

Exclusion of Students from School for Illness/Communicable Diseases

A Student may be excluded from the classroom when he/she exhibits symptoms of a contagious or communicable illness or is a hazard to him/herself or others. The School Nurse is responsible for determining whether a Student should be excluded from school for such an illness. Parents/Guardians, or the Student's listed emergency contact, will be notified if their child is excluded from school for such an illness and provided with criteria for re-admission.

Criteria for excluding Students from school under this policy is adapted from the 2006 Red Book, 27th Edition, American Academy of Pediatrics, Report of the Committee on Infectious Diseases, "Students in Out-of-Home Student Care: Recommendations for Inclusion or Exclusion." These recommendations are to be used by the School Nurse for guidance when determining whether to exclude a Student from school for an illness.

Students need not be excluded from school except for the following illnesses:

- Illness that prevents the Student from participating comfortably in school activities
 - Illness that results in a greater need for care than the school staff can provide without compromising the health and safety of others
 - The Student has any of the following conditions suggesting possible severe illness: fever accompanied by other signs or symptoms of illness, lethargy, irritability, persistent crying, difficult breathing, spreading rash, or other manifestations of possible severe illness
 - Diarrhea or stools that contain blood or mucus
 - Shiga toxin-producing *Escherichia coli*, including *E coli* 0157:H7 infection, or shigella infection, until diarrhea resolves and two stool cultures are negative
 - *Salmonella* infection, until diarrhea resolves and three stool cultures test negative for *Salmonella typhi*; other types of *Salmonella* infection do not require negative stool culture results
 - Vomiting within the previous 24-hours, unless the vomiting is determined to be caused by a non-communicable condition and the Student is not in danger of dehydration
 - Mouth sores associated with drooling, unless the Student's health care provider or local health department authority states that the Student is non-infectious
 - Rash with fever or behavior change, until a health care provider has determined the illness is not communicable
 - Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge; often with matted eyelids after sleep and eye pain or redness of the eyelids or skin surrounding the eye) until 24-hours after effective treatment by a health care provider has been initiated
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- Tuberculosis, until a licensed health care provider provides written documentation that the Student is non-infectious
- Impetigo, until 24-hours after treatment has been initiated
- Streptococcal pharyngitis (strep throat) until 24-hours after treatment has been initiated
- Head lice at the end of the program or school day and until after the first treatment

The School Nurse will periodically provide information to families of all Students on the diagnosis, treatment, and prevention of head lice. Parents/Guardians are encouraged to check their child/children's head(s) for lice if he/she is demonstrating symptoms.

The management of pediculosis should proceed so as to not disrupt the educational process. Nonetheless, any staff member who suspects a Student has head lice will report this to the School Nurse or Building Principal. District employees will act to ensure that Student confidentiality is maintained so that he/she is not embarrassed.

The Building Principal or School Nurse will notify the Parent/Guardian by telephone or other available means if the Student is found to have head lice. Verbal and written instructions for treatment will be given to the family of each identified Student. Instructions will include recommendations for treatment that are consistent with New Hampshire Department of Health and Human Services recommendations.

Based upon the School Nurse's recommendation, other Students who were most likely to have had direct head-to-head contact with the assessed Student may be checked or screened for head lice.

Students will be allowed to return to school after proper treatment as recommended by the School Nurse. The School Nurse may re-check a Student's head. In addition, the School Nurse may offer extra help or information to families of children who are repeatedly or chronically infested.

- Scabies until after treatment has been completed
 - Varicella (Chicken Pox) until all lesions have dried and crusted (usually 6-7 days after onset of rash); Zoster lesions must be able to be covered until crusted; Students found with chicken pox will be sent home; The School Nurse will examine the Students prior to return to the class
 - Persistent abdominal pain (continues for more than two hours) or intermittent abdominal pain associated with fever, dehydration, or other systemic signs or symptoms
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Barrington School District Policy

JLCC/JLCG

Reviewed: September 19, 2007

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- Rubella until 6 days after onset of rash
- Pertussis until 5 days of the appropriate antibiotic therapy has been completed
- Mumps until 9 days after onset of parotid gland swelling
- Measles until 4 days after onset of rash
- Hepatitis A virus infection until one week after onset of jaundice or illness (if symptoms are mild)

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