



**ILLNESS POLICY - HOW SICK IS TOO SICK?
WHEN TO KEEP YOUR CHILD AT HOME
FROM SCHOOL OR CHILD CARE**

Children's Hospital Colorado

There are three main reasons to keep sick children at home:

1. The child doesn't feel well enough to take part in normal activities, (such as; overly tired, fussy or won't stop crying).
2. The child needs more care than teachers and staff can give, and still care for the other children.
3. The illness is on this list and staying home is recommended.

And remember, the best way to prevent the spread of infection is through good hand washing.

Children with the following symptoms or illness should be kept home (excluded) from school:

SYMPTOMS	Child Must Be at Home?
DIARRHEA frequent, loose or watery stools compared to child's normal ones that are not caused by food or medicine	Yes - if child looks or acts sick; if child has diarrhea with fever and isn't acting normally; if child has diarrhea with vomiting; if child has diarrhea that overflows the diaper or the toilet
FEVER with behavior change or other illness A fever of 100°F or above in babies 4 months or younger needs immediate medical attention.	Yes, when the child also has a rash, sore throat, vomiting, diarrhea, behavior changes, stiff neck, difficulty breathing, etc.
"FLU-LIKE" SYMPTOMS Fever over 100°F with a cough or sore throat. Other flu symptoms can include tiredness, body aches, vomiting and diarrhea	Yes - for at least 24 hours after the fever is gone, without the use of medicine that reduces the fever
COUGHING <u>Note:</u> Children with asthma may go to school with a written health care plan and the school is allowed to give them medicine and treatment	Yes - if severe, uncontrolled coughing or wheezing, rapid or difficulty breathing and medical attention is necessary
Mild RESPIRATORY OR COLD SYMPTOMS stuffy nose with clear drainage, sneezing, mild cough	No - may attend if able to take part in school activities <i>Keep home if symptoms are severe. This includes fever and the child is not acting normally and/or has trouble breathing.</i>
RASH WITH FEVER <u>Note:</u> Body rash without fever or behavior changes usually does not need to stay home from school, call the doctor	Yes – call the doctor. Any rash that spreads quickly, has open, weeping wounds and/or is not healing should be evaluated
VOMITING Throwing up two or more times in the past 24 hrs	Yes - until vomiting stops or a doctor says it is not contagious. If the child has a recent head injury watch for other signs of illness and for dehydration

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CHICKEN POX	Yes - until blisters have dried and crusted (usually 6 days)
CONJUNCTIVITIS (PINK EYE) pink color of eye <i>and</i> thick yellow/green discharge	No (bacterial or viral) – children don't need to stay home unless the child has a fever or behavioral changes. Call the doctor for diagnosis and possible treatment.
CROUP (SEE COUGHING) <u>Note:</u> May not need to stay home unless child is not well enough to take part in usual activities	Seek medical advice
FIFTH'S DISEASE	No - child is no longer contagious once rash appears
HAND FOOT AND MOUTH DISEASE (Coxsackie virus)	No - unless the child has mouth sores, is drooling and isn't able to take part in usual activities
HEAD LICE OR SCABIES	Yes - from end of the school day until after first treatment.
HEPATITIS A	Yes - until 1 week after the start of the illness and when able to take part in usual activities
HERPES	No, unless - the child has open sores that cannot be covered or is drooling uncontrollably
IMPETIGO	Yes - for 24 hours after starting antibiotics
RINGWORM	Yes - from end of school until after starting treatment Keep area covered for the first 2 days
ROSEOLA	Yes – if the child has a fever and rash, call the doctor
RSV (Respiratory Syncytial Virus)	Staying home isn't necessary, but is recommended when a child is not well enough to take part in usual activities and/or is experiencing acute respiratory symptoms. Call the doctor. RSV spreads quickly through classrooms
STREP THROAT	Yes - for 24 hours after starting antibiotics and the child is able to take part in usual activities
VACCINE PREVENTABLE DISEASES Measles, Mumps, Rubella (German Measles), Pertussis (Whooping Cough)	Yes – the doctor says the child is no longer contagious
YEAST INFECTIONS including thrush or Candida diaper rash	No - follow good hand washing and hygiene practices

References

- American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. Caring for our children: National health and safety performance standards; Guidelines for early care and education programs. 3rd edition. Elk Grove Village, IL.
- American Academy of Pediatrics, *Managing Infectious Diseases in Child Care and Schools*, 3rd Edition, Elk Grove Village, IL 2013.
- Colorado Department of Public Health and Environment, Communicable Disease Epidemiology Program, *Infectious Disease in Child Care Settings: Guidelines for Schools and Child Care Providers*, Denver, CO, October 2013.

Pedestrian Safety Tips

Parents are the most important models of proper pedestrian behavior for children.



- Cross streets safely. Cross at a corner, using traffic signals and crosswalks. Try to make eye contact with drivers before crossing in front of them. Do not assume that because you can see the driver, the driver can see you.
- Look left, right and left again when crossing, and keep looking as you cross. Walk; do not run, across the street.
- Walk on sidewalks or paths. If there are no sidewalks, walk facing traffic as far to the left as possible.
- Be a safe pedestrian around cars. Watch for cars that are turning or backing up.
- Parents and kids should hold hands in parking lots.

Set pedestrian safety rules for your children.

- **Never allow children under age 10 to cross streets alone. Adult supervision is essential until you are sure a child has good traffic skills and judgment.**
- Children should walk on direct routes with the fewest street crossings.
- Make sure children know to cross 10 feet in front of a school bus, never behind, and to wait for adults on the same side of the street as the school bus loading or unloading zone.
- Teach your child never to run out into a street for a ball, a pet or any other reason.

Help create an environment that's safe for pedestrians.

- Make sure your child plays in safe places away from motor vehicles, such as yards, parks and playgrounds and never in the street. Fence off play areas from driveways and streets.
- Buy clothing and accessories incorporating retro reflective materials for your family to wear at dawn and dusk, in the evening and during other low-light situations, such as rainy or foggy weather.
- Check frequently for children when backing out of a driveway or a parking space.







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COLORADO'S CHILD PASSENGER SAFETY LAW



Age	Mandatory Restraint	Requirements	Safety Advocates* Recommend
Newborn until 1 st birthday	 Rear-Facing Car Seat	Regardless of weight, children under 1 year old are required to be in a rear-facing seat and secured in the back seat of the vehicle.	Restrain your infant in a rear-facing seat as long as possible for the best protection in a crash. "Convertible" type car seats allow children to ride rear-facing until 30-45 pounds.
1, 2 and 3 years old	 Rear or Forward-Facing Car Seat	Child must be at least 20 pounds to sit in a forward-facing seat. The seat that is used must be used correctly and follow the weight/height limits according to the manufacturer's instructions.	Restrain your child in a "5-point" harness system until they are at least 40 pounds or to upper weight limit of seat. Keep child rear-facing as long as car seat allows (at least 2 years old). Use upper-tether straps where applicable (refer to your car seat and vehicle's owner's manual for more information).
4, 5, 6 and 7 years old	 Forward-Facing Car Seat or Booster Seat	Correct use of car seat or booster seat. Follow upper weight limit according to manufacturer's instructions.	Regardless of age, restrain your child in a car seat or booster seat until they are about 57" (4'9"). A child's height is the best predictor of proper seat belt fit.
8 until 16 th birthday	 Booster Seat or Lap and Shoulder Seat Belt	Correct use of booster seat or seat belt. Follow upper weight limit of booster seat according to manufacturer's instructions.	The child should be able to sit back against the seat back with knees bent naturally at the edge of the seat, the shoulder belt comfortably crossing the shoulder between the neck and arm, and the lap belt low on the hips, touching the thighs. Children under 13 should sit in the back seat only.



Colorado Revised Child Passenger Safety Statute 42-4-236

* Safety advocates include the American Academy of Pediatrics, the National Highway Traffic Safety Administration and Safe Kids USA



CHILD PASSENGER SAFETY COLORADO

For more information, visit www.carseatscolorado.com