

## **Penn Manor School District Health Services Procedures for Head Lice**

### **Rationale**

While head lice rarely, if ever cause direct harm, and head lice are not known to transmit infectious disease person to person, absence from school due to head lice infestation is a significant problem that impacts a child's ability to attend school, thus making adequate academic progress difficult. According to the American Academy of Pediatrics (2010) Clinical Report on Head Lice, "no child should be excluded from school or allowed to miss school because of head lice. No-nit policies for return to school should be abandoned. The AAP report states that it is probably impossible to prevent all head lice infestations, but children can be taught not to share combs, brushes and hats. However, no one should refuse to wear protective headgear for fear of head lice. Lice transmission in most all cases occurs by **direct contact with the head of an infested individual**. Indirect contact with personal belongings of an infested individual (combs, brushes, hats) is much less likely but may occur rarely. Thus the major focus of control activities should be to reduce the number of lice on the head and to lessen the risks of head-to-head contact. The gold standard for diagnosing head lice is finding a live louse on the head. Because a child with an active case of head lice infestation likely has had the infestation for 1 month or more by the time it is discovered, he or she should remain in class but be advised to avoid direct head to head contact with others. Parents should be notified and advised to treat with a pediculicide as soon as possible. Studies demonstrate that head lice have low contagion within classrooms. Treated students should return to school as soon as possible after treatment. A parent, guardian or other adult family member should bring the child to the school to be examined by the school nurse or health room tech. Students who are free of live lice should be permitted to return to the classroom. Manual removal of nits immediately after treatment with a pediculicide is not necessary to prevent spread of head lice. Information about treatment options, including a second treatment where recommended, should be discussed with the parent or guardian. If after several treatments, at recommended intervals, live lice are found on the head, the parents should be advised to contact their personal health care provider for other treatment options. Head lice screening programs have not been proven to have a significant effect over time on the incidence of head lice in the school setting and are not cost effective. Parent education programs may be helpful in the management of head lice in the school setting".

### **Purpose of Response Protocol**

This response protocol has been developed to:

1. Effectively provide a consistent strategy to educate the parent/guardian regarding strategies in alleviating head lice.
2. Establish a routine and consistent process for school and health services to effectively work with parents/guardians whose children are affected by head lice.

## **Screening Policy**

The school nurse or health room technician will screen individual students who exhibit signs of head lice infestation. Siblings and close contacts of an infested student may also be screened at the discretion of the school nurse.

Mass head lice screening programs have not been proven to have a significant effect over time on the incidence of head lice in the school setting and are not cost effective.

## **Confidentiality**

Notification regarding those positive for lice/nit infestation will be provided to those individuals with a need to know in order to address the health and well being of the student(s) who may have been infected. Staff should make every effort to maintain the privacy of students identified as having head lice. The district recognizes that having head lice is a sensitive matter and will endeavor to respect the privacy interests of the child and parent/guardian.

## **Procedure:**

Individual screenings will be on an as-need basis as determined by the school nurse.

When a student is identified as having head lice (pediculosis), a school nurse or HRT will make a reasonable attempt to notify the parent/guardian by phone of the infestation. In addition, written information will be sent home with the student the same day, explaining head lice treatment and clarifying the policy for readmitting the student. A school nurse or HRT may screen sibling(s) and close contacts. The student should be treated as soon as possible and should return to school immediately after treatment.

Upon returning to school, the student must report to the school nurses office with a parent/guardian or parent/designees so that a school nurse or HRT may confirm that the student is free from live lice.

If live lice are still present, the parent/guardian will be asked to take the student home and treatment procedures will be reviewed. If live lice are present after several treatments, the parents will be advised to contact their physician for advice.

Once the student has been readmitted to school, he/she may be subject to subsequent examination within three weeks to ensure that the condition has been fully remedied. The student may be reexamined by the school nurse or HRT if there is reasonable belief that there has been a reoccurrence of head lice.

Dear Parent/Guardian:

Head lice is a contagious condition and may occur in any place where people come in close contact with others- social organizations/clubs, churches, theaters, summer camps, stores, slumber parties, daycare, sporting events, etc. Our goal is to have a child with head lice get treated as soon as possible and return to school, since absences from school are detrimental to a child's educational progress. Therefore, it is important to utilize appropriate treatment and procedures to ensure that the lice on your child's head are killed before your child returns to school. Even after treatment, nits (the egg cases of the louse) remain on the hair shafts. Since it is not possible to determine whether or not the nit has been destroyed by the treatment, it is advisable to remove the nits before the child returns to school. Lice treatment products do not kill all un-hatched lice enclosed in the nits, so each egg that hatches could mature into a female that is capable of laying up to 500 nits (eggs). For this reason nits should be removed. An unknown number of nits remaining on the hair after the first treatment will hatch into lice within a week to 10 days. For this reason, it is **very important** to apply a second treatment in 7-10 days to kill any newly hatched lice. If you have questions or concerns, please contact the school nurse.

Please follow the guidelines listed below in treating your child and his/her clothing and other belongings, and complete the form below and return it to the school nurse's office when you bring your child back to school. Your cooperation is greatly appreciated.

Health Services Staff



Name of child: \_\_\_\_\_ Date sent home from school: \_\_\_\_\_

Please list the name of the treatment used: \_\_\_\_\_

Please check the items below, which were completed after the child was sent home:

1. Hair treated with Pediculicide according to product insert. Please read directions carefully.
2. Nits remaining on the head do not affect the spread of lice to others, but a certain number of nits will hatch and cause re-infestation on your child's head. **A second treatment with the lice-killing product is required in 7-10 days. Your child should return to school and be checked by the nurse as soon as possible after the first treatment. A parent or guardian should bring the child to school to be checked after the first treatment.**
3. Brushes and combs washed in hot water (at least 130°).
4. Recently worn clothing (including caps, coats and sweaters) and bedding (sheets, blankets, bedspreads and pillowcases) should be washed in water 130° or hotter and dried in a hot dryer.
5. Thoroughly vacuum cushions, sofas, sofa pillows, carpet, and rugs.
6. Heads of all family members checked and treated only if live lice are found.
7. Head checked daily (once in the morning and again in the afternoon).
8. Surface sprays for furniture, bedding and carpets are not effective and unnecessarily expose others to pesticides. Their use is NOT recommended.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_