

BYRAM SCHOOL DISTRICT PARENT HEALTH HANDBOOK

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BYRAM SCHOOL DISTRICT PARENT HEALTH HANDBOOK

A NOTE TO PARENTS

As your child begins his or her school career in the Byram School District, you as the parent will be exposed to situations, policies, and procedures you have not previously encountered. If you are like us, you appreciate knowing, beforehand, what is expected of you and your child. Over the years, parents have mentioned how helpful it would be to have one source of information. They could refer to this source when they had questions about the health and safety issues that arise at school.

Therefore, we set out to create a health handbook for parents that would cover not only the policies and procedures of Byram Schools but also some of the most common illnesses that your child may be exposed to at school. Keep this handbook in an easily accessible place so that you may refer to it over the next couple of years. If there is anything not contained in this handbook that you believe would have been helpful, please write or call to let us know. We would appreciate your suggestions. The purpose of this handbook is to help you.

BYRAM SCHOOL DISTRICT PARENT HEALTH HANDBOOK

EMERGENCY CARDS

As you register your child for school and each subsequent September you will be required to complete an emergency card. This confidential card is kept on file in the Health Office. The emergency card contains critical information about your whereabouts while your child is at school as well as emergency contacts and information. Take the time to complete both sides of the card thoroughly. In case of illness, injury or other emergencies where we need to contact you the emergency card is a direct link between your child at school and you.

There are times when a child is too ill to remain in school and we are unable to contact either parent. Providing two emergency contacts for such an occasion assures that your child will be cared for. The emergency contact need not live in town, however, even someone who lives thirty minutes away can be used so long as they are willing to pick up your child and care for them in your absence.

Kindly request permission of these individuals to be used as the emergency contacts prior to putting them on the cards. Be sure to select these contacts with the knowledge that they are most likely to be available in your absence. The individuals listed as emergency contacts, on the emergency card, are the only persons your child can be released to in the absence of a parent or legal guardian.

As information changes during the school year, remember to update your child's card. For instance, in the case of a change in job, home, beeper, or cell home numbers, notify the school immediately so we can make the appropriate changes.

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OBESITY

Childhood obesity rates are on the rise countries around the world. It is considered one of the United States biggest health problems. The obesity epidemic is not limited to a particular age group or race. It is prevalent during youth and adolescence among both boys and girls of every race. In the past three decades the rate of obesity in preschool children aged 2-5 years has more than doubled. In adolescents aged 6-19 years, researchers have seen the obesity rate more than triple since 1980 to include a staggering 9 million children

Obesity, simply put, is having a high proportion of body fat. Fat, has many functions including storing energy and insulating your body. Excess fat, however, can begin to interfere with your health.

Millions of parents worry about childhood obesity when they see their children making unhealthy food choices and not getting enough physical exercise. Health experts agree that because of the epidemic proportions and effects of childhood obesity, for the first time ever they are seeing children at risk for adult illnesses like heart disease, high cholesterol and Type 2 diabetes. But, often more dangerous than the physical risks of childhood obesity, the social and psychological fallout can be devastating. Being overweight can lead to depression, behavioral and learning problems as well as low self-esteem and bullying.

Not all children carrying extra pounds are overweight or obese. A child's growth is determined by monitoring a child's height and weight over time. The Centers for Disease Control and Prevention (CDC) have developed gender specific Body Mass Index charts (BMIs) to help identify overweight children. The BMI is a measure of body heaviness and an indirect measure of body fat. It is calculated by using a child's height, weight and age. According to the CDC, a BMI for age between the 85th and 95th percentile is considered "at risk for overweight". A BMI for age over the 95th percentile is "overweight". Your doctor or health care provider will also consider factors such as being muscular, or having a larger than average body frame, as well as individual growth patterns, in determining if your child's weight is in an unhealthy range.

In compliance with New Jersey Administrative Code (N.J.A.C.) 6A: 16-2.2, screenings for height, weight and blood pressure are completed on students in kindergarten through grade 12 annually. The school nurse notifies Parents/Guardians of those students suspected of deviation from the recommended standard BMI in writing. Upon receiving such notification, Parents/Guardians are advised to consult their student's physician.

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WHEN YOUR CHILD BECOMES ILL AT SCHOOL

Although your child may have seemed fine when you sent them off to school, they do occasionally become ill during the school day. Should that happen, your child will be sent to the Health Office and be examined by the school nurse. The nurse will determine, by her findings, whether your child can stay in school or needs to go home. Parents will then be contacted and apprised of the situation. Parents will be expected to leave work to pick up their child or authorize one of the two emergency contacts to come in their place. In the event the emergency contacts are unavailable, the parent must authorize another adult to take their child home. Sick children do not belong in school. They belong at home being cared for by a parent or designated caregiver. Please be aware that it is the parent's responsibility to provide for the care of a sick child, not the schools. The school nurse will care for the child until they are picked up.

You must sign your child out in the Main Office before leaving the building.

In the event of a medical emergency, 911 will be called and your child will be transported to the appropriate medical facility. Every effort will be made to contact the parent/guardian to inform them of the emergency.

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WHEN SHOULD MY CHILD STAY HOME FROM SCHOOL?

Good attendance at school is important in order for a child to do well. However, there will be times when your child is really too ill to attend. Either they are contagious to the other students or they feel so poorly they would gain nothing from being at school. The following symptoms can help you to determine whether or not your child should stay home.

- **FEVER**

An oral temperature of 100 degrees or higher is considered a fever. Any fever within the past 24 hours indicates the need to stay home. For example, at bedtime your youngest has a fever of 101 degrees, but in the morning awakens with a temperature of 97.6. Keep your child home. Although the temperature is low in the morning, the fever may return later that day. Not only will you have to pick up your child from school but, you will have exposed the other classmates to infection. Please be sure your child is fever free, without the use of fever reducers, for 24 hours before allowing them to return to school.

- **VOMITTING AND DIARRHEA**

Vomiting and/or diarrhea, with or without a fever, within the past 24 hours are indications that your child should stay home. Not only are children weakened and require rest but they are more susceptible to secondary infection as their resistance is low. Also, in a primary school, vomiting and diarrhea can be very contagious.

- **PAIN**

Moderate to severe pain that requires medication every few hours is a good reason to keep a child home. For instance, an ear infection is not contagious, nor is the need for dental surgery. However, in both cases the pain can be significant enough, even with medication, to impair a child's ability to concentrate and do their work. One day at home, until the pain is under control is in your child's best interest.

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WHEN SHOULD MY CHILD STAY HOME FROM SCHOOL? (cont'd)

- **EXTREME TIREDNESS/LOSS OF APPETITE**

The fever is gone and the period of contagion is over. However, you note your active youngster doesn't want to eat or play. Give them an extra day at home to get back on their feet and be eating normally before you send them off to tackle the rigors of a school day.

- **AWAITING THE RESULTS OF A STREP THROAT CULTURE**

If your physician has performed a 24-hour strep test, please wait for the results before you send your child to school. If the results are negative, and your child is fever free, you can always bring them in to school late.

- **MODERATE AND SEVERE COLD SYMPTOMS**

Children get several colds during the school year and you can't be expected to keep them home each time they have one. However, if their nose is draining a great deal, they have a persistent cough and generally do not feel well, they need to remain at home. Some chicken soup, symptoms medication, rest and TLC will do them a world of good.

- **INFLAMMED, SWOLLEN, DRAINING EYES**

If your child wakes up with his/her eyelids stuck together, or they are swollen or red, painful or itchy, they should remain at home and be evaluated by your physician for the possibility of a highly contagious infection.

- **YOU SUSPECT ANY TYPE OF ILLNESS/INFECTION**

Should your child have symptoms of illness not mentioned here that may or may not be contagious, feel free to call the school nurse to run the symptoms by her when deciding whether to send your child to school. She can advise you how to proceed.

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REPORTING YOUR CHILD'S ABSENCE FROM SCHOOL

Byram School District has specific attendance procedures parents are asked to follow on those days their child is absent from school. They are as follows:

- Place call the attendance line to leave a message.
- The Attendance line: #973 347- 1019 x 2150
- State your name, your child's name, the date, your child's teacher (homeroom) and the reason for the absence.
- If you do not call the school, we will call you at home or work to verify your child's absence.
- Remember to send a note to school the day your child returns.

The reporting of an absence by parents is a safety measure in the interest of your child. By verifying your child's absence, each child's whereabouts are accounted for. If a child has missed their bus and is alone at home we can intervene early. Kindly do your part as parents and make the call faithfully each time your child is absent from school. If you are planning a family vacation and know your child will be absent from school for an extended period, please send a note to your child's teacher, in advance, stating the exact dates your child will be out of school.

Please Note: When reporting your child's absence, please state the reason for the absence. The nurse keeps records of the types of illnesses students are experiencing. This data is kept confidential but is included in a monthly report. It enables us to identify potential pockets of illness in specific classes, and therefore take necessary steps to break the path of transmission. Additionally, this information may be used to assist other families of children who are ill, to determine what they may have been exposed to at school. Should you have any concerns or questions about your child's illness and exposure at school, please feel free to call the school nurse directly at:

Lakes School: 973 347 1019x2404	Intermediate School: 973 347 1019x2103
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BYRAM SCHOOL DISTRICT PARENT HEALTH HANDBOOK

WHEN MAY MY CHILD RETURN TO SCHOOL AFTER ILLNESS?

Use the following guidelines to help you decide when your child is ready to return to school after an illness:

Fever free for the past 24 hours without needing Tylenol.

No vomiting or diarrhea within a 24 hour period.

Appetite and activity level have returned to close to normal.

Cold symptoms, although still present, are mild enough so as to not interfere with participation in the school day or infect others.

After at least 24 hours of antibiotic therapy for strep throat, pink eye, etc. This is provided that your child has also been fever free during this time period.

The child is able to participate in outside recess upon returning to school.
(Exception: Students with chronic illnesses such as asthma whose symptoms are triggered by the weather.)

Only mild pain or discomfort that is easily remedied with Tylenol.

When you feel your child is ready to return to school after an illness, feel free to call the school nurse. She would be happy to assist you in deciding what is best for your child. She can also help modify the school day's activities to ease your child back into the swing of things.

BYRAM SCHOOL DISTRICT PARENT HEALTH HANDBOOK

WHEN YOUR CHILD NEEDS MEDICINE AT SCHOOL

- **PRESCRIPTION MEDICATIONS**

In the state of New Jersey, school nurses may administer prescription medications to children only when the proper conditions are met.

- **LONG TERM MEDICATIONS FOR CHRONIC ILLNESSES**

When a child has a chronic illness such as asthma, diabetes, a seizure disorder, ADHA, etc., they will often require medication to be given by the nurse during the school day. In that case the parents must do the following:

- Obtain a signed note from the child's doctor stating the diagnosis, name of the medicine, the dosage and time the medication is to be given, start and finish dates, date of next evaluation, possible side effects and the purpose of the administration.
- Accompany the doctor's note with a signed medication administration card (provided by the school nurse) authorizing the nurse to give the medication to your child.
- Obtain separate medication bottle to be kept at school. The bottle must have the original pharmacy label.
- Parents must deliver the medication to school. Do not send medication in to school with your child. It is not safe.
- Calling ahead to alert the nurse you will be coming in with medication is very helpful.

This procedure must be repeated at the beginning of each school year.

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WHEN YOUR CHILD NEEDS MEDICINE AT SCHOOL (cont'd)

- **SHORT TERM MEDICATION FOR ACUTE ILLNESS**

On occasion a child will develop strep throat, an ear infection, bronchitis or any other short-term illness. Antibiotics or other prescription medications may need to be given at school for short duration (7—10days). In that case, you will need to obtain:

- A written order from your physician. (See #1 under Long Term Medication)
- A separate, pharmacy labeled medication bottle for the school.
- A signed medication administration card authorizing the school nurse to give the medication.
- Parents must deliver the medication to the school.

- **OVER THE COUNTER MEDICATIONS**

In the state of NJ, school nurses are not permitted to administer over the counter medication. A doctor's prescription is required for all over the counter medications to be administered in school. As a parent, you are always welcome to come to the school's Health Office and administer the medication directly to your child. Kindly consult your school nurse to make the necessary arrangements for this type of medication administration.

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COMMON CONTAGIOUS ILLNESSES AMONG SCHOOL AGED CHILDREN

Please Note: The following pages will describe the signs and symptoms of some of the most common contagious illnesses we see among our school population. This is by no means a comprehensive coverage but rather a general overview. Also mentioned will be the incubation period, however long a child is considered contagious and when they are permitted to return to school. With certain illnesses there is a section devoted to treatment. Please keep in mind that these suggestions for treatment are general guidelines. They are not a substitute for your personal health care provider's advice. Parents are encouraged to speak to their child's doctor for specific medical advice as to your own child's treatment of these illnesses

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CHICKENPOX

Chickenpox is caused by a virus infection. Many children have received the vaccination that prevents this illness. For those that have not, the virus caused fever, rash, and itching. Some children have a sore throat and poor appetite. The rash begins as small red bumps and then turn into water-filled blisters. At the end of the illness, the blisters dry up and crust over to form scabs. The scabs rarely leave scars. The rash can appear all over the skin, scalp, mouth, throat, and vagina. The illness usually lasts from 5-7 days. There is no cure for the Chicken Pox, but steps can be taken to help your child to feel better.

- **Itching:**

Give your child lukewarm baths. Aveeno powder or baking soda added to the bath water may feel good.

Try putting Calamine or Caladryl lotion on the blisters.

After checking with your physician, give an antihistamine medication, such as Benadryl, by mouth. Follow administration directions on the product label.

- **Fever:**

Give acetaminophen (Tylenol) for temperatures over 101 degrees as recommended by your physician. DO NOT give aspirin as it can cause brain, liver, and kidney problems. Give your child plenty of “liquid” foods such as juice, jello, and ice pops.

To prevent an infection related to scratching:

- Cut your child’s fingernails short.
- Encourage your child to frequently wash his/her hands.
- Cover your child’s hands with socks to prevent scratching.

BYRAM SCHOOL DISTRICT PARENT HEALTH HANDBOOK

CHICKENPOX (cont'd)

- What else do I need to know about chickenpox?

Chickenpox is very contagious. The virus spreads through the air from the throat or skin rash from someone who has the illness. Vaccinating children against chickenpox has helped to prevent the spread of the virus. The most contagious period of the illness is 1-2 days before the rash appears. People remain infectious until the blisters have all formed scabs. It can take from 7 to 21 days for a person to get chickenpox following exposure. Your child may return to school when all the blisters have crusted over.

- When should I call the doctor?

Call the doctor if you have any questions or if your child has any of the following:

Temperature over 104 degrees

Continuous vomiting

Dizziness or loss of balance

Trouble breathing

Fever lasting more than four days

Seizures

Bad cough

Severe itching

Trouble waking up

Bad stomach pains

Pus draining from blisters

Source: Mosby's Pediatric Patient Teaching Guides, Mosby-Year Book, Inc.
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BYRAM SCHOOL DISTRICT PARENT HEALTH HANDBOOK

CONJUNCTIVITIS (PINK EYE)

The conjunctiva is the thin, clear membrane that lines the eyelids and covers the eyeball. Pink eye is the inflammation or infection of the membrane. It is a common eye problem that occurs in all age groups. Bacteria, viruses, injury, allergy, or a foreign body causes pink eye. A blocked tear duct may cause repeated episodes of pink eye in infants. Bacterial pink eye is highly contagious. It is common in young children in day care, preschool, and elementary school.

- **What are the symptoms?**

The most common symptoms are drainage that is purulent (like pus) or watery, crusting on the eyelids, swollen eyelids, pink color to the white of the eye, itching or pain, and the desire to avoid light. The health care provider can diagnose pink eye by examining the child's eyes.

- **How is pink eye treated?**

Treatment depends on the cause. A bacterial pink eye is treated with antibiotics that are in drop or ointment form. Make sure the only medication you put in the eye is labeled ophthalmic, meaning "for the eye". Other medications are too irritating for use in the eye. The infection should be cleared up within a few days. After using the eye medication for 24 hours, the child can return to school. Be sure to give the medicine for the number of days advised by your physician.

Other treatments help make the child more comfortable until the problem goes away. Wash the affected eye(s) a few times a day with cool water. Apply a washcloth with cold water over the eyes for five minutes to soothe the itching and pain. Do not use it for a longer times because the compress may help bacteria grow. Be sure to use a clean cloth each time and not share it among household members.

Tissues should be used to wipe the drainage from the eyes. Tissues that have not been treated with any type of lotion are best because the lotion can be extremely irritating to the eyes. Put used tissues in the trashcan immediately. When you have contact with eye drainage, remember to wash your hands right away to keep from infecting yourself.

BYRAM SCHOOL DISTRICT PARENT HEALTH HANDBOOK

CONJUNCTIVITIS (PINK EYE) (cont'd)

- **How should the medicine be given?**

Before applying the eye medicine, remove crusts from the eyes. Use clean cotton balls with warm water, wiping from the nose side of the eye outward. Use another set of cotton balls to clean the second eye. Use new cotton balls each time you clean the eyes.

To give the medicine, have the child hold his/her head back and look up. Carefully pull the lower lid down and either squeeze some ointment into the eye or let the drop of medicine fall in. Tell your child it is OK to blink but not to tightly squeeze the eye shut. Give your child a chance to recover before giving the medication in the other eye. Your child will sometimes need help to hold still while you give him/her the medicine.

- **How can pink eye be prevented?**

Good hand washing is important to keep pink eye from spreading to other family members. Keep the child's hands away from his/her eyes to prevent the spread of infection. If the child touches or rubs the eyes, hand washing is needed. Wash your child's towels and other linens in hot water separately from the rest of the family's. Make sure that tissues and washcloths used to wipe the eyes are not touched by another family member.

Source: Mosby's Pediatric Patient Teaching Guides, Mosby-Year Book, Inc.

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BYRAM SCHOOL DISTRICT PARENT HEALTH HANDBOOK

FIFTH DISEASE (ERYTHEMA INFECTIOSUM)

Fifth disease is an illness caused by human parvovirus. Children between three and fifteen years of age are most commonly infected. The illness is most common in the late winter and spring, with outbreaks in schools and day care settings. The illness got its name because it is the fifth childhood illness with a rash similar to measles and German measles. The other name for this illness is “erythema infectiosum”. Erythema means “redness of the skin,” and infetiosum means “contagious with an infection”.

Small droplets in the air spread this illness when an infected child coughs or sneezes directly on another child. The infected child is most contagious before the rash appears. Other children develop symptoms within 2 to 14 days. The virus can also be passed in blood transfusion and across the placental barrier to unborn babies.

- **What are symptoms of Fifth Disease?**

The child usually has the symptoms of a mild cold such as a slight fever, sore throat, runny nose, headache, and fatigue. At about 4-14 days after cold symptoms, a bright red rash breaks out on the face that has a “slapped cheek” appearance. The rash is warm, but not tender to the touch. A few days later a pink, slightly raised, lacelike rash appears on the arms and legs. It then spreads to the chest and buttocks. The rash on the face fades. The rash disappears about 5 to 10 days later. It can reappear for several weeks if the skin is irritated or the body is exposed to cold, heat, sunlight, or emotional stress.

- **How is this illness treated?**

There is no special treatment needed for this illness. Lotion or ointment on the skin may help itching. There is no reason to exclude the child from school. By the time the rash appears the child is no longer contagious.

- **Are there any special concerns with this illness?**

If pregnant woman get the infection, it can be passed through the placenta. A small percentage of fetuses die as a result of the infection.

Source: Mosby’s Pediatric Patient Teaching Guides, Mosby-Year Book, Inc.

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BYRAM SCHOOL DISTRICT PARENT HEALTH HANDBOOK

HEAD LICE

Lice are tiny grayish, tan insects that like to live near the scalp in the hair. The lice lay eggs called nits that stick to the hair close to the scalp. The nits are whitish in color and are easier to see than the lice. Lice cause itching and sores in the scalp. They are often found in the hair above and behind the ear. Lice must be treated as they spread easily.

- **How do lice spread?**

Lice move by crawling; they do not hop or fly. Lice spread from person to person in the following ways:

Having a head with lice touch a head without lice

Sharing items such as hairbrushes, hats, helmets, headphones that have lice

A person or his/her clothing comes in contact with something that has lice such as bedding, stuffed furniture, or a coat collar

- **How do I treat lice?**

Your child's hair or things that might have lice or nits must be treated carefully.

- **Your child's hair:**

1. Wash the hair and scalp with a special cream or shampoo made to kill the lice. Follow the product directions.

2. Remove any nits that are left. Use a good light, a fine-toothed comb, and patience to look for and get rid of nits. At times, the comb may not work and you will have to pull the nits off with your fingernails, one by one.

3. You may have to repeat the hair and scalp treatment in one week to be sure all the lice are killed (according to the product directions).

BYRAM SCHOOL DISTRICT PARENT HEALTH HANDBOOK

HEAD LICE (cont'd)

- **Your Household:**

1. Machine wash all bedding, towels, and clothing in hot water. Dry all of these in a hot dryer for at least 20 minutes. Dry clean items as needed.
2. Vacuum mattresses, furniture, car seats, pillows, stuffed animals, and rugs.
3. Soak combs and brushes in a lice-killing product for 1 hour or boil in water for 10 minutes.

- **Should other members of the household be treated?**

Check the heads of all persons living in your house. Treat only those persons who have lice, itching, or scalp sores. Talk to your doctor before you treat a child under the age of 1 year.

- **When can my child go to school?**

Your child can return to school after treatment and when all nits have been removed from the hair. It is important to notify the school as well as parent of playmates about the lice so all the children can be checked.

- **What else should I know about lice?**

Anyone can get head lice.

Lice like both short hair and long hair.

Pets do not get lice or spread it.

Source: Mosby's Pediatric Patient Teaching Guides, Mosby-Year Book, Inc.

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IMPETIGO

Either the streptococcus or the staphylococcus germ causes impetigo sores. The sores begin as raised red fluid-filled bumps. The bumps then open and the sores become moist. Next these sores dry up and form yellow-brown crusts. Impetigo is very contagious. The sores spread from place to place on the body and from child to child when they are scratched and touched.

- **How will my child be treated?**

Some children with impetigo need an oral antibiotic. Be sure to follow the directions on the container concerning how much medication to give and how often to give it. Remember to give all the medicine, even if your child feels better quickly. Most children will also need an antibiotic ointment.

*Wash your child's skin with soap and water. Remove the hard crusts by soaking them in water and gently scrubbing them with a washcloth. Be sure to wash your own hands before and after you touch the impetigo sores. Remind your child not to touch the impetigo. This will prevent the sores from spreading.

*To prevent a second infection, cut your child's fingernails. Also, wash your child's hands often with soap and water.

- **What else do I need to know about impetigo?**

Do not squeeze the sores

Make sure other people do not use your child's linens

Your child may play with friends and go back to school after taking the medicine for 24 hours

The sores usually heal without scarring

BYRAM SCHOOL DISTRICT PARENT HEALTH HANDBOOK

IMPETIGO (cont'd)

- **When should I call the doctor?**

Call the doctor if you have questions or the following occur:

Your child's urine becomes red or cocoa-cola colored

Your child has a temperature over 101 degrees

The skin around the sores wells, or any large blisters (more than 1 inch) appear

The sores spread after your child takes the medicine for 48 hours

Source: Mosby's Pediatric Patient Teaching Guides, Mosby-Year Book, Inc.

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BYRAM SCHOOL DISTRICT PARENT HEALTH HANDBOOK

INFECTIOUS MONONUCLEOSIS

- **General Information**

Infectious Mononucleosis (IM) is a common infection of childhood characterized by fever, fatigue, sore throat and swollen lymph glands. It is caused by the Epstein-Barr virus (EBV) that is related to the viruses that cause chickenpox and fever blisters. EBV spreads from one person to another when infected saliva comes in contact with the mouth, and possibly, the nose and eyes. Although kissing is one way to contract IM, the virus can also be passed on cups, utensils or other objects, as well as in droplets coughed or sneezed into the air. It is believed that anyone who has been infected with EBV may continue to shed virus into the saliva for life. They usually remain immune to future attacks. The time between exposure to IM and the first signs of illness is usually four to seven weeks.

- **The Illness**

Most young children who become infected with EBV either remain perfectly well or have only a slight cold. Teenagers and young adults, on the other hand, are more likely to develop infectious mononucleosis: a larger dose of virus is transferred by kissing than by a sneeze or cough. A typical case of “mono” begins with weakness and fatigue, sore throat, fever and lack of appetite. Tonsils may be fiery red, swollen, and covered with puss. When excessively large and painful, they can interfere with swallowing and breathing. Lymph glands all over the body, but particularly in the neck, are enlarged, as are organs in the abdomen such as the liver and spleen. A blotchy red rash appears in some cases. Complications are uncommon. Illness lasts for two to three weeks. Some individuals remain weak and tire easily for several months.

- **Treatment**

No specific treatment is available for IM. For relief of pain and temperature over 102 degrees it is helpful to give Tylenol. If you feel that stronger pain medication is needed, speak with your doctor. Fatigue and weakness are best treated by resting. A diet containing nutritious foods and plenty of fluids should be offered. Cold milkshakes are well suited for this purpose.

- **Contagion**

Contagion of IM is low and second cases in a family are uncommon. Although no specific precautions are indicated, contact with infected saliva through kissing or sharing of cups, utensils, toys, or washcloths should be avoided.

BYRAM SCHOOL DISTRICT PARENT HEALTH HANDBOOK

INFECTIOUS MONONUCLEOSIS (cont'd)

- **Return to School**

Children with IM may return to school as soon as they feel well and have no fever. A doctor's note is required. Patients with an enlarged spleen, a serious complication, must be careful in their physical activity. Once the spleen returns to normal size, usually in three to four weeks, full activity can be resumed. The school nurse will want a doctor's clearance for children to participate in gym or recess.

Source: 1994 Red Book: Report of the Committee on Infectious Diseases

American Academy of Pediatrics

BYRAM SCHOOL DISTRICT PARENT HEALTH HANDBOOK

PINWORM

- **General Information**

Pinworm is a parasite infection of the intestines that occurs most often in children between the ages of five to fifteen. It is spread most commonly by fecal to oral transmission. Eggs can also be ingested by direct contact with fingers that have touched infected toys, bedding, clothing, toilet seats, and baths.

- **What are the symptoms?**

Most infected people have no signs or symptoms. Others may experience intense anal itching that may develop into sores from scratching.

- **Diagnosis**

Visualizing the adult worm in the rectal area makes the diagnosis. It is best seen two to three hours after the child is asleep.

- **Treatment**

Medications are prescribed by the doctor to eliminate the parasite. Several members of the family may require treatment. All family members should understand the need for hand washing after utilizing the bathroom and before handling food. Also, nails should be short, scratching of the rectal area should be avoided, and nail biting discouraged. To prevent reinfection, wash bedding and clothing in hot water.

- **When can my child return to school?**

Children should be allowed to return to school once treatment is completed.

Source: 2002 Red Book Report of the Committee of Infectious Diseases

American Academy of Pediatrics

BYRAM SCHOOL DISTRICT PARENT HEALTH HANDBOOK

RINGWORM

- **General Information**

A fungus that affects various parts of the body causes ringworm infections. The infections may affect the scalp and the body. Transmission can occur directly, through contact with infected lesions or indirectly through contact with contaminated articles such as towels.

- **Signs and Symptoms**

Lesions vary in appearance and duration. Ringworm of the head appears as small, spreading blisters on the scalp, causing patchy hair loss and dry skin. These areas may become inflamed or pus filled. Ringworm of the body appears as flat areas that may be dry and scaly or moist and crusty. As they enlarge, their centers heal, thus causing a ring shaped appearance.

- **Diagnosis**

A doctor must make the diagnosis by scraping the affected area.

- **Treatment**

Ringworm infections usually respond to treatment with antifungal medications. Early treatment of the infection is recommended.

- **When can my child return to school?**

Children receiving treatment for ringworm may attend school after they begin treatment. It is necessary that direct contact with affected areas be avoided.

Source: 2002 Red Book Report of the Committee of Infectious Diseases

American Academy of Pediatrics

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SCABIES

- **General Information**

Scabies is an intensely itchy skin rash caused by a mite, a small insect in the spider family. This parasite is spread by close contact with the skin, clothing or bedding of an infected person. Anyone can get scabies. Transmission can occur as long as the affected person is untreated.

- **What are the symptoms?**

Scabies causes severe itching, often most intense at night. A rash of raised, red bumps occur usually between the fingers and on the wrists, elbows, belt line, thighs, and genitals. The mite's burrow is a short wavy dirty line at the center of each cluster of red bumps.

- **Diagnosis**

The doctor makes the diagnosis based on visual inspection of the rash, complaints of itching, and visible scratch marks. Scrapings of the area may be done and examined under the microscope.

- **Treatment**

The doctor will prescribe the application of one of several different lotions to the affected area(s). Bed linens and all the child's clothing should be washed in ordinary wash cycle to eliminate any live scabies, mites or eggs.

- **When can my child return to school?**

Children should be allowed to return to school once treatment is completed.

Source: The New School Health Handbook

Prentice Hall

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SCARLET FEVER

- **Definition**

Scarlet Fever is one of the common contagious childhood diseases occurring in school-aged children. It is caused by the bacteria known as Group A Streptococcus that is most often responsible for Strep Throat. This germ produces a toxin that causes the typical scarlatiniform rash. Most cases are mild, lasting a few days; however, left untreated severe cases with complications may occur.

- **Symptoms**

Sudden onset of fever of 101 degrees or higher, orally, is most commonly present, although not always

A flaming red throat, enlarged tonsils with a thin layer of pus

Child complains of “painful swallowing,” nausea and vomiting in some cases

A fine, lacy type rash more often felt than seen (like sandpaper) appears most often on neck, chest, folds under arms, elbow and groin. Usually, rash does not involve face although there is a flushing of the cheeks.

- **Infectious Period**

Children are most contagious one or two days before the rash breaks out and for an additional four to five days after – until fever subsides and treatment has been implemented. The incubation period is two to five days, but most commonly one to three days.

- **How Transmitted**

Scarlet Fever is communicated through respiratory transmission between individuals in close contact. It occurs most frequently in winter and spring because of the close contact indoors and in schools.

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SCARLET FEVER (cont'd)

- **Treatment**

Throat Culture is the most satisfactory method of confirming streptococcal infection. The child will then be prescribed an antibiotic for 10 days. It is extremely important that the entire antibiotic be taken as directed regardless of how well the child feels. This will prevent relapse and/or complications. The physician will discuss with the parents the need to culture family members. Classmates without symptoms are not routinely cultured.

- **Returning to School**

Children may return to school when they have completed at least 24 hours worth of the medication and have been fever free (without needing Tylenol). Close contact with other children should be avoided until that time. Should parents have any further questions or specific concerns they are encouraged to contact their child's physician for personal advice.

Source: 1994 Red Book: Report of the Committee on Infectious Diseases

American Academy of Pediatrics

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STREP THROAT

Strep throat is an infection caused by the streptococcus (strep) germ. Children who have a strep infection are at risk for heart and kidney disease. A child with strep may have a sore throat, fever, a headache, or a stomachache. Sometimes the throat is so sore that a child has trouble swallowing and does not want to eat. A child may also have no symptoms.

- **How can I tell if my child has strep?**

Children often have bad sore throats that are caused by a virus and not the strep germ. A doctor or nurse must diagnose strep before treating it. To do this, a swab of your child's throat (a throat culture) is taken to see if strep is present.

- **How will my child be treated?**

Your child will take an antibiotic for 10 days to kill the strep infection. Follow the directions on the bottle for how much medicine to give and how often to give it. Your child should feel better within 48 hours. Make sure you give all the medicine because it takes 10 days of treatment to fully kill the strep germ and to prevent the development of heart disease.

Give your child acetaminophen (Tylenol or Tempra) for sore throat and fever. An older child may find gargling with warm salt water to be soothing for a sore throat. (To make the salt water, mix ½ teaspoon of salt with 1 cup of warm water.) Give your child plenty of cool "liquid" foods, such as Popsicles, jello, and ice cream.

- **What else do I need to know and do about strep?**

Strep is contagious. It spreads by close contact with persons who have the germ. Strep often spreads to other family members, classmates, and children at day care. Your child will no longer be contagious 24 hours after starting the antibiotic. If your child feels better and does not have a fever, he or she may go back to school or day care after 24 hours.

Tell your child's school, day care, and friends about the strep. Anyone with a sore throat should get checked for strep. You do not need a throat culture if you feel okay.

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STREP THROAT

- **When should I call the doctor?**

Call the doctor if you have questions or if your child has any of the following:

- Drooling
- Trouble Breathing
- A fever after taking the antibiotic for 2 days
- A rash
- Blood in urine or swelling of the face, legs, or hands
- Is not eating, drinking, or urinating

Source: Mosby's Pediatric Patient Teaching Guides, Mosby-Year Book, Inc.

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