



Wellness Committee Meeting

Minutes

Wednesday, April 9, 2014; 7:00 a.m.
Central Administration Office

"Empowering ALL Learners to Succeed"

Present: Superintendent Douglas Sullivan, Hagen Principal Marcus Lewton, School Board Member Tanya Rude, Pediatrician Dr. Amy Oksa, DPS Dietician Nancy Wahl, Mrs. Stacy Kilwein (parent representative), Mrs. Sheila Freed (RN from Southwest District Health Unit), and Physical Education instructor Pamela Reichert. Absent: Ms. Tamara Praus.

No Nit Policy – Committee members were mailed copies of the North Dakota School Boards Association (NDSBA) Policy Ponderings regarding head lice along with a proposed revised NDSBA head lice policy (FCAC), the current DPS head lice policy, and the current administrative regulation FCAC-AR. Superintendent Sullivan and Mrs. Freed from SWDHU have met and discussed the services available for students identified with head lice. Mrs. Freed is in agreement with the medical community that students should not be excluded from school for head lice. The DPS Cabinet members have had a discussion and could not come up with a consensus on the topic.

Dr. Sullivan collected information from the schools regarding the noted cases and the total length of time students were out of the building. Lincoln reported two days, Heart River five days, Jefferson 8-12 days, Berg two days and Roosevelt had 24 or more days. Roosevelt reported one classroom with an outbreak of 11 students reported to have head lice. Dr. Sullivan said that the recommendation from the NDSBA is to change the District's no nit policy and do not exclude students from school. Dr. Sullivan asked this group together to receive some guidance due to the medical expertise of some of the members.

Mrs. Freed explained that national guidance does not exclude children. If there are live lice then the children may be sent home to be treated and allowed to return when treated. It is possible the children could be allowed to stay in school, contact the parents, and then the children could be treated once they come home from school. It all depends if in fact the child has live lice. Because of this the SWDHU no longer offers service to check the students and have changed to training the school staff to identify live lice. Some instances where there is a lice outbreak is when there are coats piled together, pajama parties, head to head contact, or a sleep over where most of the class was invited. Dr. Oksa added that lice don't jump, they crawl. The louse cannot live on inanimate objects for very long. It is not common for them to transfer from hats unless they are hung together. Mrs. Freed stated that if the nits are ½ inch from the scalp they are dead. Mrs. Kilwein noted that once a child has head lice it is extremely hard to get rid of them. Sometimes it takes time to find out the child actually has lice. Dr. Oksa and Mrs. Freed suggested educating the parents and also the educators, such as how to keep the coats and hats separate. Dr. Oksa asked for clarification where the superintendent is looking for guidance, is he looking for guidance as far as a no live lice policy or to keep students in school at any level. Dr. Sullivan responded he was looking for guidance regarding if the district should pursue a no nit policy or a no live lice policy.

Dr. Lewton said there are two factors: one factor is that the absenteeism is not a lot of days. These days are very minimal in comparison to some of the huge absences seen in the district. Staff morale is another factor. He understood the educational part but it is tough to have change. If a staff member gets lice and it gets into their home that could propose a problem. Mrs. Freed asked Dr. Lewton if he has had a staff member get lice and he had not. Mrs. Freed said that head lice is not commonly found in older

children or adults. Mrs. Freed said that best practice is education. As she understood it every minute a child is out of the instruction it is detrimental to the child. Dr. Oksa felt that a no live lice policy is an option. Mrs. Freed felt that parents want to know if their children have lice. Dr. Oksa suggested having the children go home to be treated and then be allowed to return to school the next day. Mrs. Kilwein said this is assuming the parents will treat the child. Mrs. Freed said that the parent should be given the instruction sheet on how to treat for head lice. She said she has lead several different school districts through this process, it is the new norm. The identifying factor is educating the parents, sending the student home when you find the lice, if the child comes back and still have lice then send the child home again. Don't just trust the parents. Lice are not the easiest thing to kill, the child needs to be checked before reentering school. You don't want the child there if they have live lice. Dr. Oksa added that parents don't want their child to have lice. Mrs. Kilwein discussed the outbreak at Roosevelt and how those families felt. She said they all knew because they were talking about it on FaceBook. Mrs. Freed said that is when the district could bring in resources to find out what is happening or what it going on. Dr. Oksa suggested an environmental investigation. Dr. Oksa stated that the nits are not contagious it is the live lice that are contagious. Nits don't move, they don't go from head to head. Once you are treated, you are killing the live lice and you are killing the nit. The ones that are further than 1/2 inch from the scalp are dead. Mrs. Freed suggested the child be treated and then retreated in 7-10 days. There are lice products that kill live lice, combing gets the unhatched. The treatments are 80% effective. Overdoing the treatment can burn the scalp. There is a study that shows a product, Cetaphil cleanser, that is 95% effective. It is put into the hair and then a hair dryer is used to dry it, it then kills the lice overnight by suffocating them.

Dr. Sullivan asked for the sentiments of the committee. Dr. Oksa said that the no live lice option seemed reasonable. Dr. Lewton felt this would be a concern and that the staff needed to be educated since we are trying to change the culture. He recommended Mrs. Freed provide education to all the staff in the district; mindsets do not change overnight. The District needs to do what is best for the child. It needs to go forward even knowing there could be resistance. Dr. Oksa suggested putting the new policy effective the beginning of the next school year. Mrs. Freed suggested training during the staff meetings or smaller groups at the buildings.

DPS End-of-the-Year Wellness Report – Superintendent Sullivan distributed copies of the end of the year wellness report. He asked for questions or comments. Mrs. Rude said she would like to see how many students in each school are partaking fruits and vegetables or exercising. She wants to see numbers not just yes or no. Dr. Lewton gave an example in regards to the salad bar at Hagen. There are probably 60-100 that eat the salad bar out of 400. There are kids that grab a carrot. If a student doesn't take a fruit or vegetable they are given a pack of raisins. With the help of Mrs. Wahl there is a school store now that provides healthier snacks. Mrs. Rude inquired if the nutrition offerings are at all of the schools. Mrs. Wahl responded it is offered at the schools. Every ingredient for every single item on the menu will be inputted to get the nutrition for all the menu items. This will then be posted on the websites so parents can see them. There were no noted concerns with the summary report.

Pink Eye – Dr. Oksa said that pink eye is almost as hard to change in the mindset of individuals as it is regarding the mindset of lice. The American Association of Pediatrics suggests not all pink eye be treated with antibiotics. She said that the local doctors consider the recommendation and then treat as they see fit. She said the school has to decide if they want to allow a child with pink eye in the school if it is noticed in the morning or if it noticed during the day or wait until the child gets home from school. Or does the school send the child home right away. Dr. Oksa asked what the policy or practice was for the child to return to school. Is it if the child has been on medication for 24 hours they can return? Does it depend on the medications they receive? Dr. Oksa felt that one dose of a bactericidal, such as Vicamox, the child can go back to school the next day. Mrs. Freed inquired how long the child should

stay out. Dr. Oksa responded if the eyes are still goopy then they should remain at home. She added that at Head Start she believes the child is allowed to stay until the end of the day at school. Mrs. Freed encouraged good judgment. Dr. Oksa said that a lot of times when there is pink eye in younger children they also have other symptoms, such as a fever or ear infection. They often don't feel well and shouldn't be in school. The child can have allergy symptoms without any pus and then they are not contagious. Mrs. Kilwein said, as a parent, she did appreciate receiving a call if a child may have pink eye because she didn't want her child to infect anyone else. Sometimes it is best to let the parent know right away so that they can get the child into the clinic. Mrs. Freed said that it makes sense to send a child home, especially if there is drainage and the child doesn't feel well. There should be a note from the doctor when the child may return to school. Dr. Oksa noted that different physicians will recommend different things. She also clarified that if there is crusting on the eyes that is allergies, if there is pus in the eyes that could be pink eye. If a child has red eyes with no discharge they do not get treated with antibiotics.

Peanut Allergies – Mrs. Wahl just attended a seminar where peanut allergies were discussed. She reported most schools are going away from the “peanut free” buildings. Findings show that the allergen must be ingested. That having a separate table in the lunch room is not going to spread the allergen. The findings are saying that it is not airborne. Dr. Oksa said that patients that have had an allergic reaction may not necessary have gone to anaphylactic, such as peanut allergies but dining at JD's barbeque. The person may feel horrible but may not need to go to the hospital. She also noted that severe peanut allergies is not that common, there is a small percentage that have this. Mrs. Freed said that whether it is a true protection we need to do the right thing. Dr. Oksa asked if we are just making ourselves feel better. Mrs. Wahl said that any type of detergent will clean the peanut allergy off the table. She asked Dr. Oksa to do some research on the topic. Dr. Oksa inquired what the cost is of having peanut free versus the benefit. Mrs. Wahl didn't know the exact number of students that have peanut allergies. Dr. Sullivan recommended revisiting this topic at the next wellness committee meeting.

Adjournment - The meeting was adjourned at 7:55 a.m.

Minutes provided by Twila Petersen.