

EXCLUSION OF STUDENTS FROM SCHOOL FOR ILLNESS

The following 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.
- There may be occasions, at the nurse’s discretion, where the volume of live lice or nits necessitates the student be dismissed from school so as to allow time for proper treatment.
- 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 3 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 noninfectious.
- 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.
- 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 until after the first treatment
- Scabies, until after treatment has been completed.
- Varicella, until all lesions have dried and crusted (usually 6 days after onset of rash).
- Zoster lesions must be able to be covered until crusted.
- Persistent abdominal pain (continues for more than two hours) or intermittent abdominal pain associated with fever, dehydration, or other systemic signs or symptoms.
- 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 infections, until 1 week after onset of jaundice or illness (if symptoms are mild).

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