STUDENT IMMUNIZATION LAW
AGE/GRADE REQUIREMENTS

The following are the minimum required immunizations for each age and grade level according to the Wisconsin Student Immunization Law. These requirements can be waived for health, religious, or personal conviction reasons. Additional immunizations may be recommended for your child depending on his or her age. Please contact your doctor or local health department to determine if your child needs additional immunizations.

Grade/Age	Number of Doses					
Pre-K (ages 2 through 4 yrs)[1]	4 DTaP/DTP/DT[2]		3 Polio	3 Hepatitis B[6]	1 MMR[7]	1 Varicella[8]
Kindergarten through Grade 5	4 DTaP/DTP/DT/Td[2,3]		4 Polio[5]	3 Hepatitis B[6]	2 MMR[7]	2 Varicella[8]
Grades 6 through 12	4 DTaP/DTP/DT/Td[2]	1 Tdap[4]	4 Polio[5]	3 Hepatitis B[6]	2 MMR[7]	2 Varicella[8]

1. Children 5 years of age or older who are enrolled in a Pre-K class should be assessed using the immunization requirements for Kindergarten through Grade 5, which would normally correspond to the individual's age.
2. D = diphtheria, T = tetanus, P = pertussis vaccine. DTaP/DTP/DT/Td vaccine for all students Pre-K through 12: Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. **Note**: A dose four days or less before the 4th birthday is also acceptable.
3. DTaP/DTP/DT vaccine for children entering Kindergarten: Each student must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th dose) to be compliant. **Note**: a dose four days or less before the 4th birthday is also acceptable.
4. Tdap is an adolescent tetanus, diphtheria, and acellular pertussis combination vaccine. If a student received a dose of a tetanus-containing vaccine, such as Td, within five years before entering the grade in which Tdap is required, the student is compliant and a dose of Tdap vaccine is not required.
5. Polio vaccine for students entering grades Kindergarten through 12: Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. **Note**: a dose four days or less before the 4th birthday is also acceptable.
6. Laboratory evidence of immunity to hepatitis B is also acceptable.
7. MMR is measles, mumps, and rubella vaccine. The first dose of MMR vaccine must have been received on or after the 1st birthday. Laboratory evidence of immunity to all three diseases (measles and mumps and rubella) is also acceptable. **Note**: A dose four days or less before the 1st birthday is also acceptable.
8. Varicella vaccine is chickenpox vaccine. A history of chickenpox disease or laboratory evidence of immunity to varicella is also acceptable.

LEY DE INMUNIZACIÓN DE ALUMNOS
REQUISITOS SEGÚN EDAD/GRADO
STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS

Las siguientes son las vacunas mínimas obligatorias para cada nivel de edad/grado de acuerdo con la Ley de Inmunización de Alumnos de Wisconsin (Wisconsin Student Immunization Law). Se pueden recomendar inmunizaciones adicionales para su hijo según la edad. Sírvase comunicarse con su médico o departamento médico local para determinar si su hijo necesita inmunizaciones adicionales.

Grado/Edad	**Número de Dosis**					
Pre Kinder (2 a 4 años)[1]	4 DTaP/DTP/DT[2]		3 Polio	3 Hepatitis B[6]	1 MMR[7]	1 Varicela[8]
Kindergarten a grado 5	4 DTaP/DTP/DT/Td[2,3]		4 Polio[5]	3 Hepatitis B[6]	2 MMR[7]	2 Varicela[8]
Grado 6 a 12	4 DTaP/DTP/DT/Td[2]	1 Tdap[4]	4 Polio[5]	3 Hepatitis B[6]	2 MMR[7]	2 Varicela[8]

1. Los niños de 5 años de edad o más que están inscriptos en la clase de pre Kindergarten (pre-K) deberían ser evaluados usando los requisitos de inmunizaciones de kindergarten a 5° grado, que normalmente correspondería a la edad de la persona.

2. D= difteria, T= tétano, P= vacuna contra la tosferina (pertussis). Vacuna DTaP/DTP/DT/Td para todos los alumnos de **Pre-K a grado 12**: Se requieren 4 dosis. Pero, si un alumno recibió la 3ª dosis después de cumplir 4 años, no hacen falta más dosis. Nota: También es aceptable una dosis 4 días o menos antes de cumplir 4 años.

3. Vacuna DTaP/DTP/DT para los niños que **ingresan a Kindergarten**: Su hijo(a) debe haber recibido una dosis después de cumplir 4 años (ya sea la 3a., 4ta. o 5ta. dosis) para ser aceptado. Nota: También es aceptable una dosis 4 días o menos antes de cumplir 4 años.

4. Tdap es la vacuna antitetánica, antidiftérica y antitosferínica acelular para los adolescentes. Si su hijo(a) ha recibido una dosis de una vacuna antitetánica como la vacuna Td en los últimos 5 años antes de ingresar al grado en que la vacuna Tdap es obligatoria, no es necesaria la vacuna Tdap.

5. La vacuna antipoliomelítica para estudiantes que ingresan a los grados **Kindergarten a 12:** Se requieren 4 dosis. Pero, si un alumno recibió la 3ª dosis después de cumplir 4 años, no hacen falta más dosis. Nota: También es aceptable una dosis 4 días o menos antes de cumplir 4 años.

6. Las pruebas de laboratorio de la inmunidad a la hepatitis B también son aceptables.

7. MMR es la vacuna contra el sarampión, las paperas y la rubeola. La primera dosis de la vacuna MMR debe recibirse al cumplir un año o después de un año de edad. Nota: También es aceptable una dosis 4 días o menos antes de cumplir 1 año. Las pruebas de laboratorio de la inmunidad contra todas estas enfermedades (sarampión, paperas y rubeola) también son aceptables.

8. La vacuna contra la varicela es la vacuna contra el chickenpox. Los antecedentes de enfermedades de varicela o las pruebas de laboratorio de inmunidad a la varicela también son aceptables.

Student Medication Administration Log

(To be completed for EACH medication)

Student: _____ School: _____ Grade/Teacher: _____ School Year: _____

Medication: _____ Dose: _____ Time: _____ Route: _____

Directions: Initial that medication was given at stated time (allowable 30 min before or after scheduled time); a complete signature and initials of each person administrating medications should be included below.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Sept																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															
June																															

DOCUMENTATION CODES	
X	NO SCHOOL
A	ABSENT
W	DOSE WITHHELD
R	REFUSED
N	NO MEDICATION AVAILABLE
F	MED GIVEN ON FIELD TRIP
O	NO SHOW

CONTROLLED SUBSTANCE COUNT		
Date	Amount	Parent Signature & Staff Initials

INITIALS	SIGNATURE

Use reverse side for reporting significant information (e.g. observations of medication's effectiveness, adverse reactions, reason for omission, plan to prevent future "no shows").

Medication Consent Form

Student Name: _____ School_____

DOB:_____ Grade:_____ Primary Phone#:_____

Over the Counter Medications						Diagnosis/ Instructions/ Reason for Administration	School shall contact the clinic for any of the following symptoms:
Medication Name	Dosage	Route	Daily or As Needed	Time	Duration		
					From: To:		
					From: To:		
					From: To:		
					From: To:		

Prescription Medications (to be completed by Practitioner)							School shall contact the clinic for any of the following symptoms:	Emergency Medication Only. Practitioner to initial box below if student is able to carry and self-administer.ie Inhaler, Epinephrine.
Medication Name	Dosage	Route	Daily or As Needed	Time	Duration	Diagnosis/ Instructions/ Reason for Administration		
					From: To:			
					From: To:			
					From: To:			
					From: To:			

PRACTITIONER INFORMATION (needed for all prescription medication administered at school):

Practitioner Name: _____ Phone: _____

Address: _____

The above prescriptions medications will need to be administered at school:

Practitioner's Signature: _____ Date: _____

Parent/Legal Guardian Consent (needed for all medication at school): Medication will be provided by parent and in its original container or prescription labeled container. I hereby give permission for school personnel to administer the above medication(s) to my child according to practitioner's and/or my instructions and authorize them to contact the practitioner if there is a question or concern. I further authorize the practitioner to render treatment to my child, as appropriate and necessary, arising out of administration of the medication. I further agree to hold the school and personnel giving medication harmless in any and all claims arising from the administration of this medication at school.

Signature of Parent/Legal Guardian: _____ Date: _____

In the event that your child will have some unused doses of medication left at the end of the year, please make arrangements to pick up these medications on the last day of school. Any medications left at school 2 weeks after the last day of the school year will be destroyed per school policy.

Signature of Parent/Legel Guardian:_____ **Date:**_____

Forma de Consentimiento de Medicación

Nombre del Estudiante:_____ Escuela:_____

Fecha de Nacimiento:_____ Grado:_____ Teléfono Principal: _____

Medicinas a casa (Over the counter medications)						
Medicina	Dosis	Horario	Tiempo	Duraciòn	Diagnòstico/Instrucciones Motivò de Administraciòn	Ponerse en contacto con la clìnica por cualquiera de los siguientes sìntomas
				De: A:		
				De: A:		
				De: A:		

Las Medicinas Prescriptas (El Doctor)							**Solo Medicina de emergencia** (Proveedor ponga las iniciales abajo si el estudiante las puede tener y tomàrselas) Ex: inhaler, Epi
Medicina	Dosis	Horario	Tiempo	Duraciòn	Diagnòstico/Instrucciones Motivò de Administraciòn	Ponerse en contacto con la clìnica por cualquiera de los siguientes sìntomas	
				De: A:			
				De: A:			
				De: A:			

INFORMACIÓN DEL DOCTOR (Necesaria para todas las medicinas prescriptas administradas en la escuela):

Nombre del doctor: _____ Teléfono:_____
Dirección: _____

La medicina prescrita que está arriba necesita ser administrada en la escuela:
Firma del Doctor _____ Fecha _____

Consentimiento legal del Padre/Guardián (Necesaria para todas las medicinas en la escuela):
Por la presente yo le doy mi permiso al personal de la escuela de administrar la medicina (s) arriba a mi hijo/hija de acuerdo a las instrucciones del doctor y los autorizo a contactar el doctor si hay alguna pregunta o preocupación. Además yo autorizo al doctor el proveer tratamiento a mi hijo/hija, si es apropiado y necesario, por resultado de la administración de la medicina. Estoy más de acuerdo sostener la escuela y personal dando medicamento inofensivo de cualquier reclamo que surja de la administración de este medicamento en la escuela.

_____ _____
Firma del Padre/Guardiàn Legal Fecha

En caso de que su hijo tendrá algunos sin usar dosis de medicamento izquierda al final del año, por favor haga arreglos para recoger a estos medicamentos en el último día de escuela. Cualquier medicamento que dejó en la escuela 2 semanas después del último día del año escolar será destruido por la política de la escuela.

_____ _____
Firma del Padre/Guardiàn Legal Fecha

Grant County Health Department

111 South Jefferson Street, Floor 2
Lancaster, Wisconsin 53813-1672
www.co.grant.wi.gov
Phone: (608) 723-6416
Fax: (608) 723-6501

Date: _____

Dear Parent,

I have recently tested the hearing of _____in school. For the test three different sounds (frequencies of 1000, 2000, 4000) were given at a loud enough level (decibel) for your child to hear. Under testing conditions in the schools a person with normal hearing is usually able to hear these sounds at about 20-25 decibels of loudness. The results indicate that your child had difficulty hearing at:

RIGHT EAR

Frequency	Decibels
1000	
2000	
4000	

LEFT EAR

Frequency	Decibels
1000	
2000	
4000	

The test given at school is not final; it indicates those children who may need further attention. It is recommended that you make an appointment with your family physician or an ear specialist for your child's diagnosis and treatment.

If you have any questions please call the Grant County Health Department at 608-723-6416.

Thank you,

Staff Nurse
Grant County Health Department
111 South Jefferson Street
Lancaster, WI 53813-1672
Phone: 608-723-6416
Fax: 608-723-6501

Grant County Health Department

111 South Jefferson Street, Floor 2
Lancaster, Wisconsin 53813-1672
www.co.grant.wi.gov
Phone: (608) 723-6416 Fax: (608) 723-6501

Fecha: _____

Querido padre,

Recientemente he probado la audiencia de _____ en la escuela. Para la prueba se dieron tres sonidos diferentes (frecuencias de 1000, 2000, 4000) a un nivel suficientemente alto (decibelios) para que su hijo los escuche. Bajo las condiciones de prueba en las escuelas, una persona con audición normal generalmente puede escuchar estos sonidos a aproximadamente 20-25 decibeles de volumen. Los resultados indican que su hijo tuvo dificultad para escuchar en:

OREJA DERECHA

Frecuencia	Decibelios
1000	
2000	
4000	

OREJA IZQUIERDA

Frecuencia	Decibelios
1000	
2000	
4000	

La prueba dada en la escuela no es definitiva; indica los niños que pueden necesitar más atención. Se recomienda que haga una cita con el médico de familia o con un especialista en oído para el diagnóstico y tratamiento de su hijo.

Si tiene alguna pregunta, llame al Departamento de Salud del Condado de Grant al 608-723-6416.

Gracias,

Grant County Health Department

111 South Jefferson Street, Floor 2
Lancaster, Wisconsin 53813-1672
Phone: 608-723-6416 Fax: 608-723-6501

Children's Vision Screening Results Form

Screening Tool Used: __Chart __Plus-Optix __SPOT __ LEA Chart

Name: _____ Grade: _____ ***Date Completed***: _____

Do you wear glasses/contacts?
___ Yes
___ No

Do you have them with you today?
___ Yes
___ No

Your Child's Results

____Passed and nothing more needs to be done at this time.

Normal screening results:

Age 6+: 20 / 32 in each eye

___ Did not pass the vision screening.
Under 6*(circle eye referred)*: Right or Left

Over 6: Right Eye: 20/___ Left Eye: 20/___

___ The vision screening instrument detected a possible problem.

Observations: _____

_____

If your child did not pass the vision screening, please read the follow-up instructions on the back of this form. We recommend you take your child to an eye doctor for a complete eye exam.

If you have any questions please call the Grant County Health Department at 608-723-6416.

Thank you,
Signed _____

Please bring this form with you to your child's eye doctor appointment.

****

Record of Examination

Dear Eye Doctor, this child was screened by a Prevent Blindness Wisconsin certified vision screener. Please help us evaluate this program by completing this form and have child return form to their school. **All examination results are confidential and for statistical use only.**

_____
Child's Name Exam Date

_____
Doctor's Name Phone

_____
Doctor's Signature

I hereby authorize my child's results to be released to Prevent Blindness Wisconsin.

_____
Parent/Guardian Signature

History: ___ New ____ Previously Diagnosed

Visual Acuity:

Uncorrected: Right: 20/_____ **Corrected:** Right: 20/_____
Left: 20/_____ Left: 20/_____

Diagnosis:
____ Normal Vision
____ Amblyopia
____ Strabismus

Refractive Error:
___ Myopia
___ Hyperopia
___ Astigmatism
___ Other: _____

Treatment: ____ Glasses Prescribed
____ Other: _____

IF YOUR CHILD DID NOT PASS THE SCREENING:

What you should do:

1. Make an appointment for your child with an eye doctor.
2. Contact Grant County Health Department if you have any questions at 608-723-6416.

Options for Follow-up Care:

1. If you have a private vision insurance plan - please check with your plan to find an eye doctor.

2. If you have BadgerGare Plus - please contact the BadgerCare Plus recipient hotline at (800) 362-3002 for a list of eye doctors covered under your plan.

If you have BadgerCare Plus - please see fhe HMO advocate for your managed care plan.

3. If you do not have a private vision insurance plan or BadgerCare Plus, Prevent Blindness Wisconsin can give you a VSP voucher that will cover an eye exam and a pair of glasses.

Please contact Prevent Blindness Wisconsin for an application if:

* Family income is at or below 200% of poverty level
* Child is not covered by Medicaid or any other vision insurance
* Child is 19 years old or younger and has not graduated high school
* Child or parent is U.S. citizen or documented immigrant with a social security number
* Child has not used a voucher during the last 12 months

Parent Follow-up is Important!

Young children with eye problems often do not know that the way they see the world is not the way everyone sees it. Without early treatment, children's vision problems can lead to permanent vision loss or learning difficulties.

Grant County Health Department

111 South Jefferson Street, Floor 2
Lancaster, Wisconsin 53813-1672
www.co.grant.wi.gov

Phone: (608) 723-6416 Fax: (608) 723-6501

Formulario de resultados de examen oftalmologico para ninos

Herramienta utilizada para el examen: ☐ Chart ☐ Plus-Optix ☐ SPOT ☐ LEA Chart

Nombre:_____ Edad:_____

Usa anteojos/lentes de contacto?
☐ Si
☐ No

Los tiene con usted hoy?
☐ Si
☐ No

Los resultados de su hijo

☐ Aprobado y no se necesita hacer nada màs en este momento.

☐ No pasò el examen oftalmològico
Menor de 6 (marque con un circulo el ojo alque se refiere):
Derecho (right) o Izquierdo (left)

Mayor de 6: Ojo derecho: 20/ Ojo izquierdo 20/

☐ El instrumento de examen oftalmològico detectò un posible problema.

Resultados normales del examen:
Edad 6+: 20/32 en cada ojo

Observaciones: _____

Si su hijo no pasò el examen oftalmologico, lea las instrucciones de seguimiento que figuran en el reverso de este formulario. Le recomendamos llevar a su hijo a un oftalmòlogo para que le hagan un examen oftalmòlogico completo.

Record of Examination

Dear Eye Doctor, this child was screened by a Prevent Blindness Wisconsin certified vision screener. Please help us evaluate this program by completing and returning/faxing this form to us at the address listed at the bottom. **All examination results are confidential and for statistical use only.**

Child's Name Exam Date

Eye Doctor's Name Phone

Eye Doctor's Signature

I hereby authorize my child's results to be released to Prevent Blindness Wisconsin.

Parent/Guardian Signature

History: ____New ____Previously Diagnosed

Visual Acuity:

Uncorrected: Right: 20/___ Left: 20/____

Corrected: Right: 20/____ Left: 20/____

Diagnosis:
____Normal Vision
____Amblyopia
____Strabismus

Refractive Error:
____Myopia
____Hyperopia
____Astigmatism

Other: _____

Treatment: ____ Glasses Prescribed
____ Other: _____

SI SU HIJO NO PASÓ EL EXAMEN:

Qué debe hacer:

1. Programe una cita para su hijo con un oftalmólogo.
2. Si tiene alguna pregunta, póngase en contacto con la enfermera de su escuela.

Opciones para la atención de seguimiento:

Si tiene un plan de seguro oftalmológico privado:
Consulte con su plan para encontrar un oftalmólogo participante.

Si tiene BadgerCare (Medicaid):
Comuníquese con Servicios para Miembros al número de teléfono que figura en el reverso de su tarjeta HMO para hablar con un Defensor de HMO y encontrar un oftalmólogo.

Si no tiene un plan de seguro oftalmológico privado o BadgerCare:
Prevent Blindness Wisconsin podría darle un vale que cubrirá un examen oftalmológico y un par de anteojos. Comuníquese con Prevent Blindness Wisconsin al (414) 765-0505 para obtener una solicitud de vale.

Comuníquese con Prevent Blindness Wisconsin para obtener una solicitud si:

- El ingreso familiar es igual o inferior al 200 % del nivel de pobreza
- Su hijo no tiene cobertura de Medicaid ni ningún otro seguro oftalmológico
- Su hijo tiene 19 años o menos y no se ha graduado de la escuela secundaria
- El niño o el padre es ciudadano estadounidense o inmigrante documentado con un número de seguro social
- Su hijo no ha usado un vale en los últimos 12 meses

¡El seguimiento de los padres es importante!

Los niños pequeños con problemas de visión a menudo no saben que su manera de ver el mundo no es la que todos ven. Una visión clara es importante para triunfar en el aula. Programe una consulta con el oftalmólogo de su hijo. El tratamiento temprano puede salvar su vista y evitar la pérdida de la visión.

Grant County Health Department

111 South Jefferson Street, Floor 2
Lancaster, Wisconsin 53813-1672
www.co.grant.wi.gov
Phone: (608) 723-6416 Fax: (608) 723-6501

Date: _____

Student Name: _____ DOB: _____

Dear Parents,

On _____, I conducted a blood pressure screening for the sophomore class. In doing so, I found your child's blood pressure to be elevated.

I have rechecked your teenager's blood pressure on two different occasions since then and it has remained elevated. It is recommended that your child be seen by a physician to have their blood pressure checked.

Enclosed is a pamphlet on high blood pressure and its treatment, for you and your child to read. According to American Academy of Pediatrics the normal blood pressure for a child over 13yrs old is 120/80; your child's blood pressure readings were:

Initial Screening: _____ Second Screening: _____

If you have any questions, please contact the Grant County Health Department at 608-723-6416.

Thanks,

Grant County Health Department
Public Health Nurse

Grant County Health Department

111 South Jefferson Street, Floor 2
Lancaster, Wisconsin 53813-1672
www.co.grant.wi.gov
Phone: (608) 723-6416 Fax: (608) 723-6501

Fecha: _____

Nombre del estudiante: _____ Fecha de nacimiento: _____

Estimados padres,

El dia _____, hice un chequeo de presión para los de decimo grado (grado 10). En ese momento yo encontré que la presión de su hijo/a estaba elevada.

He revisado la presión de su hijo/ a en dos ocasiones desde entonces y ha seguido elevada. Se recomienda que su hijo/ a sea revisado/ a por un doctor para chequear la presión.

Adjunto hay un folleto acerca de la presión elevada y su tratamiento para que usted y su hijo/a lo puedan leer. Según la Academia Americana de Pediatría la presión arterial normal para un niño de 13 años de edad es120/80; la l presión de su hijo/a era de:

Chequeo inicial: _____ Segunda chequeo: _____

Si usted tiene preguntas, por favor contactar' al Departamento de Salud al 608-723-6416.

Gracias,

Departamento de Salud del Condado de Grant

Enfermera de Salud Pública

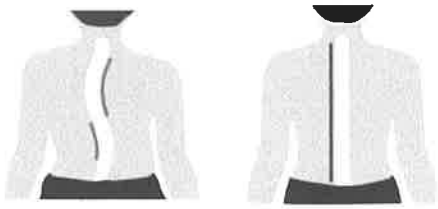
Grant County Health Department
111 South Jefferson Street, Floor 2
Lancaster, Wisconsin 53813-1672
www.co.grant.wi.gov
Ph: 608.723.6416 Fax: 608.723.6501

SCOLIOSIS SCREENING

What is Scoliosis?

The Scoliosis Research Society defines scoliosis as a sideways curve of the spine that may include rotation.

The curve may look like the letter "C" or "S" and can be in the upper spine, lower spine, or both.



Scoliosis Normal

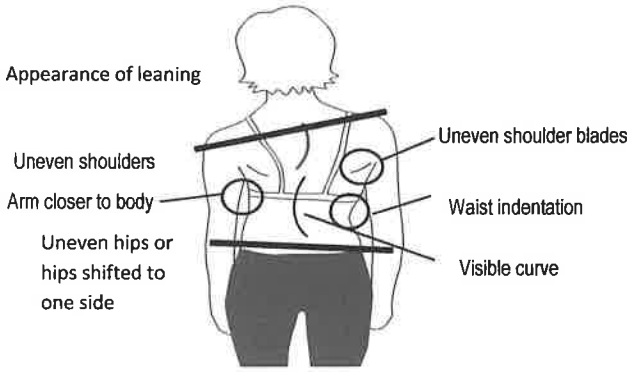
Fast Facts

- Curve progressions are most common during the growth spurt years, ages 10-15
- Occurs more frequently in girls
- Has a genetic component that can make it run in families
- Early detection is important because early treatment can aid in minimizing curve progression

What to look for

Standing Assessment

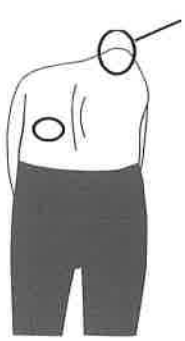
Have your child stand facing away from you with arms relaxed at sides.



Forward Bending Assessment

Have your child stand facing away from you and bend at the waist.

Hands should be pointing towards the floor and together palm to palm.



***It is important to note that not all of the symptoms of scoliosis may be present. It is possible that only some signs will be visible.

Next Steps

What to do if you think your child might have scoliosis:

- Call your pediatrician to schedule an appointment.
- Ask them to use a scoliometer during the screening. A scoliometer is a level that measures the rotation of the spine.
- Keep an updated growth chart and do routine scoliosis screenings.

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www.co.grant.wi.gov
Ph: 608.723.6416 Fax: 608.723.6501

SCOLIOSIS SCREENING

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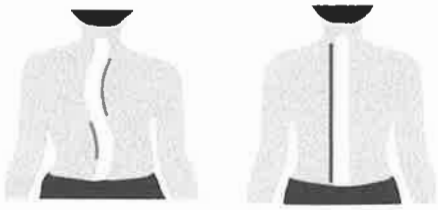

Scoliosis Normal

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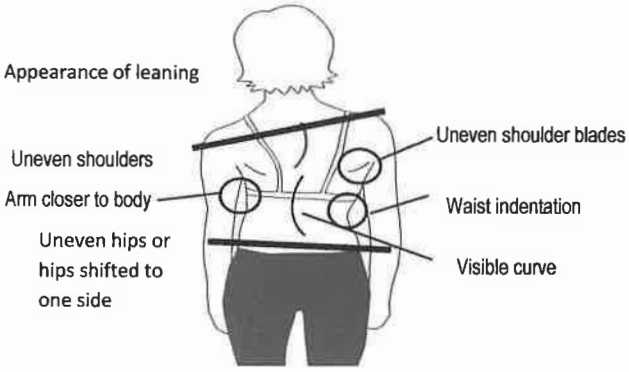

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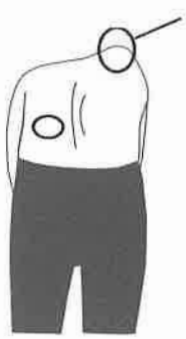
Have your child stand facing away from you and bend at the waist.

Hands should be pointing towards the floor and together palm to palm.



***It is important to note that not all of the symptoms of scoliosis may be present. It is possible that only some signs will be visible.

Next Steps

What to do if you think your child might have scoliosis:

- Call your pediatrician to schedule an appointment.
- Ask them to use a scoliometer during the screening. A scoliometer is a level that measures the rotation of the spine.
- Keep an updated growth chart and do routine scoliosis screenings.

SCHOOL HEALTH EXAMINATION RECORD

Child's Name_____ Date of Birth_____

Parent/Guardian_____ Address_____

Immunizations given to date.

	1st dose	2nd dose	3rd dose	4th dose	5th dose
DPT/DT					
Hib					
Polio					
Hepatitis B					
MMR					
Chickenpox					

Please fill in month/day/year.

Or date of chickenpox disease_____

Allergies:
Asthma:

Height	Weight	Hearing		Vision		Blood Pressure
		Right	Left	Right	Left	
				Corrective Lenses: Yes No		

Findings	Normal	
		Neuro-Musc. System
		Orthopedic
		Nutrition
		Skin and Scalp
		Nose
		Throat and Mouth
		Eyes
		Ears
		Glands
		Heart
		Lungs
		Abdomen
		Genitalia
		Urinary
		Blood Count

FINDINGS:

MEDICATIONS TAKEN REGULARLY:

Any meds to be taken at School: Yes No (If yes, please write note for school)

CONDITIONS WHICH COULD AFFECT SCHOOL WORK:

Signature of Physician_____ Date_____

8/09dku (SCHOOL01) **GRANT COUNTY HEALTH DEPARTMENT**
111 South Jefferson Street
Lancaster, Wisconsin 53813
(PHONE: 608-723-6416)
(FAX: 608-723-6501)
(www.co.grant.wi.gov)

State of Wisconsin
Department of Regulation and Licensing

KINDERGARTEN EYE HEALTH EXAMINATION REPORT

Student's Name _____ Birth Date _____ Sex _____

Parent or Guardian _____ Phone _____

Address _____ County _____

School/Kindergarten _____ City _____

Date entering Kindergarten _____

The State of Wisconsin encourages parents of Kindergartners to arrange for their child's eyes to be examined by an optometrist or evaluated by a physician by December 31 of the child's first year in school. An examination or evaluation should include, at a minimum, the elements listed below. (By checking the box, the examining doctor is indicating that the element checked was performed.)

- ❒ Brief history (general health and eye health) of the child, including family history
- ❒ General external observation of the child's eyes and surrounding structures
- ❒ Ophthalmoscopic examination through an undilated pupil
- ❒ Gross measurement of peripheral vision
- ❒ Evaluation of eye coordination and function (alignment and motility)
- ❒ Visual acuity for each eye (separately)

Findings:

As a result of this examination, follow-up care for the child is recommended: ❒ Yes ❒ No

Date of examination:

_____

Doctor/Physician Signature:

_____

Print or stamp:
Doctor/Physician Name
Address
Phone

IMPORTANT NOTICE TO PARENTS

This examination is not required by law. Disclosure of the information noted above is necessary to comply with the statutory purpose as outlined in s. 118.135, Wis. Stats.

Disclosure of this information is voluntary and there is no penalty for non-compliance.

You are encouraged to provide a copy of this form to the school and keep a copy for your record.

Consent of parent or guardian: I agree to release the above information on my child to appropriate school authorities and consent to my child obtaining an eye examination.

Signature _____

Date _____

#2540 (2/02)
s. 118.135, Stats.

State of Wisconsin
Department of Regulation and Licensing

INFORME DEL EXAMEN DE SALUD DE LOS OJOS PARA KINDERGARTEN
(KINDERGARTEN EYE HEALTH EXAMINATION REPORT)

Nombre del Alumno _____ Fecha de Nacimiento _____ Sexo _____

Padre/Madre o Guardián _____ Numero de Teléfono _____

Dirección _____

Ciudad _____ Condado _____

Escuela/Kindergarten _____ Fecha de Ingreso _____

To be completed by the examining doctor

The State of Wisconsin encourages parents of Kindergartners to arrange for their child's eyes to be examined by an optometrist or evaluated by a physician by December 31 of the child's first year in school. An examination or evaluation should include, at a minimum, the elements listed below. (By checking the box, the examining doctor is indicating that the element checked was performed.)

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- ❒ Ophthalmoscopic examination through an undilated pupil
- ❒ Gross measurement of peripheral vision
- ❒ Evaluation of eye coordination and function (alignment and motility)
- ❒ Visual acuity for each eye (separately)

Findings:

As a result of this examination, follow-up care for the child is recommended: ❒ Yes ❒ No

Date of examination:

_____

Doctor/Physician Signature:

_____

Print or stamp:
Doctor/Physician Name
Address
Phone

AVISO IMPORTANTE A LOS PADRES DE FAMILIA

Este examen no es requerido por ley. La información anotada abajo es necesaria para cumplir con los requisitos establecidos en la sección 118.135 de los estatutos del Estado de Wisconsin.

El proporcionar esta información es voluntario y no hay niguna sanción si usted no la proporciona. Le sugerimos que entregue una copia de esta forma a la escuela y que usted se quede con otra copia.

Consentimento de padre/madre o guardián:
Estoy de acuerdo en proporcionar la información sobre mi hijo/a a las autoridades apropiadas de la escuela y estoy de acuerdo que mi hijo/a reciba el examen de los ojos.

Firma _____

Fecha _____

#2540 - Spanish (6/02)
s. 118.135, Stats.

Blood Borne Pathogen Update

Protecting Yourself from HIV and Hepatitis

Blood borne pathogens are disease causing agents that are present in blood. People can carry blood borne pathogens for years without knowing they are infected. Two blood borne pathogens are the Hepatitis Virus and the Human Immunodeficiency Virus (HIV).

MODES OF TRANSMISSION

Blood borne pathogens such as Hepatitis and HIV can be transmitted through contact with infected human **blood** and **other potentially infectious body fluids** such as:

- Semen
- Vaginal secretions
- Any body fluid that is visibly contaminated with blood.

It is important to know the ways exposure and transmission are most likely to occur in your particular situation, be it providing first aid to a student in the classroom, or cleaning up blood from a hallway.

Hepatitis and HIV are most commonly transmitted through:

- Sexual Contact
- Sharing of hypodermic needles
- From mothers to their babies at/before birth
- Accidental puncture from contaminated needles, broken glass, or other sharps
- Contact between broken or damaged skin and infected body fluids
- Contact between mucous membranes and infected body fluids
- Open sores
- Cuts
- Abrasions
- Acne
- Any sort of damaged or broken skin such as sunburn or blisters

Blood borne pathogens may also be transmitted through the **mucous membranes** of the:

- Eyes
- Nose
- Mouth

For example, a splash of contaminated blood to your eye, nose, or mouth could result in transmission.

Universal Precautions

Universal precautions is the term given to specific measures that are used to minimize the likelihood of contact with the blood and body fluids of any person.

Remember to use universal precautions and treat all blood or potentially infectious body fluids as if they are contaminated. Avoid contact whenever possible, and whenever it's not, wear personal protective equipment. If you find yourself in a situation where you have to come in contact with blood or other body fluids and you don't have any standard personal protective equipment handy, you can improvise. Use a towel, plastic bag, or some other barrier to help avoid direct contact.

Personal Protective Equipment

Probably the first thing to do in any situation where you may be exposed to blood borne pathogens is to ensure you are wearing the appropriate personal protective equipment (PPE). For example, you may have noticed that emergency medical personnel, doctors, nurses, dentists, dental assistants, and other health care professionals always wear latex or protective gloves. This is a simple precaution they take in order to prevent blood or potentially infectious body fluids from coming in contact with their skin. To protect yourself, it is essential to have a barrier between you and the potentially infectious material.

Gloves should be made of latex, nitrile, rubber, or other water impervious materials. You should always inspect your gloves for tears or punctures before putting them one. If a glove is damaged, don't use it! When taking contaminated gloves off, do so carefully. Make sure you don't touch the outside of the gloves with any bare skin, and be sure to dispose of them in a proper container so that no one else will come in contact with them, either.

Handwashing

Handwashing is one of the most important (and easiest) practices used to prevent transmission of bloodborne pathogens. Hands or other exposed skin should be thoroughly washed as soon as possible following an exposure incident. Use soft, antibacterial soap, if possible. Avoid harsh, abrasive soaps, as these may open fragile scabs or other sores.

Hands should also be washed immediately (or as soon as feasible) after removal of gloves or other personal protective equipment. If you are working in an area without access to such handwashing facilities, you may use an antiseptic cleanser in conjunction with clean cloth/paper towels, or antiseptic towelettes. If these alternative methods are used, hands should be washed with soap and running water as soon as feasible.

Clean Up

1. Absorb the blood or other body fluid with disposable absorbent material (e.g. paper towels, gauze pads, or tissue paper wipes). If the spill is large, granular absorbent materials such as used to absorb caustic chemical spills, may be used to absorb the liquid.

2. Clean the spill site of all visible material using an aqueous detergent solution. Any household detergent may be used. The intent is to dilute the spilled material.

3. Disinfect the spill using an appropriate disinfectant:

   - A solution of 5.25% sodium hypochlorite (household bleach/Clorox) diluted between 1:10 and 1:100 with water. The standard recommendation is to use at least a quarter cup of bleach per one gallon of water. This solution needs to be changed daily to maintain its potency.

   - Lysol or some other EPA registered tuberculocidal disinfectant. Check the label of all disinfectants to make sure they meet this requirement.

If you are decontaminating equipment or other objects (microscope slides, broken glass, saw blades, tweezers, mechanical equipment upon which someone has been cut, first aid boxes, or whatever) you should leave your disinfectant in place for at least 10 minutes before continuing the cleaning process.

Of course, any materials you use to clean up a spill of blood or potentially infectious materials must be decontaminated immediately, as well. This would include mops, sponges, re-usable gloves, buckets, pails, etc.

Place all materials used to clean up a spill in a garbage bag and dispose of in the regular trash.

Broken Glassware

•Broken glassware that has been visibly contaminated with blood must be sterilized with an approved disinfectant solution before it is disturbed or cleaned up.

-Glassware that has been decontaminated may be disposed of in an appropriate sharps container, i.e. closable, puncture-resistant, leak-proof on sides and bottom, with appropriate labels. (Labels may be obtained from OSU EHS.)

• Broken glassware will not be picked up directly with the hands. Sweep or brush the material into a dustpan.

- Uncontaminated broken glassware may be disposed of in a closable, puncture resistant container such as a cardboard box or coffee can.

Sharps

Far too frequently, housekeepers, custodians and others are punctured or cut by improperly disposed needles and broken glass. This, of course, exposes them to whatever infectious material may have been on the glass or needle. For this reason, it is especially important to handle and dispose of all sharps carefully in order to protect yourself as well as other.

Needles

•Never recap, break or shear needles.

•Needles should be moved only by using a mechanical device or tool such as forceps, pliers, or broom and dust pan.

•Needles shall be disposed of in labeled sharps containers only.

- Sharps containers shall be closable, puncture resistant, leak-proof on sides and bottom, and must be labeled or color-coded.

- When sharps containers are being moved from the area of use, the containers should be closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling or transport.

What Constitutes an Exposure?

An exposure incident can be thought of as a possible disease transmission event. The definition of exposure will vary depending on the pathogen of concern.

A blood borne pathogen exposure occurs when human blood or other potentially infectious material (OPIM) enters your bloodstream through:

- a break in your skin (i.e. puncture, cut, rash, hang nails, etc.) or
- through contact with your mucous membranes (eyes, nose, or mouth).

If you have an exposure you must follow the procedure set forth by your employer. These procedures should include:

1. Wash the affected area immediately.
2. Report the incident to your supervisor immediately.
3. Be examined by a physician as soon as possible.

By using Universal Precautions and following these simple engineering and work practice controls, you can protect yourself and prevent transmission of blood borne pathogens.

NEW LEASE ON LICE

A NEW SCHOOL YEAR

Head lice becomes most apparent at the beginning of the school year. Parents, Grant County Health Department, school officials, and staff are seeking information and solutions to this annoying problem.

In an effort to inform parents, school staff and students, and also to reduce the incidence of head lice, the schools in Grant County have developed a county-wide plan to manage head lice.

This approach has been developed after talking with Grant County schools as well as schools throughout the state. The goal is not to eradicate pediculosis, since this is impossible, but to keep it at a manageable level and absenteeism at a minimum.

Important and consistent findings about head lice in Wisconsin schools have prompted some aspects to our lice policy. An example of a very consistent finding was that head lice are spread by very close contact, such as sharing combs, brushes, and during sleepovers.

Screening of the classroom of an infested child **does not find new cases.** The best follow-up at school is to screen siblings and friends who have had close contact.

Mass screenings do not find many new cases and many times no new cases. Lice are difficult to see. The nits, (eggs) are usually seen first. A thorough head lice screen takes at least 15 minutes per child, or for a school of 400 students that is 100 hours of screening. All school lice screens in the past have been very time consuming and unproductive.

Helpful Hints to Manage Lice

- Screen your children weekly. If head lice are present then screen adults in the household.
- Concentrate less on the environment and more on the child's head, bed linens and child's clothing when treating for lice.
- Recognize that the treatment is a two-week process of regular daily shampooing followed by a conditioner/crème rinse, and then fine tooth combing of the we hair to remove nits. Removing of the nits is of utmost importance to rid the child of lice. Lice treatment products must be used according to label directions.
- Lice can be kept at a minimum by doing regular screening and the proper treatments at home.

Grant County Health Department

111 South Jefferson Street, Floor 2
Lancaster, Wisconsin 53813-1672
www.co.grant.wi.gov
Phone: (608) 723-6416 Fax: (608) 723-6501

Dear parent or guardian:

As you may know, head lice cases are common among school-aged children. An estimated 6 to 12 million infestations occur each year in the United States, most commonly among children ages 3 to 11. I am writing to you to help you learn what you can do if lice hit your home.

What are head lice?
Head lice are tiny, wingless insects that live close to the human scalp. They feed on blood. The eggs, also called nits, are tiny, tear-drop shaped eggs that attach to the hair shaft. Nits often appear yellowish or white and can look like dandruff but cannot be removed or brushed off. The nymph, or baby louse, is smaller and grow to adult size in 1 to 2 weeks. The adult louse is about the size of a sesame seed and is tan to grayish-white. An itchy scalp is a common symptom of lice. Although not common, persistent scratching may lead to skin irritation and even infection.

Who is affected by head lice?
Head lice are not related to cleanliness. In fact, head lice often infest people with good hygiene and grooming habits. Infestations can occur at home, school, or in the community. Head lice are mostly spread by direct head to-head contact—for example, during play at home or school, slumber parties, sports activities, or camp. Less often, lice are spread via objects that have been in recent contact with a person with head lice, such as hats, scarves, hair ribbons, combs, brushes, stuffed animals, or bedding.

What to do if an infestation occurs?
If you think your child has head lice, it's important to talk to your family healthcare provider right away to discuss the best treatment approach. There is no clear evidence that home remedies such as homeopathic shampoos or mayonnaise work, and they may just end up prolonging the problem. Others have depended on over-the-counter medications, but recent data shows that some head lice may be resistant to the main ingredient of these medicines. A 2016 study showed that 48 states now have lice that are genetically predisposed to resistance to commonly used treatments. Treatment failure may also be caused by incorrect use of the product, misdiagnosis of the original condition, or re-infestation. Your healthcare provider can tell you about prescription treatment options available that are safe and do not require nit combing. Many families will experience a head lice infestation at some point during their child's school years. If your child is diagnosed with head lice, know you are not alone. As your school nurse, I want to provide you with the information you need to address any head lice issue that may occur, and encourage you to talk with your healthcare provider to resolve the problem as quickly and effectively as possible. If you have any questions, please don't hesitate to reach out to me—my main focus is your child's health!

Sincerely,

References
1. Centers for Disease Control and Prevention. Frequently asked questions (FAQs). http://www.cdc.gov/parasites/lice/head/gen_info/faqs.html. AccessedNovember 3, 2016. 2. Centers for Disease Control and Prevention. Epidemiology & risk factors. http://www.cdc.gov/parasites/lice/head/epi.html. Accessed November 3, 2016. 3. Meinking TL, Mertz-Rivera K, Villar ME, Bell M. Assessment of the safety and efficacy of three concentrations of topical ivermectin lotion as a treatment for head lice infestation. *Int J Dermatol*. 2013;52(1):108–112. 4. Gellatly KJ, Krim S, Palenchar DJ, et al. Expansion of the knockdown resistance frequency map for human head lice (phthiraptera: pediculidae) in the United States using quantitative sequencing. *J Med Entomol*. 2016:1-7.5. Burkhart CG. Relationship of treatment-resistant head lice to the safety and efficacy of pediculicides. *Mayo Clin Proc*. 2004;79(5):661-666.

Grant County Health Department

111 South Jefferson Street, Floor 2
Lancaster, Wisconsin 53813-1672
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Estimado(a) [nombre del padre/madre o tutor]:

Como sabrá, los casos de piojos son comunes entre los niños en edad escolar. Cada año en los Estados Unidos ocurren, aproximadamente, de 6 a 12 millones de infestaciones; los casos más comunes suceden entre niños cuyas edades oscilan entre los 3 y los 11 años. Le escribo para ayudarlo a aprender qué debe hacer en caso de que su hogar resulte afectado por los piojos.

¿Qué son los piojos?
Los piojos son insectos diminutos y sin alas, que viven cerca del cuero cabelludo humano. Se alimentan de sangre. Los huevos, también llamados liendres, son diminutos, tienen forma de lágrima y se adhieren la raíz del cabello. Con frecuencia, las liendres parecen amarillentas o blancas y pueden confundirse con caspa, pero no se pueden retirar o cepillar. La ninfa, o bebé piojo, es más pequeña, y llega al tamaño adulto en 1 o 2 semanas. El piojo adulto es aproximadamente del tamaño de una semilla de sésamo y su color varía de canela a blanco grisáceo. Un síntoma común de la infestación con piojos es la comezón en el cuero cabelludo. Aunque no es común que suceda, la rascadura constante puede ocasionar irritación cutánea e incluso infección.1

¿Quién puede resultar infestado con piojos?
La infestación con piojos no se relaciona de ninguna manera con la limpieza. De hecho, con frecuencia, los piojos infestan a personas con buenos hábitos de higiene y aseo personal. Las infestaciones pueden ocurrir en el hogar, la escuela o la comunidad. Por lo general, los piojos se transmiten por el contacto directo entre una cabeza y otra; por ejemplo, durante un juego en casa o en la escuela, pijamadas, actividades deportivas o campamentos. Con menor frecuencia, los piojos se transmiten por objetos que han estado en contacto reciente con una persona infestada con piojos, tales como sombreros, bufandas, cintas para el cabello, peines, cepillos, animales de peluche o ropa de cama.

¿Qué se debe hacer si ocurre una infestación con piojos?
Si usted cree que su hijo tiene piojos, es importante que converse inmediatamente con el proveedor de salud de su familia, a finde discutir la mejor opción de tratamiento. No existe evidencia clara que demuestre que los remedios caseros, como los champús homeopáticos o la mayonesa, funcionen contra los piojos; más bien podrían terminar alargando el problema. Otras personas han dependido de los medicamentos de venta libre, pero información reciente muestra que los piojos podrían ser resistentes al principalcomponente de estos medicamentos. Un estudio realizado en el año 2016 demostró que, hoy en dia, en 48 estados existen piojosgenéticamente predispuestos a crear resistencia a los tratamientos que se usan con más frecuencia. El fracaso del tratamientotambién podría ser causado por un uso incorrecto del producto, por un diagnóstico errado de la condición original o por unareinfestación. Su proveedor de salud puede hablarle sobre opciones de tratamientos de receta médica disponibles que son segurosy no requieren que use el peine para liendres. Muchas familias resultarán infestadas con piojos en algún momento durante los años de escolaridad de sus hijos. Si su hijo recibe diagnóstico de piojos, tenga en cuenta que usted no está solo. Como su profesional de enfermería escolar, deseo brindarle la información que necesita para abordar cualquier problema que pueda ocurrir relacionado con los piojos. Además, quiero alentarlo a que converse con su proveedor de salud para resolver el problema de la manera más rápida y efectiva posible. Si tiene alguna pregunta, por favor, no dude en ponerse en contacto conmigo directamente por el número antes mencionado. ¡Mi objetivo principal es la salud de su hijo!

Atentamente,

1 Centers for Disease Control and Prevention. Frequently asked questions (FAQs). http://www.cdc.gov/parasites/lice/head/gen_info/faqs.html. Accessed November 3, 2016. 2. Centers for Disease Control and Prevention. Epidemiology & risk factors. http://www.cdc.gov/parasites/lice/head/epi.html. Accessed November 3, 2016. 3. Mumcuoglu TL, Mertz Rivera K, Villar ME, Bell M. Assessment of the safety and efficacy of three concentrations of topical ivermectin as a treatment for head lice infestation. *Int J Dermatol*. 2013;52(1):106-112. 4. Gellatly KJ, Krim S, Palencher DJ, et al. Expansion of the knockdown-resistance frequency map for human head lice (phthiraptera: pediculidae) in the United States using quantitative sequencing. *J Med Entomol*. 2016;1-7. 5 Burkhart CG. Relationship of treatment-resistant head lice to the safety and efficacy of pediculicides. *Mayo Clin Proc*. 2004;79(5):661-666.

Head Lice 101

What You Should Know About Head Lice

Lice Lessons

Overview

Head lice are a common community problem. An estimated 6 to 12 million infestations occur each year in the United States, most commonly among children ages 3 to 11 years old.[1] Though a head lice infestation is often spotted in school, it is usually acquired through direct head-to-head contact elsewhere, such as at sleepovers or camp.[2]

Head lice are not dangerous, and they do not transmit disease.[1] Additionally, despite what you might have heard, head lice often infest people with good hygiene and grooming habits.[3,4] Your family, friends, or community may experience head lice. It's important to know some basics, including how to recognize symptoms and what to do if faced with an infestation.

Fast Facts

- An estimated 6 to 12 million infestations occur each year among US children 3 to 11 years of age[1]
- Head lice do not discriminate, often infesting people with good hygiene.[3,4] They spread mainly through head-to-head contact[3]
- If you or your child exhibits signs of an infestation, it is important to talk to your doctor to learn about treatment options

What are head lice?

Head lice are tiny, wingless insects that live close to the human scalp. They feed on human blood.[1] When checking for head lice, you may see several forms: the nit, the nymph, and the adult louse.

Nits are tiny, teardrop-shaped lice eggs that are often yellowish or white. Nits are also what you call the shells that are left behind once the eggs hatch. Nits are attached to the hair shaft and often found around the nape of the neck or the ears. Nits can look similar to dandruff, but cannot be easily removed or brushed off.[1]

Nymphs, or baby lice, are small and grow to adult size in 1 to 2 weeks.[1]

Adult lice are the size of a sesame seed and appear tan to grayish-white.[1]

How are head lice spread?

- Head lice move by crawling and cannot jump or fly[1]
- Head lice are mostly spread by direct head-to-head contact—for example, during play at home or school, sleepovers, sports activities, or camp[1]
- It is possible, but not common, to spread head lice by contact with items that have been in contact with a person with head lice, such as clothing (for example, hats, scarves, or coats) or other personal items (such as combs, brushes, or towels)[1]
- Head lice transmission can occur at home, in the community, or—very infrequently—in school[1,2]

What are the signs and symptoms of infestation?

Signs and symptoms of infestation include[1]:

- **Tickling** feeling on the scalp or in the hair
- **Itching** (caused by the bites of the louse)
- **Irritability and difficulty sleeping** (lice are more active in the dark)
- **Sores on the head** (caused by scratching, which can sometimes become infected)

Finding a live nymph or adult louse on the scalp or in the hair is an indication of an active infestation. They are most commonly found behind the ears and near the neckline at the back of the head.[1]

Head Lice 101

What You Should Know About Head Lice

Lice Lessons

What if my child gets head lice?

If you suspect your child might have head lice, it's important to talk to a school nurse, pediatrician, or family physician to get appropriate care. There are a number of available treatments, including new prescription treatment options that are safe and do not require nit combing. Other things to consider in selecting and starting treatment include:

- Follow treatment instructions. Using extra amounts or multiple applications of the same medication is not recommended, unless directed by a healthcare professional[5]
- A 2016 study showed that 48 states now have lice that are genetically predisposed to resistance to commonly used treatments[6]
- There is no scientific evidence that home remedies are effective treatments[7]
- Head lice do not infest the house. However, family bed linens and recently used clothes, hats, and towels should be washed in very hot water and dried on the high setting[5]
- Personal articles, such as combs, brushes, and hair clips, should be soaked in very hot water for 5 to 10 minutes if they were exposed to someone with an active head lice infestation[5]
- All household members and other close contacts should be checked, and those with evidence of an active infestation should also be treated at the same time[5]

Myths and facts about head lice

Myth: Only dirty people get head lice.
Fact: Personal hygiene and household or school cleanliness are not factors for infestation. In fact, head lice often infest people with good hygiene and grooming habits.[3,4]

Myth: Head lice carry diseases.
Fact: Head lice do not spread diseases.[1]

Myth: Head lice can be spread by sharing hair brushes, hats, clothes, and other personal items.
Fact: It is uncommon to spread head lice by contact with clothing or other personal items, such as combs, brushes, or hair accessories, that have been in contact with a person with head lice.[1]

Myth: Head lice can jump or fly, and can live anywhere.
Fact: Head lice cannot jump or fly, and only move by crawling. It is unlikely to find head lice living on objects like helmets or hats because they have feet that are specifically designed to grasp on to the hair shaft of humans. Additionally, a louse can only live for about a day off the head.[1]

Myth: You can use home remedies like mayonnaise to get rid of head lice.
Fact: There is no scientific evidence that home remedies are effective treatments.[7] Consult your healthcare provider to discuss appropriate treatment options, including prescription products.

References

1. Centers for Disease Control and Prevention. Frequently asked questions (FAQs). http://www.cdc.gov/parasites/lice/head/gen_info/faqs.html. Accessed April 20, 2017. 2. Pontius DJ. Demystifying pediculosis: school nurses taking the lead. *Pediatr Nurs*. 2014;40(5):226-235. 3. Meinking T, Taplin D, Vicaria M. Infestations. In: Schachner LA, Hansen RC, eds. *Pediatric Dermatology*. 4th ed. Mosby Elsevier; 2011:1535-1583. 4. Centers for Disease Control and Prevention. Epidemiology & risk factors. http://www.cdc.gov/parasites/lice/head/epi.html. Accessed April 20, 2017. 5. Centers for Disease Control and Prevention. Treatment. http://www.cdc.gov/parasites/lice/head/treatment.html. Accessed April 20, 2017. 6. Gellatly KJ, Krim S, Palenchar DJ, et al. Expansion of the knockdown resistance frequency map for human head lice (phthiraptera: pediculidae) in the United States using quantitative sequencing. *J Med Entomol*. 2016;1-7. 7. Centers for Disease Control and Prevention (CDC). Treatment frequently asked questions. http://www.cdc.gov/parasites/lice/ head/gen_info/faqs_treat.html. Accessed April 20, 2017.

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Piojos 101

Lo que debe saber sobre los piojos

Lección sobre los piojos

Visión general

Los piojos son un problema comunitario común. Cada año en los Estados Unidos existen de 6 a 12 millones de infestaciones aproximadamente; los casos más comunes suceden en niños de entre 3 y 11 años.[1] Aunque una infestación por piojos se detecta normalmente en la escuela, suele contraerse a través del contacto directo de una cabeza con otra en cualquier otro lado, como en campamentos o pijamadas.[2]

Los piojos no son peligrosos y no transmiten enfermedades.[1] Adicionalmente, a pesar de lo que pudiera haber oído, los piojos a menudo infestan a personas con buena higiene y buenos hábitos de aseo personal.[3,4] Su familia, amigos o comunidad pudieran tener piojos. Es importante conocer lo básico, incluyendo reconocer los síntomas y qué hacer si enfrenta una infestación.

Datos rápidos

- Cada año hay un estimado de 6 a 12 millones de infestados en niños estadounidenses de entre 3 y 11 años de edad[1]
- Los piojos no discriminan y a veces infestan a personas con buena higiene.[3,4] Por lo general, se transmiten por el contacto de una cabeza con otra[1]
- Si usted o su hijo exhiben señales de una infestación, es importante hablar con su médico para conocer opciones de tratamiento

¿Qué son los piojos?

Los piojos son insectos diminutos y sin alas, que viven cerca del cuero cabelludo humano. Se alimentan de sangre humana.[1] Cuando esté revisando la presencia de piojos, podría toparse con diferentes formas: la liendre,la ninfa y el piojo adulto.

Las liendres son pequeños huevos de piojos con forma de gota que, por lo general, son amarillentos o blancos. También se le llama así a la cáscara que dejan una vez que los huevos eclosionan. Se adhieren a la raíz del cabello y, a veces, se encuentran en la nuca o en las orejas. Pueden parecerse a la caspa, pero no se retiran o cepillan fácilmente.[1]

La ninfa, o bebé piojo, es más pequeña, y llega al tamaño adulto en 1 o 2 semanas.[1]

El piojo adulto es aproximadamente del tamaño de una semilla de sésamo y su color varía de canela a blanco grisáceo.[1]

¿Cómo se transmiten los piojos?

- Los piojos se mueven a rastras y no pueden saltar o volar[1]
- Por lo general, los piojos se transmiten por el contacto directo entre una cabeza y otra; por ejemplo, durante un juego en casa o en la escuela, pijamadas, actividades deportivas o campamentos[1]
- Es posible, pero no común, contagiarse de piojos por entrar en contacto con los artículos que ha usado una persona con piojos, como su ropa, sombreros, bufandas o sacos, u otros artículos personales, como peines, cepillos o toallas[1]
- La transmisión de piojos puede ocurrir en casa, en la comunidad o, aunque es muy poco frecuente, en la escuela[1,2]

¿Cuáles son los signos y síntomas de una infestación?

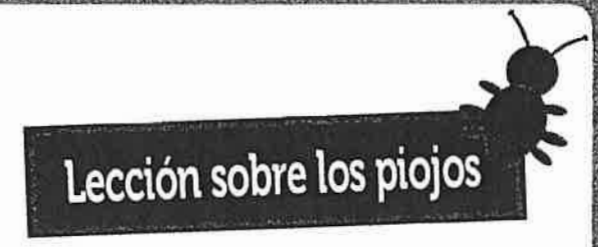
Los signos y síntomas de la infestación incluyen[1]:

- **Sensación de cosquillas** en el cuero cabelludo o en el cabello
- **Picazón** (causada por las mordeduras de los piojos)
- **Irritabilidad y dificultad para dormir** (los piojos son más activos en la oscuridad)
- **Llagas en la cabeza** (causadas por el rascado, y que algunas veces pueden infectarse)

Conseguir una ninfa o un piojo adulto vivo en el cuero cabelludo o en el cabello es una indicación de que hay una infestación activa. Más comúnmente, se encuentran detrás de las orejas o cerca de la nuca en la parte de atrás de la cabeza.[1]

Piojos 101

Lo que debe saber sobre los piojos



¿Qué pasa si mi hijo tiene piojos?

Si usted sospecha que su hijo tiene piojos, es importante hablar con el personal de enfermería escolar, pediatra o médico familiar para recibir el tratamiento adecuado. Existe una gran variedad de tratamientos, incluyendo nuevas opciones de tratamientos con receta que son seguros y no requieren el uso del peine para liendres. Otros aspectos a considerar al seleccionar e iniciar tratamientos:

- Siga las instrucciones del tratamiento. No es recomendable usar cantidades adicionales o múltiples aplicaciones del mismo medicamento, a menos de que lo indique un profesional de atención médica[5]
- Un estudio del año 2016 reveló que personas en 48 estados tienen piojos que están genéticamente predispuestos a resistirse a los tratamientos que se usan normalmente[6]
- No existe evidencia científica que demuestre que los remedios caseros sean efectivos[7]
- Los piojos no infestan la casa. Sin embargo, la ropa de cama del hogar, así como la ropa, sombreros y toallas que se han usado recientemente, se deben lavar con agua muy caliente y secarse con la temperatura más alta[5]
- Los artículos personales, como peines, cepillos y ganchos para el cabello, se deben sumergir en agua muy caliente (al menos 130 °F) por 5 a 10 minutos, si han sido expuestos a alguien con una infestación activa de piojos[5]
- Se debe verificar la presencia de piojos en todos los miembros del hogar y otros contactos cercanos, y se debe tratar al mismo tiempo a todos aquellos con evidencia de una infestación activa[5]

Mitos y hechos acerca de los piojos

Mito: Solo las personas desaseadas se infestan con piojos.
Hecho: La higiene personal y la limpieza del hogar o la escuela no son factores para la infestación. De hecho, los piojos infestan a las personas con buena higiene y buenos hábitos de aseo personal.[3,4]

Mito: Los piojos pueden traer enfermedades.
Hecho: Los piojos no transmiten ninguna enfermedad.[1]

Mito: Los piojos pueden transmitirse al compartir cepillos de cabello, sombreros, ropas y otros artículos personales.
Hecho: Es poco común que se transmitan los piojos al entrar en contacto con ropa u otros artículos personales, como peines, cepillos o accesorios para el cabello que han estado en contacto con una persona con piojos.[1]

Mito: Los piojos pueden saltar o volar y pueden vivir en cualquier lugar.
Hecho: Los piojos no pueden saltar o volar, y solo se mueven a rastras. Es poco probable encontrarlos viviendo en objetos como cascos o sombreros, porque los piojos tienen patas que están diseñadas específicamente para adherirse a la raíz del cabello de los humanos. Además, un piojo solo puede vivir alrededor de un día fuera de la cabeza.[1]

Mito: Puede usar remedios caseros como mayonesa para deshacerse de los piojos.
Hecho: No existe evidencia científica que afirme que los remedios caseros son tratamientos efectivos.[7] Consulte a su proveedor de atención médica para discutir opciones de tratamientos adecuados, incluyendo productos con receta médica.

Referencias

1. Centers for Disease Control and Prevention. Frequently asked questions (FAQs). http://www.cdc.gov/parasites/lice/head/gen_info/faqs.html. Accessed April 20, 2017. **2.** Pontius DJ. Demystifying pediculosis: school nurses taking the lead. *Pediatr Nurs*. 2014;40(5):226-235. **3.** Meinking T, Taplin D, Vicaria M. Infestations. In: Schachner LA, Hansen RC, eds. *Pediatric Dermatology*. 4th ed. Mosby Elsevier; 2011:1535-1583. **4.** Centers for Disease Control and Prevention. Epidemiology & risk factors. http://www.cdc.gov/parasites/lice/head/epi.html. Accessed April 20, 2017. **5.** Centers for Disease Control and Prevention. Treatment. http://www.cdc.gov/parasites/lice/head/treatment.html. Accessed April 20, 2017. **6.** Gellatly KJ, Krim S, Palenchar DJ, et al. Expansion of the knockdown resistance frequency map for human head lice (phthiraptera: pediculidae) in the United States using quantitative sequencing. *J Med Entomol*. 2016:1-7. **7.** Centers for Disease Control and Prevention (CDC). Treatment frequently asked questions. http://www.cdc.gov/parasites/lice/ head/gen_info/faqs_treat.html. Accessed April 20, 2017.

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Dear Parents:

Attendance at school is extremely important to your child's success. They must be at school to learn! However, there are also important health reasons for keeping your child home from school. These helpful guidelines should be used to determine when your child should stay home from school due to illness.

* Vomiting and/or diarrhea-Your child should be free of these symptoms for 24 hours before returning to school

* Fever of 100 degrees or higher in the past 24 hours- Your child needs to be free of fever for a full 24 hours without the help of fever reducing medications (such as Tylenol, Motrin/Ibuprofen) before sending them back to school

* Body rash with a fever

* Sore throat with a fever and swollen glands

* Eye discharge – thick mucus or pus draining from the eye, or pink eye

* Yellowish skin or eyes

* Chicken pox – until the lesions are all scabbed over (7 days after onset of rash)

* Any cold symptoms that cause sinus pain, chest pain, or the coughing up of gray or green sputum with or without a fever. The common cold symptoms are usually not serious, but if symptoms are severe, it is good to keep children home to get rest and to feel better faster.

Head lice – until after the treatment has been completed. This includes removing the nits (eggs) with the special comb or your fingernail and having clean clothes put on

Please help us in encouraging your children to wash their hands often, use hand sanitizer and cover their noses and mouths when they cough or sneeze. It is also helpful for your children to get plenty of sleep and to eat healthy foods – especially breakfast!

We share a common goal – the health, safety and educational success of your child!

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Estimados padres:

La asistencia en la escuela es extremadamente importante para el éxito de su hijo/a. ¡Hay que estar en la escuela para aprender! Pero, hay algunos motivos de salud muy importantes por los cuales su hijo/a debe quedarse en casa. Estas pautas sirven para ayudarle a determinar cuando su hijo/a tendría que quedarse en casa debido a una enfermedad.

- Vomito y/o diarrea- su hijo/a debe estar libre de síntomas por 24 horas antes de regresar a la escuela
- Fiebre de 100 grados o más en las últimas 24 horas- su hijo necesita estar sin fiebre por 24 horas sin la ayuda de medicamentos que bajan la fiebre (como Tylenol, Motrin/Ibuprofeno) antes de regresar a la escuela
- Erupción corporal con fiebre
- Dolor de garganta con fiebre y glándulas hinchadas
- Secreción ocular- moco espeso o pus drenando del ojo, o conjuntivitis
- Piel o ojos amarillos
- Varicela- al menos que las lesiones hayan hecho cascarita (7 días después de la erupción corporal)
- Síntomas del resfrío que causen dolor de sinusitis, dolor de pecho o tos donde se escupe saliva gris o verde sin fiebre. Las síntomas del resfrió usualmente no son serios, pero si las síntomas son severos, es mejor dejar a los niños en casa para descansar y recuperarse más rápido.
- Piojos- hasta que se haya cumplido el tratamiento. Esto incluye quitar las liendres (huevos) con un peine especial o las uñas y ponerse ropa limpia

Por favor ayúdanos a motivar a sus hijos a lavarse frecuentemente sus manos, usar gel antiséptico y taparse las narices y las bocas cuando tosen o estornudan. También es importante que su hijo/a duerma suficiente y come comidas saludables-¡sobre todo el desayuno!

Compartimos un objetivo común: la salud, la seguridad y el éxito educativo de su hijo!