

# REGULATION

## A. Detection of Communicable Diseases

1. Teachers will be trained to detect communicable diseases in pupils by recognizing the symptoms of disease.
2. In general, a pupil who shows one or more of the following symptoms should be sent to the school nurse for evaluation and/or treatment:
  - a. Pain, generalized or specific;
  - b. Chills;
  - c. Fever;
  - d. Earache;
  - e. Vomiting;
  - f. Sore throat;
  - g. Enlarged glands;
  - h. Skin eruption;
  - i. Running nose; or
  - j. Red and discharging eyes.
3. A pupil who shows symptoms of any of the following communicable diseases should be sent promptly to the school nurse for evaluation.
  - a. Chicken pox: small reddish, itchy eruptions on the skin resembling pimples or blisters, which alter fill with fluid and form crusts; slight fever;
  - b. German measles (rubella): a common cold followed by a light red rash on face and body; small beady lumps behind ears; slight fever;
  - c. Measles (rubella): cold, runny nose, watery and light-sensitive eyes, fever, followed by bluish-white specks (Koplik spots) on inside of mouth, red blotchy rash, and dry cough;

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- d. Mumps: tenderness and swelling of the salivary glands below and a little in front of the ear; fever;
  - e. Streptococcal infections (including scarlet fever, sore throat, and erysipelas): Sudden onset of fever, sore throat, strawberry tongue, followed by bright red rash on body, usually on the inner arm and thigh.
  - f. Whooping cough (pertussis): A common cold, with irritating cough, followed by repeated series of violent coughs without inhaling, often with respiratory whoops. Cough may end with vomiting.
  - g. Fifth disease (erythema infectiosum): Fine rash that is most apparent on the cheeks and later spreads to arms and legs, low grade fever.
  - h. Pink eye (conjunctivitis): Redness of white areas of eyes, accompanied by some itching; eyes may discharge pus and be light sensitive.
  - i. Head lice (pediculosis): Itching scalp, presence of lice and nits at hair roots.
  - j. Impetigo (staphylococcus infection): Lesions.
  - k. Meningitis-meningococcal: Severe headache, chills, vomiting, convulsions, fever, stiff neck, pain in neck.
  - l. Hepatitis infectious: Fever, anorexia, nausea, malaise, abdominal discomfort, followed by jaundice.
4. Any person who is ill or infected with any disease below and as outlined in N.J.A.C. 8:57-1.3 or any communicable disease, whether confirmed or presume will be reported immediately by the school principal to the County Health Officer or to the New Jersey Department of Health if the County Health Officer is not available. Such telephone report will be followed up by a written report or electronic report within 24 hours of the initial report. The diseases to be immediately reported are:
- a. Botulism (Clostridium);
  - b. Diphtheria (Corynebacterium diphtheria);
  - c. Haemophilus influenza, invasive disease;
  - d. Hepatitis A, institutional settings;

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- e. Measles;
- f. Meningococcal disease (*Neisseria meningitidis*);
- g. Pertussus (whooping cough, *bordetella pertussis*);
- h. Plague (*Yersinia pestis*);
- i. Poliomyelitis;
- j. Rabies (human illness);
- k. Rubella;
- l. Viral hemorrhagic fevers, including, but not limited to, Ebola Lassa, and Marburg viruses;
- m. Foodborne intoxications, including but not limited to, mushroom poisoning;
- n. Any foodborne, waterborne, nosocomial, outbreak or suspected outbreak or any outbreak or suspected outbreak of unknown origin;
- o. Any other disease included in N.J.A.C. 8:57-1.3.

## B. Exclusion from School

1. A pupil who exhibits any of the symptoms described in ¶A2 or whose condition suggests the presence of a communicable disease as described in ¶A3 or A4 will be sent to the school nurse's office. The teacher will insure that the pupil is accompanied by an adult or a responsible pupil.
2. The teacher will communicate to the school nurse, directly or by written note, the reason for which the pupil is sent for medical assessment.
3. The school nurse will examine the pupil and, in consultation with the school medical inspector if the pupil's condition so indicates, recommend to the principal the pupil's exclusion from school for medical reasons.
4. In the event neither the school nurse or the school medical inspector is available to be consulted about the pupil's condition, the principal may determine to exclude the pupil from school.
5. The parent, adult family member, or other responsible adult designated by the parent will be promptly

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notified by telephone of the pupil's exclusion and requested to come to school to fetch the pupil. Until the adult arrives to remove the pupil, the pupil will be kept in an isolated location in the school and will be made as comfortable as possible. The pupil will be supervised at all times by a school staff member.

## C. Readmission to School

1. A pupil who has been excluded from school or retained at home by reason of having or being suspected of having a communicable disease shall not be readmitted to school until the pupil present written evidence that he or she is free of communicable disease.
2. Evidence that a pupil is free of communicable disease will consist of the certification of the school medical inspector or another qualified physician who has personally examined the pupil.
3. No pupil who has had a communicable disease will be readmitted to school until a physician's certificate indicating the symptoms of the disease have ceased has been provided to the principal or designee or the school nurse.

## D. Reports

1. The school nurse will file such reports as may be required by the New Jersey State Department of Health and in the reporting of communicable disease in schools.
2. When the rate of school absenteeism is in excess of fifteen percent, the school nurse shall report the absenteeism to the local and/or the county Board of Health.
3. The teacher may, with the advice and consent of the principal and the school nurse, inform the parents or legal guardians of pupils in his or her class that a pupil in the class has contracted a communicable disease. The information given to parents or legal guardians may include the specific symptoms of the disease and parents or legal guardians may be encouraged to consult their personal physicians for inoculations that may prevent the disease or ease the symptoms of the disease.

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