

SOUTH ORANGE MAPLEWOOD SCHOOL DISTRICT

Department of Nursing Services

Guidelines: Sending your Healthy Children to School

According to the American Academy of Pediatrics (AAP), three key criteria for keeping children who are ill home from school are: (1) illness prevents children from participating comfortably in activities; (2) illness results in need for care that is greater than the staff can provide without compromising the health and safety of other children; and (3) illness poses a risk of spread of harmful disease to others (AAP, 2009).

According to the National Association of School Nurses (NASN), the school nurse will request an evaluation of an ill child by the **Health Care Provider (HCP)** where indicated; also, the school nurse will request written follow-up and directions or guidance from the HCP where indicated (Selekman, 2006).

Each day, many parents are faced with the decision: Should we keep our not-so-well children home or send them to school and see what happens? Often, the way children look and act can inform the best decision. Please review the following common conditions and consider their guidelines before sending your children to school:

- **Allergy symptoms (seasonal)** – red, tearing, itchy eyes, runny and itchy nose, sneezing, clear mucous.
 - Consider calling HCP for advice.
 - Keep home if illness prevents children from participating comfortably in activities.
- **Antibiotics** – any condition that requires application of antibiotics or taking antibiotics by mouth
 - Keep home during the period of treatment to reduce the risk of spread to others - usually 24 hours.
- **Cold symptoms** – runny or stuffy nose, scratchy throat, coughing, sneezing, watery eyes, usually no fever
 - Keep home if children feel too ill or uncomfortable to adequately function in the classroom, or have rapid or difficult breathing - including wheezing - or severe cough, or sore throat causing inability to swallow, or excessive drooling.
 - Children may return to school when they are able to swallow, able to participate, on medication for 24 hours (if indicated for bacterial infection), and are fever free (see **Fever**).
- **Conjunctivitis (commonly called “pink eye”)** – pink color instead of whites of eyes and/or thick yellow/green discharge. May be irritated, swollen, or crusted in the morning.
 - Keep home and call your HCP. Antibiotics may or may not be prescribed.
 - Children may return to school when eyes are clear, and are able to participate comfortably in activities.
 - Please communicate with school nurse via HCP note, parent note, or phone call.
- **Diarrhea** – loose or watery stools
 - Keep home.
 - Children may return to school 24 hours after their last episode of diarrhea, when they are not having toileting accidents, and are able to participate comfortably in activities.
- **Earache**
 - Keep home and call HCP if earache comes with fever and/or behavior change.
 - Children may return to school when able to participate comfortably in activities.
- **Fever** – defined by the Centers for Disease Control and Prevention (CDC) as 100°F [37.8°C]. Often accompanied by flushing, tiredness, irritability, decreased activity, and general change in behavior
 - Keep home.
 - Children may return to school after they have been fever-free for 24 hours without fever-reducing medicine such as Acetaminophen and Ibuprofen (i.e., Tylenol and Motrin).
 - We encourage the use of oral electronic thermometers at home to measure body temperature accurately (Selekman, 2006).

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- **Headache**
 - Keep home if accompanied by change in behavior.
 - Seek emergency medical attention if headache is sudden and severe with vomiting or stiff neck, or if headache follows a head injury.
 - Children may return to school when able to participate comfortably in activities.
 - Please report all head injuries to the school nurse. Please communicate with school nurse via HCP note, parent note, or phone call.

- **Impetigo** – areas of crusting, yellow, oozing sores, often around the mouth and nasal openings
 - Keep home and call HCP for direction.
 - Children may return to school when antibiotics are started, and if the sores are dry and can be covered.

- **Rash** - an area of irritated or swollen skin that might be red and itchy, bumpy, scaly, crusty, blistered, or oozing
 - Keep home and call HCP.
 - Seek emergency medical attention if child has a suddenly spreading purple or red rash.
 - Children may return to school when they have started antibiotic medication (if indicated by HCP) and are able to participate comfortably in activities, and if the open areas can be covered and kept dry.

- **Ringworm** – itchy ring-shaped patches on skin or bald patches on scalp
 - Keep home and call HCP to recommend medication or treatment.
 - Children may return to school when patches can be covered and treatment started.

- **Scarlet Fever** – a fine red rash that makes skin feel like sandpaper caused by a strep infection of the throat or another area of the body
 - Keep home and call HCP for direction.
 - Children may return to school when they have been on antibiotic medication for 24 hours, are able to participate comfortably in activities, and are fever free (see **Fever**).

- **Strep Throat** – bacterial infection of the throat causing sore throat and painful swallowing, often accompanied by fever
 - Keep home and call HCP for direction.
 - Children may return to school when they have been on antibiotic medication for 24 hours, are able to participate comfortably in activities, able to swallow, and are fever free (see **Fever**).

- **Vomiting** – throwing up
 - Keep home and call HCP if child shows signs of dehydration.
 - Call HCP immediately if vomiting accompanies headache followed by a head injury.
 - Children may return to school 24 hours after the last episode of vomiting and when they are able to participate comfortably in activities.

REFERENCES

- Aronson S. S. & Shope, T.R. (Eds.). (2009). *Managing infectious diseases in child care and schools: A quick reference guide*. Elk Grove Village, IL: American Academy of Pediatrics.
- Bear, B., & Lewis, K. (2009). *Manual of school health: A handbook for school nurses, educators, and health professionals*. St. Louis, MO: Saunders Elsevier.
- Selekman, J. (2006). *School nursing: a comprehensive text*. Philadelphia, PA: F.A. Davis Company.

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Page 2 of 2

These guidelines do not constitute medical advice. For medical advice, please contact your family's Health Care Provider.