

Communicable Disease Manual

August 2020

This communicable disease manual is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay in seeking it because of content contained herein.

As of August 7, 2020

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Communicable Disease Prevention

SCOPE

The Communicable Disease Prevention and Management Manual applies to all students, employees, and visitors of Catlin Gabel School. In accordance with Oregon Department of Education (ODE) Guidelines, Centers for Disease Control (CDC) Recommendations, and Local and State Public Health Departments, this document provides definitions for Catlin Gabel's approach to communicable disease prevention and management.

This manual describes Catlin Gabel's methods for communicable disease prevention. For Catlin Gabel's <u>COVID-19 Pandemic Plan</u> and response, please click <u>here:</u>.

This is a living document and will be updated based on new recommendations and evidence from local and state health departments.

OVERVIEW AND BACKGROUND

Communicable disease prevention and control is essential to creating a safe and healthy environment for Catlin Gabel employees and students.

A communicable or infectious disease is an illness that can spread through contact with an infected individual and/or their secretions, or through coming in contact with contaminated items in the environment. The best way to protect employees and students is through a prevention-oriented approach, which aims at breaking the chain of transmission in as many ways as possible.



Figure 1, demonstrates the *Chain of Infection*, where every link in the chain is an opportunity for employees, students, and the school to prevent a source of infection. Diagram of the Chain of Infection (Ottawa Public Health).

PREVENTION PRINCIPLES

Communicable disease prevention is most effective when broad principles for breaking links in the chain of transmission are applied. Instead of focusing on the prevention of specific diseases, most infectious diseases fall into categories by type of transmission. These categories allow for simple behavior changes based on knowledge of how the disease spreads, to prevent transmission. The most common types of communicable diseases encountered at a school fall under the categories of droplet or airborne transmission (flu, measles, chicken pox), contact transmission (staph infections), and fecal-oral transmission (norovirus, salmonella, cholera). These diseases can then be prevented with the foundational approaches listed below. Disease-specific recommendations are found in **Appendix A** of this document, and outbreak management by type of disease follows in this document. Additionally, the ODE has a list of restrictable diseases that result in exclusion from school.

Hand Hygiene

Hand hygiene is the foundation of communicable disease prevention. At Catlin Gabel, an emphasis is placed on performing hand hygiene by all levels of employees and students (either with soap and water or hand sanitizer) to prevent disease spread. Teachers and employees will educate students and reiterate how to properly wash/sanitize hands in age-appropriate ways to students.

Across the campus, hand sanitizer is available to students and employees both inside and outside of classrooms.

Students and employees will perform hand hygiene:

- Before, during and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- Before and after treating a cut or wound
- After using the toilet
- After cleaning up a child who has used the toilet
- After blowing your nose, coughing or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage
- Hands will be *washed with soap and water* when visibly soiled



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Wet hands with water



right palm over left dorsum with interlaced fingers and vice versa



rotational rubbing of left thumb clasped in right palm and vice versa



rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.

apply enough soap to cover all

hand surfaces.

palm to palm with fingers

interlaced



use towel to turn off faucet



Rub hands paim to paim



backs of fingers to opposing palms with fingers interlocked



Rinse hands with water



... and your hands are safe.

Figure 2. How to wash your hands: (Image: WHO)

Respiratory Etiquette

Respiratory etiquette encompasses the methods used to control respiratory droplets and aerosols to prevent the spread of respiratory illnesses (influenza, cold viruses, COVID-19). When a person coughs or sneezes, droplets containing the infectious agent can spread through the air and fall onto objects and surfaces or reach the nose or mouth of others and cause illness, or be spread through contact with the infected individual. Like hand hygiene, respiratory etiquette is a foundational method of disease prevention and comprises of:

- Covering your mouth and nose with a tissue when coughing or sneezing and using the nearest waste bin to dispose of the tissue immediately after use
- Covering your mouth and nose using your upper sleeve, *not your hands*, when you cough or sneeze
- Performing hand hygiene after having contact with respiratory secretions and/or contaminated objects
- Washing your hands or using hand sanitizer after coughing or sneezing

Environmental Cleaning

Routine cleaning and disinfection of the school environment contributes to reducing disease spread by decreasing the burden of potentially infectious surfaces and ensuring safe classroom spaces for employees and students. Cleaning encompases the disinfectants and cleaning agents used in the school, routine garbage removal, emptying of sharps containers prior to overfiling, and proper maintenance of class pets.

Vaccines

Vaccines are a pivotal part of communicable disease prevention, especially in schools. Catlin Gabel maintains records of which students are and are not vaccinated as a primary control measure for outbreaks of vaccine preventable diseases.

When a positive case of a vaccine preventable illness is identified in the school population, the school will work with Local Public Health officials to determine the need for exclusion or notification to members of the school community based on the level of exposure and vaccination status of the students.

Communicable Disease Exclusion

For disease specific exclusion criteria and re-admission criteria, please see Appendix A: School

Exclusion Criteria by Disease or Symptom

SCHOOL EXCLUSION CRITERIA

Prevention of disease spread depends on quick identification of symptoms and isolation of symptomatic people from healthy individuals. Appendix A contains a pathogen-specific list of restrictable infections, however, waiting for a diagnosis will prolong exposure to affected individuals, and Catlin Gabel follows Tri-county public health guidance to restrict school attendance based on symptoms known to promote disease spread.

All employees and students are expected to stay home from school if experiencing any of the following (see figure 2):

- Fever greater than 100.4F (38°C)
- Any undiagnosed rash
- Difficulty breathing or shortness of breath

- Persistent, undiagnosed cough, or severe/frequent cough that interferes with class participation
- Diarrhea (3 or more loose or watery stools in one day)
- Vomiting
- Stiff neck or headache with fever, or headache after recent head injury not cleared by a provider
- Jaundice (yellow color of skin or eye)
- Concerning eye symptoms (e.g. oozing or conjunctivitis)
- Unexplained behavior change, such as severe irritability, lethargy, or confusion
- Symptoms or complaints that prevent the student from participating in their usual school activities or if the student require more care than school employees can safely provide

Individuals with the above symptoms should be excluded from school until they have been without symptoms for the specified time frame (see Appendix A), or until they receive clearance to return based on a note from their healthcare provider. However, a provider note does not supersede public health law or restrictions.

Additionally, the following considerations will be followed when individuals are being dismissed or returning to school following illness:

- Symptomatic employees or students will be isolated from well school population in a room with the door closed (isolation room) awaiting transport from school
- Only a licensed healthcare provider can determine a diagnosis and/or prescribe treatment and provide instructions regarding the student's return to school.
- Students who have been excluded for fever or undiagnosed cough should not return to school until they have gone 24 hrs without fever or cough, without the use of symptom or fever reducing medications.
- Students who have been excluded for vomiting or diarrhea should not return until they are symptom free for at least 24 hours.
- Students with draining lesions should remain out of school until 24 hours after the initiation of antibiotics, or if they've been cleared by their provider and their wound dressings can remain clean, dry, and intact throughout the school day
- Students with conjunctivitis with colored drainage from the eye cannot return to school until 24 hrs after the initiation of antibiotics, or complete resolution of symptoms.

Many other conditions may not be excludable, however healthcare providers may restrict the individual from returning to school for a specific duration. A physician's note is needed in these instances.







Exclusion Guidelines for Schools and Child Care Settings Clackamas, Multnomah and Washington Counties*



- Report any suspected outbreak or reportable disease to the school nurse. If a school nurse is not
 available, contact the County Health Department.
- See Oregon Disease Reporting Guidelines Online for a list of diseases and reporting timelines. http://www.co.washington.or.us/HHS/CommunicableDiseases/upload/Disease_Exclusion_Guide_Updated-July-2017-1.pdf

Questions? Contact Washington County Public Health Department: 503-846-3594

Figure 3. Tri-County Algorithm for Determining Exclusion from School during non-COVID-19 times

RESTRICTABLE DISEASES

Restrictable diseases are specific infectious diseases the Oregon Administrative Rule (OAR) 333-019-0010 requires students or employees to remain at home for a specified amount of time to limit transmission. The Washington County health department must be notified of the infection as soon as it is diagnosed in students or employees.

The following communicable diseases require documentation from the local health department or healthcare provider indicating the individual is no longer communicable prior to returning to school:

- Chickenpox
- COVID-19
- Diphtheria
- Hepatitis A
- Hepatitis E
- Measles
- Mumps

- Pertussis
- (whooping cough)
- Rubella
- Salmonella enterica serotype Typhi infection
- Scabies

- Shiga-toxigenic E.coli (STEC) infection
- Shigellosis
- Active tuberculosis

School employees receiving reports of individuals with restrictable diseases must inform administration immediately and maintain student and employee confidentiality by not disclosing health information to other students, employees, or parents.

ISOLATION SPACES

When employees or students are identified with an excludable symptom or restrictable disease, they must be immediately separated from the well-population and placed in an isolation room until transferred off the premises. In an emergency, an isolation room is any room with a door. In the event employees or a student develops symptoms, adhere to the following guidelines:

- For respiratory symptoms, mask the individual and escort them to an unused, well-ventilated room with a door, close the door, and wash your hands. Do not spend time in the room with the sick individual without personal protective equipment. Have the individual wait in the appointed location until an ambulance, parent, or transport off the premises arrives.
- For all other symptoms, escort the individual to an unused, well-ventilated room with a door, close the door, and wash your hands.

Catlin Gabel has a designated isolation room on campus in the Holodeck (single room in Barn basement). Eating, drinking, applying cosmetics or lip balm, and handling contact lenses is prohibited in the isolation room.

The Isolation room will contain:

- Personal protective equipment (PPE). Depending on the symptoms the child is experiencing, it may be necessary to put on gloves, a gown, face mask, face shield, and shoe protectors.
- Trash bins and hand sanitizer for the removal of PPE. PPE *should not be worn outside of the isolation room*. It is considered contaminated once donned, so it should be removed to minimize spread of the pathogen. Prior to leaving the room, remove your gown, gloves, etc. and wash your hands or perform hand hygiene outside of the room.
- A first aid kit
- A sharps container for sharps disposal
- Regulated waste container in the event of regulated medical waste.

Outbreak Identification and Management by Type of Illness

DEFINITION OF AN OUTBREAK

An outbreak is the incidence of a disease above its expected endemic occurrence. In the school setting this will translate to 2 or more cases of an infection in a group or cohort in the same communicability time period. This definition varies depending on the symptoms and type of suspected illness, and outbreak investigations in collaboration with administration and the Washington County health department will need to be conducted to determine specific courses of action.

RESPIRATORY INFECTIONS

Type of Outbreak

Respiratory infections are transmitted by direct contact during coughing and sneezing, and generally the closer the contact the greater the change of spread. Droplets are also sprayed onto surfaces and contact with these by hands and fingers may be just as important a method of transmission.

Examples of respiratory infections include: the common cold, influenza (flu), or whooping cough (perfussis).

The following indicators should be reported to the school administrator immediately and the local public health department and may be indicative of an outbreak of a respiratory infection:

- Any respiratory illness resulting in hospitalization or death of a student or employee
- Diagnosed pneumonia in 3 or more individuals in the same cohort
- Unusually high (10 or more individuals or >20% of a cohort, whichever is greater) population of individuals affected with similar respiratory symptoms

Control and Management Plan

Consult with school administrators and the local public health when an outbreak of a respiratory infection is suspected.

The following steps should be taken immediately to prevent further spread:

- All symptomatic students and employees should be sent home and stay home until fever free for at least 24 hrs without the use of symptom reducing drugs, and with an improvement in respiratory symptoms
- High touch surfaces should be wiped with a disinfectant
- Additionally, reinforcement and emphasis on hand hygiene and cough etiquette for employees and students.

• Any uncommon more that two s	incidence of illness in cudents
*In the event of respirato	ry infections related to
a novel virus, the Panden	nic Plan will be deferred
to.	
to.	,

GASTROENTERITIS

Type of Outbreak	Control and Management Plan
Gastroenteritis can be caused by a variety of pathogens. Foodborne illnesses and diarrheal infections present similarly as well, often manifesting in vomiting, diarrhea, and/or nausea. Most common in schools is norovirus because it is easily transmitted and highly infectious, however other pathogens may present similarly, so the following indicators should be watched for and reported to administration immediately: Multiple children with similar symptoms in 48 hours within the same cohort but separate households More than 2 cases of diarrhea with bloody stool in the school setting Sudden onset of vomiting in multiple persons in the same cohort Any unusual combination of gastrointestinal symptoms, severity, duration or incidence	 Consult with school administrators and the local public health when an outbreak of gastroenteritis is suspected. The following steps should be taken immediately to prevent further spread: Any student or employees experiencing diarrhea (3 or more loose stools in 24 hrs) and/or vomiting should be sent home. Students or employees reporting symptoms of diarrhea or vomiting should stay home until symptoms have resolved for at least 24 hours Anyone reporting symptoms of vomiting or diarrhea can not handle, prepare, or share food until 72 hours after symptoms have resolved If symptoms began at school, clean affected toilets/utilite, high-touch surfaces, and toys or other objects with chlorine bleach solution with a concentration of 1000 to 5000 ppm (5 to 25 tablespoons of household bleach [5% to 8%] per gallon of water). Wash hands with soap and water often Discard communal or shared food items Validate all food handling practices in the kitchen are following CDC guidelines for preparation and storage

VACCINE PREVENTABLE DISEASES

Vaccine preventable diseases (VPD) are infectious diseases where an effective vaccine exists. The following vaccine preventable diseases are routinely immunized for in the United States:

• Diphtheria* Tetanus* infections* Measles* Meningococcal pox) • Mumps* disease* • Influenza • Rubella* Pertussis* • *Haemophilius* Poliomyelitis* influenzae type b (polio) infections* • Hepatitis A* **Type of Outbreak Control and Management Plan** Vaccine preventable diseases marked with The most effective form of control and prevention an (*), indicate that they are reportable to of VPDs is through vaccination and maintaining the public health department and are current vaccination status, aligned with local constantly under surveillance. vaccination timetables.

Reports of VPDs should be communicated to the administration and local public health department when:

- A single case of a VPD is identified
- More than 2 cases of diagnosed chickenpox from separate households in the same classroom, or more than 5 cases in a school.

All Catlin Gabel students are required to be up-to-date with their vaccinations prior to enrolling in school and vaccine records are centrally monitored in an electronic database, unless they meet an acceptable exclusion.

The school encourages all community members to be fully vaccinated for individual and community health

Other Circumstances

Outbreaks of skin infections or other unusual infectious diseases may arise, and will be handled on a case by case basis and should be referred to School Administration and local public health for further investigation. Vigilance for circumstances which may warrant notification include:

- More than 2 students from separate households with reported similar skin infections in the same school setting or athletic team
- Any student or employee animal bite, by a domesticated or undomesticated animal on School grounds.

- Pneumococcal
- Hepatitis B*
- Varicella (chicken

- Any employee who has come in contact with blood or other potentially infectious body fluids that is not their own without appropriate personal protective equipment
- Any combination of symptoms, severity, duration, or frequency of illness that seems unusual as compared to baseline seasonal illness.

ANIMALS IN SCHOOL

Animals do enhance aspects of the educational experience, but may play a role in the spread of infectious diseases. Animals are not allowed on school property without the approval of the administration. Service Animals are protected under the ADA and will need to meet ADA service animal criteria and be up-to-date on all vaccinations prior to entry to the school. Records must be submitted to HR.

The following measures need to be taken to prevent the spread of infectious diseases from animals:

- Wild animals, alive or dead are not allowed on the school premises without prior approval from School Administration.
- Animal bites on school property should be reported to the local health department for follow-up.
- Approved class pets must have current vaccination status.
- Any ill animals, or class pets that become ill must be removed from the school setting as soon as possible
- Employees and students must wash their hands prior to and after the handling of any animal.
- Animals are not allowed in areas where food or drink handling or preparation is conducted.
- Children and employees are not allowed to kiss animals.
- All interactions with animals must be supervised and monitored by an adult.

FOOD SAFETY

Food safety preparation and protocols will be supervised by dining services. The following standards should be practiced for food preparation and food safety at the school.

For elementary school classrooms:

- Hands must be washed prior to eating
- Food sharing should not be allowed

Middle and High School Classrooms:

- Hands must always be washed prior to preparing or handling food
- Surfaces must be cleaned with appropriate disinfectants before and after food preparation
- Raw foods must be separated from ready-to-eat foods at all times
- Foods must be stored or maintained at temperatures of below 40°F or above 140°F
- Perishable food must never be left out for more than 2 hours (or 1 hour it is hotter than 90°F outside).

Pandemic Plan*

The following guidelines will be followed in the event of a novel virus pandemic. The pandemic response will be in phases, determined by the level of international and community spread, and guidance from the Governor and State and Local Public Health Authorities. Pandemics occur when a new virus begins to circulate in populations, and because populations will lack immunity to the virus, if containment measures aren't implemented or fail, the virus will spread internationally and overwhelm healthcare systems and societal operations.

*Please refer to the Catlin Gabel Pandemic Management Plan for COVID-19 specific plans and directions.

Pandemic Phase	General School Response
Phase I: Novel virus is detected globally	 School continues to reinforce foundational infection prevention and control principles School establishes an Emergency Response Team to monitor viral spread and potential impact on the school community
Phase II: Novel virus cases are identified regionally or nationally	 School implements higher standard of infectious disease control Teachers provide age-appropriate education on the threat of virus and infectious disease control measures Increase routine hand hygiene, make alcohol-based hand sanitizer available when hand washing is not an option. Emphasize cough etiquette and covering coughs/ sneezes, throw away tissues at each use, wash your hands. Stay home when ill for at least 72 hours after fever-free without the use of fever-reducing medication. Follow local and state governmt health mandates.
Phase III: When cases are detected locally	 Communicable disease surveillance increased and active monitoring and reporting student and employee illness. Initiate centralized isolation room to separate students who become ill at school with febrile (temperature >100.4° F) respiratory illness until parents can pick up. Increase sanitizing of horizontal surfaces and shared objects Devise prevention and post-exposure sanitizing strategies based on current recommendations. Isolate students who become ill at school with febrile respiratory illness until parents can pick up. Modify, postpone, or cancel large school events as coordinated with or advised by public health officials.

	• Assemble Academic Leadership Team to begin to plan remote learning possibilities.
Phase IV: Cases of novel virus are detected at school or substantial community spread	 Plan for modified school operations and in-person classes to minimize the spread within the school and protect the community at large. The School will defer to the state and local health authorities in the event of state-mandated school closures.

COVID-19 RESPONSE PLAN

The school's <u>Pandemic Management Plan</u> outlines plans, policies and protocols for reopening campus in the context of current, on-going COVID-19 spread or community spread of a novel virus.

Appendix A: School Exclusion Criteria by Infection or Symptom

https://www.co.washington.or.us/HHS/CommunicableDiseases/upload/Disease Exclusion Guide Updated-July-2017-1.pdf







COMMUNICABLE DISEASE EXCLUSION GUIDELINES FOR SCHOOLS AND CHILD CARE SETTINGS

Symptoms requiring exclusion of a child from school or childcare setting until either diagnosed and cleared by a licensed health care provider or recovery:

FEVER: VOMITING: DIARRHEA: STIFF NECK: RASH/SKIN LESION:

Any fever greater than **100.4°F**. May return after 24 hours when temperature decreases without use of fever-reducing medicine. At least 1 episode that is unexplained in the past 24 hours. May return when resolved for 24 hours. Three or more watery or loose stools in 24 hours **OR** studen onset of loose stools. May return when resolved for 24 hours. or headache with accompanying fever. May return after resolution of symptoms or diagnosis made and clearance given. **Any** new rash if not previously diagnosed by a health care provider **OR** if rash is increasing in size **OR** if new sores/wounds are developing day-to-day **OR** if rash, sores or wounds are draining and cannot be completely covered with a bandage. Yellowing of eyes or skin. May return after diagnosis from physician and clearance given.

JAUNDICE: BEHAVIOR CHANGE: COUGH /SOB:

Persistent cough with or without fever, serious sustained coughing, shortness of breath, or difficulty breathing. or complaints that prevent the student from active participation in usual school activities, or student requiring more care than the school staff can safely provide.

Inform local county health department (LHD), of all diseases listed as reportable and any suspect outbreaks. A suspect outbreak means a higher than expected number of students or staff sick with similar symptoms around the same time. Please consult with your LHD about control measures and regarding any written communication to parent or guardians concerning an outbreak or specific condition.

DISEASE / CONDITION COMMON NAME MEDICAL TERMINOLOGY	EXCLUDE RESTRICTION REPORT	Symptoms	TRANSMISSION INCUBATION COMMUNICABILITY	PREVENTION PRECAUTIONARY MEASURES	RECOMMENDED SCHOOL CONTROL MEASURES
ABSCESSES / BOILS DRAINING WOUNDS STAPH SKIN INFECTION INCLUDING MRSA	EXCLUDE: For open draining wounds, RESTRICTION: MAY ATTEND: If drainage can be contained within bandage; or lesion is dry and crusted without drainage. REPORT: NO	Open, pimple-like sores that are swollen, tender; may be crusted or draining pus.	Direct contact with infectious bodily fluids. Indirect contact with articles contaminated with drainage. Communicable as long as sores are open, draining and untreated.	Cover wounds. Proper handwashing.	No foodservice duties while lesions are present. Good personal hygiene. Proper handwashing. No contact sports until sores or wounds are healed or no longer draining.
AIDS / HIV Acquired IMMUNE DEFICIENCY SYNDROME In the absence of blood exposure, HIV infection is not acquired through the types of contact that usually occur in a school setting; including contact with saliva or tears. Children with HIV infection should not be excluded from school.	EXCLUDE: NO RESTRICTION: NO REPORT: YES Health care provider should report to LHD, NOT school nurse	HIV infection in children is a broad spectrum of disease and clinical course. AIDS represents the most severe end of the clinical spectrum of this disease.	Bloodborne Pathogen Sexual contact, mucous membrane contact with blood or other body fluids with high titers of HIV, percutaneous (needles or other sharp instruments), and mother-to-infant. Communicable lifetime; with changing infectivity based on viral load.	Children infected with HIV are at an increased risk of experiencing severe complications from infections such as varicella, tuberculosis, measles, CMV and herpes simplex virus. Schools should develop procedures for notifying parents of students with AIDS/HIV of communicable diseases such as varicella and measles.	Standard Precautions while dealing with blood or body fluids. Report all exposures of body fluid contact to broken skin / mucous membranes to Risk Management.

2017 School and Childcare Guidelines

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DISEASE / CONDITION	EXCLUDE	SYMPTOMS	TRANSMISSION	PREVENTION	RECOMMENDED SCHOOL
COMMON NAME MEDICAL TERMINOLOGY	RESTRICTION REPORT		INCUBATION COMMUNICABILITY	PRECAUTIONARY MEASURES	CONTROL MEASURES
ATHLETE'S FOOT TINEA PEDIS Fungal infection of the feet. Similar in nature to Tinea corporis (ringworm of skin).	Exclude: NO Restriction: NO Report: NO	Scaling, cracking skin between toes with burning and itching. Blistering with thin watery fluid.	Direct contact with lesions. Indirect contact with contaminated articles (shower and gym floors). Communicable until treated with antifungal medications.	Proper foot hygiene. Clean, dry feet and socks. Use of drying absorbent antifungal powders. Use own towels and socks.	Routine disinfection of school showers and floors with approved antifungal agents. Recommend use of flip-flops in showers. Prohibit walking barefoot, sharing of towels, socks or shoes.
CHICKEN POX VARICELLA Primary infection results in a generalized rash. See Also SHINGLES The recurrent infection with the virus is called shingles. The virus is believed to have a short survival time outside the infected host. Humans are the only source for this disease. CDC Pink Book: https://www.cdc.gov/vacci nes/pubs/pinkbook/varicel la.html	Rash is a thin-walled, easily ruptured, blister-like rash, or red rash usually beginning on trunk; blisters scab over. Heaviest on trunk. Exclude: YES, CASE: until a minimum of 5 days after first vesicles (pox) appear, or until all pox are dry. Whichever occurs last. CONTACTS: In an outbreak situation consultation with LHD for exclusion. REPORT: YES, for suspect outbreak situations.		Direct contact with infectious body fluids, drainage from blisters. Indirect contact with items contaminated with secretion. Airborne Chickenpox may be transmitted through nasal secretions. Incubation 14-16 days, with a range of 10-21 days. Communicable for 1-2 days before rash until at least 5 days after rash appears (once all lesions are scabbed over and no new ones appear).	Vaccine recommended to individuals 12 months and older. Good handwashing. Avoid touching sores. Cover mouth and nose when coughing, or sneezing. Teachers of young children and women of childbearing age should know their immune status or be immunized.	The vaccine is 95% effective in preventing MODERATE to SEVERE DISEASE, but only 70% to 85% effective in preventing MILD to MODERATE disease. Cases of varicella may occur in some vaccinated persons following exposure to wild-type virus. This is called breakthrough infection. Breakthrough infection is when varicella illness results from wild-type varicella zoster virus and usually results in mild illness. Nonetheless, breakthrough varicella is contagious and can lead to transmission of virus to those unvaccinated and at risk for complications, such as adults, immunocompromised individuals, and pregnant women. 1-4% of vaccinations may lead to the development of a varicella-like illness, with fewer than 10 lesions post- vaccination.
CMV CYTOMEGALOVIRUS Caused by a human herpes virus, Most severe form of the disease affects prenatally infected infants, premature infants, and the immunocompromised. (AAP-Redbook 2009, p275-280)	Exclude: NO Restriction: NO Report: NO	Asymptomatic infections are common. A mononucleosis-like illness with fever may occur.	Direct contact with mucous membranes, saliva. Vertical from mother to fetus/infant. Incubation variable, 3 weeks to 3 months following blood transfusion, longer for saliva, household or vertical transmission. Communicable ongoing; virus secreted in saliva/urine for many months, and may persist for vears	Good handwashing and personal hygiene. Cover mouth and nose when coughing, or sneezing. No food sharing.	Standard Precautions when dealing with body fluids. Women of childbearing age or immunocompromised individuals should consult with personal physician regarding risks while caring for children identified as carriers of CMV. Most children will be asymptomatic and undiagnosed.

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DISEASE / CONDITION	EXCLUDE	SYMPTOMS	TRANSMISSION	PREVENTION	RECOMMENDED SCHOOL
COMMON NAME R MEDICAL TERMINOLOGY R	RESTRICTION REPORT		INCUBATION COMMUNICABILITY	PRECAUTIONARY MEASURES	CONTROL MEASURES
COLD SORES HERPES SIMPLEX Oral HSV infections are common among children. Most are asymptomatic, with shedding of the virus in saliva in the absence of clinical disease.	ExcLUDE: NO RESTRICTION: YES Limit PE activities that would involve physical contact if active lesions cannot be covered. REPORT: NO	Blister-like sores erupting around mouth.	Direct Contact from sores to mucous membranes such as kissing, or to abraded skin such as contact sports like wrestling. Incubation 2 - 12 days. Communicable most infectious during blister phase, can be spread at other times.	Good handwashing. Avoid touching sores. Avoid sharing lip balms, lipsticks, etc. Limit/restrict P.E. activities that would involve contact while blisters are present.	Refer to athletics program policy. Avoid contact sports while blisters are present. e.g. wrestling, rugby. DO NOT share sports bottles. Appropriate cleaning of wrestling mats at least daily and preferably between matches. (Bleach ¼ cup to 1 gallon water with at least 15 second contact time) (AAP Redbook 2015, pc.445)
COMMON COLDS - RTI RESPIRATORY TRACT INFECTIONS RHINOVIRVISES ADENOVIRVISES CORONAVIRVISES	ExcLUDE: if fever is present. May return when fever resolves. RESTRICTION: YES, if outbreak suspected (i.e. number of cases exceeds expected. REPORT: NO	Runny nose and watery eyes, cough, sneezing, possible sore throat, chills, general malaise. Fever uncommon.	Direct contact with nose and throat secretions. Airborne droplets. Indirect contact with contaminated articles. Incubation 12-72 hours, 48 hours common. Communicable 1 day before onset of symptoms until 5 days after.	Cover mouth and nose when coughing and sneezing. Good handwashing. Antibiotics NOT indicated.	Practice good personal hygiene with good handwashing. Cover mouth and nose when coughing, sneezing. Make tissues available to students.
CROUP BRONCHIOLITIS CAUSED BY VIRUSES: ADENOVIRUSES, RSV, PARAINFLUENZAE	Exclude: NO Restriction: NO Report: NO	The classic sign of croup is a loud, harsh, barking cough — which often comes in bursts at night. Your child's breathing may be labored or noisy.	Same as for colds, flu, and bronchitis.	Cover mouth and nose when coughing and sneezing. Good handwashing. Antibiotics NOT indicated.	Practice good personal hygiene with good handwashing. Cover mouth and nose when coughing, sneezing. Make tissues available to students.
DIARRHEAL DISEASES NOROVIRUS OUTBREAK: New onset of vomiting and/or diarrhea in numbers greater than expected.	ExcLUDE: YES Exclude all children with acute vomiting or diarrhea. In outbreak situations, exclusion duration will be pathogen dependent. RESTRICTION: YES NO food service work until diarrhea resolved for a minimum of 24 hours, 48 hours recommended. REPORT: Suspect outbreaks.	3 or more loose, watery stools within 24 hours. Cramps, chills, weakness, dizziness, and abdominal pain.	Fecal-Oral. Contaminated hand-to-mouth contact. Related to poor hygiene. Common source outbreaks have been related to infected foodservice workers, contaminated food or water. Incubation variable depending on organism. Communicable variable depending on organism.	Good handwashing, especially after toileting. NO food handling. NO food sharing. NO cafeteria duties.	NO cafeteria duty / food handling until at least 24 hours after symptoms have resolved. No home-prepared, unpackaged food from home shall be shared. Note: In outbreak situations, handwashing will need to be implemented by all students and staff and specific restrictions will need to be taken for all foodservice workers. Please consult your LHD.
DIPHTHERIA CORYNEBACTERIUM DIPHTHERIAE Diphtheria is rare in the US. In 1993 and 1994, more than 50,000 cases were reported during a serious outbreak of diphtheria in countries of the former Soviet Union.	Exclude: YES exclude from school or child care facilities until two cultures from both throat and nose taken s24 hours apart, and s24 hours after cessation of antimicrobial therapy are negative for diphtheria bacilli. REPORT: YES. Notify LHD immediately.	Respiratory Diphtheria: Presents as a sore throat with low-grade fever and an adherent membrane of the tonsils, pharynx, or nose. Cutaneous Diphtheria: A wound infection that may have patches of a sticky, gray material.	Airborne droplet direct or indirect contact with infected respiratory secretions. Incubation2-4 days with a range of 1 -10 days. Communicable contagious for up to four weeks, but seldom more than two weeks. If the patient is treated with appropriate antibiotics, contagious period limited to \leq four days.	Vaccine recommended to individuals at 2, 4, 6, 16- 18 months and boosters. Part of the DTaP and TdaP and Dt vaccines. Avoid touching sores. Cover mouth and nose when coughing, or sneezing.	Diphtheria is vaccine preventable. All children should be vaccinated. Exclusion of high-risk contacts is a Public Health decision that is not taken lightly. All high-risk contacts will be discussed with the County Health Officer for exemption status. Schools should assist LHD in locating and documenting all contacts without history of vaccine during outbreaks.

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DISEASE / CONDITION COMMON NAME MEDICAL TERMINOLOGY	Exclude Restriction Report	Symptoms	TRANSMISSION INCUBATION COMMUNICABILITY	PREVENTION PRECAUTIONARY MEASURES	RECOMMENDED SCHOOL CONTROL MEASURES
FIFTH DISEASE PARVOVIRUS B19	Exclude: NO Restriction: none Report : Outbreaks	Bright red cheeks, blotchy "lace-like" appearing rash on extremities that fades and recurs. Runny nose, loss of appetite, low-grade fever, and/or sore throat.	No longer contagious after rash appears. Airborne droplet direct or indirect contact with infected respiratory secretions Incubation 4 - 20 days. Communicable Greatest before onset of rash.	Good handwashing, Cover mouth and nose when coughing/sneezing.	Exposed pregnant women should consult with their physician. Exposed immunocompromised individuals should consult with their physician.
FLU INFLUENZA (Control of Communicable Diseases, 20th ed.)	ExcLUDE: if fever over 100.4 F or persistent cough RESTRICTION: NO REPORT: YES for outbreak situations.	Acute onset of fever, chills, headache, muscle aches, cough, and sore throat.	Airborne droplet direct or indirect contact with infected respiratory secretions. Incubation 1-4 days. Communicable First 3 - 5 days of illness, and up to 7- 10 days in young children.	Good handwashing. Cover mouth and nose when coughing/sneezing. Annual flu vaccination.	Encourage annual flu vaccine for all Good personal hygiene.
HAND, FOOT & MOUTH CONSACHIEVIRUSES	EXCLUDE: NO RESTRICTION: YES for open draining lesions or drooling in <u>childcare or</u> <u>daycare</u> settings. REPORT: NO	Sudden onset of fever, sore throat, and lesions in mouth, blisters on palms, fingers, and feet.	Direct contact with infectious body fluids, (nose and throat discharges, feces). Incubation 3 - 6 days. Communicable during acute stage of illness and viral shed for weeks in stool.	Good handwashing.	Standard Precautions. Enteroviruses may survive on environmental surfaces for periods long enough to allow transmission from fomites*. * (an object capable of transmitting infectious organisms from one individual to another)
HEAD LICE PEDICULOSIS Adult head lice cannot survive for more than 48 hours apart from the human host. Generally, the lice do not survive more than 24 hours.	EXCLUDE: PER local school district policy. RESTRICTION: Readmit with statement from parent/guardian that recognized treatment has begun. Per school policy. REPORT: NO	Itching of scalp, observations of lice, and or nits (small grayish-brown eggs) in the hair or hair shaft.	Direct contact with infested person. Indirect contact with infested articles (e.g., hats, helmets, combs, brushes). Incubation 7-14 days. Communicable as long as eggs and/or lice remain on the infested person.	Treat hair with medicated shampoo and remove all nits. Check household members for lice / nits. Do not share headgear, combs, or brushes. Flea bombs are NOT recommended.	Refer to school head lice policy. Screen siblings, friends, and classmates. Recommend washing clothes, hats, scarves, and bedding in very hot water, and vacuuming carpets. Wash combs and brushes in hot water or send through dishwasher cycle.
HEPATITIS A HEPATITIS A VIRUS (AAP-Redbook 2015 pp391-399.)	Exclude: YES - for daycare and special settings and in general until one-week after onset of symptoms. May attend with LHD permission. RESTRICTION: NO REPORT: YES	Acute onset of fever, malaise, anorexia, nausea, right upper quadrant pain and later jaundice (yellow color to skin and eyes), dark urine, or clay- colored stool. Depending on age child may be asymptomatic to mild symptoms.	Fecal-Oral Contaminated hand-to-mouth contact. Related to poor hygiene. Common source outbreaks have been related to infected foodservice workers, contaminated food or water. Incubation 28-30days with a range of 15 – 50 days. Communicable for 2 weeks before symptoms until 2 weeks after symptoms appear.	Hepatitis A vaccine and/or immune globulin. Good handwashing. NO food service / cafeteria work until cleared. No sharing of food or drink.	Enforce handwashing protocols for ALL foodservice workers. If the ill case is a food service worker, the LHD will have more specific recommendations. Please refer to your LHD. Vaccine recommended for children living in US communities with consistently high hepatitis A rates. Notify LHD for assistance with investigation and protection of identified contacts. No home-prepared, unpackaged food

DISEASE / CONDITION COMMON NAME MEDICAL TERMINOLOGY	EXCLUDE RESTRICTION REPORT	SYMPTOMS	TRANSMISSION INCUBATION COMMUNICABILITY	PREVENTION PRECAUTIONARY MEASURES	RECOMMENDED SCHOOL CONTROL MEASURES
HEPATITIS B HEPATITIS B VIRUS Hepatitis B is an infection of the liver caused by the hepatitis B virus. The virus is completely different from hepatitis A and/or Hepatitis C.	Exclude: NO In general, unless in acute stage with restrictable symptoms i.e. jaundice, may return when cleared by LHD. RESTRICTION: See school guidelines for children with bloodborne infections. REPORT: YES	Only about 10% of children who become infected with HBV are symptomatic. Symptoms are similar to hepatitis A. Fever, malaise, anorexia, nausea, right upper quadrant pain and later jaundice (yellow color to skin and eyes), dark urine, or clay- colored stool.	Bloodborne Pathogen Exposure to blood, semen, vaginal secretion into bloodstream or under skin. Contact sports (football / wrestling) may pose a risk if exposed to blood or other potentially infectious body fluids. Incubation 45 -180 days. Communicable Variable.	Do not share personal items (toothbrushes, pierced earrings, etc.). Use caution in accident / blood situations. Vaccinate all children.	Hepatitis B is vaccine preventable. All children should be vaccinated with 3 doses of hepatitis B vaccine. Standard Precautions while dealing with blood or body fluids. Clean up blood spills immediately. Require parents to submit up-to-date immunization records. Report all exposures of body fluid contact to broken skin/ mucous membranes to Risk Management.
HEPATITIS C HEPATITIS C VIRUS Hepatitis C is an infection of the liver caused by the hepatitis C virus. The virus is completely different from hepatitis A and hepatitis B.	ExcLUDE: NO RESTRICTION: See school guidelines for children with bloodborne infections. REPORT: NO	In an acute illness, symptoms are similar to hepatitis A. Fever, malaise, anorexia, natusea, right upper quadrant pain and later jaundice (yellow color to skin and eyes), dark urine, or clay- colored stool.	Bloodborne Pathogen HCV is primarily parenterally transmitted. Sexual transmission has been documented to occur but is far less efficient or frequent than the parenteral route. Incubation 7 - 9 weeks Range 2 - 24 weeks. Communicable from one or more weeks before symptoms and can be indefinite.	Do not share personal items (toothbrushes, pierced earrings, etc.). Use caution in accident or blood situations.	Clean up blood spills immediately. Standard Precautions while dealing with blood or body fluids. Report all exposures of body fluid contact to broken skin/ mucous membranes to Risk Management.
IMPETIGO Staph or Strep skin infection	Exclude: YES, Open wounds must be covered by a bandage until dry and no longer draining. May return after 24 hours of appropriate antibiotics. AAP Redbook 2009p. 624 RESTRICTION : YES, NO sport activities until lesions healed. REPORT: OUTBREAKS	Skin lesions, (often around the mouth and nose) honey-colored crusts, itchy. sometimes purulent. Usually not painful, but spread may be rapid.	Direct contact with infectious drainage from wounds. Skin to skin. Indirect contact with articles contaminated with drainage. Incubation Variable, usually 4 - 10 days. Communicable as long as sores are open and draining, or until 24 hours of appropriate antibiotic treatment.	Cover wounds, Proper handwashing, Avoid touching lesions. No sharing personal items when lesions present.	No foodservice duties while lesions are present. Good personal hygiene. Proper handwashing. No contact sports (wrestling) with oper lesions.

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DISEASE / CONDITION	EXCLUDE	SYMPTOMS	TRANSMISSION	PREVENTION	RECOMMENDED SCHOOL
COMMON NAME Medical Terminology	RESTRICTION REPORT		INCUBATION COMMUNICABILITY	PRECAUTIONARY MEASURES	CONTROL MEASURES
MEASLES RUBEOLA "Hard Measles", "10-day measles" HIGHLY CONTAGIOUS	ExcLUDE: YES, may return 5 days after rash onset. ExcLUSION – Susceptible Contacts: YES, IF INDEX CASE IS LAB CONFIRMED Exclusions are not taken lightly and will require consultation with County Health Officer. REPORT: YES. Notify LHD immediately.	Acute onset of fever, runny nose, reddened, light-sensitive eyes a very harsh cough, followed by a red- brown blotchy rash. (Starts at hairline and spread down). The hallmarks of measles are: <i>Cough</i> <i>Coryza</i> <i>Conjunctivitis</i> <i>Koplik spots</i> - White spots in mouth.	Airborne / Droplet spread, direct contact with nasal or throat secretions of infected person, and direct contact with contaminated articles. Measles virus can remain in the air for up to two hours. Incubation 10 -14 days with range of 7 - 18 days. Usually 14 days until rash develops. Communicable4 days before rash onset until 4 days after appearance of rash.	Vaccine recommended to individuals 12 months and older. Good handwashing. Avoid touching sores. Cover mouth and nose when coughing, or sneezing.	Measles is vaccine preventable. All children should be vaccinated. Exclusion of high-risk contacts is a Public Health decision that is not taken lightly. All high-risk contacts will be discussed with the County Health Officer for exemption status. Schools should assist LHD in locating and documenting all contacts without history of vaccine during outbreak situations. Exposed pregnant women should consult with their physician.
MENINGITIS, BACTERIAL NEISSERIA MENINGITIDIS Meningococcal Disease	Exclude: YES, until cleared by LHD. RESTRICTION: NO REPORT: YES	Acute bacterial disease causing sudden onset of fever, intense headache, nausea, often with vomiting, stiff neck and frequently a (tiny bruise-like) petechial rash.	Airborne / Droplet spread, with nasal or throat secretions of infected person. Incubation 3 – 4 days with range of 2 – 10 days. Communicable In general until 24 hours of appropriate antibiotic therapy.	Vaccine available for certain strains, (A, B, C, Y, and W-135) and for certain populations. Please consult with LHD. Good handwashing. Cover mouth and nose when coughing, sneezing.	Notify LHD for assistance with investigation and protection of identified contacts. Antibiotics given to contacts after investigation by the LHD. Letters to parents as defined by LHD. No sharing food, drink or eating utensils.
MENINGITIS, VIRAL ASEPTIC MENINGITIS Meningitides are illnesses in which there is inflammation of the tissues that cover the brain and spinal cord. Viral (aseptic) meningitis, which is the most common type, is caused by an infection with one of several types of viruses. CDC website Often these occur seasonally in the late summer and early fall.	Exclude: only for health reasons, not typically spread person to person. RESTRICTION: NO REPORT: Not required, but recommended for assistance with rumor control or education assistance.	Acute onset of fever, severe headache, stiff neck, bright lights hurt the eyes, drowsiness or confusion, and nausea and vomiting. Often the symptoms of bacterial and viral meningitis are the same. For this reason, if you think a child has meningitis, seek medical attention immediately.	If you are around someone with viral meningitis, you may be at risk of becoming infected with the virus that made them sick. But you have only a small chance of developing meningitis as a complication of the illness. https://www.cdc.gov/menin gitis/viral.html	No specific treatment for viral meningitis. Most persons will recover completely. Doctors prescribe medicine to relieve fever and headache. Good handwashing and personal hygiene. Cover mouth and nose when coughing and sneezing.	Encourage good handwashing and personal hygiene. Cover mouth when coughing and sneezing. Careful disposal of used tissues.

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DISEASE / CONDITION	EXCLUDE	SYMPTOMS	TRANSMISSION	PREVENTION	RECOMMENDED SCHOOL	
COMMON NAME	RESTRICTION		INCUBATION	PRECAUTIONARY	CONTROL MEASURES	
MEDICAL TERMINOLOGY	REPORT		COMMUNICABILITY	MEASURES		
MOLLUSCUM CONTAGIOSUM "DIMPLE WARTS" Molluscum contagiosum is caused by a virus and usually causes a mild skin disease. The virus affects only the outer (epithelial) layer of skin and does not circulate throughout the body in healthy people.	Exclude: NO Restriction: NO Report: NO	Small white, pink, or flesh-colored raised bumps or growths with a dimple or pit in the center. The bumps may appear anywhere on the body, alone or in groups. They are usually painless, although they may be itchy, red, swollen and/or sore.	Direct Contact: The virus that causes Molluscum is spread from person to person by touching the affected skin. Once someone has the virus, the bumps can spread to other parts of their body by touching or scratching a bump and then touching another part of the body. Molluscum can also be spread from one person to another by sexual contact. Indirect Contact: The virus may also be spread by touching a surface with the virus on it, such as a towel, clothing, or toys. Molluscum usually disappears within 6 to 12 months without treatment and without leaving scars. Some growths may remain forum to therem	Bumps not covered by clothing should be covered with a watertight bandage. Change the bandage daily or when obviously soiled.	Molluscum contagiosum is not harmful and should not prevent a child from attending day care or school. Although the virus might be spread by sharing swimming pools, baths, saunas, or other wet and warm environments, this has not been proven. Researchers who have investigated this idea think it is more likely the virus is spread by sharing towels and other items around a pool or sauna than through water.	
MONONUCLEOSIS Epstein-Barr virus	ExcLUDE: NO RESTRICTION: Contact sports should be avoided until fully recovered. REPORT: NO	Fever, sore throat, swollen neck glands, fatigue, abdominal pain, headache, occasionally jaundice.	The virus is viable outside the body for several hours, but the role of formites in transmission is unknown. (AAP Redbook 2015 p.337)	Rest and restriction of athletic activities are <u>strongly</u> advised.	No sharing of eating or drinking utensils. Good handwashing and personal hygiene. Contact sports should be avoided until fully recovered.	
			Communicable: May be weeks to months.			
Mumps	ExcLUDE: YES, until 5 days after onset of parotitis. RESTRICTION: NO REPORT: YES	Swelling of one or more of the salivary glands, usually the parotid glands. Orchitis, swelling of the testicles, is a common complication after puberty, but sterility rarely occurs.	Direct contact with infectious saliva and respiratory tract secretions. Airborne droplets. Incubation: 16-18 days with a range of 12-25. Communicable: 2 days before until 5 days after	Vaccine preventable. Good handwashing and personal hygiene. Cover mouth and nose when coughing and sneezing.	Schools should assist LHD in locating and documenting all contacts without history of vaccine during outbreak situations. Exclusion of high-risk contacts is a Public Health decision that is not taken lightly. All high-risk contacts will be discussed with the County Health Officer for exemption status.	
MRSA AND STAPH SKIN	Clinically Staph and MRS	A skin infections are indi	istinguishable. Use the followi	ing infection control preca	utions for staph skin infections:	
INFECTIONS:	Wear gloves and practic	ce Universal Precautions if	examining lesions. Gloves should	d be removed after use, and	handwashing performed before touching	
SEE SKIN INFECTIONS OR	non-contaminated item	is and environmental surfa-	ces and before tending to anothe	er student.		
IMPETIGO	 Follow routine procedu cleaner such as dataset 	res for cleaning the environ	ment. In general, use routine pr	ocedures with a freshly prep	ared solution of commercially available	
	 Students and staff with 	a MRSA infection can atte	nd school regularly as long as th	e wound is covered and they	are receiving proper treatment.	
	 Any open wounds should 	ld be covered with a clean,	dry dressing	in the second state and the		
	https://www.cdc.gov/mrsa/community/schools/					

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DISEASE / CONDITION COMMON NAME MEDICAL TERMINOLOGY	EXCLUDE RESTRICTION REPORT	SYMPTOMS	TRANSMISSION INCUBATION COMMUNICABILITY	PREVENTION PRECAUTIONARY MEASURES	RECOMMENDED SCHOOL CONTROL MEASURES
PINK EYE CONJUNCTIVITIS Can be bacterial, viral or allergic reaction as causation.	EXCLUDE: NO RESTRICTION: NO REPORT: NO	Red, tearing, irritated eyes. Light sensitivity, eyelids puffy. Thick discharge.	Direct or indirect contact with eye discharge, or with contaminated articles. Incubation: 24 - 72 hours Communicable: 6 days before onset until 9 days after symptoms begun.	Avoid sharing personal articles (makeup). Discard eye makeup following illness. Avoid rubbing eyes.	
PINWORMS PARASITIC WORMS	ExcLUDE: In daycare settings, until 24 hours after treatment and seen by physician. RESTRICTION: NO REPORT: NO	Intense rectal itching that increases at night. Irritation from scratching, Irritability.	Fecal-oral direct transfer of eggs by hand to mouth. Contact with contaminated clothing and bedding. Eggs can survive up to 2 weeks away from human host. Incubation: 2 -6 weeks. Communicable: 2 - 8 weeks unless reinfected.	Daily bathing. Good handwashing and hygiene. Clean undergarments and bedding. Wash under fingernails, and keep nails trimmed short.	In settings with young children, wash toys in sanitizing cleaner. No home-prepared, unpackaged food from home shall be shared.
POISON OAK, IVY CONTACT DERMATTIS Poison Oak/ivy/sumac rash is not contagious. It is a localized allergic reaction to the plant oils. Plants, such as poison ivy, oak, or sumac, all produce a colorless, odorless sap, called <u>unushiol</u> . The skin rash is a reaction to this sap producing a burning, blistering rash.	Exclude: NO Restriction: NO Report: NO	Localized irritation, skin lesions, and burning, watery blisters. Prompt removal of irritating sap/oil off of clothing and skin is important.	Itchy rash caused by either touching the plant's shiny (oily) leaves, or by touching something the urushiol sap has touched. Itching can be immediate or take up to several days to develop.	Avoid poison ivy plants. Careful washing affected area with soap and water to remove all irritant sap. Minimize scratching the rash, which can lead to secondary skin infections.	DO NOT burn the offending plant. The smoke can cause inhalation reactions.

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DISEASE / CONDITION COMMON NAME MEDICAL TERMINOLOGY	Exclude Restriction Report	Symptoms	TRANSMISSION INCUBATION COMMUNICABILITY	PREVENTION PRECAUTIONARY MEASURES	RECOMMENDED SCHOOL CONTROL MEASURES
RINGWORM, SKIN – TINEA CORPORIS A fungal infection on the skin. In a circular pattern hence, the term "ringuorm".	EXCLUDE: NO RESTRICTION: YES, NO sport activities until lesions healed. REPORT: NO	Ring-shaped red sores with blistered or scaly borders. Itching is common.	Direct contact with infectious areas. Incubation: 4 -10 days Communicable until treated with appropriate antifungal medications.	Good handwashing. No sharing of personal items especially combs, brushes, etc. Pets may be carriers.	Special attention to cleaning and disinfecting gym/locker areas with approved anti-fungal agent. Restriction of P.E. sport activities until lesions disappear.
RUBELLA GERMAN MEASLES 3-DAY MEASLES Rubella is not usually a serious illness in children, but can be very serious if a pregnant woman becomes infected.	EXCLUDE: Cases: YES, until 7 days after rash onset. (AAP Redbook. 2009, p 561) EXCLUSION – Susceptible Contacts: YES, IF INDEX CASE IS LAB CONFIRMED Exclusions are not taken lightly and will require consultation with County Health Officer. REPORT: YES	Slight fever, mild runny nose, conjunctivitis, headache, fatigue, aches, red eyes, and a pinkish rash that starts at face and spread rapidly to trunk and limbs[fades in 3 days]. Occasionally swollen glands in back of head and neck.	Droplet /Airborne route. Direct contact with nasal discharges. Incubation: 14-23 days, average 18 days. Communicable: very contagious 1 week before and up to 7 days after rash occurs. Studies demonstrate presence of virus in nasopharyngeal secretions from 7 days before to 14 days after onset of rash.	Vaccine recommended to individuals 12 months and older. Good handwashing and personal hygiene. Cover mouth and nose when coughing and sneezing.	Women of childbearing age with contact to children should know their immune status to rubella. Rubella is vaccine preventable. All children should be vaccinated. Exclusion of high-risk contacts is a Public Health decision that is not taken lightly. All high-risk contacts will be discussed with the County Health Officer for exemption status. Schools should assist LHD in locating and documenting all contacts without history of vaccine during outbreak situations.
SCABLES SARCOPTES SCABLEI Caused by small mite (sarcoptes scabiei) that burrows under skin leaving small red or dark lines.	EXCLUDE: YES, until treated. RESTRICTION: NO REPORT: NO	Intense itching, raised, red, small sores. Common on hands, especially finger webbing and skin folds. Itching is severe, worse at night. Not usually on face.	Transmission: Direct skin to skin contact. Incubation: Variable. Several days to weeks. Communicable: Until treated.	Avoid sharing clothes and personal items. Wash personal items. Treat with anti-parasitic lotion and clean clothing and bedding.	Observe close contacts for itching and scratching. Because mites can survive only briefly off the human body, you can only get scabies from direct bodily contact with another person or by sharing an infested person's clothes.

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DISEASE / CONDITION COMMON NAME MEDICAL TERMINOLOGY	EXCLUDE RESTRICTION REPORT	Symptoms	TRANSMISSION INCUBATION COMMUNICABILITY	PREVENTION PRECAUTIONARY MEASURES	RECOMMENDED SCHOOL CONTROL MEASURES
SHINGLES HERPES ZOSTER VARICELLA SEE ALSO CHICKEN POX Reactivation of dormant herpes zoster varicella (Shingles) results in localized rash.	Exclude ONLY if lesions cannot be covered. RESTRICTION: YES NO sport activities until lesions healed. REPORT: NO	Shingles is usually localized to rash on abdomen. The pain associated with the lesions is out of proportion to the size of the lesions.	Direct contact with infectious body fluids, drainage from blisters.	Vaccine recommended to individuals 12 months and older. Good handwashing. Avoid touching sores. Cover mouth and nose when coughing, or sneezing.	Recommend varicella vaccine for all susceptible school-age children. Check with requirements for specific ages.
STREP THROAT AND STREPTOCOCCAL SCARLET FEVER/SCARLETINA Most common illnesses associated with Group A- Beta hemolytic streptococci are pharyngitis (sore throat) and impetigo, (skin eruptions). Scarlet fever is the presentation of a generalized rash associated with strep toxins.	EXCLUDE: YES, CDC recommends 24 hours of antibiotics and until resolution of fever. RESTRICTION: YES NO Foodservice while ill. REPORT: NO	Fever nausea, sore throat, and headache. Swollen tonsils occur in 50-90% of cases. Scarlet Fever is a form of Strep disease that involves a fine "sandpaper-like" rash that blanches with pressure. Not usually on face.	Direct contact with large respiratory droplets. Indirect contact with contact with respiratory secretions or infected skin lesions. Incubation: 12 – 96 hours. Communicable: with appropriate antibiotics – 24hrs Without treatment 10-21 days.	Good handwashing and personal hygiene. Cover mouth and nose when coughing and sneezing. Take antibiotics as directed.	Encourage good handwashing and personal hygiene. Cover mouth when coughing and sneezing. Careful disposal of used tissues.
TUBERCULOSIS, TB M. TUBERCULOSIS TB INFECTION OR "LTBI" (LATENT TB INFECTION) A positive skin test but no disease. Not a contagious state. ACTIVE TB, TB DISEASE: Symptomatic and contagious until treated (if laryngeal or pulmonary TB).	EXCLUDE: active TB until non-infectious (pulmonary and laryngeal). RESTRICTION: NO REPORT: YES, FOR ACTIVE TB	Some children will be asymptomatic. Some of the symptoms a child might have are: cough, fatigue, weight loss, growth delay, fever, night sweats, chest pain, hoarseness, and in later stages, hemoptysis (coughing up blood), enlarged cervical lymph nodes.	Airborne: Droplet spread through coughing, sneezing, singing, and yelling. Incubation: Variable Communicable: As long as organisms are being discharged through cough or respiratory secretions. Specific drug treatment reduces communicability within weeks.	Good handwashing and personal hygiene. Cover mouth and nose when coughing and sneezing. Report any case or suspected case of TB to the LHD. Core Curriculum on Tuberculosis: What the Clinician Should Know. CDC ed. 2016 https://www.cdc.gov/tb/education/corecurr/	
DOT: Directly Observed Therapy. A medical provider observes patient taking the medication to improve compliance.	PPDs: No longer requi	red for school entry.			

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References:

- Exclusion Guidelines for SChools and Child Care Settings Tri-County Area
- OHA Communicable DIsease Guidance OAR 581-022-2220
- <u>WHO Hand Hygiene Poster</u>
- <u>CDC Respiratory Etiquette</u>
- <u>MESD Comprehensive Communicable Disease Plan</u>
- <u>CDC Food Safety Guidelines</u>