Recommendations for Temporary School Exclusion

Note: Based on changes to the guidance, we may make changes to these recommendations.

Key
• Parents should consider seeking medical attention
** Child will need a healthcare provider's note to return to school
😷 Consult with a School District Nurse to rule out possible infectious disease

Temporary exclusion is recommended when the student has any of the following conditions:

- The illness **prevents the child from participating comfortably** in activities.
- The illness results in a **need for care that is greater than the staff can provide** without compromising the health and safety of other children.
- **Acute change in student behavior**, including lethargy, lack of responsiveness, irritability, or persistent crying, difficulty breathing.

Note: If multiple symptoms, temporarily exclude student for any positives

SYMPTOM(S)	TEMPORARILY EXCLUDE
Abdominal Pain	Yes, if ✓ Severe pain causing student to double over or scream • ✓ Abdominal pain that continues after two hours • ✓ Abdominal pain after injury • ✓ Bloody/black stools • ✓ No urine output for 8 hours • ✓ Diarrhea or vomiting • ✓ Yellowish skin/eyes ** ✓ Fever with behavior change •
Cold Symptoms (includes headache, runny nose, cough)	Yes, if ✓ Fever ✓ Difficulty breathing •
Cough	Yes, if ✓ Severe cough • ✓ Rapid and/or difficult breathing • ✓ Wheezing • ✓ Cyanosis (bluish color of skin and mucous membranes) • ✓ Tuberculosis-related ** 😷 ✓ Pertussis (until 5 days after appropriate antibiotic treatment was started) ** 😷
Diarrhea (watery or loose stools)	Yes, if ✓ Increased frequency • ✓ Not contained in diaper or soils clothing • ✓ Blood/mucus in stool (unless due to medication or hard stools) •

	✓ Abnormal color of stool (i.e. all black or very pale) • ✓ No urine output in 8 hours • ✓ Jaundice (yellowish skin/eyes) • 😷 ✓ Fever with behavior changes • ✓ Special circumstances: Shiga-toxin producing *E. coli* (STEC), aka enterohemorrhagic *E.coli* (EHEC), *Shigella* and *Salmonella typhi* (typhoid)l ** 😷 No, if ✓ Determined to be due to non-infectious condition (e.g. diet) and student remains adequately hydrated
Difficult or Noisy Breathing	Yes, if ✓ Wheezing that is new for the child • ✓ Skin or Lips seem purple, blue or gray • ✓ Accompanied by behavior changes • ✓ Hard, fast, difficult breathing that does not improve with any medication • ✓ Barking cough with fever or behavior changes • ✓ Chest retractions (skin sinking in around ribs or clavicle when trying to breathe • ✓ Breathing problem that makes feeding very difficult • ✓ Asthma-related and not resolved with prescribed medication •
Earache	Yes, if ✓ Fever • ✓ Accompanied by behavior changes • ✓ If pain prevents participation in routine activities •
Eye Inflammation, Pinkeye (Conjunctivitis)	Yes, if ✓ Vision changes • ✓ Injury to the eye involving forceful impact/penetration • ✓ Pain or discomfort that cannot be tolerated • ✓ White or yellow drainage from eyes with fever ** ✓ Diagnosed with bacterial conjunctivitis (until treatment has started) ** ✓ More than 1 or 2 students in group have similar symptoms ** 😷
Fever	Yes, if > 100.4°F/38°C oral or temporal (forehead)• *(forehead measurements are usually .5-1.0 degree lower than oral temperatures)* ✓ AND accompanied by behavior change or other signs and symptoms (e.g., sore throat, rash, vomiting, diarrhea) (until fever-free without medication for at least 24 hours)
Headache	Yes, if ✓ Concussion symptoms • ✓ Child cannot comfortably participate in school activities •
Itching *See "Rash" for other conditions*	Yes, if ✓ Live head lice (exclude at end of day, until first treatment) • ✓ Appears infected (red, swollen, crusty, painful, warm) • ✓ Pinworm • No, if

	✓ Nits only ✓ Bed bugs
Mouth Sores	Yes, if ✓ Inability to swallow • ✓ Excessive drooling with breathing difficulty • ✓ Fever with behavior changes • No, if ✓ Determined to be non-infectious and the student is comfortable participating in school activities
Rash	Yes, if ✓ Appears infected or is quickly spreading • ✓ Accompanied by joint pain or fever • ✓ Oozing/open wound • ✓ Bruising not associated with injury • ✓ Chickenpox (varicella) (until all lesions have dried, usually 6 days after appearance of lesions) ** ✓ Impetigo (until treatment has started) ** ✓ Measles (until 4 days after start of rash) ** 😷 ✓ Ringworm (wait to exclude until end of day, until treatment is started) • ✓ Rubella (until 6 days after onset of rash) ** 😷 ✓ Scabies (until treatment completed) ** ✓ Scarlet fever (related to strep throat) (until 24 hours after treatment has started) • No, if due to ✓ Allergic or irritant reactions ✓ Eczema ✓ Fifth's Disease (Parvovirus B19) ✓ Shingles (must be able to keep lesions covered with clothes and/or dressing)
Sore Throat	Yes, if ✓ Inability to swallow • ✓ Excessive drooling with breathing difficulty • ✓ Fever with behavior change • ✓ Strep throat or other streptococcal infection (until 12 hours after treatment has started) •
Stomach Ache See "Abdominal Pain"	See "Abdominal Pain"
Swollen Glands (Lymph Nodes)	Yes, if ✓ Difficulty breathing or swallowing • ✓ Red, tender, warm glands • ✓ Fever with behavior change • ✓ Mumps (until 9 days after swelling of parotid glands) • 😷
Vomiting	Yes, if ✓ Vomiting 2 or more times in prior 24 hours • ✓ Fever • ✓ Vomit that appears green/bloody •

	✓ No urine output in 8 hours • ✓ Recent history of head injury • No, if ✓ Determined to be due to non-infectious condition and student remains adequately hydrated
Other:	As per the SF Department of Public Health, during an outbreak

No set of recommendations can cover all situations. For consultation or to report unusual illness clusters or outbreaks, contact the SFUSD Nurse of the Day through the Student Family School Resource Link: call 415-340-1716 (M-F, 9am -12pm, 1pm-3pm), email **familylink@sfusd.edu**, or go to **familylink.sfusd.edu** to complete an online request form.

The information contained within this document is based on the latest recommendations addressing health and safety in group care settings from the following organizations: American Academy of Pediatrics, American Public Health Association, US Department of Health and Human Services, and Centers for Disease Control and Prevention.