

PURPOSE:

The purpose of this policy is to explain health guidelines for school attendance for the School Health Services Department.

POLICY:

It is the responsibility of the School Health Services staff to make recommendation in conjunction with school district policy on student dismissal and return to school related to illness. School Health clinic staff will consult with the District RN as needed for guidance on any student health issue. Health guidelines for school attendance are supported by evidence based practices and in accordance with Ohio Department of Health, the American Academy of Pediatrics, and Ohio Department of Education Preschool Licensing Rules.

PROCEDURE:

Definitions and Policy Guidelines:

1. General Recommendation for Student Exclusions:

- a. Symptoms preventing participation in school activities and requires a need for care that is greater than clinic staff can provide without compromising health and safety of others. Examples include:
 - i. Excessive tiredness, pale, difficult to wake, confused or irritable, lack of appetite.
 - ii. Productive coughing, sneezing.
 - iii. Continuous coughing.
 - iv. Headache, body aches, earache.
 - v. Sore throat
- b. Abdominal pain that continues for more than 2 hours or intermittent pain associated with fever or other signs or symptoms.
- c. Mouth sores that are weeping and/or drooling that the child cannot control unless the child's healthcare provider states that child is not contagious.
- d. Fever of 100 degrees or higher. May return to school when the temperature returns to normal (98.6) for 24 hours without the help of medication.
- e. Vomiting 2 or more times in the last 24 hours, unless vomiting is determined to be caused by a non-communicable condition and the student is able to remain hydrated and participate in school activities.
- f. Diarrhea- Two or more stools above normal for student. Medical evaluation required for stools with blood or mucus. Readmission after diarrhea can occur when the following conditions are met:
 - i. Diapered children must have their stool contained by the diaper, even if the stool remains loose.
 - ii. Toilet trained children do not have toileting accidents.
 - iii. Healthcare provider has cleared child for readmission for all cases of bloody diarrhea and diarrhea caused by Shigella, Salmonella Yersinia, Clostridium Difficile, Cryptosporidium, Campylobacter, E. Coli, Rotavirus/Norovirus, and Giardia Intestinalis. Refer to ODH Communicable Disease Chart for exclusion guidelines and readmission criteria.
- g. Strep throat. May return to school after taking prescribed antibiotics for 24 hours.
- h. Scabies or other parasite infections.
- i. Lice. Check with your school district lice policy.
- j. Purulent drainage from the eye(s) does not improve when any discharge that is present is wiped from the eye(s). If the child complains of eye pain with redness, child should see healthcare provider.
- k. Rash WITH FEVER. May return to school after medical evaluation has determined not to be communicable.
- l. Untreated infected skin patches that have weeping fluid. PRESCHOOL requires exclusion of untreated infected skin patches if unable to be covered.

2. Conditions that DO NOT require a student exclusion to control spread of disease to others:

- a. Rash without fever, without behavioral changes and does not fit the description of communicable diseases on the ODH Communicable Diseases Chart that require exclusion.
- b. Common colds, runny noses (regardless of color or consistency of nasal discharge) and coughs.
- c. Yellow, white, or watery eye discharge without fever, eye pain, or eyelid redness.
- d. Pink or red conjunctiva (white of the eyes) with or without drainage. As noted above, if drainage is wiped away and symptoms do not improve, child should be seen by a healthcare provider.
- e. Ringworm (exclusion for treatment may be delayed until end of school day). Cover with bandage.
- f. Thrush.

- g. Cytomegalovirus infection.
- h. Chronic Hepatitis B Infection.
- i. HIV infection.

3. Situations that require student medical attention RIGHT AWAY:

- a. If you believe the child's life is at risk.
- b. Child is acting strangely, is less alert, or is more withdrawn than usual.
- c. Rapidly spreading red or purple rash, bruising or small blood spots under the skin.
- d. Severe coughing that causes the child to turn red or blue.
- e. Difficulty breathing, is having an asthma exacerbation, or is unable to speak.
- f. Skin of lips look blue, purple or gray.
- g. Yellow skin or eyes.
- h. Rhythmic jerking of arm and legs and loss on consciousness (Seizure).
- i. Less and less responsive, unconscious.
- j. After head injury: decrease in level of alertness, confusion, headache, vomiting, irritability, or difficulty walking.
- k. Increasing or severe pain anywhere.
- l. Cut or burn that is large, deep, and/or won't stop bleeding or hold together after it is cleaned.
- m. Vomiting blood.
- n. Large volume of blood in stool.
- o. Severe vomiting or diarrhea.
- p. Severe stiff neck, headache, and fever.
- q. Significantly dehydrated: sunken eyes, lethargic, not making tears, not urinating.
- r. Multiple children affected by injury or serious illness at the same time.
- s. Hot or cold weather injuries, such as frostbite, heat exhaustion.
- t. When in doubt, call EMS (9-1-1) and remember to contact the student's legal guardian.