

# PSI PARADIGM<sup>®</sup>

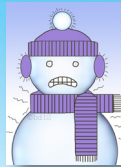
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## Protect Yourself from the "Bite" of Winter



Another Ohio winter has arrived: cold temperatures, high winds and snow are here for the next few months.

**It is important to remember to dress for the weather.**

Frostbite, a cold-related condition that may result from cold exposure, is the freezing of fluid in the cells and can occur in various degrees. "Frostnip" refers to a milder form of frostbite in which only the surface cells of the skin freeze, usually on the nose, ears, cheeks, fingers and toes.

The affected skin may at first become flushed or reddened or the individual may feel a burning and tingling sensation. Frostnip is the most common type of frostbite, and if identified early it can be reversed without any tissue damage.

The recommended treatment is to warm the affected part by blowing through cupped hands onto the skin, covering the area, or holding the extremity against the body and using body heat for warming.

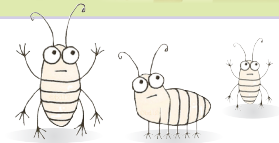
Adapted from Cleveland Clinic  
"Let's Move It"

## Health Matters!



A Wellness Newsletter for Educators

### What's bugging you ?



The school year would just not be complete without a case of head lice! This school health issue always seems to create quite an itch in the school setting, and has resulted in a great deal of misinformation for students, parents and school administrators.

Head Lice (plural of head louse, known as, *Pediculus humanus capitis*) infests the scalp and hair of the human head and is especially common among schoolchildren ages 3-12. It is important to remember that head lice affects all socioeconomic and ethnic groups, is more frequent in girls than boys and less frequent in African Americans due to the oval shape of the hair shaft.

According to the National Association for School Nurses, keys to effective lice management include community education, involving school professionals, health care providers and caregivers. In addition, accurate diagnosis is pertinent to lice management as well as effective treatment to reduce re-treatment and resistance.



The gold standard in diagnosis is the presence of a live louse on the head or a nit (louse egg) within 1cm of the scalp, itching may or may not be present. Focus areas for examination include behind the ears and nape of the neck. Primary transmission is direct head to head contact; it is only secondary transmission that lice transfer through brushes, combs, bedding, etc. Lice do not jump, fly or crawl long distances. As a result, school is a very rare source of transmission; much more common are family members, overnight guests and playmates that spend a large amount of time together.

It is important to avoid misdiagnosis as it leads to unnecessary treatment, student and family embarrassment, as well as having negative effects on learning. Similarly, "No Nit" policies also lead to negative learning outcomes due to increased student absences and are not recommended by the Center for Disease Control (CDC), American Academy of Pediatrics, National Association of School Nurses, the American School

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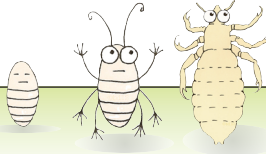
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# LICE 101

Everything you really didn't want to know about lice!



DEFINITIONS	
<b>Lice</b> - more than one louse	<b>Nit</b> - eggs, dead or alive of a louse
<b>Louse</b> - small insect that lives on the scalp	<b>Parasite</b> - lives off another, in this case the blood of humans
<b>Pediculosis</b> - having an infestation of lice	<b>Infestation</b> - having an insect present, in this case, on your head
MYTHS	
TRUTHS	
Lice are easy to get	Lice are spread only by head to head contact. They are much harder to get than a cold, flu, ear infection, pink eye, strep throat, food poisoning or impetigo
You can get lice from your dog, guinea pig or other animal	Lice are species specific. You can only get human lice from another human. You cannot get another animal's lice
Lice are often passed via hats and helmet	Rarely, but possible. Hairbrushes, pillows and sheets are much more common modes of transmission
School is a common place for lice transmission	School is a VERY RARE source of transmission. Much more common are family members, overnight guests and playmates who spend a large amount of time together
Poor hygiene contributes to lice	Hygiene makes absolutely no difference. Lice actually like clean hair more than dirty. You get lice by close personal contact with someone else who has lice, not by being dirty
Lice can jump or fly from one person to another	Lice can only crawl. They can neither fly nor jump. They must crawl from one person to another
Any nits left in the hair can cause lice to come back	Any nits farther away than ¼" to ½" on the hair shaft are ALREADY HATCHED and pose no risk to others
Eggs or nits can fall out of the hair, hatch and cause lice in another person	Nits are cemented to the hair and very hard to remove. They cannot fall off. Newly hatched larvae must find a head quickly or they will die
Lice can live a long time	Lice live only 1-2 days off the head
All members of a family should be treated if one person has lice	Only the person with lice should be treated. Lice shampoos are INSECTICIDES and can be dangerous if used incorrectly or too frequently. Household members and close contacts should be checked, but only treat those who actually have lice. The house, clothing or other items should NOT be sprayed with insecticide
Checking a classroom when one student has lice can prevent lice from spreading	Classroom transmission is EXCEEDINGLY RARE and a waste of valuable teaching time. Checking family members and close playmates is much more appropriate
Avoiding lice is important as they spread disease	Lice do not spread any known disease. They are annoying and icky, but cause no disease

Chart available to download from: [http://www.pershing.k12.nv.us/parents/health\\_issues/lice101.html](http://www.pershing.k12.nv.us/parents/health_issues/lice101.html)



Actual size of the three lice forms compared to a penny (Photo credit: CDC)

## What's bugging you ? (Continued from page 1)

Health Association, Harvard School of Public Health and many others.

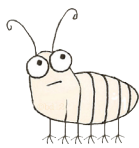
Additionally these organizations recommend students diagnosed with head lice remain in school and not be immediately excluded. The recommendation continues, including that parents will of course be notified and the school nurse or health personnel will follow up to make sure appropriate treatment is accomplished. It is at the time that appropriate treatment has not taken place that the student would not be able to come to school.

Misdiagnosis and "No Nit" policies also cause increased childcare expenses, lost wages and strain on the parent or guardian of the student. A recent study of attendance records show 12-24 million school days are lost annually in the US due to exclusion of students for lice and nits.

Sound communication and thorough education lead to shared clinical decision making between the family and the school nurse or health provider resulting in quality care and positive outcomes for the student.

The role of the school nurse is pivotal in diagnosis, referral and education. The school nurse can educate and support treatment attempts, help alleviate strain

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## What's bugging you ?

on parents and guardians, as well as understand and validate struggles.

Head lice treatment should start with accurate diagnosis, and continue with safe and effective treatment. Education and collaboration with parents and pertinent school personnel should be at the forefront of both prevention and treatment of head lice, including environmental considerations.

In conclusion, head lice are not a medical hazard, but instead a nuisance or "pest" one could say, with social, physiological and financial consequences. It takes a village to cure a head lice infestation. The model of a managed, well controlled, approach to head lice treatment requires tools aimed at accurate diagnosis, safe and effective treatment and a solid foundation of school community education and assistance.

### Resources:

National Association of School Nurses, School and Community Resources to Avoid and Take Control of Head Lice. (2011). Head Lice in Children: A Real Head Scratcher for the Community [Powerpoint presentation].

Pontious, MSN, RN, NCSN, D. J. (2011). Hats Off to Success: Changing Head Lice Policy. NASN School Nurse, 26 (6), pp. 357-362.

Head lice. (2011). In The Free Dictionary.com. Retrieved December, 19, 2011, <http://www.thefreedictionary.com/head+lice>



PSI customizes Health Services to meet the needs of your students.



# Bed Bugs

**"Sleep tight, don't let the bed bugs bite."**

used to be just an old saying, but the recent resurgence of bed bugs across the U.S. is a reality. Bed bugs are primarily a nuisance to humans and are not known to transmit disease. However, infestations can cause severe psychological and emotional stress.

Bed bugs are parasitic insects that prefer to feed on human blood, but can also survive on the blood of rodents, bats, birds and pets. Bed bugs are small but visible to the naked eye. They typically hide during the day and only come out to feed, usually at night. They cannot fly but can walk very fast. They can cling to surfaces and fit into very small cracks and crevices. Bed bugs are excellent hitchhikers and can be found in many locations. They are most often found in places that are occupied by humans with a high rate of occupant turnover, including hotels, dorms, apartments, and movie theaters, airplanes, ships, trains and buses. Bed bugs hide in mattresses, box springs, bed frames, dressers, upholstered furniture, cracks and crevices, baseboards, etc. They prefer fabric, wood and paper surfaces.

Bed bugs may or may not be seen, but the most obvious signs of bed bugs are small black spots (feces) in or near the hiding places or bloodstains, which can occur when a bed bug is squashed. Bed bug bites are usually itchy red welts often found two or three in a row and occur most often on the exposed areas of the body such as the face, neck and arms. These can be similar to other insect bites so it is important to confirm what caused the bites. The reaction to a bed bug bite is a result of the injected saliva. People can present with a variety of reactions to bed bug bites. Resisting the urge to scratch the bites can prevent a secondary infection.

Getting rid of bed bugs will probably require the help of a professional. Vacuuming will remove some of the bed bugs, but not the eggs that are glued in place. Items can be placed in a dryer on high heat for 20 minutes to kill bed bugs and their eggs. Mattresses and box springs can be enclosed in a bed bug-proof zippered cover to kill the bed bugs.



CDC image: Close-up of tiny bed bug

This should be kept in place for more than a year because the bugs can survive for an extended period of time without feeding.

## QUICK FACTS



\*Anyone can have a bed bug infestation. It is a common misconception that only dirty or low-income homes carry bed bugs. The truth is that bed bugs prefer human blood, and they will feed on anyone, regardless of their cleanliness or socioeconomic status.

\*Bed bugs do not transmit disease; however, secondary infections can occur from scratching bed bug bites.

\*Pesticides and other treatments are effective against pests, but are not necessarily effective against bed bugs. Some pesticides will kill bed bugs that are out in the open and if they are sprayed directly. However, the majority of bed bugs in an infested building are hiding and it is unlikely they will be killed by these contact pesticides.

\*Bug bombs will not kill the majority of bed bugs in an infested room. These insecticides typically cause bed bugs to scatter so that they can avoid the irritating effect of the spray. The scattering effect from bug bombs makes the bed bug infestation much worse!

## BED BUGS at SCHOOL



If a suspected bed bug is found on a student at school, the student should not be excluded from school. A student's privacy and dignity should be maintained. Recommended guidelines for schools to follow if a suspected bed bug is found on a student or their belongings can be found online at the following websites: [www.odh.ohio.gov](http://www.odh.ohio.gov), [centralohiobedbugs.org](http://centralohiobedbugs.org), [ccbh.net](http://ccbh.net) (search: bed bugs)

**Sources:** The Ohio Department of Health, The Central Ohio Bed Bug Task Force and The Cuyahoga County Board of Health

## New Peterson Scholarship Expected to Impact School Nursing

Starting in the 2012-2013 school year, private schools across Ohio will be able to accept more students with special needs. The Peterson Scholarship Program will help make private school financially feasible for thousands of students who qualify for special education services. Many students who qualify for special education services also have specialized nursing and medication needs.

PSI's Nurse Managers and Nurse Specialists continue to support our PSI Health Staff to stay current with all Peterson-funded student nursing needs. We also provide training and professional development as needed to help faculty understand how best to manage these students and how to conform to Scholarship requirements. If you have questions about the Peterson Scholarship Program, please contact Dr. Layla Nelson, PSI's Coordinator of Educational Specialists.



## Student Wellness Programs

Why not kick off 2012 by getting your students headed down the road to a healthier future?

Students who learn healthy habits at an early age are much more likely to excel academically, enjoy good health and maintain their appropriate weight.

This program promotes nutrition, hygiene and exercise, involving students and parents. It has been very successful with urban and suburban populations, complementing the government's emphasis upon student wellness, obesity awareness and the development of healthy habits. It is based on the national Health Education Standards and includes behavioral objectives to measure student outcome.

PSI's Healthy Choices: Be a Healthy Hero! is also an excellent way to integrate psychological, speech, and instructional services with the school health team. The provision of such comprehensive services is the best way to impact students and parents while maximizing cost benefits.

Join the growing number of PSI partner schools who are participating in PSI's "Healthy Choices" program and Be a Healthy Hero.

For more information about this fast growing and exciting student wellness program please contact us at [MarilynQuercioli@psi-solutions.org](mailto:MarilynQuercioli@psi-solutions.org).



## PSI's School Web Based Service

PSI is making available to interested partner schools next school year a web based service illustrating to parents the many school health and educational programs your school offers parents through PSI. This is designed to serve as a resource to your parents and to enhance their appreciation of all you do for their children and families.

Part of this new program available to interested schools is a Question and Answer column for your own school or district's web site, newsletter or parent letters. In these periodic columns, our School Nursing Specialists will answer health-related questions for parents, principals and teachers concerning current issues. There is no charge for this service. Schools are welcome to include this column in their print or digital newsletters, on their school's website and/or on their letterhead. Please contact the PSI Health Department (ext 226 or at [MarilynQuercioli@psi-solutions.org](mailto:MarilynQuercioli@psi-solutions.org)) for further information about this new value added and complementary service from Ohio's School Health Specialists!

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Contact us for more information.



# Health Matters!