

BOWDOIN COLLEGE CHILDREN'S CENTER REVISED HEALTH GUIDELINES - FEBRUARY 2021

The Children's Center is a community of many families who are growing and playing together in close proximity where there are many opportunities for shared germs and illnesses. We have consulted with our health consultant, Bowdoin College's Director of Health Services, the CDC, Maine Licensing Regulations, the National Association for the Education of Young Children, and the American Academy of Pediatric (AAP) for how to manage illness in group care during a pandemic. The following considerations summarize those regulations, standards, and guidelines to determine inclusion/exclusion.

The CDC recommends medical attention when children present with symptoms related to COVID-19. We will reach out to families with information in the program in which the child was cared. The administration will also follow the State, local, and Bowdoin College protocols for reporting illness and confirmed cases. Additionally, when children have been exposed to a vaccine-preventable disease and they are under-immunized making them susceptible to this disease, the Center's administration will communicate to all families when it seems reasonable to share information about communicable diseases.

CRITERIA FOR CONSIDERATION WHEN EXCLUDING CHILDREN FOR ILLNESS	CRITERIA FOR CONSIDERATION WHEN INCLUDING CHILDREN AFTER RECOVERING FROM ILLNESS
The following considerations for exclusion are recommended by the CDC, Maine Licensing Regulations, NAEYC, and AAP to manage a healthy community and avoid exposure to COVID19 or another illness in the Center.	All children will be required to recover from their illnesses at home prior to returning to the Center. We are no longer able to care for mildly ill children. The following criteria outline the important considerations for returning.
Children with elevated temperatures over 100.4 degrees axillary will be sent home for 72 hours . They may return after the 72 hours, once their temperature has returned to normal without fever reducing medication like Advil, Tylenol, etc. regardless of the cause of the fever. We recommend that you reach out to your pediatrician if your child has a fever.	Only molecular tests are used in the determination of an outbreak. An individual with a previous COVID-19 infection documented by a positive NAAT (a nucleic acid amplification test, such as PCR) or a positive COVID-19 antigen test (e.g., BinaxNOW) who is exposed to an individual with COVID-19 does not need to quarantine so long as the exposure to a positive case occurred within 90 days of the date of the positive COVID-19 test. An individual who believes they had a previous COVID-19 infection but did not have a positive COVID-19 NAAT or antigen test must still quarantine after an exposure. In general, individuals who test positive should not be retested for 90 days following the date of the positive test result, as they will likely receive a positive result. Providers should not require a negative result for staff and children who have had a positive COVID-19 case in order for them to return to the program. However, an individual who develops new onset symptoms consistent with COVID-19 infection during the 90-day period following the initial positive result should be retested and should isolate until 24 hours after symptoms have resolved.
Children who have a cough, shortness of breath or difficulty breathing, has a fever (body temperature above 100.4 degrees F), chills, repeated shaking with chills, muscle pain, complains of a headache, sore throat, new loss of smell or taste, congestion: runny nose in conjunction with other symptoms, nausea, vomiting, or diarrhea will be excluded from the Center.	If someone is being tested for COVID-19 symptoms, anyone in close contact with that person should quarantine until test results come back. If test results are positive, then continue to quarantine for 10 days. If the results are negative then consider the exclusion guidelines for the Children's Center. (in the event that a rapid test is given in conjunction with another test, we will wait to hear the results from the second test before including your child.)
Vomiting and diarrhea have also been reported in confirmed cases of COVID-19 in children. We require children to be excluded immediately if they vomit (differentiated from spitting up in an infant).	If someone in the family or the child has come in contact with someone who has tested positive for COVID-19, they must quarantine for 10 days or test on day 7 and receive negative results before returning to the Center.
Children with diarrhea (an increasingly frequent number of excessively watery or unformed stools in a few hours) will be sent home. In the event the child's diarrhea is related to antibiotics, the AAP still recommends exclusion similar to any diarrhea.	If a child and family are traveling out of state they must follow the State guidelines for quarantine or get a negative test prior to returning to the Children's Center.
Children with an unexplained or spreading rash (not eczema), or a rash with crusty or weeping lesions will be excluded until a physician determines a timetable for their return.	If a family member has travelled out of state he/she must quarantine according to the State guidelines or receive a negative test result and the family may choose to either keep their child at home for that period or use diligence in managing the quarantine period at home. Once the negative test result is received or the quarantine has ended then the shift in diligence can change.
Children with discharge from the eyes or ears that is not clear but is a thick mucus-like substance will be excluded until a physician determines a timetable for their return. Children with suspected conjunctivitis (fluid discharge from the eyes) should be seen by a pediatrician. Further direction from them will indicate when the child can return for care.	Diarrhea has ceased for the past 72 hours and solid food is eaten so that stools are appearing more normal.
Children with scabies or other infestation (e.g. lice and nits that have not been treated) should receive treatment and remove all nits prior to returning to the Center.	Vomiting has ceased for 72 hours and appetite has returned. Pediatricians are helpful in diagnosing and managing exclusion for other GI illnesses.
The Center will not cite antibiotic use as single criteria for exclusion. We recognize that reactions to antibiotics can occur at any time. Educators will notify parents of any reactions to antibiotics when their children are in the program.	A rash that is explained by the pediatrician and offers no contagion to others in group care. For example: lesions or scabs have dried and are no longer weeping or crusty.
Children may not arrive at the Children's Center having taken any pain killers or fever reducing medication like Advil or Tylenol. If a child is teething, they must arrive at the Center with no pain medication, have no fever, and may receive pain medication if in distress.	Discharge from the eyes or ears has either been assessed and treated by a pediatrician or is no longer an issue. <u>Bacterial conjunctivitis</u> has been treated with antibiotics for 24 hours before returning.
Anesthesia Policy: When a child has surgery and is under anesthesia, parents will keep the child home for the remainder of the day of surgery and the day after surgery.	Head lice have been treated with a medicated shampoo and complete nit removal has taken place. Nit removal must be managed by the parent until there is no sign of nits or lice. Children will be excluded immediately if nits are found on them while at the Center so that parents can remove the nits. When nits are removed, children can return to the Center.