



## Sample Staff Illness Policy

### General Staff Exclusion Requirements

In addition to children, staff should also be excluded from the child care facility under certain circumstances, including if they are unable to participate or perform the functions required for their position or if they are suffering from certain infectious diseases. A staff member or staff means any person working or volunteering to perform duties in a child care facility, including caregivers.

Directors/supervisors are responsible for observing the staff for signs of illness throughout the day. Staff members have the responsibility of reporting, to the director or person in charge, any signs of infection or illness that may pose a hazard to the health of children and other staff. If a staff member is sent home, it is important to know when that person will be able to return to work. **Attachment A** identifies the conditions that require exclusion of staff and provides guidance on when they should return to work.

### Food Handling Staff Exclusion Requirements

Special attention must be given to staff members that handle food because many illnesses can be spread through food from an infected person. Additionally, children under the age of five years old and those with weakened immune systems are at increased risk for foodborne illness. Food handling activities include preparation of any food (i.e. washing, cutting, cooking, and portioning), the mixing and feeding of bottles, and feeding infants and toddlers solid foods. Food handling staff must notify the director or person in charge if they exhibit any of the following symptoms:

1. Vomiting;
2. Diarrhea;
3. Jaundice;
4. Sore throat with fever; or
5. Any open or draining wound that is not covered with a water proof bandage and is:
  - a. On the hands or wrists\*;
  - b. On any exposed portions of the arms; or
  - c. On other parts of the body.

\* In addition to water proof bandages covering wounds on hands and wrists, single service gloves must be worn at all times when handling food.

**Attachment B** is a flowchart that identifies the conditions that require restriction or exclusion of food handling staff and provides guidance on when they should return to work. If a food handling staff member is diagnosed with another infection that affects the gastrointestinal system and is not showing symptoms, contact your local health department to determine the need for exclusion or restriction.





**Attachment A**

DISEASE/AGENT	INCUBATION PERIOD	TRANSMISSION	CONTAGIOUS PERIOD	REPORT TO PUBLIC HEALTH*	EXCLUSION
<b>Animal Bites/Rabies</b> Rabies virus	Rabies: 8 days-6 years (usually 3-8 weeks)	Saliva of an infected animal	As long as symptoms are present	YES (24 hours for animal bites)	None for animal bites
<b>Campylobacter</b> <i>Campylobacter</i> bacteria	1-10 days (usually 2-5 days)	Fecal-oral spread, contaminated food/water animals	While diarrhea is present; can spread for a few days after symptoms are gone	YES (7 days)	Yes-until 24 hours after diarrhea resolves
<b>Chickenpox (Varicella)</b> Varicella-zoster virus	10-21 days (usually 14-16 days)	Droplet/infectious discharges, skin contact	1-2 days before the rash appears until all the blisters have crusted over (usually days after onset)	YES (7 days)	Yes-until all blisters have formed scabs and crusted over
<b>Common Cold</b> A variety of viruses	1-3 days (usually 48 hours)	Droplet/infectious discharges	1 day before symptom onset until 5 days after	No	None-unless symptoms are severe
<b>Croup</b>	2-7 days	Droplet/infectious discharges	1 week before symptom onset to 1-3 weeks after symptoms	No	None-unless symptoms severe
<b>Cryptosporidium</b> <i>Cryptosporidium parvum</i> parasite	1-12 days (usually 7 days)	Fecal-oral spread, contaminated food/water animals	While diarrhea is present; can spread for several weeks after symptoms are gone	YES (7 days)	Yes-until 24 hours after diarrhea resolves; avoid swimming for 2 weeks after diarrhea
<b>E. coli O157:H7 and other Shiga Toxin- Producing E. coli (STEC)</b> <i>Escherichia coli</i> bacteria	1-10 days (usually 3-4 days)	Fecal-oral spread, contaminated food/water, animal	While diarrhea is present; can spread for 1-3 weeks after symptoms are gone	YES (7 days)	Yes-until diarrhea resolves (negative stool testing may be required prior to return)
<b>Fifth Disease</b> Human parvovirus B19	4-21 days	Droplet/infectious discharges	1 week before rash appears	No	None
<b>Giardia</b> <i>Giardia lamblia</i> parasite	1-3 weeks (usually 7-10 days)	Fecal-oral spread, contaminated food/water	While diarrhea is present; can spread for months after symptoms are gone	YES (7 days)	Yes-until 24 hours after diarrhea resolves
<b>Hand, Food, and Mouth Disease</b> Strains of enteroviruses	3-6 days	Droplet/infectious discharges, fecal-oral spread	During the first week of illness for respiratory droplets; virus can be present in stool 4-6 weeks	No	None-unless the child has mouth sores and is drooling uncontrollably





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DISEASE/AGENT	INCUBATION PERIOD	TRANSMISSION	CONTAGIOUS PERIOD	REPORT TO PUBLIC HEALTH*	EXCLUSION
<b>Head Lice (Pediculosis)</b> <i>Pediculus humanus</i> , the head louse	Nits hatch in 10-14 days, adults live 3-4 weeks	Direct contact with an infested person/object	As long as live lice are present	No	Yes-from end of school day until after first treatment
<b>Hepatitis A</b> Hepatitis A virus	2-6 weeks (usually 4 weeks)	Fecal-oral spread, contaminated food/water	Most contagious 2 weeks before symptom onset and slightly contagious 1 week after jaundice onset	YES (24 hours)	Yes-until 1 week after symptom onset or jaundice
<b>Hepatitis B</b> Hepatitis B virus	2-6 months (usually 2-3 months)	Infective blood or body fluids, sexual transmission	Several weeks before symptom onset and throughout the illness, some people carry virus for life	YES (7 days)	None
<b>Hepatitis C</b> Hepatitis C virus	2 weeks - 6 months (usually 6-7 weeks)	Infective blood	1 or more weeks before symptom onset and as long as the virus is present in the blood which can be lifelong	YES (7 days)	None
<b>Herpes (Cold Sores, Fever Blisters)</b> Herpes simplex virus	2-12 days	Direct contact	As long as the sores are present	No	None unless the child has open sores and is drooling uncontrollably
<b>Impetigo</b> Streptococcal or staphylococcal bacteria	7-10 days for Streptococcal; Variable for Staphylococcal	Direct contact	Until treatment with antibiotics for at least 24 hours or lesions are no longer present	No	Yes-until 24 hours after antibiotic treatment
<b>Influenza</b> Influenza virus	1-4 days (usually 2 days)	Droplet/infectious discharges	From slightly before symptom onset to about day 3 of illness	YES (hospitalized cases or deaths in children <18 years -7 days)	Yes-until at least 24 hours after they no longer have fever or signs of a fever
<b>Measles (Rubeola)</b> Measles virus	7-21 days (usually 10-12 days)	Airborne/droplet/Infectious discharges	4 days before rash onset to 5 days after	YES (24 hours)	Yes-until 5 days after rash onset
<b>Meningitis (Bacterial)</b> Bacteria such as <i>Neisseria meningitides</i> (meningococcal) <i>Haemophilus influenzae</i> (H. flu), <i>Streptococcus pneumoniae</i> (pneumococcal)	Depends on the agent (usually 1-10 days)	Droplet/infectious discharges	Until completing 24 hours of antibiotic treatment	YES (24 hours for meningococcal and H. flu) (7 days for pneumococcal)	Yes- until 24 hours after treatment





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<b>Meningitis (Viral)</b> Several different viruses	Depends on agents	Droplet/infectious discharges, fecal-oral spread	Depends on agent	No	None
<b>Molluscum</b>	2-7 weeks	Direct/indirect contact	As long as lesions are present	No	None
<b>Mononucleosis</b> Epstein-Barr virus	4-6 weeks	Saliva	Up to a year after the initial infection	No	None
<b>MRSA</b> Methicillin-resistant Staphylococcus aureus	Variable	Skin contact or contaminated items	See CDPHE guidelines (link located in chapter)	YES (from sterile sites in Denver area residents) (7 days)	See CDPHE guidelines (link located in chapter)
<b>Mumps</b> Mumps virus	12-25 days (usually 16-18 days)	Droplet/infectious discharges, saliva	2 days before swelling onset to 5 days after	YES (7 days)	Yes-until 5 days after swelling onset
<b>Norovirus &amp; Viral Gastroenteritis</b> Various viruses, such as norovirus	Varies by virus (usually 1-2 days)	Fecal-oral spread, contaminated food/water	While diarrhea or vomiting is present and several days after symptoms are gone	No	Yes-until 48 hours after diarrhea and/or vomiting resolves.
<b>Pink Eye (Conjunctivitis)</b> Various bacteria and viruses, allergies, chemical irritation	Bacterial: 24-72 hours  Viral: 1-12 days  Allergies: variable  Chemicals: variable	Bacterial and viral: infectious discharges  Allergies and chemicals: not contagious	Bacterial: as long as symptoms are present or until treatment has been started  Viral: as long as symptoms are present	No	No, unless the child meets other exclusion criteria such as fever or behavioral change.
<b>Pinworm</b>	1-2 months	Fecal-oral, indirect contact	As long as eggs are present	No	None, unless proper control measures cannot be followed
<b>Ringworm (Tinea)</b> Several fungi species	4-14 days	Skin contact/direct contact	As long as rash is present on skin	No	Yes-from end of school day until after first treatment
<b>Roseola (Sixth Disease)</b>	5-15 days (usually 9-10 days)	Droplet/infectious discharges	As long as virus is present in nose/throat secretions	No	None, unless fever is present with rash
<b>Rotavirus</b>	1-3 days	Fecal-oral spread	As long as virus is in feces; from before symptom onset to 21 days after	No	Yes-until diarrhea has resolved
<b>RSV</b> Respiratory Syncytial Virus	2-8 days (usually 4-6 days)	Droplet/infectious discharges	3-8 days after symptom onset	No	None-unless symptoms are severe
<b>Rubella (German Measles)</b> Rubella virus	12-23 days (usually 14 days)	Droplet/infectious discharges	7 days before rash onset to 5-7 days after	YES (24 hours)	Yes-until 7 days after rash onset





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DISEASE/AGENT	INCUBATION PERIOD	TRANSMISSION	CONTAGIOUS PERIOD	REPORT TO PUBLIC HEALTH*	EXCLUSION
<b>Salmonella</b> <i>Salmonella</i> bacteria	6-72 hours, but up to 7 days (usually 12-36 hours)	Fecal-oral spread, contaminated food/water, animals	While diarrhea is present; can spread for a variable period of time after symptoms are gone	YES (7 days)	Yes-until diarrhea has resolved
<b>Scabies</b> <i>Sarcoptes scabiei</i> , a mite	2-6 weeks if never infected, 1-4 days if infected before	Skin contact/direct contact	Until the mites and eggs are destroyed, usually after 1 <sup>st</sup> or 2 <sup>nd</sup> treatment	No	Yes-from end of school day until after first treatment
<b>Shigella</b> <i>Shigella</i> bacteria	1-7 days (usually 1-3 days)	Fecal-oral spread, contaminated food/water	While diarrhea is present; can spread for weeks after symptoms are gone	YES (7 days)	Yes-until diarrhea resolves (negative stool testing may be required prior to return)
<b>Shingles (Herpes Zoster)</b> Varicella –zoster virus	10-21 days (usually 14-16 days)	Skin contact	Until all the blisters have crusted over	No	None-as long as the blisters are covered
<b>Staph Infection</b>	Variable	Skin contact or contaminated items	As long as the bacteria are present	No	See CDPHE guidelines (link located in chapter)
<b>Strep Throat</b> <i>Streptococcus pyogenes</i> bacteria	2-5 days	Droplet/infectious discharges	Until treated with antibiotics for 24 hours, or 10-21 days for untreated cases	No	Yes-until 24 hours after antibiotic treatment
<b>Tetanus</b> <i>Clostridium tetani</i> bacteria	2 days-several months (usually 8-14 days)	Through breaks in the skin	Not contagious	YES (7 days)	None
<b>Tuberculosis</b> <i>Mycobacterium tuberculosis</i> mycobacterium	2-12 weeks	Airborne	As long as symptoms are present or until on treatment	YES (24 hours)	Yes- (active cases) until on treatment and cleared by a health care provider
<b>Whooping Cough (Pertussis)</b> <i>Bordetella pertussis</i> bacteria	4-21 days (usually 7-10 days)	Droplet/infectious discharges	Until after the third week of coughing, or until after 5 days of treatment	YES (24 hours)	Yes-until 5 days after treatment or until 3 weeks after cough onset.

