



Sick Child Policy

The following policy was developed to protect the health of your child and family, the health of other children using Sunderlin Behavioral Interventions Autism Services and our service providers. Because our staff may serve multiple children over the course of a day, it is important for families using our services to understand the importance of protecting our staff from exposure to infectious diseases or illness. Not only does this protect our staff from developing illness, it protects all children and families using our services (some of whom may have diminished abilities to fight infection).

Policy:

A parent must cancel a session whenever their child exhibits any one of the following symptoms within the last 24 hours:

- A temperature of 100° or higher
- Diarrhea (2 occurrences)
- Vomiting (1 occurrence)
- Any rash other than diaper rash
- Eye infection
- Bad cold with hacking or persistent cough, productive cough with green or yellow phlegm being coughed up.
- Nasal discharge that is either green or yellow
- Extreme irritability or exhaustion
- Children must be fever-free for 24 hours without the use of Tylenol (or other similar medication) before returning to therapy

If any one else in the family is experiencing any of these symptoms they should be kept away from the providers who come into your home. If anyone in the family is experiencing a highly contagious disease, such as **Pink Eye, Strep, Head Lice, Impetigo, or Hand-Foot-Mouth Disease** sessions should be canceled.

We realize that intervention sessions are very important to your child. However, providing intervention sessions to a child who is not feeling well is not therapeutic. **Autism Services staff will use their discretion in deciding whether therapy should continue when a child is ill.** Likewise, our staff will cancel a session if they feel that they have the potential to expose your child to illness.

Thank-you for respecting the well-being of our staff and other children and families using our services.

By signing below, I acknowledge that I have read and understand the sick policy outlined above. I commit to following these standards to protect the health and well-being of the service providers as well as other children served by Sunderlin Behavioral Interventions.

Parent /Guardian Signature

Date

