

**Stonington Public Schools**  
**Rules and Regulations for Control of Communicable Diseases**  
**2021-2022**

**Absences from School Due to Illness**

Communication between families and the school nurse is critical when it comes to identifying potential outbreaks of contagious illness in our school. It is imperative that we all work as partners in promoting the health and wellness of our entire school community, which includes not only our students, but our staff members and their families as well. Please notify your school nurse of any absence due to illness or injury.

- If your child is sent home with a fever or other potentially contagious symptoms, your child must stay home until symptom free for at least 24 hours.
- Please notify the school nurse with updates regarding these symptoms, i.e. if they will be out longer than 24 hours, or if they were seen by their physician.

*Please keep your child home if they cannot fully participate in classroom activities, or if they have experienced any of the following symptoms in the past 24 hours.*

**Fever**-Students with fever of 100.4 degrees or higher will be sent home from school. Students must remain at home for at least 24 hours fever free without the use of fever-reducing medications.

**Vomiting and Diarrhea**- Students must remain at home for at least 24 hours, unless the vomiting and diarrhea is determined to be caused by a non-communicable condition.

**Chicken Pox**- Students are to be excluded for not less than five to seven days from onset of the disease and until all pox are crusted over and healing. No exclusion for contacts.

**Strep Throat**- Students diagnosed with strep throat are to be excluded from school until treated with one full day (24 hrs) of antibiotics.

**Impetigo** – Impetigo is a highly contagious bacterial skin infection. Exclude until the student is treated for 24 hours. A topical prescription ointment is highly successful in treating mild cases. For more severe cases, oral antibiotics are prescribed.

**Hand, Foot and Mouth**- Symptoms often include fever and flu like symptoms. One or two days after the fever starts, students may get painful mouth sores (herpangina). These sores usually start as small red spots, often in the back of that mouth, that blister and can become painful. They can be on the soles of the feet, palms of hands or sores in the mouth. There is no specific medical treatment for hand, foot, and mouth disease. Hand, foot, and mouth disease spreads easily through person to person contact, the air when an infected person coughs or sneezes

and when in contact with contaminated surfaces and objects. Students may return to school when they have been afebrile without fever reducing medication for 24 hours.

**Scabies-** Students are to be excluded until control measures are instituted. Scabicides used to treat human scabies are available only with a doctor's prescription. No "over-the-counter" (non-prescription) products have been tested and approved to treat human scabies. Proof of treatment is sufficient for return to school.

**Ringworm-** Ringworm is a common infection of the skin/scalp and nails that is caused by several different kinds of fungus. It is characterized by a red ring of scaly skin that grows outward as the infection spreads. If there is ringworm on the scalp, the student needs to be treated with prescription, antifungal medication. If a suspected ringworm is found anywhere other than the scalp, cover the area with a band aid (student may stay in school if area is covered and send to MD for diagnosis. MD note or proof of treatment is sufficient to return to school.

**Conjunctivitis-** Viral and bacterial pink eyes are contagious and spread very easily.

**Bacterial/Viral conjunctivitis-** The student can usually return to daycare, school, or work 24 hours after an antibiotic has been started if symptoms have improved. It is very hard to differentiate viral vs. bacterial conjunctivitis. Therefore treatment with prescription antibiotic eye drops is recommended for both conditions.

**Allergic conjunctivitis** - more often involves both eyes simultaneously; itching is prevalent and the discharge is clear. There is usually some swelling of the eyelids and other allergy symptoms are present, such as sneezing, itchy and runny nose. Students do not have to be excluded.

**Pediculosis** (head lice) - Students diagnosed with live head lice can be treated and return to class after appropriate treatment has begun, Nits may persist after treatment, but successful treatment should kill crawling lice. All infested person's (household members and close contacts) and their bedmates should be treated at the same time. Retreatment of head lice usually is recommended 7-10 days after the first treatment. The school nurse should send home instructions for parents.

Students should be inspected by the school nurse on return to school. After treatment, students may stay in school if they have a few nits. If the head is full of nits, students should be sent home for further removal of the nits from the hair. Inspection of entire classrooms in the elementary grades may be necessary to control spread of pediculosis. Nurses will not inspect students in the middle school classrooms. A letter will be sent home to parents if there are 3 or more students with lice in a classroom.

While head lice are not considered an infectious disease, transmission from one individual to another can occur primarily through direct head to head contact or secondarily through the sharing of personal items such as hats, scarves, helmets, brushes, combs or pillows.

**Pertussis** - This is a highly communicable, vaccine-preventable disease that lasts for many weeks and is typically manifested in children with paroxysmal spasms of severe coughing, whooping, and posttussive vomiting. Students are to be excluded from school until treatment with appropriate antibiotics for at least 5 days.

**Fifth Disease**- Fifth disease is a mild rash illness that occurs most commonly in children. The child typically has a "slapped-cheek" rash on the face and a lacy red rash on the trunk and limbs. By the time the rash or joint pain appear students are no longer contagious and do not have to be excluded.

**Measles/Mumps/Rubella**- Students with these illnesses must stay home from school for five days after onset of symptoms.

**Tuberculosis**- Students are to be excluded while there is evidence that the condition is active. Exposures need not be excluded.

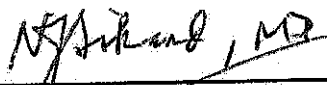
**Mononucleosis**- The clinical diagnosis of infectious mononucleosis is suggested on the basis of the symptoms of fever, sore throat, swollen lymph glands, and the age of the patient. Laboratory tests are needed for confirmation. Serologic results for persons with infectious mononucleosis include an elevated white blood cell count, an increased percentage of certain atypical white blood cells, and a positive reaction to a "mono spot" test. Attendance at school and full activities is contingent on MD approval.

**Influenza -like illness**- Students with influenza-like illness must remain at home until at least 24 hours after they are fever free without the use of fever-reducing medications. Influenza -like symptoms include fever, cough, sore throat, runny or stuffy nose, body aches, diarrhea, vomiting and fatigue.

**RSV**- Students must remain home for 7 days from onset of symptoms, as this is how long the virus can be "shed" and can be contagious. Students may return to school after seven days AND symptoms (coughing) have significantly improved and fever free for 24 hours without fever reducing medication.

**Coronavirus 2019**- This is a novel virus that has made its pandemic presence in early 2020 and caused significant illness and death. The full control of this viral infection may not be realized until widespread immunity and immunization occur. Until that time we must all be vigilant and aware of any febrile or flu-like illness. Nurses will follow public health guidelines in excluding students with possible Covid-19 infection from school for evaluation and possible quarantine.

Medical Advisor Signature

  
Vijay K. Sikand M.D.

Date

