INJURY AND ILLNESS POLICY

INJURY OR ILLNESS TO A STUDENT DURING SCHOOL HOURS

A school staff member who is trained in basic first aid will manage illness or injury to a student while at school. Minor injuries will be given first aid in the school. If possible, the student will return to class when indicated. The office staff will assist the student with a telephone call to the parent if necessary. Parents will be notified with a telephone call in cases of illness or more serious injuries. If the medical situation is an emergency, the school staff will call 9-1-1.

It is very important that the emergency contacts on your registration card are kept up-to-date, including telephone numbers and names of family and friends that would be available to pick up your student in the event the parent or guardian is not available.

GUIDELINES FOR ILLNESSES REQUIRING EXCLUSION

Children or Adults with the following illnesses or symptoms should stay home:

- •Conjunctivitis (Purulent) Defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep, and including a child with eye pain or redness of the eyelids or skin surrounding the eye.
- •Coughing Persistent or excessive coughing, any productive coughing, any barking or wheezing coughing.
- Crying Persistent crying could be a possible sign of severe illness.
- •Diarrhea (Uncontrolled) 2 or more times during a school day, defined as an increased number of stools compared with the child's normal pattern.
- Difficult Breathing Shortness of breath, chest pain.
- •Drainage Purulent draining of ears, nose, open wounds.
- •Fever A temperature > 100° F.
- •Infestation (Scabies, Head Lice) Until 24 hours after treatment was begun. Head lice does not need to be 24 hour exclusion (See Salt Lake City School District Head Lice Policy).
- •Irritability Unusual irritability, could be a possible sign of severe illness.
- •Lethargy Unusual lethargy, could be a possible sign of severe illness.
- Mouth Sores Excessive mouth sores within the mouth, around the mouth or nose.
- •Pinworm (Enterobiasis) Infection, until 24 hours after treatment has begun.
- Rash Any diffuse rash, rash with fever or behavior change.
- •Ringworm infection (Tinea Capitis, Tinea Corporis, Tinea Cruris, and Tinea Pedis) Until 24 hours after treatment has begun.
- •Sore Throat Sore throat with fever.
- •Streptococcal Pharyngitis Until 24 hours after treatment has been initiated, and until the child has been afebrile for 24 hours.
- Varicella (Chicken Pox) Until 6 days after onset of rash or until all lesions have dried and crusted.
- •Vomiting Any vomiting, unless the vomiting is determined to be due to a non-communicable condition and the child is not in danger of dehydration, for example reflux or gagging on phlegm.