

MCS ILLNESS GUIDE

2023-24

Students sent to the school nurse with symptoms of illness may be asked to put on a mask and assessed for communicable diseases and may be excluded according to policy 6.403 until written documentation is provided from a healthcare provider or the health department that they are safe to return.

Symptom/Illness	Should <u>NOT</u> attend school	<u>MAY</u> attend school
Fever	<input type="checkbox"/> Fever (>100°F)	<input type="checkbox"/> Fever resolved without the use of a fever reducing medication (Advil or Tylenol) for 24 hours
Cough	<input type="checkbox"/> Frequent, disruptive, uncontrollable cough	<input type="checkbox"/> When non-disruptive to the classroom setting
Sore Throat	<input type="checkbox"/> Sore throat, swollen lymph nodes, headache, nausea, and/or with fever (>100°F) <input type="checkbox"/> Positive Strep test or symptoms of Strep Throat	<input type="checkbox"/> After 24 hours on antibiotics OR <input type="checkbox"/> Negative throat culture OR <input type="checkbox"/> Resolving symptoms
Diarrhea or Vomiting	<input type="checkbox"/> Diarrhea (2 or more episodes) OR <input type="checkbox"/> Vomiting (1 episode)	<input type="checkbox"/> If free from diarrhea/vomiting without the use of medication for 24 hours
Pediculosis (Head Lice) *Exposure notification will be sent home for multiple cases in the same grade level.	<input type="checkbox"/> Live lice are present	<input type="checkbox"/> With proof of treatment OR <input type="checkbox"/> School nurse confirming lice-free before returning to class
Rash or Skin Infection	<input type="checkbox"/> Illness based rash or signs of skin infection that is undiagnosed by a medical provider	<input type="checkbox"/> When rash is improving OR <input type="checkbox"/> Written release from a medical provider
Conjunctivitis (Pink Eye)	<input type="checkbox"/> Eye appears to be infected <input type="checkbox"/> Eyelashes are matted <input type="checkbox"/> Thick drainage is present	<input type="checkbox"/> Written documentation from a medical provider with return to school information AND/OR <input type="checkbox"/> After 24 hours of eye treatment <input type="checkbox"/> Non-infectious eye irritation (allergies, etc.)
COVID-19	<input type="checkbox"/> Positive COVID-19 result, regardless of vaccination status should stay home and isolate from others for a minimum of 5 days from the onset of symptoms <input type="checkbox"/> Symptoms can be one or more of the following: cough, loss of taste or smell, fever, chills, congestion, sore throat, headache, fatigue, vomiting and/or diarrhea	<input type="checkbox"/> After 5 days from the onset of symptoms (Day 0) and improving symptoms or medical provider note indicating a date for return to school AND fever free for 24 hours without the use of medication; or when released by your medical doctor.
Flu	<input type="checkbox"/> Positive Flu test or doctor's diagnosis of Flu <input type="checkbox"/> Fever (>100°F)	<input type="checkbox"/> Improving symptoms or medical provider note indicating a date for return to school AND fever free for 24 hours without the use of medication
Hand Foot and Mouth *Exposure notification will be sent home to PreK and Little Sprouts when a case is identified in the classroom.	<input type="checkbox"/> Positive for HFM <input type="checkbox"/> Fever (>100°F), blisters/sores on hand, feet, or mouth area.	<input type="checkbox"/> Written release from a medical provider AND Fever resolved without the use of a fever reducing medication (Advil or Tylenol) for 24 hours AND <input type="checkbox"/> Blisters/sore have scabbed over
Chickenpox (Varicella) *Exposure notification will be determined by RCHD	<input type="checkbox"/> Itchy pink/red rash with small fluid filled blisters	<input type="checkbox"/> When all lesions are Scabbed over and dry with no new lesions, usually 5-7 days <input type="checkbox"/> If no fever without the use of medication for 24 hours

