

LINE MOUNTAIN SCHOOL DISTRICT

Line Mountain Middle/High School

Dwain Messersmith, HS Principal
Jeffrey Lagerman, MS Principal
Ph. (570)758-2011 Fax (570) 758-1514
Allison Michael, RN, BSN, CSN



Line Mountain Elementary School

Kyrie Ciborowski, Principal
Ph. (570)797-3825 Fax (570) 797-4001
Candace Adams, RN, BSN, CSN

COMMUNICABLE DISEASES

PA Code, Title 28, Health and Safety, Chapter 27, Communicable and Non-communicable Diseases, Sections 27.71, 27.72 and 27.73 requires the school nurse to exclude from school those students suspected of having a communicable disease.

- In addition, The Department of Health has established the following criteria for exclusion of students suspected of having any of the below communicable diseases and for the specific period of time that the child must be excluded from school.
- Please notify the School Nurse if your child is diagnosed with Chickenpox, Fifth Disease, Pink Eye, Strep Throat or any other communicable disease.

Pink Eye (Infectious Conjunctivitis) – for 24 hours from the first dose of antibiotic treatment.

- Bacterial pink eye is associated with eye pain, yellow or greenish discharge, redness of the white part of the eye and swelling and eyelids may be stuck together after sleeping. It is highly contagious.
- Viral pink eye is often associated with a clear watery discharge from the eye, eye pain from looking at bright lights and is associated with viral cold-like symptoms. It is not treated with antibiotics, but is highly contagious.

Strep Throat, Scarlet Fever (scarlatina) - for 24 hours from the first dose of antibiotic treatment.

- Strep throat is caused by a bacterial infection and can be dangerous if not treated. Clues of a possible strep throat are white patchy areas in the back of the throat and on the tonsils, as well as, red swollen tonsils.
- Scarlet fever is a rash that sometimes occurs in people who have strep throat.

Lice – Until no live lice present and most nits removed. (see below)

Chicken Pox (Varicella) - Until the last crop of blisters are dried

- Chickenpox usually begins with rash on trunk and over next seven to 10 days spreads outward to the head, arms and legs. The rash usually starts with spots that look like bug bites and move to look like a blister to a pustule to a scab. The rash appears in different stages all at the same time. The person is contagious until the last lesion is scabbed over.

Impetigo - for 24 hours from the first dose of antibiotic treatment.

- Impetigo is a rash that can occur anywhere on the body, but is most common on the face and other exposed parts of the body. Bacteria get into the skin and creates pus filled blisters. When the blisters burst they leave a “honey” colored crusted area. The infection is often the result of picking at sores, itchy areas or other break in the skin.

Scabies - Until judged non-infectious by a physician. (Written instructions will be given at time child is excluded.)

- Scabies is a very contagious, very itchy skin rash that is caused by a “mite”. Mites cannot live more than three days without human contact, but can live up to a month when living on a human. The mite lays eggs in human skin and they hatch and grow into adult mites and create what appear to be “burrows” in areas where there is a natural crease like wrists and elbows. Symptoms can remain unnoticed for up to a month or more. Itching is due to an allergic reaction to the mite. Scabies can last for months or even years. Scabies is not related to Lice, but the treatment is often the same.

Ringworm (Tinea) - Until judged non-infectious by a physician. (see below)

Students who have been excluded must be re-checked and cleared by the nurse or her designee before being allowed to re-enter school.

Only your health care provider can make the proper diagnosis and prescribe the proper treatment.

HEAD LICE (PEDICULOSIS)/NIT PROCEDURE

Head lice are nothing to panic or be embarrassed about. Head lice do not carry any disease, nor does their presence mean that your child is dirty. This condition can be experienced by anyone. However, to prevent spread in the school, this condition should be treated immediately and the below procedure must be followed.

- A. Any student suspected of head lice or nits will have their head inspected by the school nurse or her designee. If lice are found, the child will immediately be excluded from school and school activities.
- B. The student will be excluded to a parent/guardian or authorized party with written instructions to eliminate the condition.
- C. After the student's hair is properly treated, the parent/guardian will notify the nurse or her designee and return to the school with the student. The nurse will inspect the hair in the presence of the parent (guardian) and if the student is lice free, they will be permitted to resume school activity. If the hair is not clear, the student is again excluded for additional treatment. Procedure for re-entry will be repeated.
- D. Upon return to school your child must present the treatment label box top and the completed bottom portion on the front page.
- E. Do NOT send your child to school on the bus until they have been cleared by the school nurse or her designee. Parents are responsible to provide transportation to and from school until the condition is cleared.

RINGWORM (TINEA) PROCEDURE

Ringworm is caused by a fungus, not a worm. It often has the appearance of a “ring” It can be passed from one person to the next by direct skin-to-skin contact or by contact with contaminated items such as combs, unwashed clothing, and shower or pool surfaces. Pets that carry the fungus, especially cats, can transmit the fungus to humans.

1. Students who are suspected of having ringworm shall be excluded from school and sent home after parental contact or kept in Nurse's office if parents are not available. Parents must be informed of the necessity of a doctor's note for re-admittance to school.
2. The condition must be diagnosed by a physician.

3. Students diagnosed as having ring worm shall be excluded from school (sports and classes) until a note from a doctor diagnosing the condition, specifying the treatment and authorizing readmittance is received by the school nurse or principal.
4. If treated lesions are covered , the student may compete in athletics and physical education class upon return to school as specified by a physician.
5. Siblings are to be checked to insure their health and treatment if necessary.

FIFTH'S DISEASE

Fifth's Disease - Children do not need to be excluded if they have (Parvovirus B19 infection), also known as 'slapped cheek disease' because they are no longer contagious once the rash appears, and you usually don't know they have it until the rash appears. Symptoms are usually mild, and if present, can include a runny nose, sore throat, headache and a low grade fever. About 7-10 days later, your child may develop a very red rash on both of his cheeks, with a pale area around his mouth, giving the appearance that his cheeks have been slapped.

Next, a red or pink lacelike rash develops on his arms and legs, as the rash on his cheeks begins to fade. This lacy rash is usually flat, but may be slightly raised, may be mildly itchy, will come and go for a couple of weeks (up to 5 weeks in some cases) and may become worse when your child becomes overheated (after a bath, etc.) or exposed to the sun. The rash may also spread to his buttocks and/or trunk.

Children can also become infected with parvovirus B19 and not have any symptoms. While this illness is very mild in most children and no treatment is required, if your child has a blood disorder, immune system problems or if you are pregnant, it can rarely cause more serious problems.