

ILLNESS GUIDELINES

The following list gives guidelines and recommendations for exclusion from school due to illness. Children with minor illness need not be excluded unless one or more of the following exists.

ILLNESS OR SYMPTOMS	EXCLUSION IS NECESSARY
Chicken Pox	YES – Until blisters have dried and crusted (usually 6 days)
Conjunctivitis (pink eye) (pink or red eyes with thick mucus or pus draining from the eye)	YES – May return 24 hours after treatment begins. If your health provider decides not to treat your child, a note is needed.
Coughing (severe, uncontrolled coughing or wheezing, rapid or difficulty in breathing)	YES – Medical attention may be necessary. Note: Children with asthma may be cared for in school with a written health care plan and authorization for medication/treatment.
Coxsackie Virus (Hand, Foot and Mouth Disease)	NO – May attend if able to participate in school activities, unless the child has mouth sores and is drooling.
Diarrhea (frequent, loose or watery stools not caused by diet or medication)	YES – If child looks or acts ill; diarrhea with vomiting; diarrhea that is not contained in the toilet.
Fever with behavior changes or illness	YES – When fever is elevated above 100° and is accompanied by behavior changes or other symptoms of illness, such as fatigue, rash, sore throat, upper respiratory symptoms, vomiting, diarrhea, etc. Must remain at home for at least 24 hours or until all symptoms subside medication free.
Fifth Disease	NO – Child is no longer contagious once rash illness appears.
Head Lice	YES – May return after treatment and removal of all live lice and nits from hair.
Hepatitis A	YES – Until 1 week after onset of illness or jaundice and when able to participate in school activities.
Herpes	YES – If area is oozing and cannot be covered, e.g., mouth sores. Otherwise, may return to school.
Impetigo/Staph/MRSA	YES – May return 24 hours after treatment starts. Wound must be covered with dressing taped on all 4 sides.

Body Rash <u>with</u> Fever	YES – Seek medical advice. Any rash that spreads quickly, has open, weeping wounds and /or is not healing should be evaluated. May return to school when medical provider determines that illness is not communicable.
Mild Cold Symptoms (stuffy nose with clear drainage, sneezing, mild cough)	NO – May attend if well enough to participate in school activities.
Upper Respiratory Complications - large amount of thick nasal discharge - extreme sleepiness - ear pain - fever (100° or above orally)	YES – Seek medical advice. May return when symptoms are improved.
Ringworm	YES – May return after treatment begins. Area should be covered while in school for the first 48 hours of treatment.
Roseola	NO – Unless child cannot participate in usual activities and has fever.
Scabies	YES – May return after treatment is started with note from medical provider.
Strep Throat	YES – May return after 24 hours of antibiotic treatment and no fever for 24 hours
Vaccine Preventable Diseases (mumps, measles, whooping cough)	YES – Until judged not infectious by a medical provider. Report all cases to Health Services Coordinator.
Vomiting (2 or more episodes in the past 24 hours)	YES – Until vomiting resolves or health care provider determines that cause is not communicable. Note: Observe for other signs of illness and for dehydration.

Handout developed by The Children's Hospital School Health Program, Denver, CO (303) 281-2790, 1995, revised 1999, 2001, and 2003. Revised 2019, for use by St. Johns County School Health Services, St. Johns County, FL.

References

- American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care, *Caring for our Children: National Health and Safety Performance Standards*, Second Edition, Elk Grove, IL 2002
- Centers for Disease Control and Prevention, *ABC's for Safe and Health Child Care. A Handbook for Child Care Providers*. Atlanta, GA.
- U.S. Department of Commerce; 1996
- Colorado Department of Public Health and Environment, Communicable Disease Epidemiology Program, *Infectious Disease in Child Care Settings; Guidelines for Child Care Providers*, Denver, CO., December 2002