



**American Academy of Pediatrics Recommendations for
School Exclusion**

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Note: If multiple symptoms, exclude child for any positives.

Key

- Parents should consider seeking medical attention.
- **Child will need a health professional's note to return to school.
- ☺ Health clerks and teachers should report these promptly to the school nurse, who in turn, will evaluate symptoms and report to Public Health as needed.

SYMPTOM	TEMPORARILY EXCLUDE?
Cold Symptoms	No, unless <ul style="list-style-type: none"> ✓ Fever and behavior change • ✓ Child looks or acts very ill • ✓ Difficulty breathing • ✓ Blood red or purple rash not linked to an injury •
Cough	No, unless <ul style="list-style-type: none"> ✓ Severe cough • ✓ Rapid and/or difficult breathing • ✓ Wheezing if not previously evaluated and treated • ✓ Cyanosis (blue color of skin and mucous membranes) • ✓ Tuberculosis until treated ** ☺ ✓ Pertussis until 5 days after antibiotic treatment ** ☺
Diaper Rash	No, unless <ul style="list-style-type: none"> ✓ Oozing sores that leak body fluids outside the diaper •
Diarrhea	Yes, if <ul style="list-style-type: none"> ✓ Child wears diapers • ✓ Watery stools, increased frequency • ✓ Diarrhea not contained in toilet until resolves • ✓ Blood/mucus in stool (unless from medication or hard stools) • ✓ Abnormal color of stool for child • (i.e. all black or very pale) ✓ No urine output in 8 hours • ✓ Jaundice (i.e. yellow skin/eyes) • ☺ ✓ Fever with behavior changes • ✓ Looks or acts very ill • <p>(Shiga-toxin producing <i>E. coli</i> (STEC) also known as enterohemorrhagic <i>E. coli</i> (EHEC), <i>Shigella</i> and <i>Salmonella typhi</i> (typhoid) require clearance by health department prior to return to school) ** ☺</p>
Difficult or Noisy Breathing	Yes, if <ul style="list-style-type: none"> ✓ Hard, fast, difficult breathing that does not improve with any medication the program has been instructed to use for child's difficult breathing • ✓ Barking cough with fever or behavior changes • ✓ Chest retractions • ✓ Breathing problem that makes feeding very difficult • ✓ Looks or acts very ill •
Earache	No, unless <ul style="list-style-type: none"> ✓ Unable to participate • ✓ Fever with behavior changes •
Eye Irritation, Pinkeye	Yes, if <ul style="list-style-type: none"> ✓ Purulent (pink or red conjunctiva (whites of eyes) with white or yellow mucus), or diagnosed with bacterial conjunctivitis, until treated ** <p>If more than 1 or 2 children in group have watery red eyes without chemical irritant exposure, exclusion may be required and health authorities should be notified ** ☺</p>
Fever <ul style="list-style-type: none"> ✓ 100°F axillary – infants • ✓ 101°F orally (not reliable under 4 years of age) • ✓ 102°F rectally • <p>Ear measurements may not be reliable but are similar to rectal temperatures.</p>	No, unless <ul style="list-style-type: none"> ✓ Behavior change • ✓ Child cannot comfortably participate in school activities, as determined by staff • ✓ Staff attention to the illness must not overwhelm delivery of care/education to other children • <p>Temperatures considered elevated above normal, leading to concern of possible disease (children older than 4 months) •</p>

SYMPTOM	TEMPORARILY EXCLUDE?
Headache	No, unless <ul style="list-style-type: none"> ✓ Child is unable to participate in school activities, as determined by staff •
Itching	Yes, if <ul style="list-style-type: none"> ✓ Head lice (at end of day until first treatment; no exclusion for nits) • ✓ See under “Rash” for chickenpox, shingles, scabies, impetigo, ringworm. No, unless appears infected <ul style="list-style-type: none"> ✓ Pinworm • ✓ See under “Rash” for eczema, contact or allergic dermatitis.
Mouth Sores	No, unless <ul style="list-style-type: none"> ✓ Inability to swallow • ✓ Excessive drooling with breathing difficulty • ✓ Fever with behavior changes •
Rash	Yes, if <ul style="list-style-type: none"> ✓ Rash with behavior change or fever • ✓ Oozing/open wound • ✓ Bruising not associated with injury • ✓ Joint pain and rash • ✓ Unable to participate in school activities • ✓ Measles until 4 days after start of rash ** ☺ ✓ Rubella until 6 days after onset of rash ** ☺ ✓ Chickenpox (Varicella) until all lesions have dried (usually 6 days) ** ✓ Scabies until treated ** ✓ Impetigo until treated for 24 hours ** ✓ Ringworm (at end of day until treatment started) • No, unless appears infected <ul style="list-style-type: none"> ✓ Allergic or irritant reactions • ✓ Eczema • ✓ Shingles (must be able to keep lesions covered with clothes and/or dressing). •
Sore Throat (pharyngitis)	No, unless <ul style="list-style-type: none"> ✓ Inability to swallow • ✓ Excessive drooling with breathing difficulty • ✓ Fever with behavior change •
Stomachache	No, unless <ul style="list-style-type: none"> ✓ Severe pain causing child to double over or scream • ✓ Abdominal pain that continues after two hours • ✓ Abdominal pain after injury • ✓ Bloody/black stools • ✓ No urine output for 8 hours • ✓ Diarrhea • ✓ Vomiting • ✓ Yellow skin/eyes ** ✓ Fever with behavior change • ✓ Looks or acts very ill •
Swollen Glands (Lymph Nodes)	No, unless <ul style="list-style-type: none"> ✓ Difficulty breathing or swallowing • ✓ Red, tender, warm glands • ✓ Fever with behavior change • ✓ Mumps, until 9 days after swelling of parotid glands • ☺
Vomiting	Yes, if <ul style="list-style-type: none"> ✓ Vomiting 2 or more times in prior 24 hours • ✓ Fever • ✓ Vomit that appears green/bloody • ✓ No urine output in 8 hours • ✓ Recent history of head injury • ✓ Looks or acts very ill •
Other	As per Health Dept. during outbreak Yes, if <ul style="list-style-type: none"> ✓ Hepatitis A until 1 week after onset of illness or jaundice ** ☺

Report unusual illness situations, clusters and outbreaks of illness to the health department at (714) 834-8180.

No set of recommendations can cover all situations. Consult with a pediatrician, the health department, or individual school district policies when in doubt.

The information contained within this guide is based on the latest recommendations addressing health and safety in group care settings from the following organizations: American Academy of Pediatrics, American Public Health Association, US Department of Health and Human Services, and Centers for Disease Control and Prevention. Additionally, this form was reviewed by Orange County Public Health (Epidemiology).