

School Nurses Confront “The Axis of Evil”

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No financial conflicts of interest



Molluscum

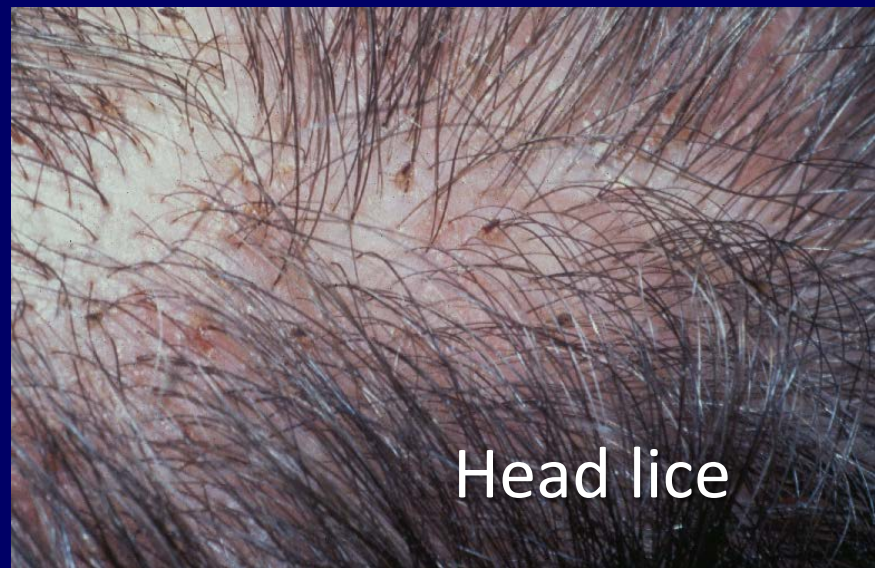
The Evil Empire for School Nurses



Tinea
capitis



Scabies



Head lice

School policies by jurisdiction



	DC	Maryland (Montgom & PG Counties)	VA - Fairfax County	VA - Arlington County	VA - Loudoun County	AAP Red Book
Molluscum contagiosum	Not necessary to exclude from school, but children should not participate in contact sports	Exclusion not routinely recommended; for contact sports/activities, can cover lesions with clothing or watertight bandage				Can attend school. Lesions not covered by clothing should be covered by watertight bandage.
Scabies	This is reportable to Division of Epidemiology Disease Surveillance and Investigation	Exclusion until 24 hrs after treatment This is reportable	Physician's note stating child is not contagious		Can return to school 24 hours after initiation of treatment	After treatment completed
Head lice		May return to school after treatment and any nits located within 1/2 inch of scalp are removed	After initial treatment and completed Lice Treatment Verification Form (no-nit policy not necessary per VDH)	Pick up child after first lice/nits seen. May return after 1st application of product. (no-nit policy not necessary per VDH)	Can return to school after first treatment (no-nit policy not necessary per VDH)	Should not be sent home early. Parents notified that child should be treated. Child does not need to be free of nits before returning.
Tinea capitis	This is reportable to Division of Epidemiology Disease Surveillance and Investigation	Exclusion until after oral treatment initiated. Can cover lesions to prevent direct exposure	Physician's note stating child is not contagious			May return to school once child starts therapy with griseofulvin or terbinafine (with or without selenium sulfide shampoo).

Molluscum contagiosum

DC	Maryland (Montgom & PG Counties)	VA - Fairfax County	VA - Arlington County	VA - Loudoun County	AAP Red Book
Not necessary to exclude from school, but children should not participate in contact sports	Exclusion not routinely recommended; for contact sports/ activities, can cover lesions with clothing or watertight bandage		No policy	No policy but athletes should cover lesions.	Can attend school. Lesions not covered by clothing should be covered by watertight bandage.

What should I do if I think a child has molluscum?



If you notice bumps on a child's skin, it is reasonable to inform the child's parents and to request a doctor's note.

Can a child go to daycare or school if he/she has molluscum?

Molluscum contagiosum is not harmful and should not prevent a child from attending day care or school.

Bumps not covered by clothing should be covered with a watertight bandage. Change the bandage daily or when obviously soiled.

If a child with growths in the underwear/diaper area needs assistance going to the bathroom or needs diaper changes, then bumps in this area should be bandaged too if possible.

Covering the growths will protect other children and adults from getting molluscum and will also keep the child from touching and scratching the bumps, which could spread the bumps to other parts of his/her body or cause secondary (bacterial) infections.

I have molluscum. How can I avoid spreading it to others?



It is important to keep the area with growths clean and covered with clothing or a bandage so that others do not touch the bumps and become infected with molluscum.

However, when there is no risk of others coming into contact with your skin, such as at night when you sleep, uncover the bumps to help keep your skin healthy.



Before participating in sports in which your body will come into contact with another person's body (i.e., wrestling) or shared equipment (swimming pools) cover all growths with clothing or a watertight bandage.

Do not share towels, clothing, or other personal items.

Molluscum & swimming pools



If a person has molluscum, the following recommendations should be followed when swimming:

- Cover all visible growths with watertight bandages.
- Dispose of all used bandages at home or in a healthcare setting.
- Do not share towels, kick boards or other equipment, or toys.
- Disinfect kickboards.

Tinea capitis (scalp ringworm)

DC	Maryland (Montgom & PG Counties)	VA - Fairfax County	VA - Arlington County	VA - Loudoun County	AAP Red Book
This is reportable to Divison of Epidemiology Disease Surveillance and Investigation	Exclusion until after oral treatment initiated. Can cover lesions to prevent direct exposure	Physician's note stating child is not contagious		No restrictions once treatment begins. No swimming pools or gyms.	May return to school once child starts therapy with griseofulvin or terbinafine (with or without selenium sulfide shampoo).

Tinea capitis (scalp ringworm)



There is a ringworm outbreak in my child's school/daycare center. What should I do?

- You should contact your local health department. Your local health department may have information about how long children with ringworm should remain out of school/daycare.
- Tell your child not to share personal items, such as clothing, hairbrushes and hats, with other people. Encourage frequent handwashing. Take your child to a pediatrician if he or she develops symptoms.



Head lice (pediculosis)

DC	Maryland (Montgom & PG Counties)	VA - Fairfax County	VA - Arlington County	VA - Loudoun County	AAP Red Book
	May return to school after treatment and any nits located within 1/2 inch of scalp are removed	After initial treatment and completed. Lice Treatment Verification Form (no-nit policy not necessary per VDH)	Pick up child after first lice/nits seen. May return after 1st application of product. (no-nit policy not necessary per VDH)	Can return to school after first treatment (no-nit policy not necessary per VDH)	Should not be sent home early. Parents notified that child should be treated. Child does not need to be free of nits before returning.



Centers for Disease Control and Prevention
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Prevention & Control

Head lice are spread most commonly by direct head-to-head (hair-to-hair) contact. However, much less frequently they are spread by sharing clothing or belongings onto which lice have crawled or nits attached to shed hairs may have fallen. The risk of getting infested by a louse that has fallen onto a carpet or furniture is very small. Head lice survive less than 1–2 days if they fall off a person and cannot feed; nits cannot hatch and usually die within a week if they are not kept at the same temperature as that found close to the scalp.

The following are steps that can be taken to help prevent and control the spread of head lice:

- Avoid head-to-head (hair-to-hair) contact during play and other activities at home, school, and elsewhere (sports activities, playground, slumber parties, camp).
- Do not share clothing such as hats, scarves, coats, sports uniforms, hair ribbons, or barrettes.
- Do not share combs, brushes, or towels. Disinfest combs and brushes used by an infested person by soaking them in hot water (at least 130°F) for 5–10 minutes.
- Do not lie on beds, couches, pillows, carpets, or stuffed animals that have recently been in contact with an infested person.
- Machine wash and dry clothing, bed linens, and other items that an infested person wore or used during the 2 days before treatment using the hot water (130°F) laundry cycle and the high heat drying cycle. Clothing and items that are not washable can be dry-cleaned OR sealed in a plastic bag and stored for 2 weeks.
- Vacuum the floor and furniture, particularly where the infested person sat or lay. However, spending much time and money on housecleaning activities is not necessary to avoid reinfestation by lice or nits that may have fallen off the head or crawled onto furniture or clothing.
- Do not use fumigant sprays or fogs; they are not necessary to control head lice and can be toxic if inhaled or absorbed through the skin.

To help control a head lice outbreak in a community, school, or camp, children can be taught to avoid activities that may spread head lice.

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- Vacuum the floor and furniture, particularly where the infested person sat or lay. However, spending much time and money on housecleaning activities is not necessary to avoid reinfestation by lice or nits that may have fallen off the head or crawled onto furniture or clothing.
- Do not use fumigant sprays or fogs; they are not necessary to control head lice and can be toxic if inhaled or absorbed through the skin.
- To help control a head lice outbreak in a community, school, or camp, children can be taught to avoid activities that may spread head lice.

Head Lice Info for Parents



- You should examine your child's head, especially behind the ears & at the nape of the neck, for crawling lice and nits if your child has symptoms of a head lice infestation. If crawling lice or nits are found, all household members should be examined for crawling lice & nits every 2–3 days. Persons with live (crawling) lice or nits within $\frac{1}{4}$ inch or less of the scalp should be treated.
- To eliminate head lice successfully, one must carefully follow and complete all treatment instructions & steps
- Children diagnosed with live head lice do not need to be sent home early from school; they can go home at the end of the day, be treated, and return to class after appropriate treatment has begun.
- Nits may persist after treatment, but successful treatment should kill crawling lice.
- Head lice can be a nuisance but they have not been shown to spread disease. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice.

Head Lice Info for Schools



Both the AAP & National Assoc of School Nurses advocate that "no-nit" policies should be discontinued. "No-nit" policies that require a child to be nit-free before returning to school should be discontinued because:

- Many nits are more than $\frac{1}{4}$ inch from the scalp. Such nits are usually not viable and very unlikely to hatch to become crawling lice, or may in fact be empty shells, also known as casings.
- Nits are cemented to hair shafts and are very unlikely to be transferred successfully to other people.
- The burden of unnecessary absenteeism to the students, families and communities far outweighs the risks associated with head lice.
- Misdiagnosis of nits is very common during nit checks conducted by nonmedical personnel.

Head lice (pediculosis)



Head Lice Information for Schools

- Students diagnosed with live head lice do not need to be sent home early from school; they can go home at the end of the day, be treated, and return to class after appropriate treatment has begun. Nits may persist after treatment, but successful treatment should kill crawling lice.
- Head lice can be a nuisance but they have not been shown to spread disease. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice.



I don't like my school's "no-nit" policy; can CDC do something?

- No. CDC is not a regulatory agency. School head lice policies often are determined by local school boards. Local health departments may have guidelines that address school head lice policies; check with your local and state health departments to see if they have such recommendations.

Scabies

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- Scabies treatment usually is recommended for members of the same household, particularly for those who have had prolonged skin-to-skin contact.
- Household members & other potentially exposed persons should be treated at the same time as the infested person to prevent possible reexposure and reinfestation.
- Bedding & clothing worn or used next to the skin anytime during the 3 days before treatment should be machine washed & dried using hot water & hot dryer cycles (or be dry-cleaned. Other items can be disinfested by sealing in a closed plastic bag for 3-7 days.
- Scabies mites generally do not survive more than 2 to 3 days away from human skin.
- Children usually can return to child care or school the day after treatment.

When can I return to work if I have scabies?



- Scabies usually is spread by prolonged skin-to-skin contact with a person who has scabies. Scabies sometimes also can be spread by contact with items such as clothing, bedding, or towels that have been used by a person with scabies, but such spread is very uncommon, with the exception of crusted scabies.
- Persons with crusted scabies should be considered highly contagious and appropriate isolation procedures should be used to protect other persons from becoming infested.
- In general, a person diagnosed with scabies could return to work once treatment is begun.

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