



## **Illness / Sick Policy**

BCMS is not equipped to provide care for children who are too sick to participate in regularly scheduled activities at school. Therefore, it is very important for you to make back up arrangements for substitute care in the event your child is /or becomes ill. The following criteria are outlined to assist you in deciding when not to bring your child to school because of illness.

### **Your child may not come to school if he/she:**

- Has or had a fever \*24 hours prior to attending the school;

(\*For example, if your child had last dose of medication at 12:00 pm on Wednesday and their final fever breaks that evening at 5:00 pm, they should not return to school until Friday morning. 24 hours would have been at 5:00 pm on Thursday afternoon.)

- Has vomited in the 24 hours preceding attending the school;
- Has diarrhea during the 24 hours preceding attendance at the school;
- Has skin sores which are open and draining (including such things as impetigo, etc.) Your child may return to school when the drainage ceases, the sores begin to heal, or your physician clears your child to return to school.
- Has ear/eye drainage such as pink eye (conjunctivitis). Your child may return to school after prescription medication has been administered for 24 hours;
- Has Streptococcal Group A throat infection. Your child may return to school after prescription medication has been administered for 24 hours;
- Has a contagious disease, such as Chicken Pox (until the child is cleared by a Doctor / no longer contagious/ until the lesions are crusted over);
- Has lice, ringworm, or scabies that is untreated and contagious to others;
- Has undiagnosed rash or a rash attributable to contagious illness or condition;
- Has significant respiratory problems.
- In some cases, a note from the child's physician may be required.

When doubtful about your child's health condition, play it safe for the sake of your child, other children, and the staff at BCMS. Especially keep your child home for 48 hours in the case of a severe cold, upper respiratory infection, or if your child has an infectious disease.

Any child who becomes ill while at school will be isolated in the school office, until a parent arrives to pick up the child. The Administrative Staff will notify you and ask you to pick up your child immediately if your child:

- Has a fever of 100F or higher;
- Vomits during the day;
- Is fussy, lethargic, or constantly crying for an unusual amount of time and for unexplained reasons;
- Has two diarrhea episodes in the same day;
- Has any contagious drainage or weeping sores, which includes suspicion of such things as chicken pox, impetigo, pink eye or ear drainage;
- Unknown rash, severe sore throat, severe cough, unexplained pain;
- Children who are too sick to participate in regularly scheduled activities at school and require more care than the program staff can provide without compromising the health and safety of the other children.

**If your child is sent home with any of the above symptoms, we ask that you please keep them home for a 24 hour period from the time they were sent home, or until they have no symptoms for a 24 hour period.**

We strongly encourage you NOT to bring your child(ren) who are ill, even if they are symptom-free, due to use of over the counter medication (such as Tylenol, Cold & Cough Syrup, etc.). The medications typically only mask the symptoms rather than cure the illness, and we end up having to call you to pick up your child in any case.

When your child is sick, be sure to call in or e-mail the office to let the Administrative Staff know that your child is out sick and what symptoms they may be having. We try to keep track of what illnesses are going around in our school, so we can keep everyone informed. Your help with this is greatly appreciated.

Make sure to follow the policies we have listed above and any future updates – our goal is to keep everyone as healthy as possible. We appreciate everyone's help in stopping the spread of illnesses in our school!

### Head Lice Policy

Big City has a **No Nits** policy. **If a child has a case of head lice, he or she will not be allowed back to school until a thorough check has been done by a BCMS staff member and no live lice or nits can be found.** Children will be checked in the morning when they are being dropped off at school. You must bring your child *after* 8:30 a.m. to be checked by Miss Hilma.

We understand that this can be inconvenient. But please remember, this policy is in place to protect ALL the children at school.

### Head Lice Information

Head lice (*Pediculus capitis*) are small parasitic insects exquisitely adapted to living mainly on the scalp and neck hairs of their human host. Their six impressive legs are elegantly evolved to grasp hair shafts and provide a striking example of biological specialization. Long associated with people, head lice have been recovered from prehistoric mummies. Head lice are equal opportunity parasites; they do not respect socio-economic class distinctions. Their presence does not connote a lack of hygiene or sanitation practiced by their host. Head lice are mainly acquired by direct head-to-head contact with an infested person's hair, but may infrequently be transferred with shared combs, hats and other hair accessories. They may also remain on bedding or upholstered furniture for a brief period. In North America and Europe, children are more frequently infested than are adults, and Caucasians more frequently than other ethnic groups. Neither able to fly nor jump, lice are also unlikely to wander far from their preferred habitat. Lice and their eggs are unable to burrow into the scalp.

Head lice derive nutrient by blood-feeding once or more often each day, and cannot survive for more than a day or so at room temperature without ready access to a person's blood. A nymphal louse hatches from its egg after about 8 days of development, and begins to feed, grow and develop until it attains the adult stage about 9-12 days after hatching. The typical life cycle of a head louse is three weeks. A female louse may deposit more than 100 eggs at a rate of about six eggs each day. Only those eggs deposited by inseminated female lice will hatch. Generally, an infested person has fewer than a dozen active lice on the scalp at any time, but may have hundreds of viable, dead, and hatched eggs.