

HEALTH SERVICES INFORMATION

Many students and parents are frequently concerned about when students should stay home or attend school. The following information is intended to help with this decision.

General Practice

- If student has had a fever of 100° or more, the student should stay home for 24 hours after the temperature returns to normal.
- If student has vomited or had diarrhea, the student should stay home until 24 hours after the last episode.
- If student has <u>any</u> rash that may be disease-related or you do not know the cause, check with your family physician <u>before</u> sending the student to school.
- If student is ill, please call the school daily to report the illness. Provide as much information as possible regarding the symptoms or illness your student is experiencing. This helps the Health Services personnel to inform other families of contagious disease.

Common Concerns Parents Have About Health of Their School-Age Child

Disease	Symptoms	Incubation Period	School Action and Comments on Communicability	Source of Infection & Mode of Transmission
Chickenpox	Slight fever, general feeling of illness, skin rash that begins on chest, back, underarm, neck and face. Starts out as red bumps that turn into small blisters. Scabs appear in a few days.	10 to 21 days, usually 14 to 16 days	 Contagious a few days before eruption and until vesicles are dry. Exclude until day 6 after rash began or sooner if all blisters have dried into scabs. Chickenpox vaccine is recommended for all children who have not had the disease. 	 Virus spread directly from person through discharge from the nose and mouth, also by discharges from the skin and mucous membranes of infected persons. One attack usually confers immunity. Children on immuno-suppressive drugs at high risk. If you take your child to the doctor, they will want to keep your child separate from other children to prevent further spread.
Common Cold	Acute upper respiratory signs, including watery eyes, sneezing, running nose, general feeling of illness.	Up to 10 days	 No restriction unless ill. Communicable shortly before symptoms begin and for the duration of the acute symptoms. 	 Spread person to person by direct contact with secretions from the nose and mouth. Also from hands, tissues or other items that may have secretions on them.
Fifth Disease	Rash, sometimes fever or sore throat, redness on checks. Rash could come and go for days or weeks.	4 to 21 days, usually 4 to 14 days	If other rash-causing illnesses are ruled out and child is healthy enough for routine activities can be in school	 Most contagious before rash appears. Pregnant women and anyone with an impaired immune system may want to consult their doctor if exposed.
Influenza	Chills, body ache, headache, fever sore throat, followed by cough, running nose, and possibly stomach ache.	Up to 10 days	Keep child home from school until 24 hours after fever is gone and child is healthy enough for routine activities	 Virus spread directly through coughing, sneezing, and contact with nose or throat discharges of patient. Possibly airborne.
Impetigo	Blisters, pustules rapidly covered with honey-colored crusts. May be confused with cold sores. Usually seen first near mouth or nose. Can spread rapidly.	1 to 10 days, occasionally longer.	 Exclude from school until verification of treatment, or until lesions are dry. Contagious until lesions are healed or 24 hours after initiation of oral antibiotics. 	Bacteria spread by direct contact with sores, sometimes with contact from discharges from nose or throat of person can be spread through droplets in coughing or sneezing. Usually caused by Streptococcus or Staphylococcus bacteria.

Disease	Symptoms	Incubation Period	School Action and Comments on Communicability	Source of Infection & Mode of Transmission
Mononucleosis	Fever, sore throat, swollen lymph glands (neck), headache, tiredness. Can be a rash.	Probably 4 to 6 weeks.	 No restriction unless ill. Period of communicability unknown. 	 Spread person to person through saliva.
Lice (Pediculosis)	Infestation of the head hair or other hairy parts of the body with lice or nits. Scratching causes reddened, rash-like area. Nits are tiny white eggs, stuck to hair, usually close to scalp at neckline and/or behind ears.	Variable; eggs hatch in 7-10 days.	 Treat your child for head lice, check child's head and remove nits daily. Advise exam of household contact for nits and lice. Encourage child to avoid head to head contact with others 	Louse transmitted primarily by direct contact with infested persons. Lice can also be transmitted through combs, brushes, bedding, wearing apparel, and upholstered furniture.
Pink Eye (Conjunctivitis)	Redness of conjunctiva. May or may not have purulent discharge. Eye irritation.	24 to 72 hours	No exclusion necessary for pink eye if student has no fever and feels well enough to participate in routine activities.	 Most are caused by virus; some bacterial. Redness of eye may also be results of allergic reaction. May be spread through contact with secretions from eyes, nose or mouth.
Strep Throat Scarlet Fever	Fever, sore throat, headache, nausea, vomiting. (If associated with rash, it is called Scarlet Fever.)	2 to 5 days	Keep child home from school until 12 hours after antibiotic treatment begins and fever is gone.	 Bacteria spread directly from nose and throat discharges of infected persons.
Cold Sores (Herpes Simplex)	Blister-like sores, usually on lips but may occur anywhere on skin or in mucous membranes. May be confused with Impetigo.	2-14 days	 No restriction Contagious period is unknown. Virus may be present for 5 to 7 days, or in some cases for months. 	• Virus is transmitted by direct contact with infected persons, a majority of whom have unapparent infections.
				References: Hennepin County Human Services and Public Health Department Infectious Disease in Childcare Setting and Schools, September 2015

Medications in School:

Prescription and non-prescription medications can be dispensed in school only when absolutely necessary for the well-being of the student.

Prescription & Non-Prescription:

Student's physician must either write a separate prescription for school or use a district medication form describing when and why student should take medication. Prescription medication must be supplied in original labeled prescription bottle. Ask pharmacist for a bottle for home and one for school. Non-prescription medication must be provided in original labeled bottle. Parents must provide written permission for students to receive medication during the school day.

Health Services Questions:

Each school is staffed by a School Health Paraprofessional under the supervision and direction of a Licensed School Nurse.