

CENTRAL COMMUNITY SCHOOL DISTRICT

HEAD LICE

POLICY AND PROCEDURE

INTRODUCTION

The purpose of this manual is to provide schools in the CCSD with a comprehensive policy and procedure to prevent, identify, manage, and treat head lice in the school setting. This policy was developed using the latest research information available from the CDC, Office of Public Health, and the National Association of School Nurses.

The committee recognizes that head lice can be a sensitive topic and strived to examine research and ultimately develop policy that provides for the best interest of children and other's impacted by head lice. The core of treatment is that of educating staff, families, and professionals in calm supportive non judgmental fashion offering support to all involved.

Medical Impact

Pediculosis is an infestation of head lice, it is not an infection. It does not pose a significant health hazard and is not known to spread disease. The most common symptom is itching due to lice saliva sensitization. Many times there are no symptoms. Occasionally, scratching leads to chafing and secondary bacterial infections requiring treatment with antibiotics. The public health disease impact from head lice is negligible.

The largest impact of head lice comes not from the condition itself but from our culturally based reactions and emotions toward the condition. A case of head lice in a school can create fear and anger among community that is far greater than it should relative to the health issues it imposes. This can lead to negative secondary impact on children, families and staff. Anxiety over head lice treatments can lead to inappropriate treatments that pose real and significant health hazards to children and households.

CCSD HEAD LICE PREVENTION AND CONTROL POLICY

In following the recommendations of the CDC, American Academy of Pediatrics and National Association of School Nurses the CCSD has developed the following guidelines for lice in schools.

Students with active infestations, defined as the presence of live lice or nits confirmed by school nurse or trained designated school staff will be sent home from school. Parents will be given a letter defining CCSD recommendations for treatment, and procedure for student to return to school. (Attachment 1)

Students with active infestations defined as nits within $\frac{1}{4}$ inch of the scalp confirmed by the school nurse or trained designated school staff will be sent home at the end of the school day with instructional letter to parent recommending treatment procedures for student to return to school (Attachment 2)

School Staff Procedure for suspected Head Lice Infestation:

When a school staff member suspects that a child is infested with head lice the following procedures should be followed:

- 1) Notify the school nurse by phone or email.
- 2) The child will be assessed by the school nurse, or trained designated staff member for the presence of active lice infestation.
- 3) The child will be assessed within a reasonable timeline and triaged according to needs within the school district. It is important to remember that immediate removal of the child is unnecessary. If, the child has lice they have likely had them for weeks. It is important that the child's privacy is maintained to prevent undue social stress.

School Nurses/Trained Staff Procedure for Identifying Head Lice:

Suggested Equipment and Supplies:

Lice Detection/Applicator Sticks
Natural Light or Flashlight
Disposable gloves (Optional)

Methods:

Head Lice are best identified by inspecting the hair and scalp for live lice or nits within $\frac{1}{4}$ inch of the scalp. The standard is identifying head lice is finding live louse on the head. Lice and nits are most often found at the nape of the neck, and above and behind the ears.

Adults and nymphs are difficult to see because they are small and often appear to be nearly the same color as the hair on the host. Most recently laid nits will be opaque, white, shiny, and located on the hair shaft within $\frac{1}{4}$ inch of the scalp. Dandruff, hair casts, globules of hair spray, and scalp conditions such as psoriasis or eczema may easily be mistaken for nits. Hair debris is easily detached or loosened from the hair shaft. Nits are firmly attached to the hair shaft and not easily removed. By the time the egg case is $\frac{1}{2}$ inch from the scalp; the egg has either hatched or is non-viable.

1) Upon referral of the child with suspected head lice the school nurse or trained school staff member will examine child for the presence of active lice infestation. The individual child will be examined in a place/manner that provides for the privacy of the child. Examination will be conducted using the lice applicator stick method which provides for sanitary assessment of student. If it is determined that the child has active head lice infestation appropriate parental notification will occur.

2) Letter informing parents of children in that classroom/block room will be sent home (See attached)

3) A single isolated case of head lice is not cause to check entire classroom/grade levels of students. However, if more than one case of active head lice infestation is determined by the school nurse or school trained employee assessment of the entire classroom will be conducted. It is important that only active lice infestations identified by the school nurse or trained school personnel will be considered valid due to the high incidence of misdiagnosis in this matter.

ATTACHMENTS AND SUPPLEMENTAL MATERIALS:



NOTE FROM THE SCHOOL NURSE:

WE HAVE HAD A CASE OF HEAD LICE IN YOUR CHILD'S CLASSROOM. THIS IS NOT A CAUSE FOR PANIC, BUT FOR ACTION TO PREVENT ANY FURTHER HEAD LICE INFESTATION. YOU NEED TO EXAMINE YOUR CHILD'S HEAD TODAY.

LICE ARE WINGLESS BLOODSUCKING INSECTS, THEY HAVE CLAWS AND CANNOT JUMP. LICE ARE COMMON, ESPECIALLY IN CHILDREN AGES 3-11; THEY ARE NOT A REFLECTION OF PERSONAL HYGIENE. LICE ARE NOT AN INFECTIOUS PROCESS, AND DO NOT CAUSE DISEASE. CONTACT WITH AN INFECTED PERSON IS THE MOST COMMON WAY TO SPREAD LICE, AND HEAD TO HEAD CONTACT IS A VERY COMMON FORM OF PLAY AMONG ELEMENTARY CHILDREN. IT IS VERY UNCOMMON FOR LICE TO BE SPREAD THROUGH HATS, COATS, AND PILLOWS. LICE DO NOT LIVE OFF OF THE HUMAN HOST FOR MORE THAN 24 HOURS

SOME COMMON SIGNS OF LICE INFESTATION ARE: ITCHING, SCRATCHING, AND SORES IN THE HEAD. LICE EGGS ARE CALLED NITS, AND THEY WILL HATCH IF NOT REMOVED IN 7-10 DAYS.

THE SCHOOL NURSES DEPARTMENT HAS DEVELOPED GUIDELINES FOR OUR SCHOOLS TO USE WHEN CHILDREN WITH LICE ARE DISCOVERED. BUT WE NEED YOU AS PARENTS TO HELP US KEEP THIS UNDER CONTROL.

4 STEPS TO GETTING RID OF LICE ARE:

PREVENTION: INSPECT FREQUENTLY

TREATMENT: LICE SHAMPOO USED CORRECTLY

TREATMENT OF BELONGINGS: WASH BEDDING AND CLOTHING IN HOT SOAPY WATER, DRY USING HIGH HEAT CYCLE

POST-TREATMENT INSPECTION: INSPECT INDIVIDUALS UP TO 10 DAYS FOLLOWING TREATMENT

THE BEST THING THAT WE CAN DO IS TO PREVENT: PLEASE INSPECT YOUR CHILDREN TODAY, AND FREQUENTLY THROUGH OUT THE SCHOOL YEAR. IF YOU DISCOVER LICE, OR NITS – PLEASE NOTIFY THE SCHOOL SO THAT WE CAN ASSIST YOU TO FOLLOW UP AND MAKE SURE THAT YOU HAVE COMPLETELY GOTTEN RID OF ALL OF THE LICE.

FOR FURTHER INFORMATION I WOULD LIKE TO ALSO SUGGEST THAT YOU CHECK WITH YOUR CHILD'S PEDIATRICIAN.

Date: _____

Dear Parent/Guardian:

Your child has been sent home from school due to Head Lice. Please keep your child at home until proper treatment has been administered. Your child will be allowed to return to school once the proper treatment has been administered. In order for your child to return to school you must make an appointment with the school nurse to have head checked. Your child will not be allowed back into the classroom until cleared with the school nurse. If live lice are found, your child will have to return home. If nits are found, your child will be rechecked. If nits are present after one week your child will be excluded from school until clear. If live lice continue to be found, your child will be excluded until they are both lice/nit free. It is recommended that if your child continues to have lice after being treated with over the counter products, and following the recommended procedures you check with your child's pediatrician.

Signs/Symptoms of Head Lice:

1. Lice can be very difficult to see, they move quickly from light, they **DO NOT JUMP**.
2. Scratching head, especially around ears and hairline.
3. Eggs/Nits are seen on hair shafts. Eggs are glued to the shaft and do not move freely. If you can flick the hair and it moves, it is not a NIT.

Treatment:

1. There are several over the counter products available to treat lice. You can check with your local pharmacist or pediatrician for recommendation on which product to use. You must follow the instructions for the use of this product, or it will not work. Do not use shampoo with conditioner prior to treatment.
2. No product kills 100% of the nits/eggs. It is important that all eggs be removed from hair. There are products available to purchase that will help loosen nits, or you can use a 1:1 Vinegar/Water solution. Use the special comb that comes with the lice shampoo to comb out the nits.
3. Treat all members of the family who are infested. **DO NOT TREAT CHILDREN UNDER 2 YEARS OLD, INFANTS, OR PREGNANT WOMEN WITHOUT FIRST CONSULTING A PHYSICIAN.**

ENVIRONMENTAL TREATMENT – YOUR CHILD WILL CONTINUE TO HAVE LICE IF YOU DO NOT FOLLOW THESE INSTRUCTIONS.

1. Soak all combs, brushes, hair accessories in lice shampoo for one hour.
2. Wash sheets, pillowcases, blankets, and bedspreads on hottest setting in both washer and dryer.
3. Place pillows and any non-washable bedding in dryer for 30 minutes, or seal them in plastic bag for 14 days.
4. Seal all stuffed animals, bows and ribbons in plastic bags for 14 days.
5. Vacuum mattresses and the run a hot iron over them.
6. Vacuum upholstery and carpet.
7. Vacuum inside of car especially head rest.
8. Wash all clothing, jackets, sweaters, and other clothing that has been in contact with infected person in the last 7-10 days.
9. Take all non washable clothing to dry cleaners or seal in plastic bag for 14 days.

NURSE	SCHOOL/PHONE	EMAIL
SHARON BALL, RN	CENTRAL HIGH 261-3438 CIS 261-1390	sball@centralcss.org
SUSAN WEATHERS, RN	CENTRAL MIDDLE 261-3056 CIS 261-1390	sweathers@centralcss.org
TERRI LEBLANC, RN	TANGLEWOOD 261-3454	tleblanc@centralcss.org
MISTY TYNES, RN	BELLINGRATH 261-4093	mtynes@centralcss.org



Date: _____

Dear Parent/Guardian:

Your child's classroom was checked today for lice. You are receiving this letter because your child was identified by the school nurse as possibly having nits. Nits can be the result of current or previous lice

infestation. Please examine your child very closely tonight to determine if nits or lice are present, and treat appropriately.

Signs/Symptoms of Head Lice:

Lice can be very difficult to see, they move quickly from light, they DO NOT JUMP.

4. Scratching head, especially around ears and hairline.
5. Eggs/Nits are seen on hair shafts. Eggs are glued to the shaft and do not move freely. If you can flick the hair and it moves, it is not a NIT.

Treatment:

4. There are several over the counter products available to treat lice. You can check with your local pharmacist or pediatrician for recommendation on which product to use. You must follow the instructions for the use of this product, or it will not work. Do not use shampoo with conditioner prior to treatment.
5. No product kills 100% of the nits/eggs. It is important that all eggs be removed from hair. There are products available to purchase that will help loosen nits, or you can use a 1:1 Vinegar/Water solution. Use the special comb that comes with the lice shampoo to comb out the nits.
6. Treat all members of the family who are infested. DO NOT TREAT CHILDREN UNDER 2 YEARS OLD, INFANTS, OR PREGNANT WOMEN WITHOUT FIRST CONSULTING A PHYSICIAN.

ENVIRONMENTAL TREATMENT – YOUR CHILD WILL CONTINUE TO HAVE LICE IF YOU DO NOT FOLLOW THESE INSTRUCTIONS.

10. Soak all combs, brushes, hair accessories in lice shampoo for one hour.
11. Wash sheets, pillowcases, blankets, and bedspreads on hottest setting in both washer and dryer.
12. Place pillows and any non-washable bedding in dryer for 30 minutes, or seal them in plastic bag for 14 days.
13. Seal all stuffed animals, bows and ribbons in plastic bags for 14 days.
14. Vacuum mattresses and the run a hot iron over them.
15. Vacuum upholstery and carpet.
16. Vacuum inside of car especially head rest.
17. Wash all clothing, jackets, sweaters, and other clothing that has been in contact with infected person in the last 7-10 days.
18. Take all non washable clothing to dry cleaners or seal in plastic bag for 14 days.

IF YOU HAVE ANY QUESTIONS, YOU CAN CALL THE SCHOOL AT _____ AND LEAVE YOUR PHONE NUMBER FOR THE SCHOOL NURSE TO CALL YOU BACK OR YOU CAN EMAIL ME AT _____.

PLEASE SIGN BELOW AND RETURN TO SCHOOL TO CONFIRM THAT YOU HAVE RECEIVED THIS LETTER: _____