



## **JPII SCHOOLS HEAD LICE IDENTIFICATION AND MANAGEMENT PROTOCOL**

**September 2013**

### **Objectives:**

- ✓ Assure fair treatment for all students affected by head lice.
- ✓ Assist parents in the process of monitoring and resolving the problem.
- ✓ Avoid misdiagnosis and unneeded school absences.
- ✓ Provide evidence-based and consistent head lice information to parents and students.

### **Prevention:**

- Remind students not to share headgear, hats, etc.
- Avoid head to head contact such as hugging
- Avoid close contact with other students.

### **Head lice**

- Active vs. Inactive Head Lice
  - Active head lice infestations are characterized by clusters of nits laid close ( $\frac{1}{4}$  inch) to the scalp and/or the presence of live lice. The color of nits can be yellow, light brown or white. They can take on the color of the hair somewhat. Nits found individually in different locations of the head, more than  $\frac{1}{4}$  inch away from the scalp, would characterize inactive cases of head lice, possibly from a prior (now resolved) infestation. Older nits naturally are moved farther out on the hair shaft due to combing and hair growth. Empty nit cases will look translucent, but may still be attached to the hair shaft.

### **Protocol:**

1. The school nurse or designated staff will check any student reported to possibly have head lice.
2. If head lice/nits are found, the teacher will be informed immediately.
3. Parents will be notified immediately. The parent may pick up child at this time. It is not necessary for a student to be removed immediately from the classroom.
4. When the parent comes to pick up their child:
  - Give parents a head lice home action plan (*Head Lice Fact Sheet* and *Quick Guide for Removing Head Lice* from ND Department of Health handbook) and encourage them to take steps to rid head lice from the home environment.

- Students should return to school the next day with the head lice treatment intervention having taken place.
  - Inform them that a school nurse or other trained staff member will recheck their child once a week for 2 weeks after returning to school and encourage the parent to check their child daily for any signs of re-infestation.
  - If child was sent home with live lice, the student will be checked the next day before returning to class. If live lice are found, student will be sent home.
  - Encourage parents to talk to other parents of their child's close playmates.
5. Siblings of the student with an active infestation and close playmates may be screened for head lice. If an active case is identified their parents will be notified.
  6. Letters to parents of classmates will **NOT** be sent and names of affected students may not be shared with classmates' parents. Staff should also protect the privacy of affected students. The risk of getting lice from another classmate is very small.
  7. If the identified student is in pre-school or kindergarten the principal and/or school nurse will determine if the entire classroom needs to be screened. Parental consent is not required for classroom screening.

#### **Return to school procedure:**

1. Any student with live lice **MUST** be checked by the school nurse or appropriately trained staff the first day back to school after being sent home. (an appointment with the nurse requested by a parent and with a parent present should be made). If live lice is again found, the student must go home and receive proper treatment.
2. Inform parents that school staff will recheck their child weekly for 2 weeks. Ask them to check their child daily for 2 weeks for signs of reinfestation and to continue to comb out the old nits. The removal of all nits is encouraged for aesthetic purposes, but not required for school attendance.
3. When a student receives the weekly head checks at school, when possible, it should be done by the school nurse. It is important to have the same person checking the student weekly for the 2 weeks following the student's return to school. This practice lends itself to a more accurate identification of a reinfestation.
4. If after 4 weeks, and nits/lice still occur, student will need a return-to-school slip from Public Health or physician

#### **Cleaning the school environment**

(To be completed on the same day as active case is found if possible);

- Vacuum upholstered carpet in the affected classroom. Replace vacuum cleaner bags before use in other classrooms.
- Wipe non-upholstered furniture with a damp cloth. Do not use aerosol sprays! It is harmful to those with respiratory conditions and it does not remove or kill lice or eggs.

### **Training:**

- The staff members designated to check students for head lice in the absence of the school nurse must be trained by the school nurse. All school staff members should attend a presentation by the school nurse and the principal for training in the current practices in the management of head lice.

### **Educational material for parents:**

- \*Parents should be given a copy of the 2 pages provided by the ND Dept. of Health located in their handbook *Head Lice: A Lousy Problem*.
- Do not distribute materials recommending treatment products.
- Do not encourage parents to use head lice products for the purpose of preventing head lice.
- JPII Schools Head Lice Identification and Management Protocol will be linked on JPII website.

### **Important points to remember:**

- Our attitudes about lice can make a student feel unaccepted or discriminated against. Head lice can affect anyone; do not carry disease; do not fly or jump; are transmitted more often in out-of-school activities than in school; and are transmitted through close contact. Getting rid of head lice is a process of checking and removing nits for a number of weeks. Be patient with parents who are doing all they can to resolve this problem.

### **Resources**

<http://www.ndhealth.gov/head-lice/publications/headlicebooklet.pdf>

[http://www.ndhealth.gov/head-lice/publications/head\\_lice\\_fact\\_sheet.pdf](http://www.ndhealth.gov/head-lice/publications/head_lice_fact_sheet.pdf)

<http://www.cdc.gov/parasites/lice/head/schools.html>

<http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/smId/824/ArticleID/40/Default.aspx>

[http://www.ndhealth.gov/head-lice/Publications/Myths\\_and\\_Facts.pdf](http://www.ndhealth.gov/head-lice/Publications/Myths_and_Facts.pdf)