

PROTOCOL - COMMUNICABLE CONDITIONS (JGCC)

HEALTH SERVICES - LAFAYETTE PARISH SCHOOL SYSTEM

The following guidelines will be used in controlling the listed communicable conditions in the schools.

The parent/guardian will be called and requested to pick up their child if the student:

- is unable to participate comfortably in regular activities due to his/her illness, or
- has signs or symptoms of a potentially significant illness, or
- requires more care than the school staff are able to provide.

Additionally, some infectious conditions may require exclusion, limitations or additional action.

If a student requires exclusion for symptoms of a communicable disease, separate the child from well children until picked up by their parent/guardian. The child should remain under the supervision of a staff/faculty member at all times.

Universal precautions should be used at all times -- **treat all body fluids as potentially infectious.**

Prevention and control of spread of communicable conditions:

- Regular and good hand washing is the most effective means of preventing the spread of contagious illnesses and should be combined with cough and sneeze etiquette.
- Children in affected classrooms should be both encouraged and allowed to participate in frequent hand washing, while maintaining confidentiality, as it is the most effective means of preventing spread of many diseases.
- Shared toys, play equipment and communal surfaces within an affected classroom should be disinfected by wiping with an appropriate disinfectant when the children are not in the classroom. Reinforce cough and sneeze etiquette.

Occasionally, there will be stricter exclusion policies that are temporarily instituted for clusters or more severe conditions.

SPECIFIC CONDITIONS:

- 1) **CHICKENPOX (VARICELLA):** Notify the local Office of Public Health. Isolation at home is required for 6 days after the appearance of the rash or until sores are healed, or only a few remain, which are well covered by scabs. Other children in the family may attend school, but are to be closely observed and excluded immediately after the first signs of the disease.
- 2) **PINK EYE (CONJUNCTIVITIS):** There are many causes of pink eye and not all causes require treatment or exclusion.
 - **Pink eye, no drainage:** A pink eye alone, without drainage and without other signs or symptoms, does not need to be evaluated by the school nurse unless the student is uncomfortable or it interferes with the child's ability to effectively participate in the classroom learning experience.

- **Pink eye, drainage. Exclude:** The parent will be called and requested to pick up the child and recommended to seek medical attention if there is **draining beyond the eye** (not just minor crusting or mattering). The parent will be called **whether the drainage is purulent (pus) or non-purulent (dripping, watery drainage)**. Students with drainage beyond the eye should be excluded and may return once the drainage has resolved or after 24 hours of medication, if medication is indicated.
 - **Pink eye, pain:** The parent *should* pick up the child if the child is in pain (including light hurting the eye – photophobia) or appears ill as this could signify a more serious condition. Parent must be notified if the child is experiencing photophobia. Vigorous rubbing of the eye can increase transmission if the pink eye is infectious, but can also cause corneal abrasion and increase discomfort, so may notify parent, but do not necessarily exclude child.
- 3) **DIARRHEA:** The parent/guardian will be notified; the child picked up and not returned until the reason for exclusion is resolved.

Exclude if any of the following:

- If the diarrhea cannot be contained wholly in the toilet (or wholly within the diaper for diapered children)
 - Diarrhea is thought to contain blood.
 - More than 2 loose/diarrheal stools per day.
 - Presence of associated signs and symptoms (such as fever, vomiting or abdominal pain) are not conducive to learning for the affected child.
- 4) **FEVER:** The parent/guardian will be called to pick up the child if the child has a temperature of 100.4 or more.

Exclude until student no longer has a fever for 24 hours or signs of a fever (chills, feeling very warm, flushed appearance, or sweating) without the use of fever-reducing medicine.

- 5) **HEAD LICE/PEDICULOSIS: Encourage prompt treatment and return – preferably returning the day after lice found initially. Nurse may excuse up to 2 days absence.**

- Live lice:
 - Exclude. Any child with lice must be satisfactorily treated with a pediculocide before returning to school. Exclusion is not necessary after initial treatment, even though nits may be present.

- If nits but no lice: -Do NOT exclude.
 - Notify parent/guardian for live lice or nits.
 - For live lice post treatment clearance the parent will bring the student for re-check by school nurse or designee.
 - Schools will also accept clearance from physician/provider.
 - Vacuum carpets and furniture of affected classrooms. Do not use fumigant sprays. Bag headphones and any cloth or porous / plush objects that are unable to be vacuumed for 10 days.
- 6) **HIV, HEPATITIS B AND C:** One does not usually know if blood or other body fluids are infectious and thus universal precautions should always be used with blood and other body fluids.
- 7) **IMPETIGO** (also called INDIAN FIRE): Exclude until 24 hours after start of appropriate treatment. Any open, raw or draining sore should be covered so that drainage is entirely contained or raw area is covered.
- 8) **INFLUENZA:** Exclude after child no longer has a fever (100.4 degrees Fahrenheit) or signs of a fever (chills, feeling very warm, flushed appearance, or sweating) without the use of fever-reducing medicine. Cough should be under control as well, and cough and sneeze etiquette reinforced.
- 9) **MEASLES (Rubeola):** Highly contagious. Isolate at home at least 4 days following the appearance of the rash. Other children in family may attend the school, but must be under observation. All unimmunized children should be immediately immunized. Consult with Public Health for guidance on potential temporary exclusion of non-immunized students in the school.
- 10) **RINGWORM OF THE BODY** (tinea corporis): Do not exclude, but bring to the attention of the school nurse so that it may be brought to the attention of the family for appropriate treatment. It is preferable to cover lesions with clothing when possible. Occlusive dressings are not desirable unless needed to prevent direct contact.
- 11) **RINGWORM OF THE SCALP** (tinea capitis): Exclude until evaluation by physician.
- Refer to the school nurse who will advise family to seek consultation with their health care provider, since tinea capitis requires oral treatment.
 - Avoid head to head contact with other students as well as shared use of items with head contact.
 - Oozing or moist lesions will be covered and the school nurse may authorize the use of an appropriate *washable* head covering. The school nurse may also authorize the use of a washable head covering if the parent/guardian or child desires covering of the head for social comfort due to hair loss or obvious lesions.
- 12) **SCABIES:** Call parent/guardian to pick up.

- Exclude until a day after appropriate treatment (scabicide) recommended by a health care provider was completed. Itch and rash may persist for 2 to 4 weeks after effective treatment.

13) **SHINGLES:** This is due to reactivation of the chicken pox virus. Lesions should be covered or completely scabbed over prior to return to school. Exclusion not needed if lesions can be covered.

14) **SORES – OPEN OR DRAINING:** Any open or draining sore should be covered so that drainage is entirely contained or open/raw area covered.

15) **STREP THROAT OR SCARLET FEVER:**

- Generally, children are considered to be noncontagious 24 hours after the start of antibiotic therapy and may return to school.
- Recommend appropriate disinfection of surfaces where drool or mouthing of objects has occurred. Wiping of such surfaces should occur routinely regardless of the diagnosis of strep. Disinfection will help to decrease spread as well as help to prevent re-infection of the affected child.

16) **VOMITING:** There are many causes of vomiting, both infectious and non-infectious.

- If vomiting is associated with a recent head injury, promptly call the parent/guardian and observe the child until the parent arrives. Call emergency services if needed, especially for changes in consciousness.
- If a child *without* any other signs or symptoms has 2 or more episodes of vomiting during a school day, the parent or guardian will be called to pick up the child.
- Vomiting accompanied with other symptoms may include but are not limited to abdominal pain, diarrhea, fever, sore throat and rash, the parent or guardian will be called to pick up the child.

17) **OTHER INFECTIOUS CONDITIONS NOT SPECIFICALLY ADDRESSED:** The school nurse will consult with Health Services Supervisor and the Medical Director if there are any questions or concerns.

For other acute infectious illnesses, the Department of Health and Hospitals for the State of Louisiana current recommendations will be considered along with the type of educational setting, the physical condition of the student, and the expected type of interaction with others, including the potential presence of others at higher risk in determining the need for action or exclusion. A team approach may be used for evaluating situations and needs with longer-term communicable diseases.

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