Illness Exclusion Tool

DISEASES EXLCUDED AND RELEASED BY LOCAL PUBLIC HEALTH AUTHORITY OAR 333-019-0010

- **Tuberculosis**
- **Pertussis**
- **Meningococcal Disease**
- **Measles**
- **Rubella**
- **Acute Hepatitis**
- **Shigatoxingenic E. Coli**
- **Typhoid fever**
- **Shigella**

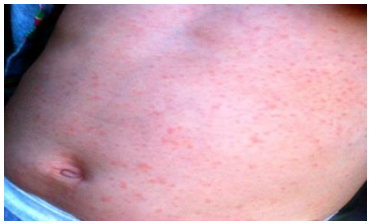
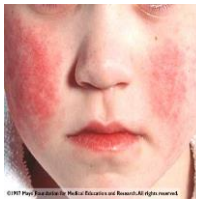
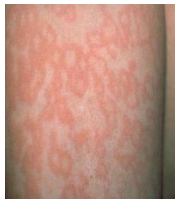
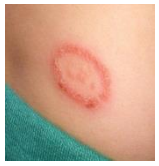
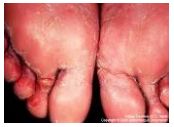
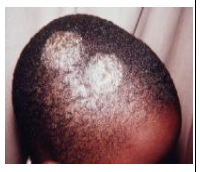
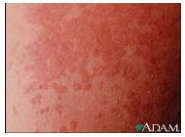
DISEASES/SYNDROMES EXCLUDABLE PER OREGON HEALTH AUTHORITY WHICH MAY BE RELEASED BY PHYSICIAN OR SCHOOL RN OAR 333-019-0010

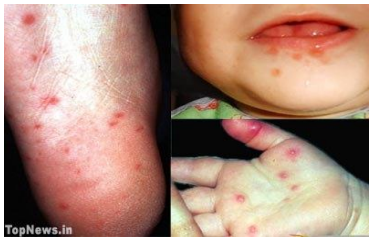
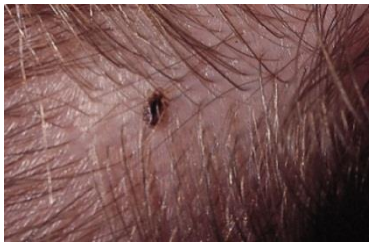
- **Chicken pox**
- **Scabies**
- **Staph**
- **Strep**
- **Vomiting**
- **Diarrhea**

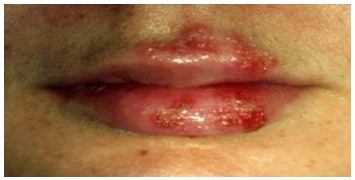
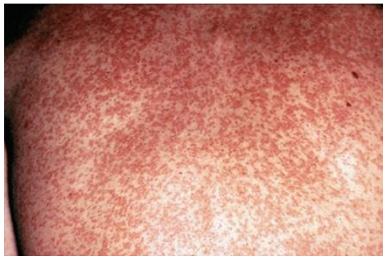
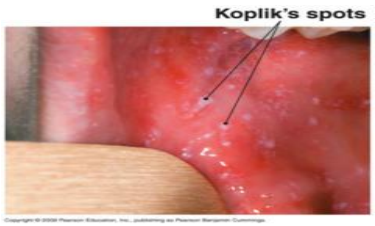
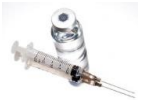
EXCLUDABLE SYMPTOMS PER OREGON DEPARTMENT OF EDUCATION GUIDELINES

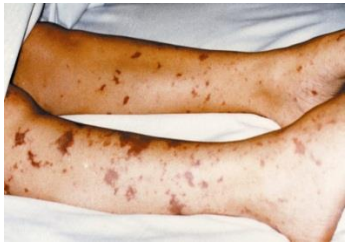
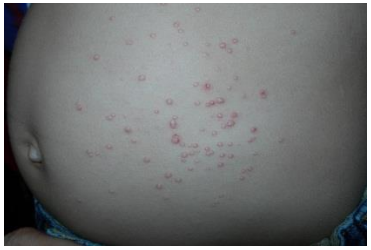
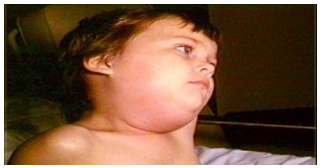
- **Fever greater than 100.5;**
- **Vomiting;**
- **Stiff neck or headache with fever;**
- **Any acute rash with or without fever**
- **Unusual behavior change, such as irritability, lethargy, or somnolence;**
- **Jaundice (yellow color or skin or eyes);**
- **Diarrhea (3 watery or loose stools in one day with or without fever);**
- **Skin lesions that are “weepy” (fluid or pus-filled);**
- **Colored drainage from eyes;**
- **Brown/green drainage from nose with fever of greater than 100.5 F;**
- **Difficulty breathing or shortness of breath; serious, sustained cough;**
- **Symptoms or complaints that prevent the student from participating in his/her usual school activities, such as persistent cough, with or without presence of fever, or Student requires more care that the school staff can safely provide**

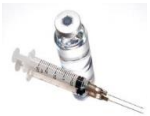
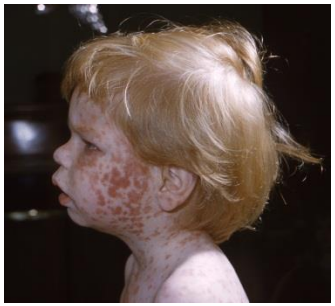
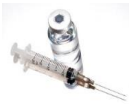
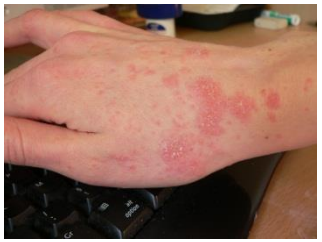
DISEASE/CONDITION	EXCLUSION	SYMPTOMS	TRANSMISSION/COMMUNICABILITY	CONSIDERATIONS
Abscesses or "Boils"-See STAPH				
AIDS-See BLOOD BORNE PATHOGENS				
Athlete's Foot- See FUNGAL INFECTIONS				
BLOOD BORNE PATHOGENS Hepatitis B (HBV), Hepatitis C (HCV) and Human Immunodeficiency Virus (HIV)/Aquired Immunodeficiency Syndrome (AIDS)	No exclusion, disease does not have to be disclosed. Blood spill Incidents and incidents related to "blood pacts" etc. should be reported. In circumstances of acute illness, provider can release student to return to school.	Often no symptoms at time of infection. HCV and HBV may exhibit jaundice, nausea, vomiting, diarrhea and abdominal pain in acute illness, occurring weeks after infection. HIV is not symptomatic until progressed to AIDS, and generally presents with other opportunistic infections.	HBV/HCV are transmitted primarily by blood to blood contact. HBV from mother to child and sexual contact. HIV primarily sexual contact. All can be passed by sharing of needles and works. Communicability is lifelong for carriers, and variable depending on viral level.	ALL STUDENTS should be treated as if they are potentially infected with blood borne diseases, thus those infected should not be treated any differently. Universal Precautions should be practiced with any exposure to blood. HEPATITIS B IS VACCINE PREVENTABLE 
Chicken Pox- See VARICELLA				
Cold Sores- See HERPES				
CONJUNCTIVITIS (Pink eye) 	Exclude for colored drainage only. Return to school per MD or school RN.	Eyes tearing, irritates and red, often sensitive to light, Eyelids puffy, may have yellow discharge.	Spread by direct contact with infectious secretions and cross contamination. Communicable as long as infection is present.	Pink eye can be caused by viruses, bacteria or allergens. Colored drainage is most typical with bacterial infection.
COMMON COLD	No exclusion unless febrile.	Runny nose and eyes, cough, sneezing, sore throat, low fever.	Spread by direct contact with infected tissues/secretions. Communicability is variable.	Caused by multiple viruses and strains, thus no immunity.

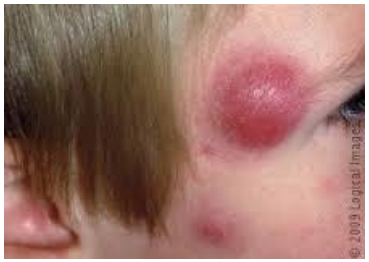
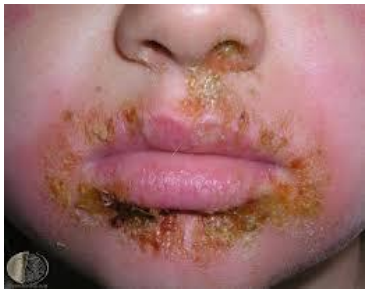
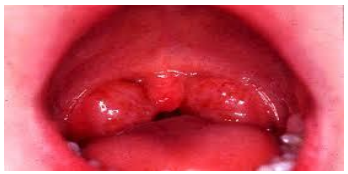
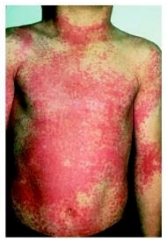
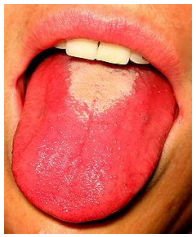
DISEASE/CONDITION	EXCLUSION	SYMPTOMS	TRANSMISSION/COMMUNICABILITY	CONSIDERATIONS
COMMON VIRAL RASH 	Exclude for diagnosis with acute rash. Student may return to school when signs of illness is no longer present per MD or school RN.	Many different viruses can cause rashes, specifically in younger children. Most viruses cause other symptoms with rash such as fever.	Almost always spread by respiratory droplets. Communicability is variable.	Most viral rashes begin on the trunk and rarely ever are associated with worrisome diagnoses. Rashes beginning on face or extremities can be indicators of more serious infections, however children usually exhibit other significant symptoms.
Diarrheal Illness- See GASTROENTERITIS				
FIFTH DISEASE (Slapped Cheek)  	Exclude for diagnosis. May attend when no signs of illness are present per MD or school RN. Rash may last weeks beyond resolution of illness.	Bright red cheek, blotchy, lacy rash on extremities, sore throat, low fever, headache	Spread by airborne droplets . Most infectious before onset of rash. No longer contagious once rash is gone.	There is no vaccine. Pregnant staff should inform their provider of exposure.
FUNGAL INFECTIONS (Tinea) *Tinea Corporis* (Ringworm)  *Tinea Pedis* (Athlete's foot)  *Tinea Capitis*  *Tinea Versicolor* 	Exclude for diagnosis as needed. Affected areas should be kept covered while being treated. Exclusions may apply specific to contact sports. Because skin integrity can be compromised, secondary infections may develop and alternate exclusion may apply.	Ring or bulls eye shaped red sores with blisters or scales. Pain and itching are common. When located in hair, patchy areas of scaling, with mild to extensive hair loss. Tinea infection s can occur on other areas of the body, most notably feet, "athlete's foot" and groin, "jock itch" in other areas cracked and bleeding skin may occur.	Spread by direct contact with infectious areas or indirect contact (such as sharing personal items). Communicable until treated with anti-fungal medication and no longer present.	There may be exclusions specific to contact sports such as wrestling. Diagnosis of *tinea barbae* indicates of beard area, and *tinea cruris* indicates groin area. Diagnosis of *tinea nigra* indicates brown discoloration . Any of these on a doctor's note would have compatible treatment and exclusion guidelines.

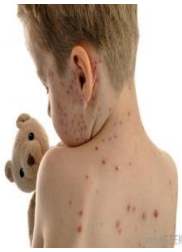
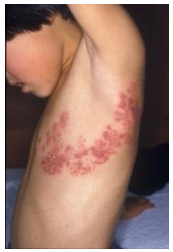
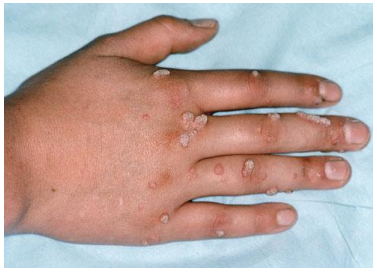
DISEASE/CONDITION	EXCLUSION	SYMPTOMS	TRANSMISSION/COMMUNICABILITY	CONSIDERATIONS
GASTROENTERITIS	Must be free of vomiting, fever and diarrhea 24 hrs before returning to school. Student may be release by MD or school RN.	Nausea, vomiting, abdominal pain, diarrhea (frequent , loose, watery stool), sometimes headache and fever.	Spread by fecal oral route or cross contamination. Most infectious when symptoms are present, but may shed for weeks after illness.	Most common gastroenteritis is caused by Noro-Virus. But many pathogens cause the same symptoms. Bacterial gastroenteritis generally exhibits more severe symptoms such as fever and bloody stool. Specific bacterial forms of gastroenteritis are excludable (Shigella, E. Coli, Typhoid fever)
HAND FOOT AND MOUTH 	Exclude for diagnosis. Student may attend when blisters are gone. Students may be released by MD or school RN.	Sudden onset of fever, sore throat and lesions typically on hands, feet and in or around mouth. Some people may only have lesions in mouth and throat; others may have them all over their body.	Spread with infectious body fluids (respiratory secretions and stool). Communicable primarily during acute illness phase.	HFM is caused by a virus and treatment with antibiotics is not helpful. There is no vaccine. Fingernail loss can occur from blisters in nail bed.
HEADLICE 	Exclude for live lice only. Students may return after treatment, treatment is available over the counter.	Intense itching, sometimes visible nits and lice. Rash may occur in severe cases or allergic reaction. Lice do not transmit disease.	Spread by direct contact, shared brushes, clothing and hats. Lice do not jump or fly, and typically don't crawl any distance. Contagious as long as there are live lice.	Treatment includes household treatment, vacuuming, cleaning and nit coming. Nit combing will have to continue for at least two weeks post treatment. Shaving head or cutting hair is NOT helpful.
HEPATITIS A (HAV)	Excludable by LHD. Acute jaundice should be excluded	Nausea, vomiting, diarrhea, abdominal pain, jaundice, dark urine and clay colored stool.	Spread by fecal oral route. Communicable about two weeks before and one week after jaundice occurs.	Younger children rarely develop symptoms of HAV. Disease is less common do to vaccine. 
Hepatitis B& C- See BLOOD BORNE PATHOGENS				

DISEASE/CONDITION	EXCLUSION	SYMPTOMS	TRANSMISSION/COMMUNICABILITY	CONSIDERATIONS
HERPES (HSV1) "Cold Sores" 	Caused by herpes simplex virus 1, less commonly 2. No exclusion.	Affected area is red with a single or multiple lesions, sometimes fluid filled blisters, often crusty or scabbed while healing.	Spread by direct contact with infectious fluids and saliva. Communicable as long as lesions are present to other mucous membranes. Transient communicability occurs.	Less commonly "cold sores" can spread to other locations on skin. And very rarely cover the entire body in a severe primary outbreak, in this case exclusion would be necessary.
Impetigo-See STAPH				
INFLUENZA "Flu"	Exclude for pertinent symptoms rather than diagnosis. Guidelines apply to seasonal influenza. In the event of novel influenza strains on pandemic influenza, individual public health guidelines are created.	Sudden onset of fever, chills, headache, muscle aches, cough, sometimes sore throat or vomiting, rarely diarrhea.	Spread by direct contact with infectious fluids, airborne droplet. Communicable 1-2 days prior to onset of illness and approximately five days after onset.	Influenza is a specific respiratory bug, which should not be confused with "stomach flu" or Norovirus. Influenza is vaccine preventable with yearly seasonal flu vaccine. 
MEASLES (Rubeola)  	Yes- By Local Health Department. Any acute onset of rash at school should be excluded. May attend with LHD permission following diagnosis after resolution of illness.	Rash starts on face and then spreads. White Koplik spots are frequently seen in the mouth, and respiratory symptoms including harsh cough, eye redness, runny nose and fever generally precede onset of rash.	Spread by direct contact with infectious body fluids and airborne droplets. Communicable 4 days before onset of rash until 4 days after rash. Most infectious before rash appears.	Measles is uncommon in the US, and routinely is either imported, or caused by contact with recent travelers or immigrants who are infected. Susceptible hosts are those who are unvaccinated. In school, susceptible hosts may need to also be excluded if contact has occurred. 

DISEASE/CONDITION	EXCLUSION	SYMPTOMS	TRANSMISSION/COMMUNICABILITY	CONSIDERATIONS
MENINGOCOCCAL DISEASE *Neisseria meningitides* 	Yes, however Meningococcal Disease is an invasive , severe disease diagnosed in the hospital. Once the patient has been treated, there is no restriction on return.	Abrupt onset of high fever, vomiting, stiff neck, back pan, headache, lethargy, change is cognition, light sensitivity, seizure, non-blanching petechial rash.	Spread by direct contact with infectious body fluids and airborne droplets. Individuals are typically no longer infectious 24 hrs after antibiotics. In cases of carriage, passage of bacteria can occur when illness is absent.	Up to 20% of the population carries the bacteria at any given time. Exclusion, communication and prophylaxis routinely comes from LHD. There is a vaccine for several strains that cause meningococcal meningitis 
MOLLUSCUM CONTAGIOSUM 	No exclusion Secondary infections can sometimes occur; such circumstances may be cause for treatment or exclusion of secondary infections.	Small white, pink or flesh colored raised bumps with a dimple or pit in the center, vary in size. Bumps may be sporadic or clustered.	Spread by direct contact or sharing clothes and towels. Communicable as long as present.	Severe eruptions may occur in immunocompromised hosts. Infection is only on skin, not invasive, and may take longer than a year to disappear, but is self-limiting.
MONONUCLEOSIS	Exclude for medical diagnosis as necessary when excludable symptoms occur.	Fever, sore throat, swollen lymph nosed, fatigue, abdominal pain. Rarely complications occur with spleen and liver.	Spread by direct contact with infectious fluids such as saliva. Communicable as long as unwell, up to several months. Individuals with subclinical (asymptomatic cases) may still spread disease.	Student may have activity restrictions from MD while recovering.
MUMPS 	Exclude for medical diagnosis as necessary when excludable symptoms occur.	Fever and painful swelling of neck and glands, typically salivary glands. Complications can occur with inflammation of other organs.	Spread by direct contact with saliva and airborne droplets. Communicable 6-7 days before onset until about 9 days after symptom onset	Mumps is uncommon in the US, it is vaccine preventable. 

DISEASE/CONDITION	EXCLUSION	SYMPTOMS	TRANSMISSION/COMMUNICABILITY	CONSIDERATIONS
PERTUSSIS (Whooping Cough)	Exclude for medical diagnosis. Disease is excludable by Local Health Department. May attend after 5 days of treatment with LHD permission.	Typically begins as a mold "cold" and symptoms progress to violent spasms of coughing that end in a "whooping" sounds or vomiting. Infants may become apneic or cyanotic. Fever is uncommon	Spread by direct contact with respiratory discharge. Most communicable before and during mild beginning of illness and up to about 3 weeks if not treated. Considered no longer infectious after 5 days of antibiotics.	Attenuated (mild disease) occurs secondary to vaccine . Boosters are now required for older children and recommended for adults. Pregnant teachers in third trimester should report exposure to provider. 
RUBELLA (German Measles) 	Exclude for medical diagnosis, disease is excludable by local health department, may attend with LHD permission.	Slight fever, aches, red eyes, runny nose, headache, lethargy and pinkish rash that starts at face and spreads rapidly to trunk and limb. Swollen glands in back of neck are not unusual. Rubella looks very similar to measles, but less intensely red	Spread by direct contact with nose and throat secretions and airborne droplets. Communicable one week before illness until about 4 days after onset of rash. Disease is highly contagious.	Rubella is uncommon in the US, but exposure could occur with travel and contact with travelers who are unvaccinated. Pregnant staff or students potentially exposed should be immediately referred to their provider. 
Scarlet fever: See STREP				
SCABIES 	Exclude for medical dx as necessary. May return after treatment per MD or school RN.	Intense itching, small, raised, red or pus-filled sores. Common between fingers, behind knee, around waist, inside wrists on arms.	Spread by direct skin to skin contact, less commonly shared items. Communicable until treated.	Treated by rx only. Limit direct contact.
Shingles-See Varicella				

DISEASE/CONDITION	EXCLUSION	SYMPTOMS	TRANSMISSION/COMMUNICABILITY	CONSIDERATIONS
STAPH: Abcesesses "BOILS" 	Generally requires antibiotic treatment. Child may return to school if dressing can stay dry and intact after treatment is started, or when lesion is dry per MD or school RN	Affected area is red, sometimes purple in appearance, warm and tender. Usually pain is significant as compared to outward appearance of abscess. Drainage is often present.	Spread by direct contact with infectious fluids from sores. Communicable as long as lesions are draining.	Whether caused by MRSA (methicillin resistant staphylococcus aureus) or MSSA (methicillin sensitive staphylococcus aureus), presentation is the same, and one is not more serious than the other. No food handling or contact sports.
STAPH: Impetigo 	Exclude for medical diagnosis. Infection is will be treated with an antibiotic. Child may return after treatment is started when there is no drainage, per MD or school RN.	Blister –like sores, usually around mouth and nose, usually with a yellow drainage or crusting. Often causes pain and itchiness.	Spread by direct contact with infectious fluids from sores. Communicable as long as lesions are draining.	No food handling while lesions are present. No contact sports while lesions are present.
STREP THROAT  SCARLET FEVER  	Exclude for medical diagnosis, may attend with physician or school nurse permission, generally 24 hours after antibiotics, and absent fever.	Strep throat causes sore throat, fever, red tonsils, with or without white patches, tender neck glands, headache, bad breath and often abdominal pain and nausea, specifically in children. Scarlet fever has symptoms compatible with strep throat and the appearance of a red blotchy, sandpapery rash on trunk with a "strawberry " tongue.	Spread by direct contact with nose and throat secretions; airborne droplets. Most communicable during greatest symptoms of illness (fever and swollen glands). Though strep is commonly carried without symptoms and may be infectious for weeks or months. Treated cases are considered no longer infectious 24 hours after antibiotics have begun unless fever persists.	Untreated strep can lead to Rheumatic fever which is a severe illness which can cause multiple complications including cardiac. Of note carriers of strep can be at increased risk for strep skin infections as well, which can present similarly to staph, or much more severe in nature. Strep can also cause bacterial meningitis. This form of meningitis is similar to meningococcal disease, but does not require prophylaxis of contacts.

DISEASE/CONDITION	EXCLUSION	SYMPTOMS	TRANSMISSION/COMMUNICABILITY	CONSIDERATIONS
TUBERCULOSIS (Active, infectious pulmonary or laryngeal disease)	Tuberculosis is excludable by the Local Health Department based on level of infectiousness. LHD will release individuals from home isolation when no longer infectious. Exclusion cannot be lifted by primary MD or RN.	Tuberculosis can occur anywhere in the body, kidneys, bone, brain, lungs etc. But pulmonary (lungs) is most common and most infectious second to Laryngeal TB (TB of the throat) . TB causes extreme fatigue, weight loss, fever, night sweats. Pulmonary TB specifically causes cough and sometimes bloody sputum.	TB is spread by prolonged contact with infected person respiratory droplets; multiple factors determine how infectious an individual is. It can take weeks to months to reduce an individual to a non-infectious status, this is determined by the LHD Individuals are considered communicable until there is no longer AFB detectable in sputum (x3).	Tuberculosis takes prolonged contact to be transmissible. Contact follow up, exclusion, and isolation , as well as preventative treatment for contacts is done by the local health department. Vaccines are not used for TB in the US, only in endemic countries, vaccine prevents complication of disease, such as TB meningitis in small children, and it does not prevent diseases. Contacts diagnosed with latent TB are not infectious
VARICELLA -Herpes Zoster Chicken pox Shingles  	Student may attend when chicken pox lesions have crusted or dried with no further drainage. May attend with shingles if lesions can be covered completely, otherwise when dry.	Chicken Pox: Malaise, low fever, blisters like rash usually beginning on trunk. Shingles is caused by latent Varicella virus but only affects a localized area; it is generally much more painful than chicken pox.	Spread by infectious body fluids. Most communicable 5 days before onset of rash until 5 days after rash appears. Students' or staff who are immunocompromised and classmates who are unvaccinated or under-vaccinated may be at increased risk of transmission.	Pregnant students or staff should follow up with their obstetrician if exposed. There is a chicken pox vaccine for children, and a shingles vaccine for older adults. 
Warts 	No exclusion	There are multiple types of warts which can be solitary or clustered, raised or flat, sometimes with a “cauliflower” appearance which has caused thickening of the skin. Most commonly caused by HPV.	Spread by direct contact. Communicable as long as present.	Usually benign and self -limiting

References and Resources:

Oregon Health Authority, Communicable Disease Archives, Oregon Administrative Rule 333-19
http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_019.html

http://arcweb.sos.state.or.us/pages/rules/bulletin/1011_bulletin/1011_ch333_bulletin.html

Oregon Department of Education Communicable Disease Guidelines
http://www.ode.state.or.us/groups/supportstaff/hklb/schoolnurses/commdisease.pdf

At school, it is neither the secretaries, nor the school nurses job to diagnose students. There are specific diseases that are excludable by public health law, and exclusion is implemented by the local health department of jurisdiction for reportable conditions per OAR Division 19. Students may be excluded for diagnosis and less severe illness may be released by a primary MD or school RN, as above. Generally speaking, students would be excluded by the school for symptoms which are considered excludable by Oregon Department of Education. These symptoms are excludable because they can be indicators of significant disease, highly communicable with potential for complication or because the severity may interfere with the student's ability to function adequately.

OAR 581-022-0705 requires as prevention based plans in place for schools in regards to disease transmission
This document is not a policy, nor a means to diagnose, but as an informational tool. This tool outlines public health and department of education exclusion recommendations based on disease or syndrome. Schools may be more conservative, but not less conservative.

Schools should adopt:

GOOD HAND HYGIENE PRACTICES

RESPIRATORY ETIQUETTE PRACTICES

STANDARD PRECAUTIONS PRACTICES