

Unity School District

Administrative Rule 453.31

Communicable Disease-Illness - When to Keep Your Child at Home

Last Revised 8/11/2020

Young children frequently become mildly ill. Infants, toddlers and preschoolers experience a yearly average of six respiratory infections (colds) and can develop one to two gastrointestinal infections (vomiting and/or diarrhea) each year.

Deciding when children can go to school can be difficult. Parents and caregivers should discuss the child's symptoms and decide what to do.

Parents, you should contact your child's school office (715-825-2101, Elementary – x3500, Middle School – x2000, High School – x1420) when your child is sick to communicate that your child has an excused absence. If your child has a specific diagnosis, (such as strep throat or "pink eye") that was made by a doctor (health care provider), let Health Services staff know at x3010.

Sometimes it is necessary for a child to remain at home.

There are three reasons to keep (exclude) sick children out of child care or school:

1. The child is not able to participate in usual activities. Child may be very tired, irritable or cry a lot.
2. The child needs more individual care than staff can provide.
3. The illness or symptoms are on the exclusion list.

Look at the symptoms and/or illness list below to help you decide if your child should be kept home from child care or school:

ILLNESS OR SYMPTOM	EXCLUSION IS NECESSARY
CHICKEN POX	Yes - until blisters have dried and crusted (Usually 6-7 days from onset of illness).
CONJUNCTIVITIS (pink eye) (pink color of eye <i>and</i> thick yellow/green discharge)	Yes - until 24 hours after treatment (if indicated) If your health provider decides not to treat your child, a note is needed authorizing return to school.
COUGHING (severe, uncontrolled coughing or wheezing, rapid or difficulty in breathing)	Yes - medical attention is necessary. <i>Note: Children with asthma may be cared for with a written health care plan and authorization for medication/treatment .</i>
COXSACKIE VIRUS (Hand, foot and mouth disease)	No - may attend if able to participate in usual activities, unless the child has mouth sores and is drooling .
CROUP (see COUGHING)	Seek medical advice <i>Note: May not need to be excluded unless child is not well enough to participate in usual activities.</i>
DIARRHEA (frequent, loose or watery stools compared to child's normal pattern; not caused by diet or medication)	Yes – if child looks or acts ill; if unable to control bowel movement; diarrhea with fever and behavior change; diarrhea with vomiting; diarrhea that is not contained in the toilet, (infants/children in diapers should be excluded) .
EARACHE	No – unless unable to participate in usual activities

	or fever with behavior changes (see FEVER).
FEVER with behavior changes or illness (an elevation of body temperature above normal)	Yes - when fever is 100 degrees or above, or accompanied by behavior changes or other symptoms of illness, such as rash, sore throat, vomiting, etc. Must be fever-free for 24 hours before returning to school without fever reducing medication.
FIFTH'S DISEASE	No -child is no longer contagious once rash illness appears.
HEADLICE OR SCABIES	Yes - with live lice or nits less than ¼" from the scalp. May return after treatment with no live lice present. (See District Policy 453.12)
HEPATITIS A	Yes – until 1 week after onset of illness or jaundice and when able to participate in usual activities.
HERPES	No – unless child has mouth sores and blisters <i>and</i> does not have control of drooling.
IMPETIGO	Yes – until 24 hours after antibiotic treatment starts.
BODY RASH with fever	Yes -seek medical advice. Any rash that spreads quickly, has open, weeping wounds and/or is not healing should be evaluated. <i>Note: Body rash without fever or behavior changes usually does not require exclusion from school; seek medical advice.</i>
RESPIRATORY OR COLD SYMPTOMS (stuffy nose with clear drainage, sneezing, mild cough)	No – may attend if able to participate in usual Activities. Teach child to cover cough. Frequent hand-washing.
RESPIRATORY INFLUENZA (Influenza A, B, or H1N1)	Yes – Fever over 100°; cough, sore throat, severe body aches, headache. May return after symptoms have been gone for 24 hours. (Physician diagnosis).
RINGWORM	May return after treatment starts; Keep area covered for the first 48 hrs of treatment.
ROSEOLA	No – unless child cannot participate in usual activities and has fever with behavior changes.
RSV (Respiratory Syncytial Virus)	Seek medical advice. Once a child has been infected, spread is rapid. <i>Note: A child does not always need to be excluded unless child is not able to participate in usual activities</i>
STREP THROAT	Yes -until 24 hours after antibiotic treatment and the child is able to participate in usual activities.
VACCINE PREVENTABLE DISEASES Measles, Mumps, Rubella (German Measles), Pertussis (Whooping Cough).	Yes – until judged not infectious by the health care provider and/or health department.
VOMITING (2 or more episodes of vomiting in the past 24 hrs; vomiting with fever; recent head injury)	Yes – until vomiting resolves or a health care provider approves return to school.
YEAST INFECTIONS	No

(thrush or candida diaper rash)	Follow good hand washing and hygiene practices.
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Illnesses your child may be affected by are not limited to this list. Please contact your health care provider regarding your child's specific illness.

Helpful Websites:

www.webmd.com www.mayoclinic.com www.scrmc.org www.amerymedicalcenter.org

Handout originally developed by The Children's Hospital School Health Program, Denver, CO (303)-281-2790, 1995, revised 1999, 2001, 2003, 2005

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 Village, IL 2002

-American Academy of Pediatrics, Managing Infectious Diseases in Child Care and Schools, Elk Grove Village, IL 2005

-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

-Kendrick AS, Kaufman R., Messenger KP, Eds. Healthy Young Children: A Manual for Programs. Washington, D.C. National Association for the Education of Young Children; 2002

-The Children's Hospital School Health Program Denver, CO 2005