



EDMOND PUBLIC SCHOOLS

**DISEASE AND ILLNESS
HEALTH GUIDELINES**

Revised March 2020

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DISEASE AND ILLNESS HEALTH GUIDELINES**

DISEASE	COMMON SYMPTOMS	METHOD OF TRANSMISSION	HOW TO CONTROL	EXCLUSION
<p>AIDS (ACQUIRED IMMUNE DEFICIENCY SYNDROME)</p>	<ul style="list-style-type: none"> • Unexplained fevers. • Failure to grow & develop well. • Enlarged lymph nodes. • Swollen salivary glands. • Frequent infections, including diarrhea, thrush, pneumonia. 	<p>Blood and body fluids, sexual intercourse, sharing needles.</p> <p>Not spread through typical classroom activities, such as contact with surfaces touched by infected individuals.</p>	<p>Practice Standard Universal Precautions.</p> <p>Wear gloves when handling any body fluids.</p>	<p>Individual case consideration.</p>
<p>BEDBUGS</p>	<ul style="list-style-type: none"> • Itchy bites, often in a straight line, on areas that are exposed during the night. • Bites often have red dot in the middle of raised red bump. • Difficult to distinguish from other insect bites. 	<p><u>NOT</u> spread from person to person.</p> <p>During the daytime bedbugs do not remain on the affected person.</p> <p>May hide in belongings. Crawl at speed of ladybug.</p>	<p>Provide enough space between each child's belongings so they do not touch.</p> <p>Limit items that travel back and forth between home and school.</p>	<p><u>NO EXCLUSION.</u></p>
<p>"C DIFF" CLOSTRIDIUM DIFFICILE</p>	<ul style="list-style-type: none"> • Diarrhea. • Mild abdominal pain. • Low grade fever. • More severe symptoms may occur in immunocompromised children. 	<p>Fecal-oral route.</p>	<p>Good Handwashing.</p>	<p><u>EXCLUDE UNTIL NO DIARRHEA FOR 24 HOURS WITHOUT MEDICATION.</u></p>

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CHICKEN POX (VARICELLA)	<ul style="list-style-type: none"> Slight fever, runny nose, cough. Itchy red spots that develop into small blisters which scab. May be in stages of pimple, blister, and scab at the same time. Child does not feel well. 	<p>Airborne through respiratory secretion droplets and/or infected dust particles.</p> <p>Direct contact with blisters or articles freshly soiled by discharge from blisters.</p>	<p>If high fever or severe illness, consult a physician.</p> <p>Immunization is the most effective method for prevention.</p>	<p><u>EXCLUDE 6 DAYS FROM APPEARANCE OF RASH OR UNTIL ALL BLISTERS ARE CRUSTED OVER OR DRY (SCAB).</u></p>
CMV (CYTOMEGALOVIRUS)	<ul style="list-style-type: none"> Most people with CMV do not become ill. Fever, sore throat, swollen glands, and tiredness may be present. 	<p>Symptoms occur 3-12 weeks after infection. Virus may remain in the body throughout a person's life without symptoms.</p> <p>Virus may be found in blood, urine or saliva of infected persons with or without symptoms.</p>	<p>Good hand washing is the best way to prevent infection.</p> <p>Wear disposable gloves when handling body fluids.</p> <p><i>Pregnant women should wash hands after handling wet diapers or contact with saliva or urine. They should notify their personal physician about CMV infection.</i></p>	<p><u>NO EXCLUSION IF TEMPERATURE HAS BEEN LESS THAN 100° F FOR 24 HOURS WITHOUT MEDICATION.</u></p> <p><u>OR MEETS CONDITIONS REQUIRING TEMPORARY EXCLUSION.*</u></p>
COMMON COLD (UPPER RESPIRATORY INFECTION)	<ul style="list-style-type: none"> Runny or stuffy nose. Sneezing. Sore or scratchy throat. Cough. Watery eyes. Fever. Chills. Headache. Earache. 	<p>Close person-to-person contact.</p> <p>Contact with respiratory droplets formed through talking, sneezing and/or coughing.</p> <p>Direct contact.</p>	<p>If high fever or severe symptoms, consult a physician.</p> <p>Good hand washing.</p> <p>Prevent contact with respiratory secretions.</p>	<p><u>EXCLUDE IF TEMPERATURE 100° F OR ABOVE AND UNTIL FEVER FREE FOR 24 HOURS WITHOUT MEDICATION.</u></p>
DIARRHEA	<ul style="list-style-type: none"> Frequent loose, watery stools. Abdominal cramps and/or tenderness. Fever. Not feeling well. 	<p>Varies with causative agent or disease.</p>	<p>GOOD PERSONAL HYGIENE AND HAND WASHING.</p>	<p><u>EXCLUDE UNTIL NO DIARRHEA AND/OR FEVER FOR 24 HOURS WITHOUT MEDICATION.</u></p>

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FEVER	<ul style="list-style-type: none"> Oral temperature 100° F or above. 	Varies with cause of fever.	Temperature below 100° F, children may stay in school.	<p><u>EXCLUDE IF TEMPERATURE IS 100° F OR ABOVE. CHILD MAY RETURN TO SCHOOL WHEN HE/SHE HAS BEEN FEVER FREE FOR 24 HOURS WITHOUT MEDICATION.</u></p>
FEVER BLISTER (HERPES SIMPLEX)	<ul style="list-style-type: none"> Fever. Fatigue. Irritability. Tender, swollen lymph nodes. Blisters on or inside the mouth and on the gums and lips. Blisters weep clear fluid, bleed and are slow to scab over. 	Direct contact with contaminated saliva and open sores.	<p>Good hand washing.</p> <p>Do not touch sores.</p>	<p><u>NO EXCLUSION.</u></p> <p><u>UNLESS MEETS CONDITIONS REQUIRING TEMPORARY EXCLUSION.*</u></p>
FIFTH DISEASE (SLAPPED CHEEK)	<ul style="list-style-type: none"> Fever. Headache. Tired, muscle aches. Red "slapped cheek" appearance. Lace-like rash which spreads to the rest of the body. The rash comes and goes with environmental changes. Sunlight or warmth can make rash worse for weeks or even months. 	Contact with respiratory droplets formed through talking, sneezing and/or coughing.	<p>Contagious 4-14 days before the rash appears. NO LONGER CONTAGIOUS ONCE RASH <u>APPEARS.</u></p> <p><i>Pregnant employees should check with their physician when an outbreak occurs at school.</i></p>	<p><u>ONLY EXCLUDE FOR FEVER 100° F OR ABOVE, COUGH OR SORE THROAT.</u></p> <p><u>OR MEETS CONDITIONS REQUIRING TEMPORARY EXCLUSION.*</u></p>

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FLU (INFLUENZA) (RESPIRATORY INFLUENZA)	<ul style="list-style-type: none"> • Sudden onset of symptoms. • Fever. • Chills. • Headache. • Extreme tiredness. • Muscle or body aches. • Sore throat. • Nasal congestion. • Cough. • Croup/bronchiolitis/pneumonia. • Mild pink eye. • Abdominal pain. • Nausea, vomiting, and/or diarrhea. 	Same as the common cold. Person to person by direct contact, airborne droplet, or by contact with articles contaminated by respiratory secretions.	Same as the common cold. Vaccination recommended for most individuals over 6 months of age.	<p><u>EXCLUDE UNTIL FEVER FREE FOR 24 HOURS WITHOUT MEDICATION.</u></p> <p><u>OR MEETS CONDITIONS REQUIRING TEMPORARY EXCLUSION.*</u></p>
HAND, FOOT & MOUTH DISEASE	<ul style="list-style-type: none"> • Signs and symptoms of common cold. • Fever, sore throat, runny nose, cough. • Small sores or blisters in mouth, on hands, and feet. • Looks like chicken pox at first. 	Contact with respiratory droplets formed through talking, sneezing and/or coughing. Contact with objects contaminated with respiratory secretions. Fecal-oral route.	Practice good hand washing. Prevent contact with respiratory secretions.	<p><u>NO EXCLUSION.</u></p> <p><u>UNLESS MEETS CONDITIONS REQUIRING TEMPORARY EXCLUSION.*</u></p>
HEPATITIS A (HAV) (INFECTIOUS HEPATITIS)	<ul style="list-style-type: none"> • Fever. • Loss of appetite. • Nausea and/or vomiting. • Abdominal discomfort. • Fatigue. • Dark brown urine. • Jaundice (yellowing of the skin and white of eyes). 	Person to person, usually by fecal-oral route. Direct contact, diaper changing, or food prepared by infected food handlers.	Consult physician. Most contagious 1-2 weeks before onset of symptoms. GOOD PERSONAL HYGIENE AND HAND WASHING BEFORE AND AFTER USING THE RESTROOM. Immunization is the most effective method for prevention. <i>Report to Health Department.</i>	<p><u>EXCLUDE.</u></p> <p><u>PHYSICIAN'S RELEASE NECESSARY FOR RETURN TO SCHOOL.</u></p>

DISEASE	COMMON SYMPTOMS	METHOD OF TRANSMISSION	HOW TO CONTROL	EXCLUDE
HEPATITIS B (HBV) (SERUM HEPATITIS)	<ul style="list-style-type: none"> • Jaundice. • Nausea/vomiting. • Muscle aches. • Anorexia (loss of appetite). • Fatigue. • Joint pain. • Rash. • Fever. 	Contamination from blood or body fluids of an infected person. Sexual intercourse with an infected person. Often by contaminated needles and syringes.	Consult physician. Immunization is the most effective method for prevention. <i>Report to Health Department.</i>	<u>EXCLUDE IF WEeping SORES CANNOT BE COVERED, HAS A BLEEDING PROBLEM, EXHIBITS A BITING OR SCRATCHING BEHAVIOR THAT WOULD LEAD TO BLEEDING.</u> <u>OR MEETS CONDITIONS REQUIRING TEMPORARY EXCLUSION.*</u>
IMPETIGO	<ul style="list-style-type: none"> • Blister like sores that develop into yellow crusting skin lesions. • Usually around the mouth, nostrils, hands, elbows, and knees. 	Direct or indirect contact with lesions.	Contagious until treated with antibiotics or all lesions are gone. <u>LESIONS MUST BE COVERED.</u>	<u>EXCLUDE UNTIL MEDICAL TREATMENT IS STARTED.</u> <u>PHYSICIAN'S RELEASE NECESSARY FOR RETURN TO SCHOOL.</u>
LICE (PEDICULOSIS) An Edmond Public Schools Nurse will be available to verify absence of lice and issue the <u>required</u> signed statement for re-admission to school at the following time and location: *Special Services Center 53 E 12 th Street Edmond, OK 73034 Every School Day Call for scheduled times 405-340-2215	<ul style="list-style-type: none"> • Adult lice found in hair. • Nits (eggs) closer than 1 cm. to the scalp. • Can affect scalp, body, pubic areas. • Intense itching, irritation, secondary infections may occur with scratching. 	Direct head to head contact with infected individuals. Less commonly, by contact with infected articles of clothing, headgear, furniture, or bedding.	<u>TREAT WITH A PEDICULOCIDE SHAMPOO. RETREATMENT RECOMMENDED IN 7-10 DAYS FOR MOST SHAMPOOS TO PREVENT REINFESTATION.</u> Louse life cycle is about 1 month. Incubation period of louse eggs is 6-10 days. Lice mature in 2 weeks. Head lice are a nuisance, not a health hazard.	<u>EXCLUDE UNTIL TREATMENT IS STARTED AND STUDENT IS CLEARED TO RETURN TO SCHOOL. FOR READMISSION TO SCHOOL, THE STUDENT MUST PRESENT A SIGNED STATEMENT FROM A HEALTH PROFESSIONAL* OR AUTHORIZED REPRESENTATIVE OF THE STATE DEPARTMENT OF HEALTH (MAY BE SCHOOL NURSE) DECLARING THE STUDENT TO BE FREE OF LICE.</u> *See availability of Edmond Public Schools Nurse in column one.

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MEASLES	<ul style="list-style-type: none"> • Fever. • Cough. • Runny Nose. • Red, watery eye.s • Rash at hairline spreading over the body. 	Airborne through respiratory secretion droplets and/or infected dust particles.	Immunization is the most effective method for prevention.	<p><u>EXCLUDE IMMEDIATELY.</u></p> <p><u>PHYSICIAN’S RELEASE NECESSARY FOR RETURN TO SCHOOL.</u></p> <p>Consultation with local public health authorities may be considered regarding excluding <u>unimmunized</u> individuals if case of measles is documented in the school population.</p>
MENINGITIS (BACTERIAL AND VIRAL)	<ul style="list-style-type: none"> • Abrupt onset of fever. • Blood red rash. • Intense headache. • Nausea and/or vomiting. • Loss of appetite. • Sometimes a stiff neck. • Irritability/behavioral changes. • Sensitivity to bright light. • Confusion. • Drowsiness. • Seizures. • Coma. 	<p>Respiratory secretions from children who carry germs that cause meningitis.</p> <p>Contact with objects contaminated with respiratory secretions from children who carry germs that cause meningitis.</p> <p>Fecal-oral route.</p>	<p>Consult physician immediately.</p> <p>Can develop over several hours or take 1-2 days.</p> <p>Immunization is the most effective method for prevention.</p> <p>GOOD PERSONAL HYGIENE AND HAND WASHING. CLEANING CONTAMINATED SURFACES, SUCH AS HANDLES AND DOORKNOBS.</p>	<p><u>EXCLUDE IMMEDIATELY.</u></p> <p><u>PHYSICIAN’S RELEASE NECESSARY FOR RETURN TO SCHOOL.</u></p>
MOLLUSCUM CONTAGIOSUM	<ul style="list-style-type: none"> • Small, flesh colored, dome shaped bumps on the skin. • Lesions are commonly located on the face, neck, arms, legs, abdomen, or genital area. 	Direct or indirect contact with shared items, such as clothing, towels, and washcloths.	<p>Consult physician.</p> <p>Contagious period is unknown.</p> <p>GOOD PERSONAL HYGIENE AND HAND WASHING. DO NOT SHARE WASHCLOTHS, TOWELS OR CLOTHING.</p>	<p><u>NO EXCLUSION.</u></p> <p><u>MUST KEEP LESIONS COVERED.</u></p>

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<p>MONO (MONONUCLEOSIS)</p>	<ul style="list-style-type: none"> • Symptoms may be mild or not at all in younger children. • Fever. • Sore throat. • Swollen lymph glands. • Fatigue. • Occasional rash. • Enlarged liver and spleen. 	<p>Close person to person contact via saliva, i.e. saliva on hands/toys, or kissing on the mouth.</p>	<p>Consult Physician. Avoid transfer or contact with saliva. Practice good hand washing.</p>	<p><u>NO EXCLUSION.</u> <u>UNLESS MEETS CONDITIONS REQUIRING TEMPORARY EXCLUSION.*</u></p>
<p>MUMPS</p>	<ul style="list-style-type: none"> • Most cases, swollen glands below and in front of ears, under jawline. • Fever. • Headache. • Earache. • Painful swelling of testicles may occur in teenage males. • Abdominal pain due to swelling of ovaries may occur in teenage females. 	<p>Contact with respiratory droplets formed through talking, sneezing and/or coughing.</p>	<p>Immunization is the most effective method for prevention.</p>	<p><u>EXCLUDE.</u> <u>PHYSICIAN'S RELEASE NECESSARY FOR RETURN TO SCHOOL.</u> Consultation with local public health authorities may be considered regarding excluding <u>unimmunized</u> individuals if case of mumps is documented in the school population.</p>
<p>PINK EYE (CONJUNCTIVITIS)</p>	<ul style="list-style-type: none"> • Red or pink, tearing, swelling, burning, itching of eye(s). • More than a tiny amount of thick yellow/green discharge from eye(s). • Affected eye(s) may be crusted shut in the morning. • Sensitivity to light. • May affect one or both eyes. 	<p>Direct or indirect contact with eye drainage.</p>	<p>Consult Physician. Good handwashing. Sanitation of objects commonly touched. Readily communicable in the classroom.</p>	<p><u>NO EXCLUSION.</u> <u>UNLESS MEETS CONDITIONS REQUIRING TEMPORARY EXCLUSION.*</u></p>
<p>PINWORM</p>	<ul style="list-style-type: none"> • May have no signs or symptoms. • Itching and irritation around anal or vaginal area. 	<p>Fecal-oral route.</p>	<p>Consult Physician. Good handwashing.</p>	<p><u>NO EXCLUSION.</u></p>

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POISON IVY POISON OAK POISON SUMAC	<ul style="list-style-type: none"> Itching, burning followed by blisters and weepy skin. 	Usually direct contact with plants or resins. The oils can stay on contaminated objects for long periods of time.	Refer to physician if reaction is severe. Reaction may begin in a few hours to 4 days after exposure.	<p><u>NO EXCLUSION.</u></p> <p><u>UNLESS MEETS CONDITIONS REQUIRING TEMPORARY EXCLUSION.*</u></p> <p><u>MUST KEEP COVERED.</u></p>
RINGWORM	<ul style="list-style-type: none"> <u>Skin of body or feet:</u> Red circular patches with raised edges and central clearing, cracking and peeling of skin between toes. <u>Scalp:</u> Redness and scaling of infected areas with broken hairs or patches of hair loss. 	Contact with infected humans or animals or contaminated surfaces or objects, such as combs, brushes, towels, clothing, or bedding.	Once medication has been started, the student is no longer considered infectious.	<p><u>EXCLUDE UNTIL TREATMENT IS STARTED.</u></p> <p><u>MUST KEEP COVERED.</u></p>
ROCKY MOUNTAIN SPOTTED FEVER	<ul style="list-style-type: none"> Fever. Severe headache. Nausea/vomiting. Muscle aches. Characteristic rash which starts on wrists and ankles and spreads to trunk; palms and soles may be involved. Rash is flat, frequently petechial (described as tiny purple blood blisters). 	Transmitted to humans by the bite of a tick.	Care should be used in tick removal. If possible, save tick. <i>Report to Health Department.</i>	<p><u>EXCLUDE UNTIL FEVER FREE FOR 24 HOURS WITHOUT MEDICATION.</u></p> <p><u>IF FEVER FREE, NO EXCLUSION, SINCE DISEASE IS TRANSMITTED BY TICK BITE.</u></p>
ROSEOLA	<ul style="list-style-type: none"> High fever (above 103° F) which lasts 3-7 days, followed by red rash lasting from hours to days. Seizure may occur due to fever. 	Contact with respiratory droplets formed through talking, sneezing and/or coughing.	Good Handwashing.	<p><u>NO EXCLUSION.</u></p> <p><u>UNLESS MEETS CONDITIONS REQUIRING TEMPORARY EXCLUSION.*</u></p>

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RUBELLA <i>Note: not same as Rubeola.</i> (GERMAN MEASLES)	<ul style="list-style-type: none"> Slight fever. Faint pink rash. Joint aches. Swollen lymph nodes. 	Contact with respiratory secretions or droplets formed through talking, sneezing and/or coughing.	Consult physician. <i>Report to Health Department.</i>	<u>EXCLUDE UNTIL 7 DAYS AFTER APPEARANCE OF RASH.</u> <u>PHYSICIAN'S RELEASE NECESSARY FOR RETURN TO SCHOOL.</u>
SCABIES	<ul style="list-style-type: none"> Intense itching, especially at night. Rash: raised bumps or small blisters, tiny burrow-like lines under the skin. Commonly found between the fingers, toes, around wrists, waist line, elbows, under arms, underneath bra line. 	Close personal contact.	Consult physician. Contagious until treated by doctor.	<u>EXCLUDE UNTIL TREATMENT IS STARTED.</u> <u>PHYSICIAN'S RELEASE NECESSARY FOR RETURN TO SCHOOL.</u>
SEXUALLY TRANSMITTED DISEASES: GONORRHEA SYPHILIS HERPES SIMPLEX II	<ul style="list-style-type: none"> Often asymptomatic in both males and females. <u>GONORRHEA</u>: May have burning on urination, yellowish discharge. <u>SYPHILIS</u>: May include painless sore at site where organism entered body. <u>HERPES SIMPLEX II</u>: Very painful sores on or around genitalia. 	All forms by direct personal contact. Sexual intercourse.	Consult physician or Health Department. Communicable for weeks to years if untreated.	<u>NO EXCLUSION UNLESS MEDICALLY RECOMMENDED.</u>
SHIGELLA	<ul style="list-style-type: none"> Loose, watery stools with blood or mucus. Fever. Headache. Convulsions. Abdominal pain. 	Fecal-oral route.	Good hand washing. <i>Report to Health Department.</i>	<u>EXCLUDE UNTIL RELEASED BY PHYSICIAN.</u>

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SHINGLES	<ul style="list-style-type: none"> Rash of red bumps and blisters which may be painful or itchy. Typically in a narrow area along one side of the body. 	Direct by person to person contact.	<p>Good Handwashing.</p> <p>Contagious until blisters are crusted over.</p>	<p><u>NO EXCLUSION.</u></p> <p><u>UNLESS RASH CANNOT BE KEPT COVERED WHILE AT SCHOOL.</u></p>
<p>STAPH INFECTION (STAPHYLOCOCCUS AUREUS)</p> <p>MRSA (METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS)</p>	<ul style="list-style-type: none"> Skin infection that appears as a bump. May be red, swollen, painful, warm to touch, full of pus or drainage, accompanied by a fever. 	Skin to skin contact and contact with surfaces that have come into contact with someone else's infection.	Good Handwashing.	<p><u>EXCLUDE IF WOUND DRAINAGE (PUS) CANNOT BE COVERED WITH A CLEAN DRY BANDAGE.</u></p>
<p>STREP THROAT (SCARLET FEVER)</p>	<p>Symptoms include some or all of the following:</p> <ul style="list-style-type: none"> Fever. Headache. Sore throat. Stomachache. Swollen lymph nodes in neck. Decreased appetite. <p>Diagnosis of strep throat is less likely if the following occur:</p> <ul style="list-style-type: none"> Runny nose. Cough. Congestion. 	<p>Contact with respiratory secretions or droplets formed through talking, sneezing and/or coughing.</p> <p>Close contact can facilitate transmission.</p>	<p>Good Handwashing.</p> <p>Consult physician.</p>	<p><u>EXCLUDE UNTIL AT LEAST 12 HOURS OF TREATMENT HAS BEEN GIVEN.</u></p>
<p>TB (TUBERCULOSIS)</p>	<ul style="list-style-type: none"> Fatigue. Weight loss. Fever. Night sweats. Chronic cough. Chest pain, and/or coughing up blood. Growth delay. 	Spread by inhalation of airborne droplet from one person to another.	<p>Consult physician.</p> <p><i>Report to Health Department.</i></p>	<p><u>EXCLUDE UNTIL RELEASED BY PHYSICIAN.</u></p>

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VOMITING	<ul style="list-style-type: none"> • Nausea. • Abdominal pain. • Diarrhea. • Fever. 	Varies with causative agent or disease.	GOOD PERSONAL HYGIENE AND HAND WASHING.	<u>EXCLUDE UNTIL NO VOMITING FOR 24 HOURS WITHOUT MEDICATION.</u>
WHOOPING COUGH (PERTUSSIS)	<ul style="list-style-type: none"> • Cold like symptoms. • Severe coughing leading to: <ul style="list-style-type: none"> ✓ Vomiting while coughing. ✓ Loss of breath, difficulty catching breath. ✓ Cyanosis (bluish color). ✓ Develops into violent coughing fits within 1-2 weeks. • High pitched crowing/whooping sound when breathing in after coughing episode. • Coughing episodes last for weeks to months. • Usually low grade fever, if a fever occurs at all. 	Contact with respiratory secretions or droplets formed through talking, sneezing and/or coughing.	Consult physician. Immunization is the most effective method for prevention. <i>Report to Health Department.</i>	<u>EXCLUDE UNTIL STUDENT ON ANTIBIOTICS FOR 5 DAYS OR 21 DAYS FROM ONSET IF NO ANTIBIOTICS.</u>

***Conditions Requiring Temporary Exclusion**

- **Illness/condition that prevents the child from participating comfortably in activities as determined by staff members of school.**
- **Illness/condition that results in a need for care that is greater than staff members can provide without compromising the health and safety of other children.**
- **Illness/condition that poses a risk to self or others based on specific excludable conditions, which include: severely ill appearance-which may consist of lethargy, irritability, persistent crying, difficulty breathing, rapidly spreading rash; fever; diarrhea; vomiting; abdominal pain that continues for more than 2 hours; mouth sores with drooling that cannot be controlled; rash with fever; skin sores that are weeping fluid and cannot be covered; strep throat; untreated head lice, scabies, ringworm, or impetigo; chickenpox; rubella; pertussis; mumps; measles; hepatitis A**

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Sources:
 Aronson, S. S., & Shope, T. R. (Eds.). (2020). *Managing infectious diseases in child care and schools: A quick reference guide* (5th ed.). Itasca, IL: American Academy of Pediatrics.
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