

## Exclusion Chart

Adapted from *Managing Infectious Diseases in Child Care and Schools, 3<sup>rd</sup> Edition* by the American Academy of Pediatrics

Symptoms	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
Cold Symptoms	<i>Viruses</i> (early stage of many viruses) <ul style="list-style-type: none"> <li>Adenovirus</li> <li>Coxsackievirus</li> <li>Enterovirus</li> <li>Parainfluenza</li> <li>Respiratory syncytial virus (RSV)</li> <li>Rhinovirus</li> <li>Coronavirus</li> <li>Influenza</li> </ul> <i>Bacteria</i> <ul style="list-style-type: none"> <li>Mycoplasma</li> <li>Bordetella pertussis</li> </ul>	<ul style="list-style-type: none"> <li>Runny or stuffy nose</li> <li>Scratchy throat</li> <li>Coughing</li> <li>Sneezing</li> <li>Watery eyes</li> <li>Fever</li> </ul>	Not necessary unless epidemics occur (i.e., RSV)	<b>YES</b>	<b>NO, unless:</b> <ul style="list-style-type: none"> <li>Fever accompanied by behavior change</li> <li>Child looks or acts very ill</li> <li>Child has difficulty breathing</li> <li>Child has blood-red or purple rash not associated with injury</li> <li>Child meets other exclusion criteria</li> </ul>	<ul style="list-style-type: none"> <li>Exclusion criteria are resolved.</li> </ul>
Cough	<ul style="list-style-type: none"> <li>Common cold</li> <li>Lower respiratory infection (e.g., pneumonia, bronchiolitis)</li> <li>Croup</li> <li>Asthma</li> <li>Sinus infection</li> <li>Bronchitis</li> <li>Pertussis</li> </ul>	<ul style="list-style-type: none"> <li>Dry or wet cough</li> <li>Runny nose (clear, white, or yellow-green)</li> <li>Sore throat</li> <li>Throat irritation</li> <li>Hoarse voice, barking cough</li> <li>Coughing fits</li> </ul>	Not necessary unless a vaccine-preventable disease is occurring, such as pertussis	<b>YES</b>	<b>NO, unless:</b> <ul style="list-style-type: none"> <li>Severe cough</li> <li>Rapid or difficult breathing</li> <li>Wheezing if not already evaluated and treated</li> <li>Cyanosis (i.e., blue color of skin and mucous membranes)</li> <li>Child is unable to participate in classroom activities</li> </ul>	<ul style="list-style-type: none"> <li>Exclusion criteria are resolved</li> </ul>
Diarrhea	<ul style="list-style-type: none"> <li>Usually viral, less commonly bacterial or</li> </ul>	<ul style="list-style-type: none"> <li>Frequent loose or watery stools compared to</li> </ul>	<b>YES</b> , if 1 or more cases of bloody	<b>YES</b>	<b>YES, if:</b> <ul style="list-style-type: none"> <li>Stool is not contained in the diaper for</li> </ul>	<ul style="list-style-type: none"> <li>Cleared to return by health professional for all cases of bloody</li> </ul>

	<ul style="list-style-type: none"> <li>parasitic Noninfectious causes such as dietary, medications, cystic fibrosis</li> </ul>	<p>child's normal pattern</p> <ul style="list-style-type: none"> <li>Abdominal cramps</li> <li>Fever</li> <li>Generally not feeling well</li> </ul>	diarrhea or 2 or more children with diarrhea in group within a week		<p>diapered children</p> <ul style="list-style-type: none"> <li>Diarrhea is causing "accidents" for toileting children</li> <li>More than 2 incidents of diarrhea</li> <li>Blood/mucus in stool</li> <li>Black stools</li> <li>No urine output in 8 hours</li> <li>Jaundice (i.e., yellow skin or eyes)</li> <li>Fever with behavior change</li> <li>Looks or acts very ill</li> </ul>	<p>diarrhea and diarrhea caused by <i>Shiga toxin – producing E coli, Shigella, Salmonella, Cryptosporidium, or Giardia.</i></p> <ul style="list-style-type: none"> <li>Diapered children have their stool contained by their diaper (even if the stool remains loose) and toileting children do not have toileting accidents</li> <li>Stool frequency is fewer than 2 diarrhea stools when the child seems otherwise well</li> <li>Able to participate</li> </ul>
Eye Irritation, Pink Eye	<ol style="list-style-type: none"> <li>Bacterial infection of the membrane covering the eye and eyelid (bacterial conjunctivitis)</li> <li>Viral infection of the membrane covering the eye and eyelid (viral conjunctivitis)</li> <li>Allergic irritation of the membrane covering the eye and eyelid (allergic</li> </ol>	<ol style="list-style-type: none"> <li>Bacterial infection: pink color instead of whites of eyes and thick yellow/green discharge. Eyelid may be irritated, swollen, or crusted in the morning.</li> <li>Viral infection: pinkish/red color of the whites of the eye; irritated swollen eyelids;; watery discharge with or without</li> </ol>	<b>YES, if 2 or more children have red eyes with watery discharge</b>	<b>YES</b>	<p><i>For bacterial conjunctivitis:</i> <b>NO.</b> Exclusion is no longer required for this condition.</p> <p><i>For other forms:</i> <b>NO, unless:</b></p> <ul style="list-style-type: none"> <li>Child meets other exclusion criteria</li> </ul> <p>NOTE: One type of viral conjunctivitis spreads rapidly and requires exclusion. If 2 or more children in the group have watery red eyes without any know chemical irritant exposure, exclusion may be required</p>	<ul style="list-style-type: none"> <li><i>For bacterial conjunctivitis:</i> once parent has discussed with health professional. Antibiotics may or may not be prescribed.</li> <li>Exclusion criteria are resolved.</li> </ul>

	conjunctivitis) 4. Chemical irritation of the membrane covering the eye and eyelid (irritant conjunctivitis) (e.g., swimming in heavily chlorinated water, air pollution)	crusting around the eyelids; possible upper respiratory infection 3. and 4. Allergic and chemical irritation: red, tearing, itchy, puffy eyelids; runny nose, sneezing; watery/stringy discharge with or without some crusting around the eyelids			and health authorities should be notified to determine if the situation involves the uncommon epidemic conjunctivitis caused by a specific adenovirus. Herpes simplex conjunctivitis occurs rarely and would also require exclusion if there is eye watering.	
Fever	<ul style="list-style-type: none"> <li>Any viral, bacterial, or parasitic infection</li> <li>Overheating</li> <li>Reaction to medication (e.g., vaccine, oral)</li> <li>Other noninfectious illnesses (e.g., rheumatoid arthritis, malignancy)</li> </ul>	Flushing, tired, irritable, decreased activity	Not necessary	<b>YES</b>	<b>NO, unless</b> <ul style="list-style-type: none"> <li>Fever of 100° or higher</li> <li>Behavior change</li> <li>Unable to participate</li> <li>Care would compromise staff's ability to care for other children</li> </ul>	<ul style="list-style-type: none"> <li>Able to participate</li> <li>Exclusion criteria are resolved without the use of medication for 24 hours.</li> </ul>
Itching	1. Ringworm 2. Chickenpox 3. Pinworm 4. Head lice 5. Scabies 6. Allergic or irritant reaction 7. Dry skin or eczema	1. Ringworm: itchy, ring-shaped patches on skin or bald patches on scalp 2. Chickenpox: blister-like spots surrounded by red halos on	Not necessary	<b>YES</b>	<i>For chickenpox and scabies</i> <b>YES</b>  <i>For ringworm, impetigo, and head lice</i> <b>YES;</b> <ul style="list-style-type: none"> <li>Children should be referred to a health professional for</li> </ul>	<ul style="list-style-type: none"> <li>Exclusion criteria are resolved.</li> <li>On medication or treated as recommended by health professional if indicated for the condition and for the time required to be</li> </ul>

	8. Impetigo	scalp, face, and body; fever; irritable 3. Pinworm: anal itching 4. Head lice: small insects or white egg sheaths that look like rains of sand (nits) in hair 5. Scabies: severely itchy red bumps on warm areas of the body, especially between fingers or toes 6. Allergic or irritant reaction: raised, circular, mobile rash; reddening of the skin; blisters occur with local reactions 7. Dry skin or eczema: dry areas on body. More often worse on cheeks, in front of elbows, and behind knees. If swollen, red, or oozing, think about infection. 8. Impetigo: areas of crusted			treatment  <i>For pinworm, allergic or irritant reactions like hives and eczema</i> <b>NO, unless</b> <ul style="list-style-type: none"> <li>Appears infected as a weeping or crusty sore</li> </ul> NOTE: Although exclusion for these conditions is not necessary, families should seek advice from the child's health care professional for how to care for these health problems.	readmitted. For conditions that require application of antibiotics to lesions or taking antibiotics by mouth, the period of treatment to reduce the risk of spread to others is usually 24 hours. For most children with insect infestations or parasites, readmission as soon as the treatment has been given is acceptable.
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		yellow, oozing sores. Often around mouth or nasal openings, insect bites, or scrapes.				
Rash	<p>Many causes:</p> <ol style="list-style-type: none"> <li>1. Viral: roseola infantum, fifth disease, chickenpox, herpesvirus, molluscum contagiosum, warts, cold sores, singles, and others</li> <li>2. Skin infections and infestations: ringworm, scabies, impetigo, abcesses, and cellulitis</li> <li>3. Severe bacterial infections: meningococcus, pneumococcus, staphylococcus aureus</li> <li>4. Non-infectious causes: allergy, eczema, contact (irritant), dermatitis, medication related</li> </ol>	<ul style="list-style-type: none"> <li>• Skin may show similar findings with many different causes. Determining the cause of a rash requires a competent health professional evaluation.</li> </ul> <ol style="list-style-type: none"> <li>1. Viral: usually signs of general illness such as funny nose, cough, and fever. Some viral rashes have more distinctive appearances</li> <li>2. Minor skin infections and infestations: see "itching." More serious skin infections: redness, pain, fever, pus</li> <li>3. Severe bacterial infections: rare. These children have fever with rash and may be</li> </ol>	For outbreaks, such as multiple children with impetigo within a group	<b>YES</b>	<p><b>No, unless</b></p> <ul style="list-style-type: none"> <li>• Rash with behavior change or fever</li> <li>• Has oozing/open wound</li> <li>• Has bruising not associated with injury</li> <li>• Has joint pain and rash</li> <li>• Unable to participate</li> <li>• Tender, red area of skin, especially if it is increasing in size or tenderness</li> </ul>	<ul style="list-style-type: none"> <li>• Able to participate in daily activities</li> <li>• On antibiotic medication at least 24 hours (if needed)</li> <li>• Exclusion criteria are resolved</li> </ul>

		<p>very ill</p> <p>4. Allergy may be associated with a raised, itchy, pink rash with bumps that can be as small as a pin-point or large welts known as hives. See also "itching."</p>				
Vomiting	<ul style="list-style-type: none"> <li>• Viral infection of the stomach or intestine</li> <li>• Coughing strongly</li> <li>• Other viral illness with fever</li> </ul> <p>Noninfectious causes: dietary and medication related</p>	Diarrhea, vomiting, or cramping for viral gastroenteritis	For outbreak	<b>YES</b>	<p><b>YES, if</b></p> <ul style="list-style-type: none"> <li>• Vomited more than 2 times in 24 hours</li> <li>• Vomiting and fever</li> <li>• Vomit that appears green/bloody</li> <li>• No urine output in 8 hours</li> <li>• Recent history of head injury</li> <li>• Looks or acts very ill</li> </ul>	<ul style="list-style-type: none"> <li>• Vomiting ends</li> <li>• Able to participate</li> <li>• Exclusion criteria are resolved</li> </ul>