



Exclusion Guidelines

Certain symptoms in children may suggest the presence of a communicable disease. Children who have the following symptoms should be excluded from the child care setting until 1) a physician has certified the symptoms are not associated with an infectious agent or they are no longer a threat to the health of other children at the center or 2) the symptoms have subsided.

For the mildly ill child, exclusion should be based on whether there are adequate facilities and staff available to meet the needs of both the ill child and other children in the group, and whether the child is able to participate in normal daily activities.

Exclusion of children who have mild infectious diseases is likely to have only a minor impact on the spread of infection. It is appropriate to exclude children with treatable illnesses until treatment has reduced the risk of spread.

Exclude children with any of the following conditions:

FEVER

Until a medical exam indicates the child may return

Axillary (armpit) temperature: 100°F or higher

Oral temperature: 101°F or higher

Rectal temperature: 102°F or higher

When accompanied by behavior changes, or other signs or symptoms of illness.

Get immediate medical attention when an infant younger than 4 months has unexplained temperature of 101°F rectally or 100°F axillary. Any infant younger than 2 months with fever should get medical attention within an hour. (*Managing Infectious Disease in Child Care and Schools, 2009*)

SIGNS/SYMPTOMS OF POSSIBLE SEVERE ILLNESS

Until a medical exam indicates the child may return

Signs/symptoms include: unusually tired, uncontrolled coughing, irritability, persistent crying, difficult breathing, wheezing



UNCONTROLLED DIARRHEA

Until uncontrolled diarrhea stops, or until a medical exam indicates that it is not a communicable disease

Uncontrolled diarrhea is defined as an increased number of stools, compared with a person's normal pattern, along with watery stools, and/or decreased stool form that cannot be contained by the diaper or use of the toilet (see campylobacteriosis, *E.coli* O157:H7, enteroviruses, giardiasis, rotavirus, salmonellosis and shigellosis).

VOMITING

Until vomiting stops

Vomiting is defined as two or more episodes in the previous 24 hours.

MOUTH SORES WITH DROOLING

Until a medical exam indicates the child may return (see oral herpes)

RASH WITH FEVER OR BEHAVIOR CHANGE

Until a medical exam indicates these symptoms are not that of a communicable disease (see chickenpox, fifth disease, measles, roseola, rubella, shingles, strep throat)

EYE DRAINAGE

Until 24 hours after treatment has started

Eye drainage includes pink or red conjunctiva with white or yellow discharge that causes matting of the eyelids; pain or redness of eyelids (see conjunctivitis)

UNUSUAL COLOR

Until a medical exam indicates that it is not hepatitis A, symptoms of which include yellow eyes or skin (jaundice); grey or white stool; dark, tea or cola-colored urine



Specific Disease Exclusion Guidelines

See individual fact sheets for more information on the diseases listed below.

CAMPYLOBACTERIOSIS	Until diarrhea has stopped
CHICKENPOX	Until all the blisters have dried into scabs; usually about six days after rash onset
CONJUNCTIVITIS (PINKEYE)	<i>Bacterial</i> (with pus): Until 24 hours after treatment begins <i>Viral</i> (without pus): No exclusion necessary
CRYPTOSPORIDIOSIS	Until diarrhea has stopped
CYTOMEGALOVIRUS (CMV)	No exclusion necessary
DIARRHEA (INFECTIOUS)	Until diarrhea has stopped. For some infections, the person must also be treated with antibiotics before returning to child care (see campylobacteriosis, <i>E.coli</i> O157:H7, enteroviruses, giardiasis, rotavirus, salmonellosis and shigellosis)
ENTEROVIRUSES (NONPOLIO)	For children with diarrhea, until diarrhea has stopped. No exclusion for mild, cold-like symptoms, unless child is unable to participate in normal daily activities
E.COLI O157:H7	Until two consecutive stool cultures 24 hours apart and at least 48 hours after treatment is completed are negative and child is asymptomatic or until symptoms are resolved and two stool cultures obtained at least one day apart have tested negative for <i>E.coli</i> :O157 if no treatment given
FIFTH DISEASE	No exclusion necessary
GIARDIASIS	For those with diarrhea, until 24 hours after treatment has been started and diarrhea has stopped. No exclusion necessary for children who show <i>Giardia</i> in their stools but who do not have symptoms



HAEMOPHILUS INFLUENZAE DISEASE (HIB)	Until child has been treated and is well enough to participate in normal activities
HAND, FOOT AND MOUTH DISEASE	Until fever is gone and child is well enough to participate in normal activities (sores may still be present)
HEPATITIS A	Consult with your local or state health department. Each situation must be evaluated to determine whether the person with hepatitis A is still infectious and poses a risk to others
HEPATITIS B	No exclusion necessary unless child exhibits unusually aggressive biting behavior, has open sores that cannot be covered or unexpected bleeding conditions
HIV/AIDS	See HIV/AIDS fact sheet
IMPETIGO	Until child has been treated with antibiotics for at least a full 24 hours
INFLUENZA	Until child is without fever for 24 hours and is well enough to participate in normal daily activities
LICE (HEAD)	Until after first treatment. Follow center's nit policy
LYME DISEASE	No exclusion necessary
MEASLES	Until five days after the rash appears
MENINGOCOCCAL DISEASE	Until child has been treated and is well enough to participate in normal activities. If an antibiotic is recommended after an exposure to meningococcal disease, the person shall be excluded until treatment has been started
METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)	No exclusion as long as the wound can be securely covered on all sides and the child is well enough to participate in normal activities
MONONUCLEOSIS (INFECTIOUS)	Until the child is well enough to return to normal activities



MUMPS	Until nine days after swelling begins
ORAL HERPES (COLD SORES)	Exclude children who do not have control of oral secretions for as long as active sores are present inside the mouth (gingivostomatitis) No exclusion necessary for mild oral herpes in children who are in control of their mouth secretions
PERTUSSIS (WHOOPIING COUGH)	Until five days after antibiotic treatment begins
PINWORMS	Until 24 hours after treatment has been started
RESPIRATORY INFECTIONS (VIRAL)	Until child is without fever for 24 hours and is well enough to participate in normal activities. No exclusion for other mild respiratory infections without fever as long as child can participate comfortably
RESPIRATORY SYNCYTIAL VIRUS (RSV)	Until fever is gone and child is well enough to participate in normal activities
REYE SYNDROME	Until child is well enough to participate in normal activities
RINGWORM	Until 24 hours after treatment has been started
ROSEOLA	Until child is without fever for 24 hours
ROTAVIRUS	Until diarrhea has stopped
RUBELLA (GERMAN MEASLES)	Until seven days after rash appears
SALMONELLOSIS	Until diarrhea has stopped. No exclusion for children who show <i>Salmonella</i> in their stools, but who do not have symptoms
SCABIES	Until 24 hours after treatment has been started



SHIGELLOSIS

Until two stool cultures obtained at least 48 hours after treatment is completed, at least 24 hours apart are negative and child is asymptomatic or until symptoms are resolved and two stool cultures obtained and at least one day apart have tested negative for shigella if no treatment given

SHINGLES

If sores can be covered by clothing or a bandage, no exclusion is needed. If sores cannot be covered, exclude until sores have crusted

**STREPTOCOCCAL
SORE THROAT/
SCARLET FEVER**

Until at least a full 24 hours after treatment begins and child is without fever for 24 hours

TUBERCULOSIS

A person with probable or confirmed TB: Exclude until the physician states he/she is not contagious

A person with a positive Mantoux (TB skin) test, but without symptoms: Should *not* be excluded but should see a physician as soon as possible for further evaluation

VIRAL MENINGITIS

No exclusion necessary unless diarrhea is present or child is unable to participate in normal activities

**YEAST INFECTION
(THRUSH)**

No exclusion necessary

OTHER INFECTIOUS DISEASES:

Consult your local health department or the child's physician regarding exclusion guidelines for other infections not described in this manual. Special exclusion guidelines may be recommended in the event of an outbreak of an infectious disease in a child care setting. Report any suspected or diagnosed communicable disease to the Health Department.

INADEQUATELY IMMUNIZED CHILDREN:

If a case of measles, mumps, rubella, pertussis, polio or diphtheria occurs in the child care setting, children who are not adequately immunized will be excluded for the incubation period of the disease. This exclusion is necessary because these children may become infected and contribute to



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further disease spread. Exclusion also applies to children who have not been immunized for religious held beliefs or medical contraindications.

EXCLUSION GUIDELINES FOR CHILD CARE STAFF:

Adults can spread infectious diseases to children. If a staff person has no contact with children or with objects that children may handle, there is little risk of disease spread to the children. However, ill staff members can spread infectious diseases to other co-workers. For this reason, it is recommended that staff follow the basic exclusion guidelines described above for children. Please call the Health Department at 859.363.2070 for additional recommendations.