

Presentation to School Board Education Sub-Committee Tuesday November 12, 2013

Duluth Public School District Immunization Procedure.

Immunization presentation agenda:

- Explanation of Minnesota Immunization Law
- Duluth Public Schools Immunization procedures
- What has been done in the past to support this concern
- What are other districts doing
- Recommendation for ISD 709 Immunization policy

IN MN, It's the Law...MINNESOTA IMMUNIZATION LAW:

Minnesota Statutes, Section 121A.15, and Rules, Chapter 6404: Immunization, requires all students enrolling in an elementary or secondary school to show evidence of immunization or properly documented exemption.

MN Statutes re: Immunizations for School

<https://www.revisor.mn.gov/statutes/?id=121A.15>

New Immunizations Laws for School, Child Care, and Early Childhood Programs Begin September 2014

<http://www.health.state.mn.us/divs/idepc/immunize/immrule/newlawsfs.pdf>

Why Immunize? (from the CDC)

<http://www.cdc.gov/vaccines/vac-gen/why.htm>

MN's School Immunization Law: Questions and Answers

<http://www.health.state.mn.us/divs/idepc/immunize/school/schimmzlawqa.pdf>

WHY DO WE NEED TO FOLLOW THE LAW?

The purpose of school immunization law is to **protect public health** – both the children in our schools and the community at large...because high immunization levels prevent disease outbreaks. Humans benefit from 'herd immunity'...which means that when more persons are immunized, more are protected, including the most vulnerable among us – the young, the elderly and the infirm.

Unvaccinated children:

- can pass diseases on to babies who are too young to be fully immunized.
- pose a threat to children and adults who can't be immunized for medical reasons. This includes people with leukemia and other cancers, immune system problems, and people receiving treatment or medications that suppress their immune system.
- are at risk for catching...and then infecting others...with a vaccine-preventable disease. Diseases such as Pertussis "whooping cough", Measles, and Chickenpox...**all of which can cause fatal illness**...and which could potentially develop into an epidemic. In fact, Epidemiologists predict that it is a matter of WHEN...not IF...the next epidemic of some sort afflicts us.

What do the school nurses currently do regarding immunizations?

- School Health Office staff annually document & review immunizations of all enrolled students.
- Immunization compliance status is reported by the School Nurse to the MN Department of Health as required via the Annual Immunization Reporting website.
- Immunization compliance status is reported by the School Nurse to the building administrator (Principal).
- 1st Contact – Notice of Inadequate Immunization (via letter /HS 8 or 'all call' phone call or email) HS 8 Immunization letter #1 #3515000200 Revised 5-04
- 2nd Contact – HS 8a Immunization letter #2 #3515000225 revised 05-04
- 3rd Contact - HS 8b Immunization letter #3 #3515000250 revised 05-04
 - *(We state in these letters...progressive language...to include exclusion...but have not actually excluded for lack of immunizations....for over 20 years.)*

In Duluth Public Schools, immunization compliance in the elementary schools is in the 90% range, but fall off in the middle schools to approximately 75%...which means that approximately 25% of our middle school population is not fully protected from vaccine-preventable disease.

ISD 709 and other agencies have had problem solving attempts in the past.

The middle school nurses in particular have increased our public awareness campaign regarding immunization needs in middle school...by putting such information in newsletters, school websites, posters, and at open house events. Additionally, the school nurses are in the process of developing an addition to the school districts new website...that will be a Nursing Health Service resource for families on multiple topics...including immunizations.

Several years ago the St. Louis County Dept. of Health tried offering immunization clinics in the middle schools to improve compliance rates. The resulting response was paltry...literally less

than a half dozen per school...with the county determining that it was not worth cost of time or manpower to continue such a service.

Most schools in Minnesota are moving towards a policy of No Shots, No School. School districts in Minnesota that are of similar size to Duluth, and neighboring school district have immunization policies.

Review of Data / Literature / Websites:

Many MN school districts have language in their policy that either indicates..."No Shots, No School, with exclusion until up to date with immunizations"...OR..."Immunizations must be in compliance by the 1st day of school".

School districts that are similar in size to Duluth that have immunization exclusion policies...include but are not limited to...Bloomington, Burnsville, Edina, Eden Prairie, Mounds View, North St. Paul, Robbinsdale, Rochester, St. Cloud, Stillwater, and White Bear. **School Districts** neighboring Duluth Public Schools...also have immunization exclusion policies including but are not limited to...Esko, Cloquet, Two Harbors, International Falls, Ely, Itasca, and St. Louis County School District.

Adopting a District Immunization Policy would be in alignment with the District-Wide Continuous Improvement Plan under the aim & goal of Safe and Welcoming Environment for Everyone in Our Schools.

Policy Recommendation:

The Duluth School adopts MSBA/MASA Model Policy 530.

ISD 709 NURSES RECOMMENDATION:

Please...Adopt a...District Immunization Policy... that will help to enforce the law....and protect the health and well-being of our students and the community they live in.

THANK YOU FOR YOUR TIME AND CONSIDERATION OF THIS REQUEST.

Adopted: _____

MSBA/MASA Model Policy 530

Orig. 1999

Revised: _____

Rev. 2011

530 IMMUNIZATION REQUIREMENTS

[Note: The provisions of this policy substantially reflect statutory requirements.]

I. PURPOSE

The purpose of this policy is to require that all students receive the proper immunizations as mandated by law to ensure the health and safety of all students.

II. GENERAL STATEMENT OF POLICY

All students are required to provide proof of immunization, or appropriate documentation exempting the student from such immunization, and such other data necessary to ensure that the student is free from any communicable diseases, as a condition of enrollment.

III. STUDENT IMMUNIZATION REQUIREMENTS

- A. No student may be enrolled or remain enrolled, on a full-time, part-time, or shared-time basis, in any elementary or secondary school within the school district until the student or the student's parent or guardian has submitted to the designated school district administrator the required proof of immunization. Prior to the student's first date of attendance, the student or the student's parent or guardian shall provide to the designated school district administrator one of the following statements:
 - 1. a statement, from a physician or a public clinic which provides immunizations, stating that the student received the immunizations required by law, consistent with medically acceptable standards; or
 - 2. a statement, from a physician or a public clinic which provides immunizations, stating that the student received the primary schedule of immunizations required by law and has commenced a schedule of the remaining required immunizations, indicating the month and year each immunization was administered, consistent with medically acceptable standards.
- B. The statement of a parent or guardian of a student or an emancipated student may be substituted for the statement of a physician or public clinic which administers immunizations. If such a statement is substituted, this statement must indicate the month and year each immunization was administered. Upon request, the designated school district administrator will provide information to the parent or guardian of a student or an emancipated student of the dosages required for each vaccine according to the age of the student.

- C. The parent or guardian of persons receiving instruction in a home school shall submit one of the statements set forth in Section III.A. or III.B., above, or statement of immunization set forth in Section IV., below, to the superintendent of the school district by October 1 of the first year of their home schooling in Minnesota and the grade 7 year.
- D. When there is evidence of the presence of a communicable disease, or when required by any state or federal agency and/or state or federal law, students and/or their parents or guardians may be required to submit such other health care data as is necessary to ensure that the student has received any necessary immunizations and/or is free of any communicable diseases. No student may be enrolled or remain enrolled in any elementary or secondary school within the school district until the student or the student's parent or guardian has submitted the required data.
- E. The school district may allow a student transferring into a school a maximum of 30 days to submit a statement specified in Section III.A. or III.B., above, or Section IV., below. Students who do not provide the appropriate proof of immunization or the required documentation related to an applicable exemption of the student from the required immunization within the specified time frames shall be excluded from school until such time as the appropriate proof of immunizations or exemption documentation has been provided.
- F. If a person who is not a Minnesota resident enrolls in a school district online learning course or program that delivers instruction to the person only by computer and does not provide any teacher or instructor contact time or require classroom attendance, the person is not subject to the immunization, statement, and other requirements of this policy.

IV. EXEMPTIONS FROM IMMUNIZATION REQUIREMENTS

Students will be exempt from the foregoing immunization requirements under the following circumstances:

- A. The parent or guardian of a minor student or an emancipated student submits a physician's signed statement stating that the immunization of the student is contraindicated for medical reasons or that laboratory confirmation of the presence of adequate immunity exists; or
- B. The parent or guardian of a minor student or an emancipated student submits his or her notarized statement stating the student has not been immunized because of the conscientiously held beliefs of the parent, guardian or student.

V. NOTICE OF IMMUNIZATION REQUIREMENTS

- A. The school district will develop and implement a procedure to:

1. notify parents and students of the immunization and exemption requirements by use of a form approved by the Department of Health;
2. notify parents and students of the consequence for failure to provide required documentation regarding immunizations;
3. review student health records to determine whether the required information has been provided; and
4. make reasonable arrangements to send a student home when the immunization requirements have not been met and advise the student and/or the student's parent or guardian of the conditions for re-enrollment.

[See Attachments A, B, C, and D.]

- B. The notice provided shall contain written information describing the exemptions from immunization as permitted by law. The notice shall be in a font size at least equal to the font size and style as the immunization requirements and on the same page as the immunization requirements.

VI. IMMUNIZATION RECORDS

- A. The school district will maintain a file containing the immunization records for each student in attendance at the school district for at least five years after the student attains the age of majority.
- B. Upon request, the school district may exchange immunization data with persons or agencies providing services on behalf of the student. Immunization data is private student data and disclosure of such data shall be governed by Policy 515 Protection and Privacy of Pupil Records.
- C. The designated school district administrator will assist a student and/or the student's parent or guardian in the transfer of the student's immunization file to the student's new school within 30 days of the student's transfer.
- D. Upon request of a public or private post-secondary educational institution, the designated school district administrator will assist in the transfer of the student's immunization file to the post-secondary educational institution.

VII. OTHER

Within 60 days of the commencement of each new school term, the school district will forward a report to the Commissioner of the Department of Education stating the number of students attending each school in the school district, including the number of students receiving instruction in a home school, the number of students who have not been immunized, and the number of students who received an exemption. The school district also will forward a copy of all exemption statements received by the school district to the Commissioner of the Department of Health.

Legal References: Minn. Stat. § 13.32 (Educational Data)
Minn. Stat. § 121A.15 (Health Standards; Immunizations; School Children)
Minn. Stat. § 121A.17 (School Board Responsibilities)
Minn. Stat. § 144.29 (Health Records; Children of School Age)
Minn. Stat. § 144.3351 (Immunization Data)
Minn. Stat. § 144.441 (Tuberculosis Screening in Schools)
Minn. Stat. § 144.442 (Testing in Schools)
Minn. Rules Parts 4604.0100-4604.1000 (Immunization)
McCarthy v. Ozark Sch. Dist., 359 F.3d 1029 (8th Cir. 2004)
Op. Atty. Gen. 169-W (July 23, 1980)
Op. Atty. Gen. 169-W (Jan. 17, 1968)

Cross References: MSBA/MASA Model Policy 515 (Protection and Privacy of Pupil Records)

Head Lice Facts:

There is not a Head Lice Epidemic in the ISD709 Schools.

Less than 1% of the student population at Congdon have reported head lice this year.(5 out of 547- 1 case of live lice, 2 cases of non-viable nits, 2 cases of parent report)

Attached are our Head lice Procedures-HS 53a, Head Lice Brochure-HS 53, School prevention of Head lice –HS 53b, Classroom notification letter –HS 51 and the supporting position statements, clinical abstracts and fact sheets from the American Academy of Pediatrics (AAP), The Centers for Disease Control(CDC), the Minnesota Department of Health(MDH) and the National Association of School Nurses(NASN), and the “Back to School head lice fact sheet”. All procedures that are written are developed from research based outcomes and scientific/medical data researched by experts nationwide.

- 1. EXCLUSION and LETTERS SENT HOME**
- 2. LSN –REVIEW PROCEDURES . * Comparison of procedures since 1999-present.**

Facts:

***Head lice are a public nuisance-They do NOT spread disease.**

Most common transmission:

direct head –to –head contact with a person who has head lice:

Slumber parties, camps, close contact sport activities

Uncommon transmission :

Sharing hats, coats, combs, towels, lying on couches, carpet, schools/classrooms.

***In School transmission is RARE (Frankowski & Bocchini 2010) AAP**

There is no medical/Scientific reason that children that are found to have head lice should be excluded from School. * AAP, MDH, NASN, CDC

If a student is found/reported to have live bugs or nits we follow our head lice procedures.

The Licensed School Nurses and Health Assistants work closely with families affected by head lice. We provide written and individual information/education in each case. We often partner with Community clinics/agencies to assist families for medication/services and other support as needed. We continue with weekly follow up and always encourage families to call with questions. There has not been an increase in head lice cases or in school transmission since 2007.

SCHOOL PROCEDURE FOR HEAD LICE

Purpose: To define the steps that will be taken by the Duluth Public Schools staff in the event of a suspected case of head lice.

Rationale: The goal is to keep students in the classroom. Head lice do not carry communicable disease, are primarily spread through direct head to head contact, and only live 18-24 hours without a host. Head lice are not related to poor hygiene/cleanliness in the home.

1. A general notice regarding head lice will go out to all homes before the start of each school year.
2. Reports of head lice will be referred to the health office for evaluation by the school nurse or health assistant.
3. If live (crawling) lice are noted, the school nurse may use manual methods of lice removal at their discretion. Contact to parent/guardian will be attempted by phone and/or a letter will be sent home at the end of the day with the student.
4. Parent /Guardian education material will be sent home in regard to treatment for the student and home environment.
5. The School may send home form HS-51 "Notification of Head Lice in the Classroom" and Form HS-53 "Head Lice Brochure" to parents of students in the classroom where 3 or more cases have been identified/documented. This is not typically done in the secondary level.
6. The treated student may be periodically checked by the school nurse or health assistant.
7. **No healthy child should be excluded or miss school because of head lice or nits.**

* Both the American Academy of Pediatrics and the National Association of School Nurses discourage "no nit" policies and exclusion from school related to head lice, as exclusion has not been shown to be an effective means of controlling transmission.

* By the time an active head lice infestation has been identified, the student may have had the infestation for one month or more, and therefore poses little additional risk of transmission to others.

* Head lice infestations have been shown to have low contagion in classrooms.

References

American Academy of Pediatrics-"Clinical report-Head Lice" 2010, Barbara Frankowski MD, MPH;
Joseph A Bocchini MD

National Association of School Nurses- "Pediculosis Management in the School Setting" 2011, Deborah Pontius MSN, RN, NCSN; Carmen Teskey BSN, RN

CDC-Global Health-Division of Parasitic Diseases and Malaria , November 2, 2010



SCHOOL PROCEDURE FOR HEAD LICE

Management of head lice is a four-step process. The first is identification of live lice and/or nits. The second is treatment with a special pediculicidal product, followed by removal of nits. The third step involves environmental measures. The fourth step is re-treatment with pediculicidal product, 7 to 10 days after the first pediculicidal treatment.

1. A general notice regarding head lice will go to all homes before the start of the school year, and periodically throughout the year during periods of heavy infestation.
2. Reports of head lice infestation should be referred to the school nurse or health assistant.
3. The Student will be screened to verify the presence of head lice. If head lice are identified, the nurse or health assistant will attempt to contact the parent/guardian. Parent or parent designee will be requested to come to school and take their child(ren) home. Forms HS-52 (Evidence of head lice letter) and HS-53 (Guide to head lice prevention brochure) will be given to the parent.

If attempts to reach the parent/guardian are unsuccessful, other in-school accommodations will be made. In this event, the student will return home with forms HS-52 and HS-53.

4. Parent education will be provided when needed. Parents are expected to keep the student home until their student is head lice free. No more than two days of excused absences will be allowed per occurrence as per the district attendance policy.
5. The parent or parent's designee is encouraged to accompany the student upon returning to school. The nurse or health assistant will examine the head for evidence of head lice. If any are found, the student needs to return home with parent.
6. The school nurse will assess the need to screen other students.
- ★ 7. The school may send home form HS-51(classroom notification) and form HS-53 (Head Lice Brochure) to parents of students in the classroom where head lice has been identified. Typically this is not done in the secondary level.
8. The treated student may be checked in one week and may be periodically checked by the nurse or health assistant.
9. The nurse or health assistant will review school environmental factors, identified in HS 53b with appropriate school staff.

* Medical literature suggests: "No Nit" Policies requiring children to be free of nits before returning to childcare or school have NOT been demonstrated to be effective in controlling head lice. Complete removal of nits after treatment is almost impossible to achieve, unnecessary, for cosmetic reasons only, and is not necessary to control head lice.

2007-2011

SCHOOL PROCEDURE FOR HEAD LICE

Management of head lice involves a three step process. The first is identification and treatment with a special pediculicidal product, followed by removal of nits. The third and final step involves environmental measures.

1. School nurses will hold a head lice information meeting for all school staff each fall.
2. A general notice regarding head lice will go to all homes before the start of the school year, and periodically throughout the year during periods of heavy infestation.
3. Reports of head lice infestation should be referred to the school nurse or health assistant.
4. The student will be screened to verify the presence of head lice/nits. If head lice/nits are identified, the nurse or health assistant will screen siblings and attempt to contact the parent/guardian. Parent or parent designee will be requested to come to school and take their child(ren) home. Forms HS-52 and HS-53 will be given to the parent.

If attempts to reach the parent/guardian are unsuccessful, other in-school accommodations will be made. In this event, the student will return home with forms HS-52 and HS-53.

5. Parent education and information on community resources will be provided. Parents are expected to keep the child home until their child is head lice and nit free. No more than three days of excused absences will be allowed per occurrence.
6. The parent or parent's designee is required to accompany the child on return to school. The nurse or health assistant will examine the head for evidence of head lice/nits. If any are found, the child needs to return home with parent.
7. The school nurse will assess for the need to screen other students.
- ★ 8. The school will send home form HS-51 and form HS-53 to parents of the students in the classroom where head lice has been identified.
9. The treated student will be checked in one week and periodically by the nurse or health assistant.
10. The nurse or health assistant will review school environmental factors, identified in HS-53b, with appropriate school staff.

"Old Procedures"
1999-2007



Protecting, maintaining and improving the health of all Minnesotans

November 6, 2013

Lori Saari, LSN
Congdon Park Elementary School
3116 E Superior St.
Duluth, MN 55812

Dear Lori,

The Minnesota Department of Health supports the American Academy of Pediatrics (AAP) recommendations for the management of head lice in school settings. These recommendations can be found in *Pediatrics* 2010; 126-392, (Frankowski, BL, Bocchine, JA, and Council on School Health and Committee on Infectious Diseases). *Pediatrics* is the official journal of the American Academy of Pediatrics. The National Association of School Nurses (NASN), in their position statement "Pediculosis Management in the School Setting", also supports the AAP recommendations for the management of head lice in school populations.

These recommendations include:

- Schools to provide information periodically about the diagnosis, treatment, and prevention of head lice to families of all children
- Schools to abandon the practice of class-room or school-wide screenings for head lice
- Allowing a child, who is found to be infested with head lice, to remain in class but be discouraged from close direct head contact with others
- Notifying, within the same day, the parent or guardian of a child who is found to be infested with head lice and educating the parent or guardian regarding the importance of prompt, proper treatment
- Abandoning no-nit policies; a child should not be restricted from school attendance because of lice

The above-mentioned resources can be found online:

The AAP recommendations for the management of head lice:

<http://pediatrics.aappublications.org/content/126/2/392>

The NASN position statement, "Pediculosis Management in the School Setting":

<http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/smid/824/ArticleID/40/Default.aspx>

The Minnesota Department of Health: <http://www.health.state.mn.us/divs/idepc/diseases/headlice/>

Sincerely,

A handwritten signature in black ink, appearing to read "Amy D. Westbrook".

Amy D. Westbrook, MPH
District Epidemiologist
Minnesota Department of Health, Northeast District
11 E. Superior St. Suite 290
Duluth, MN 55802

Infectious Disease, Epidemiology, and Control • Immunization, Tuberculosis, and International Health
625 Robert St. N. • PO Box 64975 • St. Paul, MN 55164-0975 • (651) 201-5414

www.health.state.mn.us



ISD 709 School Prevention and Environmental Measures for Head Lice

Prevention

1. Coat hooks should be assigned and spaced so that coats do not touch.
2. Avoid throwing clothing into a pile (for example, outside the lunch room or gym).
3. Hats, scarves and mittens should be stored in coat sleeves rather than in piles on shelves or on the floor.
4. Permanently assign resting mats and pillows.
5. No one should refuse to wear protective headgear or headphones because of a fear of head lice. These items have a low likelihood of lice transmission.
6. Classroom and school-wide screenings have been shown to be ineffective in reducing the incidence of lice and are to be discouraged.
7. Remind parents -- **“Once a week – take a peek!”**

Treatment

1. Carpeted classrooms should be vacuumed when a lice outbreak occurs.
2. Any upholstered furniture, cloth pillows, and stuffed animals should be bagged in plastic and stored away from use for three days.
3. Shared lockers may be evaluated as a possible source of transmission.
4. Parents of a student with head lice will be provided materials about lice treatment and nit removal, and be advised to monitor weekly for lice.
5. Fumigation of schools, buses, and homes is unnecessary and is discouraged.
6. **As with any other school information, confidentiality must be maintained by all staff regarding the student with head lice.**

Parents should not rely on school staff to check for lice, but should do this at home, especially before and after vacation, holidays, and sleepovers. Families should not depend on someone else to check a child’s head – this may delay treatment.



Special Services Department

Duluth Public Schools, ISD No. 709

215 N First Avenue East

Duluth, MN 55802-2058

(218) 336-8740 • FAX (218) 336-8775

Date 10.3.2013

Dear Parent:

Evidence of head lice was found in your child's classroom today. We are asking that you check your child's head several times a week. If you find any evidence of lice, treat him/her promptly with a lice treatment recommended by your health care provider or pharmacist.

If you find evidence of lice on your child, please notify the school nurse. If there are no signs of head lice, there is no need to treat at this time.

We encourage you to continue to check your child as a matter of routine. Checking heads before and after vacations and holidays is especially important as children are more likely to spend time playing with family and friends during that time. Parents should NOT rely on school staff to check for lice, but should do this at home, whether or not the children are checked at school. Families should not depend on someone else to check a child's head – this may delay treatment.

Remember: "Once a week – Take a Peek!"

Sincerely,

Lori Saari , RN, LSN

336-8825: 2522

NIT REMOVAL

Nit removal is the key to successful head lice treatment. The louse killing shampoos and creme rinse products only kill lice and about 60% of their eggs. The only way to be sure that lice won't come back is to pick out all nits. Since they are very small and hard to see, keep checking for nits on a daily basis after initial treatment. Being "nit-free" is usually required for your child to return to school.

Getting Started

- A good metal nit comb can be helpful. Some people prefer to slide nits off the hair using their fingernails.
- A supply of hair clips can be used to pin back hair.
- Select a comfortable area with strong overhead lighting.
- A television program or videotape can help the child sit quietly.

Finding The Nits

- Nits are cemented to the hair shaft. Close to the scalp.
- Usually nits are found at the nape of the neck, and around the ears and crown.

Using Nit Removal Products

- Mayonnaise, oil and vinegar, and petroleum gel treatments do not require additional nit removal products to help loosen the nits.
- Treat hair with a white vinegar and water solution or an over-the-counter product named Clear* prior to removing nits. Either mixture will help loosen the nits from the hair shaft and reduce combing time to remove nits.
- Apply nit removal product as directed in the treatment option you have chosen.

Vinegar/Water Treatment Instructions

- Mix three (3) cups of white vinegar and three (3) cups of water (1:1 mixture)
- Soak the hair with mixture, and then wrap the hair in a damp towel soaked in the same mixture for 30 to 60 minutes.
- Rinse hair after removing all nits.

Clear*

- Soak hair as described in the product's instructions.
- Rinse hair after removing all nits.

Combing Out the Nits

- After applying the nit removal solution, divide hair into one inch sections with hair pins.
- Hold each section at hair's end and comb as close to scalp as possible.
- Wipe comb with tissue to remove nits.
- Comb repeatedly until all nits are gone.
- Inspect thin sections of each hair segment.
- Pin back clean sections as you go.



Clean Up and Follow Up

- Dispose of used tissues.
- Soak all nit combs, hair combs, brushes and other hair care items in very hot water (110 degrees F) for 15 minutes.

What to do if a family member gets head lice?

There are several ways to get rid of lice, but all of them follow the same basic steps:

1. Kill the Lice

Use a lice treatment of your choice. There are over-the-counter treatment products at the drugstore, non-medicated treatments and a prescription medication from your physician. Check every member of the family when one member has head lice. Any family members with lice or nits must be treated. **See the Head Lice Treatment section.**



2. Remove All Nits

An important step in elimination of head lice is removing nits from the hair. The louse killing shampoos and cream rinse products only kill lice and a portion of their eggs. **Removing all nits is a key step in getting rid of lice, and in preventing their return. See the Nit removal section.**

3. Remove Lice from the Environment

Lice do not survive off the human head for more than 48 hours. Therefore, cleaning activities should be focused on recently used clothing, towels, bedding and home furnishings used by the person with lice. Washable items (including coats, caps, backpacks and hair care supplies) must be washed in hot water (130 degrees F) or dried in a hot dryer for at least 20 minutes before reusing. Vacuum the carpets, upholstered furniture and car seats. Items which can not be washed, dried or vacuumed can be dry cleaned or sealed in a plastic bag for four days. **Louse-killing sprays are not recommended.**

4. Follow-up and Repeat

Nits are hard to see and remove. Chances are a few nits will remain after treatment. They may hatch and cause a new case. For this reason, it is important to repeat treatment after one week to remove or kill any nits or lice. Some treatment methods should not be repeated more than once. **See treatment options on reverse side.**

5. Additional Resources

See attached Resource Sheet provided by the St. Louis County Health Department, which will offer you additional support and/or information.

Questions?

If you have any further questions, please call your school nurse, the St. Louis County Health Department at 725-5200, your local Family Resource Center Collaborative (see below), or the Fond du Lac Reservation Center for American Indian Resources (CAIR) 720-1370.

Lester Park Resource Center: 525-0808
Washington Resource Center: 723-3520
Memorial Resource Center: 723-3567

*Brand names are for identification purposes only and do not constitute an endorsement of any product.

**Portions of this section taken from Care Technologies, Inc. *The Complete Guide to Lice Egg Removal* and the Washington County Health, Environment, and Land Management Guide to Head Lice.



DULUTH PUBLIC SCHOOLS GUIDE TO HEAD LICE TREATMENT AND PREVENTION

Head lice are very small, tan-colored insects about the size of a sesame seed which live on human heads. They live and lay eggs (nits) close to the scalp. The tear drop shaped nits are about the size of the eye of a needle, and grey, white, brown, or tan in color.



Nits hatch into nymphs (immature adults) in 7-10 days



Nits reach adulthood and produce nits in 8-10 days.



Adults live for 30 days. They lay 3-4 nits per day.

How are head lice spread?

Lice are passed from person-to-person by direct contact or on shared personal items (combs, brushes, hats, sports headgear, head phones, jackets and other clothing) or by lying on infested furniture, carpeting or bedding. Lice do not jump or fly. They crawl and can fall off the head. Head lice do not live longer than 48 hours off the head. They only lay nits while on the head. Nits that hatch after they have fallen off the head will die quickly without a blood meal. Lice do not spread to or from pets.

Prevention of head lice

Encourage children not to share hair care items, towels, clothing, hats, sports headgear and head phones. Avoid sharing lockers where possible. If jackets and hats must be hung next to each other, control the spread of lice by hanging the clothing inside a plastic bag. Frequent checking of children heads helps prevent the spread of lice because new cases can be treated promptly.

What are the symptoms of head lice?

Head lice cause itching of the scalp and neck. The nits are glued to the hair within 1/2 inch from the scalp and often at the back of the head and behind the ears. Tiny red blood spots (louse bite marks) on scalp are also a sign of lice. Using a magnifying glass will help you spot lice or nits.

HEAD LICE TREATMENT FIVE OPTIONS

- Prescription Shampoo
- Over-the-Counter Creme Rinse
- Mayonnaise
- Over-the-Counter Shampoo
- Petroleum Gel

Important Steps to Remember

- Do treatment over sink or bend over bathtub.
- Use a different towel for each step of the treatment and for each person treated. Wash and dry all towels **immediately** after use.
- Inspect the hair of the treated person nightly for at least two weeks following the last treatment looking for signs and symptoms of head lice.
- After treatment with a louse killing shampoo or creme rinse, it may take up to 24 hours for lice to die. If live lice are seen two days after treatment, try a non-medicated treatment option.

Common Items Needed For All Treatment Options

- Clean towels
- Nit comb
- Hair pins
- Tissue paper
- Hair comb
- Shampoo that does not contain conditioners

OVER-THE-COUNTER TREATMENT CREME RINSE (e.g. Nix*)

In addition, you will need:

- Louse killing creme rinse
- Nit removal product (white vinegar or Clear*)

Treatment steps:

1. Pre-treat hair with a white vinegar and water solution or Clear* prior to shampooing. Follow the directions in the Nit Removal Section.
2. Wash the hair using any shampoo that does not contain conditioners.
3. Dry the hair thoroughly. This product can be applied to damp (towel dried) hair.
4. Apply single dose bottle directly to the hair. Work thoroughly into the hair from roots to ends until all the hair is treated. Leave it on for a full ten minutes.
5. Rinse well and towel dry hair.
6. Remove all nits as discussed under the Nit Removal Section.
7. A second treatment may be needed in seven days to kill any new lice. **Do not retreat more than once with this product or other medicated products.**
8. Do not use hair conditioners, detanglers, hair spray or gel for at least a week after treatment. If you wash the hair during this time use a shampoo that does not contain conditioners.

OVER-THE-COUNTER LICE TREATMENT SHAMPOO (e.g. Rid*)

In addition, you will need:

- Hair dryer
- Nit removal product
- Louse killing shampoo
- (while vinegar or Clear*)

Treatment steps:

1. Wash hair with any shampoo that does not contain conditioners.
2. Completely dry hair - **This product must be applied to dry hair.**
3. Apply single dose bottle directly to the hair, without adding water. Work thoroughly into the hair from roots to ends until all the hair is treated. Leave it on the hair for ten minutes
4. Add enough warm water to form a lather and shampoo as usual.
5. Rinse well and towel dry hair.
6. Treat hair with a white vinegar and water solution or Clear* prior to removing nits. Follow the directions in the Nit Removal Section.
7. Remove all nits as discussed under the Nit Removal Section.
8. A second treatment must be done in seven days to kill any new lice. **Do not retreat more than once with this product or other medicated products.**
9. Do not use hair conditioners, detanglers, hair spray or gel for at least a week after treatment. If you wash the hair during this time, use a shampoo that does not contain conditioners.

PRESCRIPTION SHAMPOO (e.g. Kwell*)

WARNING: This product can cause serious side effects. Pregnant and nursing women should limit their exposure to this product. They should wear latex gloves if they are treating a person. Avoid using oil based treatments for removal of nits before or after the use of this product.

In addition, you will need:

- Hair dryer
- Nit removal product (white vinegar or Clear*)
- Kwell*

Treatment steps:

1. Wash hair with any shampoo that does not contain conditioners.
2. Completely dry hair. **This product must be applied to dry hair.**
3. Shake container well. Use one ounce (one half of a two ounce bottle) for short hair and a full two ounce bottle for long hair.
4. Apply the product directly to the hair, without adding water. Work thoroughly into the hair from the roots to the ends until all the hair is treated. Leave it on the hair for four minutes.
5. Add small amount of warm water to form a lather and shampoo as usual. Rinse well. Avoid contact of lather with other body surfaces.
6. Towel dry hair.
7. Treat hair with a white vinegar and water solution or Clear* prior to removing nits. Follow the directions in the Nit Removal Section.
8. Remove all nits as discussed under the Nit removal Section.
9. A second treatment may be needed in seven days to kill any new lice. **Do not retreat more than once with the product or other medicated products.**
10. Do not use hair conditioners, detanglers, hair spray or gel for at least a week after treatment. If you wash the hair during this time use a shampoo that does not contain conditioners.

COMPLIMENTARY TREATMENTS:

MAYONNAISE TREATMENT (e.g. 100% real mayonnaise)

In addition, you will need:

- Shower cap
- Regular mayonnaise

Treatment steps:

1. Use 100% real mayonnaise. Do not use light, low fat, fat free, or even salad dressings.
2. Apply generously to hair, making sure the hair and scalp are saturated.
3. Pile hair on head, if needed, and cover with a close fitting shower cap. Leave cap on for at least three hours.
4. Remove the shower cap and wash hair lightly to get out most of the mayonnaise.
5. Towel dry the hair.
6. Remove all nits as discussed under the Nit Removal Section
7. Wash hair thoroughly with dish soap and pick out any remaining nits.
8. Repeat treatment in seven days.

PETROLEUM JELLY TREATMENT (e.g. Vaseline)

In addition, you will need:

- Shower cap
- Baby oil
- Petroleum gel (e.g. Vaseline*)

Treatment steps:

1. Apply petroleum jelly generously to the hair, making sure the hair and scalp are saturated.
2. Pile hair on head, if needed, and cover with a close-fitting shower cap. Leave cap on for at least three hours.
3. Remove the shower cap and rinse hair with baby oil to get out most of the petroleum jelly.
4. Wash hair with shampoo to remove most of the remaining petroleum gel and baby oil.
5. Remove all nits as discussed under the Nit Removal Section.
6. Wash hair thoroughly with dish soap to remove the remaining petroleum gel. Pick out any remaining nits.
7. Repeat treatment in seven days.