SEASIDE SCHOOL DISTRICT
COMMUNICABLE DISEASE PLAN

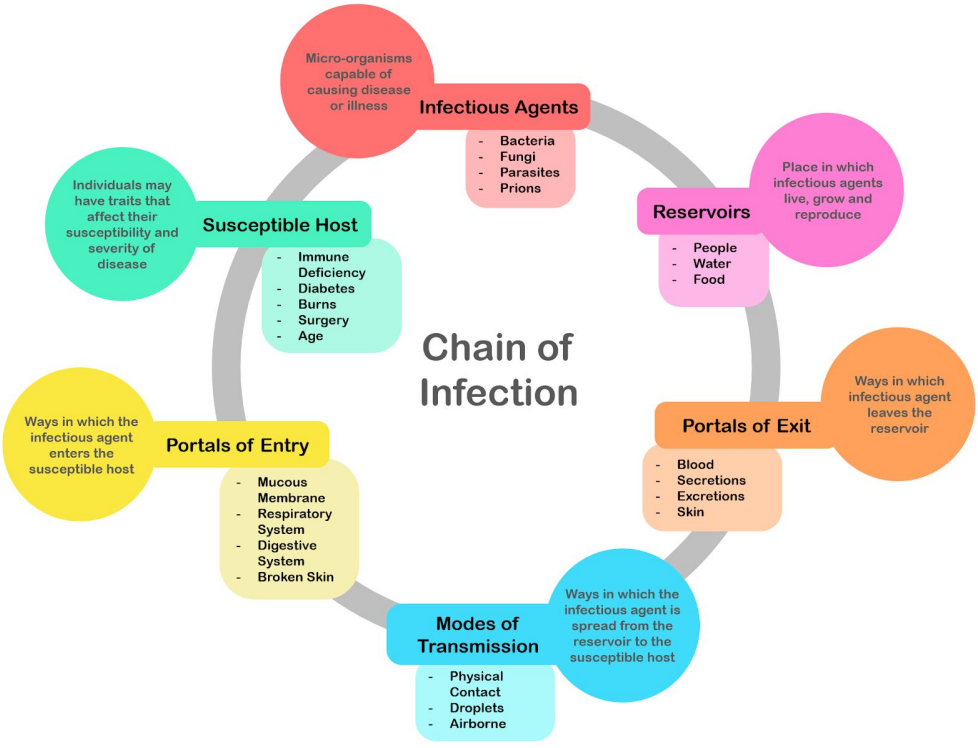
This document was made in collaboration with Clatsop County Public Health Authority, Clatsop County school district registered nurses, Oregon Department of Education and The Oregon Health Authority. (Created: 07-2020)

Communicable disease control and prevention is of significant importance in creating a safe and healthy school environment for students and staff.

A **communicable disease** is an infectious disease that is transmissible by:

- contact with infected individuals or their bodily discharges or fluids,
- contact with contaminated surfaces or objects,
- ingestion of contaminated food or water,
- direct or indirect contact with disease vectors/carriers.

Although the terms ***communicable disease*** and ***contagious disease*** are often used interchangeably, it is important to note that not all communicable diseases that are spread by contact with disease vectors/carriers are considered to be "contagious" diseases since they cannot be spread from direct contact with another person (ACPHD, 2013).



In the school setting there is a **prevention-oriented approach** for communicable disease which is grounded in education, role modeling and standard precautions and hygiene. However, the nature of a population-based setting lends to the need to establish practices for measures and interventions

associated with exposures or potential exposure. This document focuses on a population based set of practices for communicable disease prevention. The subsequent Pandemic Response Plan discusses work practice control measures for staff.

Seaside School District Communicable Disease-Related Board Policies

Communicable Diseases-Student JHCC

Communicable Diseases-Student GBEB

Student Health Services JHC

Animals in District Facilities ING

(new policies replace these after board approval)

Oregon Legislation/Administrative Rules Regarding Communicable Disease

OAR 333-019-0010

Disease Related School, Child Care, and Worksite Restrictions: Imposition of Restrictions

OAR 581-022-2200

Health Services

OAR 410-133-0000

School-Based Health Services

Oregon Health Authority & Oregon Department of Education

Oregon Communicable Disease Guidelines for School

Communicable Disease Prevention

There are a multitude of methods that can be applied to control communicable diseases at a variety of levels. Some of the most common include vector control, hygiene, sanitation and immunization. Fully endorsing the control and prevention of communicable diseases requires a level of understanding of how communicable diseases can be spread. How these communicable diseases are spread depends on the specific infectious agent. Common ways in which communicable diseases spread are include:

- Physical contact with an infected person, such as through touch (staphylococcus), sexual intercourse (gonorrhea, HIV), fecal/oral transmission (hepatitis A), or droplets (influenza, TB)
- Contact with a contaminated surface or object (Norovirus), food (salmonella, E. coli), blood (HIV, hepatitis B, hepatitis C), or water (cholera, listeria);
- Bites from insects or animals capable of transmitting the disease (mosquito: malaria and yellow fever; flea: plague); and
- Travel through the air, such as measles.

In the school setting the most frequent risks are associated with direct contact with ill individuals or contamination of surfaces or through airborne transmission. Primary sources of prevention include hand and surface hygiene, isolation, exclusion and standard precautions.

This section of the plan will provide a brief overview

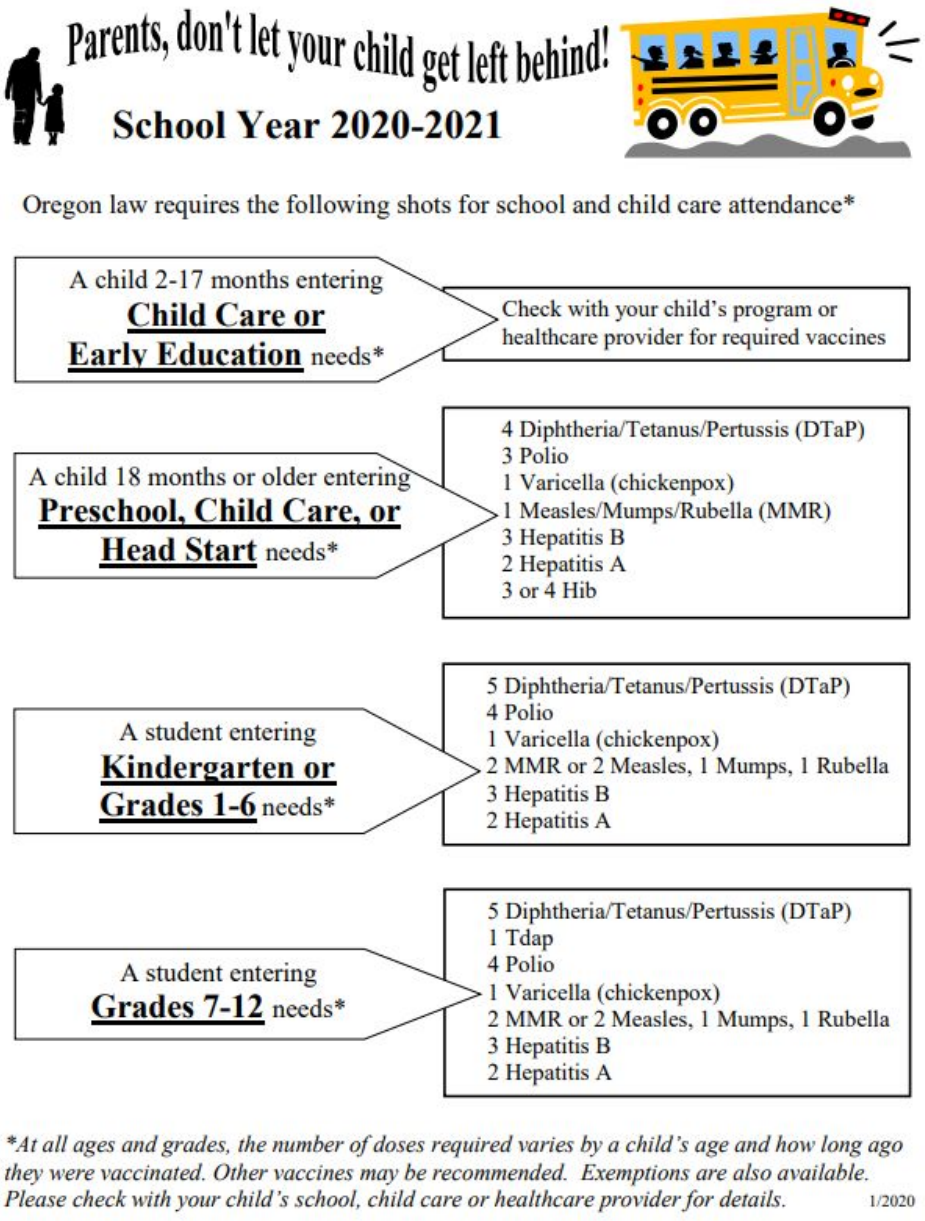
- Common Childhood Infectious Disease
- Vaccines
- Respiratory/Cough Etiquette

<u>Common Childhood Infectious Disease</u>

There are a variety of Common Childhood Infectious Diseases that are regularly encountered in the school setting. Routine childhood respiratory illnesses such as the common cold (adenoviruses, coronaviruses, rhinoviruses) or conditions such as bronchitis, sinusitis, and tonsillitis caused by a variety of bacteria and viruses occur throughout the year. Other conditions such as gastroenteritis (norovirus most frequently) and croup (most commonly parainfluenza) and influenza (A & B) most often occur seasonally. Other common conditions include strep throat, hand foot and mouth disease, fifths disease and staph skin infections. Other, more severe infectious diseases occur sporadically throughout the district throughout the school year.

<u>Vaccines</u>

In the school setting vaccines are an important piece of communicable disease control. Vaccines are a requirement for attending school in Oregon. However, it is important to remark that certain populations may not be vaccinated because of medical contraindications or because of religious or philosophical decisions. Each school has a record of which students are and are not vaccinated with routine childhood immunizations as a primary control measure for outbreaks of vaccine preventable diseases.



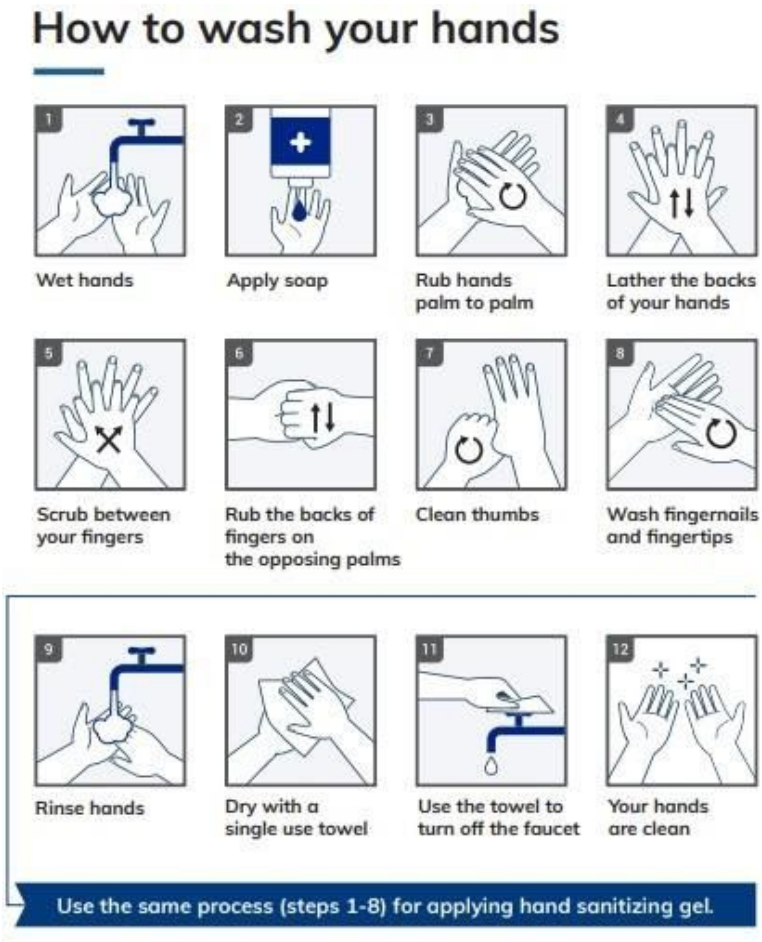
You can find a list of the immunizations required by age by the state of Oregon on the Oregon Health Authority website at:

https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/GETTINGIMMUNIZED/Pages/SchRequiredImm.as

Hygiene

Prevention oriented measures are grounded in education of how diseases are transmitted and practice application related to appropriate sanitizing measures and precautions. Hygiene and sanitation are some of the most important methods of disease prevention.

Handwashing is one of the single most important methods of keeping germs at bay, specifically in the school setting. Appropriate handwashing practices should be taught, role modeled and practiced. As additional preventative measures, during the 2020-2021 school year, all persons entering a school building will wash or sanitize their hands upon entry and exit.



(Image: Multicare.org)

Additional hand hygiene information can be found on the Center For Disease Control website at: www.cdc.gov/handwashing/index.html

Hand sanitizer, while not effective against a large number of pathogens, should be made available for times that handwashing is not immediately accessible. Hand sanitizer should be easily accessible throughout the building, specifically in high contact areas and at entrances and exits as feasible. Hand sanitizer should be accessible in each classroom.

Students and staff should wash hands when:

- **Before, during,** and **after** preparing food
- **Before** eating food
- **Before** and **after** caring for someone at home who is sick with vomiting or diarrhea
- **Before** and **after** treating a cut or wound
- **After** using the toilet
- **After** changing diapers or cleaning up a child who has used the toilet
- **After** blowing your nose, coughing, or sneezing
- **After** touching an animal, animal feed, or animal waste
- **After** handling pet food or pet treats
- **After** touching garbage (CDC, 2020)

When immunocompromised students and staff are present increase in hand hygiene frequency is a necessary prevention intervention.

Respiratory Hygiene/Cough Etiquette

Respiratory hygiene and cough etiquette are terms used to describe infection prevention measures to decrease the transmission of respiratory illness (e.g., influenza and cold viruses). A respiratory infection is spread when a person who is infected with a virus coughs or sneezes. The droplets released from an ill person's cough or sneeze can travel for several feet reaching the nose or mouth of others and causing illness. Viruses can spread easily from person to person through direct contact via touching or shaking hands. Droplets can also live for a short time on a variety of objects such as high touch areas like door knobs or desks. Because some individuals cough without having respiratory infections (e.g., persons with chronic obstructive lung disease), we do not always know who is infectious and who is not. Therefore, respiratory hygiene and cough etiquette are very important components to protecting yourself from illness and preventing others from becoming ill. Like hand hygiene, respiratory hygiene is part of the standard precautions that should be taught, practiced and role modeled to prevent the spread of disease.

(Image: Manitoba Department of Health)

Environmental Surface Cleaning

Clean schools contribute to healthy environments and minimize the risk of communicable disease transmission. Some of the important concepts associated with reduction in illness include scheduling routine cleaning of each classroom and common areas, ensuring appropriate stock of appropriate sanitizers and disinfectants, ensuring garbage is emptied regularly and ensuring any classrooms with pets have a cleaning plan in place to minimize odors or contamination. While environmental cleaning is largely governed by facilities management and custodial services, there are certain classroom measures that can be practiced to improve cleanliness and reduce the risk of illness transmission during peak illness such as increasing access to sanitizing wipes, tissue and hand sanitizer.

Personal Protective Equipment

In some instances, personal protective equipment (PPE) may be necessary to ensure the safety of staff and students. PPE shields the wearer from potentially infectious bacteria or viruses. Masks worn by persons infected with viruses such as influenza have also been shown to decrease the spread of infectious respiratory droplets. If a staff member is required to use PPE, students will be educated as to the reasoning behind these precautions. In the event that an item of PPE has failed (e.g. torn glove/gown) the staff member will immediately report this to their administration. Instructions for safely putting on and removing PPE is shown in Appendix A.

Communicable Disease Exclusion

Communicable diseases are transmitted from person to person by various routes. While some conditions are restrictable based on diagnosis, more often early identification of signs and symptoms of communicable disease is of paramount importance to increase the health of the school population and decrease school absenteeism. In the school environment, many communicable diseases are easily transmitted from one individual to another. Effective control measures include education, avoidance of risk factors, sanitation, vaccination, early recognition of symptoms, health assessment, prompt diagnosis and adequate isolation or treatment (ODE, 2020).

Oregon public health law mandates that persons who work in or attend school who are diagnosed with certain diseases or conditions be excluded from school until no longer contagious. However, diagnosis often presumes a physician visit and specific testing, and schools must often make decisions regarding exclusion based on non-diagnostic but readily identifiable signs or symptoms. Examples of restrictable signs or symptoms are listed in Appendix B.

Restrictable Diseases

Restrictable diseases are specific infectious disease diagnoses that require students or staff to remain at home for a specified amount of time to limit transmission. Restriction is typically associated with the communicability or severity of a disease. Restrictable diseases are reportable to the local health department (LPHA). The local health department typically notifies school health services. Although, there are occasions when the parent will notify the school

first.

Students with diagnoses of disease restrictable by the local public health authority (LPHA) under Oregon Administrative Rule (OAR) 333-019-0010 should return to school when documentation is obtained from the local health department (LPHA) indicating they are no longer communicable including:

- Diphtheria,
- Measles,
- Salmonella
- Typhi infection,
- Shigellosis,
- Shiga-toxigenic Escherichia coli (STEC) infection,
- Hepatitis A,
- Tuberculosis,
- Pertussis,
- Rubella
- Acute Hepatitis B.
- COVID-19 is also declared a restrictable condition under OAR 333-018-0900

If a report is made to the school office, administration or other school staff in regards to any suspected communicable disease diagnosis in students or staff, this should immediately be referred to the district RN. This should be regarded as an urgent referral to the RN if the suspected disease is regarded as a restrictable condition. The district RN and administrators will identify the need for communication, surveillance or control measures. The interventions and communications are driven by multiple factors including the diagnosis, student health status, risk of exposure, number of individuals infected and risk to cohort or specific students. School staff receiving reports should not inform any other students, staff or parents of the report.

<u>COVID-19 Restrictions</u>

- If a student/staff member/visitor has a positive COVID-19 (PCR) test result, the person should remain home for at least 10 days after illness onset and 72 hours after fever is gone, without the use of fever reducing medicine, and other symptoms are improving.
- If they have a negative COVID-19 viral test (and if they have multiple tests, all tests are negative), they should remain home until 72 hours after fever is gone, without use of fever reducing medicine, and all other symptoms are improving.
- If they do not undergo COVID-19 testing, the person should remain home until 72 hours after fever is gone, without use of fever reducing medicine, and all other symptoms are improving. (ODE, Ready Schools, Safe Learners)

<u>Isolation Spaces</u>

As per OAR 581-022-2220, the school district is required to maintain a prevention oriented program which includes a health care space that is appropriately supervised, adequately equipped for first aid, and isolation of ill or injured child/children from the student body.

When students are identified with restrictable diseases or excludable symptoms, students should be isolated in an appropriate space until they can be dismissed to home.

Outbreaks

Outbreaks are most often defined as compatible diagnoses or syndromes in individuals from 2

or more households in the same time period. The attention to outbreaks, interventions and resources are highly dependent on the severity or communicability of the syndrome or pathogen. Outbreak investigations will be facilitated through the district RN in collaboration with administration and the local health department with the use of Oregon Health Authority Outbreak Toolkits for Schools. In the event of illnesses related to novel viruses, the school district's *Pandemic Response Plan* will be deferred to.

Respiratory Illness

Respiratory diseases range from mild and self-limiting, such as the common cold, to life-threatening entities like bacterial pneumonia. Respiratory illnesses are often observed in the school setting.

Vaccine Preventable Disease

A vaccine-preventable disease (VPD) is an infectious disease for which an effective preventive vaccine exists. Current VPD routinely immunized for in the United States includes:

1. Diphtheria*
2. Tetanus*
3. Measles*
4. Mumps*
5. Rubella*
6. Haemophilus influenzae type b infections (Hib)*
7. Pneumococcal infections*
8. Meningococcal disease*
9. Pertussis (whooping cough) *
10. Poliomyelitis (polio)*
11. Hepatitis A*
12. Hepatitis B*
13. Varicella
14. Influenza

**Most VPD's are also notifiable diseases, meaning they are reportable to the local health department and are under constant surveillance. Other diseases where a risk may arise for a particular person or group of people in specific situations are also notifiable conditions, but are not routinely immunized for in the US.*

Gastroenteritis

An outbreak of gastroenteritis is defined as more cases than expected for a given population and time period. For example, two children in a 25-person classroom with vomiting or diarrhea within one week could potentially indicate an outbreak. Because the nature of norovirus (viral gastroenteritis) is common, seasonal and highly infectious, it is unlikely to result in an outbreak investigation unless the number infected, frequency, or duration is unusual. Because symptoms of bacterial gastroenteritis may start with a similar presentation, it is important to evaluate the severity for the duration of illness.

Indicators to report to the district RN include:

- Multiple children with compatible symptoms in 48 hours within the same cohort, but

separate households.

- More than 2 cases of diarrhea with bloody stool in the school setting.
- Sudden onset of vomiting in multiple persons in the same cohort.
- Any unusual combination of gastrointestinal symptoms, severity, duration or incidence.

Other Circumstances

Less commonly, outbreaks of skin infections, novel diseases, or unusual infectious disease circumstances arise. In efforts to ensure appropriate disease control, interventions and follow up will occur. These situations should be deferred to the school nurse immediately and will be handled on a case by case basis. Examples of these circumstance may include:

- More than 2 students from separate households with reported compatible skin infections in the same school setting or athletic team.
- Any student or staff member coming into contact with blood, saliva or feces from a non- domestic animal.
- Any student or staff coming into contact with blood that is not their own.
- Any combination of illness, symptoms, severity, duration or frequency that seems unusual as compared to routine seasonal illness.

The school nurse may decide that additional control measures or data collection is necessary and will consult with administration and LPHA as needed, in regards to determined outbreaks or novel diagnoses. The school RN should always be consulted regarding any written communication that may be developed to notify parents about illness, disease outbreaks, and risks to students, families, and staff and/or control measures specific to the outbreak. For more information, please refer to the district's *Pandemic Response Plan.*

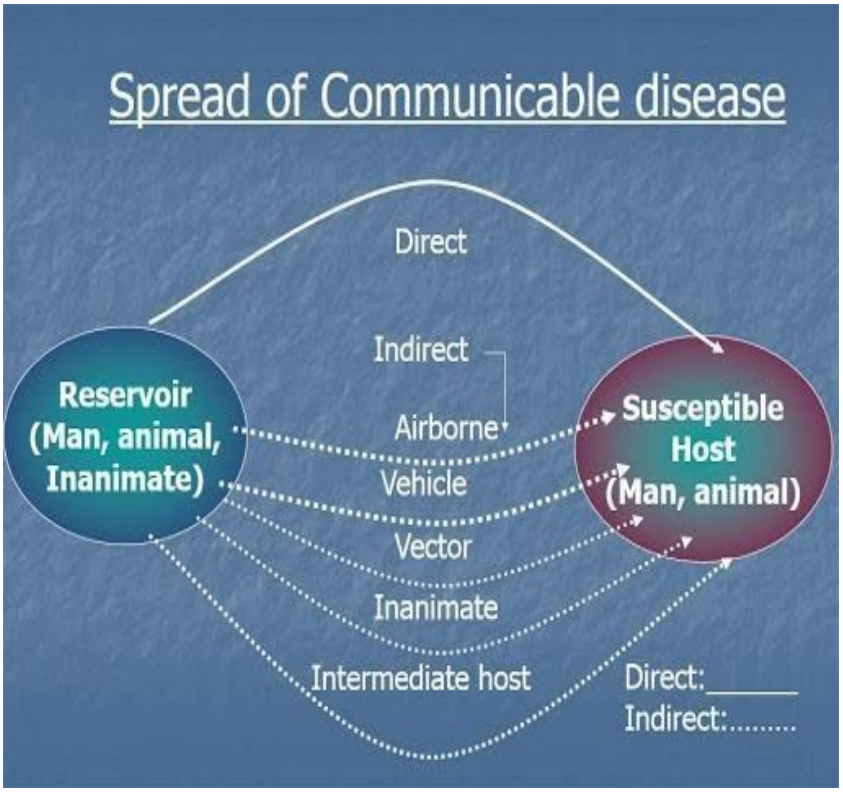
Any presentation of illness or combination of illnesses as described above should be reported to the district RN and administrator.

During the 2020-2021 School Year, the following handwashing, respiratory etiquette practices, and surface cleaning measures are required by the Oregon Department of Education:

- All people on campus should be advised and encouraged to wash their hands frequently.
- Hand sanitizer dispensers will be available near all entry doors and other high-traffic areas.
- All staff, students, and visitors will wash with soap and water for 20 seconds or use an alcohol-based sanitizer when entering/exiting school each day.
- Students will be directed to wash their hands before and after use of playground equipment.
- Students must wash their hands before meals and will be encouraged to do so after.
- Students will be reminded throughout the day through signage and verbal reminders from staff to wash hands and use cough etiquette.
- All staff who interact with multiple groups of students must wash/sanitize hands between interactions with different groups.
- Schools will work to clean, sanitize, and disinfect frequently touched surfaces between uses and maintain clean and disinfected environments including classrooms, cafeteria settings, restrooms and playgrounds.

Animals in School

Animals in schools can have a positive effect in the school environment, but also may cause infectious disease issues for staff and students. School board policies and district applications should be visited for this. Other considerations should be made in regard to controlling spread on infectious disease from animals:



- Wild mammals, alive or recently dead, should not be allowed in school. Bats and skunks have a significant risk of being rabid, and other wild animals may be more prone to causing injury through bites and scratches.
- Dogs, cats, and ferrets allowed in school are recommended to have met current vaccine requirements.
- Any animal bites on school premise should be reported to the local health department for follow up.
- Animals who are ill should not be allowed into the school setting.
- Class pets should be removed if they become ill.
- Handwashing must occur before and after handling of animals to prevent disease transmission.
- Animals should not be present or handled in areas where food and drink are consumed or prepared.
- Children should not kiss high risk animals such as chicks, ducks, turtles, and other reptiles.
- Children should always be monitored with animal interactions.
- Consider the medical needs of students who may be immunosuppressed or who may have allergies as they may become severely ill when exposed to certain pathogens.
- In the event that a student in a classroom is diagnosed with a disease known to be carried by animals (e.g. campylobacteriosis or salmonellosis) the animal should be removed from the classroom setting until the risk is determined to be resolved.

Food Safety

Food safety for kitchen staff is supervised by nutrition services. For the purpose of population based health and food preparation and consumption within the classroom, general food safety standards and disease prevention principles should be endorsed.

<u>For all classrooms</u>

- Hand hygiene is practiced prior to eating.
- General principles of food safety can be taught that are age appropriate.
- Food sharing should be avoided.
- For classroom and school sponsored events, only commercially prepared products are permitted. No homemade goods from non- licensed kitchens.

<u>For all culinary classrooms</u>

- Hand hygiene should always be encouraged.
- Age appropriate food safety principles are taught.
- Appropriate food handling processes must be taught, role modeled and endorsed. This includes overview of:
    - Hand hygiene and appropriate use of gloves.
    - Clean surfaces and appropriate use of sanitizers.
    - Separating raw and ready to eat foods/ avoidance of cross contamination.
    - Cooking food to appropriate temperatures.
    - Appropriate storage and refrigeration.
    - Measures to prevent allergic reactions.
    - Abstaining from food preparation when specific symptoms or specific illnesses have been identified.

References

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Weatherspoon, D. (2019) *Acute Viral Respiratory Infect*ions. Retrieved from https://www.healthline.com/health/acute-respiratory-disease

Images:

- CDC.gov
- Manitoba Department of Health
- Multicare.org
- Open University

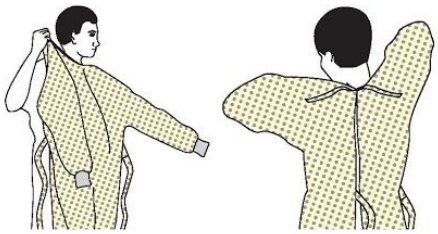
Appendix A: Personal Protective Equipment (PPE)

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

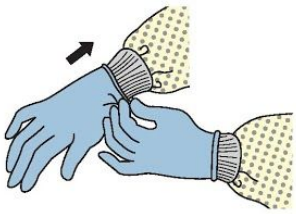
- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit

4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

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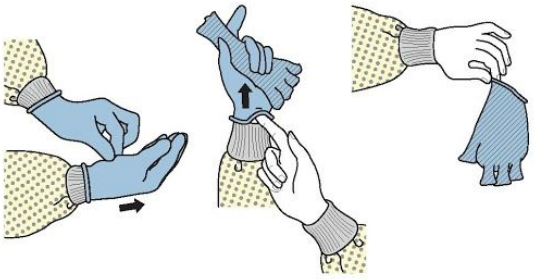
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container

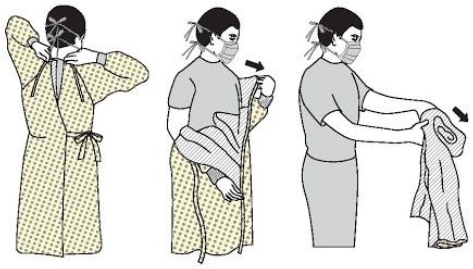


2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. GOWN

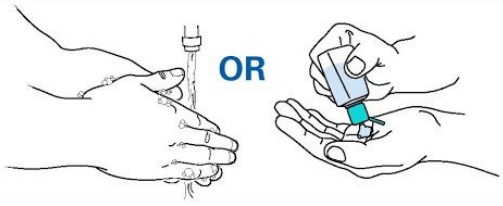
- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container



4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

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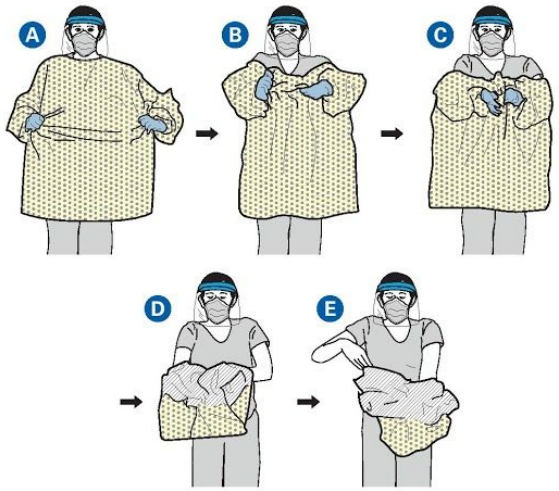
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



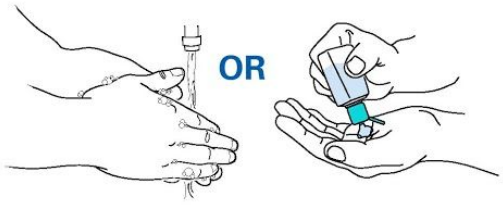
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

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Appendix B: YOUR CHILD SHOULD STAY HOME WHEN

Oregon Health Authority Communicable Disease Guidance 4/21/2020 guideline for exclusion and Local Public Health Authority (LPHA) (Clatsop County Health) Health Care Provider (HCP). **This chart of concerns does not mention every possible complaint indicating exclusion. Does not replace Medical Provider advice.**(May refer to Pandemic/COVID-19 specifics)

Symptom / Illness / Complaint:	School staff will:	Your child may return to school when:
Fever: ≥ **100℉**	Separate child from shared student space. Notify parent/guardian to bring home as soon as possible.	**72 hours** with normal temperature and without fever-reducing medications,(Acetaminophen or (Ibuprofen).
Cough: New, undiagnosed by MD.	Separate child from shared student space. Notify parent/guardian to bring home as soon as possible.	**72 hours** after the cough resolves. If diagnosed pertussis: written clearance by LPHA **OR** Health Care Provider & 5 days of antibiotics.If diagnosed COVID-19: exclude until written clearance by LPHA.
Vomiting (at least one unexplained episode)	Separate child from shared student space. Notify parent/guardian to bring home as soon as possible.	at least **72 hours** after last episode.
Diarrhea (unable to control bowel function, when previously could) OR (sudden onset of loose stools) OR 3 or more loose, watery stools in 24 hours.	Separate child from shared student space. Notify parent/guardian to bring home as soon as possible.	at least **72 hours** after last episode.
Concerning Eye Symptoms: colored discharge OR unexplained eye redness OR eye irritation, pain, swelling.	Separate child from shared student space. Notify parent/guardian for pick up & seek health care provider evaluation for evaluation.	**Eye drainage** & redness has subsided OR Student has been examined and cleared by Medical Provider. **OR** student has been seen by medical provider and indicated therapy has started.
Suspected **Strep Throat**	Separate child from shared student space. Notify parent/guardian for pick up & seek health care provider evaluation as soon as possible.	**Antibiotic therapy** for at least 24 hours & no fever (refer to Fever criteria above). **OR** Health Care Provider written permission.
Skin **rash** or open **sore**	If dispersed & suspicion of associated illness: Separate child from shared student space. Notify parent/guardian as soon as possible. Advise health care provider evaluation. If open sore or fungal area; bandaid to keep covered & must avoid touching.	**No rash.** Cleared by Medical Provider if associated illness exclusion criteria met. If fungal(ringworm) start treatment & exclude from contact sports/activities until resolved. Keep covered. If athlete's foot: start treatment & wear shower sandals, if using locker room showers.
Headache with stiff neck and fever; OR with recent head injury	Separate child from shared student space, if febrile. Provide rest.observe. Notify parent/guardian to pick up for (HCP) as soon as possible.	**Fever & symptom free for 72 hours.**Medical Provider note. OR Medical Provider note following head injury.
Acting different without reason: unusually sleepy or grumpy OR acting differently after a head injury	Notify parent/guardian to bring home & consult HCP as soon as possible. Rest.observe/monitor.	After **return to normal behavior** OR with Health Provider guidance.

A variety of other conditions may not be excludable; however personal physicians may restrict a student from returning to school for a specific duration. In this case a provider's note is needed.