

### **Acute Gastroenteritis**

Acute gastroenteritis is characterized by vomiting usually followed by frequent, loose, watery stools and abdominal cramping. It is sometimes accompanied by a fever and symptoms last two to five days. The incubation period is 24 to 72 hours. The period of communicability is during the acute stage and for a short time thereafter while the infectious agent is being excreted.

The protocol for responding to cases of acute gastroenteritis is as follows:

1. If a student shows any signs or symptoms of vomiting (two or more times), diarrhea (two or more loose stools requiring frequent trips to the bathroom), the child should be excluded from school in order to prevent the spread of disease to other students.
2. When the child is symptom free for 24 hours and has resumed a normal diet without recurrence of symptoms, he/she may return to school.

References for information on this topic include the following:

1. School Health: Policy and Practice, American Academy of Pediatrics (2004), pp. 235-236.
2. State of Delaware, Department of Education, School Nursing: Technical Assistance Manual (2/2006), Section C, pp. 36-37.

### **Conjunctivitis (Pink Eye)**

Conjunctivitis (pink eye) is an inflammation of the eye that is caused by a bacteria, virus or allergies. If conjunctivitis is caused by a virus or bacteria, it is easily spread.

The protocol for responding to cases of conjunctivitis is as follows:

1. Any student with symptoms of bacterial or viral conjunctivitis will be excluded from school until symptoms have resolved or the student has been treated for 24 hours.

References for information on this topic include the following:

1. 2009 Red Book: Report of the Committee on Infections Diseases, American Academy of Pediatrics, p. 144.
2. State of Delaware, Department of Education, School Nursing: Technical Assistance Manual (2/2006), Section C, pp. 39-40.

### **Fever**

Normal body temperatures typically range from 97.6 to 99.6 degrees orally; however, temperatures can fluctuate during the day or with specific activities. Most references agree that an oral temperature greater than 100 degrees is a low-grade fever. Fevers are a symptom and the underlying cause of the fever should be determined. Most often, fevers are caused by infections.

The protocol for responding to cases of fever is as follows:

1. Any child with a temperature greater than 100 degrees will be excluded from school.
2. Any child who is excluded from school due to fever should have a temperature within the normal range (less than 100 degrees) for 24 hours *without* taking Tylenol (Acetaminophen) or Advil (Ibuprofen) prior to returning to school.
3. The attached form is provided for use when a student has a fever and is excluded from school.

References for information on this topic include the following:

1. KidsHealth.org, Larissa Hirsch, MD Aug 2009.
2. State of Delaware, Department of Education, School Nursing: Technical Assistance Manual (2/2006), Section C, p. 43.

**Impetigo**

Impetigo is a skin infection caused by either staphylococcal or streptococcal bacteria. Impetigo is extremely contagious and can spread quickly to other students.

The protocol for responding to cases of impetigo is as follows:

1. Any child with a rash that appears to be impetigo will be excluded from school for 24 hours after treatment has begun to prevent the spread to other students. A doctor's note must be provided upon return to school.

References for information on this topic include the following:

1. 2009 Red Book: Report of the Committee on Infections Diseases, American Academy of Pediatrics, p. 129.
2. State of Delaware, Department of Education, School Nursing: Technical Assistance Manual (2/2006), Section C, p. 48.

**Pediculosis (Head Lice)**

The school nurse supports and develops appropriate and consistent policies and procedures regarding pediculosis (head lice) and the school-age child.

Responsibilities of the school nurse are as follows:

1. To screen symptomatic student(s) and refer to parent for treatment
2. To minimize school absence
3. To educate parent and school community
4. To advocate for prevention of overexposure to potentially hazardous chemicals

Responsibilities of the parent/student are as follows:

1. To provide timely and appropriate treatment to rid student's head of lice
2. To provide ongoing surveillance of student and other household contacts, and treat appropriately
3. To communicate with the school nurse regarding treatment measures taken

The protocol for responding to cases of pediculosis is as follows:

1. The school nurse will screen for pediculosis if child complains of his/her head itching or is noted to be scratching head excessively.
2. If upon examination no live lice or nits (eggs) are found, student returns to class.
3. If nits are present but no live lice are evident, the parent will be contacted to inquire about recent treatment if it occurred, and to recommend the removal of nits. The student will return to class.
4. If live lice are present, the parent/guardian will be contacted, and the student will be sent home for treatment.
5. Treatment should commence promptly to minimize school absence.
6. The school nurse will determine if the student has been treated adequately and may attend classes upon return to school after treatment.

The following responses are considered unjustified:

1. Notification of classmate's parents
2. Mass screenings
3. Insecticide treatments to school environment

References for information on this topic include the following:

1. American Academy of Pediatrics (AAP). 2004. School Health Policy and Practice, 6<sup>th</sup> edition. American Academy of Pediatrics, Elk Grove Village, Ill., pp. 34-35.
2. Centers for Disease Control. Head Lice Infestation. Retrieved from the [http://www.cdc.gov/ncidod/dpd/parasites/lice/factsht\\_head\\_lice.htm](http://www.cdc.gov/ncidod/dpd/parasites/lice/factsht_head_lice.htm).
3. Control of Communicable Disease Manual (2004) American Public Health Association, Washington,
4. Harvard School of Public Health (2000). Head Lice: Information and Frequently Asked Questions. Retrieved from <http://www.hsph.harvard.edu/headlice.html>.
5. National Association of School Nurses (2004). Position statement: Pediculosis in the School Community. Retrieved from <http://www.nasn.org/Default.aspx?tabid=237>.
6. State of Delaware, Department of Education, School Nursing: Technical Assistance Manual (2/2006).

### **Tinea (Ringworm)**

Tinea (ringworm) is a very contagious fungal infection that requires medical treatment. Tinea can be found on the scalp, body, nails, genitals, and feet.

The protocol for responding to cases of Tinea is as follows:

1. Any child with a rash that appears to be Tinea will be excluded from school until treatment has begun. The lesion must be covered until the nurse determines that the treatment is effective.
2. Any child with active Tinea lesions in the scalp will be excluded from school until treatment has begun and must provide a doctor's note to return to school.

References for information on this topic include the following:

1. 2009 Red Book: Report of the Committee on Infections Diseases, American Academy of Pediatrics, pp. 662-663.
2. State of Delaware, Department of Education, School Nursing: Technical Assistance Manual (2/2006), Section C, pp. 52-53.