

General Illness Protocol

GRACE Schools



The following illness protocol was drafted to provide school personnel and parents with guidelines as to when children may be at school, when children should be sent home and when children should return to school if an illness is prevalent. It is important to note that every child is different, and school personnel will use their professional judgement when deciding if a child should be at school or at home. As always, we trust the judgement of your child's medical provider as it pertains to the general health and welfare of all GRACE students.

| Symptom | May Be At School | Send Home | May Return |
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| Stomach Pain | If not severe, improves on own with rest, no vomiting and no fever. | If accompanied by fever and student does not feel better after resting or eating a snack. | When symptoms improve. No Fever for 24-hours. |
| Cough | If no distress, able to cover cough and student has no fever. No symptoms/concern for pertussis or influenza. | Severe, with shortness of breath, wheezing, fever, body aches. | When symptoms improve. No Fever for 24-hours. |
| Diarrhea | When a student ate something that didn't agree with them. | When the diarrhea is accompanied with vomiting, fever or rash. If they are incontinent of stool X2. | No incontinent diarrhea for a 24-hour period. |
| Ear Pain | Mild discomfort or improves with rest, Warmth or time. | If the ear pain has lasted more than a day, accompanied by a fever, severe pain, ear red/draining, or loss of hearing. | When ear pain is diminished enough for the child to remain comfortable while at school. |
| Hand, Foot & Mouth Disease | If no fever and no open sores are present. | If sores are draining, fever is present, or student is unable to control hygiene or close contact with others. | Open sores must remain covered or be scabbed over with no fever. |
| Lice | If no live lice are present. | If live lice are found. | After lice treatment and no live lice are present. Student will be checked upon arrival back to school. |
| Pinkeye | No | If a fever is present, change in behavior, or unable to avoid touching eyes. | No fever is present, following a 24-hour period. Symptoms have improved. |
| Mononucleosis | After fever has resolved for 24-hours without fever reducing medications | If accompanied by fever. | If illness prevents participation, no contact sports until released from a medical provider. |

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| Rash | If mild, small area of the body, and is not causing student to be uncomfortable or appearing contagious. | If accompanied by drainage, fever, headache, diarrhea, sore throat, vomiting, if located over a large area of the body, or is bright red and sore to the touch. | When improved or if diagnosed contagious and cleared by the medical provider. |
| Ringworm | If infection is able to be covered. During time of active lesions on exposed areas of the body, close physical contact should be limited and area should remain covered. | If sores are draining or large areas of body affected that cannot be covered. | May return after starting antifungal treatment. Open sores must remain covered or be scabbed over. May stay in school if lesions can be covered. |
| Scabies | No | If exposed to someone with a confirmed case or if there is a rash presenting in a line fashion with sore or scabbed appearance. | Exclude until treatment is complete by a medical provider. |
| Sore Throat | If throat appears slightly irritated from postnasal drainage. No fever is present. | If strep throat is suspected (tonsils red and swollen, may have white spots, fever, sore throat, swollen lymph nodes in the neck). | If strep throat, student may return to school after 24-hours of antibiotic therapy initiation, feeling well and fever free. |
| Temperature 100° | No | Will be sent home with fever 100° or over. | Must be fever free without the aid of Tylenol or Ibuprofen for 24-hours. |
| Vomiting | No | Will be sent home if student vomits at school. | No vomiting in the past 24-hours. |