

REGULATION

VERNON TOWNSHIP
BOARD OF EDUCATION

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Control of Communicable Disease
May 04
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R8451 CONTROL OF COMMUNCIABLE DISEASE

- A. Detection of Communicable Diseases
1. Teachers will be trained to detect communicable diseases in pupils by recognizing the symptoms of the disease.
 2. In general, a pupil who shows one of 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. Skin eruption,
 - h. Runny nose, or
 - i. 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 later 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 (Rubeola): 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.
- 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 and sore throat): Sudden onset of fever, sore throat, strawberry tongue, followed by a red rash on the body.
- 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 lace type rash that is most apparent on 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): Itchy scalp, presence of live louse (lice) in hair.
- j. Impetigo (Staphylococcus Infection): Lesions
- k. Meningitis (Meningococcal): Severe headache, chills, vomiting, convulsions, fever, stiff neck, pain in neck.
- l. Hepatitis Infections: Fever, anorexia, nausea, malaise, abdominal discomfort, followed by jaundice.

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 suspected, 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 twenty-four hours of the initial report. The diseases to be immediately reported are:

- a. Botulism (Clostridium Botulinum)

- b. Diphtheria (Corynebacterium Diphtheria)
- c. Haemophilus Influenza, invasive disease
- d. Hepatitis A in institutional settings
- e. Measles (~~Rubeola virus~~)
- f. Meningococcal ~~invasive~~ disease (Neisseria Meningitis)
- g. Pertussis (Whooping Cough; **Bordetella** Pertussis)
- h. Plague (Yersinis Pestis)
- i. Rubella
- j. Poliomyelitis
- k. Rabies (Human Illness)
- l. Tularemia (Francisella Tularensis)
- m. Viral hemorrhagic fever, including, but not limited to, Ebola, Lassa, and Marburg viruses
- n. Food borne intoxications, including mushroom poisoning
- o. Any outbreak or suspected, outbreak of unknown origin, including, but not limited to food borne, waterborne or nosocomial disease
- p. Any other diseases 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 ensure that an adult or a responsible pupil accompanies the 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.

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3. The school nurse will examine 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 nor the school medical inspector is available to be consulted about the pupil's medical condition, the Principal may determine to exclude the pupil from school.
5. The parent, legal guardian, adult family member, or other responsible adult designated by the parent or legal guardian will be promptly notified by telephone of the pupil's exclusion and requested to come to school to pick up the pupil. Until the adult arrives to pick up 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 by reason of having or being suspected of having a communicable disease shall not be readmitted to school until the pupil presents written evidence that he/she is free of communicable disease.
2. Evidence that a pupil is free of communicable disease will consist of the certification of the 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/of the County Board of Health.

3. The school nurse will inform the parent(s) or legal guardian(s) of pupil in his/her class that a pupil in the class has contracted a communicable disease. The information given to the parents or legal guardians may include the specific symptoms of the disease and parent(s) or legal guardian(s) may be encouraged to consult their personal physician for inoculations that may prevent the disease or ease the symptoms of the disease.

Adopted: May 2004

Revised: February 2015