FROM NATIONAL RESOURCE CENTER FOR HEALTH AND SAFETY IN CHILD CARE AND EARLY EDUCATION (info@nrckids,org) STANDARD 3.6.1.1: Inclusion/Exclusion/Dismissal of Children

(Adapted from: Aronson, S.S., T.R. Shope, eds. 2009. *Managing infectious diseases in child care and schools: A quick reference guide,* 39-43. 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics.)

Key criteria for exclusion of children who are ill:

When a child becomes ill but does not require immediate medical help, a determination must be made regarding whether the child should be sent home (i.e. should be temporarily "excluded" from child care). Most illnesses do not require exclusion. The caregiver/teacher should determine if the illness:

a) Prevents the child from participating comfortably in activities;
b) Results in a need for care that is greater than the staff can provide without compromising the health and safety of other children;
c) Poses a risk of spread of harmful diseases to others.

If any of the above criteria are met, the child should be excluded, regardless of the type of illness. Decisions about caring for the child while awaiting parent/guardian pick-up should be made on a case-by-case basis providing care that is comfortable to the child considering factors such as the child's age, the surroundings, potential risk to others and the type and severity of symptoms the child is exhibiting. The child should be supervised by someone who knows the child well and who will continue to observe the child for new or worsening symptoms. If symptoms allow the child to remain in their usual care setting while awaiting pick-up, the child should be separated from other children by at least 3 feet until the child leaves to help minimize exposure of staff and child not previously in close contact with the child. All who have been in contact with the ill child must wash their hands. Toys, equipment and surfaces used by the ill child should be cleaned and disinfected after the child leaves.

Temporary exclusion is recommended when the child has any of the following conditions:

a) The illness prevents the child from participating comfortably in activities;
b) The illness results in a need for care that is greater that the staff can provide without compromising the health and safety of other children;
c) An acute change in behavior – this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash;
d) Fever (temperature above 101◦ (38.3◦C) orally, above 102◦F (38.9◦C) rectally, or 100◦F (37.8◦C) higher taken axillary [armpit] or measured by an equivalent method) and behavior change or other signs and symptoms (e.g., sore throat, rash, vomiting, diarrhea). An unexplained temperature above 100◦F (37.8◦C) axillary (armpit) or 101◦ (38.3◦C)

rectally in a child younger than six months should be medically evaluated. An infant younger than two months of age with any fever should get urgent medical attention. See COMMENTS Below for important information about taking temperatures;

e) Diarrhea is defined by watery stools or decreased form of stool that is not associated with changes of diet. Exclusion is required for all diapered children whose stool is not contained in the diaper and toilet-trained children if the diarrhea is causing soiled pants or clothing. In addition, diapered children with diarrhea should be excluded if the stool frequency exceeds two or more stools above normal for that child, because this may cause too much work for the caregiver/teachers. Readmission after diarrhea can occur when diapered children have their stool contained by the diaper (even if the stools remain loose) and when toilet-trained children are continent. Special circumstances that require specific exclusion criteria include the following (2):
    1) Toxin-producing *E coli* or *Shigella* infection, until stools are formed and the test results of two stool cultures obtained from stools produced twenty-four apart do not detect these organisms;
    2) *Salmonella* serotype Typhi infection, until diarrhea resolves. In children younger than five years with *Salmonella* serotype Typhi, three negative stool cultures obtained with twenty-four-hour intervals are required; people five years of age or older may return after a twenty-four-hour period without a diarrheal stool. Stool cultures should be collected from other attendees and staff members, and all affected people should be excluded;
f) Blood or mucus in the stools not explained by dietary change, medication, or hard stools;
g) Vomiting more than two times in the previous twenty-four hours, unless the vomiting is determined to be caused by a non-infectious condition and the child remains adequately hydrated;
h) Abdominal pain that continues for more than two hours or intermittent pain associated with fever or other signs of symptoms of illness;
i) Mouth sores with drooling unless the child's primary care provider or local health department authority states that the child is noninfectious;
j) Rash with fever or behavioral changes, until the primary care provider has determined that the illness is not an infectious disease;
k) Active tuberculosis, until the child's primary care provider or local health department states child is on appropriate treatment and can return;
l) Impetigo, until treatment has been started;
m) Streptococcal pharyngitis (i.e., strep throat or other streptococcal infection), until twenty-four hours after treatment has been started;
n) Head lice until after the first treatment (note: exclusion is not necessary before the end of the program day);
o) Scabies, until after treatment has been given;

p) Chickenpox (varicella) until all lesions have dried or crusted (usually six days after onset of rash);
q) Rubella, until six days after the rash appears;
r) Pertussis, until five days of appropriate antibiotic treatment;
s) Mumps, until five days after onset of parotid gland swelling;
t) Measles, until four days after onset of rash;
u) Hepatitis A virus infection, until one week after onset of illness or jaundice if the child's symptoms are mild or as directed by the health department. (Note: immunization status of child care contacts should be confirmed; within a fourteen-day period of exposure, incompletely immunized or unimmunized contacts from one through forty years of age should receive the hepatitis A vaccine as post exposure prophylaxis, unless contraindicated). Other individuals may receive immune globulin. Consult with a primary care provider for dosage and recommendations;
v) Any child determined by the local health department to be contributing to the transmission of illness during an outbreak.

COMMENTS: When taking a child's temperature, remember that:

a) The amount of temperature elevation varies at different body sites;
b) The height of fever does not indicate a more or less severe illness;
c) The method chosen to take a child's temperature depends on the need for accuracy, available equipment, the skill of the person taking the temperature, and the ability of the child to assist in the procedure;
d) Oral temperatures are difficult to take for children younger than four years of age;
e) Rectal temperatures should be taken only by persons with specific health training in performing this procedure and permission given by parents/guardians;
f) Axillary (armpit) temperatures are accurate only when the thermometer remains within the closed armpit for the time period recommended by the device;
g) Electronic devices for measuring temperature require periodic calibration and specific training in proper technique;
h) Any device used improperly may give inaccurate results;
i) Mercury thermometers should not be used;
j) Aural (ear) devices may underestimate fever and should not be used in children less than four months.

NOTES: Content in the Standard was modified on 4/16/2015

Most current information is available at: http://cfoc.nrckids.org/StandardView/3.6.1.1