

## Policy 5071

### Communicable Disease Guidelines for Exclusion of Children from School

#### Conditions Requiring Temporary Exclusion

- A. Temporary exclusion (child should be kept home) is recommended when:
1. An illness prevents the child from participating comfortably in activities as determined by the school staff.
  2. The illness results in a greater need to care than the staff can provide or, the child has any of the following conditions:
    - a. Child appears to be severely ill.
    - b. Fever greater than 101 orally or tympanically (ear) accompanied by behavioral change or other signs and symptoms (rash, sore throat, vomiting, diarrhea, cough etc.)
    - c. Diarrhea – defined as an increased number of stools compared to the child's normal pattern and inability to control or contain fecal matter.
    - d. Bloody diarrhea – must be cleared for re-admission by a healthcare provider.
    - e. Blood in stools, not explained by dietary change, medication, or constipation.
    - f. Vomiting
    - g. Severe abdominal pain – should be evaluated by a healthcare provider ASAP.
    - h. Less severe abdominal pain that continues longer than 2 hours.
    - i. Mouth sores with uncontrolled drooling – drooling increases risk of spreading whatever disease is causing the illness.
    - j. Rash with fever or behavioral changes.
    - k. Ringworm – exclusion is recommended until treatment is started.
    - l. Head lice, until after treatment has been given.
    - m. Scabies, until after treatment has been given.
    - n. Chicken Pox – until all lesions have dried or crusted (about 1 week after onset of rash).
    - o. Impetigo – until 24 hours after treatment has started or until crusting lesions are no longer present.
    - p. Streptococcal infection (strep throat or other streptococcal infection), until 24 hours after treatment has started.
    - q. Pertussis (Whooping cough) – until 5 days of appropriate antibiotic treatment.
    - r. Mumps – until 9 days after onset of parotid gland swelling – exclude unvaccinated children until cleared by the Health Department.
    - s. Measles – until 4 days after onset of the rash – un-immunized people who are not vaccinated within 72 hours of the exposure should be excluded until at least

- 2 weeks after the onset of rash in the last case of measles in the group, or until cleared by the Health Department.
- t. Rubella (German Measles) – until 7 days after the rash appears – exclude exposed unvaccinated children (children who have received less than 2 doses of the vaccine) until cleared by the Health Department.
  - u. Hepatitis A virus infection – until 1 week after onset of illness or jaundice or as directed by the Health Department.
  - v. Meningitis – child must be cleared for return by a healthcare provider.
  - w. Any student determined by the Health Department to be contributing to the transmission of illness during an outbreak.

**B. Conditions that do Not Require Exclusion**

1. Common colds and runny noses – (regardless of color or consistency of nasal discharge) and coughs.
2. Fever without any other signs or symptoms of illness.
3. Infected eyes (conjunctivitis-pink eye) – exclusion should be considered if there are 2 or more children in the group (classroom) with the same presentation.
4. Rash – without fever or behavioral changes.
5. Thrush
6. Fifth Disease – the rash occurs after the contagious period so by the time the diagnosis is made, the child is no longer infectious.
7. Influenza – exclusion not required unless meets other criteria or recommended by public health officials.
8. HIV – exclusion not required unless child has weeping skin lesions that cannot be covered.
9. RSV – exclusion not required unless child is in respiratory distress or meets other criteria for exclusion.
10. MRSA – exclusion not required unless lesion and drainage cannot be covered and contained.
11. Mononucleosis – EBV
12. Cytomegalovirus – CMV
13. Warts – human papilloma virus.

The above are guidelines/recommendations and may require modification due to circumstances unique to a particular situation. If there are questions or concerns about these recommendations, please consult with the child's personal physician or contact the Bear River Health Department (435-792-6500).