

Is my child well enough to go to school?

LCA HEALTH GUIDELINES

Many students and parents are frequently concerned about when students should stay home or attend school.

You can expect your child to be ill 5-7 days during a school year. Please have a child care plan when your child is ill.

Remember that a child, ill with an infectious disease, can spread the disease when in contact with others in the family and community.

- If a student has an oral temperature of 100 degrees or higher indicating a fever, the student should stay home for a minimum of 24 hours after the temperature returns to normal without fever-reducing medication.
- If a student has vomited or had diarrhea, the student should stay home until a minimum of 24 hours after the last episode.
- If a student has had a rash that may be disease-related or the cause is unknown, check with a family physician before sending the student to school.
- If a student is ill, please call the school daily to report this illness.
- If you have questions regarding the above information or your children's illness, please call the Health Office or family physician.

Health Office:
Phone 763.316.6241 | Fax 763.427.3398

References:

Infectious Diseases in Child Care Settings, Fourth Edition, 2008, Epidemiology Program of Hennepin County Community Health Department
2000 Red Book Report of the Committee on Infectious Diseases, American Academy of Pediatrics 25th Edition
2000 Control of Communicable Diseases Manual, James Chin, M.D., Editor, 17th Edition



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Health Office

COMMON CONCERNS PARENTS MIGHT HAVE ABOUT THE HEALTH OF THEIR SCHOOL-AGE CHILD

Illness	Symptoms/Signs	Incubation Period	School Action and Comments on Communicability	Source of Infection and Mode of Transmission
Chickenpox (varicella)	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 14-16 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. Shingles is caused by inactive varicella from your own previous case of chickenpox. Exposure to fluid from the blisters can cause chickenpox in another person. Exclusion for shingles is only necessary if the blisters cannot be covered, in which case exclusion is until blisters are dried into scabs.	Virus spread by direct contact with the blister fluid or by droplets - 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.	2-14 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 without fever reducing medication 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 symptom other than a rash ("slapped cheek") that begins on cheeks; later found on the backs of arms and legs. Rash is very fine, lacy, pink, and tends to come and go in sunlight or heat.	4-21 days	No exclusion necessary unless fever is present.	Human Parvovirus B19 is 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.	1-4 days	Exclude from school until temperature has been normal for 24 hours without fever reducing medication and child is well enough to participate in normal, daily activities.	Virus spreads directly through coughing, sneezing, and contact with nose or throat discharges of patient.
Impetigo	Blister-like sores that form an oozing, sticky, yellow crust, and itching.	Usually 1-10 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 with other children.	Bacteria spreads by direct contact with persons or articles freshly soiled with discharges from nose or throat of patient; airborne transmission also occurs. Usually caused by staphylococcus or streptococcus.
Infectious Mononucleosis	Fever, sore throat, tiredness, and swollen glands, especially behind the neck. Sometimes there is a rash. Often no symptoms at all.	4-6 weeks	Exclude from school until the child is well enough to return to normal activities.	Epstein-Barr virus spreads person to person through saliva; spread can also occur by kissing or sharing items such as drinking cups, bottles, or toys.
Lice (head)	Itching of the scalp. Look for: crawling lice in the hair, and scratch marks on scalp or back of neck at hairline.	Nits (eggs) hatch in 7-10 days	Exclude from school until first treatment is completed.	Louse transmitted primarily by direct contact with infected persons. Lice can also be transmitted through combs, brushes, bedding, wearing apparel, headwear including hair ornaments, helmets, and sleeping bags.
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; 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 3-6 days	Exclude until temperature is normal for 24 hours without fever reducing medication and child is well enough to participate in normal, daily activities. Sores may still be present.	Coxsackie Virus 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 the eyelids. Viral: pink conjunctiva with clear, watery discharge and without pain or redness of eyelids.	1-12 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.
Reye Syndrome	Sudden onset of violent vomiting, mental confusion, extreme sleepiness or fatigue, twitching or jerking movements, hostility, coma.	1-7 days following viral infection (cold, flu, chicken pox)	1. If one or more symptoms appear, call physician immediately. 2. Go to emergency room of hospital. 3. Do not give aspirin to a child with a viral illness. 4. Exclude from school until clinically well.	Usually follows viral infection. It is not contagious. Cause unknown. No prevention. Requires immediate attention at onset of symptoms. Most common in young children.
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 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.	Body: 4-10 days Scalp: 10-14 days	Exclude from school until 24 hours after treatment has been started. Lesions must be covered when participating in contact sports.	Fungus spread by contact with infected person, animal, or contaminated articles.
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 1 week if the person has had scabies before.	Exclude from school until 24 hours after treatment begins.	Mite is transferred by direct contact with skin or through shared bedding, towels, and clothing of a person with scabies. Treat all members of the household at the same time.
Strep Throat (<i>Streptococcal sore throat/Scarlet Fever</i>)	Sudden onset of fever, sore throat, swollen glands, headache, abdominal pain, nausea and vomiting in severe cases. With scarlet fever, a fiery fine raised rash is present. A fuzzy, white tongue may occur. The rash appears most often on the neck, chest, in the folds of the armpit, elbow, groin, and the inner thigh. Later 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 has 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 spreads directly from nose and throat discharges of infected persons.