate and complete information about the most common illnesses affecting young children. Having accurate information will help parents make well informed decisions about when to keep their child at home, and proper decisions can be made by educators about when to call a parent to pick-up a child from the daycare. The following needs are taken into consideration when a decision is made as to whether a child/educator should remain at home:

- child's comfort;
- educator's comfort;
- consistent attendance of educators – ensuring a sense of security for the children;
- avoidance of contagious illness spreading;
- disruption to the flow of the group.

It is the parent's responsibility to prepare themselves and their child in advance for home care – either by arranging flexible days off for themselves or making arrangements with their child's babysitters who are available on call. It is the daycare center's responsibility to have a list of on-call substitutes who can replace an ill educator. We can understand and empathize with the inconvenience of keeping a sick child at home, however, a daycare center has the responsibility to ensure that health standards and the comfort and wellbeing of the children are taken most seriously. We hope that this health protocol will be helpful to you and will help to maintain the high standards of health of CPE Marie Auxiliatrice/Les Amis de Don Bosco.

GENERAL HEALTH POLICIES

DAILY HEALTH AND HYGIENE

The CPE staff promotes, on a daily basis, the following health and hygiene routines as part of their regular activities:

- Frequent hand washing: before and after eating, after toileting, nose blowing and messy activities (arts, sand, water and outdoor play);
- Regular washing and disinfecting of tables, chairs, toys and play equipment, floors, kitchen, bathrooms, changing surfaces, linens, blankets, pillows, carpets and curtains;
- Carefully preparing snacks and meals, washing utensils, cups, bowls, dishes, surfaces and cutlery after each use;
- Use of precautions whenever handling stool or blood.

ADMINISTERING MEDICATION

NO medicine (including vitamins) may be administered to a child by the daycare UNLESS a parent has a prescription and has completed a medication authorization form. The Daycare is not responsible for children who are ill – the daycare’s ability to treat sick children is restricted by the following law from the office of the Ministère de l'Emploi, de la Solidarité Sociale et de la Famille du Québec:

Division II, Article 60: “No medication may be administered by a staff member of the center permit holder, or a home childcare provider or the person assisting him/her, without the written authorization of the child’s parent and/In the case of a prescribed medication (i.e. antibiotics), the information listed by the pharmacist on the label identifying the medication, is proof of the physician’s authorization.”

Article 62: “The label of the container of that medication shall indicate the name of the child, the name of the medication, its expiry date, the dosage and duration of the treatment.”

All medications are stored in a special locked box in the refrigerator in the staff room. NEVER leave any medication in the children’s cubby room. Tempra/Tylenol is located in the daycare’s pharmacies – and will ONLY be administered if the child has a high fever (37.3°C/99.3°F). The parent will be contacted before or subsequent to its administration (See Appendix 2). For any prescription medication a child may need to have administered while at the Daycare – it is advisable to request that your pharmacist prepare the medication in two bottles – one for home use and one to be left at the daycare.

CHRONIC HEALTH CONDITIONS

Many children suffer from certain chronic health conditions, which may require repeated prescription medication treatments. Respiratory conditions (asthma) as well as dermatological conditions (eczema) are some examples of these chronic conditions. In these cases, a doctor’s letter, explaining the condition and child’s history with it, accompanied by an open-ended prescription, would provide the necessary authorization for the Daycare educators to administer the medication as necessary. The usual parental consent for medication administration would also need to be completed. This additional requirement/information benefits both the child as well as the Daycare’s educators. A knowledgeable educator would feel more confident in the care they provide and would utilize better judgment in when to administer a medication to a child. Prompt and correct administration of a medication can alleviate the distress or discomfort experienced by a child with a chronic health condition.

CONTAGIOUS DISEASE

If a child at C.P.E.M.A. is exposed to a contagious disease outside of the daycare setting, **it is the parent’s responsibility to inform the daycare Director as soon as possible.** The parent should identify the disease and probable date of exposure. C.P.E.M.A. will then inform the entire Daycare population, in writing, of the disease, which group or groups were in contact with the exposed child, information about the disease such as when the disease will probably manifest itself in the newly exposed children. If a child contracts the disease to which he/she has been exposed, he/she should be kept at home. This health protocol lists various diseases, provides some basic information, and lists guidelines for the number of days a child must be kept at home.

Do you know that certain contagious diseases are reportable and we all have a role to play?

The PARENT has a responsibility to inform the daycare as soon as possible. The DIRECTOR of the daycare must inform the nurse/doctor of the CLSC, in order that measures, if need to be taken to protect the health of the other children, may be initiated. Certain diseases (see list below) must be reported immediately to the Infectious Disease Unit by the nurse/doctor of the CLSC. List of the reportable (obligatory) diseases as outlined by the Ministry of Health and Social Services and the Comité de Prévention des Infections dans Les Centres de Petite Enfance du Québec.

- AIDS/HIV
- Amebiasis
- Chicken pox
- Diarrhea (if epidemic)
- Enteritis due to E. coli
- Food poisoning
- Gastroenteritis (if epidemic)
- German measles (rubella)
- Giardiasis (if epidemic)
- Haemophilus influenza
- Hepatitis A and B
- Invasive streptococcal infection: Gr. A & B
- Measles
- Meningococcal infection (bacterial meningitis)
- Mumps
- Pneumococcus (streptococcus pneumonia, if epidemic)
- Salmonella
- Scarlet fever
- Tuberculosis
- Typhoid
- Viral meningitis
- Whooping cough (pertussis)

**** The PARENT is responsible for advising the daycare of other diseases such as conjunctivitis (pinkeye), impetigo, chicken pox, roseola, scabies, pediculosis (head lice), ringworms and pinworms.**

CPEMA Epidemics Policy:

An epidemic in the daycare is defined as two or more children, in the same installation, having the same illness. When there is an outbreak of an illness, parents are urged to notify staff when their child is sick. The daycare will send memos to parents, sterilize playthings and continue to practice good hygiene to reduce spread of the illness. In the case when 2 or more children have contracted the same illness, any child exhibiting symptoms of the “epidemic” illness will be sent home. The child can return to the daycare when symptoms have resolved (and CPEMA health policy guidelines have

CHILD AND SICK CHILD PICK UP POLICY

- When registering the child at the daycare, parents have completed a form authorizing other adults to pick up their child from the day care. The form will include names, relationship to the child and home and work phone numbers. Emergency contacts will be listed on a separate Emergency Contact form.
- Staff, parents or authorized adults, should only use the security door code when entering the daycare. The code should not be given to others for security reasons. Maintaining the privacy of the security code is crucial.
- Authorized friends and/or relatives who routinely pick up the child (1-2 times per week) should be oriented to the daycare, introduced to staff and given the code to the back door.
- Friends/relatives who infrequently (less than once a week) pick up the child should:
 - a. Have prearranged clearance from the parent
 - b. Ring the front door bell and speak with the director or staff. These adults should not be given the code to the second door.

CPEMA Sick Child Pick Up Policy:

Parents or authorized emergency contacts need to be able to pick up the sick child within ONE hour (within possible reason) after being notified that their child is too ill to participate at the daycare. Friends/relatives will need to enter through the front door as stated above.

COMMON CHILDHOOD ILLNESSES

ALLERGIES

An allergy is a reaction of the immune system towards a substance that is typically harmless to most people. However, to a child with an allergy, the body treats the substance, called an allergen, as an invader. Allergies produce many reactions in the body, resulting in symptoms such as wheezing, coughing, shortness of breath, swelling, redness, itching, diarrhea and vomiting.

Allergies develop when a person is repeatedly exposed to the offending substance, and the body's immune system overreacts, causing a reaction. It may take more than one exposure to build up a reaction to a particular substance. For example, the first time a child eats peanut butter, the child may not show signs of an allergic reaction but he/she becomes 'sensitized'. The next exposure to peanut butter may trigger hives, breathing difficulties or even anaphylactic shock. Children can inherit allergies from their parents. If one parent has allergies, there is a one in four chance that a child will also have allergies. The risk increases if both parents have allergies. However, the child only inherits the likelihood of having allergies, not a particular allergy. Allergies may be caused by:

- Eating a substance;
- Inhaling a substance;
- Touching a substance;
- Being bitten or stung by an insect.

<u>COMMON ALLERGIC SUBSTANCES</u>	<u>REACTIONS</u>
Environmental: Dust (mites), pollen, grass, and trees	Itchy eyes and nose, nasal discharge, blocked nose, sinus headaches, sneezing, wheezing, cough, shortness of breath
Animals & Birds: Fur and feathers, animal dander	Itchy eyes and nose, nasal discharge, sneezing, etc.
Insects: Stings from bees and wasps	Wheezing, hives, swelling of upper airway with difficulty breathing, swelling of face and anaphylactic shock in severe cases
Foods: Eggs, peanuts, nuts, shellfish, milk and wheat (latter two most common in infants)	Vomiting, diarrhea, bloody stools, plus the symptoms of insect venom
Medications and Chemicals: <ul style="list-style-type: none"> • Medications (e.g., antibiotics) • Non-medical (e.g., fabric softener) 	Any of the above reactions

Anaphylactic shock describes a person's physical reaction to a particular allergen. This severe reaction produces one or more of the following symptoms: Swelling of the eyes and face, hives all over the body, difficulty breathing, vomiting, diarrhea and loss of consciousness. The symptoms can occur all at the same time, often developing in less than ten minutes. Serious consequences will result if the person is not given adrenaline/epinephrine and taken to the hospital immediately. The effect of the medication can be temporary, which is why immediate transport to hospital is required.

CPEMA Policy:

When registering your child at the daycare it is imperative that you inform us of any allergies your child may have and what type of reaction occurred. You should also inform us of any possible allergic reactions, since a more severe reaction may occur the next time. In order to ensure that the daycare's "no-nut" policy is adhered to, all outside foods are prohibited from being brought into the daycare. For special occasions such as birthday parties, the kitchen will provide all treats.

ASTHMA

Asthma is a chronic breathing disorder that is marked by recurring attacks of wheezing, coughing and shortness of breath. Children with asthma have less difficulty breathing in than breathing out. The symptoms of an asthma attack are caused by a spasm of the air passages in the lungs, followed by swelling, inflammation and a thickening of lung secretions (mucous). All this makes it more difficult to move air into and out of the lungs. The severity of the condition varies from child to child. In most cases, a common cold virus triggers a child's asthma attack. Other triggers include:

- Allergies to animals, dust, pollen, mould, birds, feathers, and wool;
- Weather conditions (cold air, weather changes, and windy or rainy days);
- Smoke and smoking;
- Odors (paint fumes, aerosol sprays, cleaning solvents, and perfumes);
- Exercise, especially strenuous exercise in damp/cold weather;

Symptoms of an asthma attack include coughing and difficulty breathing (accompanied by a wheezing or whistling sound). Symptoms may come on fast, such as after an exposure to an allergen, or slowly, over days, such as occurs with a cold. In both cases, the attacks can be very serious.

Some medications are given every day to prevent an asthma attack. Other medications are only given when the attack occurs. The child's physician determines the type of medication to be administered and when it is to be given.

CPEMA Policy:

Before enrollment, parents must inform the daycare about their child's asthmatic condition and what particular agent(s) trigger an attack. In all cases when a child is experiencing difficulties breathing, medication will be administered according to the physician's prescription and daycare policy, and the parent(s) will be contacted. In the event that the child does not respond or improve with the medication an ambulance will be called and the child transported to the hospital.

COLDS & UPPER RESPIRATORY TRACT INFECTIONS

The upper respiratory tract, or upper airway, is comprised of the nose and throat. Acute infection of the respiratory tract is the most common cause of illness in infancy and childhood. Young children ordinarily have four or five such infections per year. Children within a daycare community tend to have a higher incidence due to the increased exposure. Signs and symptoms include:

- Nasal discharge (often greenish);
- Nasal congestion;
- Cough;
- Sore throat;
- Fever;
- Wheezing;
- Vomiting/diarrhea (especially in younger children);
- Loss of appetite;
- Irritability/crying.

Colds and upper respiratory tract infections are most often caused by a virus, but at times, they can also be due to a bacterial infection. Infants and young children react more severely to acute respiratory tract infections than older children. The most common way colds/infections are spread is from coughing and sneezing and through hand-to-hand contact. It is, therefore, most important that the child with the cold, or those person/s caring for them, wash their hands frequently, especially after wiping a child's nose.

Allergies sometimes cause a runny or stuffy nose mainly during the spring and summer months. Allergies are seldom accompanied by fever; colds are. Allergies tend to cause itching in the child's eyes and nose; colds do not. Allergies usually trigger constant and consistent bouts of sneezing; colds are characterized by sporadic sneezing. Other causes of these symptoms include bronchitis, pneumonia, otitis media (ear infection) and tonsillitis.

While addressing these needs the educator would have to:

- Wipe the child's nose to keep airway clear and/or teach the child to wipe his/her nose using a tissue and to dispose of the tissue in the wastebasket;
- Wash hands more frequently (educators and children);
- Wash toys more frequently;
- Maintain the group's routine of activities;
- Watch for fever and administer acetaminophen according to policy.

CPEMA POLICY:

A child who is at the height of a cold and cannot be properly cared for at the daycare should be kept at home. During the day parents will be called if:

- Their child has a fever;
- If the above needs cannot be met and the child cannot participate fully in the activities thereby disrupting the flow of the group.

COUGH/ CROUP

A cough can be due to a virus or bacteria, an irritation, a cold or allergies. A cough has a necessary function, as it helps the child to eliminate secretions and keep their airways clear. The term 'croup' is used to describe a group of symptoms rather than a name for a disease caused by a specific virus. Croup is a viral infection that causes swelling of the windpipes, just below the vocal cords. Croup usually appears after your child has had a cold (fever, runny nose, etc.) for several days. As the swelling of the windpipes increases, a high-pitched barking cough develops that sounds much like a seal. The barkiness of the cough lasts for a couple of days, although the cough itself may last for a few days longer. Signs and symptoms include:

- Upper respiratory infection;
- Barking cough;
- Hoarseness;
- Restlessness;
- Fever;

A doctor should be notified if a child experiences any of the following breathing symptoms:

- Short and rapid breathing;
- Wheezing/stridor (high pitched, harsh sound upon inspiration);
- Barking cough.

CPEMA Policy: A child should be kept at home if a cold and/or fever accompany a cough. Refer to policies regarding these conditions. If the needs of the group or child cannot be met, the child should also be kept at home. The parents will be called if their child has a fever or is demonstrating any difficulties breathing.

DIARRHEA

Acute attacks of vomiting and diarrhea are so common in the pediatric age group that they can almost be regarded as part of the normal way of life. Luckily, most forms of gastrointestinal distress are self-limited and will ultimately subside without specific treatment if consequent dehydration does not create a serious complication. Diarrhea is usually defined as an increase in the number of stools and/or a decrease in their consistency. Diarrhea can be caused by a variety of factors and the physiologic consequences can vary considerably in relation to the severity of the illness, its duration, related symptoms, the age of the child and the child's nutritional status before the onset of the diarrhea.

The most common causes of diarrhea are:

- Viral infection (more frequent in winter months);
- Bacterial infection (more frequent in summer/fall);
- Parasites;
- Food allergies/introduction of new foods;
- Inflammation of the bowel (gastroenteritis);
- Reaction to medication (most common with antibiotics);
- Emotional excitement/stress;
- Infection (bladder, ear, upper respiratory track).

The most common method of transmission of the variety of the organisms responsible for diarrhea is the fecal-oral route by direct person-to-person contact. Again, consistent and effective hand washing is essential for reducing the risk of transmission among the daycare community.

Dehydration is the main concern when a child has a diarrhea disorder. In mild to moderate cases, this is usually not a problem, but in more severe cases, it is very important that the child is seen by a physician to prevent any more serious complications from occurring. These can include metabolic imbalances and, in more extreme cases, anaphylactic shock. A common sign of dehydration is a reduction in the number of wet diapers or in frequency of voiding. Often, the child will be lethargic, irritable and have a dry mouth and tongue.

CPEMA Policy: A child should be kept at home if he/she experiences three or more liquid stools in a 12-hour period. During the day, a parent will be called if 2 bouts of diarrhea occur, if the child has fever, if the child is too ill to participate in their normal activities, if the stools cannot be contained by the diapers or if an older child cannot make it to the bathroom because of the diarrhea. A child can return to the daycare once the symptoms have been absent for a minimum of 24 hours. In case of an epidemic, delay is 48 hours.

In Case of a Gastroenteritis Epidemic: In case of a gastro-enteritis epidemic at the daycare, the educators have to take all precautions to contain the spread and a parent might be called to pick-up the child if the child vomits and/or there is a change in the usual pattern of bowel movements suggestive of diarrhea. In each case, judgment will be applied taking into account the usual bowel habits of the child as well as the status of the epidemic at the daycare. Children can remain contagious for days after gastroenteritis, and a child can therefore return to the daycare 48 hours after the symptoms have resolved.

VOMITING

Vomiting is a very common symptom in children, and like diarrhea, is often of a minor and temporary nature. If vomiting is persistent and prolonged, it can become a serious health risk. Common causes of vomiting are:

- Gastroenteritis – accompanying a diarrheal infection;
- Overeating – more common in infants;
- Poisoning;
- Food allergies;
- Motion sickness;
- Emotional stress/anxiety;
- Accidental head injury **

** After any accident wherein a child sustains an injury to the head and appears disoriented and/or vomits – that child should be brought to the Emergency department of a hospital.

CPEMA Policy: The child should be kept at home if he/she vomits for no obvious reason and still feels nauseous after vomiting. If the child has diarrhea, fever, and headache or complains of stomach cramps they should be kept at home until symptoms disappear. During the day the parent will be called if any combination of the above symptoms are present, thereby rendering the child incapable of participating in group activities.

In Case of a Gastroenteritis Epidemic: In case of a gastro-enteritis epidemic at the daycare, the educators have to take all precautions to contain the spread and a parent might be called to pick-up the child if the child vomits and/or there is a change in the usual pattern of bowel movements suggestive of diarrhea. In each case, judgment will be applied taking into account the usual bowel habits of the child as well as the status of the epidemic at the daycare. Children can remain contagious for days after gastroenteritis, and a child can therefore return to the daycare 48 hours after the symptoms have resolved.

FEVER

An elevated temperature (fever) is one of the most common symptoms of illness in children. Most fevers in children are of a viral origin, are of relatively brief duration, and have limited consequences. This manifestation is frequently misunderstood and of great, but often unnecessary, concern to parents. Many health professionals believe that fever serves as both an indicator of infection as well as a defense mechanism against the infectious agent, and therefore should only be treated if it rises to a high level. The occurrence of fever in children appears to be the greatest between the ages of six months and three years. Temperatures can reach high levels even with mild infections.

Normal Temperature:

- Under arm: 36.5°C (or 97.6°F)
- Oral: 37.0°C (or 98.6°F)
- Rectal: 37.5°C (or 99.6°F)

The most effective treatment of fever is Acetaminophen, (Temptra/Tylenol).

CPEMA Policy: If a child has a high-grade fever (above 38.2°C), she or he needs to be kept home until she has been free of fever for 24 hours, or the child has a note from the Doctor. Also if a child is sent home with a fever, she cannot return for at least 24 hours, when she is fever free and well enough to participate in normal activities.

During the day, parents will be called if their child has a fever of 38.5°C (or 101.3°F) or higher, regardless of the child's behavior or ability to participate in the group's activities. If a child has a history of febrile seizures, a doctor's letter and a parent's consent form are necessary for the educators to be allowed to administer acetaminophen at the first sign of fever.

HEAD LICE

Head lice are tiny insects that live on the scalp. They lay eggs called nits that stick to the shaft of the hair very close to the scalp. Many children with head lice do not show any symptoms, the most common being itching and scratching of the head. There is no need to become alarmed by head lice: **It is not caused by a lack of cleanliness nor do head lice spread any diseases.** Head lice can be very common in daycare centers because the lice spread easily among children who are together in one place. The lice spread from person to person by direct contact between children or through items such as hats, combs, brushes, play clothes or bed linens. **Head lice cannot jump or fly.**

The eggs/nits appear as whitish-gray oval shaped specks, which are firmly attached to the hair shaft very close to the scalp. They cannot be removed easily. They may look like dandruff but they cannot be flicked or brushed away. They are most commonly found behind the ears, at the back of the neck or directly atop of the head.

There are very effective treatments for head lice. The special shampoos or cream rinses all contain an insecticide that kills the insect. It may be necessary to treat all members of the household at the same time. After treatment, **it is imperative that all nits are manually removed from the hair;** most treatment kits provide a special comb for this purpose.

CPEMA Policy: The parents will be contacted to pick up their child if he/she has head lice. Any extra clothing items and stuffed animals will also be sent home with the child, so that they can be properly laundered. The affected child must have treatment before they are allowed to return to the daycare.

Head lice treatments require a 24-hour period to be effective; therefore, **the child is allowed to return to the daycare only 24 hours after being treated also ensuring that all nits are manually removed and can no longer be detected by the staff.** The affected child must have a second treatment 7-10 days after the first one to ensure all lice and nits have been eradicated. Once head lice have been detected, all children and staff members will be checked regularly.

RASHES

Younger children are especially susceptible to infectious diseases, and a number of disorders occur predominantly during these years. At this age, children's resistance to infectious agents may still be low, but their exposure to such agents is beginning to increase because of social involvement outside the home.

Many of the communicable childhood diseases produce a variety of skin eruptions or rashes. Such agents as a virus, bacterium, fungus, parasite or allergen can cause these rashes. The child usually has a fever preceding the appearance of the rash, but some children are asymptomatic. It is important that a child be seen by a physician for correct identification of the rash and a proper diagnosis. Rashes should be identified as quickly as possible in order to properly treat the affected child and better protect the other children. **Whenever a child has a suspicious rash, a parent will be notified and may have to pick-up their child and have them seen by a physician before being able to return to the daycare.**

SORE THROAT & STREP THROAT

A sore throat is a frequent complaint of older children. Younger children (unable to describe symptoms) may not complain even when the throat is highly inflamed. The more elastic nature of the tissues in younger children may cause less pressure on the nerve ending and, therefore, less discomfort in the younger child. A virus or a bacterial infection can cause sore throats. They, too, are very often accompanied by a cold. Common symptoms related to a sore throat are:

- Soreness;
- Redness;
- Whitish tonsils;
- Fever;
- Headache;
- Nausea/vomiting (extreme cases).

Strep Throat is an infection caused by a bacteria (*Streptococcus pyogenes*). The strep bacteria are found in an infected person's saliva. The infection spreads through the air when the infected person talks, coughs, or sneezes. Diagnosis is based on a throat culture. The physician will prescribe an antibiotic, usually penicillin. The usual signs and symptoms of strep throat are:

- Sore throat;
- Headache;
- Stomach-ache;
- Swollen/tender glands in the neck;
- Sores around the nose.

***** The child can return to daycare 24 hours after antibiotic treatment has begun.**

CPEMA Policy: A child should be kept at home if he/she is unable to participate fully in the activities of the group, therefore, causing a disruption in the flow of the group. If the sore throat is due to a virus, the child can return to daycare when he/she is feeling better and able to participate. If the sore throat is caused by a bacterium (i.e. Streptococcus), **the child can return to the daycare twenty-four (24) hours after the antibiotic treatment is started.**

Parent(s) will be called to pick-up their child if she/he has a fever, and begins vomiting or when their needs cannot be met at the daycare center.

	Transmission	Signs & Symptoms	Infections Period	Exclusions
Impetigo	Person to person by direct contact	Pustules or crusted rash on face or exposed parts of body (arms and/or legs)	From onset of rash until 1 full day after start or treatment with antibiotic	
Scarlet Fever	Spread person to person like a cold	Abrupt high fever, vomiting, headache, malaise, and abdominal pains; enlarged, reddened tonsils, characteristic 'strawberry tongue'; rash begins 12 hours after initial symptoms, red pinhead-sized lesions rapidly become generalized over the body, more intense in the folds or joints, but absent on the face;	From 1-7 days before onset of the illness until the end of the first week. The average infectious period is 10 days;	
Chicken Pox	Spread person to person via air. Very infectious. To a lesser degree via skin lesions, but scabs are not infectious;	Rash with small blisters that become encrusted. The rash develops 1-2 days after the onset of a fever. The rash is very itchy;	Two days before to five days after the onset of the rash;	
Measles	Spread person to person. Very infectious	Fever, cough, runny nose, inflamed eyes for 1-3days before onset of rash. The rash begins on the face as small red spots, which enlarge and clump together and then spread over the entire body. Illness lasts 5-10 days;	Two days before onset of fever and cough (3-5 days before onset of rash) until 4 days after onset of rash;	
Mumps	Spread person to person;	Enlargement of salivary glands, causing swelling of cheeks and face. May have fever, headache or abdominal pain.	Seven days before to nine days after swelling. Most infectious 2 days before onset of swelling;	

	Transmission	Signs & Symptoms	Infections Period	Exclusions
Rubella	Spread person to person;	Many infected children have no symptoms. May have fever, sore throat, swollen glands in neck but no rash. Rash consists of small red spots which start on the scalp and face and spread rapidly over the entire body;	Few days before until 7 days after onset of rash;	
Roseola	Unknown. Virtually limited to children between the age of 6 months to two years of age;	Persistent high fever for 3-4 days in a child who appears well. Fever drops to normal with appearance of rash. A discrete rose-pink rash begins on trunk and spreads outwards. Rash lasts 1-2 days and is not itchy;	Unknown;	
Fifth Disease	Spread from person to person in the respiratory secretions;	Illness is more common in school-aged children rather than preschoolers. Rash has three stages: initially appears as a very red rash on cheeks, appears that the child has been slapped. A lace-like rash appears on the limbs and torso. This usually lasts about one week. The rash then fades but can reappear if skin is irritated over the next 2 weeks (e.g., sunburn);	Three to four days before the appearance of the rash;	

***** Please note than Chicken pox, Rubella, and Fifth's Disease carry risks to pregnant women. Anyone who is pregnant and has been in contact with an affected individual should contact their physician immediately.**

