

Healthy Kids are Better Learners

Is my child well enough to go to school?: Making the Decision to Keep Your Child Home from School

Many students and parents are frequently concerned about when students should stay home or attend school. The following information from School District 622 is intended to help with this decision.

General practice:

- If a student has had a fever of 100 degrees or more, the student should stay home for 24 hours after the temperature returns to normal and remains normal without fever-reducing medication.
- If a student has vomited or had diarrhea, the student should stay home until 24 hours after the last episode.
- If a student has had any rash that may be disease-related or the cause is unknown, check with your family physician before sending the student to school.
- If your student is ill, please call the school daily to report the illness.

If you have any questions regarding this information or your child's illness, please call the School Nurse, 651-748-5509, or your family physician.

Remember, children with infectious disease can spread the disease when they are in contact with others in the family or in the community.

For more information, contact the School Nurse, 651-748-5509 or tkoppen@moundsparkacademy.org.

Here's a handy resource from School District 622:

Disease	Symptoms/Signs	Incubation Period	School Action and Comments on Communicability	Source of Infection and Mode of Transmission
Chicken Pox	Fever and skin rash that comes in crops. Rash begins on the chest, back, underarms, neck and face; changes to blisters and then scabs.	Usually 13-17 days; can be as long as 3 weeks	Exclude from school until blisters have dried into scabs, usually about 6 days after the rash appears.	Virus spread by direct contact with the blisters or by droplets – small particles of fluid that are expelled from the nose and throat of an infected person during sneezing and coughing. Readily communicable. One attack usually confers immunity. DO NOT give

				aspirin as there is a risk of Reye Syndrome. Children on immunosuppressive drugs are at high risk.
Cold Sores (Herpes Simplex)	Cold sores (fever blisters) appear on the lips and face, less often in the mouth. Sores usually crust and heal within a few days. May be confused with impetigo.	2-12 days	No exclusion necessary for mild oral herpes in children who are in control of their mouth secretions.	Virus is transmitted by direct contact with infected persons, a majority of whom have no apparent infections.
Common Cold Respiratory infections (viral)	Runny nose, sneezing, chills, tiredness, fever, muscle aches, sore throat, cough, which may last 2-7 days.	Colds: 1-3 days; other acute respiratory illness, up to 10 days	Exclude from school until child is without fever for 24 hours and is well enough to participate in normal daily activities.	Different viruses spread directly through coughing, sneezing and explosive manner of speech in which droplets are cast, indirectly through articles freshly soiled by discharges of infected person.
Fifth Disease	Rarely any symptoms other than a rash "slapped cheek" that begins on cheeks; later found on the back of arms and legs. Rash is very fine, lacy, pink, and tends to come and go in sunlight or heat.	4-14 days; usually 12-14 days	No exclusion necessary unless fever is present.	Human Parovirus B19 spread through contact with infected respiratory secretions; good hand washing decreases transmission.
Influenza	Sudden onset of fever, headache, muscle pain, generalized discomfort, cough and sore throat.	1-3 days	Exclude from school until no fever and child is well enough to participate in normal activities.	Virus spread directly through coughing, sneezing and contact with nose or throat discharges of patient.
Impetigo	Blister-like sores that form an oozing, sticky, yellow crust; itching.	1-3 days	Exclude from school until child has been treated with antibiotics for at least a full 24 hours. Encourage good hand washing. Avoid close contact	Bacteria spread by direct contact with persons or with articles freshly soiled with discharges from nose or throat of

			with other children.	patient; airborne transmission also occurs. Usually caused by staphylococcus or streptococcus.
Lice (Head)	Itching of the scalp. Look for: crawling lice in the hair; eggs (nits) glued to the hair near the scalp; and scratch marks on scalp or back of neck at hairline.	Nits (eggs) hatch in 6-10 days	Exclude from school until first treatment is completed. Consider communicable until treated. Advise exam of household contacts for nits and lice.	Louse transmitted primarily by direct contact. Lice can also be transmitted through combs, brushes, bedding, sleeping bags, wearing apparel and headware (e.g., hair ornaments, helmets).
Hand, Foot and Mouth Disease	Sores occur toward the front of the mouth, on the sides of the tongue, inside the cheeks and on the gums and may last 7-10 days. In most cases, sores can be found on the palms of the hands, the fingers and the soles of the feet. A low-grade fever may last 1-2 days.	Usually 3-5 days	Exclude until temperature is normal for 24 hours and child is well enough to participate in normal daily activities. Sores may still be present.	Coxsackievirus spread through contact with nose and throat discharge and stool of infected persons. Hand washing important.
Pink Eye (Conjunctivitis)	Bacterial: pink or red conjunctiva with pus that causes matting of the eyelids; pain or redness of eyelids. Viral: pink conjunctiva with clear watery discharge and without pain or redness of eyelids.	1-3 days	Refer for medical diagnosis and treatment; if bacterial (with pus), exclude from school until 24 hours after treatment begins. Viral (without pus): no exclusion.	Most are viral in etiology, some bacterial. May be spread through hand-eye contact.
Ringworm	Body: Ringworm appears as flat, spreading ring-shaped lesions. The edge of the lesion may be dry and scaly or moist and crusty. As the lesion spreads outward, the center often becomes clear. Scalp: Ringworm may	Body: 4-10 days Scalp: 10-14 days	Exclude from school until 24 hours after treatment has been started. When in school or in contact sports, area of ringworm must be covered.	Fungus spreads by contact with infected person, animal or contaminated articles.

	be hard to detect in the early stages. It often begins as a small, scaly patch on the scalp. Mild redness and swelling may occur. Infected hairs become brittle and break off easily.			
Scabies	Rash and intense itching which may be more severe at night. Common locations to see the rash are folds of skin between fingers, around wrists, elbows and armpits. Other areas where rash may appear are knees, waistline, thighs, male genitals, abdomen, chest, and lower portion of buttocks. Infants may be infected on head, neck, palms and soles of feet.	2 weeks to 2 months; symptoms may appear in less than 2 weeks if the person has had scabies before.	Exclude from school until treatment has been completed.	Mite is transferred by direct contact with skin or through shared bedding, towels, and clothing of a person with scabies. Treat all members of household at the same time.
Streptococcal Sore Throat/Scarlet Fever	Sudden onset of fever, sore throat, swollen glands, headache, abdominal pain; nausea and vomiting in severe cases. With scarlet fever a very fine raised rash is present. A fuzzy, white tongue may occur. The rash appears most often on the neck, chest in folds of the armpit, elbow, groin and on the inner thigh. Later on there may be peeling of the skin on the fingertips and toes.	Usually 1-3 days	Exclude until throat culture report is received. If positive for strep, exclude from school until 24 hours after antibiotic treatment is started and until clinically well. Communicable until 24 hours after treatment is started. Exclude from school until temperature has been normal for 24 hours.	Bacteria spread directly from nose and throat discharges or infected persons.