

FLOODWOOD SCHOOL
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Dr. Rae Villebrun
Superintendent/Principal

September 6, 2016

To Parents of Floodwood School Students:

This letter is to inform all parents regarding medications at school, immunization requirements and other useful information for the upcoming school year.

If your child needs a medication to be administered during the school day, here are a few things to remember before bringing medication to the school.

- **We can only accept medications from Parents or Guardians.** Whether over-the-counter Tylenol or a prescription medication such as an Epi-pen, it needs to be delivered by the parent or guardians themselves. The student cannot bring this to school themselves.
- If it is a prescription medication, we need to have a **Doctor's order** to administer it and have the parent sign a consent form stating it is okay to administer prescription medications. This includes Epi-pens and Benadryl for possible allergies as well.
- **All** medications need to be in their original bottles.

Immunizations – All required immunizations listed below must be completed or there must be an appointment made before a student may start school on September 6th. If you have any questions, you may check the Campus portal or contact me.

For ages 5 through 6 for Kindergarten:

- Hepatitis B – 3 shots
- DTaP – 5 shots; unless the 4th was given after age 4.
- Polio – 4 shots; unless the 3rd was given after age 4.
- MMR – 2 shots
- Varicella – 2 shots; unless child already had chickenpox disease; if disease occurred after 2010, the doctor must sign a form.

For 7th through 12th grade:

- Tdap – entering 7th grade
- Meningococcal – 7th grade and again at age 16.

Early Childhood Developmental Screening

Early Developmental Screening will take place in October 2016. Minnesota law requires that all children attend screening before they enter school, so that all are well equipped and ready for learning. Please watch for information to come by mail or on the district website in September. Please contact myself or Terry Gilbertson, ECSE Instructor if you have a 3 year old child or older that has not been screened.

Influenza – With flu season ahead of us, it is a timely reminder about practicing good hygiene. Four easy ways to prevent the spread of infectious disease are:

1. Proper hand washing
 - When washing hands children should wash hands for 20 seconds (as long as it takes to sing or hum happy birthday or say the ABC's)
 - Scrub palms, backs of hand, between fingers, fingernails, wrists and thumbs
 - Rinse all the soap off the hands, turn off the faucet with a paper and dry hands thoroughly
2. Cover nose and mouth when you cough or sneeze with a tissue or into your sleeve.
3. Limit your contact with others when you are ill.
4. Please stay home when you are ill.

Is my child well enough to go to school? – Many times when a child wakes up in the morning ill, a parent is concerned about when to keep the child home or send them to school. Please review the list below and hopefully this information will be helpful in determining if you should send your child to school.

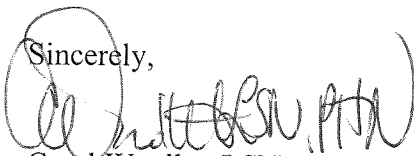
- Fever – Elevation of body temperature above normal and accompanied by other symptoms of illness.
- Diarrhea – until 24 hours after diarrhea has stopped unless cause is known.
- Vomiting – Child has vomited 2 or more times in the previous 24 hours.
- Eye drainage – Accompanied with fever and/or eye pain

Head Lice – School Procedure: It is the position of the Floodwood School District that head lice will not impede the educational process for any child. If a child is discovered to have live head lice, parents will be informed via phone call, text message, or email. Parents of students in the classroom where head lice were found will also be informed. The expectation will be that a child found with head lice will go home at the end of the day, will be treated, any nits present will be removed before returning to school the following day. If head lice and/or nits are found upon returning to school, parents of the child will again be notified.

Please see and review the handout from the Minnesota Department of Health. This handout will cover information regarding head lice, prevention and treatment.

If you have any questions or concerns, feel free to contact me at 218-476-2285 ext. 106 or email cwuollet@isd698.org. My part-time schedule at Floodwood School varies from two to three days a week.

Sincerely,



Carol Wuollet, LSN, PHN

Enclosure



Head Lice

What are head lice?

The head louse is an insect that can infest people. These tiny insects (about 1/8" long) make their home in human hair and feed on blood. Head lice multiply rapidly, laying small greyish-colored, oval-shaped eggs (called nits) which they glue to the base of the hair, close to the scalp. Head lice are not known to spread disease.

Who can get head lice?

Anyone can get head lice. They are not a sign of being dirty. Most people don't know they are infested until they see the nits or lice. They are found throughout the world – most commonly on children.

How does a head lice infestation occur?

Head lice have no wings and do not fly or jump, but they can crawl or run through hair quickly. Most commonly, head lice are spread by direct head-to-head contact with an infested person. They may also be spread by sharing personal items such as combs, brushes, other hair-care items, towels, pillows, hats, and other head coverings. Dogs, cats, and other pets do not spread head lice.

What are the signs of a head lice infestation?

Look closely for nits along the hairline at the back of the head and neck and behind the ears. Nits should not be confused with an accumulation of hair spray, hair gels, or

dandruff, which can be easily flicked off the hair; nits cannot because they are firmly attached to individual hairs.

One telltale sign of head lice is a persistent itching of the scalp which is sometimes accompanied by infected scratch marks or what appears to be a rash.

If you have questions about the diagnosis of head lice, call your doctor.

How do you treat head lice?

The recommended treatment includes using either an over-the-counter (OTC) or prescription medicated (lice-killing) product. Effective head lice treatments include products such as:

- "Nix," a cream rinse product available OTC which contains permethrin, a synthetic insecticide
- Many brands of pyrethrin-based shampoo products ("Rid," "R&C," "Triple-X," etc.) which are also available OTC
- "Ovide," a prescription drug containing Malathion.

With all of these products, the lice are often killed with one treatment; however a second treatment seven to 10 days later is often necessary to ensure all of the nits are killed. Because of increasing numbers of reports of treatment failure with the OTC products, make sure instructions on the product label are being carefully followed and talk to your health care provider if lice persist. Additional prescription alternatives are available.

What are some examples of alternative treatments?

Many alternatives to OTC or prescription head lice control products have been suggested. Although there is little scientific information to support these methods, successful treatment has been reported using several alternative treatments when conventional treatments haven't worked, or when there is a concern about the toxicity of using head lice control products repeatedly. The Minnesota Department of Health cannot recommend these treatments without further evidence of their effectiveness. However, we feel it is important to mention some of the more commonly used methods.

The alternative treatments listed below are referred to as suffocants. When applied, the treatment may suffocate and/or create a habitat unfavorable to the head lice.

- Petroleum jelly (Vaseline®)
- Mayonnaise
- Oil (e.g. vegetable, olive, or mineral)

How should you clean up the environment?

Head lice cannot survive off the human body for more than two days. They do not reproduce off the body. They do not live on pets. Any nits that fall off the head will not hatch or reattach. While most head lice control should focus on treating infested people, some simple things can be done in the environment:

- Wash bedding in hot water (above 130° F) and dry in a hot dryer. Wash and dry recently worn clothing (including coats, caps, and scarves) in hot temperatures.
- Clean combs, brushes and similar items by heating in water of at least 130° F for 10 minutes.
- Clean floors, carpeting, and furniture by thorough vacuuming

only. The use of insecticide sprays is not recommended.

Cleaning efforts should happen on the day of the first lice treatment and whenever live lice are found on the patient's head. Focus on cleaning areas and items in which the infested person had contact 48 hours before treatment.

How do you prevent a head lice infestation?

Parents are encouraged to check their children's heads for lice on a regular basis throughout the year. Families should not depend on someone else to check a child's head – this may delay treatment. Remember, if one person in a family, camp, or school has head lice, there's a chance others will too. Check everyone, and use the same treatment if necessary. Treating people without lice or nits is not recommended.

How should schools control head lice?

Schools should encourage parents to check their children regularly for lice at home. Wide-spread head lice screening efforts by schools have not been shown to be effective.

When a case of head lice is suspected, parents should be advised at the end of the day to check their children for lice and treat them if an infestation is found. Children with head lice infestations do not need to be dismissed from school.

Minnesota Department of Health
Infectious Disease Epidemiology, Prevention, and Control
St. Paul, MN 55164
651-201-5414

*To obtain this information
in a different format, call:
651-201-5414*