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COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES  
313 NORTH FIGUEROA STREET • LOS ANGELES, CALIFORNIA 90012

To: School Administrators  
School Principals  
School Physicians  
School Nurses

SUBJECT: STATEMENT OF POLICY REGARDING NOTIFICATION OF PARENTS  
FOLLOWING EXPOSURE TO INFECTIOUS COMMUNICABLE DISEASE IN  
THE SCHOOLROOM

**Policy Regarding Notification of Parents Following Exposure to Infectious Communicable Disease in the Schoolroom & Reporting of Such to the Health Department.** Section 2508 of the Health and Safety Code reads, "It shall be the duty of anyone in charge of a public or private school, kindergarten, boarding school, or day care nursery to report at once to the local health officer the presence or suspected presence of any communicable disease." Section 2500 deals with the diseases to be reported and Section 2502 and 2503 deal with reporting of outbreaks and unusual diseases, respectively, so that the district health officer can investigate, if indicated.

Public schools, primarily their nurses, are responsible for reporting communicable disease to the local health officer. The school's responsibility for notifying the parents of children exposed to communicable disease is based on several factors: First, is the disease likely to spread by school contact; second, is the disease serious enough to warrant investigation or prophylactic treatment by the student's private doctor or the health department; and third, is there an action the parents should or could be taking. A letter, issued by the school, should be used routinely to notify parents of schoolroom exposures to such diseases as scarlet fever, measles, mumps, German measles and for outbreaks of lice and scabies. An example of such a letter is: "We wish to make you aware of the fact that your child was exposed to a communicable disease by a classmate having (Scarlet Fever, measles, mumps, German Measles, head lice or scabies). Acute Communicable Disease Control recommends that you contact your private physician or your local district health office if you have any question regarding your child's exposure to this disease."

Parents should not be routinely notified of exposure to diseases which require fecal-oral contact, blood contact, or such intimate contact as to place only household members at risk of contracting the disease. Such disease would be Hepatitis A and other enteric infections and Infectious Meningitis (especially meningococcal). High risk contacts for these diseases are followed by the Public Health Department and prophylaxis given, if indicated.

Classmates of a child with Hepatitis A are not considered contacts in need of gamma-globulin (not necessarily applicable to pre-school and/or developmentally disabled children); nor are they considered at high risk when exposed to other enteric infections. Notifying parents of usual classroom exposures to these diseases, has no sound medical basis. Notifying parents of schoolroom contacts to meningitis serves only to create panic.

Any statement issued by the school to a parent should be carefully edited. Poorly worded statements can create panic. A factual, carefully worded, informative statement can be most valuable to parents, physicians and the Public Health Department.

# PROCEDURES FOR REPORTING COMMUNICABLE DISEASE

## SCHOOL EXCLUSION

The State law requires officials of public and private schools to exclude persons with communicable diseases which are subject to strict isolation or quarantine at home. The school official may exclude any non-immune contact of a CD case for the full or last portion of the incubation period.

## SCHOOL READMISSION

Pupils or school employees with any communicable disease may be readmitted by written notice signed by a physician, appropriate school official or a District Health Officer. Any question or conflicts regarding school readmission should be referred to the local Health Department based on the student's residence.

## REPORTABLE DISEASES

California Administrative Code, Section 2500

Any incidence of the diseases listed on the following page is to be reported to the health department (city or county) by mailing the "State Department of Public Health Confidential Morbidity Report Card."

When an infectious disease is known or suspected, the nurse should become familiar with the description of the disease and methods of control in order to work more effectively with the case, suspects, contacts, and carriers. The nurse should work to determine:

**WHO** is involved with the outbreak?

**WHEN** was the onset of symptoms and what is the possible incubation period?

**WHERE** are the known cases located?

**WHAT** organism might be involved? Confirm by laboratory identification.

**WHY** did this occur?

The nurse should institute the necessary preventive measures and include education of the individual, family and community as well as environmental controls.

**An outbreak consists of two or more cases of a communicable disease in a classroom and must be reported to the Health Department.**

Notation should be made on the health record for each known incidence of a communicable disease.

Reference: Communicable Disease Control Manual County of Los Angeles  
Department of Health Services

# City of Pasadena Public Health Department



## REPORTABLE DISEASES AND CONDITIONS Title 17, California Code of Regulations (CCR), § 2500

FOR URGENT REPORTS FOLLOW THE 📞 PROMPTS AT (626) 744-6043

### 📞 REPORT IMMEDIATELY by telephone

- ① Report within ONE WORKING DAY of identification by telephone, fax, or mail to the Public Health Department
- ⑦ Report within 7 CALENDAR DAYS of identification by telephone, fax, or mail to the Public Health Department
- ★ When two (2) or more cases or suspected cases of foodborne illness from separate households are suspected to have the same source of illness, please REPORT IMMEDIATELY by telephone to the Public Health Department
- ⑦ For HIV/AIDS reporting, please fax a completed HIV/AIDS Case Report Form to (626) 744-6191. If you have questions regarding HIV/AIDS disease reporting, surveillance, or care services please e-mail: [HIVSurveillance@cityofpasadena.net](mailto:HIVSurveillance@cityofpasadena.net) or call (626) 744-6303

## REPORTABLE DISEASES

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li>⑦ Acquired Immune Deficiency Syndrome (AIDS)</li> <li>① Amebiasis</li> <li>⑦ Anaplasmosis/Ehrlichiosis</li> <li>📞 Anthrax, human or animal</li> <li>📞 Avian Influenza, Human</li> <li>① Babesiosis</li> <li>📞 Botulism (Infant, Foodborne, Wound, Other)</li> <li>⑦ Brucellosis, animal (except infections due to <i>Brucella canis</i>)</li> <li>📞 Brucellosis, human</li> <li>① Campylobacteriosis</li> <li>⑦ Chancroid</li> <li>📞 Chickenpox (Varicella), only hospitalized and fatal cases (do not report cases of herpes zoster or shingles)</li> <li>⑦ Chlamydial Infections, including lymphogranuloma venereum (LGV)</li> <li>📞 Cholera</li> <li>📞 Ciguatera Fish Poisoning</li> <li>⑦ Coccidioidomycosis</li> <li>① Colorado Tick Fever</li> <li>⑦ Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)</li> <li>① Cryptosporidiosis</li> <li>⑦ Cyclosporiasis</li> <li>⑦ Cysticercosis or Taeniasis</li> <li>📞 Dengue</li> <li>📞 Diphtheria</li> <li>📞 Domoic Acid (Amnesic Shellfish) Poisoning</li> <li>⑦ Ehrlichiosis/Anaplasmosis</li> <li>① Encephalitis, specify etiology: Viral, Bacterial, Fungal, or Parasitic</li> <li>📞 <i>Escherichia coli</i>: shiga toxin producing (STEC) including <i>E. coli</i> O157</li> <li>★ Foodborne Disease (food poisoning)</li> <li>⑦ Giardiasis</li> <li>⑦ Gonococcal Infections</li> <li>① <i>Haemophilus influenzae</i>, invasive disease (only report cases &lt;15 years of age)</li> </ul> | <ul style="list-style-type: none"> <li>📞 Hantavirus Infections</li> <li>📞 Hemolytic Uremic Syndrome</li> <li>① Hepatitis A, acute infection</li> <li>⑦ Hepatitis B (specify acute or chronic)</li> <li>⑦ Hepatitis C (specify acute or chronic)</li> <li>⑦ Hepatitis D (Delta) (specify acute or chronic)</li> <li>⑦ Hepatitis E, acute infection</li> <li>⑦ Human Immunodeficiency Virus (HIV)</li> <li>⑦ Influenza, deaths in laboratory-confirmed cases for age 0-64 years</li> <li>📞 Influenza, novel strains</li> <li>⑦ Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)</li> <li>⑦ Legionellosis</li> <li>⑦ Leprosy (Hansen Disease)</li> <li>⑦ Leptospirosis</li> <li>① Listeriosis</li> <li>⑦ Lyme Disease</li> <li>① Malaria</li> <li>📞 Measles (Rubeola)</li> <li>① Meningitis, specify etiology: Viral, Bacterial, Fungal, or Parasitic</li> <li>📞 Meningococcal Infections</li> <li>⑦ Mumps</li> <li>📞 Paralytic Shellfish Poisoning</li> <li>⑦ Pelvic Inflammatory Disease (PID)</li> <li>① Pertussis (Whooping Cough)</li> <li>📞 Plague, human or animal</li> <li>① Poliovirus Infection</li> <li>① Psittacosis</li> <li>① Q Fever</li> <li>📞 Rabies, human or animal</li> <li>① Relapsing Fever</li> <li>⑦ Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like illnesses</li> <li>⑦ Rocky Mountain Spotted Fever</li> <li>⑦ Rubella (German Measles)</li> <li>⑦ Rubella Syndrome, Congenital</li> </ul> | <ul style="list-style-type: none"> <li>① Salmonellosis (other than Typhoid Fever)</li> <li>📞 Scabies (Atypical or Crusted)</li> <li>📞 Scombroid Fish Poisoning</li> <li>📞 Severe Acute Respiratory Syndrome (SARS)</li> <li>📞 Shiga Toxin (detected in feces)</li> <li>① Shigellosis</li> <li>📞 Smallpox (Variola)</li> <li>① <i>Staphylococcus aureus</i> infection (only a case resulting in death or admission to an intensive care unit of a person who has not been hospitalized or had surgery, dialysis, or residency in a long-term care facility in the past year, and did not have an indwelling catheter or percutaneous medical device at the time of culture)</li> <li><b>Streptococcal Infections:</b></li> <li>📞 Outbreaks of any type</li> <li>① Individual case in a food handler</li> <li>① Individual case in a dairy worker</li> <li>① Invasive Group A Streptococcal Infections (including Toxic Shock Syndrome and Necrotizing Fasciitis)</li> <li>① Syphilis</li> <li>⑦ Tetanus</li> <li>⑦ Toxic Shock Syndrome</li> <li>① Trichinosis</li> <li>① Tuberculosis</li> <li>⑦ Tularemia, animal</li> <li>📞 Tularemia, human</li> <li>① Typhoid Fever (specify case or carrier)</li> <li>① <i>Vibrio</i> infections</li> <li>📞 Viral Hemorrhagic Fevers (Crimean-Congo, Ebola, Lassa and Marburg viruses)</li> <li>① Water-Associated Disease (e.g. Swimmer's Itch, Hot Tub Rash)</li> <li>① West Nile Virus (WNV) Infection</li> <li>📞 Yellow Fever</li> <li>① Yersiniosis</li> <li>📞 OCCURRENCE OF ANY UNUSUAL DISEASE</li> <li>📞 OUTBREAKS OF ANY DISEASE</li> </ul> |
|---|---|---|

## Non-Communicable Diseases or Conditions

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>⑦ Alzheimer's Disease and Related Conditions (CCR §2802, §2806, §2810)</li> </ul> | <ul style="list-style-type: none"> <li>⑦ Disorders Characterized by Lapses of Consciousness (CCR §2806, §2810)</li> </ul> | <ul style="list-style-type: none"> <li>① Pesticide-Related Illnesses (Health and Safety Code §105200)</li> </ul> |
|--|---|--|
- Cancer, including benign and borderline brain tumors (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) in-situ and CIN III of the cervix) (CCR §2593)<sup>A</sup>

<sup>A</sup> Cancer-reporting facilities shall report to their regional cancer registry each reportable case within 6 months of the time the case comes under the care of, or is admitted to the facility. Physicians, surgeons, and facilities not already defined as a cancer-reporting facility shall report each cancer case to its regional cancer registry or to the local health department using the Confidential Morbidity Report (PM-110) within 30 days of the date the patient is first seen, admitted, or treated in the facility for the first time. See Physician Reporting Requirements for Cancer Reporting in CA at [www.ccrca.org](http://www.ccrca.org)

To report a case or outbreak of any disease contact Pasadena Public Health Department  
Tel: (626) 744-6043 • Fax: (626) 744-6115 • 1845 N Fair Oaks Ave, Pasadena, CA 91103



Review Date: 8/14/2014

## WHY REPORT

The primary objectives of disease surveillance are (1) to determine the extent of morbidity within the community, (2) to evaluate risks of transmission, and (3) to intervene rapidly when appropriate. For surveillance to be effective, the reporting of communicable diseases must be timely. Delay or failure to report a communicable disease has contributed to serious consequences in the past.

Removing persons in sensitive occupations (e.g., food handlers and child-care workers) and sensitive situations (i.e., children in day-care, children/adults in facilities for developmentally disabled) prevents the spread of diseases such as shigellosis. The detection and treatment of patients with tuberculosis, the identification of asymptomatic carriers of typhoid and gonorrhea, the immunization of persons exposed to vaccine-preventable diseases, and alerting health providers about prevalent viral infections are just a few of the benefits derived by the entire community when reporting is timely and accurate. Failure to report can result in increased disease in the community, increased costs for diagnosis and treatment, additional time lost from work or school, prolonged hospitalization and possible death.

**The confidentiality of patient information is always protected.**

## WHO SHOULD REPORT

Medical doctors, osteopaths, veterinarians, podiatrists, nurse practitioners, physician assistants, nurses, nurse midwives, infection control practitioners, medical examiners, coroners, dentists, and administrators of health facilities and clinics knowing of a case of a communicable disease, are required to report them to the local health department (Section 2500). In addition, anyone in charge of a public or private school, kindergarten, boarding school, or preschool is also required to report these diseases (Section 2508).

## HOW TO REPORT

A standard form known as the **Confidential Morbidity Report (CMR) card**, is available for reporting these diseases. **AIDS Case Report forms** may be obtained from the HIV/AIDS Program. The confidentiality of patient information is always protected.

**CITY OF PASADENA PUBLIC HEALTH DEPARTMENT  
1845 NORTH FAIR OAKS AVENUE • PASADENA, CA 91103  
(626) 744-6043 (24 Hrs.) • FAX (626) 744-6115**

## LABORATORY REPORTING

The director of any clinical laboratory must report laboratory evidence, suggestive of the diseases listed below, to the health department within one (1) working day from the time the physician who submitted the specimen is notified. (*California Code of Regulations*, Section 2505). These laboratory reports, which must be submitted in writing, must include the date specimen was taken, and the results of the test performed; name, address, age of the patient; and the name and address of the referring physician.

Chlamydial infections  
Cryptosporidiosis  
Diphtheria  
Encephalitis, arboviral  
*Escherichia coli* 0157:H7 infection  
Gonorrhea

Hepatitis A, acute infection, not by IgM  
antibody test or positive viral antigen test  
Hepatitis B, acute infection, not by IgM  
antibody test or positive viral antigen test  
Hepatitis B surface antigen positivity (specify  
gender)  
Listeriosis  
Malaria

Measles (Rubeola), acute infection, by IgM  
antibody test or positive viral antigen test  
Plague, animal or human  
Rabies, animal or human  
Syphilis  
Tuberculosis  
Typhoid  
*Vibrio* species infections

Whenever a laboratory receives a specimen for the laboratory diagnosis of a suspected human case of one of the diseases listed below, such laboratory shall communicate immediately by telephone with the Microbial Diseases Laboratory (or, for Smallpox or Viral Hemorrhagic Fevers, with the Viral and Rickettsial Disease Laboratory) of the Department of Health Services for instruction.

### Report Within ONE Hour

Anthrax  
Botulism  
Brucellosis

Plague, animal or human  
Smallpox (Variola)  
Tularemia

Viral hemorrhagic fever  
Agents (e.g., Crimean-Congo, Ebola, Tassa  
and Marburg Viruses)

## REPORTING OF OUTBREAKS

Any health-care provider having knowledge of any outbreak or undue prevalence of infectious or parasitic disease or infestation, whether or not listed in Section 2500, shall promptly report the facts to the local health department. The following are **examples** of diseases, outbreaks of which are to be so reported: chickenpox, epidemic gastroenteritis, epidemic keratoconjunctivitis, impetigo, influenza, respiratory syncytial virus, and scabies.

## OCCURRENCE OF UNUSUAL DISEASES (SECTION 2503)

Any health-care provider having knowledge of a case of an unusual disease, not listed in Section 2500, shall promptly convey the facts to the local health department. **Examples** of unusual diseases are: cat scratch fever, echinococcosis, hantavirus, hemolytic-uremic syndrome (HUS), histoplasmosis, and toxoplasmosis.

## INSTRUCTIONS TO HOUSEHOLD (SECTION 2514)

It shall be the duty of the health care provider in attendance on a case or suspected case of any disease or condition listed in Section 2500, or of any other disease considered to be communicable, to give detailed instructions to the members of the household regarding precautionary measures to be taken for preventing the spread of the disease or condition.

## CALIFORNIA MORBIDITY REPORT (C.M.R.)

The old CMR card is being replaced with the new CMR form. The card will no longer be supplied. The new CMR form has many advantages:

1. The form is larger, FAXable, and is provided with a FAX coversheet with the appropriate FAX number to report to.
2. A listing of legally reportable conditions under Title 17, California Code of Regulations, is printed on the back side of the new CMR form in addition to any locally reportable diseases.
3. A box contains the local health department's address and FAX number to which completed CMR forms should be forwarded.

The new CMR form should simplify your responsibility to notify the local health department when you diagnose or even suspect that a patient has a reportable condition. It is important that you report these conditions to the county or city health department *based on home address*, so that appropriate follow-up can occur within that jurisdiction.

Altadena residents: report to Monrovia Health Department

Pasadena and Sierra Madre residents: report to Pasadena Health Department

An outbreak of a communicable disease in the school setting is two or more cases of the same disease in the same classroom.

When a disease for which the pupil has been immunized is diagnosed by a reliable source (physician, nurse, clinic) this information should be telephoned or FAXED to the health department immediately, and followed up with C.M.R. form.

Prompt reporting makes it possible for the health department to see the patient the same day and to do investigative follow up.

**Report must include physician's name and reporting school.**

**The CMR form can be found at this link:**

**[http://cityofpasadena.net/PublicHealth/For Providers/](http://cityofpasadena.net/PublicHealth/For_Providers/)**

# FAX TRANSMISSION

**CONFIDENTIAL**

Date: \_\_\_\_\_

TO: Morbidity Clerk/Communicable Disease Control

\_\_\_\_\_

FAX: \_\_\_\_\_

Number of pages following \_\_\_\_\_

FROM: \_\_\_\_\_  
Health Care Provider

Phone (\_\_\_\_\_) \_\_\_\_\_

FAX (\_\_\_\_\_) \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*The information contained in or attached to this facsimile message is privileged and confidential and is intended for use of the individual(s) designated above. If the reader of this message is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the local health department addressee above immediately by telephone and return the original documents by mail.*



# CONFIDENTIAL MORBIDITY REPORT

CITY OF PASADENA  
PUBLIC HEALTH DEPARTMENT



Note: For STD, Hepatitis, or TB, complete appropriate section below. Special reporting requirements are available on the List of Reportable Diseases and Conditions.

## DISEASE BEING REPORTED →

Patient Last Name		First Name		MI	Birthdate (mm/dd/yyyy)	Age
Address (Street and number)				Apt./Unit No.		
City/Town		State	Zip Code			
Home Telephone Number ( )		Cell Telephone Number ( )		Work Telephone Number ( )		
Patient's Occupation/Setting (check all that apply) <input type="checkbox"/> Food Service <input type="checkbox"/> Day Care <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Health Care <input type="checkbox"/> School <input type="checkbox"/> Other: _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> M to F Transgender <input type="checkbox"/> Female <input type="checkbox"/> F to M Transgender <input type="checkbox"/> Other: _____		Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Est. Delivery Date _____		
Date of Onset (mm/dd/yyyy)		Date Diagnosed (mm/dd/yyyy)		Date of Death (mm/dd/yyyy)		
Reporting Health Care Provider				Type of Diagnostic Specimen <input type="checkbox"/> Blood <input type="checkbox"/> CSF <input type="checkbox"/> Clinical <input type="checkbox"/> Stool <input type="checkbox"/> Urine <input type="checkbox"/> No test <input type="checkbox"/> Other: _____		
Reporting Health Care Facility						
Address (Street and number)				Suite/Unit No.		
City/Town		State	Zip Code			
Telephone Number		Fax Number	Date Submitted (mm/dd/yyyy)			
Submitted by				<b>REPORT TO:</b> <b>PASADENA PUBLIC HEALTH</b> FAX: (626) 744-6115 MAIL: 1845 N. Fair Oaks Pasadena, CA 91103 PHONE: (626) 744-6043		

<b>SEXUALLY TRANSMITTED DISEASES (STD)</b>			
<b>Syphilis</b> <input type="checkbox"/> Syphilis <input type="checkbox"/> Neurosyphilis <b>Gonorrhea</b> <input type="checkbox"/> Urethral/Cervical <input type="checkbox"/> PID <input type="checkbox"/> Other: _____		<b>Syphilis Test Results</b> RPR Titer: _____ VDRL Titer: _____ <b>Chlamydia</b> <input type="checkbox"/> Urethral/Cervical <input type="checkbox"/> PID <input type="checkbox"/> Other: _____	
<b>Gender of Sex Partners (check all that apply)</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> M to F Transgender <input type="checkbox"/> F to M Transgender <input type="checkbox"/> Other: _____		<b>STD Treatment Information</b> <input type="checkbox"/> Treated (Drugs, Dosage, Route): _____ <b>Treatment Began (mm/dd/yyyy):</b> ____/____/____	
		<input type="checkbox"/> Untreated <input type="checkbox"/> Will treat <input type="checkbox"/> Unable to contact patient <input type="checkbox"/> Patient refused treatment <input type="checkbox"/> Referred to: _____	

<b>VIRAL HEPATITIS</b>																																																																																																						
<b>Diagnosis (check all that apply)</b> <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B (acute) <input type="checkbox"/> Hepatitis B (chronic) <input type="checkbox"/> Hepatitis B (perinatal) <input type="checkbox"/> Hepatitis C (acute) <input type="checkbox"/> Hepatitis C (chronic) <input type="checkbox"/> Hepatitis D <input type="checkbox"/> Hepatitis E <b>Jaundiced?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Suspected Exposure Type(s)</b> <input type="checkbox"/> Blood transfusion <input type="checkbox"/> Medical or dental procedure <input type="checkbox"/> IV drug use <input type="checkbox"/> Other needle exposure <input type="checkbox"/> Sexual contact <input type="checkbox"/> Household contact <input type="checkbox"/> Perinatal <input type="checkbox"/> Child care <input type="checkbox"/> Other: _____		<b>ALT (SGPT)</b> Result: _____ Upper Limit: _____ <b>AST (SGOT)</b> Result: _____ Upper Limit: _____ Bilirubin Result: _____		<table border="1"> <thead> <tr> <th></th> <th>Pos</th> <th>Neg</th> <th>Pos</th> <th>Neg</th> </tr> </thead> <tbody> <tr> <td><b>Hepatitis A</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>anti-HAV IgM</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td><b>Hepatitis B</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>HBsAg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>anti-HBc total</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>anti-HBc IgM</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>anti-HBs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>HBeAg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>anti-HBe</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>HBV DNA:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Hepatitis C</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>anti-HCV</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>RIBA</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>HCV RNA (e.g., PCR)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td><b>Hepatitis D</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>anti-HDV</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td><b>Hepatitis E</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>anti-HEV</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table>			Pos	Neg	Pos	Neg	<b>Hepatitis A</b>					anti-HAV IgM	<input type="checkbox"/>	<input type="checkbox"/>			<b>Hepatitis B</b>					HBsAg	<input type="checkbox"/>	<input type="checkbox"/>			anti-HBc total	<input type="checkbox"/>	<input type="checkbox"/>			anti-HBc IgM	<input type="checkbox"/>	<input type="checkbox"/>			anti-HBs	<input type="checkbox"/>	<input type="checkbox"/>			HBeAg	<input type="checkbox"/>	<input type="checkbox"/>			anti-HBe	<input type="checkbox"/>	<input type="checkbox"/>			HBV DNA:					<b>Hepatitis C</b>					anti-HCV	<input type="checkbox"/>	<input type="checkbox"/>			RIBA	<input type="checkbox"/>	<input type="checkbox"/>			HCV RNA (e.g., PCR)	<input type="checkbox"/>	<input type="checkbox"/>			<b>Hepatitis D</b>					anti-HDV	<input type="checkbox"/>	<input type="checkbox"/>			<b>Hepatitis E</b>					anti-HEV	<input type="checkbox"/>	<input type="checkbox"/>		
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<b>Status</b> <input type="checkbox"/> Active Disease <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected <input type="checkbox"/> Infected, No Disease <input type="checkbox"/> Converter <input type="checkbox"/> Reactor <b>Site(s)</b> <input type="checkbox"/> Pulmonary <input type="checkbox"/> Extra-Pulmonary <input type="checkbox"/> Both		<b>Mantoux TB Skin Test</b> Date performed (mm/dd/yyyy): ____/____/____ Results: _____ mm <input type="checkbox"/> Pending <input type="checkbox"/> Not Done <b>Chest X-Ray</b> Date performed (mm/dd/yyyy): ____/____/____ <input type="checkbox"/> Normal <input type="checkbox"/> Pending <input type="checkbox"/> Not done <input type="checkbox"/> Cavitory <input type="checkbox"/> Abnormal/Noncavitory	
<b>Bacteriology</b> Date specimen collected (mm/dd/yyyy): ____/____/____ Source: _____ Smear: <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Pending <input type="checkbox"/> Not done Culture: <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Pending <input type="checkbox"/> Not done Other test(s): _____		<b>TB TREATMENT INFORMATION</b> <input type="checkbox"/> Current Treatment <input type="checkbox"/> INH <input type="checkbox"/> RIF <input type="checkbox"/> PZA <input type="checkbox"/> EMB <input type="checkbox"/> Other: _____ Date treatment initiated (mm/dd/yyyy): ____/____/____ <input type="checkbox"/> Untreated <input type="checkbox"/> Will treat <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Unable to contact patient <input type="checkbox"/> Refused treatment	

REMARKS:

### **COMMUNICABLE DISEASES INFORMATION CHART**

<b>DISEASE</b>	<b>INCUBATION PERIOD</b>	<b>EARLY SIGNS OF ILLNESS</b>	<b>EXCLUDE FROM ATTENDANCE</b>	<b>REMARKS</b>
Chickenpox	10-21 Days	Slight fever, rash, consisting of blisters that appear first on head, then spread to body.	Until 6th day after onset of rash, but no longer than one week. Immuno-compromised children should be excluded for the duration of vesicular eruption.	May return with dry scabs.
Common cold and Flu	1-3 Days	Runny nose, watery eyes, general tired feeling. Usually no fever unless infection develops.	Until clinical recovery	Teach importance of washing hands and covering mouth when coughing or sneezing.
Conjunctivitis Bacterial & Viral (Pink eye)	24-72 Hours	Red eyes, discharge from eyes, crusted lids	Until treated	Teach importance of hand washing.
Erythema Infectiosum (fifth disease)	6-14 Days	Red flushed cheeks, "slapped cheek appearance," macular papular rash on extremities, circumoral pallor.	Until 4 days after appearance of rash	Pregnancy precautions.  Consult your physician.
Hepatitis, Viral Type A	15-50 Days usually 28 Days	Nausea, vomiting, extreme fatigue, often pain in upper abdomen followed by jaundice. Mild cases occur without jaundice in children	Until released by health care provider or Health Department	Supervised hand washing after using toilet and before meals will help control spread. Emphasize personal hygiene.
Impetigo	Variable	Blisters on skin that open and become covered with yellowish crust, no fever.	Until treatment begun. May refer to PUSD Clinic	Keep lesions covered while in school. Teach importance of handwashing and keeping fingernails clean.
Measles	7-14 Days	Runny nose, watery eyes, blotchy red rash appears on 4th day.	4 Days after onset of rash	Vaccine required for all children under State law.
Mumps	12-26 Days	Swelling over jaw in front of one or both ears. Pain in ears. Pain in cheeks made worse by chewing.	Until clinical recovery	Vaccine required for all children under State law.

**COMMUNICABLE DISEASES INFORMATION CHART, CONT'D**

<b>DISEASE</b>	<b>INCUBATION PERIOD</b>	<b>EARLY SIGNS OF ILLNESS</b>	<b>EXCLUDE FROM ATTENDANCE</b>	<b>REMARKS</b>
Pediculosis Head Lice	Eggs hatch in 7-10 Days	Itching & scratching of scalp. Pinpoint white eggs on hair that will not flake off.	Until shampoo or lotion treatment given with pediculicide and all nits have been removed.	Second shampoo in 7-10 days may be needed. Teach importance of not sharing hair care items. Treatment of all household contacts essential.
Pertussis	7-10 Days	First 1-2 weeks, symptoms include runny nose and cough. Next 1-6 weeks, cough worsens. bursts, or numerous, rapid coughs, due to difficulty expelling thick mucus from the trachea-bronchial tree. At the end of the paroxysm, a long inspiratory effort is usually accompanied by a characteristic high-pitched whoop. During such an attack, the patient may become cyanotic (turn blue).	Usually 5 days after the start of antibiotic, erythromycin	
Rubella	2-10 Days	Slight cold, swollen neck glands	Until 4 Days after the onset of rash	Vaccine required for all children under State law.
Scabies	First infection 2-6 weeks Repeat infection 1-4 days	Small red raised bumps or blisters on skin with <u>severe</u> itching. Check finger webs, wrist, elbows, belt line, and axilla.	Until treatment begun	Note needed for return to school. Prophylaxis treatment recommended for household members. Stress laundering procedures.
Streptococcal Infections  Scarlet fever	1-3 Days	Fever, sore throat, often with enlarged, tender lymph nodes in neck. Scarlet fever causes a fine red rash 1-3 days after onset of sore throat.	24-48 hours after treatment has begun	
Tinea Capitis Ringworm of the Scalp	10-14 Days	Balding areas	Until treatment begun	May require systemic treatment.
Tinea Corporis Ringworm of the Body	4-10 Days	Flat, spreading, scaly ring-shaped spots on skin. Margins may be reddish and slightly raised.	Until treatment begun	May refer to PUSD clinic for treatment and return to school.
Tuberculosis	4-12 Weeks	Gradual onset, tiredness, loss of appetite, slight fever, failure to gain weight	Until under treatment and released by Health Department or private physician	All close contacts should have TB skin tests. Anti-TB prophylaxis indicated for newly positive reaction.

## HEALTH CONSIDERATIONS FOR PREGNANT CHILD CARE STAFF

### CHILDHOOD DISEASES WHICH CAN POSE A THREAT TO PREGNANT CHILD CARE WORKERS

Disease	Exclusion Status	Risk to Pregnant Child Care Workers	Comments
Herpes Simplex	Children with herpetic gingivostomatitis who do not have control of oral secretions should be excluded from child care.	Extremely low	Maternal herpes infections that are a threat to the fetus are caused by the Herpes type II virus. As a rule, these lesions are on the genitalia and the virus is sexually transmitted. Herpes type II can cause spontaneous abortions, prematurity, microcephaly, fetal infection.
Chicken Pox	Until six days after the onset of the rash OR until all sores have dried and crusted over.	High if not immune	Adults who acquire chicken pox often have a serious infection. Chicken Pox can cause miscarriage, central nervous system disease, cataracts, clubbed feet. The exposed child care worker without immunity should consult her health care provider within 24 hours after exposure is recognized.
Shingles	Exclusion is usually not necessary IF all sores can be covered. The child's health care provider should be consulted.	Lower than with chicken pox as chicken pox is also spread from respiratory secretions.	Risk status from shingles must be determined case by case. The pregnant child care worker should consult with their health care provider and be able to describe where the lesions are and the likelihood of exposure to them.
Cytomeg - alovirus (CMV)	Because of the very high rate of young children who shed CMV from child care, exclusion is NOT recommended.	High	CMV is the leading cause of congenital infection in the United States. It can cause hearing loss, visual problems, mental retardation or cerebral palsy. Maternal immunity does not provide absolute protection. Pregnant child care workers should consult their health care provider to discuss risks. It is recommended that non-immune pregnant women avoid contact with children less than 2 years of age and others who "shed" CMV during the first 24 weeks of pregnancy.
Hepatitis B	Exclusion is not recommended unless the child has open wounds, sores or is aggressive (bites and scratches)	Low IF universal precautions are strictly followed. Non-pregnant child care workers should be offered hepatitis B vaccination.	Hepatitis B can cause prematurity, psychomotor retardation and newborn disease.

<b>Disease</b>	<b>Exclusion Status</b>	<b>Risk to Pregnant Child Care Workers</b>	<b>Comments</b>
HIV Positive	Exclusion is not recommended provided the child care environment does not pose risks to the child's health AND the child's health status or behavior does not pose a threat to others. Consultation from the child's health care provider is needed.	Low IF universal precautions are followed	Can cause fetal infection.
Rubella	Until six days after the onset of the rash.	High if not immune.	Avoid contact if not immune and vaccinate if not pregnant. Can cause deafness, microcephaly CNS disease, heart defects, cataracts.

Adapted from:

Gratz, R.R., & Barltan, P. (1994). Health Considerations for Pregnant Child Care Staff. *Journal of Pediatric Health Care*, 8(1):18-26

American Public Health Association and American Academy of Pediatrics, (1992). *Caring For Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*. Washington, D.C.: Authors.

**PASADENA UNIFIED SCHOOL DISTRICT  
HEALTH PROGRAMS**

**EXCLUSION NOTICE/COMMUNICABLE DISEASE**  
**(Noticia de Exclusión/Enfermedad Contagiosa)**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Nombre de Niño/a) (Fecha de nacimiento)

Teacher \_\_\_\_\_ School \_\_\_\_\_  
(Maestra/o) (Escuela)

Dear Parent:  
(Estimados Padres):

Your child is being excluded from school because of a case of suspected  
(Se ha excluido a su niño/a debido a que se sospecha que tiene)

\_\_\_\_\_

A clearance note from your health care provider is required to return to school.  
(Para que regrese a la escuela se requiere que traiga una forma de clarificación de su médico)

Sincerely,  
(Sinceramente)

\_\_\_\_\_  
School Nurse (Enfermera Escolar) Date (Fecha)

**(La forma siguiente es para que la llene su Médico)**

-----  
**Health Care Provider's Report to School**

\_\_\_\_\_ was checked by me on \_\_\_\_\_  
Date

and was found to have the following conditions : \_\_\_\_\_

\_\_\_\_\_  
Treatment, recommendations, and comments : \_\_\_\_\_

\_\_\_\_\_  
Cleared to return to school: \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Provider/M.D.

\_\_\_\_\_  
Print Name of Provider/M.D.

\_\_\_\_\_  
Phone Number



**PASADENA UNIFIED SCHOOL DISTRICT**  
**EDUCATION CENTER • HEALTH PROGRAMS**

**EXCLUSION LETTER/COMMUNICABLE DISEASE**  
**IMMUNIZATION PREVENTABLE**

Student \_\_\_\_\_ Date \_\_\_\_\_

Dear Parent/Guardian:

Your child is excluded from attending school because of an outbreak of

\_\_\_\_\_.

All students who are not protected with the proper immunizations must be excluded from school until 14 days after the last reported case of the disease.

This exclusion is based upon:

\_\_\_\_\_ Exemption based on medical reasons.

\_\_\_\_\_ Lack of up-to-date records.

Your child may return to school on \_\_\_\_\_. You will be notified if an extension will be necessary.

Please contact your school nurse with questions at \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
School

351 South Hudson Avenue • Pasadena, CA 91109

(626) 396-3600 Ext. 88240 • Fax (626) 584-1540

Rev. 07/01/15

[www.pasadena.k12.ca.us](http://www.pasadena.k12.ca.us) • [www.pusd.us](http://www.pusd.us)



**PASADENA UNIFIED SCHOOL DISTRICT**  
**EDUCATION CENTER • HEALTH PROGRAMS**

**CARTA DE EXCLUSION/ENFERMEDAD CONTAGIOSA**  
**EVITABLE POR INMUNIZACION**

Alumno \_\_\_\_\_ Fecha \_\_\_\_\_

Estimado Padre/Tutor:

Su niño ha sido excluido de la asistencia escolar debido a un brote de

\_\_\_\_\_.

Todos los alumnos que no estén protegidos con las inmunizaciones debidas, deben de ser excluidos de la escuela hasta 14 días después de que se haya reportado el último caso de dicha enfermedad.

Esta exclusión está basada en:

\_\_\_\_\_ Exención basada en motivos médicos/creencias religiosas

\_\_\_\_\_ Récords que no están al corriente

Su niño/a puede regresar a la escuela el día \_\_\_\_\_. Se les avisará si una extensión es necesaria. Por favor comuníquense con la enfermera de su escuela si tienen preguntas al \_\_\_\_\_.

Cordialmente,

\_\_\_\_\_  
Enfermera de la Escuela

\_\_\_\_\_  
Escuela



**INFECTIOUS DISEASES**

The Governing Board desires to protect students from risks posed by exposure to infectious diseases while providing an appropriate education for all students. The Board recognizes that prevention and education are the most effective means of limiting the spread of infectious diseases.

**Infectious Disease Prevention**

The Superintendent or designee shall collaborate with parents/guardians and local health agencies and organizations to develop a comprehensive approach to disease prevention that promotes preventative measures and education of students and staff.

(cf. 1020 - Youth Services)

(cf. 3516 - Emergencies and Disaster Preparedness Plan)

(cf. 5141.21 - Administering Medication and Monitoring Health Conditions)

(cf. 5141.26 - Tuberculosis Testing)

(cf. 5141.3 - Health

Examinations) (cf. 5141.31 -

Immunizations)

(cf. 5141.32 - Health Screening for School

Entry) (cf. 5141.6 - School Health Services)

The Superintendent or designee shall regularly review resources available from health experts to ensure that district programs are based on the most up-to-date information.

The Superintendent or designee shall ensure that the district's comprehensive health education program provides information about the prevention of infectious diseases, including the nature of bloodborne pathogens and their transmission, as well as information to help prevent the spread of contagious diseases, such as a pandemic influenza. He/she shall also ensure that each school has sufficient infection prevention supplies that are easily accessible to staff.

*(cf. 6142.1 - Sexual Health and HIV/AIDS Prevention Instruction)*

*(cf. 6142.8 - Comprehensive Health Education)*

**Universal Precautions**

Students and staff shall observe universal precautions in order to prevent exposure to blood borne pathogens and to prevent the spread of infectious diseases

*(cf. 4119.42/4219.42/4319.42 - Exposure Control Plan for Blood borne Pathogens)*

*(cf. 4119.43/4219.43/4319.43 - Universal Precautions)*

The Superintendent or designee shall inform students of the precautions to be used in cases of exposure to blood or other body fluids through injury, accident, or classroom instruction.

*(cf. 5141 - Health Care and Emergencies)*  
*(cf. 6145.2 - Athletic Competition)*

## **Students with Infectious Diseases**

The Superintendent or designee shall exclude students only in accordance with law, Board policy, and administrative regulation. Because blood borne pathogens such as hepatitis B virus, hepatitis C virus, and human immunodeficiency virus (HIV) are not casually transmitted, the presence of infectious conditions of this type is not, by itself, sufficient reason to exclude students from attending school.

*(cf. 5112.2 - Exclusions from Attendance)*  
*(cf. 6164.6 - Identification and Education under Section 504)*

Parents/guardians are encouraged to inform the Superintendent or designee if their child has an infectious disease so that school staff may work cooperatively with the student's parents/guardians to minimize the child's exposure to other diseases in the school setting. The Superintendent or designee shall ensure that student confidentiality rights are strictly observed in accordance with law.

*(cf. 4119.23/4219.23/4319.23 - Unauthorized Release of Confidential/Privileged Information)*  
*(cf. 5022 - Student and Family Privacy Rights) (cf. 5125 - Student Records)*

### **Legal Reference:**

#### **EDUCATION CODE**

*48210-48216 - Persons excluded 49073-49079 -*

*Privacy of pupil records*

*49403 - Cooperation in control of communicable disease and immunization of pupils*

*49405 - Smallpox control 49406 - Examination for tuberculosis*

*(employees) 49408 - Information of use in emergencies*

*49602 - Confidentiality of student information*

*51202 - Instruction in personal and public health and safety*

#### **CALIFORNIA CONSTITUTION**

*Article 1, Section 1 Right to Privacy*

#### **CIVIL CODE**

*56-56.37 - Confidentiality of Medical Information*

*Act 1798-1798.76 - Information Practices Act*

#### **HEALTH AND SAFETY CODE**

*120230 - Exclusion for communicable disease*

*120325-120380 - Immunization against communicable diseases*

*120875-120895 - AIDS information*

*120975-121022 - Mandated blood testing and confidentiality to protect public health*

*121475-121520 - Tuberculosis tests for pupils*

#### **CODE OF REGULATIONS, TITLE 8**

*5193 - California bloodborne pathogens standard*

#### **CODE OF REGULATIONS, TITLE 17**

*2500-2511 - Communicable disease reporting requirements*

#### **UNITED STATES CODE, TITLE 20**

*1232g - Family Educational and Privacy Rights Act*

*1400-1482 - Individuals with Disabilities Education Act*

*UNITED STATES CODE, TITLE 29*

*794 - Section 504 of the Rehabilitation Act of 1973*

*CODE OF FEDERAL REGULATIONS, TITLE 45*

*164.500-164.534 - Health Insurance Portability and Accountability Act (HIPAA)*

*COURT DECISIONS*

*Thomas v. Atascadero Unified School District, (1987) 662 F.Supp. 376 Management Resources:*

*CSBA PUBLICATIONS*

*Saving Lives: AIDS Issues for California Schools 1994, rev. 2006*

*Avian Influenza, Governance and Policy Services Fact Sheet, April 2006*

*WEB SITES*

*CSBA: <http://www.csba.org>*

*California Department of Education: <http://www.cde.ca.gov>*

*California Department of Public Health: <http://www.cdph.ca.gov>*

*Centers for Disease Control and Prevention: <http://www.cdc.gov>*

*Contra Costa County Office of Education, Pandemic Flu Resources:*

*[http://www.cccoe.k12.ca.us/about/flu/resources\\_flu\\_action\\_kit](http://www.cccoe.k12.ca.us/about/flu/resources_flu_action_kit)*

*U.S. Government Pandemic Flu Information: <http://www.pandemicflu.gov>*

**Policy**

**Adopted: April 23, 2013**

**PASADENA UNIFIED SCHOOL DISTRICT**

Pasadena, California

## **Students**

### **INFECTIOUS DISEASES**

**AR 5141.22**

The Superintendent or designee shall immediately report to the local health officer the presence or suspected presence of any communicable disease. (17 CCR 2508)

#### **Universal Precautions in the Classroom**

Before students work with blood, blood products, or other body fluids, the teacher shall explain the potentially hazardous nature of blood and body fluids in the transmission of various agents from one person to another and the specific procedures and safety precautions to be used in the lesson.

The following precautions shall be used when students are working with blood or other body fluids:

1. Before and after exposure to blood or other body fluids, students shall wash their hands with soap and water and cover any existing cut, wound, or open sore with a sterile dressing.
2. Students shall wear gloves or other personal protective equipment as appropriate.

*(cf. 5142 - Safety)*

3. Blood typing or similar experiments may be conducted by teacher demonstrations. When being performed individually, students shall work with their own blood or use prepackaged ABO/Rh blood cell kits that have vials of blood previously tested for transmissible agents.
  - a. Students shall use individual sterile lancets for finger punctures and shall not reuse them.
  - b. Before the finger is punctured, it shall be wiped with a piece of cotton that has been immersed in alcohol.
  - c. If bleeding persists after the finger is punctured, the student shall apply a sterile bandage using moderate pressure.
4. Lancets and any other materials contaminated with blood or body fluids shall be discarded into a solution consisting of one part bleach to 10 parts water (1:10), made fresh daily.
5. At the end of the class, surfaces shall be wiped with alcohol or a solution of one part bleach to 10 parts water.

*(cf. 4119.42/4219.42/4319.42 - Exposure Control Plan for Bloodborne Pathogens)*

*(cf. 4119.43/4219.43/4319.43 - Universal Precautions)*

*(cf. 6142.1 - Sexual Health and HIV/AIDS Prevention Instruction)*

*(cf. 6142.8 - Comprehensive Health Education)*

*(cf. 6142.93 - Science Instruction)*

#### **Regulation**

**Approved: April 23, 2013**

#### **PASADENA UNIFIED SCHOOL DISTRICT**

Pasadena, California

## INFECTIOUS DISEASE PREVENTION

The Governing Board recognizes its responsibility to consistently take precautions to prevent the spread of infectious diseases. A comprehensive approach to disease prevention requires the cooperation of the home and the community.

*(cf. 1020 - Youth Services)*

All students and employees shall be informed of the universal precautions to be used whenever anyone is exposed to blood or other body fluids through injury or accident. Science laboratory instruction shall be designed to protect students from contact with body fluids and with contaminated needles, sharps and other objects.

*(cf. 4119.42 - Exposure Control Plan for Bloodborne Pathogens)*

*(cf. 4119.43 - Universal Precautions)*

*(cf. 5141.1 - Accidents)*

*(cf. 5141.31 - Immunizations)*

*(cf. 6142.2 - AIDS Prevention Instruction)(cf. 6145.2 - Interscholastic Competition)*

### *Legal Reference:*

#### EDUCATION CODE

*49403 Cooperation in control of communicable disease and immunization of pupils*

*51202 Instruction in personal and public health and safety*

#### CODE OF REGULATIONS, Title 8

*5193 California Bloodborne Pathogens Standard*

#### CODE OF REGULATIONS, TITLE 17

*2500-2508 Communicable disease reporting requirements*

#### *Management Resources:*

#### CDE PROGRAM ADVISORIES

*0509.86 AIDS Guidelines*

*Guidelines for Informing School Employees about Preventing the Spread of Infectious Diseases, including Hepatitis B and AIDS/HIV*

*Infections and Policies for Dealing with HIV-Infected Persons in School Settings*



PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER HEALTH PROGRAMS

CHICKEN POX

Dear Parent/Guardian:

The school your child attends is experiencing an outbreak of chicken pox.

The first symptoms of chicken pox appear 10-21 days after exposure. Chicken pox is a highly contagious viral disease with slight fever and an eruption of the skin. Small red raised spots appear first on the back, chest and scalp. Small watery blisters develop in a few hours, last 3 to 4 days and leave a scab. Chicken pox is spread through direct contact with an infected person.

If your child has not had chicken pox, please observe him/her for these signs. If there are any slight indications of illness, keep him/her at home, away from other children, and notify your school and your health care provider. If your child develops chicken pox, he/she may not return to school until the scabs are dried and crusty - at least 7 to 10 days from onset of illness, depending on the severity of the case.

In order to prevent the continuing spread of this illness, the following measures should be followed:

1. Wash hands thoroughly before eating
2. Cover mouth and nose when sneezing or coughing
3. DO NOT share food, cups, or eating utensils

If you have any questions, please contact your school nurse.

\*\*

***DO NOT USE ASPIRIN AND/OR ANY COMBINATION OF  
PRODUCTS CONTAINING ASPIRIN FOR CHILDREN 18 YEARS  
OF AGE AND YOUNGER.***

\*\*

Sincerely,

A handwritten signature in cursive script, appearing to read "Ann Rector".

Ann Rector  
Director of Health Programs

APPROVED:

Dr. Shawn Bird  
Chief Academic Officer

351 South Hudson Ave., Pasadena, CA 91101  
626-396-3600 ext. 88240  
Fax: 626-584-1540  
[www.pusd.us](http://www.pusd.us)



PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER . HEALTH PROGRAMS

VIRUELAS LOCAS (YARICELA)

Estimado Padre/Tutor:

La escuela a la que asiste su niño esta experimentando un brote de viruelas locas.

Los primeros sintomas de las viruelas locas (varicela) aparecen de 10 a 21 dias despues de haber sido expuesto a ellas. La viruela loca es una enfermedad virulenta muy contagiosa con poca fiebre y una erupción de la piel. Aparecen pequefias manchas rojas, primero en la espalda, el pecho y la cabeza. En unas cuantas horas se convierten en pequefias vesiculas, las cuales duran de 3 a 4 dias y dejan una costra. La viruela loca se contagia por contacto directo con la persona infectada.

Si su niño/a no ha tenido la viruela loca, por favor observelo/a para ver si tiene estos sintomas. Si hay las mas leves indicaciones de esta enfermedad, dejelo/a en casa, lejos de los otros niños y notifique a la escuela y a su medico. Si se le desarrolla la viruela loca a su niño/a, no debe de regresar a la escuela hasta que las costras se hayan secado -- por lo menos de 7 a 10 dias del brote de la enfermedad, dependiendo de la severidad del caso.

Para poder prevenir que continúe el contagio de esta enfermedad, se deben de tomar las siguientes precauciones:

1. Lavense las manos muy bien antes de comer
2. Cubranse la boca y nariz cuando estomuden o tosan .
3. NO COMPARTAN la comida, tazas o utensilios para comer

Si tienen alguna pregunta, por favor comuníquense con la enfermera de su escuela.

**\*\* NO USE ASPIRINA Y/O CUALQUILLER COMBINACION DE PRODUCTOS QUE CONTENGAN ASPIRINA, PARA LOS NINOS DE 18 ANOS DE EDAD O MENORES.**

Atentamente,

Ann Rector  
Directora de los Programas de Salud

APROBADO:

Dr. Shawn Bird  
Chief Academic Officer

351 South Hudson Ave., Pasadena, CA 91101  
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PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER , HEALTH PROGRAMS

CONJUNCTIVITIS/PINKEYE EXCLUSION NOTICE

\_\_\_\_\_  
Date

To the Parents/Guardians of \_\_\_\_\_

We suspect your child may have conjunctivitis or "pinkeye". Conjunctivitis is an inflammation or infection of the conjunctiva (the inside lining of the eyelids) causing redness, discharge, tearing, itching, and irritation. The discharge occasionally causes the eyelids to stick together, especially after sleeping. The affected person usually complains of feeling "sand" or "dirt" or "burning" in the eyes and may complain of sensitivity to light. The infection is commonly caused by bacteria or viruses.

Pinkeye is contagious and easily spread from person to person. We ask that you have your child checked by your health care provider. In order to return to school, a health care provider clearance note is required (use tear off slip at bottom). If you have any questions, please contact your School Nurse.

Sincerely,

Ann Rector  
Director of Health Programs

APPROVED:  
Dr. Shawn Bird  
Chief Academic Officer

Name of student \_\_\_\_\_ Date of Birth \_\_\_\_\_

The above student has been checked for conjunctivitis and has been cleared to return to school.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please have your child bring this note to the Health Office when he/she returns to school

351 South Hudson Ave., Pasadena, CA 91101  
626-396-3600 ext. 88240  
Fax: 626-584-1540  
[www.pusd.us](http://www.pusd.us)





**PASADENA UNIFIED SCHOOL DISTRICT**  
**EDUCATION CENTER HEALTH PROGRAMS**

**NOTICIA DE EXCLUSION POR CONJUNTIVITIS**

\_\_\_\_\_

Pecha

A los Padres/Tutores de \_\_\_\_\_

Pensamos que su niño/a puede tener conjuntivitis. La conjuntivitis es una inflamación o infección de la conjuntiva (el revestimiento interior de los párpados) que causa enrojecimiento, secreción, desgarramiento, comezón e irritación. La supuración ocasionalmente causa que los párpados se peguen, especialmente después de haber dormido. La persona afectada generalmente se queja de sentir "arena" o "polvo" o "ardor" en los ojos y de sensibilidad a la luz. La infección es causada generalmente por bacteria o virus.

La conjuntivitis es contagiosa y se esparce fácilmente de persona a persona. Le pedimos que haga examinar a su niño/a por su médico. Se requiere una nota del médico para regresar a la escuela (use la forma al pie de la página). Si tiene preguntas, por favor comuníquese con la enfermera de su escuela.

Atentamente.

Ann Rector  
Directora de los Programas de Salud

APROBADO:

Dr. Shawn Bird  
Chief Academic Officer

Nombre del estudiante \_\_\_\_\_ Pecha de nacimiento \_\_\_\_\_

El estudiante mencionado arriba ha sido tratado por conjuntivitis y se le permite volver a la escuela.

Pinna del médico \_\_\_\_\_ Pecha \_\_\_\_\_

Por favor haga que su niño/a traiga esta nota a la Oficina de Salud cuando regrese a la escuela.

351 South Hudson Ave., Pasadena, CA 91101  
626-396-3600 ext. 88240  
Fax: 626-584-1540

[www.pusd.us](http://www.pusd.us)



PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER , HEALTH PROGRAMS

CONJUNCTIVITIS/PINKEYE EXPOSURE NOTICE

Dear Parents/Guardians:

Your child may have been exposed to conjunctivitis or "pinkeye". Conjunctivitis is an inflammation or infection of the conjunctiva (the inside lining of the eyelids) causing redness, discharge, tearing, itching, and irritation. The discharge occasionally causes the eyelids to stick together, especially after sleeping. The affected person usually complains of feeling "sand" or "dirt" or "burning" in the eyes and may complain of sensitivity to light. The infection is commonly caused by bacteria or a virus. The best prevention for conjunctivitis is to wash hands regularly and to keep fingers and hands away from the eyes.

Pinkeye is contagious and easily spread from person to person. Please check your child's eyes carefully each morning when they wake up. If you suspect your child may have conjunctivitis, please do not send him/her to school, take your child to your healthcare provider for treatment and permission to return to school. If you have any questions, please contact your school nurse.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ann Rector".

Ann Rector  
Director of Health Programs

APPROVED:

Dr. Shawn Bird  
Chief Academic Officer

351 South Hudson Avenue · Pasadena, CA 91109  
(626) 396-3600 Ext. 88240 .  
Fax (626) 584-1540



**PASADENA UNIFIED SCHOOL DISTRICT**  
**EDUCATION CENTER HEALTH PROGRAMS**

**NOTICIA DE EXPOSICION A CONJUNTIVITIS**

Estimados Padres/Tutor:

Pensamos que su niño/a ha sido expuesto a conjuntivitis. La conjuntivitis es una inflamación o infección de la conjuntiva (el revestimiento interior de los párpados) que causa enrojecimiento, secreción, desgarramiento, comezón e irritación. La supuración ocasionalmente causa que los párpados se peguen, especialmente después de haber dormido. La persona afectada generalmente se queja de sentir "arena" o "polvo" o "ardor" en los ojos y de sensibilidad a la luz. La infección es causada generalmente por bacteria o virus. La mejor manera de evitar la conjuntivitis es la práctica de lavarse las manos regularmente y de mantener los dedos o manos alejados de los ojos.

La conjuntivitis es contagiosa y se propaga fácilmente de persona a persona. Por favor examine los ojos de su niño/a cuidadosamente cada mañana cuando se levanten. Si usted cree que su niño/a pueda tener conjuntivitis **NO LO MANDE A LA ESCUELA**, lleve a su niño/a al médico para que reciba el tratamiento apropiado y luego necesitara traer una nota firmada por el médico para que su niño/a pueda regresar a la escuela. Si tienen alguna pregunta, por favor comuníquense con la enfermera de su escuela.

Atentamente,

Ann Rector  
Directora de los Programas de Salud

**APROBADO:**

Dr. Shawn Bird  
Chief Academic Officer

## **CONJUNCTIVITIS/PINK EYE**

	<u><b>BACTERIAL</b></u>	<u><b>VIRAL</b></u>	<u><b>ALLERGIC</b></u>
<b>SYMPTOMS</b>			
<b>Itch</b>	Not usually	Not usually	Yes; marked (noticeable)
<b>Pain</b>	No; may complain of sandiness, grittiness, scratching; lids stuck together upon awakening.	No; may complain of sandiness, grittiness, scratching	No; may complain of burning
<b>Blurred vision</b>	No	No	No
<b>Light sensitive</b>	No	No	No
<b>Both eyes involved</b>	Sometimes; more common in children	Often (Highly contagious)	Usually
<b>Other complaints</b>	No	May have had upper respiratory infection (cold) one week previously	Sometimes runny nose, sneezing
<b>Other symptoms</b>	---	---	Puffy eyelids, tearing
<u><b>SIGNS</b></u>			
<b>Discharge (drainage)</b>	Pus	Usually watery	Threadlike mucus
<b>Redness</b>	Moderate to heavy	Moderate	Mild to Moderate
<u><b>TREATMENT PLAN</b></u>	Exclude from school until seen by health care provider and eyes are clear. Wash hands frequently. <b>DO NOT TOUCH THE EYE.</b>	Exclude from school until seen by health care provider and eyes are clear. Wash hands frequently. <b>DO NOT TOUCH THE EYE.</b>	Not excluded from school; eye drops may or may not be of help. Rest eyes with ice pack. Wash hands frequently. <b>DO NOT TOUCH THE EYE.</b>

## CONJUNCTIVITIS/INFECCION DE OJO

	<b><u>BACTERIAL</u></b>	<b><u>VIRAL</u></b>	<b><u>ALERGICO</u></b>
<b><u>SINTOMAS</u></b>			
<b>Comezón</b>	No usualmente	No usualmente	Sí, muy marcada
<b>Dolor</b>	No, puede quejarse de arenosidad, rrasquera, párpados pegados al levantarse.	No, puede quejarse de arenosida y comezon	No, puede quejarse de ardor
<b>Visión borrosa</b>	No	No	No
<b>Sensitividad a la luz</b>	No	No	No
<b>Ambos ojos</b>	Algunas veces; más común en los niños	Regularmente (Altamente contagioso)	Usualmente
<b>Otras quejas</b>	No	Puede tener infección respiratoria (resfrios) una semana previa	Algunas veces moquera y estornudos
<b>Otros síntomas</b>	---	---	Parpados inflamados, llorosos
<b><u>SEÑALES</u></b>			
<b>Drenar</b>	Pus	Usualmente agua	Hilos de moco
<b>Enrojecimiento</b>	Moderado a grave	Moderado	Moderado
<b><u>PLAN DE TRATAMIENTO</u></b>	Excluido de la escuela hasta que sea visto por un proveedor de cuidado médico y los ojos estén claros. Lavarse las manos con frecuencia. <b>NO DEBE TOCARSE LOS OJOS</b>	Excluido de la escuela hasta que sea visto por un proveedor de cuidado médico y los ojos estén claros. Lavarse las manos con frecuencia. <b>NO DEBE TOCARSE LOS OJOS</b>	No será excluido de la escuela; gotas para los ojos tal vez ayuden ó tal vez no. Lavarse las manos con frecuencia. Descansar ojos con bolsa de hielo. <b>NO DEBE TOCARSE LOS OJOS</b>



PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER, HEALTH PROGRAMS

FIFTH DISEASE

\_\_\_\_\_  
Date

Dear Parents/Guardians:

Your child may have been exposed to Fifth Disease. This is an infectious disease that is characterized by a bright red or rosy rash on both cheeks for 1 to 3 days ("slapped cheek" appearance) which is followed by a pink "lacelike" or "netlike" rash on extremities and body.

This disease is spread from person to person through coughing, talking, sneezing, etc. Incubation time is 5 to 14 days and the infected person is contagious one week before the appearance of a rash.

If you suspect that your child may have Fifth Disease consult your health care provider or the health department immediately. If a student is diagnosed with this condition, a health care provider clearance note is required. If you have any questions, please contact your school nurse.

Sincerely,

Ann Rector

Director of Health Programs APPROVED:

Dr. Shawn McDonald  
Chief Academic Officer

351 South Hudson Avenue · Pasadena, CA 91109  
(626) 396-3600 Ext. 88240.  
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**PASADENA UNIFIED SCHOOL DISTRICT**  
**EDUCATION CENTER , HEALTH PROGRAMS**

**LA QUINTA ENFERMEDAD**

\_\_\_\_\_  
Fecha

Estimados Padres/Tutores:

Es posible que su hijo/a haya estado expuesto a la Quinta Enfermedad en su aula. Esta es una enfermedad infecciosa caracterizada por un sarpullido rojo o rosado en ambas mejillas por 1 a 3 días (la apariencia es como la de una bofetada en la mejilla), el cual es seguido por un sarpullido de apariencia de encaje o redecilla en las extremidades y el cuerpo.

Esta enfermedad se transmite de una persona a otra por medio de toser, hablar, estornudar, etc. El periodo de incubación es de 5 a 14 días y la persona infectada puede contagiar a otros por una semana antes de la aparición del sarpullido.

Si sospechan que su niño/a puede tener la Quinta Enfermedad consulten con su médico o con el departamento de salud inmediatamente. Si se diagnostica que un estudiante tiene esta condición se requiere una nota del médico indicando que puede regresar a la escuela. Si tienen alguna pregunta, por favor comuníquense con la enfermera de su escuela.

Atentamente,

Ann Rector  
Directora de los Programas de Salud

APROBADO:

Dr. Shawn Bird  
Chief Academic Officer







**PASADENA UNIFIED SCHOOL DISTRICT**  
**EDUCATION CENTER . HEALTH PROGRAMS**

**GIARDIASIS**

\_\_\_\_\_  
Date

Dear Parent:

Your child may have been exposed to an infectious illness called giardiasis. This is a disease caused by a parasite. Giardiasis is not usually life threatening, but can make a person quite sick and young children are at increased risk of dehydration from diarrhea.

The parasite is spread by "fecal-oral" transmission: hands or objects contaminated with fecal material reach the mouth and enter the gastro-intestinal system. Food can be contaminated during preparation by an infected person. Careful handwashing after toileting, and before food preparation and eating prevent passing giardiasis from person to person.

Symptoms of infection may include diarrhea or loose stools (usually foul-smelling), abdominal cramps, decreased appetite, fatigue and weight loss.

Giardiasis is diagnosed by laboratory examination of a stool specimen. Treatment is with anti-parasitic drugs prescribed by a health care provider.

If your child develops symptoms of giardia infection, keep your child at home, contact your health care provider and notify the school nurse.

Sincerely,

Ann Rector  
Director of Health Programs APPROVED:

Dr. Shawn Bird  
Chief Academic Officer



PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER HEALTH PROGRAMS

**GIARDIASIS**

Fecha: \_\_\_\_\_

Estimados Padres:

Su niño ha estado expuesto a una enfermedad infecciosa llamada giardiasis (infección estomacal). Esta es una diarrea causada por un parásito. Giardiasis por lo regular no es una enfermedad que pone en peligro la vida, pero puede hacer que una persona se ponga muy enferma y en los niños pequeños aumenta el riesgo de deshidratación por la diarrea.

El parásito se contagia por medio de transmisión "fecal-oral": las manos o los objetos contaminados con materia fecal se meten en la boca y entran al sistema gastrointestinal. La comida se puede contaminar cuando la está preparando una persona que tiene la infección. Para prevenir el contagio de la giardiasis de persona a persona es necesario lavarse las manos cuidadosamente después de ir al sanitario, antes de preparar la comida y de comer.

Los síntomas de la infección pueden incluir diarrea o excremento suelto (por lo regular fétido), dolores abdominales, mal apetito, fatiga y pérdida de peso.

Giardiasis se diagnostica por un examen de laboratorio del excremento. El tratamiento se da con un medicamento anti-parasítico recetado por el médico.

Si su niño desarrolla síntomas de infección giardia, no lo mande a la escuela, comuníquese con su médico e informe a la enfermera de la escuela.

Atentamente,

Ann Rector  
Directora de los Programas de Salud

APROBADO:

Dr. Shawn Bird  
Chief Academic Officer

351 South Hudson Avenue · Pasadena, CA 91101  
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PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER. HEALTH PROGRAMS

HAND, FOOT AND MOUTH DISEASE

\_\_\_\_\_  
Date

Dear Parent/Guardian:

Your child may have been exposed to Hand, Foot and Mouth Disease. This is an infectious disease that affects the palms of the hands, soles of the feet, and inside the mouth with blister-like lesions. It is spread through direct contact with nose and throat discharges of an infected person.

If you suspect that your child may have Hand, Foot and Mouth Disease, consult your health care provider. If a student is diagnosed with this condition, a physician's clearance note is required. If you have any questions, please contact your school nurse.

Sincerely,

Ann Rector  
Director of Health Programs

APPROVED:  
Dr. Shawn Bird  
Chief Academic Officer

351 South Hudson Avenue · Pasadena, CA 91109  
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**PASADENA UNIFIED SCHOOL DISTRICT**  
**EDUCATION CENTER. HEALTH PROGRAMS**

**ENFERMEDAD DE LA MANO, EL PIE Y LA BOCA**

\_\_\_\_\_  
Fecha

Estimado Padre/Tutor:

Puede ser que su niño/a haya estado expuesto a la Enfermedad de la Mano, el Pie y la Boca en su aula. Esta es una enfermedad infecciosa que afecta con ampollas las palmas de las manos, las plantas de los pies y dentro de la boca. Se extiende por contacto directo con la secreción de la nariz y la garganta de una persona infectada.

Si usted sospecha que su niño/a puede tener la Enfermedad de la Mano, el Pie y la Boca, consulte inmediatamente a su médico o al departamento de salud. Si se diagnostica que un alumno tiene esta enfermedad, se requiere una nota del médico cuando ya esté aliviado. Si tienen alguna pregunta, por favor comuníquense con la enfermera de su escuela.

Atentamente,

Ann Rector  
Directora de los Programas de Salud

APROBADO:

Dr. Shawn Bird  
Chief Academic Officer



PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER . HEALTH PROGRAMS

IMPETIGO

\_\_\_\_\_  
Date

Dear Parent/Guardian:

Your child may have been exposed to a skin infection called impetigo. This infection is spread through direct contact with infected individuals. The main symptom of this disease is a raised rash that contains pus and develops into an encrusted scab.

If you suspect your child may have impetigo, consult your health care provider or the local Health Department immediately. If a student is diagnosed with impetigo, a health care provider's clearance note is required to return to school.

If you have any questions, please contact your school nurse. Sincerely,

Ann Rector  
Director of Health Programs APPROVED:

Dr. Shawn Bird  
Chief Academic Officer

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**PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER . HEALTH PROGRAMS**

**IMPETIGO**

\_\_\_\_\_  
Fecha

Estimado Padre/Tutor:

Puede ser que su hijo haya estado expuesto en su aula a una infeccion de la piel. Hamada impetigo. Esta infeccion se contagia a traves de contacto directo con las personas que tienen la infeccion. El sintoma principal de esta enfermedad es una erupcion cutanea que contiene pus y al secarse forma unas costras espesas.

Si ud sospecha que su nifio tiene impetigo, consulte inmediatamente a su medico o al Departamento de Salud de la ciudad. Si se diagnostica que el alumno tiene Impetigo, se requiere una nota del proveedor de cuidado medico cuando se alivie para que pueda regresar a la escuela.

Si tienen alguna pregunta, por favor comuniquense con la enfermera de su escuela.

Atentamente,

Ann Rector  
Directora de los Programas de Salud

APROBADO:

Dr. Shawn Bird  
Chief Academic Officer



**PASADENA UNIFIED SCHOOL DISTRICT**  
**EDUCATION CENTER. HEALTH PROGRAMS**

**MUMPS**

\_\_\_\_\_  
Date

Dear Parent/Guardian:

Your child may have been exposed to a communicable disease called mumps. Mumps is a viral disease spread through direct contact with the saliva of an infected person.

The main symptoms are fever, and swelling with tenderness of one or more of the salivary glands. The incubation period is about 2 to 3 weeks. If your child has been immunized with the Measles, Mumps, Rubella (MMR) vaccine, he/she should be protected against the disease. Should your child develop the symptoms of mumps, keep him/her at home and contact your health care provider or your Health Department immediately.

If you have any questions, please contact your school nurse.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ann Rector".

Ann Rector

Director of Health Programs APPROVED:

Dr. Shawn Bird  
Chief Academic Officer

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PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER . HEALTH PROGRAMS

PAPERAS

---

Pecha

Estimado Padre/Tutor:

Puede ser que su niño haya estado expuesto a la enfermedad contagiosa. Hamada paperas. Las paperas es una enfermedad contagiosa producida por un virus, la cual se contagia por medio del contacto directo con la saliva de una persona que tenga la enfermedad.

Los sintomas principales son fiebre y la inflamacion sensible de una o mas de las glindulas salivales. El periodo de incubacion dura cerca de 2 a 3 semanas. Si su niño esta inmunizado con la vacuna del Sarampion, Paperas y Rubeola (MMR), el debiera estar protegido en contra de la enfermedad. Si su niño muestra los sintomas de las paperas, dejelo en casa y comuniquese inmediateamente con su medico o con su Departamento de Salud.

Si tiene alguna pregunta, por favor comuniquese con la enfermera de la escuela.

Cordialmente.

Ann Rector  
Directora de los Programas de Salud

APROBADO:

Dr. Shawn Bird  
Chief Academic Officer

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## Students

### HEAD LICE

### BP 5141.33

The Governing Board recognizes that head lice infestations among students require treatment but do not pose a risk of transmitting disease. The Superintendent or designee shall encourage early detection and treatment in a manner that minimizes disruption to the educational program and reduces student absences.

The Superintendent or designee may distribute information to parents/guardians of all students regarding routine screening, symptoms, accurate diagnosis, and proper treatment of head lice infestations. The Superintendent or designee also may provide related information to school staff.

*(cf. 4131 - Staff Development)*

*(cf. 4231 - Staff Development)*

School employees shall report all suspected cases of head lice to the school nurse or designee as soon as possible.

If a student is found with active, adult head lice, he/she shall be allowed to stay in school until the end of the school day. The parent/guardian of any such student shall be given information about the treatment of head lice and encouraged to begin treatment of the student immediately and to check all members of the family. The parent/guardian also shall be informed that the student shall be checked upon return to school the next day and allowed to remain in school if no active head lice are detected.

Upon the student's return to school, the school nurse or designee shall check the student for active head lice. If it is determined that the student remains infected with head lice, the school nurse or designee shall contact the student's parent/guardian to discuss treatment. As needed, he/she may provide additional resources and/or referral to the local health department, health care providers, or other agencies.

*(cf. 5141.3 - Health Examinations)*

*(cf. 5141.6 - School Health Services)*

If a student is found consistently infested with head lice, he/she may be referred to a multidisciplinary team, which may consist of the school nurse, representatives from the local health department and social services, and other appropriate individuals, to determine the best approach for identifying and resolving problems contributing to the student's head lice infestations.

*(cf. 1020 - Youth Services)*

*(cf. 5113 - Absences and Excuses)*

*(cf. 5113.1 - Chronic Absence and Truancy)*

When it is determined that one or more students in a class or school are infested with head lice, the principal or designee may, at his/her discretion, notify parents/guardians of students in that class or school and provide them with information about the detection and treatment of head lice.

Staff shall maintain the privacy of students identified as having head lice.

*(cf. 4119.23/4219.23/4319.23 - Unauthorized Release of Confidential/Privileged Information)*

*(cf. 5125 - Student Records)*

*Legal Reference:*

EDUCATION CODE

48320-48325 - School attendance review boards

49451 - Physical examinations: parent's refusal to consent

*Management Resources:*

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH PUBLICATIONS

*Guidelines on Head Lice Prevention and Control for School Districts and Child Care Facilities, rev. March 2012*

*A Parent's Guide to Head Lice, 2008*

**CALIFORNIA SCHOOL NURSES ORGANIZATION**

*Pediculosis Management, Position Statement, rev. 2011*

**WEB SITES**

*American Academy of Pediatrics: <http://www.aap.org>*

*California Department of Public Health: <http://www.cdph.ca.gov>*

*California School Nurses Organization: <http://www.csno.org>*

*Centers for Disease Control and Prevention, Parasitic Disease Information, Head Lice:  
<http://www.cdc.gov/parasites/lice/head>*

**Policy**

**Adopted:** November 14, 1995

**Revised:** October 9, 2012

**PASADENA UNIFIED SCHOOL DISTRICT**

Pasadena, California



**PASADENA UNIFIED SCHOOL DISTRICT**  
**EDUCATION CENTER . HEALTH PROGRAMS**

**PEDICULOSIS - HEAD LICE EXPOSURE**

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School

---

Date

Dear Parents/Guardians:

Your child may have been exposed to head lice. Head lice do not fly, or jump. They do not transmit disease. Head lice spread when items such as combs, hats, scarves, headphones, or other personal items are shared.

Children are much more likely to get lice from family members than from classmates at school. (This information comes directly from the California Department of Public Health [www.cdph.ca.gov](http://www.cdph.ca.gov)).

The most common symptom of head lice is an itchy scalp.

Please check your child's hair weekly for evidence of active lice or nits (the egg case). The nits or eggs can be most readily found firmly attached to the hair shaft, close to the scalp in the areas behind the ears, nape of the neck and close to the top of the head. Please be sure to notify your school nurse if you detect evidence of lice.

**Treatment only takes one day.** Shampooing AND removal of nits (eggs), by combing with a metal comb is the only way to treat lice. Once this is done your child should come back to school.

Daily combing and inspection for 2 weeks ensures that all nits are removed and avoids reinfestation. If you need help obtaining shampoo or supplies please check with the health office.

All children found to be infested with head lice must be checked by the health office before readmission.

For a complete copy of the Head Lice Board Policy, 5141.33 please visit [www.pusd.us](http://www.pusd.us) Board of Education.

Sincerely,

Ann Rector  
Director of Health Programs

APPROVED:

Dr. Shawn Bird  
Chief Academic Officer



**PASADENA U N I F I E D S C H O O L D I S T R I C T**  
**E D U C A T I O N C E N T E R . H E A L T H P R O G R A M S**  
**P E D I C U L O S I S - P I O J O S D E L A C A B E Z A**

Escuela \_\_\_\_\_

Fecha \_\_\_\_\_

Estimados Padres/Tutores:

Su niño ha estado expuesto a piojos de la cabeza.

Piojos de la cabeza no unelan o brincan. No transmiten enfermedades. Los piojos de la cabeza se transmiten cuando elementos como peines, sombreros, bufandas, otros artículos personales son compartidos.

Los niños son mucho mas propensos a contraer piojos de los miembros de la familia que de compañeros en la escuela. (Esta informacion viene directamente del Departamento de Salud Publica de California. [www.cdph.ca.gov](http://www.cdph.ca.gov))

El sintoma mas comun de los piojos es comezon en el cuero cabelludo.

Por favor revise el cabello de su niño cada semana por evidencia de piojos activos o liendres. Las liendres o los huevos pueden ser mas faciles de encontrar firmemente adheridos a la base del vello, cerca de) cuero cabelludo, en las areas detras de los oidos, la nuca de! cuello y cerca de la parte superior de las cabeza. Por favor notifique a su enfermera escolar si descubre pruebas de piojos.

El tratamiento solo toma un dia. Lavando con champu y el retiro de liendres, peinando con un peine metalico es la mejor manera de tratar piojos. Una vez que esto se hace, su hijo(a) debe regresar a la escuela. Inspeccionando y peinando a diario por 2 semanas, asegura que todos las liendres son retiradas y evita la reinfestacion. Si necesita ayuda para obtener champu o suministros, por favor verifique con la oficina de salud.

Todos los niños que se encuentran infestados con piojos de la cabeza deben de ser revisados por la oficina de salud antes de readmission.

Por una copia completa de la Junta de Politica de Piojos De La Cabeza por favor visite [www.pusd.us](http://www.pusd.us) Board of Education.

Atentamente,

APROBADO:

Ann Rector  
Directora de los Programs de Salud

Dr. Shawn Bird  
Chief Academic Officer

**PASADENA UNIFIED SCHOOL DISTRICT**  
**HEALTH PROGRAMS**  
**PEDICULOSIS - HEAD LICE EXCLUSION NOTICE**

To the Parents/Guardians of \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Your child has pediculosis (head lice) and is being sent home from school for treatment. **Treatment usually takes only one day.** Medicated shampoo AND removal of nits(eggs) by combing with a fine tooth comb, treats head lice. Once this is done your child should come back to school. **Daily combing and inspection for 2 weeks ensures that all nits are removed and helps to prevent the recurrence of lice.**

Head lice do not hop, jump or fly. They are spread from person to person by the sharing of hats, caps, combs, brushes, barrettes, scarves and sweaters, (or jackets), with hoods. Most cases of head lice occur among members of the family (The California Department of Public Health).

**Head lice are very common, are not caused by poor hygiene and do not carry disease.**

**TREATMENT FOR HEAD LICE**

1. Apply one of the commercial medicated shampoos, which are available in drug stores, to the scalp. Follow directions on the bottle as to the length of time to allow the solution to remain on the hair. (If you need assistance obtaining medicated shampoo, please check with the school's health office).
2. While hair is wet, comb it thoroughly with a fine tooth comb made particularly for this purpose (available at drug stores, if it is not included with the medicine). **The hair must be combed, strand by strand, inch by inch, to assure complete removal of every nit. If hair is long and thick, it will take considerable time.**
3. Following treatment, the hair should be checked weekly at home, to prevent recurrence. Remember, short hair is easier to work with than long hair.

**IMPORTANT**

Head lice can spread from one person to another. This is especially true where younger children are in the home. Therefore, at the same time that the child is treated, members of the household should be examined, and treated, if lice are found.

Lice can live in the seams of clothing, in caps, in pillows, blankets and bed linen for a maximum of 2 days. Clean the combs and brushes of the whole family with the medication used on the hair. Wash all clothing and bed linens (boil, if possible) and iron with a hot iron.

If these precautions are not taken, immediately after the head has been cleaned, the condition may recur. **Please bring your child to the health office to be readmitted to school.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

School Nurse

**DISTRITO ESCOLAR UNIFICADO DE PASADENA  
PROGRAMAS DE SALUD**

**NOTICIA DE EXCLUSIÓN POR PEDICULOSIS/PIOJOS**

A los Padres/Tutores de \_\_\_\_\_ Escuela \_\_\_\_\_ Grado \_\_\_\_\_

Su niño tiene piojos de la cabeza y ser enviado a casa desde la escuela. Generalmente el tratamiento solo toma un día. Champu medicado y eliminacion de liendres (huevos) peinando con un peine de dientes finos trata los piojos de la cabeza. Una vez que esto se hace su niño debería volver a la escuela. Peinando diario y inspeccion por 2 semanas asegura que todas las liendres son retiradas y ayuda a prevenir la reaparicion de piojos.

Los piojos de la cabeza no brincan or vuelan. Ellos se transmiten de persona a persona por el intercambio de sombreros, peines, bufandas y sueteres (o chaquetas) con capuchas. Mayoria de los casos de piojos de la cabeza ocurre entre miembros de la familia. (El Departamento de Salud Publico de California)

Los piojos de la cabeza son comiín, no son causados por una higiene deficiente y no transmiten enfermedad.

**TRATAMIENTO PARA PIOJOS DE LA CABEZA**

- Aplique uno de los champus medicados comerciales, que estan disponibles en farmacias, en el cuero cabelludo. Siga las instrucciones en la botella sobre cuanto tiempo se debe permitir que la solucion permanezca en el cabello. (Si necesita ayuda para obtener champu por favor verifique con la oficina de salud).
- Mientras que el cabello esta mojado peínelo cuidadosamente con un peine de dientes finos hecho especialmente para este proposito (disponible en farmacias, si no esta incluido con la medicina). El cabello debe de estar peinado, hebra por hebra, pulgada por pulgada, para asegurar el retiro complete de cada liendre. Si el cabello es largo y grueso, tardara un tiempo considerable.
- Despues del tratamiento, el pelo debe ser revisado cada semana en casa, para prevenir la recurrencia. Recuerde, es mas facil trabajar con pelo corto, que con pelo largo.

**IMPORTANTE**

Los piojos de la cabeza se pueden transmitir de una persona a otra. Esto sobre todo es verdad quando los niños mas pequeños estan en el hogar. Por lo tanto, al mismo tiempo que el niño se trate, los miembros de la casa se deberían examinar y tratarse si los piojos se encuentran.

Los piojos pueden vivir en las costuras de la ropa, en sombreros, almohadas, sabanas y ropa de cama para un maximo de 2 días. Limpie los peines y los cepillos de toda la familia con la medicación usada en el pelo. Lave toda la ropa y ropa de cama con agua caliente y planche con una plancha caliente. Si no se toman estas precauciones, inmediatamente despues de que ha limpiado la cabeza, la condición puede reaparecer.

Por favor, lleve al niño a la oficina de salud para ser readmitido a la escuela.

Firma \_\_\_\_\_

Fecha \_\_\_\_\_

## **PASADENA UNIFIED SCHOOL DISTRICT HEALTH PROGRAMS**

### **PEDICULOSIS (LICE AND NITS) PROCEDURE FOR SCHOOL PERSONNEL TO FOLLOW**

#### **STEPS:**

1. Identify active case. Check siblings enrolled at site and notify nurse of siblings at other schools.
2. Call parent/guardian with referral for appropriate care. Notify office staff and classroom teacher.
3. ADA is collected for up to 7 days when students are absent for head lice. Parents are expected to treat immediately and the student should be free of nits and return to school the next day. If student has not returned, make follow up phone call.
4. Upon the student's return, school nurse or designee should check student for active head lice (not nits).
5. At the discretion of the principal or designee when two or more cases in each classroom is identified, send letter home for all classmates advising of the presence of lice and the need for head checks by parents. (If child is also in a child care center at school, letters must also be sent home for program attendees.)
6. Staff shall maintain the privacy of students identified as having head lice.

**PASADENA UNIFIED SCHOOL DISTRICT  
HEALTH PROGRAMS**

**PEDICULOSIS - HEAD LICE TIPS FOR TEACHERS**

Pediculosis of the scalp (head lice) is very contagious. This is especially true among children because of their close contact with one another. This condition causes concern because it may lead to prolonged absence from school. Children with this condition must be excluded. They can be rendered non-communicable fairly rapidly with proper treatment and may then return to school.

Identification - A marked itching particularly at the back of the head, which is the nesting spot of lice, should make one suspect pediculosis. Nits (or eggs), are about 1/8 to 1/10 inch in length, are usually abundant and easily detected. They are small grayish white bodies which may appear on the scalp or hair. They are different from dandruff in that they do not brush off the hair shaft.

Cause - The pediculus humanus capitis (head louse) is the cause.

Source of Infestation - The infested person's clothing, personal belongings or bed may be the source.

Incubation Period - The incubation period is from one to two weeks. The adult louse may live as long as 30 days on or off the host. The nits can also live on or off the host.

Period of Communicability - As long as lice or eggs (nits) remain on the infested person or his clothing, communicability is present.

**PREVENTION:**

- A. Daily observation of class for possible symptoms of communicable disease.
- B. Health instruction regarding need for bathing and personal cleanliness. (The hair should be shampooed at least once a week and more often if necessary).
- C. Teacher's explanation of the danger of borrowing combs, brushes and headgear since head lice is extremely contagious.
- D. Notification of school nurse whenever pediculosis is suspected.

**RESPONSIBILITIES OF THE SCHOOL NURSE AND HEALTH CLERK:**

- A. Notification of parent of child with active headlice.
- B. Instruction of parent regarding treatment.





**PASADENA UNIFIED SCHOOL DISTRICT**  
EDUCATION CENTER . HEALTH PROGRAMS

**RED MEASLES/RUBEOLA**

\_\_\_\_\_  
Date

Dear Parent/Guardian:

Your child may have been exposed to measles. This infection is spread through germs which are coughed or sneezed into the air by someone who is sick with the measles. The main symptoms of this disease are a red blotchy rash, cough, high fever, and swollen red eyes.

**Please consult with your health care provider or the local health department regarding a follow-up or second MMR booster for your child's protection.**

If a student is diagnosed with measles, a health care provider's clearance note is required to return to school.

If you have any questions, please contact your school nurse.

Sincerely,

Ann Rector  
Director of Health Programs APPROVED:

Dr. Shawn Bird  
Chief Academic Officer

*351 South Hudson Avenue Pasadena, CA 91109  
{626} 396-3600 Ext. 88240. Fax {626} 584-1540  
www.pusd.us*



PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER . HEALTH PROGRAMS

SARAMPION

---

Pecha

Estimados Padres/Tutores:

Puede ser que su hijo/a haya estado expuesto/a al sarampion en su aula. Esta infeccion se esparce por germen es que se liberan al aire cuando alguien enfermo/a con sarampion tose o estornuda.

Los principales sintomas de esta enfermedad son ronchas rojas en la piel, tos, fiebre alta, ojos rojos y parpados hinchados.

Por favor consulte con su proveedor de cuidado medico o el departamento de salud local en cuanto a si es necesario que su niño/a sea visto o reciba un refuerzo de la vacuna de MMR para su proteccion.

Si se diagnostica que un estudiante tiene sarampion es necesario tener una nota de proveedor de cuidado medico para regresar a la escuela.

Si tiene alguna pregunta por favor comuniquese con la enfermera de su escuela.

Atentamente.

Ann Rector  
Directora de los Programas de Salud APROBADO:

Dr. Shawn Bird  
Chief Academic Officer

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[www.pusd.us](http://www.pusd.us)



**PASADENA U N I F I E D S C H O O L D I S T R I C T**  
**E D U C A T I O N C E N T E R , H E A L T H P R O G R A M S**

**RINGWORM OF THE BODY**

\_\_\_\_\_  
Date

Dear Parent/Guardian:

Your child may have been exposed to ringworm of the body. This is an infectious disease of the skin characteristically appearing as flat, spreading ring-shaped lesions. It is transmitted by direct or indirect contact with skin and scalp lesions of infected persons. It is also spread through contact with contaminated areas (floors and shower stalls) or infected animals. The incubation period is 4-10 days.

If you suspect that your child may have ringworm, consult your health care provider or the health department immediately.

In order to return to school, a clearance note is required from a health care provider.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ann Rector".

Ann Rector  
Director of Health Programs

APPROVED:

Dr. Shawn Bird  
Chief Academic Officer

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PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER, HEALTH PROGRAMS

TINA DEL CUERPO

\_\_\_\_\_  
Fecha

Estimado Padre/Tutor:

Su niño/a ha sido expuesto/a a tiña del cuerpo en su aula. Esta es una enfermedad infecciosa de la piel que por lo regular aparece como lesiones planas que se extienden en forma de anillo. Es transmitida por contacto directo o indirecto con la piel y lesiones del cuero cabelludo de personas infectadas. También se extiende por contacto con artículos contaminados (pisos y paredes de la regadera) o animales infectados. El periodo de incubación dura de 4-10 días.

Si usted sospecha que su niño/niña tiene serpigo o tífia, consulte inmediatamente a su proveedor de cuidado médico o al departamento de salud.

Para poder regresar a la escuela se requiere la aprobación, por escrito, del proveedor de cuidado médico.

Atentamente.

Ann Rector  
Directora de los Programas de Salud

APROBADO:

Dr. Shawn Bird  
Chief Academic Officer

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PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER , HEALTH PROGRAMS

RINGWORM OF THE SCALP

\_\_\_\_\_  
Date

Dear Parent/Guardian:

Your child may have been exposed to ringworm of the scalp. This is an infectious disease which begins as a small papule and spreads peripherally (outwards), leaving scaly patches of hair loss. Infected hair strands become brittle and break off easily. It is transmitted through direct or indirect contact with infected persons, animals or articles (clothing, toilet articles, theater seats). The incubation period is 10-14 days.

If you suspect that your child may have ringworm, consult your health care provider or the health department immediately.

If your child is diagnosed with ringworm of the scalp; a clearance note is required from a health care provider in order to return to school.

Sincerely,

Ann Rector  
Director of Health Programs

APPROVED:

Dr. Shawn Bird  
Chief Academic Officer



PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER HEALTH PROGRAMS

TINA DE LA CABEZA

\_\_\_\_\_  
Fecha

Estimado Padre/Tutor:

Puede ser que su niño/a haya estado expuesto/a a tiña de la cabeza en su aula. Esta es una enfermedad infecciosa que empieza como una pequeña papula (tumorcito) que se extiende perifericamente (hacia afuera), dejando pedazos de! cuero cabelludo sin cabello. El cabello infectado se hace quebradizo y se cae muy facilmente. Esta enfermedad es transmitada a traves de contacto directo o indirecto con las personas, animales o articulos infectados (ropa, articulos de tocador, asientos en el teatro). El periodo de incubación es de 10-14 dias.

Si a su niño/a a se le diagnostica tiña, se requiere una nota del proveedor de cuidado medico para regresar a la escuela.

Para poder regresar a la escuela se requiere la aprobación, por escrito, del proveedor de cuidado medico.

Atentamente,

Ann Rector  
Directora de los Programas de Salud

APROBADO:

Dr. Shawn Bird  
Chief Academic Officer

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[www.pusd.us](http://www.pusd.us)



PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER, HEALTH PROGRAMS

SCABIES

\_\_\_\_\_  
School

\_\_\_\_\_  
Date

Dear Parent/Guardian:

Your child may have been exposed to scabies. Scabies is a disease of the skin caused by a tiny mite and spread by direct close physical contact. This infectious disease appears on the body in tiny raised groups of lesions. It is accompanied by severe itching which occurs especially at night.

If you suspect your child may have scabies, consult your health care provider or the Health Department immediately. The treatment for scabies is a medicated lotion prescribed by a health care provider. It is effective in destroying all of the mites in the skin.

If your child is diagnosed with scabies, a clearance note is required from your health care provider in order to return to school.

Sincerely,

Ann Rector  
Director of Health Programs

\_\_\_\_\_  
School Nurse

APPROVED:

Dr. Shawn Bird  
Chief Academic Officer



PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER. HEALTH PROGRAMS

SARNA

\_\_\_\_\_  
Escuela

\_\_\_\_\_  
Pecha

Estimado Padre/Tutor:

Puede ser que su hijo/a haya estado expuesto/a en su aula a una infeccion de la pie ! Hamada sama. Esta enfermedad de la pieles causada por una pequeña garrapata y se contagia por contacto directo con las personas que tienen la infecci6n. Aparece en el cuerpo en forma de ronchas pequeñas. Acompañada de picazon severa que ocurre especialmente de noche.

Si usted sospecha que su niño/a tiene sama, consulte a su proveedor de cuidado medico o al Departamento de Salud de la ciudad. El tratamiento para la sama es una locion medicada recetada por un proveedor de cuidado medico. De manera efectiva destruye todas las garrapatas de la piel.

Si a su niño /a se le diagnostica sama se requiere una nota de su proveedor de cuidado medico para que pueda regresar a la escuela.

Atentamente,

Ann Rector  
Directora de los Programas de Salud

\_\_\_\_\_  
Enfermera Escolar

APROBADO:

Dr. Shawn Bird  
Chief Academic Officer





PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER. HEALTH PROGRAMS

STREP THROAT/SCARLET FEVER

School \_\_\_\_\_

Date \_\_\_\_\_

Dear Parent/Guardian:

Your child may have been exposed to strep throat/scarlet fever. Please observe your child for the following symptoms:

Sore throat  
Fever  
Fine red rash (in some cases)  
Rash on neck, chest, under arms, inside elbows, groin, thighs  
Flushing of face  
Pale around the mouth  
Strawberry tongue (red)  
Swollen neck glands

If exposed to strep throat/scarlet fever, it usually takes 3 to 5 days for the organism to cause the disease.

If you suspect that your child may have strep throat/scarlet fever, consult your health care provider immediately. Antibiotics are often prescribed.

If your child is diagnosed with strep throat/scarlet fever, consult your health care provider immediately. In order to return to school a health care provider's clearance note is required.

Sincerely,

Ann Rector  
Director of Health Programs

\_\_\_\_\_  
School Nurse

APPROVED:

Dr. Shawn Bird  
Chief Academic Officer

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PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER. HEALTH PROGRAMS

INFLAMACION SEPTICA DE LA GARGANTA/FIEBRE ESCARLATINA

Escuela \_\_\_\_\_

Fecha \_\_\_\_\_

Estimados Padres/Tutores:

Su niño/a ha estado expuesto/a a inflamacion septica de la garganta/fiebre escarlatina en su aula. Par favor observelo para ver si nota las siguientes sintomas:

Dolor de garganta  
Fiebre  
Manchas escarlatas en la pie !(en algunos casos)  
Erupciin en el cuello, pecho, debajo de los brazos, en el antebrazo, ingle, muslos  
Enrojecimiento de la cara  
Palidez alrededor de la boca  
Enrojecimiento de la lengua  
Hinchaz6n de las glandulas de! cuello

Si estuvo expuesto(a) a inflamacion septica de la garganta/fiebre escarlatina, par lo regular tarda de 3 a 5 dias para que aparezca la enfermedad.

Si cree que su niño/a tiene inflamacion septica de la garganta/fiebre escarlatina, par favor consulte a su medico inmediatamente. Par lo regular se recetan antibioticos.

Si a su niño/a se le diagnostica inflamaci6n septica de la garganta/fiebre escarlatina, se requiere una nota del proveedor de cuidado medico para que pueda regresar a la escuela.

Atentamente,

Ann Rector  
Directora de las Programas de Salud

\_\_\_\_\_  
Enfermera de la Escuela

APROBADO:

Dr. Shawn Bird  
Chief Academic Officer



PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER, HEALTH PROGRAMS

ACTIVE TUBERCULOSIS

\_\_\_\_\_  
School

\_\_\_\_\_  
Date

Dear Parent/Guardian:

Your child may have been exposed to a person recently diagnosed with active tuberculosis. A tuberculin skin test (Mantoux) will determine if your child was infected by the tuberculosis germ. For your child's protection and to control the spread of tuberculosis, it is mandatory that your child receives a tuberculin skin test by OR THE CHILD WILL BE EXCLUDED FROM SCHOOL UNTIL IT'S OBTAINED. You may obtain this by your private provider.

The Pasadena Health Department, in cooperation with the Pasadena Unified School District, will do tuberculosis skin testing for your child

AT: \_\_\_\_\_ ON \_\_\_\_\_

If your child had a positive skin test in the past, this test should not be taken. Please send documentation of this previous positive test with the completed consent form to school on and your child will be referred for a chest x-ray. If your child had this test with your private health care provider in the past two weeks, please provide the Health Department with documentation at the skin testing clinic at school.

It is recommended that students be retested in 3 months, therefore \_\_\_\_\_ will offer re-testing \_\_\_\_\_.

I give permission for my child to receive a Tuberculosis skin test at the school clinic.

Name of Student \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions, please feel free to call us at (818) 396-3600 Ext. 88180. Please visit [www.cdc.gov](http://www.cdc.gov) for additional information on Tuberculosis. Thank you for your cooperation.

Sincerely,

Ann Rector  
Director of Health Programs

APPROVED:  
Dr. Shawn Bird  
Chief Academic Officer



**PASADENA UNIFIED SCHOOL DISTRICT**  
**EDUCATION CENTER. HEALTH PROGRAMS**

**TUBERCULOSIS ACTIVA**

\_\_\_\_\_  
Escuela

\_\_\_\_\_  
Fecha

Estimado Padre/Tutor:

Puede ser que su niño haya sido expuesto a una persona a quien recientemente se le diagnosticó con tuberculosis activa. Una prueba cutánea de tuberculina (Mantoux) determinará si su niño fue contagiado con el germen de la tuberculosis. Para la protección de su niño y para el control del contagio de la tuberculosis, es obligatorio que su niño reciba la prueba cutánea de tuberculina para el día DE OTRA MANERA EL NIÑO SERÁ EXCLUIDO DE LA ESCUELA HASTA QUE OBTENGA DICHA PRUEBA.

Usted puede llevar a su niño(a) con su médico de cabecera para obtener la prueba.

El Departamento de Salud de Pasadena, en cooperación con el Distrito Escolar Unificado de Pasadena, le dará la prueba cutánea de la tuberculosis a su niño EN \_\_\_\_\_ día a partir de

Si su niño ha tenido reacción positiva cutánea en el pasado, esta prueba no se le debe de dar. Por favor envíe la documentación de la prueba positiva anterior con el consentimiento completo a la escuela el día \_\_\_\_\_ y se recomendará a su niño para que le saquen rayos X.

Si su médico le dio a su niño esta prueba en las últimas dos semanas, por favor dele esta documentación al Departamento de Salud el día \_\_\_\_\_ en la clínica de pruebas cutáneas en la escuela.

Como se recomienda, que los estudiantes se vuelvan a hacer la prueba en 3 meses. El Distrito ofrecerá la prueba \_\_\_\_\_.

**Doy autorización para que mi niño(a) le administren la prueba cutánea de Tuberculosis en la clínica de la escuela.**

Nombre del estudiante \_\_\_\_\_ / Nombre de Padre/Tutor \_\_\_\_\_

Firma de Padre/Tutor \_\_\_\_\_ Fecha: \_\_\_\_\_

Si tiene alguna pregunta, por favor llámenos con toda confianza al (626) 396-3600 — Ext. 88240. Para más información visite la página [www.cdc.gov/Tuberculosis](http://www.cdc.gov/Tuberculosis). Gracias por su cooperación.  
Cordialmente,

Ann Rector  
Directora de los Programas de Salud

APROBADO:

Dr. Shawn Bird, Chief Academic Officer