

## COMMUNICABLE DISEASE

Communicable diseases are those diseases which may be transmitted from person to person. (When a communicable disease is suspected, please keep in mind that this is a confidential matter.)

***Communicable disease can be transmitted via any of the following routes:***

- \* Direct contact with infected individuals or body fluids.
- \* Contact with contaminated objects such as clothing, bed linen, equipment, or other belongings.
- \* Droplet spread by coughing, sneezing, or talking.
- \* Airborne dust/particles or moisture in the air.
- \* Contaminated food and water.

***Any of the following signs and symptoms may indicate the beginning of a communicable disease:***

- |                       |            |                              |
|-----------------------|------------|------------------------------|
| ♦ Fever (over 100.0°) | ♦ Jaundice | ♦ Red and/or draining eye(s) |
| ♦ Chills              | ♦ Nausea   | ♦ Sore throat                |
| ♦ Cough               | ♦ Pain     | ♦ Stiff neck with fever      |
| ♦ Headache            | ♦ Rash     | ♦ Vomiting                   |

Any person who is suspected of having a communicable disease should be excluded from school by the principal. The student will need to remain in the health room, isolated, if possible, until arrangements are made for him/her to be taken home. Refer to the Exclusion and Readmission Policy (E.2) for more specific guidelines.

### **Documentation in Skyward**

It is important to accurately note symptoms that the student is experiencing on Skyward, including fever. The actual temperature reading should be documented on Skyward. This important data is then retrievable off of Skyward if further investigation is needed by the RN.

The number of students with symptoms that could be influenza-like illness (ILI), fever accompanied by a cough or sore throat, is reported to the school RN at the end of each week. Students with ILI should be encouraged to sip water for hydration and a mask may be used to decrease the spread of germs while waiting for pick up by the parent/guardian.

### **In addition:**

Whenever there is more than one student in a classroom with an unidentified or a diagnosed communicable condition, the **school RN should be notified. If the RN is unavailable, call the School Health Coordinator at 429-4536.** The Communicable Disease Tracking Report (E.5) should be initiated as directed by the RN. If warranted, the school RN will contact the St. Lucie County Health Department Office of Epidemiology who will confirm the report through health department investigation.

## COMMUNICABLE DISEASE

When available, the professional judgment of the school RN shall be used to determine the exclusion/readmission to school, based on established protocols, in accordance with standard medical procedures and practice. **A written statement may be required from the student's licensed health care provider before the student can return to school depending on the condition.** If parent/guardian identifies chickenpox, no note from doctor is required but student may not return to school until all lesions are dried to the crust stage. *Note: all suspected or diagnosed cases of chickenpox, as well as any other vaccine preventable disease, must be reported to your school RN.*

***Persons at increased risk for complications from communicable diseases include:***

Individuals with immune system disorders, sickle cell disease, or a tracheostomy. Individuals currently on steroid therapy or chemotherapy, or are organ transplant recipients are also at increased risk for complications.

**EXCLUSION/READMISSION DUE TO ILLNESS**

<b>Disease</b>	<b>If a child in Your School Has Been Diagnosed With This Disease You Should:</b>	<b>When to Allow Child to Return</b>
Chickenpox	<ul style="list-style-type: none"> <li>Temporarily exclude the sick child from school</li> <li>Contact your school health nurse for further instructions regarding notification of parents of specific children (those taking steroid medication, cancer or leukemia drugs or is immunosuppressed)</li> <li>Follow good hygiene procedures and hand washing procedures</li> </ul>	6 days after the rash begins or when blisters have crusted over
Diarrheal Disease	<ul style="list-style-type: none"> <li>Temporarily exclude the sick child from school</li> <li>Follow group separation, hand washing and cleaning procedures</li> <li>If it is reported that the diarrhea is caused by bacteria or a parasite such as shigella, campylobacter, E. coli, Cryptosporidium, salmonella or giardia, contact your school health nurse.</li> </ul>	When the child no longer has diarrhea. However, some of these require negative stool cultures: allow child to return when cleared by the treating physician and the Health Department.
Diphtheria	<ul style="list-style-type: none"> <li>Temporarily exclude sick child from school</li> <li>Immediately contact the school Health Nurse for further instructions</li> <li>Observe all children and adults for sore throats for 7 days</li> <li>Anyone developing a sore throat should see their physician</li> <li>Follow good hygiene procedures</li> </ul>	Under the direction of the treating physician and the Health Department
Epiglottitis	<ul style="list-style-type: none"> <li>A child diagnosed with this illness will probably be in the hospital</li> <li>Contact your School Health Nurse for further instructions</li> </ul>	Under the direction of the treating physician and Health Department
Fifth Disease	<p>Child is contagious <u>prior</u> to visible symptoms (facial rash, low grade fever)</p> <ul style="list-style-type: none"> <li>Contact your School Health Nurse</li> <li>Child is usually not excluded unless they feel too ill to attend or has a fever over 100 (oral)</li> </ul>	When student feels well enough to return
Hand, Foot and Mouth Disease	<ul style="list-style-type: none"> <li>Temporarily exclude child from school until fever free for 24 hours and child feels well enough to return to normal activities</li> </ul>	When fever free for 24 hours and child feels well enough to return.

Impetigo	<ul style="list-style-type: none"> <li>• Lesion should be kept covered by clothes or bandaid until considered not contagious</li> <li>• Follow good hygiene procedures and hand washing procedures</li> </ul>	Do not exclude if lesion can be covered. If unable to cover, student may return 24 hours after treatment has begun or lesion is dry
Influenza (Flu)	<ul style="list-style-type: none"> <li>• Exclude child from school until fever free for 24 hours</li> </ul>	When fever free for 24 hrs
Head Lice	<p>Temporarily exclude the child from school</p> <ul style="list-style-type: none"> <li>• Check all students in classroom (elementary, self contained) and siblings for lice or nits. If siblings attend other school sites, notify the Health Para at the sibling schools.</li> <li>• Educate parent regarding treatment and removal of nits (see head lice information in this manual)</li> </ul>	When student is lice and nit free. **If student does not return to school within 3 days-notify your School Health Nurse for follow up.**
Hepatitis A	<ul style="list-style-type: none"> <li>• Contact your School Health Nurse</li> </ul>	Under the direction of the treating physician and the Health Department
Measles	<ul style="list-style-type: none"> <li>• Temporarily exclude the sick child from school</li> <li>• Immediately notify your School Health Nurse</li> <li>• Follow the directions from the Health Department</li> </ul>	Under the direction of the treating physician and the Health Department
Meningitis	<ul style="list-style-type: none"> <li>• Exclude the child from school. (In most cases the child will be hospitalized).</li> <li>• Immediately contact your School Health Nurse for further instructions</li> <li>• Follow good hygiene procedures and hand washing procedures</li> </ul>	Under the direction of the treating physician and Health Department
MRSA Skin Infection	<p>To prevent spread to others:</p> <ul style="list-style-type: none"> <li>• wound must be covered with a clean dry dressing</li> <li>• follow good hygiene and hand washing</li> <li>• notify your School Health Nurse for additional recommendations</li> </ul>	Not applicable
Mumps	<ul style="list-style-type: none"> <li>• Temporarily exclude sick child from school</li> <li>• Immediately notify your School Health Nurse</li> <li>• Follow the directions of the Health Department</li> </ul>	Under the direction of the treating physician and the Health Department
Pertussis (Whooping Cough)	<ul style="list-style-type: none"> <li>• Temporarily exclude the sick child from school</li> <li>• Immediately notify the School Health Nurse</li> <li>• Carefully follow good hygiene procedures</li> </ul>	Under the direction of the treating physician and the Health Department
Pink Eye (conjunctivitis)	<ul style="list-style-type: none"> <li>• Practice good hygiene and encourage frequent hand washing</li> </ul>	24 hours after treatment has begun <u>or</u> symptoms are gone

Pinworms	* Temporarily exclude the child from school * Continue to promote good hygiene, particularly hand washing	24 hours after treatment
Ringworm	*Student can remain in school if lesion can be covered with dressing or clothing *Temporarily exclude the child if the lesion cannot be covered	Do not exclude if lesion can be covered. If unable to cover, student may return after treatment begins and lesion starts to shrink.
Rubella(German or 3-day Measles)	<ul style="list-style-type: none"> <li>Temporarily exclude sick child from school</li> <li>Immediately notify your School Health Nurse</li> <li>Follow good hygiene procedures</li> </ul>	Under the direction of the treating physician and the Health Department
Scabies	<ul style="list-style-type: none"> <li>Temporarily exclude child from school</li> <li>Contact your School Health Nurse for further recommendations</li> </ul>	24 hours after treatment has begun
Streptococcal Sore Throat (Strep throat)	<ul style="list-style-type: none"> <li>Temporarily exclude child from school</li> </ul>	24 hours after antibiotics are begun
Active Tuberculosis (TB)	<ul style="list-style-type: none"> <li>Immediately notify you School Health Nurse for further recommendations/instructions</li> </ul> **Children with TB may usually remain in school after treatment as long as they are receiving appropriate treatment.	Under the direction of the treating physician and the Health Department

### **TEMPORARY EXCLUSION DUE TO SYMPTOMS**

<b>SYMPTOMS</b>	<b>TEMPORARILY EXCLUDE?</b>
Diarrhea	Yes, if any of the following: <ul style="list-style-type: none"> <li>Child has two or more episodes in a row</li> <li>Blood/mucus in stool (unless from medication or hard stools). Abnormal color of stool for child (i.e.) all black or very pale.</li> <li>Jaundice (i.e. yellow skin/eyes).</li> <li>Fever and/or behavior changes</li> <li>Looks or acts very ill</li> </ul> NOTE: Offer sips of water if parent’s expected time of arrival is over 1 hour Student may return to school 24 hours after last episode of diarrhea.
Difficult or Noisy Breathing	Yes, if any of the following: <ul style="list-style-type: none"> <li>Hard, fast, difficult breathing that does not improve with any medication.</li> <li>Barking cough with fever or behavior changes.</li> <li>Breathing problem that makes feeding very difficult</li> <li>Looks or acts very ill</li> </ul> NOTE: Difficulty breathing may be a medical emergency requiring 911 emergency services depending on the severity.
Earache	No, unless

	<ul style="list-style-type: none"> <li>• Unable to participate in class activities</li> <li>• Fever and/or behavior changes</li> </ul>
Fever	<p>Yes</p> <ul style="list-style-type: none"> <li>• Fever is considered 100 degrees or higher using oral thermometer or 101.2 or higher using temporal thermometer</li> <li>• Child can return to school when 24 hours fever free without the use of fever reducing medications</li> </ul>
Rash	<p>Yes, if any of the following:</p> <ul style="list-style-type: none"> <li>• Generalized rash</li> <li>• Oozing/open wound or appears infected</li> <li>• Bruising not associated with injury</li> <li>• Joint pain and rash</li> <li>• Unable to participate in school activities</li> <li>• Looks or acts very ill or uncomfortable</li> <li>• Behavior change and/or fever</li> </ul> <p>NOTE: If student is diagnosed with measles, rubella, chickenpox, scabies, impetigo, or ringworm, refer to Exclusion/Readmission Policy for diagnosed illnesses for specific information</p>
Sore Throat (pharyngitis)	<p>No, unless</p> <ul style="list-style-type: none"> <li>• Inability to swallow</li> <li>• Excessive drooling with breathing difficulty</li> <li>• Fever or behavior change</li> </ul>
Stomachache	<p>No, unless</p> <ul style="list-style-type: none"> <li>• Severe pain causing child to double over or scream</li> <li>• Abdominal pain that continues after two hours</li> <li>• Abdominal pain after injury</li> <li>• Bloody/black stools</li> <li>• No urine output for 8 hours</li> <li>• Diarrhea • Vomiting</li> <li>• Yellow skin/eyes</li> <li>• Fever and/or behavior change</li> <li>• Looks or acts very ill</li> </ul>
Swollen Glands (Lymph Nodes)	<p>No, unless</p> <ul style="list-style-type: none"> <li>• Difficulty breathing or swallowing</li> <li>• Red, tender, warm glands</li> <li>• Fever and/or behavior change</li> <li>• Looks or acts very ill</li> </ul> <p>NOTE: if diagnosed with mumps, see the Exclusion/Readmission Policy for diagnosed illnesses for specific information</p>
Vomiting	<p>Yes, if any of the following:</p> <ul style="list-style-type: none"> <li>• Fever</li> <li>• Projectile vomiting or vomit that appears green/bloody</li> <li>• Vomits 2<sup>nd</sup> time or still severe pain after 20 min. rest</li> <li>• Recent history of head injury</li> <li>• Looks or acts very ill</li> <li>• Unable to participate in school activities</li> </ul> <p>Student may return to school 24 hours after last episode of vomiting</p>
Wound (Open, Draining)	<p>No, unless</p> <ul style="list-style-type: none"> <li>• Wound is draining and cannot be kept covered/contained by a clean, dry dressing or clothing</li> <li>• Fever</li> </ul>

**School Board of St. Lucie County**

**Notice of Communicable Condition**

This is to notify you that \_\_\_\_\_ is suspected of having a communicable health condition that may be contagious to other students and school personnel. Symptoms noted are: \_\_\_\_\_

He/she is to be kept at home until the suspected health condition is diagnosed and treated by a physician or the condition is treated satisfactorily at home.

He/she may be admitted to class if school authorities are satisfied that he/she is free from the suspected health condition.

In the cases of fever, vomiting or diarrhea- the student must be free of those symptoms for at least 24 hours.

In the case of head lice, this includes having all nits (eggs) removed. Note: According to School Board policy, students can be granted two *excused* absences per head lice incident up to a maximum of two incidents per semester.

Upon returning to school, you are requested to accompany \_\_\_\_\_ to school in order to confer with school authorities should a decision be made not to admit your child to class.

Please contact this office if you have any concerns about this matter.

\_\_\_\_\_  
School Health Staff

\_\_\_\_\_  
School

\_\_\_\_\_  
Date

## Letter for Notifying Parents about a Chickenpox Outbreak

Date

Dear Parents:

Recently, there have been some cases of chickenpox at your child's school. Chickenpox is a very contagious disease caused by a virus (varicella). Symptoms of chickenpox usually appear 14-16 days after exposure to someone who has chickenpox. In children, chickenpox usually lasts 5-10 days and causes fever, tiredness, and an itchy skin rash. The skin rash begins with small red bumps on the trunk and face and can spread to the entire body. The rash changes into blisters and finally forms scabs. A person is contagious from one to two days prior to developing the rash until blisters have dried into scabs. Children may return to school after the last pustule (blister) has scabbed over; about seven days after the rash appears.

Chickenpox is spread through person-to-person contact or through items contaminated with an infected person's secretions. Although chickenpox is not a serious disease for most people, those whose immune systems are impaired may experience severe disease or complications, including pneumonia and encephalitis. Chickenpox can also cause more severe health problems in pregnant women. An effective vaccine is available against chickenpox. Most people who get chickenpox vaccine will not get chickenpox. But if someone who has been vaccinated does get chickenpox, it is usually mild. They will have fewer spots, are less likely to have a fever, and will recover faster.

If your child develops chickenpox, **DO NOT GIVE ASPIRIN**. Reye's syndrome has been a potentially serious complication associated with clinical chickenpox occurring almost exclusively in children who take aspirin during the illness. If you have questions or need additional information about chickenpox or the vaccine, please contact your physician or the county health department.

Sincerely,  
Name  
Title  
Phone:





## HEAD LICE (*PEDICULUS HUMANUS CAPITIS*)

### How to identify

Head lice are small parasitic insects that live on the human scalp and lay their eggs (nits) in human hair. Lice feed on blood every three to six hours, but can survive six to twenty four hours without a meal. The louse is a wingless insect with six legs with claws that help it to move quickly through the hair. Lice cannot jump or fly but are fast moving. The adult louse is approximately 2-3 mm long. Nits (eggs) are very small (only about 0.8mm in length) grayish-white oval shaped eggs that hatch in 7-10 days. They are firmly cemented to the hair shaft fairly close to the scalp. Female lice can lay about 150 nits per month, three to six eggs every 24 hours.

### Transmission

Head lice are most frequently spread by head to head contact with an infested person. Other possible but less likely transmission can occur by wearing infested garments such as coats, hats and scarves, by using infested combs or brushes, by lying on infested carpets or beds, or by resting the head on upholstered furniture that was recently used by an infested person. While an adult louse will not survive more than 20 hours off of a human body, nits off of the body have an even lower chance of surviving.

### Outbreak prevention tips

- Children should be taught to avoid head to head contact, not to share caps, hats, helmets, headsets or personal grooming articles such as brushes, combs, hair bows or headbands.
- Towels, smocks, gym clothing, sleep mats should all be kept in separate boxes, bags or cubbies and sent home frequently for washing.
- Coats should have separate hooks spaced far enough so that the coats are not touching. Children should be taught to put their hats up into their coat sleeve for storage.
- Carpeted areas should be vacuumed frequently (daily). Any upholstered furniture in the classrooms that are used by children should also be vacuumed frequently.
- The health paraprofessional and the principal of each site should discuss whether the custodians should be notified of any classrooms that have children positive for lice or nits for extra vacuuming. A plan regarding who should be responsible for the notification should also be discussed.

### Identifying children with lice/nits

The primary symptom of lice infestation is itching. However, about 50% of infested children do not itch. Some will complain of something crawling in their hair. Other indicators may be poor attention span and restlessness. Classroom teachers will most likely be the ones to refer children to the clinic for suspected head lice. A health assistant from another school may call to report a sibling at their school that has been identified as having lice or nits. Once a child has been identified with lice or nits the entire class should be screened (see screening procedure).

## SCREENING PROCEDURE FOR LICE/NITS

1. Start at the nape of the neck and work forward, paying particular attention to the area around the ears. Nits are laid at the base of the hair shaft. Lice tend to prefer sites where hair is thick or combed to form dark pockets, for example, bangs or puffs of hair over the ears. You are more likely to find nits during a hair examination rather than live lice for three reasons. First, the number of lice per person compared to the number of eggs is very small. A thorough search of a person's head rarely detects more than one or two lice. Second, when lice die they fall off of the host, but egg cases remain attached to the hair. The number of eggs increases over time while the lice population remains low. Third, eggs are stationary while lice move quickly through the hair and can escape detection.
2. Because the eggs are firmly cemented to the hair shaft, they do not slide up and down the hair shaft and cannot be brushed or blown away like dandruff or hair casts.
3. Once a student is found to have lice or nits the parent must be contacted to take the student home. When the parent arrives be sure to speak with the parent about the use of a lice shampoo and the importance of removing ALL of the nits. Any written information you have should also be given to the parent at this time. It is usually helpful to also show the parent how to look for the nits and/or lice and help them identify them. Any siblings should also be checked so that the parent can take them home also if they are positive. If the siblings attend another school, the health assistant at that school should be notified so that those children can be checked. The entire classroom must also be checked. \*\*If a substantial number of children in the school appear to be infested, notify the RN for your school and the Health Coordinator so that assistance can be obtained for screening several classes. A nit/lice check reminder should be sent with all students in all classes that have students who are positive for lice/nits so the parents will be extra vigilant and possibly detect the condition early.
4. Positive cases should be documented (see Documenting Cases section) so that it is easier to follow up.
5. If the need to check an entire class arises, most teachers are cooperative, especially if the checks are done in the classroom while the students are working at their desks. Be sure there is proper lighting. It is recommended that you either wear clean gloves for each child or wash your hands between children using either the sink, wet wipes or hand sanitizer. At the end of the screening discreetly let the teacher know which children need to be sent to the clinic so that you avoid removing the children at that time which makes it obvious that they are positive for lice and/or nits..
6. The afternoon is a good time to do routine head checks because if a positive case is found and the parents cannot be reached the child would not have to spend the whole day in the clinic. It is also wise to do head checks on a Friday or before a long holiday. This may help cut down on the number of school days missed. Recheck chronic cases more frequently and after long holidays to keep the problem in check. These suggested measures may help to keep the problem under control.

## What do head lice look like?

There are three forms of lice: the nit, the nymph, and the adult.



**Nit:** Nits are head lice eggs. They are hard to see and are often mistaken for dandruff or hair spray droplets. Nits are found firmly attached to the hair shaft. They are oval and usually yellow to white in color. Nits take about 1 week to hatch.



**Nymph:** The nit hatches into a baby louse called a nymph. It looks like an adult head louse, but is smaller. Nymphs mature into adults about 7 days after hatching. To live, the nymph must feed on blood.



**Adult:** The adult louse is about the size of a sesame seed, has six legs, and is tan to grayish-white. In persons with dark hair, the adult louse will look darker. Adult lice can live up to 30 days on a person's head. To live, adult lice need to feed on blood. A louse can only survive 1-2 days away from the scalp.

## Head Lice Documentation

Documentation of head lice is important for several reasons. First, it is a concrete way to keep track of students who are out of school due to head lice so that proper follow up can be done. Second, it is easier to visualize a pattern of infestation according to class, grade, pod or individual students if it is documented. Also, documentation makes it easy to quickly check how many times a specific child has been infested as well as how quickly they were treated and returned to school.

Each case should be recorded on Skyward as a head lice check under clinic office visit and then specified under treatment as “head lice positive or negative”. In the notes section you can also specify whether live lice were found, only nits or both live lice and nits. Also note if the child was picked up by the parent (preferred) or sent home on the bus. You will then enter a new clinic office visit when the child returns and indicate whether or not they are lice/nit free. NOTE: A new clinic office visit entry should be made each time a new infestation is found, even if the child has previously been treated and declared free of head lice.

A paper Head Lice Log can also be kept if the health aide chooses to use that as a method of keeping track of students who have been excluded due to head lice.

Students should not be out for more than two days for head lice. If the child has not returned to school after two days, a call should be made to the home to see if the family needs more information about treatment. If needed, your school nurse, Health Service Coordinator or School Social Worker can speak with the parent by phone or by home visit to offer assistance. OUR GOAL IS LICE/NIT FREE CHILDREN IN SCHOOL AND WHO ARE READY TO LEARN.

\*\*\*Remind parents that they should accompany their child back to school to be checked in the clinic before they are cleared to go back to the classroom. \*\*\*

## **NO NIT POLICY**

Our “no nit” policy means.....

\*removing ALL lice eggs (nits) and egg cases after hair is treated with a lice killing product.

\*excluding a child with a lice infestation from school until ALL nits have been removed.

\*educating parents about lice and nits and insuring that parents understand their responsibility under the “no nit” policy.

### **WHY DO WE HAVE A NO NIT POLICY?**

Since no lice killing product kills all the eggs, it is very important to remove all traces of the nits to prevent re-infestation. Female lice can lay three to six eggs every 24 hours which is about 150 eggs each month. The eggs then hatch in 7-10 days. It is virtually impossible to tell which eggs are dead, which eggs have already hatched and which eggs still have the potential to hatch. The “no nit” policy helps to prevent re-infestation and transmission of the newly hatching lice to other students.

Diagnostic confusion can result if all the eggs are not removed because it is impossible to distinguish “old” eggs from “new” eggs. Therefore a new infestation would not be detected. A student would then need to be treated again with the lice killing product even though the eggs were from a prior infestation which results in more cost to the parent and more pediculocide on the child’s scalp than necessary.

The sooner the eggs are detected the better. It is much easier to remove 30 eggs than it is to remove 300. This is why home screening is important. The parents can screen their children much more frequently than we can and therefore can detect the nits before there is such a large number that they are harder to deal with.

## Important Health Information for Parents

Head lice affect more people than all other childhood communicable diseases not including the common cold. But like a cold, head lice are spread when children come in close contact with each other. Head to head contact is the most common way that head lice are spread. Possible but less common ways that lice are spread from one person to another are: sharing hats, combs, brushes, pillows and other personal articles are ways. Quick detection and treatment help prevent the spread to other classmates and to your family as well.

Head lice are very small-about 1/16 to 1/8 inch long. They cannot fly or jump but they do move quickly which makes them difficult to find in a child's hair. Diagnosis of head lice is generally made when lice eggs, which are called nits, are found firmly fastened to the hair shaft. Nits are teardrop shaped and very small, only about 1/32 of an inch. They are "glued" to the hair and cannot be washed or brushed out like dandruff. Nits can be found anywhere on the head, but are more likely to be found behind the ears, at the nape of the neck, or in bangs.

Getting rid of head lice and nits need not be difficult. It is a matter of washing the hair with a lice killing shampoo (follow directions for the product you choose) and then carefully removing all of the nits. Removal of the nits is very important to avoid re-infestation. Removing nits can be time-consuming especially if there are many nits to remove or the hair is very thick and/or long. Using a fine toothed nit comb and pulling them out with your fingers are the only ways to remove the nits.

We do periodic head checks at the school and you can help, too. Please take the time to check your own children's heads on a regular basis. The first sign of lice is usually itching or the child reporting that he/she can feel something moving in their hair. The school may send notes occasionally to remind you to do a head check.

If you discover lice or nits in your child's hair you can call your family doctor and he can prescribe some medication or you can purchase an over the counter treatment at the pharmacy. If you need more information about the treatment you can contact your child's school and speak with the health assistant. Above all, teach your children to avoid head to head contact and not to share hats, combs or brushes with their friends.

Your cooperation in preventing and overcoming this problem is greatly appreciated.

Dear parent:

Your child was sent home from school today because he/she has head lice or nits. This is an easily treated condition. This letter will acquaint you with the nature of this infestation and what needs to be done to get rid of it.

How you get it:

Head lice are usually transmitted through close personal contact (head to head) with another infested person or possibly through sharing combs, brushes hats, sweaters or through co-mingling of these items at the homes of friends, at school, at church, at day cares, or other public places.

What to look for:

Head lice are very small elongated insects and are gray or brown in color. Lice do not have wings and **cannot fly or jump**. They do, however, move quickly through the hair. Since they are difficult to find, infestation is usually noticed by finding nits. A nit is a louse egg. Nits are tear-drop shaped about the size of the point on a pencil. They can be gray, white or brown. The nits are attached to the hair with a waterproof, cement-like substance. Nits cannot be washed out or brushed out of the hair like dandruff. Everyone in the house should be checked and treated if necessary.

Treatment:

Many different head lice shampoos can be purchased at most pharmacies and department stores.

1. Apply the head lice shampoo following the directions on the package on the particular brand you choose to use.
2. Remove ALL of the nits. To help facilitate the removal, a vinegar rinse should be considered. Mix one half warm water to one half vinegar and apply to the hair. Wrap the hair in a towel for about 40 minutes. This will help loosen the cement substance to facilitate removal of the nits. The nits must then be combed out using a fine toothed comb or pulled out by hand. Usually a combination of the two works best. Work in small sections of hair at a time. This process takes time, especially if there are many nits or the hair is thick and long.
3. Check for nits that may have been missed every day for the next few weeks. Repeat the shampoo treatment in 7-10 days in case some nits were missed. This will kill any newly hatched lice.

Clean the environment:

Concentrate on things that have touched your child's head in the last 24 hours.

1. Machine wash all bed linens used by the child and clothing worn by the child in the last 24 hours.
2. Personal articles and stuffed animals that cannot be washed can be placed in a clothes dryer on high heat for at least 20 minutes or placed in a plastic bag and sealed for 7-10 days.
3. 2) Combs, brushes, barrettes, hair bows, etc. that the child used in the last 24 hours can be placed in very hot soapy water or water with some of the lice killing shampoo and soaked for at least one hour. Shoulder straps on cloth backpacks should be cleaned as well.
4. Fumigating or spraying your house with pesticide **is not recommended or needed**. Vacuum the carpets and rugs, as well as any upholstered furniture. If your car has cloth covered seats it would be wise to vacuum them as well, again, keeping in mind the 24 hour period of contact with your child's head.

Returning to school:

Your child may return to school when he/she is free of lice and **ALL THE NITS HAVE BEEN REMOVED**. A parent must accompany the child to the school clinic upon returning to school so that the child can be checked by the Health Assistant and cleared to return to the classroom.

Thank you for your assistance with this matter.



## MORE FACTS AND INFORMATION ABOUT HEAD LICE

### ENVIRONMENTAL CLEAN-UP

When deciding which items need to be cleaned, think of the child's life during the last 24 hours.

Items that your child has used in the last 24 hours should be cleaned. This should include:

1. Vacuuming carpets and rugs, upholstered furniture, and car seats if they are cloth covered
2. Washing sheets and pillowcases your child has used and clothing that the child has worn in hot water and drying in a hot dryer
3. Soaking combs and brushes in hot, soapy water for at least 20 minutes
4. Items that cannot be washed, such as stuffed animals, can be placed into plastic bags and stored away for at least 2 weeks.

NOTE: Head lice can only survive on humans. Treating the family pet is not necessary.

### CHOOSING A LICE KILLING SHAMPOO

Whichever product you choose to use, read and follow the directions carefully. Most come with a nit comb to help in the removal of nits, however nit combs with long metal teeth work best.

Some lice shampoos contain pesticides and others are non-toxic. There are also some treatments available by prescription from your doctor. CAUTION: DO NOT PUT ANYTHING ON A CHILD'S HEAD THAT IS FLAMMABLE. FOLK REMEDIES CAN BE HARMFUL AND POTENTIALLY FATAL.

REMOVING THE NITS (EGGS) -To help loosen the nits from the hair, a solution of half warm water to half vinegar can be applied to the hair. The hair can then be wrapped in a towel for about 40 minutes. The nits may then be easier to comb or pick out with your fingers.

Nit combs with long sturdy metal teeth work best. They are reusable and therefore would only need to be purchased once. Even after the current case of head lice has been eliminated, using this type of nit comb weekly can be helpful in preventing another out of control case.

For particularly hard cases of lice that seem to persist after use of the shampoo, petroleum jelly (Vaseline) can be put in the hair and covered with a shower cap and left over night. The petroleum jelly smothers the lice, however, it is difficult to remove from the hair. It takes repeated shampooing to remove the petroleum jelly. The nits still need to be removed after the treatment, therefore this treatment should be a last resort.

Some parents resort to shaving the child's head, but this is needlessly upsetting to the child and really should not be necessary with careful nit removal.

There are also lice and nit removal services in certain areas. Ask the school health staff at your child's school for the contact information if you are interested in using that type of service.

Two lice killing products have Toll-Free Hotline numbers than can be called for more help:

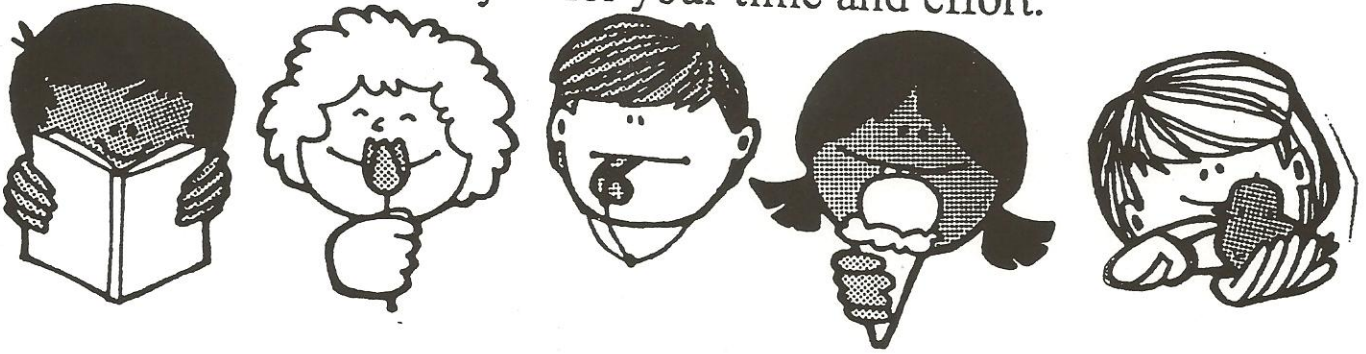
RID Hotline           1-800-743-5423

CLEAR Hotline       1-800-294-6816

## REMINDER

Time again for head checks.  
Please take time this evening to check your  
child's hair for possible lice or nits.  
You can contact the health assistant at your  
child's school if you need information about  
prevention or treatment.

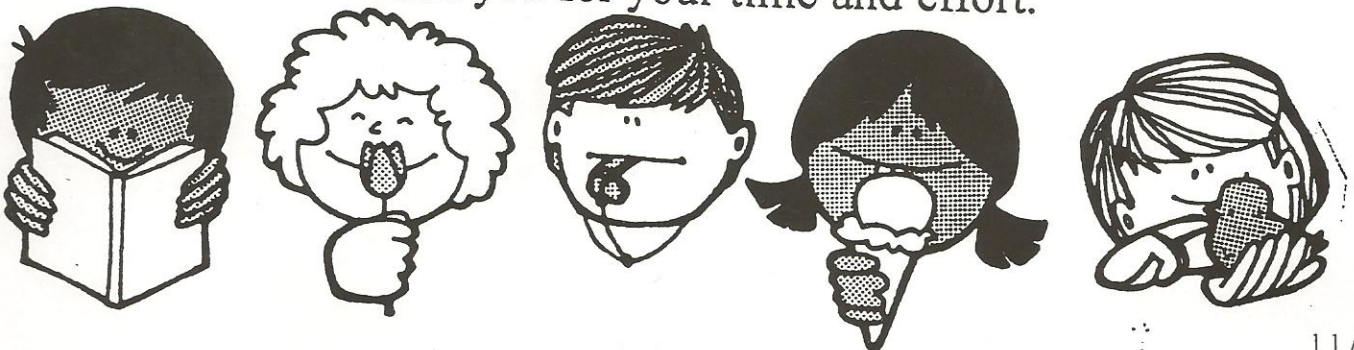
Thank you for your time and effort.



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## **Head Lice Nit/Egg Removal Using a Comb**

### **1. Getting ready--You Will Need:**

- fine-toothed comb designed for nit removal. A metal comb is less flexible than plastic ones and may be more effective at removing nits.
- bobby pins or hair clips (for long hair)
- a large towel to place around the child's shoulders during combing
- box of facial tissue
- wide bowl of water with a squirt of dishwashing liquid

Note: Combing should be done in a well-lighted area. Seat the child so her/his head is just below eye level. It might be a good idea to have something fun to entertain the child that does not require much physical activity. Consider reading, modeling clay, coloring or games/videos/dvd.

**2. Preparing the hair--**You may want to use a vinegar and water solution on the hair first to help loosen the nits. A half water half vinegar mixture can be put on the hair and left for about 20 minutes before combing begins. Then cover the hair with any type of salad oil or conditioner to keep the hair wet so combing is easier. Remove tangles with a regular hair comb.

**3. Combing--**Work in small sections at a time. Separate a mass of hair about the width of the metal lice comb. It is important to separate the hair into small sections so you can more easily see lice and nits.

Hold the mass of hair with one hand. Insert the lice comb as close to the scalp as possible and gently pull the comb slowly through the hair, from root to end, several times. Check the hair carefully. Comb one section at a time and check each section again. Pin the hair in a curl flat against the head.

Dip the comb in the soapy water and use the tissue to remove lice and debris. Make sure the comb is clean before you use it on the hair again. Continue combing until all of the hair has been combed through.

**4. Cleaning Up--**Flush the contents of the bowl down the toilet. Shampoo the hair at least twice to remove the oil. When the hair is dry check for stray nits and remove those hairs individually with a pair of small, pointed scissors. Any nits left behind in the hair can hatch and cause a reinfection.

**It is VERY important to remove all of the eggs (nits).** Soak the lice comb for 15 minutes in hot ammonia water (1 tsp ammonia to 2 cups hot water). Or, boil the metal comb in plain water for 15 minutes. Use an old toothbrush to clean the comb. The comb can now be used again or on another family member.

