



## **Exclusion**

# **EXCLUSION OF ILL PERSONS**

Certain symptoms in children or adults may suggest the presence of a communicable disease. Children or staff members who have the symptoms outlined below should be excluded from the child care setting until: 1) a physician has certified that the symptoms are not associated with an infectious agent 2) the ill persons are no longer a threat to the health of others at the facility or 3) 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. However, exclusion has been recommended when it has the potential of reducing the likelihood of secondary cases in child care setting. It is appropriate to exclude children with treatable illnesses until treatment has reduced the risk of spread.



# EXCLUSION GUIDELINES

Exclusion of children and staff is necessary if they have the following signs and symptoms:



## 1. Fever, accompanied by behavior change or other signs or symptoms of illness.

**Exclusion** Exclude until a medical exam indicates the child/staff may return.



Fever is defined as having a temperature of 100° F or higher taken under the arm or an oral temperature of 101° or greater.

**NOTE!** Oral temperature should not be taken on children younger than four years of age.

**NOTE!** Temperatures taken rectally are not recommended in the child care setting.

## 2. Signs/symptoms of possible severe illness

**Exclusion** Exclude until a medical exam indicates the child/staff may return.

**Signs and symptoms include:** Unusually tired, irritability, uncontrolled coughing, persistent crying, difficult breathing, wheezing, seizures, and/or severe stomach pain.

## 3. Vomiting

**Exclusion** Exclude the child/staff until vomiting stops and the child is no longer in danger of dehydration (flushed, dry, hot skin; coated tongue; irritability; confusion; not urinating [one wet diaper in an 8 hour period]).



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

## 4. Diarrhea either uncontrolled or uncontained

**Exclusion** Exclude until uncontrolled or uncontained diarrhea stops, or until a medical exam indicates that it is not a communicable disease.  
Exclude if stools contain blood or mucus.



Uncontrolled diarrhea is defined as 5 or more stools in an 8 hour period, an increased number of stools for the child, or watery or bloody stools.



Uncontained diarrhea is defined as 1 loose stool that cannot be contained by the diaper or use of the toilet.

## 5. Mouth sores with drooling

**Exclusion** Exclude until a medical exam indicates the symptoms are not contagious.

continued on next page

**6. Undiagnosed Rash**

**Exclusion** Exclude until a medical exam indicates that the rash is not a symptom of a communicable disease. Exclude if child has a rash with fever or behavioral change.

**7. Eye drainage**

**Exclusion** Exclude until 24 hours after treatment has started and the physician has approved readmission.



Eye drainage is defined as pink or red eyes with white or yellow discharge that causes matting of the eyelids; pain or redness of eyelids.

**8. Unusual Color**

**Exclusion** Exclude until a medical exam indicates the symptoms are not of a contagious disease.



Unusual color is defined as yellow eyes or skin; gray or white stool; black or blood colored stool; dark, tea or cola-colored urine.



**9. Head lice or nits (eggs). See Lice (head) Fact Sheet.**

**10. Exclude staff from food handling duties with any of the following conditions:**

- Exclusion**
- a. Diarrhea and/or a diagnosed illness due to *Shigella*, *Campylobacter*, *Salmonella typhi*, hepatitis A, or *E. coli O157:H7*.
  - b. Tests positive for one of the above, even if no symptoms are present.
  - c. Fever, vomiting, jaundice, sore throat with fever, or diarrhea (see #4 Diarrhea exclusion guideline).
  - d. Has an open, infected or draining wound that cannot be securely covered.

OR

**Because infections spread easily among children, you may exclude children in the following situations.**

**1. The child does not feel well enough to participate comfortably in the routine activities.**

**Exclusion** Exclude until the child is able to participate comfortably.

**2. The child care provider cannot care for the child without interfering with the care of the other children.**

**Exclusion** Exclude until the child feels well enough to participate with the group.

## PHYSICIAN EVALUATION FORM

The child care provider can request the parent or guardian to take their child to his/her physician to diagnose and treat any symptoms the child care provider identifies. Give the parent/guardian the Physician Evaluation Form (see next page). The child care provider completes the top portion and the physician completes the bottom portion.



The parent/guardian is to bring this form back to the child care provider upon the child's return.



# PHYSICIAN EVALUATION FORM

PROGRAM:

PHONE:

CONTACT PERSON:

DATE:

## TO BE COMPLETED BY CHILD CARE PROVIDER

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Has  Has Not been excluded from our child care setting.

The following signs and/or symptoms have been noted:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Vomiting          | <input type="checkbox"/> Diarrhea        | <input type="checkbox"/> Rash               |
| <input type="checkbox"/> Jaundice          | <input type="checkbox"/> Bloody diarrhea | <input type="checkbox"/> Skin lesions       |
| <input type="checkbox"/> Eye drainage      | <input type="checkbox"/> Light stool     | <input type="checkbox"/> Mouth sores        |
| <input type="checkbox"/> Respiratory signs | <input type="checkbox"/> Dark urine      | <input type="checkbox"/> Fever, temp. _____ |
| <input type="checkbox"/> Cough/wheezing    |  |   |

Other concerns in our daily health observation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For your information, \_\_ cases of \_\_\_\_\_  
have recently been reported in others attending our program.

**HEALTH CARE PROVIDER,  
PLEASE EVALUATE THIS CHILD AND COMPLETE THE REMAINDER OF THIS FORM.**

## DIAGNOSIS

Diagnosis \_\_\_\_\_  Not Communicable  Communicable

## TREATMENT/MEDICATION

Medication \_\_\_\_\_  Dosage \_\_\_\_\_  
 Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## RETURN TO CHILD CARE

May return to child care  
 Exclude until \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HEALTH CARE PROVIDER SIGNATURE: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent/guardian must return this completed form to the child care program when the child returns.