



PERIMETER SCHOOL
A Covenant Christian Community

Back to School Tips from the Clinic

The school clinic is here to support you in all things health-related. While the clinic is not a medical facility and is staffed only during school hours by first aid trained paraprofessionals, we strive to keep current with policies and procedures that follow the CDC and American Medical Association guidelines.

Included in this document are guidelines that may be helpful to you throughout the school year.

We hope these tips and guidelines will be helpful for a happy and healthy school year!

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When Is Your Child Too Sick to Come to School?

The main reasons for keeping your child home are:

- He/she is too sick to be comfortable at school.
- He/she might get other children sick.

Your child should stay home if he/she has:

- A fever higher than 100.0°F*
- Vomited more than once**
- Diarrhea (loose stool)**
- Frequent cough
- Constant pain (ear, stomach, etc.)
- A rash that has spread

If your child often complains of pain that causes him/her to miss class, he/she may be avoiding school. Talk with his doctor before your child misses too many days.

If he/she does not have a fever, your child may go to school with a mild cough, runny nose, or other cold signs.

***Fever** (higher than 100.0°F) is an important sign—especially when it happens with a sore throat, nausea, or rash. Your child may have an illness that can be passed to others. While you can treat the fever and make your child feel better, the illness (and the risk of passing it to others) is still there. Children with fever should stay home until there is no fever without medicine for 24 hours.

****Diarrhea and vomiting** can cause a lot of discomfort. Diarrhea alone can be enough to keep your child at home. It may be embarrassing and uncomfortable for your child to have diarrhea and/or vomiting at school. Call the doctor if your child has frequent diarrhea or vomiting and has fever, rash, pain, or weakness. Keep him/her out of school until the illness passes.

Flu Season Tips

How does the flu spread?

Most experts believe that flu viruses spread mainly by droplets made when people with the flu cough, sneeze, or talk. These droplets can land in the mouths or noses of people who are nearby. Less often, a person might get the flu by touching something that has flu viruses on it and then touching his/her own mouth, eyes, or nose.

What are the symptoms of the flu?

Symptoms of the flu can include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, fatigue, and sometimes vomiting and diarrhea (more common in children than adults). Some people with the flu will not have a fever.

How long can a sick person spread the flu to others?

People with the flu may be able to infect others by spreading the virus from one day before getting sick to five to seven days after. However, children and people with weakened immune systems can spread the virus for longer and may still be contagious past five to seven days of flu illness, especially if they still have symptoms.

When can my child go back to school after having flu symptoms?

Keep your child at home for at least 24 hours after the fever (100.0 °F or more) is gone. The fever should be gone without the use of fever-reducing medicine.

What are some ways to protect against the flu?

- Get the flu vaccine.
- Stay away from sick people.
- Keep anyone with flu-like illness in a separate room from others if possible.
- The CDC recommends that a sick child stay home for at least 24 hours after the fever is gone without the use of fever reducing medicine.
- Cover your mouth and nose with a tissue when you cough or sneeze. Throw the tissue in the trash after it has been used.
- Wash hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.
- Avoid touching eyes, nose, and mouth. Germs are spread this way.
- Clean and disinfect hard surfaces and objects that may be contaminated with germs, including bathroom surfaces, kitchen counters, and toys for children. Wipe them down with a household disinfectant according to directions on product label.

Head Injuries

Head injuries fall into two categories:

- External (usually scalp) injuries
- Internal head injuries, which may involve the skull, the blood vessels within the skull, or the brain

Fortunately, most childhood falls or blows to the head result in injury to the scalp only, which is usually more frightening than threatening. An internal head injury could have implications that are more serious because the skull serves as a protective helmet for the delicate brain.

When a student receives a bump to the head and displays any significant symptoms, the teacher or clinic worker will notify the parent to pick up the student. Your student cannot stay at school if complaining of blurred vision, dizziness, headache, nausea, loss of balance, or disorientation. The school and clinic are not equipped to provide the necessary supervision to monitor those symptoms.

After a bump on the head, observe your child carefully for the next 24 hours. The child should be seen by the doctor for any of the following symptoms:

- abnormal breathing
- disturbance of speech or vision
- pupils of unequal size
- weakness or paralysis
- prolonged dizziness
- neck pain or stiffness
- seizure
- vomiting more than two to three times
- loss of bladder or bowel control

A student who bumps his/her head and has no symptoms might not report the bump to the teacher or the clinic.

If he/she does come to the clinic with no symptoms, ice will be given, and the clinic worker will notify the parent, but the student can stay at school.

Head Lice

Cases of head lice are likely to occur in our school community throughout the year. Fortunately, head lice are not a health hazard or a sign of poor hygiene and are not responsible for the spread of any disease. Head lice are easily acquired in the community and are usually not identifiable for weeks to months after exposure. This condition, although troublesome, should not be the basis for panic or extreme reactions.

When a case of head lice occurs, the school will respond *only* to the infected child. We no longer notify anyone else of the occurrence. Routine classroom or school-wide screenings are not done when a case of head lice is reported in the classroom. This is because medical research has documented a lack of evidence of efficacy in this procedure. Overtreatment and treatment when no infestation exists are causing lice to become immune to the medications that exist.

Please remember that confidentiality is important as some students and families feel embarrassed about contracting head lice. Faculty and staff are not permitted to reveal the name of any student who is infested.

In light of what we know about lice and the recommendations of the Academy of Pediatrics, Perimeter School will follow the following procedures when head lice occur:

1. The parent will treat the student at home or in a professional salon and remove the nits.
2. The student may return to school the day after treatment is done.
3. Before going to the classroom, the student will be checked for lice and nits in the clinic.
4. If **lice** are found, the parent will be asked to take the student home and treat again.
5. If **nits** are found the student may go to class.* The parent will be asked to remove the rest of the nits at home after school. The student will continue to be checked each morning in the clinic until the student is nit-free. (No healthy child should be excluded from or allowed to miss school time because of nits.)

*No-nit policies for return to school are discouraged by the Academy of Pediatrics.