

Rockaway Township Schools

SERVICES HANDBOOK



Revised for 2020-21

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Dear Parent,

This handbook explains some of the most frequently asked questions, practices and policies pertaining to the health and welfare of your child in the Rockaway Township Public Schools. Due to our current situation with Covid-19, some practices may change as warranted.

There is a certified school nurse in each of our schools as well as a second nurse at Copeland Middle School to meet the healthcare needs of all of our students.

Always feel free to contact us at any time we can be of assistance to you.

*Sincerely,
Krista Schellinck
Lead Nurse*

PLEASE NOTE: Communicable Disease Policy *Children will not be allowed to return to school sooner than the policy indicates.*

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PHILOSOPHY AND GOALS OF SCHOOL HEALTH SERVICES

Health may be defined as that state in which an individual functions to the best of his/her ability. The school nurse has the opportunity to influence the health of school children and therefore, that of our future generations. School health services, an integral part of the school system in New Jersey, are designed to maximize an individual's health potential and provide a broad spectrum of health services for children and adults in both public and private sectors of the community.

The quantity and quality of pupil learning is in direct proportion to their health status and to their abilities to improve or adapt to any limitations. While it is recognized that all members of the school staff and other professionals contribute expertise in specialized health areas, the major responsibilities for pupil health are in the hands of the health service specialists-the school nurse and school physician.

THE GOALS OF THE SCHOOL HEALTH SERVICES PROGRAM ARE TO:

1. Identify health problems and needs of pupils and staff.
2. Assist pupils in becoming increasingly responsible for their own health.
3. Promote the optimal level of health for pupils and staff.
4. Promote environmental safety and health within the school and during school-related activities.
5. Promote health education and health counseling for pupils, parents and staff.
6. Provide direct health services in an efficient and cost-effective Manner.
7. Maintain a liaison with primary health care providers.

SCHOOL NURSING PRACTICE

School Nursing practice embraces two professional disciplines - nursing and education. The certified school nurse is a health services specialist who assists students, families, and staff in attaining and/or maintaining optimum health and health attitudes. School Health Services extends into the community, uses the resources of the community, and encompasses all supportive health resources and agencies. School Nurses are most interested in working with you in the best interests of your children. A sound health program which protects the welfare of your children requires your participation and cooperation.

IMPORTANT INFORMATION REGARDING ILLNESS AND EMERGENCIES

Parents are requested to promote the health of all children by practicing the following:

- It is your responsibility to notify the school nurse if your child has a health concern.
- If your child is ill in the morning, do not send him/her to school. When there is a fever, your child must be fever-free (**temperature under 100° without the use of medicine**) for 24 hours before returning to school.
- If your child is going to be absent from school, you are expected to notify the school office of the absence and reason.
- If your child becomes ill during the school day, you will be notified to take him/her home in a timely manner.
- When returning to school after an absence of 3 or more days, your child should bring a note from home explaining the absence.
- If your child contracts a communicable disease, you must report the disease to the school nurse.
- For certain contagious conditions, such as mononucleosis and impetigo, clearance from your child's physician is required for return to school. Please see our "Communicable Disease Policy."
- For the health of all students, a child who is absent due to illness is not permitted to attend an evening program/event at school.

EMERGENCY CARDS

1. Please complete an online emergency card for each student with all information filled out.
2. Please give at least (2) names of **local** people to be called in your absence.
3. Emergency card information enables us to contact you promptly should your child become ill or injured or if some other sudden medical situation arises.
4. If your child has a specific medical problem that should be shared with the school staff for the safety of your child, please indicate this where noted on the front of the card.
5. **Always notify the school nurse if there is any change in the information on your child's emergency card.**

NEW AND TRANSFER STUDENTS

All new students must present proof of required immunizations and a report of a physical examination having been completed within 365 days prior to admittance to school. Only official documents are acceptable. **No child may start school until these requirements are met.**

PRESCHOOL

Below are listed the vaccines mandated for preschool children by the state of New Jersey. This includes an annual dose of influenza (flu) vaccine to be given between September 1 and December 31 each year.

1. 4 doses of **DTP** or **DTaP**
2. 3 doses of **Polio** (**IPV** or **OPV**)
3. 1 dose of **MMR**
4. 1 dose of **HIB**
5. 1 dose of **PCV** on or after the first birthday
6. 1 dose of **Varicella**
7. 1 dose of **Influenza** annually between September 1st and December 31st.

KINDERGARTEN

Children entering Kindergarten require the following:

1. A valid birth certificate
2. Be five years of age on or before October 1 of the year child is to enter school.
3. A record of required immunizations which must be completed.
4. A physician's report of the child's medical examination done no more than 365 days prior to entry into school.

KINDERGARTEN IMMUNIZATIONS

New Jersey State Law requires immunizations as follows:

All immunizations must be appropriately spaced.

1. **DPT-3** doses and a booster on or after the 4th birthday, or 5 appropriately spaced doses
2. **OPV or IPV**– 2 doses and a booster on or after the 4th birthday, or 4 appropriately spaced doses
3. **MMR**– 2 doses –the 1st must be on or after the first birthday Replaces Measles, Rubella & Mumps Vaccines
1. **HIB**-before entering Kindergarten (not required if 5 years old when entering kindergarten)
2. **Hepatitis B**-3 doses for children born on or after January 1, 1996, and all students entering 6th grade on or after 9/1/01
3. **Varicella** (Chicken Pox) - 1 dose is required to be given on or after the first birthday

6th GRADE IMMUNIZATIONS

Every entering or attending Grade 6 or a comparable age level special education program shall have received the above as well as the following:

1. **Tdap (Tetanus, diphtheria, acellular pertussis)** - 1 dose given no earlier than the 10th birthday.
1. **One dose of a meningococcal-containing vaccine**, such as the medically-preferred conjugate vaccine. *This applies to students when they turn 11 years of age and are attending Grade 6.*

Please notify your school nurse whenever your child receives a booster so that the health record will be current and accurate.

PHYSICALS

New Jersey State Board of Education and the New Jersey Department of Health and Senior Services require the following:

1. Each student **must** be examined upon entry into the school district. This examination must be done no more than 365 days prior to entry and must state what, if any, modifications are required for full participation in the school program.
2. The Rockaway Township Board of Education is notifying all parents/guardians of the importance of obtaining subsequent examinations at least once during each of the student's developmental stages:
 - Early childhood (pre-school through grade 3)
 - Pre-adolescence (grades 4 through 6)
 - Adolescence (grades 7 through 12)
3. Each required student medical examination must be conducted by a health care provider or advanced practice nurse, chosen by the student's parent/guardian, at the provider's facility (the student's "medical home".) A full report of the examination, documented on an approved school district form, dated, and signed by the medical provider, must be presented to the school.
4. Dental screening is recommended.

HEALTH SCREENINGS CONDUCTED BY THE SCHOOL NURSE

Vision Screening

Will be done in Kindergarten and then every other year beginning with first grade. (Grades 1,3,5, and 7). Pre-school and children in self-contained special needs classrooms will be screened on a yearly basis.

Hearing Screening

Will be conducted as follows: grades K, 1, 2, 3 and 7. Pre-school and children in self-contained special needs classrooms will be screened on a yearly basis.

Height, Weight, and Blood Pressure

Yearly; blood pressure screening will begin in Kindergarten.

Scoliosis Screening

Will begin in 5th grade and then biannually:(grades 5, 7).

Mantoux (TB) Tuberculosis Testing

As per state guidelines published yearly.

SCOLIOSIS

Scoliosis is defined as a condition of the spine in which the spine may curve to the left or right. It is most commonly found during the time of rapid growth and may progress if not treated. The purpose of the screening program is to recognize scoliosis in its earliest stages.

A student may be exempt from this examination only upon receipt of written request from a parent or guardian.

If your child is currently under a doctor's care for the treatment of scoliosis, or if you have any questions or concerns about this screening, please call your school nurse

DRESS AND GROOMING Board Policy

Students may not wear clothing or engage in grooming practices that present a health or safety standard hazard to the individual pupil or to others; materially interfere with school work, create disorder, or disrupt the educational program; cause excessive wear or damage to school property; or prevent the pupil from achieving his/her own educational objectives because of blocked vision or restricted movement.

Please note:

For the protection and safety of our students, they will not be allowed to participate in recess activities and/or physical education classes unless they are wearing safe and appropriate shoes.

The Building Principal will make the final determination regarding appropriate school attire.

ACTIVITY RESTRICTIONS/ CRUTCHES AT SCHOOL

Parents are requested to inform the school nurse when a student receives crutches, a surgical boot or other orthopedic device that must be used at school. A written authorization from his/her physician is required. A child cannot return with crutches or orthopedic devices without this doctor note. The note will state any restrictions with transportation, physical education and recess. A note is also required for casts or other injuries requiring activity restrictions.

The student's health care provider is responsible for instruction of the student in the safe and appropriate use of crutches and other orthopedic devices.

MEDICATION POLICY

The administration of medication in the school should be avoided whenever possible and will only be administered in the exceptional circumstances wherein the child's health may be jeopardized without it. All medications must be prescribed by a physician, nurse practitioner or physician assistant.

For the protection of all students, we will adhere strictly to the following rules concerning medication a child may bring to school:

All medication of any type, whether over the counter or prescription drugs, must be placed in the custody of the school nurse with the child's name and directions on the original container, plus a note from the parents and doctor. You may also use the **Authorization of Medication form** (Parent and Doctor Med Letter) found under Medical Forms on district Health Services website.

The medication must be in the original bottle from the pharmacy with the pharmacy's label and dosage instructions. Duplicate bottles should be obtained by the parent when medication is taken both at home and in school.

These authorizations must be renewed at the beginning of each school year.

The medication will be administered in the nurse's office at the indicated time.

Parents themselves are to bring the medication to the nurse and not entrust the children to carry medicines on the school bus. This procedure will eliminate the possibility of the medication getting into the wrong hands and also the possibility of loss of expensive medicine.

CONTINUED MEDICATION POLICY

If the school nurse is absent and a substitute is not available, another Rockaway Township school nurse as designated by the administrator or lead nurse, will administer all daily medications at one specified time during lunch periods.

The parent may also come into the school to administer the medication at the prescribed time if they prefer.

Long-term chronic illness requiring medication should have the medication scheduled to be taken before and/or after school whenever possible.

All student medications must be taken home on the last day of school and returned if required the first day of the next school year.

For students attending summer programs, his/her parents are responsible for providing any necessary medication and physician's orders to the appropriate school.

ASTHMA TREATMENT PLAN

All students with a diagnosis of asthma or Reactive Airway Disease who need inhalers or nebulizer treatments at school must have an "Asthma Treatment Plan". This form should be completed by the child's physician and parent or guardian. A new, updated form is required at the beginning of each school year.

The "Asthma Treatment Plan" form is available from your child's school nurse, on the district website nurse's page and at www.pacnj.org. A comparable form from your child's physician is also acceptable.

ADMINISTRATION OF DAILY MEDICATION

To assure that all students receive their medication ordered by their physicians and approved by their parents/guardians, please adhere to the following procedure;

1. Follow all district medication policies.
2. Calculate daily medications on a monthly basis and bring to the school nurse at the beginning of each month. Please allow 1-2 extra if waste occurs. Please refer to the school calendar to aid you in this calculation.
3. If your child is taking a controlled substance, such as Ritalin, this must be counted by the nurse and signed in by the parent, as well as the nurse, when it is brought to school. This will be done on a monthly basis.

SELF-ADMINISTRATION OF MEDICATION Students with Asthma or Other Life Threatening Illnesses

State law provides that a school district may implement a policy permitting the “self-administration of medication by a pupil for asthma or other potentially life-threatening illnesses.” (Such as severe allergies requiring epinephrine.)

In order to implement the policy “Students with Asthma or Other Life Threatening Illnesses,” the following regulations have been adopted:

1. The student’s parents (or guardians) must provide written authorization for the self-administration.
2. The student’s parents must provide written certification from the pupil’s doctor that:
 - a. the student suffers from asthma or some other potentially life- threatening illness and
 - b. the student has received instruction in and is capable of performing the appropriate method of self-administration.
3. In order to prevent any misuse of medication, the district is recommending that students in grades K through 4 continue to have the medication administered by the school nurse.

4. Any student self-administering medication must inform the school nurse when doing so.
5. The board informs the parents that the district and its employees and/or agents shall not be liable for any injury resulting from the self-medication.
6. The parent signs a statement acknowledging the district's disclaimer of liability and that they "shall indemnify and hold harmless the district and its employees and agents against any claims that arise out of the self-medication."
7. Parents must give their permission annually and fulfill all the other requirements listed above on a yearly basis.
8. Parents must provide information to the school nurse on any updates or changes on pupil's condition and/or medication
9. This policy will be made available to the parents of any student who makes it known that their child has a life threatening illness or requires medication on an ongoing basis.

COUGH DROP POLICY

Cough drops will no longer be supplied by the School Nurse through the Health Office. A parent may send cough drops to school to be used by their child under the following conditions:

- They are accompanied by a specific note from the parent.
- They will be treated like all other over the counter medications except that this policy change is now the standing physician's order.

Rockaway Township Public Schools
Health Services
Communicable Disease Policy Notice

Prevention of the spread of communicable disease in schools and other places where children gather calls for cooperation between home and school. The first step in the control of communicable disease is the knowledge of when and where these diseases occur. The following diseases are reportable to the school. For additional information, contact you family physician.

PLEASE NOTE: *Children will not be allowed to return to school sooner than the time indicated.*

Disease	Symptoms <i>May include some or all</i>	Incubation Period	Child Returns to School
Animal bites	Varies-punctures wounds or scratches	Varies	Should be reported to the Board of Health
Chicken Pox	Red spots resembling pimples, which change to blisters, then to scabs; fever, itching	12-21 days	One week after onset of symptoms or when all lesions are dry and scabbed
Common Cold	Upper respiratory congestion, sneezing, coughing, may have fever or chills; minor aches	Varies	When symptoms are minor and temperature is normal for 24 hours without Tylenol or Ibuprofen
Covid-19	Fever, cough, shortness of breath, body aches, sore throat and/or loss of taste or smell	2-10 days	Free of symptoms, home for 2 weeks and doctor's note to return
Coxsackie (hand, foot and mouth disease)	Blister-like rash involving hands, feet and mouth; may have fever	3-5 days	Fever free (without medication) for at least 24 hours and blisters healing and dried.
Dermatitis	Raised, reddened & blotchy areas anywhere on body	Varies	Written release from doctor
Ear Infection	Pain in one or both ears, discharge, fever	N/A	Pain free and temperature is normal for 24 hours without Tylenol or Ibuprofen
5th Disease	Red checks, low fever, itching, lacy rash on arms & legs when exposed to sun	Incubation varies	Written release from doctor and normal temperature for 24 hours without Tylenol or Ibuprofen

Disease	Symptoms <i>May include some or all</i>	Incubation Period	Child Returns to School
Impetigo	Blisters with straw-colored crust on surface of skin & scab formation	Varies Highly contagious	When scabs are gone and with doctor's written release
Fever <i>(Unknown Origin)</i>	Elevation of temperature, Temp equal or greater than 100 degrees.	N/A	Free of fever for at least 24 hours without Tylenol or Ibuprofen -Temperature must be under 100
Flu	Severe respiratory and/or gastrointestinal symptoms, may have fever, aches and pains	Varies with strain of flu	Free of symptoms for at least 24 hours
Meningitis <i>(Infectious)</i>	Pain in one or both ears, discharge, fever Abrupt onset of fever, chills, malaise, rash, prostration	1-10 days Usually under 4 days. Reportable to the Board of Health. Preventive antibiotics should be given to all with close contact. All exposed person should receive immediate medical evaluation if fever occurs.	Written medical release from private doctor
Mononucleosis <i>(Infectious)</i>	Fatigue, headache, chills, fever, swollen glands, stomach pains, sore throat, positive blood test.	30-50 days Period of communicability uncertain	Written release from doctor that includes any activity restrictions (or states that there are no restrictions)

Disease	Symptoms <i>May include some or all</i>	Incubation Period	Child Returns to School
Ringworm	Doughnut-shaped skin lesion, slightly brownish & scaly	Varies	Written release from doctor; on topical medication
Scabies	Surface burrows (fine, wavy lines found on finger webs, inner wrists and abdomen, intense itching especially at night and possible secondary infection caused by scratching)	Incubation Varies	At doctor's discretion, after treatment
Scarlet Fever or Strep Throat	Sore throat, headache, nausea, fiery red throat. Rash, strawberry tongue (scarlet fever)	2 – 3 days	Must have a normal temperature for 24 hours and be on an antibiotic for a minimum of 24 hours
Vomiting and/or Diarrhea	Unknown cause. Diarrhea entails 2 or more liquid or loose bowel movements within 24 hours.	N/A	Free of symptoms for a minimum of 24 hours. Children must stay home the next day.

The common head cold or sore throat is very contagious during the first 3 days. A student with more than mild cold symptoms should be kept out of school and properly treated at home. Cold symptoms may be the forerunner of one of the above listed communicable diseases.

Please notify the school if your child is absent with any communicable disease.

AVOID ASPIRIN unless otherwise informed by your person

CHILDREN WITH LIFE-THREATENING ALLERGIES

Parents / guardians of those students with life-threatening allergies are to notify the school nurse and classroom teacher prior to the start of the school year and participate in developing a care plan specific to their student's individual needs. In addition, we need to have the following documentation on hand at the beginning of each school year.

1. The completed "Individual Emergency Health Care Plan" for students with life-threatening allergies, signed by the parent/ guardian and physician.
1. The medication ordered by the physician in the original container. All medications need to be brought in by the parent.

With parent permission, Chartwells is given a list of the students with food allergies which displays on their computer screen when a student is buying lunch. This allows the cashier to look at the student's food choices and ascertain their appropriateness.

DELEGATES FOR EPINEPHRINE ADMINISTRATION

All students with epinephrine in school for life-threatening allergies will have at least one designated delegate. The delegates are staff members who are trained by the school nurse for possible emergency administration of epinephrine for individual students. They are also trained in CPR. The names of each student's delegate(s) will be provided to the student's parents/guardian.

FOOD ALLERGY BASICS

There are a number of students in our school district with significant food allergies. The purpose of this message is to ask for everyone's cooperation in making sure that we provide a safe environment for our students who are at risk of having a serious or even life-threatening reaction.

A food allergy involves an interaction between food and the immune system. Most food is broken down in the GI tract. Some whole or partially degraded food proteins cross the mucosal barrier of the GI tract exposing the food protein to the immune system. For some individuals, these food proteins are recognized by the immune system as foreign invaders. The immune system responds by producing an antibody against the "foreign invader". The next time the individual eats, or in some cases, touches or inhales the offending food protein; the immune system protects the body from this invader by releasing histamine and other chemicals. As a result, the individual experiences symptoms of an allergic reaction. These symptoms can include itchy skin or eyes, hives, eczema, runny or stuffy nose, itching or swelling of the throat, wheezing, difficulty breathing, coughing, abdominal cramps, nausea, vomiting, diarrhea, drop in blood pressure and increased heart rate.

The foods that most commonly cause allergic symptoms in children are **peanuts, tree nuts, milk, eggs, soy, fish, and wheat**. Many children outgrow their food allergies. However, an allergy to peanuts, tree nuts (almonds, pecans, walnuts, etc.) and seafood is often considered lifelong.

DISTRICT POLICY REGARDING MANAGEMENT OF LIFE THREATENING ALLERGIES IN SCHOOL

SNACKS:

- Daily snacks in the classroom are permitted only if they are COMPLETELY NUT FREE (nuts include peanuts, tree nuts and nut-by-products) and manufactured in a facility that DOES NOT process nuts.
- Any exceptions due to medical or other issues must be reviewed and approved by the school nurse. If a group snack is served due to specific allergies, a list of approved snacks will be provided by the school nurse.

LUNCH:

- Separate seating is available in the lunchroom for students with life- threatening allergies to peanuts and/or tree nuts. Cases of other allergies will be accommodated as needed.
- Parents will be notified when lunch will be held outside of the cafeteria so that they can plan their child's lunch and snack accordingly, i.e. field trips.

Classroom/Grade Level activities:

- Food used in classroom activities must follow the district School Nutrition Policy and the guidelines listed under Snacks.
- Student participation is dependent upon a signed Classroom Activity Request form which lists the food items and manufacturers. This form must be received prior to the activity.
- Food used in classroom projects that will not be consumed is exempt from this policy.

School-wide events:

- If food will be served, parents must be notified at least two weeks prior to the event.
- Parents of children with life threatening allergies must contact the school nurse to discuss any necessary food modifications.

School Parties:

- Parties may occur for Halloween, Winter holiday and End of year.
- All food provided must be prepackaged with the label intact and approved by the school nurse

EVENING ACTIVITIES OR PROGRAMS:

- When food is served at evening activities or programs, it is the responsibility of the parents to supervise what their children eat. No prior notification by the school is necessary.

HEAD LICE INFESTATION

All cases of Pediculosis (head lice) in the schools are to be excluded from class until the lice (bugs) and nits (eggs) are no longer present. The school nurse will inspect individuals suspected to have lice and other students as deemed necessary. Parents of infected students are to be notified of the infection and informed they will be excluded until treatment is complete. This treatment is to be financed at the parents' expense.

After treatment, students will be brought to the health office by their parent/guardian to be checked by the school nurse before attending class. Thus, if additional treatment is required the parent/guardian will be present to take the student home, until this treatment is completed. The school nurse will determine when a student will be allowed back in school following an infestation of pediculosis. Follow up checks will be done at the nurse's discretion.

Head lice can happen to anyone. Getting head lice is not a sign of un-cleanliness or poor health habits. Please note the information provided. Hopefully, it will answer most of your questions regarding lice infestation. If you have any additional questions or concerns, please feel free to call your school nurse for further help or clarification.

What Are Head Lice?

These tiny insects live in human hair. They hatch from small eggs, called nits, which are attached to the base of individual hairs. The eggs hatch in about 10 days, with the new lice reaching maturity in about two weeks. The female louse can live for 20 to 30 days, and can lay as many as six eggs a day. Since lice multiply fast, they should be treated promptly. **It is important to note, however, that although head lice are a nuisance, they do not cause disease and are not dangerous to the child or to others.**

How Does Someone Get Head Lice?

Head lice are transmitted by direct physical contact. Lice do not jump or fly. In addition to head to head contact, borrowing a comb or brush from a person who has lice can spread lice. So can borrowing hats, ribbons, scarves or other head coverings. Sharing towels or pillowcases can also spread head lice. **Most cases of head lice are spread by friends and family members who play or live together, not in school**

SIGNS OF HEAD LICE

Persistent itching of the head and back of the neck can indicate head lice. You should also look for scratch marks and nits attached to individual hairs. These can be seen with the naked eye or more easily with the aid of a magnifying glass under strong illumination. Sometimes, small white specks in the hair such as dandruff or droplets of hair spray can be confused with nits. Try removing the specks from the hair shaft. Dandruff or hair spray will come off easily, however, nits are very difficult to remove. Check with a health professional if you are not sure whether head lice are present.

IF YOUR CHILD HAS LICE

*If eggs or lice are noted, contact your school nurse immediately. Examine all family members as well.

*Use a pediculosis (lice killing treatment) shampoo- **MAXIMUM STRENGTH** for effective treatment.* Comb out the nits (eggs) after treatment. Sometimes it is easiest to remove them with your fingers or cut off an individual hair. **Verification of treatment will be required to be provided to the school nurse.**

*Repeat treatment in 7 to 10 days (after the first treatment) as recommended. This is important to prevent re-infestation.

*If choosing non chemical treatment, verification of use of a professional head lice removal service is required.

*Isolate all clothing and linens; wash in hot water (at least 130 degrees F). Also soak combs and brushes in hot water (at least 130 degrees F) for 5-10 min.

*For non-washables, dry clean or place in a plastic bag for 14 days. (Stuffed animals may be disinfected this way.)

*Thoroughly vacuum the home's floor and furniture as well as cars and car seats.

*Discourage sharing combs, hats, barrettes and other personal items.

*Continue checking the hair and combing with a nit comb to remove nits every 2-3 days for 2-3 weeks to ensure all lice and nits are gone.

*** Remember to read the package and all inserts carefully before using any product and to follow the manufacturer's instructions.**

REFERENCES

Ask Before You Eat campaign:

www.foodallergy.rutgers.edu.

American Academy of Allergy, Asthma & Immunology:

www.aaaaa.org

The Food Allergy and Anaphylaxis Network:

www.foodallergy.org, (800) 929-4040

The Food Allergy and Asthma Support Group of North Jersey:

e-mail PalKidz@aol.com or call 973-514-1654 American

Diabetes Association: *www.diabetes.org*

Epilepsy Foundation (Seizures):

www.epilepsy.com

My Plate (Nutrition):

www.choosemyplate.gov/kids **Kids Health**

(General Health): *www.kidshealth.org/kid*

If there are any questions or concerns about any medical or health issues regarding your child, please do not hesitate to contact your school nurse.

