

Sign/Symptom

Symptom definition and when the child should stay home

Abdominal Pain or Stomach Ache



Definition: Pain experienced anywhere between the chest and groin; pain may be continuous or may come and go.

May attend school unless the student has one of the following:

- Pain is severe enough that the child can not effectively participate in class
- Pain starts after an injury
- Bloody or black stools
- Diarrhea (see “Diarrhea” for return guidance)
- Vomiting (see “Vomiting” for return guidance)
- Fever (see “Fever” for return guidance)

Cough or Cold Symptoms



Definition: May include runny/stuffy nose, sore throat, sneezing, congestion, body aches, and/or cough, typically lasting up to 7-10 days

May attend school unless the student has one of the following:

- Cough is severe enough that the child has difficulty participating in class
- A cough suspected to be associated with asthma where coughing cannot be controlled by medications for which the school has physician’s orders or the student requires monitoring
- Fever (see “Fever” for return guidance)
- Difficulty breathing or rapid rate of breathing (see “Difficult or noisy breathing” for return guidance)

Difficulty or Noisy Breathing



Definition: Wheezing (high-pitched sounds) that can be heard when a child breathes in or out, chest retractions (see below) OR extra effort is required to breathe.

May attend school unless the student has one of the following:

- Wheezing that cannot be relieved with medications for which the school has physician’s orders and the student has a health care plan and requires no additional monitoring
- Skin or lips seem purple, blue, or grey
- Fever
- Rapid breathing or increased effort to breathe, such as chest retractions (space between ribs sinks with each breath), belly breathing (belly goes up and down with breathing)
- Breathing problem that causes the child to have pursed lips, difficulty speaking, or difficulty eating

Earache



Definition: Pain (dull, sharp, or burning sensation) experienced inside the ear.

May attend school unless the student has one of the following:

- Behavior changes
- Pain starts after an injury
- Pain prevents participation in school activities
- Fever (see “Fever” for return guidance)

Diarrhea



Definition: Stools that are more frequent (typically two more than normal) or less formed than usual for that child.

May attend school unless the student has one of the following:

- Stool not contained in a diaper or the student can not reach the toilet in a timely manner
- Stool looks like it contains blood or mucus, or appears like sticky black tar
- Yellow skin/eyes (jaundice)
- Diarrhea that occurs during an outbreak, and exclusion is recommended by the local health department

*Note: If the child has been diagnosed with a specific infection (such as Shigella, Salmonella/typhoid, Shiga toxin-producing E. Coli, norovirus, etc.), follow the advice of the local health department, or the guidance of the child’s health care professional.

Sign/symptom

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**Eye irritation,
Pink Eye,
Discharge**



Definition: Red or pink appearance to the white part of the eyeball. Child's eye may also be itchy, have crusted/matted eyelashes, more watering than normal, or yellow/white drainage.

May attend school unless the student has one of the following:

- Problems seeing (vision changes)
- An injury to the eye involving forceful impact or penetration
- Pain or discomfort which prevents meaningful participation in school
- Drainage or build up from one or both eyes

Note: Pink eye (i.e., conjunctivitis) is inflammation of a layer that covers much of the eyeball. It is most often caused by a virus, and children with viral pink eye typically get better after 5-6 days without antibiotics. Staying home from school or child care is not necessary. Frequent hand washing should be encouraged.

Fever



Definition: An oral (under the tongue), temporal (forehead), rectal, or axillary (underarm) temperature above 100.4°F. If a temperature is close to 100.4°F, repeat to confirm the result.

Unless otherwise directed by a healthcare provider, a child with another symptom or sign of illness who also has a fever should NOT attend school or child care.

Return when:

- Fever went away in the night – without using fever reducing medications at any time, e.g., Tylenol®, Advil®, Motrin® (acetaminophen or ibuprofen) - and is still gone in the morning; AND
- Other symptoms are improving and the child can participate comfortably in routine activities
- Student should be fever free for 12 hours since any fever reducing medication

Vomiting



Definition: Forceful expelling of stomach contents out of the mouth 2 times or more in 24 hours.

May attend school unless the student has one of the following:

- Vomiting has occurred 2 or more times in 24 hours
- Concern for a serious allergic reaction, such as hives appearing with vomiting
- Vomit appears green or bloody
- Recent head injury
- Signs or symptoms of illness
- Fever (see "Fever" for return guidance)

Return when:

- Vomiting ended during the night and child is able to hold down food or liquids in the morning
- Vomiting ended during the night and the student's illness symptoms are improving

***Note:** If there is concern for an outbreak after RCS D has consulted with the local public health department and norovirus is suspected children should not return until 48 hours after symptoms have resolved.

**Sore Throat
or Mouth
Sores**



Definition: Sore throat includes pain or irritation of the throat often resulting from a viral or bacterial infection (e.g., cold, flu, strep throat).

Mouth sores include white patches on the tongue, gums and/or inner cheeks; white/red spots in the mouth, blisters on lips or inside mouth; or painful ulcers inside cheeks or on gums.

May attend school unless the student has one of the following:

- Inability to swallow without significant discomfort
- Fever (see "Fever" for return guidance)
- Breathing difficulties
- Excessive drooling or muffled voice

***Note:** Most children with sore throat have viral infections. If a child is diagnosed with strep throat, they should receive antibiotics for at least 24 hours before returning.

Sign/Symptom

Symptom definition and when the child should stay home

Rash or Itching



Definition: An area of the skin that has changes in color or texture and may look inflamed or irritated. The skin may be darker than or lighter than normal or red or purple. It may be, warm, scaly, bumpy, dry, itchy, swollen, or painful. It may also crack or blister.

May attend school unless the student has one of the following:

- Oozing, open wound or infection that cannot be covered and is in an area that might come in contact with others
- Skin that looks bruised without a known injury or in an unusual location
- Rapidly spreading dark red or purple rash (may indicate a rare but severe bacterial infection; usually accompanied by fever).
- Tender, red area of skin, rapidly increasing in size or tenderness
- Associated symptoms of a serious allergic reaction (rash with throat closing, abdominal pain, vomiting, or wheezing)
- Fever (see “Fever” for return guidance)
- There is concern for a disease like chickenpox or measles. If this is the case, the child should see a healthcare provider.

*Note: For diagnosed conditions, RCS D communicable disease guidelines will be followed for conditions such as lice, impetigo, ringworm, scabies, and pinworms and the child may return after the appropriate treatment is started

Headache, Stiff or Painful Neck



Definition: Pain experienced in any part of the head ranging from sharp to dull; may occur along with other symptoms.

May attend school unless the student has one of the following:

- Pain or discomfort which prevents meaningful participation in school.
- **Concussion symptoms:** Pain occurs after a fall or other injury to the head and is severe or associated with vomiting, vision changes, behavior change, or confusion.
- **Possible infection:** Stiff neck, headache and fever can be symptoms of meningitis a potentially serious infection. Meningitis can also cause sensitivity to light, vomiting, and/or confusion. A stiff neck is most concerning if the child can’t look at their belly button (putting chin to chest) due to pain or the BACK of the neck is painful (not soreness in the sides) along with the other symptoms above.

Get immediate medical attention for either of the above conditions.

*Note: The RCS D illness guidelines may be modified by RCS D Credentialed School Nurses per nursing judgement, as applicable on a case-by-case basis.