EMERGENCY CONTACTS

As you register your child for school and each subsequent September, you will be asked to list/update your child's emergency contacts (2), other than the parents.

There are times when a child is too ill to remain at 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 thirty minutes away can be used a**s long as they are willing to pick up your child and care for him or her in your absence.**

Kindly remember to notify those individuals that they are your child's emergency contact so they do not hear it for the first time from the school nurse when she calls.

As information changes during the year, remember to update the information in your parent portal. For instance, in the case of a change of jobs or home phone, please make the changes immediately in your parent portal.

Should you have any questions feel free to call the **Main Office at 973-398-8805** or the **school nurse at 973-770-8882** for assistance.

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 then determine by her findings whether your child can stay at school or needs to go home. Parents will be contacted and informed of the situation. You will then be expected to leave home or work to pick up your child or you may send someone in your place.

Sick children do not belong in school. They belong at home being cared for by family or a designated caregiver. Please be aware that it is the parent's responsibility to provide for the care of a sick child and not the schools. As parents, we need to anticipate these situations before they arise and have a plan in place.

The school nurse cannot administer over the counter medications, such as, cough medicine, cough drops or lozenges, without a note from the doctor. If a child has a temperature greater than 100°, they **must** go home.

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 determine whether 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 youngster has a fever of 101 degrees but in the morning awakens with a temperature of 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 also you will have exposed the other classmates to infection.

Vomiting or Diarrhea

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

Pain

Moderate to severe pain that necessitates 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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Extreme Tiredness/Loss of Appetite

The fever is gone and the period of contagion is passed. However, 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. You can always contact the school and request homework in order to keep them up to date with their schoolwork.

Awaiting Results of a Strep Throat Culture

Many a student has had a negative preliminary culture only to have a positive 24-hour culture. Rather than exposing your child's classmates to infection, wait until the 24-hour culture results are in. If negative and your child is fever free, you can always bring them in late.

Moderate to 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 don't feel well, they need to remain at home. Some chicken soup, medicine and a little TLC is a good idea.

Inflamed, Swollen, Draining Eyes

If your child wakes up with the eyes stuck together, or they are swollen, pink or red, painful or itchy, they should remain at home and consult with your doctor to rule out an infection. Conjunctivitis in a primary school is very contagious. It is commonly called "pink eye." Left untreated it could cause serious eye damage.

You Suspect Any Type of Illness/Infection

Should your child have symptoms of illness not mentioned here which may or may not be contagious, feel free to call the school nurse and discuss them before deciding whether to send your child to school. She can advise you how to proceed – whether to keep your child home and when to seek medical attention.

REPORTING YOUR CHILD'S ABSENCE FROM SCHOOL

The Durban Avenue School has specific attendance procedures parents are asked to follow when their child will be absent from school. They are as follows:

1. Place a call to the nurse's office using the **attendance number 973-770-8888**. You will be asked to leave a message.

2. State your name, your child's name, the date, your child's teacher's name and the reason for the absence.

3. If you wish to make a request for homework, you may do so at this time.

4. If you do not call the school by 8:30 AM we will call you at home or at work to verify your child's absence.

5. 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 or wandering the street, we can intervene early.

Please Note: When reporting your child's absence, please do state the reason for the absence. The nurse needs to keep track of the types of illnesses students experience. Should you have any concerns or questions about your child's illness and exposures at school, feel free to call the school nurse at her direct number 973-770-8882.

WHEN MAY MY CHILD RETURN TO SCHOOL AFTER ILLNESS?

Your child may not return to school until the following criteria has been met.

1. Fever free over a 24* hour period without needing anti-fever medication (such as Tylenol/Motrin/etc.).

2. No vomiting or diarrhea for a 24* hour period.

3. Appetite and activity levels have returned to normal.

4. Any symptoms should not interfere with participation in the school day or infect others.

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

Your cooperation will ensure the health and safety of our entire school community.

When 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.

*Children must not return until they have remained at home for a full calendar school day following a fever.

WHEN YOUR CHILD NEEDS MEDICINE AT SCHOOL

Medications

In the State of New Jersey, school nurses may administer prescription medicines to children at school only when the proper procedures are followed.

Long Term Medications for Chronic Illness

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

1. Obtain a signed note from their child's doctor stating the diagnosis, name of the medicine, dosage and time the medicine is to be given.

2. Accompany the doctor's note with a note of your own giving permission to the nurse to give the medicine at school.

3. Obtain a separate medicine bottle to be kept at school. The bottle must contain the pharmacy label.

4. Parents are asked to walk the medication into school. Do not send medication in a book bag. It is not safe.

Calling ahead to alert the nurse that you will be coming in with medicine is very helpful. Forms are available in the school nurse's office. Please call or write to obtain a copy.

This procedure needs to be repeated at the beginning of each new school year.

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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 medicines may need to be given at school for short duration (7-10 days). In that case, you will need to obtain a Doctors order along with a separate medicine bottle for school with a pharmacy label, write a note giving permission for the nurse to give the medicine and walk the medicine and the note into school. When possible, phone the nurse ahead of time so she may expect you.

Over the Counter Medications

In the State of New Jersey, school nurses are not permitted to administer over the counter medicine. A doctor's prescription is required. If your child needs Robitussin, Triaminic, Dimetapp, etc., the nurse is not permitted to give these unless accompanied by a prescription note from the doctor. As a parent, you are always welcome, however, to come to the school nurse's office to administer these medicines yourself. Kindly consult the school nurse to make these arrangements. If at any time, you have questions about the procedure for your child to receive medicine at school, **feel free to call the school nurse at 973-770-8882**.

CONJUNCTIVITIS (PINK EYE)

The conjunctiva is the thin, clear membrane that lines the eyelids and covers the eyeball. Pink eye is an inflammation or infection of that membrane. It is a common eye problem that occurs in all age groups. Pink eye is caused by bacteria, viruses, injury, allergy, or a foreign body. Repeated episodes of pink eye in infants may be caused by a blocked tear duct. 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 pus-like 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 medicine for 24 hours, the child can return to school or day care.* Be sure to give the medicine for the number of days advised by your health care provider.

Other treatments help make the child more comfortable until the problem goes away. Wash the affected eye(s) a few times a day with cold water. Apply a washcloth with cold water over the eyes for 5 minutes to soothe the itching and pain. Do not use it for a longer time because the compress may help bacteria grow.

Tissues can 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.

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 or 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 okay to blink but not to squeeze the eyes 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 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 or 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 tissues and washcloths used to wipe the eyes are not touched by other family members.

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

FIFTH DISEASE (ERYTHEMA INFECTIOSUM)

Fifth disease is caused by a virus. Children between 3 and 5 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 the name "Fifth Disease" 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 infectiosum means "contagious with an infection."

This illness is spread by small droplets in the air 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 transfusions and across the placenta to unborn babies.

What are the 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 to 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. After a child has been diagnosed with Fifth Disease, *there is no reason to exclude the child from school or day care. By the time the rash appears, the child is no longer contagious.*

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Are there any special concerns with this illness?

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

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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, since they spread easily.

How does lice spread?

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

1. Having a head with lice touch a head without lice.
2. Sharing items, such as, hairbrushes or hat that have lice.
3. Having a person or his or her clothing come in contact with something with lice, such as, bedding, stuffed furniture or a coat collar.

How do I treat lice?

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

Your child's hair

1. Wash the hair and scalp with a special cream or shampoo specially made to kill the lice. Follow the directions on the product.
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 1 week to be sure all the lice are killed. (The product directions will tell you.)

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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 people who have lice, itching, or scalp sores. Talk to your doctor before you treat a child under the age of 1 year. Some products to kill lice may be dangerous to infants.

When can my child go to school or day care?

Your child can return to school or day care after treatment, and when all nits have been removed from the hair. Be sure to tell the school, day care, and parents of playmates about the lice so they can check the other children.

What else should I know about lice?

Anyone can get heat 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. Printed with permission.

IMPETIGO

Impetigo sores are caused by bacteria. 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 and do about impetigo?

*Do not squeeze the sores.
*Make sure other people do not use your child's towel or washcloth.
**Your child may resume playing with friends and may go back to school or day care after taking the medicine for 24 hours.*
*The sores usually heal without scarring.

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When should I call the doctor?

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

Your child's urine becomes red or cola-colored.
Your child has a temperature over 101 degrees.
The skin around the sores swell or any large blisters (more than 1 inch) appears.
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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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), which 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, and possibly, the nose or eyes. Although kissing is one way to catch 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 will 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 4 to 7 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 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 pus. 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 2 or 3 weeks. Some individuals remain weak and tire easily for several months.

Treatment

No specific treatment is available for infectious mononucleosis. For relief of pain and temperature over 102 degrees it is helpful to give Tylenol. If you feel that stronger pain medicine 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 milk shakes are well suited for this purpose.

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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.

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 enlarged spleen, a serious complication, can occur. Once the spleen returns to normal size, usually in 3 to 4 weeks, full activity can be resumed. The school nurse will want a physician'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

STREP THROAT

Strep throat is an infection caused by the streptococcus bacteria. Children who have a strep infection are at risk for heart and kidney diseases. A child with strep may have a sore throat, swollen glands, 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 you 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. A rapid strep test can now be done; you can find out in about 20 minutes if your child has strep. This must be done in your doctor's office.

How will my child be treated?

Your child will take an antibiotic to kill the strep infection. Follow the directions on the bottle for how much medication 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 the entire 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 1/2 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 go get checked for strep. You do not need a throat culture if you feel okay.

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 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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