

COMMUNICABLE/INFECTIOUS DISEASES

Teachers shall be alert to signs of illness and communicable disease and refer students who show such symptoms to the school nurse. The building principal shall be notified of all communicable disease cases and contacts in the school.

All students under quarantine shall be excluded from school and school activities and state quarantine regulations shall be observed. The school nurse shall be responsible for notifying the local health department of all students having a communicable disease as required by state law and regulations.

A student shall be excluded from school if he/she has a communicable disease and/or if he/she exhibits symptoms for which the American Academy of Pediatrics advises exclusion from school, or shall observe other protective procedures according to recommendations issued by the school physician.

When a student returns to school after having had a communicable disease, a certificate from the attending physician is required. The building principal and/or the school nurse must give permission before the student is readmitted to class.

Legal Reference: 5 M.R.S.A. § 19201 et seq.
 20-A M.R.S.A. §§ 1001.11-A, 6301
 22 M.R.S.A. . §§ 801, 802, 806, 823, 824
 DHHS Bureau of Health, Rule Chapter 258

Cross Reference: School Exclusion Guidelines

Adopted by the Wells-Ogunquit C.S.D. School Committee: 01/05/05

SCHOOL EXCLUSION CRITERIA

ADMINISTRATIVE PROCEDURE

Exclusion is necessary when a student's illness requires a greater degree of observation or care than school staff can safely provide, poses a threat to the health or safety of others, or precludes any benefit of attending class because of the inability to focus and learn.

Children should be excluded for the following as recommended by the latest edition of the American Academy of Pediatrics:

- Any of the following conditions suggesting possible severe illness: fever, lethargy, irritability, persistent crying, difficult breathing, or other manifestations of possible severe illness
- Diarrhea or stools that contain blood or mucus
- Vomiting two or more times during the previous 24 hours, unless the vomiting is determined to be caused by a non-communicable condition and the child is not in danger of dehydration
- Mouth sores associated with drooling, unless the child's physician or local health department authority states that the child is noninfectious
- Rash with a fever or behavioral change, until a physician has determined the illness is not a communicable disease
- Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep and eye pain or redness of the eyelids or skin surrounding the eye), until examined by a physician and approved for readmission
- Tuberculosis, until the child's physician or local health department authority states that the child is noninfectious
- Impetigo, until 24 hours after treatment has been initiated
- Streptococcal pharyngitis, until 24 hours after treatment has been initiated
- Head lice (pediculosis) until after the first treatment
- Scabies, until after treatment has been given
- Varicella, until all lesions have dried and crusted (usually six days after onset of rash)
- Pertussis, until five days of appropriate antimicrobial therapy (which is to be given for a total of 14 days)
- Mumps, until nine days after onset of parotid gland swelling
- Measles, until four days after onset of rash
- Hepatitis A virus (HAV) infection, until one week after onset of illness or jaundice
- Shiga toxin-producing Escherichia coli, including E coli O157:h7 or Shigella infection, until diarrhea resolves and results of two stool cultures are negative for these organisms