



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 the child is 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.

Note: Do not give aspirin to a child. There is a risk of developing Reye syndrome (a serious condition which can cause death) when children or adolescents take aspirin for viral illnesses such as chickenpox or influenza.

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 or *rectal* temperature: 102°F or higher
- When accompanied by behavior changes, or other signs or symptoms of illness

Get immediate medical attention if infant younger than 4 months has unexplained fever. Any infant younger than 2 months with fever should get medical attention immediately, within an hour if possible.

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* 0157: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.

BED BUGS	No exclusion is required; follow center's policy
BRONCHIOLITIS	Until fever is gone and child is well enough to participate in normal activities
CAMPYLOBACTERIOSIS	Until diarrhea has stopped
CHICKENPOX	Until all the blisters have dried into scabs; usually about six days after rash onset
CROUP	Until fever is gone and the child is well enough to participate in normal activities
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> 0157:H7, enteroviruses, Giardiasis, Rotavirus, Salmonellosis and Shigellosis)
EAR INFECTION	Until fever is gone and the child is well enough to participate in normal activities
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 0157:H7	<i>If child is treated:</i> Until two consecutive stool cultures, performed 24 hours apart and at least 48 hours after treatment is completed, are negative and child is asymptomatic <i>If child is not treated:</i> Until symptoms are resolved and two stool cultures obtained at least one day apart have tested negative for E.coli:0157
FIFTH DISEASE	No exclusion necessary



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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 the 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 child 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



**MOLLUSCUM
CONTAGIOSUM**

Exclude from swimming and close-contact activity

**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

**PINKEYE
(CONJUNCTIVITIS)**

No exclusion is required, unless:

- The child is unable to participate and staff determine they cannot care for the child without compromising their ability to care for the health and safety of the other children
- The child meets other exclusion criteria, such as fever with behavior change
- Exclusion is recommended by Health Department or the child's health care provider

PINWORMS

Until 24 hours after treatment begins

POISON IVY/OAK

No exclusion unless rash conditions are suspected

**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 begins



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 Salmonella in their stools, but who do not have symptoms
SCABIES	Until 24 hours after treatment has been started
SHIGELLOSIS	<p>Staff: <i>If staff are treated:</i> Until symptoms have resolved and at least 48 hours after antibiotic treatment is complete, two consecutive stool cultures, taken 24 hours apart, are negative</p> <p><i>If staff are not treated:</i> Until symptoms have resolved and two consecutive stool cultures, at least 24 hours apart, are negative</p> <p>Children <i>If child is treated:</i> Until symptoms have resolved and one stool culture, performed at least 48 hours after treatment is completed, is negative</p> <p><i>If child is not treated:</i> Until symptoms have resolved and one stool is obtained and tested negative for Shigella</p>
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	<p><i>A person with probable or confirmed TB:</i> Exclude until the physician states he/she is not contagious</p> <p><i>A person with a positive TB skin test, but without symptoms:</i> Should <i>not</i> be excluded but should see a physician as soon as possible for further evaluation</p>
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 health department or the child's health care provider 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 at 859.363.2070. If calling outside of normal business hours, call 859.391.5357.

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 must be excluded for the incubation period of the disease. This exclusion is necessary because these children may become infected and contribute to 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. If calling outside of normal business hours, call 859.391.5357.

