



ILLNESS PROTOCOL
HOW SICK IS TOO SICK?
WHEN TO KEEP YOUR CHILD AT HOME FROM SCHOOL

There are 4 main reasons to keep sick children at home:

1. The child doesn't feel well enough to take part in normal activities.
2. The child needs more care than teachers, staff or the nurse can give and still care for the other children.
3. The illness or symptom is on this list and staying home is recommended.
4. Based on nursing assessment/judgment the child should be at home. Fremont County School District #1 reserves the right to send a child home at any time, based on the nurse's assessment and judgment.

And remember, the best way to prevent the spread of infection is through good hand washing.

SYMPTOM	SHOULD CHILD STAY HOME?
FEVER A fever is a temperature of 100°F or above.	YES- student must remain home for 24 hours after fever resolves (without the use of tylenol or ibuprofen)
“FLU-LIKE” SYMPTOMS Generally a combination of 2 or more symptoms: cough, sore throat, fatigue, body aches, vomiting, diarrhea, or fever	YES - until symptoms improve enough to actively participate in a school day. Fever must be resolved (see above). Those with a diagnosis of influenza should follow return guidance from a healthcare provider.
COUGH	NO - unless coughing is severe or uncontrolled, or is accompanied by fever, chest pain, or other flu-like symptom. Note: Children with asthma may have frequent coughs and respiratory symptoms. They may be in school with a written asthma plan from a healthcare provider. Breathing treatments may be given at school with a signed healthcare provider's order.
MILD COLD SYMPTOMS Congestion with clear drainage, sneezing, mild cough.	NO - unless symptoms are severe or child is not able to participate in normal school activities
RASH	NO - unless child is not feeling well or has a fever. Student should also stay home and be evaluated if rash spreads quickly, has open or weeping lesions, or is severely itchy or painful
VOMITING Throwing up that is not self induced or related to physical activity or coughing	YES - until vomiting has stopped for 24 hours.
DIARRHEA Frequent, loose or watery stools compared to child's normal ones that are not caused by food or medicine.	NO- unless it is accompanied by vomiting, if the child does not feel or act well, or if diarrhea is severe.

ILLNESS	CHILD MUST BE HOME?
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COVID-19	YES- in accordance with up-to-date WDH guidelines: https://health.wyo.gov/ Note: Students who are exposed to COVID are encouraged to follow WDH guidelines for safe return to school. If they develop symptoms after being exposed to COVID, they should remain home and follow WDH guidelines for return.
CHICKEN POX (Varicella virus)	YES - until blisters have dried and crusted (usually 6 days)
CONJUNCTIVITIS (PINK EYE)	NO (bacterial or viral)- unless accompanied by fever or behavior changes, or if child is too young to refrain from touching the eye. Eye drops may be warranted.
FIFTH'S DISEASE	NO - child is no longer contagious once rash appears
HAND FOOT AND MOUTH DISEASE (Coxsackie virus)	NO - unless the child has mouth sores and is drooling, has a fever, or isn't able to take part in usual activities.
HEAD LICE	NO - See FCSD #1 lice protocol
NOROVIRUS	YES - the student must stay home for 24 hours after the last vomiting/diarrhea episode.
SCABIES	YES - for 24 hours after first treatment.
HEPATITIS A	YES - until 1 week after the start of the illness and when able to take part in usual activities.
HERPES	NO
IMPETIGO	YES - for 24 hours after starting antibiotics
RINGWORM	NO - area must be covered for the first 2 days after treatment has started.
STREP THROAT	YES - for 24 hours after starting antibiotics and the child is able to take part in usual activities.
VACCINE PREVENTABLE DISEASES Ex: Measles, Mumps, Rubella (German Measles), Pertussis (Whooping Cough)	YES - until the healthcare provider says the child is no longer contagious. Please provide a note from the healthcare provider to the school nurse. Note: If there is a disease outbreak at school, all vaccine exempt students may be excluded during the active outbreak per Wyoming state guidelines.

References:

- American Academy of Pediatric, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. Caring for our children: National health and safety performance standards; Guidelines for early care and education programs. 3rd edition. Elk Grove Village, IL.
- American Academy of Pediatrics, *Managing Infectious Diseases in Child Care and Schools*, 3rd Edition, Elk Grove Village, IL 2013
- Colorado Department of Public Health and Environment, Communicable Disease Epidemiology Program, *Infectious Disease in Child Care Settings: Guidelines for Schools and Child Care Providers*, Denver, CO, October 2013
- Children's Hospital of Colorado.

Treatment of Head Lice



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Pediculosis, or head lice, is a common annoyance in school settings. The Health Services team at FCSD#1 is committed to providing current, evidence-based care to students in all areas, and strive to follow guidelines set forth by the American Academy of Pediatrics, CDC, and the National Association of School Nurses (NASN) when available. The following protocol has been developed from these guidelines for treatment of head lice.

1. An emphasis will be placed on education. Long-held, false beliefs about the spread of lice should be discredited. Staff and students will be reminded to not share hats, brushes, etc., and to refrain from close head-to-head contact.
2. If live head lice are found on a student, the parents will be called and asked to come get the student from school to begin treatment. The school nurse will provide extensive education to parent on the treatment of head lice, importance of treating/screening all members of a family, thoroughly cleaning all bedding and clothing, and importance of re-treating in 7-10 days.
3. A “kit” will be sent home with the child that includes a letter with instructions for treatment, garbage sack, vinegar, and pediculicide shampoo. *Kits are obtained through McKinney-Vento grant funds and are subject to availability.*
4. Students are free to return to school after treatment is initiated. They will be examined by the school nurse or health secretary upon arrival to school. Some nits are likely to still remain on the hair shaft. Parents will continue to be educated on importance of repeated combing to eliminate nits, and repeated examinations to detect reinfestation. The student will not be excluded from school for the presence of nits.
5. In the event a student has chronic infestations (3 or more discoveries of live lice within a semester), parents will be referred to a physician for suspected treatment-resistant lice.

RESOURCES

[American Academy of Pediatrics Recommendations](#)
[CDC Guidelines](#)
[NASN Guidelines](#)
[Treatment of Lice letter](#)