

# BANANAS HANDOUT

## Exposure Notice

The following recommendations are guidelines for providers and parents and may be subject to variations depending on circumstances, prevailing medical opinion and program capability to integrate children with illnesses into care. Providers should seek medical consultation from the local health department or a medical consultant whenever an outbreak of a communicable disease occurs. Please note that there are other common diseases not included in this list, and that this Handout should not be considered a comprehensive guide. Fact sheets on diseases are available from Healthline, (800)333-3212 or [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org). Health practitioners should be consulted for additional information.

PROVIDERS – When informed that a child in your care has one of the following illnesses, complete this form and post it on your front door, bulletin board or near the parent sign-in sheets where parents will see it. Additional illnesses are listed on the other side. Please do make copies of this Handout for future use.

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DATE: \_\_\_\_\_

DEAR PARENTS:

YOUR CHILD MAY HAVE BEEN EXPOSED ON \_\_\_\_\_ TO THE CONDITION THAT IS CHECKED BELOW.  
(date)

- CHICKEN POX** (Varicella) — Onset 2-3 weeks after exposure to infected individual. Communicable from 1-2 days before rash appears. Signs are slight fever and irritability for one day, then fine blisters appear, first on trunk, then rest of body. Isolate child for six days after onset of rash or less if all lesions have dried and crusted over. Immunization available. Exposed pregnant women who have not had chicken pox should consult their doctor.
- GERMAN MEASLES** (Rubella) — Must be documented by test. Onset 2 weeks after exposure to infected individual. Signs are slight “head cold,” swollen glands at back of neck, changeable rash which goes away in 2-3 days. Isolate child for seven days after onset of rash. Exposed pregnant women should consult their doctor.
- MEASLES** (Rubeola) — Must be documented by tests. Onset about 1-2 weeks after exposure. Communicable from 4 days before rash. Signs are runny nose, watery eyes, fever (which may be quite high), cough. A rash appears about the fourth day of illness. Isolate child for 4 days after the appearance of the rash.
- RINGWORM OF THE SCALP** (Tinea Capitus) — Can be transmitted from infected animals or humans. Communicable as long as lesions are present. Signs are small ring-shaped lesions, scaly patches of temporary baldness. Seek medical attention for diagnosis and medication; isolation impractical, but avoid sharing of brushes, combs and hats. Readmit 24 hours after treatment.
- RINGWORM OF THE BODY** (Tinea Corporis) — Transmitted by direct contact to infected persons, animals or articles. Communicable as long as lesions are present. Signs are flat, scaly, spreading ring-shaped lesion. Treatment is thorough bathing and removal of scabs and crust and application of fungicidal cream (e.g. Tinactin). Isolation not necessary but avoid direct contact with lesions. Readmit 24 hours after treatment.
- STREPTOCOCCAL GROUP A INFECTIONS** (includes Scarlet Fever and Strep Throat) — Onset 2-5 days after exposure to respiratory secretions. Communicable 10-21 days if untreated. Symptoms are sore throat, fever; in some instances a rash develops. Seek medical attention if symptoms appear; isolate child until 24 hours after antibiotic treatment and until child is without fever for 24 hours.
- BACTERIAL CONJUNCTIVITIS** (Pinkeye) — Onset 24-72 hrs after exposure to an infected individual or articles, e.g. towels, wading pools. Symptoms are red, irritated tearing eyes, swollen lids, and a yellow discharge that makes the eyelashes sticky. Children under 5 are most susceptible. Consult with physician for diagnosis and treatment; isolate child until 24 hours after antibiotic treatment started or medical clearance.

DATE: \_\_\_\_\_

DEAR PARENTS:

YOUR CHILD MAY HAVE BEEN EXPOSED ON \_\_\_\_\_ TO THE CONDITION THAT IS CHECKED BELOW.  
(date)

- IMPETIGO** (Streptococcal or Staphylococcal skin infection) — Onset 2-5 days after exposure to an infected individual. Appears as honey-crusted sores on skin, often around mouth, nose, diaper area or extremities. Seek medical treatment. Isolate child until 24 hours after treatment has begun. Avoid contact with lesions.
- HEAD LICE** (Pediculosis) — Transmitted directly or indirectly from another human. Contact must be close; lice do not jump or fly. Child may complain of an "itchy" head. Eggs or nits (tiny, pearly white objects) which stick tightly to the hair shaft generally appear first around neckline and around ears. Consult your physician or pharmacist for treatment. Isolate child until treated; other members of the family should be checked carefully and clothes and bedding cleaned thoroughly. (Write BANANAS for our "Head Lice" Handout or download it from [www.bananasinc.org](http://www.bananasinc.org).) Readmit 24 hours after treatment.
- PIN WORMS** — Transmitted by eggs from the feces of an infected individual to the mouth. Itching of the anal area, especially at night, is the most common sign. A threadlike worm may be visible in the stool or around the anus. Consult physician for diagnosis and treatment. Other members of the family may have to be treated; isolation may be impractical but special care in diapering and toileting and hygiene measures should be taken. Good hygiene and frequent hand washing should be encouraged.
- HAND, FOOT, AND MOUTH DISEASE** (Coxsackie virus) — Onset 3-6 days after exposure to feces or respiratory secretions of infected individual. Communicable for one week after start of illness. Symptoms include sudden fever, sores in mouth and throat, and small blisters on hands and feet. Treatment and isolation of the child are usually not necessary. But good hygiene and handwashing when diapering and toileting are important.
- GIARDIASIS** — Onset varies and ranges from 6-22 days after exposure to the feces of an infected individual or contaminated food or water. Communicable as long as individual has active infection although that person may not have symptoms. Symptoms appear 1-4 weeks after exposure and may include loss of appetite, abdominal cramping, bloating, frequent loose bowel movements which may be pale, greasy and smelly. Persons with symptoms should have their feces tested and seek treatment. During outbreaks, treatment is necessary for infected persons. Isolation required for individuals with diarrhea until it resolves. Readmit 24 hours after treatment or with medical clearance.
- SHIGELLOSIS** — Onset usually 1-7 days after contact with feces of an infected individual, or articles contaminated by the feces of an infected individual. Communicable during the time an individual has an infection. Diagnosis is made by testing the feces. Signs of infection are fever, diarrhea, vomiting, cramps. In severe cases, the feces may contain blood, mucus, or pus. Suspected cases should seek immediate medical treatment. Readmit 24 hours after treatment or with medical clearance. Report disease to Health Department.
- SALMONELLOSIS** — Onset 8-24 hours (or could be as long as 60 days) after exposure to article or food (commonly raw chicken, eggs, milk) contaminated with the feces of an infected person or animal, for example, chicken or turtle. Signs are sudden abdominal pain, diarrhea, nausea, vomiting, fever, and loss of appetite. Suspected cases should be isolated and seek immediate medical diagnosis and treatment. Readmit 24 hours after treatment or with medical clearance. Report disease to Health Department.
- HEPATITIS A** — Onset 15-50 days after exposure to the feces of an infected individual. Signs are fever, weakness, loss of appetite, nausea, jaundice and abdominal discomfort. May be more severe in adults than in children. Very young children may not show signs but they can carry the germs and spread them to others. Contagious from two weeks before to one week after symptoms start. Suspected cases should seek medical treatment. During outbreaks, children, staff, or households may receive immunoglobulin protection as directed by their doctor or Health Department.
- HERPES (cold sores, fever blisters) HSV1** — Oozing sores near mouth that dry and scab over. First infection may be accompanied by fever and irritability. Blisters may recur. Transmitted through infected saliva. Oral herpes infections are common in children in child care. Children with oozing sores and uncontrolled drooling should be excluded.

For more information, or additional free copies of this form, call or write BANANAS, 5232 Claremont Ave., Oakland, CA 94618, 658-7353. This Handout can also be downloaded at [www.bananasinc.org](http://www.bananasinc.org).

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