

## Communicable Diseases

1. The Department of Human Services, Health Services, School Exclusion guidelines are defined in Appendix A. The procedure that should be implemented is as follows:
  - a. If LCSD receives an exclusion order or is notified by a health care provider (HCP) or health department that a student with a suspected or diagnosed school restrictable disease, the principal shall immediately exclude the student;
  - b. The principal and director of student learning & supported education shall exchange exclusion information and the director will be the contact to Lincoln County Human Services Department - Health Division and will notify the superintendent;
  - c. LCSD Superintendent's Cabinet will be notified after the superintendent releases the update provided by the director of student learning & supported education;
  - d. Readmission to school is determined on a case-by-case basis for each student with a communicable disease and may require HCP certification that the student is not infectious;
  - e. Communicable disease control procedures include:
    - (1) Complete CDC-01 form as needed, see Appendix B attached;
    - (2) Truancy procedures will be followed if unexcused absences result, see policy JEA;
    - (3) Follow home instruction procedures if needed;
    - (4) Follow nit and head lice procedures; see JHCC-AR(2).
  - f. All parents of children in the affected schools will receive a letter home within two school days of the health department investigation explaining the situation for communicable diseases of exclusion;
  - g. Press releases will be administered by the Lincoln County Health & Human Services Department.
2. State law will be strictly adhered to as it relates to a student with AIDS, HIV, HBV. See Board policies JHCCA - Students HIV and HBV and JHCCB - Students - HIV, AIDS.

**Lincoln County School District  
Appendix A**

**Restrictable Diseases and Readmission  
Communicable Diseases Control in Schools**

<b>Diseases or Conditions</b>	<b>Exclusion</b>	<b>Readmission Criteria</b>
Boils	See Skin Lesions	
Chickenpox	Yes	Six days after the onset of vesicles. School nurse can remove restriction.
Common Cold	No	
Cytomegalovirus “CMV”	No	
Diarrhea	No	
Diphtheria*	Yes	Written statement of local health officer or licensed physician.
Fifth Disease	No	
Head Lice (Pediculosis)	Yes	Signed statement from parent or guardian that a recognized treatment has been initiated.
Hepatitis A*	No	
Hepatitis B,C (NANB), Delta*	No	See reference 1 for more information.
Herpes (Cold Sores)	No	
HIV	No	See reference 1 for more information.
Impetigo	See Skin Lesions	
Influenza (Flu)	No	
Measles (Rubeola)*	Yes	Written statement of local health officer or licensed physician.
Meningitis, Meningococcal*	Yes	Written statement of local health officer or licensed physician.
Mononucleosis	No	
Mumps	Yes	School nurse can remove restriction.
Pertussis (Whooping Cough)*	Yes	Written statement of local health officer or licensed physician.
Pink Eye	Yes	School nurse can remove restriction.

Pinworms	No	
Plague*	Yes	Written statement of local health officer or licensed physician.
Rash with fever.	Yes	Refer for medical evaluation, readmit according to diagnosis.
Ringworm	No	
Rubella*	Yes	Written statement of local health officer or licensed physician.
Scabies	Yes	School nurse can remove restriction.
Skin lesions, bacterial skin infection or impetigo (Staphylococcal or Streptococcal infections)	Yes	School nurse can remove restriction.
Streptococcal sore throat/Scarlet Fever	Yes	School nurse can remove restriction.
Tuberculosis*	Yes	Written statement of local health officer or licensed physician.

\*These diseases and/or conditions are reportable by law in Oregon. Report cases immediately to the local county health department.

School districts and/or local county health departments may adopt more stringent rules for exclusion.

**References:**

1. Guidelines for Schools with Children who have Hepatitis B Virus or Human Immunodeficiency Virus Infection, Department of Human Resources, Oregon Health Division, January 1995.
2. Oregon Administrative Rules, Chapter 333, Division 19, Investigation and Control of Diseases, March 1995.
3. *Control of Communicable Diseases Manual*, 1995, Abram S. Beneson, Ed.
4. *1997 Red Book – Report of the Committee on Infectious Diseases*, 24th Edition, 1997, American Academy of Pediatrics.

Lincoln County School District  
Administrative Regulation JHCC-AR(1)  
Communicable Disease or Condition Exclusion and Readmission

Date: \_\_\_\_\_ RE: \_\_\_\_\_

Dear Parent or Guardian:

Your child has been sent home from school because of the following signs and symptoms which may be contagious:

\_\_\_\_\_  
\_\_\_\_\_

In order that your child may return to school as soon as possible, please make an appointment, at your earliest convenience, with your health care provider or contact the Health Department for information.

Please have your health care provider complete and sign the lower portion of this form. **The form must be completed before readmission.**

If you have any questions, please call the Lincoln County School District nurse at 265-9211 or the Lincoln Co. Health Department Public Health Manager at 265-6611, ext. 2228.

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TO THE PRINCIPAL: Provider's Report

**Results of Examination:**

\_\_\_\_\_ No illness found                      \_\_\_\_\_ Noncommunicable                      \_\_\_\_\_ Communicable

Diagnosis: \_\_\_\_\_ Transmission: \_\_\_\_\_

Medication prescribed: \_\_\_\_\_ Dosage and time: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Date student may return to school: \_\_\_\_\_

\_\_\_\_\_  
Phone: \_\_\_\_\_ Date: \_\_\_\_\_

(Provider's Signature)

You may contact the school directly by calling: \_\_\_\_\_ Phone: \_\_\_\_\_