## **Exclusion**

## **Policy**

In accordance with Head Start Program Performance Standards, Neighborhood House Association (NHA) may not deny eligible children admission to the program nor exclude any enrolled child from program participation for a long-term period, unless keeping the child in the program poses a significant risk to the health or safety of the child or any one in contact with the child. However, NHA must temporarily exclude children with a short-term injury or an acute or short-term contagious illness. This exclusion is for the short-term period when the child's class attendance poses a significant risk to the health or safety of the child or any one in contact with the child.

When deemed necessary, staff in collaboration with the child's parent/guardian and/or health care provider, create an Individual Health Plan (IHP) to accommodate the child's health care needs.

## Reference and Regulation:

Head Start Program Performance Standards 1302.47(4)(A)-(3); 1302.41(a)(b)(2)
California Community Care Licensing 101226.2 (a) - (b)

## **Exclusion**

### **Procedure**

Issuance Date: August 2008

Revised: June 2017

### **Long-Term Medical Condition**

When deemed necessary, all efforts are made to accommodate the child's long-term medical condition to ensure participation in the program.

Information gathered from the parent/guardian and the health care provider is utilized to develop an IHP (See HEA-Individual Health Plan (IHP) Standard Operating Policy and Procedure (SOP) for details). Staff may request assistance from the Health Coordinator for the development of the IHP.

When needed, the Health Coordinator consults with members of the Health Services Advisory Committee or other local agencies for guidance and assistance.

#### **Short-Term Medical Condition**

When a child becomes ill at school, the parent/guardian is notified to come and pick up the child. If the parent/guardian cannot be reached, the site staff calls the contact person listed on the emergency contact information to come and pick up the child. The child rests away from the other children in a designated area equipped with cot, mat, or bed under supervision of staff until someone can come to take the child home. The efforts are documented in the Progress Notes of Section 2 of the Child File.

- <u>Temporary Exclusion:</u> A child is temporarily excluded from attending Head Start class or riding the bus when he or she has a contagious illness or exhibits any of the following symptoms:
  - o Temperature of 100 degrees or more
  - Nausea, vomiting, or severe stomach pain

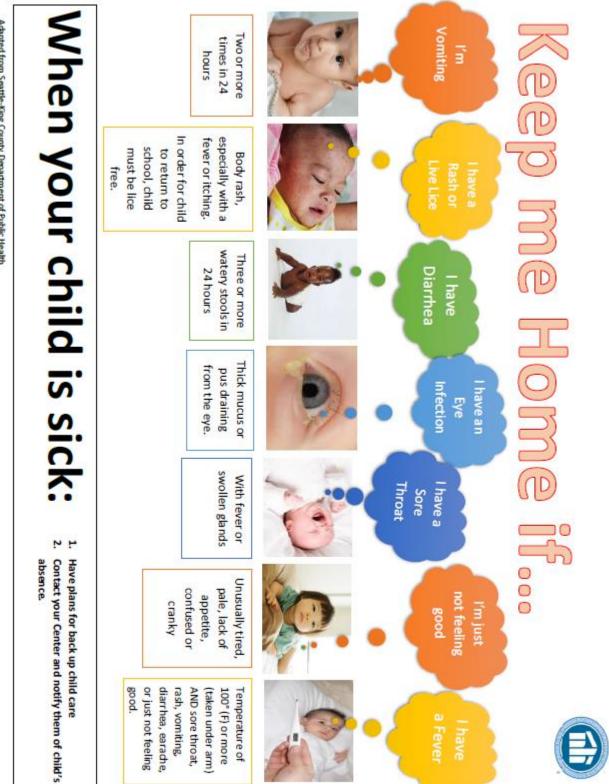
- o Diarrhea; frequent, loose, or watery stools
- Sore throat, acute cold, or persistent cough
- Earache
- Red, inflamed, or infected eye(s)
- Swollen glands around the jaws, eyes, or neck
- Live head lice (child is excluded at the end of the school day)
- o Body lice
- Any skin lesion in the secretion stage
- Any other symptoms suggesting acute illness

See attached "Keep Me Home If..." poster. The poster may be utilized as a quick temporary exclusion guide for staff and a reminder to parents as to when to keep their child at home.

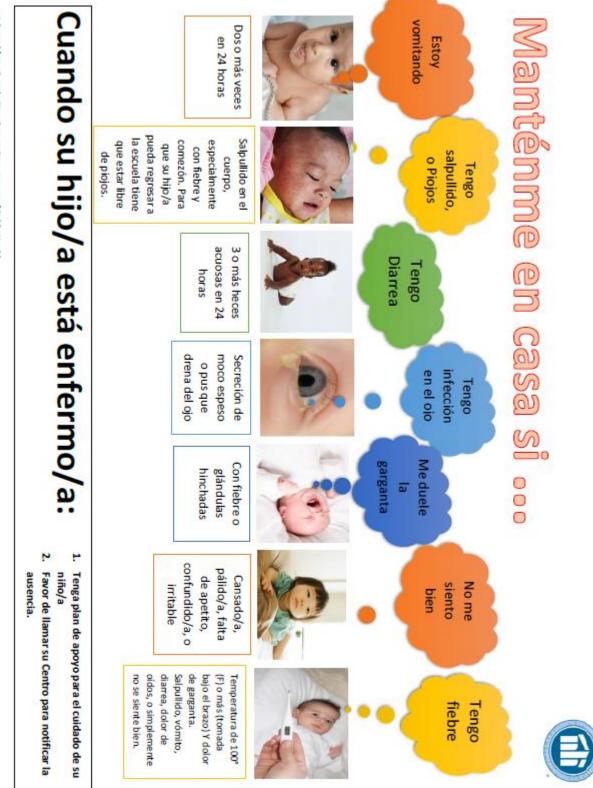
- When a child has been diagnosed with a serious communicable illness (i.e. pink eye, strep, chicken pox, etc.), an exposure notice will be posted in the classroom and communicated to parent/guardians. The names of affected children are not identified. A medical release is required in order for the child to return to school. All medical information is filed in the Child File, Section 2: Health.
- Any disease that is reportable to the local health department is reported by the Site Supervisor within the required timeframe (see attached for the list of Reportable Communicable Diseases). The Health Coordinator and Director of Facilities are notified by the Site Supervisor as well.
- If there is an immunization-preventable outbreak, any Early Head Start/Head Start child that has an immunization exemption or is not up to date with immunizations is excluded from class attendance until the outbreak is over.

## **Documentation:**

Emergency Contact Information Progress Notes Individualized Health Plan (IHP)



Adapted from Seattle-King County Department of Public Health



Adapted from Seattle-King County Department of Public Health

#### How do I report?

To report a communicable disease, you may contact the Epidemiology Program by phone at (619) 692-8499. For urgent matters on evenings, weekends or holidays, dial (858) 565-5255 and ask for the epidemiologist on call. You can also download and print a Confidential Morbidity Report form and fax it to (858) 715-6458. The new CMR form was developed by the California Department of Public Health and local health departments to facilitate and improve disease reporting in California.

Confidential Morbidity Report (CMRa) - Use this form for reporting all conditions except tuberculosis and conditions reportable to DMV.

Confidential Morbidity Report (CMRc) - Use this form for reporting lapses of consciousness or control, Alzheimer's disease or other conditions which may impair the ability to operate a motor vehicle safely (persuant to H&S 103900).

~	Report immediately by telephone (designated by a $lacktriangle$ in regulations).
4	Report immediately by telephone when two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a $lacktriangle$ in regulations).
FAX ① 🖂	Report by FAX, telephone, or mail within one working day of identification (designated by $a + in$ regulations).
	All other diseases/conditions should be reported by FAX, telephone, or mail within seven calendar days of identification.

	Acquired Immune Deficiency Syndrome (AIDS) (HIV infection only: see "Human Immunodeficiency Virus")
FAX (1)	Amebiasis
	Anaplasmosis
2	Anthrax, human or animal
FAX (D) 🖂	Babesiosis
	Botulism (Infant, Foodborne, Wound, Other)
	Brucellosis, animal (except infections due to Brucella canis)
	Brucellosis, human
FAX ① 🖂	Campylobacteriosis
	Chancroid
FAX 🕽 🖂	Chickenpox (Varicella) (only hospitalizations and deaths)
	Chlamydia trachomatis Infections, including lymphogranuloma venereum (LGV)
2	Cholera
2	Ciguatera Fish Poisoning
	Coccidioidomycosis
	<u>Creutzfeldt-Jakob Disease (CJD)</u> and other Transmissible Spongiform Encephalopathies (TSE)
FAX OD 🖂	Cryptosporidiosis
	Cyclosporiasis
	Cysticercosis or Taeniasis
	Dengue
	Diphtheria
	Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
	Ehrlichiosis
FAX ① 🖂	Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
	Escherichia coli: shiga toxin producing (STEC) including E. coli 0157
FAX OD 🖂	Foodborne Disease*
	Giardiasis
	Gonococcal Infections
•	<u>Haemophilus influenzae</u> invasive disease (report an incident less than 15 years of age)
	Hantavirus Infections
	Hemolytic Uremic Syndrome
FAX (D) 🖂	Hepatitis A, acute infection

	Hepatitis C (specify acute case or chronic)
	Hepatitis D (Delta) (specify acute case or chronic)
	Hepatitis E, acute infection
	Human Immunodeficiency Virus (HIV) (§2641-2643)
	Influenza, deaths in laboratory-confirmed cases for age 0-64 years
	Influenza, novel strains (human)
	Legionellosis
	Leprosy (Hansen Disease)
	Leptospirosis
FAX ① 🖂	Listeriosis
	Lyme Disease
FAX ① 🖂	Malaria
	Measles (Rubeola)
	Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
	Meningococcal Infections
	Mumps
~	Paralytic Shellfish Poisoning
	Pelvic Inflammatory Disease (PID)
FAX 🕽 🖂	Pertussis (Whooping Cough)
	Plague, Human or Animal
FAX ① 🖂	Poliovirus Infection
FAX ① 🖂	Psittaçosis
FAX OD 🖂	Q Fever
20000 2200	Rabies, Human or Animal
FAX OD 🖂	Relapsing Fever
	Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses
	Rocky Mountain Spotted Fever
	Rubella (German Measles)
	Rubella Syndrome, Congenital
FAX (2) 🖂	Salmonellosis (Other than Typhoid Fever)
2 2 2	Scombroid Fish Poisoning
	Severe Acute Respiratory Syndrome (SARS)
	Shiga toxin (detected in feces)
FAX ① 🖂	Shigellosis
	Smallpox (Variola)
FAX OD 🖂	Staphylococcus aureus Infections (only case resulting in death or admission to an intensive care unit of a person who has not been hospitalized or had surgery, dialysis, or residency in a long-term care facility in the past year, and did not have an indwelling catheter or percutaneous medical device at the time of culture)
FAX OD 🖂	Streptococcal Infections (Outbreaks of Any Type and Individual Case in Food Handlers and Dairy Workers Only)
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REPORTABLE	COMMUNICABLE DISEASES §2500(j)(1), §2641-2643
	Toxic Shock Syndrome
FAX ① 🖂	Trichinosis
FAX ① 🖂	Tuberculosis
_	<u>Tularemia</u> , animal
2	Tularemia, human
FAX (D) 🖂	Typhoid Fever, Cases and Carriers
FAX ① 🖂	Vibrio Infections
	Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)
FAX ① 🖂	West Nile Virus (WNV) Infection
	Yellow Fever
FAX ①	Yersiniosis
2	OCCURRENCE of ANY UNUSUAL DISEASE
2	OUTBREAKS of ANY DISEASE (Including diseases not listed in §2500). Specify if institutional and/or open community.
REPORTABLE and §2593(b)	NONCOMMUNICABLE DISEASES AND CONDITIONS §2800-2812
Disorders Chara	acterized by Lapses of Consciousness (§2800-2812)
	ng benign and borderline brain tumors (except (1) basal and squamous ess occurring on genitalia, and (2) carcinoma in-situ and CIN III of the ***
Pesticide-relate	d illness or injury (known or suspected cases)**
LOCALLY REPO	ORTABLE DISEASES (If Applicable):
Necrotizing fasc	litis

Resource: County of San Diego Epidemiology Program www.sdcounty.ca.gov