

## FEVER

- **Students with a fever (a temperature over 100° F):**
- School personnel should make every effort to contact parents or guardian and the student should be sent home to prevent spread of infection to other students.
- Student should remain home until free of fever for 24 hours without the use of fever reducing medication.
- If the parent or guardian cannot be reached, the student is to lie down in the health room and not return to class.
- If the student is not having nausea, vomiting, or abdominal pain, you may offer fluids.

## CONJUNCTIVITIS "PINK EYE"

- Red eyes can be caused by irritation, allergies, viral infections, or bacterial infections. The term “pink eye” is reserved for cases of bacterial infections which are contagious. Therefore, not all causes of red eye are contagious and all students with red eyes do not have to be excluded from school.
- Eye discharge caused by bacteria appears more often after sleeping. Ask student if they had crusty, itchy eyes in the morning.
- If the student’s eyes have a green or yellow discharge or fever is present there is a greater chance that it’s contagious. Therefore, they must be excluded until the student is evaluated by a physician.
- Contagious forms are spread by direct contact, so follow any examination of red eyes with good hand washing and disposal of tissues.
- If the student’s eyes are just red without discharge or fever he/she may remain in school until the end of the day. (The exception would be if there are 2 or more cases of conjunctivitis in the classroom. This suggests the cause of red eyes may be contagious and the student should be excluded until treatment is started).
- Encourage the student to not rub his eyes. This could lead to an abrasion of the cornea.

- If there is swelling and redness of the skin around the eye, the child needs to be seen as soon as possible by a physician.
- If Conjunctivitis “pink eye” is suspected, as evidenced by the above mentioned symptoms, contact parent or guardian to have student seen by a physician.
- The student may return to school when nurse or staff is presented with note from a physician or proof that child is being treated.
- **Students with other eye problems, including red eyes that do not have yellow/green drainage, should remain in school.**

## VOMITING

- Nausea and vomiting are very common childhood symptoms. Almost any illness may cause a child to vomit. In a school setting, it must be decided whether the nausea/vomiting is the result of a disease for which the parent/guardian must be notified and the child dismissed from school, or whether the child can be observed in the office for 10-30 minutes to see if symptoms subside.
- One episode of vomiting does not mean the child must see a Doctor or go home. Vomiting may be attributed to many factors such as food allergies, too much exercise, emotional anxiety, reflux or other causes. Assess the child's temperature after the first episode of vomiting. If fever is present, notify the parent/guardian to pick up the child. If no fever is noted, allow the child to rest quietly for 20 minutes and if there are no further symptoms, send back to class and exempt from strenuous activity.
- If after a 20 minute rest period, the child shows continued or increased discomfort, call parent/guardian for pick up.
- If it is determined that the child must be sent home, the child must be free of vomiting for a period of 24 hours before being allowed to return to school.
- If parent/guardian will be greater than 1 hour in arrival or cannot be reached, sips of clear fluids should be offered at least hourly.

## LICE

- If you see lice in the scalp or if there are nits, use the following directions:
- If the student has crawling lice, he/she should not be in the classroom and should be sent home until treatment is initiated. The school nurse or other staff should assess student upon return to school.
- If the student just has nits, he/she may remain in class until the end of the day. The parents should be contacted.
- All early childhood students are required by DHS to be nit free to attend school.
- If a student has been adequately treated for head lice and continues to have nits, he/she should not be excluded from school.
- Only symptomatic students are required to be inspected by the teacher or other school personnel to determine if they also have head lice.

## RINGWORM

- Suspect ringworm if there is a circular, scaly rash that itches; usually with clearing of the central area thus forming a ring. Ringworm is caused by a fungal infection of the skin. Use the following guidelines:
- Students with ringworm on skin do not need to be excluded from school.
- Contact parents and inform them that they must show proof that the child is being treated with an antifungal before returning to school the following day after being informed.
- Students with ringworm of the scalp or more than 3 ringworms are to be excluded from the school until written statements of treatment by a physician is received.
- Cover rash while child is at school to prevent spreading.

## SCABIES

- Scabies should be suspected if there is a "burrow" line of red bumps found under the skin. They're usually found on back of hands, web of fingers, front of forearm, chest and underarm. Bumps will be very itchy. If you suspect scabies, student should be excluded until eight (8) hours after treatment starts or until documentation is received from health care provider.

## SEIZURES

- If a student has a diagnosis of seizures follow the **Emergency Treatment for Seizures** below.
- Management of a seizure is limited to preventing injury
- If you see a seizure is starting, attempt to prevent injury by easing the student to floor. Keep hard, sharp or hot objects out of the way.
- Turn student to the side to allow saliva to drain and to prevent choking.
- Do not restrain. You may place a thin, soft towel or item under the head if the floor is hard.
- Do not force anything between teeth or place any object in mouth.
- Do not give fluids or food during or immediately after seizure.
- Loosen restrictive clothing.
- Observe:
  - Injury
  - Length of seizure (by clock)
  - Color of lips, face and skin
  - Breathing.
- Check the clock at the beginning of the seizure and at the end; note the length of the seizure.
- **If the seizure lasts longer than 5 minutes or if he/she is not breathing call emergency services (911) immediately.**
- Management after the Seizure has stopped

- When the seizure is finished, the student may be sleepy which is normal. Provide a comfortable, private place for rest where he/she can be observed.
- Tell the student where he/she is, what time it is and what happened.
- Notify parent and school nurse of any seizure activity or injury.
- Notify principal and school nurse if prolonged seizure or injury occurred
- **If a student has never had a seizure, if the seizure lasts for more than 5 minutes or if the student is not breathing call 911 immediately**

- **Diastat**

- If a child in the North Little Rock School District has Physician Orders for Diastat to be kept at school, the parent/guardian should be immediately informed of this district's procedure.
- According to the Arkansas Nurse Practice Act (May 2000) rectal medication must be administered by a registered nurse, physician or paramedic. Therefore, if a NLRSD student requires the administration of Diastat, a Registered Nurse, if one is in the building, will administer the medication. In the event that there is not a nurse available, the school secretary, administrator, or other assigned persons will call 911 and inform the emergency personnel of the Diastat order.
- Definitions:
- Diastat- Valium that is administered rectally to control a seizure. It is usually given after an assigned number of minutes from the onset of a seizure.