

Protocol for Head Lice in Elementary School

Overview

Head lice, while a significant social nuisance, do not transmit disease to humans. Head lice are transmitted head to head by close contacts. The role of the school in responding to a case of head lice is to screen the student if lice are suspected, notify the parent, and provide educational material to assist the parent in appropriate treatment. Staff shall maintain the privacy of students identified as having lice. For up-to-date information on lice and treatment of infestations please refer to the resources referenced below.

Protocol

When a case of head lice is suspected the student will be called to the office and checked in a private location to preserve confidentiality and dignity. If live lice are found and/or several nits are found within 1/2 inch of the scalp the student is considered to have an active infestation. If nits are found more than 1/2 inch from the scalp and no live lice are found this is not an active infestation. These nits/casings are not viable and do not pose a risk for re-infestation. If this is the first occurrence with this individual student they will be allowed to stay in school for the remainder of the school day. If this student has been found with live lice within the past month, the parents will be notified immediately and the child will be sent home. If the student has siblings at the school the siblings should also be checked.

Once live lice are discovered the parent/guardian shall be notified by phone and told that education materials about how to treat the infestation will be sent home with the student in a nondescript envelope addressed to them. They will be told to begin treatment that evening and bring the student to the office the following morning and at day 10, to be rechecked in an effort to prevent a chronic infestation from occurring. If live lice are found upon either recheck and/or viable nits are found upon the day 10 recheck the effected student/s must return home with the parent for further treatment and will be encouraged to visit their primary care physician to discuss alternative treatment options. Calendar reminders will be set up by the school nurse and communicated to the office staff that will be in charge of the checks. ii

If this is the first case of lice in the classroom a notice will be sent home asking parents to proactively check their children's head for lice before school. No more than one notice per month is necessary.

A lice log, which documents each step in the protocol, will be kept by office staff.

Screening Procedure

The student will be taken to a private area to conduct the screening to maintain the student's confidentiality. Office staff will wash hands before and after screening. He/she can use a stick or fingers to separate hair into small sections examining the scalp, behind ears, and back of neck for lice and nits. Gloves are optional.

Whole classroom checks are not regularly conducted, although may be done at the discretion of the school nurse. The Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH) agree that they are not effective at reducing infestations, have the potential to breach student confidentiality and, most importantly, take away from valuable instruction time.

Chronic Cases

If a student is found repeatedly infested with head lice or has three separate infestations in a year, the family will be instructed to bring all siblings that attend the same elementary school into the office every day before school to be checked for an active infestation for two consecutive weeks. If a live louse is found, the child will

be sent home and the two week period of daily checks will begin again from that date. If at the end of the two week period, viable nits are found, this will be communicated to the school nurse and spot checks will be conducted on day 10 from the last scheduled in office check. The school nurse will assist the parent to identify issues that impact the student's chronic lice infestation and school attendance and provide treatment suggestions, including encouraging family to visit their primary care physician for alternative treatments.

Resources:

Guidance on Head Lice Prevention and Control for School Districts and Student Care Facilities, California Department of Public Health Division of Communicable Disease Control, May 2012.

<http://www.cdc.gov/parasites/lice>

Lice- Head Lice – Treatment, Centers for Disease Control and Prevention, November 2, 2010.

<http://www.cdph.ca.gov/HEALTHINFO/DISCOND/Pages/HeadLice.aspx>

Pediculosis Management in the School Setting Position Statement, National Association of School Nurses, January 2011.

<http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/40/Pediculosis-Management-in-the-School-Setting-Revised-2011>