

## Health Guidelines

Dear Parents,

One of our mothers, a physician, brought us these health guidelines from her older children's school. The policies are in agreement with ours and go into greater detail.

In an effort to provide some guidance to you in determining whether to send your child to school and how to deal with some of their more common ailments and complaints, we have prepared the following list of questions and answers for your reflection.

1. When my child has a temperature, when should he/she return to school?
  - A. Your child's temperature should have returned to normal for a full 24 hours before allowing him/her to return. Even, if after an elevated temperature the preceding afternoon your child awakens with a normal temperature, he/she should be kept home for the entire 24 hour period.
2. What about a runny nose?
  - A. Should your child have a runny nose, make sure that the temperature is normal and that there is no evidence of green or yellow mucous; even white mucous is suspect. Mucous should be clear before the child returns.
3. Suppose my child is still coughing? When should he/she return to school?
  - A. If your child has been treated for other accompanying symptoms that have abated, (temperature, sore throat, runny nose with green or yellow mucous), he/she can return to school coughing, especially if the child's appetite and energy have returned. Sometimes a deep cough can last for weeks. Often, coughs are associated with viruses or reactions to the environment (pollutants, shifts and variance in day and night temperature).
4. What should I look for if my child complains of a sore throat?
  - A. Examine the throat for unusual redness, swollen tonsils, and evidence of pus. Check for swollen glands also. Be sure to note accompanying symptoms like fever or cough. If there are no accompanying symptoms, the child seems comfortable swallowing and there is no diminished appetite, the child can come to school. Strep throat is usually extremely painful with fever, and even nausea and vomiting at times, and must be treated with antibiotics.
5. If my child is sneezing, may he/she come to school?

A. Sneezing, especially in the young child, is a way of rapidly spreading germs. Be sure to note accompanying symptoms. Many children are highly allergic and sneeze quite a bit but are not contagious. Your doctor can be very helpful in making that distinction.

6. How can I tell the difference between a cold sore and impetigo?

A. At times this can be difficult. It is important to remember that both are signs of bacteria being present and, therefore, are contagious. Cold sores are often quite painful. A blister caused by infection with a virus is usually present around the lips. Impetigo is a highly contagious bacterial infection and can occur in many places on the body. The sores are honey colored and often form crusts. It is usually noted as itching tremendously and children have difficulty in not scratching.

7. If my child suffers a blow to the head, what should I look for?

A. If a child is unconscious, no matter how briefly, he/she should be seen by a doctor. Place ice on the sore as soon as possible to reduce swelling. Difficulty breathing, vomiting, convulsions, disorientation and/or instability in body movement are symptoms that require you to consult your physician.

8. What about a scalp wound?

A. Look for any of the symptoms listed above. The scalp is one of the areas that bleeds most severely, and in fact may be a minor injury. Look to see how deep the laceration is and whether it seems to need stitching.

9. How long after my child sustains an injury that appears to need stitches can I wait before the injury is treated?

A. Usually up to about 6 hours. Any delay much longer than that and the injury will start to heal and will be that much more difficult to repair.

10. How about water play for my child following a cold? Can my child get sick from playing in the water, especially in cold weather?

A. Water play is perfectly fine once the child is recovered. A child may be uncomfortable in wet clothing, but it will not make him/her sick even in cold weather.

11. Toddlers put everything into their mouths. Does this spread disease?

A. Only if one of the children is sick. They may share a few germs, but will not catch anything unless there is something to catch.

12. Does keeping my child out of school longer help?

A. The first year your child is in school and exposed to other children, he/she will be sick a great deal. Keeping your child at home constantly just delays the inevitable and only means that your child is not building any immunity to disease. Keep your child at home until he/she is no longer contagious and then get him/her back to school.

13. What about a reaction to an insect bite or sting?

A. Usually, if the child is going to have a severe reaction, it will not be after the first bite, but at the time of the second. If after the first bite there is severe swelling, burning, itching, nausea, etc., contact your doctor. He/she may suggest that you keep on hand a course of treatment in the event of future bites or stings.

14. If my child is burned, what should I do?

A. Immerse the burned area in cold (not ice) water as quickly as possible. Consult a physician.

15. What about headaches? What should be considered significant?

A. Look for accompanying symptoms. Should the child appear to be in real distress, treat with tylenol. The best guideline for appropriate dosage is the weight chart listed on the packaging. Tylenol, like any other medication, should not be overused, nor should the child self-prescribe or self-administer any drug.

16. On occasion, my child complains of pains in the legs or joints. Should I be concerned?

A. At about age 4, and again at age 10, it is not uncommon for children to complain of sensations, particularly in their legs. Determine whether the child has participated in unusual physical activity. If the complaints persist, consult a physician.

17. How can I tell the difference between red, allergy irritated eyes and a more serious eye infection?

A. There are a number of things that cause reddening of the eyes: strain, pollutants, lack of sleep, allergy, etc. In the case of a more involved conjunctivitis infection, look for crusting of the eyes that does not improve. Consult a physician for the appropriate course of treatment.