



Cedar Hill Independent School District

Health Services Department

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When Should I Keep My Child Home from School?

Our goal in giving you these guidelines is to reduce the spread of communicable disease at school and to promote a healthy environment for students attending school. They were created to help you in your decision making process as to whether to send your child to school or to keep your child at home.

Following is a list of common ailments a child may have. If your child is ill, you may want to discuss these problems with your child's pediatrician to determine if an office visit is needed.

Fever - If your child has a temperature at 100 degrees or over, without medication, and when accompanied by sore throat, nausea, vomiting, diarrhea, upper respiratory, flu-like symptoms, or a rash, a contagious illness is suspected and they should remain at home. He/she should remain at home until fever and/or symptom free for 24 hours without the use of medication.

Vomiting & Diarrhea - A single episode of vomiting or diarrhea without accompanied fever may not be enough reason to miss school. However, children with watery diarrhea (loose runny stool or cannot get to the bathroom in time) should remain at home for 24 hours. If diarrhea or vomiting is frequent, more than twice and/or accompanied by fever, keep the child home and consult your doctor.

Runny Nose & Coughing - A minor cold or allergy symptoms (stuffy nose with clear drainage, sneezing, and mild cough) should not be a reason to miss school. If your child's cough is persistent or productive and accompanied by thick or constant nasal drainage, and/or a fever, then he/she should be kept home.

Sore Throat - onset of a sore throat accompanied by a fever or difficulty swallowing may indicate a doctor visit. If the doctor diagnoses strep throat, the student must remain home for 24 hours after antibiotic treatment has begun.

Pink Eye (Conjunctivitis) - if your child's eyes are mildly red and watery and no other symptoms are present; this may indicate irritation or allergy. However, if your child's eyes are markedly red (including under the eyelids) and accompanied by thick, yellow or green drainage, crusting or child complains that they cannot open his/her eyes they may have pink eye or conjunctivitis. This condition can be caused by a virus, bacteria, or allergies – only a doctor can determine the cause. Viral or Bacterial conjunctivitis is contagious. It is spread when a child rubs his/her eyes, then touches another student or an object that another student uses, and that student then rubs his/her eyes. For this reason, your child should remain home until treatment has begun or the symptoms are gone.

Rashes - Rashes can be caused by many things, a few of which may be contagious. A sudden appearance of a rash over any part of the body with an unknown cause and may or may not be accompanied by fever or other symptoms should be evaluated by the doctor. However; a rash caused by poison ivy/poison oak is not contagious and is not a reason to miss school. You may always take the student to the school nurse to see if he/she may remain in school or needs to be seen by the doctor.

Ringworm - Any circular scaly patch that is seen along the hairline or in the scalp must be evaluated by a physician as it may be ringworm of the scalp, which is highly contagious and the child must be excluded from school. Oral medications are usually the treatment of choice, but your doctor may also recommend a special shampoo or ointment. Your child may return to school after treatment has begun. Ringworm on the body is very difficult to spread to others, and these children may be present in school as long as the area is covered by a bandage or clothing. You can check with your pharmacist for over the counter treatments for ringworm on the body.

Open Sores - If your child has a blister or open sore on the skin that forms a yellowish crust, and is oozing or draining it may be contagious. These open sores are often seen around the nose or mouth but could be seen anywhere on the body and need to be evaluated by a doctor. Your doctor will determine when your child can return to school. Any other open areas must be covered.

Head Lice - What are head lice?

The head louse, or *Pediculus humanus capitis*, is a parasitic insect that can be found on the head, eyebrows, and eyelashes of people. Head lice feed on human blood several times a day and live close to the human scalp. Head lice are not known to spread disease. If you notice that your child has an infestation of live lice please treat immediately and notify the school nurse. They may return to school after the appropriate treatment has begun. Nits may persist after treatment, but successful treatment should kill crawling lice. If nits and/or live lice persist other step may need to be taken. Check with your school nurse for resources that may be available.

How to recognize head lice: If your child persistently scratches his head or complains of an itchy scalp, check for pin-point sized grayish white eggs (nits) within ¼ inch of the scalp that will not flick off the hair shaft. The louse bug is very small and wingless and the eggs are more easily detected. They are often found behind the ears, along the nape of the neck or on the crown of the head.

Treatment for head lice: If you notice these eggs or a live louse, your child must be treated with special shampoo available at drug stores and grocery stores and be virtually nit free before they can return to school. Treatment must be repeated in 7-10 days. Please follow the instructions on the container carefully. Please notify the school nurse of your child’s condition and treatment plan so that she may make the appropriate recommendation/accommodations. Again, these guidelines are designed to assist in your decision-making process as to whether or not to send your child to school. Your doctor will assist you to determine if your child needs to be seen at an office visit.

Wound Care - Children with draining wounds should be evaluated by a health care professional. All wounds must remain covered while at school. Students with wounds should not share soap, towels, lotions, and other personal care items.

*A student can be excluded from attending school until the student obtains a doctor's diagnosis and treatment protocol for a rash, lesion, discharge, or other possible infectious condition.

Readmission of the student will require one of the following:

1. A note or letter from your primary doctor/healthcare provider attesting to the student's recovery and non-infectiousness.
2. Certificate issued by the local health department.
3. A period of time corresponding to duration of the communicability of the disease, as established by the Texas Department of Health Services.

Keep your child home when:

- Signs of severe illness, including fever, diarrhea, vomiting, contagious infection, irritability, difficulty breathing, extreme sleepiness, or a change in behavior.
- Mouth sores and drooling until a physician does not feel the condition is infectious.

Information gathered from:

Resources / Parent Information / Should I keep My Child Home from School?-Eng 0706

Communicable Disease Chart for Schools and Child-Care Centers, Texas DSHS

Control of Communicable Diseases in Man—Abram Benenson, editor, American Public Health Association Is your child too sick for school? --Children’s Healthcare of Atlanta

Instructions for Pediatric Patients --Your Child’s Health, 1991, Barton Semitt, M.D.

Should you keep your child home from school? --Putnam City Schools