

	ABERDEEN SCHOOL DISTRICT	NEPN Code: JLCC-R
	POLICIES AND REGULATIONS	

STUDENT COMMUNICABLE DISEASES REGULATIONS

DISEASE	EXCLUSION RULES
Chicken Pox (varicella)	The student may attend school after all pox are dry and scabbed.
COVID-19	The student will be excluded based on current CDC and South Dakota Department of Health guidance.
CMV (Cytomegalovirus)	The student may attend school. Precautions should be taken by contacts who are immune-suppressed such as those undergoing cancer treatment, organ transplant, debilitating disease, AIDS, or anyone with suspected or known pregnancy. Good hand washing in all cases should eliminate risk of transfer of infection.
Diarrheal Diseases	The student may attend school once diarrhea has subsided. Good hand washing in all cases should eliminate the risk of transfer of infection. Students may be excluded from food handling until the physician/health department gives approval.
Fifth Disease (Erythema Infectiosum)	The student may attend when without fever. Rash may persist for several weeks.
HIV, Hepatitis B, Hepatitis C or other blood borne diseases	The student may attend school unless there is potential for blood borne exposure. Consult physician for guidance.
Hepatitis A Infection	The student may attend school one week after onset of illness or jaundice. Appropriate personal hygiene precautions should be practiced.
Impetigo	The student may attend school if treatment is verified and covered or dry.
Influenza & Influenza-like Illness	The student may attend school when fever-free for 24 hours without the use of fever-reducing medication. Additional exclusions may be necessary for documented novel strain or pandemic influenza based on state or federal guidance.
Lice (Pediculosis)	The student may attend school after treatment. For repeated infestation of the same student, school personnel will work with families until all lice and nits are removed.
Measles	The student may attend school four days after onset of rash.
Meningococcal Disease (Neisseria Meningitidis)	The student may attend school after 24 hours of antibiotic treatment.
Methicillin Resistant Staphylococcus Aureus (MRSA)	The student should be excluded only if confirmed MRSA is present from a wound in which drainage is occurring and cannot be covered or contained.
Mono (infectious Mononucleosis)	The student may attend school with the physician's permission. The student may need adjusted school days and activities.
Mumps	The student may attend school five days after the onset of parotid gland swelling.
Pink Eye (Conjunctivitis)	The student may attend school after the eye is no longer inflamed or under medical treatment.
Ring Worm (scalp, body, athlete's foot)	The student may attend school if the area is under treatment and covered.
Rubella	The student may attend school seven days after onset of rash.
Scabies (mites)	The student may attend school after treatment.
Shingles	The student may attend school if lesions can be covered. If lesions cannot be covered, exclude until rash or lesions have crusted over.
Skin rash without fever	The student may attend school. Consult physician for guidance.
Streptococcal Infections (Scarlet Fever, Scarletina, Strep Throat & Streptococcal skin infections)	The student may attend school 24 hours after initiating antibiotic therapy, if clinically well.
Tuberculosis	The student may attend school upon presentation of a physician's written permission
Whooping Cough (Pertussis)	The student may attend school after completing five days of antibiotic therapy.

All communicable and chronic diseases must be reported to the Health Office. Any questions pertaining to interpretation of these guidelines should be referred to the School Health Office.

EXPOSURE CONTROL

Universal precautions shall be practiced by all students to eliminate or minimize exposure to human blood or other potentially infectious materials. If possible, do not handle blood and other body fluids. All human blood and other potentially infectious materials shall be treated as if known to be infectious, regardless of the perceived status of the source individual.

1. Handwashing-Wash hands with warm water and soap after exposure to avoid contamination.
2. Any surfaces or instruments exposed to blood or other body fluids are to be cleaned by staff with soap and water, then disinfected with:
 - A solution of 1:10 household bleach and water, prepared fresh daily or
 - E.P.A approved disinfectant cleaner.
3. Use of personal items-Students should be discouraged from using each other's personal items.
4. Containers for Sharps-All contaminated sharps (including needles, syringes, lancets, etc.) shall be discarded in puncture resistant, leak proof containers, which are labeled with the biohazard warning. Filled containers will be sealed, collected, and disposed of by the District Health Office.
5. Work Area Restrictions-Sink and work stations for food preparation must be separate from personal hygiene care areas.
6. Laundry Procedures-Student's personal clothing items replaced because they are soiled with urine, feces, vomit, etc., shall be handled using universal precautions. Soiled clothing shall be bagged and sent home with the student for home care.
7. Athletics -
 - a. Gloves are to be worn when working with athletes in any situation that may involve contact with any form of human body fluids.
 - b. Athletes who have open sores or wounds must wear a protective cover to guard against transfer of blood or body fluids from person to person.
 - c. Athletes are to be provided individual drinking containers during practices and athletic events.

POST-EXPOSURE TO BODY FLUIDS

Post-exposure - Students may need post-exposure prophylaxis if an exposure incident occurs. "Exposure incident" is defined as "specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials.

1. The School Nurse will verify the student's immunization status for Td boosters and Hepatitis B series.
2. The School Nurse will contact the parent/guardian and request that they report the exposure to their health care provider to determine appropriate follow-up care.
3. The school will document on the Accident Report form.

NUISANCE DISEASES

Close cooperation and consultation between parents, school officials, physicians, and/or public health officials are essential for the effective control of “nuisance” diseases such as head lice.

District Head Lice Procedures

Upon verification of live head lice by school personnel, parents will be notified and given information regarding the treatment and control of head lice. Students may return to school after treatment.

Since head lice is not a medical emergency, the School Nurse will examine students and follow-up on potential contact cases as schedule allows.

After being treated at home, students returning to school will be checked for lice by the School Nurse. Rechecks by the School Nurse will continue to be done every 7 to 10 days until the infestation is resolved.

The district’s guideline regarding persistent nits is as follows: persistence of nits without living lice does not necessarily indicate treatment failure. However, because the distinction between live and dead nits is difficult to discern, school officials may exclude children with repeated infestation until nits are no longer present.

Exclusion from school due to repeated infestation does not exempt a child from mandatory school attendance. Truancy procedures will be followed.

LEGAL REFERENCE:

SDCL 13-28-7.3 Exclusion of student for risk of infectious disease or communicable parasite-Readmission

REFERENCES:

Red Book, American Academy of Pediatrics, 32nd edition, 2021

Managing Infectious Diseases in Childcare, Schools, A Quick Reference Guide, American Academy of Pediatrics, 5th edition, 2020

Control of Communicable Diseases Manual, American Public Health Association, 20th edition, 2014.

National Safety Council Bloodborne and Airborne Pathogens Workbook, 2012

South Dakota Department of Health Recommendations for Temporary Exclusion from a School Setting, August 2020

ADOPTED: October 12, 1987

REVISED: May 8, 2000

REVISED: February 27, 2006

REVISED: October 10, 2011

REVISED: November 23, 2015

REVIEWED: January 11, 2021

REVISED: November 8, 2021