



Greenwich Public Schools  
School Health Services

## **Conjunctivitis (Pink Eye)**

There has been CONJUNCTIVITIS (PINK EYE) diagnosed in your child's classroom. Conjunctivitis is a contagious inflammation of the thin transparent outer tissue layer of the eyeball and the inner surface of the eyelids. It can be caused by bacteria, viruses, or allergies.

### **Signs/Symptoms:**

Eyes have redness, tearing, itching, and scratchy or burning feeling.

Occasionally green or yellow pus forms at the inner eyelids and may form crust on the eyelids or eyelashes. This will be especially noticed when waking from sleep. Your child may rub his/her eyes frequently. Sometimes the eyelids look swollen. It may also occur during a cold.

Allergic conjunctivitis seen most often with high pollen counts is not contagious and you will see clear watery eyes; pus is rare. Styes are superficial abscesses of the eyelids near the eyelashes and are usually caused by bacteria.

### **Incubation:**

Conjunctivitis: 3-5 days. Viral is typically 12 hours to 3 days. Bacterial is typically 1-3 days.

### **Transmission:**

Person to person by direct contact and surfaces touched with infected eye drainage.

**Viral infections:** are not treated with antibiotics; it will resolve in 3-5 days; a note is required from your physician stating that your child is no longer contagious and the date of return to school.

**Bacterial infections:** resolve quickly with the antibiotic your physician prescribes; a note is required from your physician stating your child is no longer contagious and the date of return to school.

**Allergic conjunctivitis:** sometimes treated with non-antibiotic drops; follow your physician's advice; if excluded to home, a note from your physician is required stating that your child is non-contagious and the date of return to school.

### **Treatment:**

1. Children with conjunctivitis who appear to be infectious will be sent home immediately. Children with allergic conjunctivitis may be observed at school a day or two; a worsening condition or one that is not improving will be referred home for your physician to assess. Children with visible pus will be excluded and referred to your physician.
2. Clean the eye(s) gently with a warm wet compress. To remove crust, leave the wet compress on the eyelid for a few minutes. Gently wipe the eyelid from nose side to the outer corner. Use a different cloth for each eye. Do this before instilling eye medication if you see pus and/or crusting on eyelids/lashes. Styes are also usually soaked with a warm wet compress; several times a day. When it comes to a head it will drain.
3. **WASH HANDS FREQUENTLY.** Discourage rubbing eyes. Especially wash hands often if your child is rubbing the eyes. Do not share towels, wash clothes etc.

4. If you are having difficulty instilling eye drops, turn your child's head slightly to create a "well" by the eyelid and nose. Tell your child to close the eye. Drop the medicine in the "well" and then tell your child to open the eye. Medicine will then flow into the eye. Hold his/her hands away from the eye so that the medicine is not wiped away. It may take one person to calmly hold your child while another instills the medicine if your child is very young and uncooperative.

**General Information:**

- Please report episodes of confirmed contagious conjunctivitis to the nurse's office as soon as possible. Please contact us even if your child developed conjunctivitis on a non-school day (weekend, holiday).
- Consult your physician if your child's conjunctivitis is not improving

**Return to School:**

- 24 hours after beginning antibiotic treatment for bacterial conjunctivitis. When symptoms disappear if viral conjunctivitis. **We reserve the right to send a student home who displays signs of ill health that may jeopardize the general welfare of the class.**

If you have any questions, please call your School Nurse.