

Policy 5071

Communicable Disease Guidelines for Exclusion of Children from School

A. Conditions Requiring Temporary Exclusion

B. 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. Scabies, until after treatment has been given.
- m. Chicken Pox – until all lesions have dried or crusted (about 1 week after onset of rash).
- n. COVID-19 – ~~10 days following onset and 24 hours after fever without fever reducing medication~~ follow current CDC, state, and local guidelines.
- 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.

C. 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.
- D. 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).