



ADMINISTRATIVE MEMORANDUM

PROTOCOL FOR VARIOUS HEALTH CONDITIONS | 8001.5

It is the District's goal to provide a safe and healthy learning environment for each child. Schools are committed to protecting students from preventable and infectious diseases. Consistency in the school's response to various health conditions is essential for promoting student health and safety.

The guidelines established in this administrative memorandum address public health issues that are commonly seen in schools. This administrative memorandum outlines the District's protocol for responding to each of the following conditions: Acute Gastroenteritis, Allergy, Conjunctivitis (Pink Eye), Fever, Impetigo, Pediculosis (Head Lice), and Tinea (Ringworm).

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.

Allergy

Allergies can be life threatening and schools must minimize risks and provide a safe environment for students with allergies.

Responsibilities of the school nurse are as follows:

1. Review health records submitted by parents and physicians.
2. Obtain allergy action plan for a life-threatening allergy such as food allergy, latex allergy, or bee sting.
3. Store properly labeled medications for the identified child.
4. Maintain up-to-date emergency contact information.
5. Inform staff who interact with the student on a regular basis what the allergy is, how to recognize symptoms, and what to do in case of emergency.

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

1. The only effective management of food allergies is avoidance of the food. A food allergy action plan from the physician, with the parent's input, is essential.
2. A "no trading" food policy should be enforced.
3. Medications to treat allergic reactions will be administered as directed by the physician on the allergy action plan or standing orders.



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4. Immediate allergic reactions are potentially the most serious form of allergic reactions to latex. Symptoms such as itching, redness, swelling, sneezing, and wheezing may occur. Rarely, a person will experience a severe allergic reaction called anaphylaxis, characterized by symptoms such as shock, severe trouble breathing or loss of blood pressure. If not immediately treated, it can be fatal.
5. Latex can become airborne and cause respiratory symptoms. The proteins can adhere to the powder used in latex gloves and in latex balloons, and can be inhaled or come into contact with the nose or eyes and cause life-threatening symptoms. Because of the severity of immediate allergic reactions to latex particles, latex gloves and latex balloons will not be used in any schools in the Red Clay Consolidated School District. This restriction will apply to activities after school hours as well as during school hours.

Bed Bugs

Bed bugs are small, reddish brown, wingless, flat, parasitic insects that bite humans and animals while they sleep. Bed bugs are not known to transmit or spread disease and should not be considered a medical or public health hazard. No exclusion from school is necessary. It is important to remember that bed bugs do not discriminate, and infestations are not a reflection of cleanliness. Bed Bugs do not infect the person; they infest the living area and require extermination. Taliaferro, V. et al. (2016) School Nurse Resource Manual Nashville, TN: Robert Andrews

In the event a bed bug is encountered within the school community please refer to the following flow chart for information.

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.

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.



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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:

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.

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.

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 it will be recommended that the student be sent home as soon as possible (and no later than the end of the school day, in accordance with state law) 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:

- Notification of classmate's parents.
- Mass screenings.
- Insecticide treatments to school environment.



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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.

Questions about the information contained in this administrative memorandum should be directed to the Deputy Superintendent.



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REFERENCES

- American Academy of Allergy, Asthma, and Immunology: <http://www.aaaai.org/conditions-and-treatments/Library/At-a-Glance/Latex-Allergy.aspx>
- American Academy of Pediatrics (2004). School Health Policy and Practice, 6th edition. Elk Grove Village, Ill., pp. 34-35.
- American Latex Allergy Association: <http://latexallergyresources.org/articles/tips-remember-latex-allergy>
- Centers for Disease Control. Head Lice Infestation. Available at www.cdc.gov/lice.
- Control of Communicable Disease Manual (2004). American Public Health Association, Washington, DC.
- Harvard School of Public Health (2000). Head Lice: Information and Frequently Asked Questions.
- KidsHealth.org, Larissa Hirsch, MD, Aug 2009.
- National Association of School Nurses. Position Statement: Pediculosis Management in the School Setting (Jan 2011). Available at www.nasn.org under "Position Statements."
- National Association of School Nurses. Position Statement: The Role of School Nurses in Allergy/Anaphylaxis Management (Nov 2001). Available at www.nasn.org under "Position Statements."
- Red Book: 2009 Report of the Committee on Infectious Diseases, American Academy of Pediatrics. pp. 662-663.
- Red Book: 2009 Report of the Committee on Infectious Diseases, American Academy of Pediatrics, pp. 495-497.
- Red Book: 2009 Report of the Committee on Infectious Diseases, American Academy of Pediatrics. pp. 129, 143-144.
- Red Book: 2009 Report of the Committee on Infectious Diseases, American Academy of Pediatrics. p. 144.
- School Health: Policy and Practice, American Academy of Pediatrics (2004), pp. 235-236.
- State of Delaware, Department of Education, School Nursing: Technical Assistance Manual (Feb 2006), Section C, pp. 37-38.
- State of Delaware, Department of Education, School Nursing: Technical Assistance Manual (Feb 2006), Section C, pp. 52-53.
- State of Delaware, Department of Education, School Nursing: Technical Assistance Manual (Feb 2006), Section C, pp. 19-21.
- State of Delaware, Department of Education, School Nursing: Technical Assistance Manual (Feb 2006), Section C, p. 48.
- State of Delaware, Department of Education, School Nursing: Technical Assistance Manual (Feb 2006), Section C, p. 43.
- State of Delaware, Department of Education, School Nursing: Technical Assistance Manual (Feb 2006), Section C, pp. 30, 76-79.
- State of Delaware, Department of Education, School Nursing: Technical Assistance Manual (Feb 2006), Section C, pp. 39-40.
- U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, The Flu: A Guide for Parents (Aug 2011). Available from www.cdc.gov.