

Parents/Guardians,

Dunlap School District will be adopting a new evidence based practice regarding lice. We believe that it will result in a decrease of unnecessary absences, reduce embarrassment to the student and decrease the over use of potential harmful chemicals. Students diagnosed with live head lice will have their parent/guardian contacted and the student will be sent home. Once the student is treated appropriately, they may return to class. The student will be rechecked upon return to school to be sure the student is lice free. Head lice can be a nuisance but they have not been shown to spread disease. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice.

Pediculosis, or head lice, are tiny parasitic insects that live on the scalps of their host. As "icky" as the thought is, they generally only cause a few children to scratch their heads. But the topic itself tends to create great panic in adults. Head lice do not transmit disease, are not sign of poor hygiene, they cannot fly or jump and do not discriminate against socioeconomic groups, race, gender or age. Nor is a child with lice a sign of neglect. In order to reflect the standard practice as recommended by the Center for Disease Control (CDC), the American Academy of Pediatrics, and the National School Nurse Association we need to change our way of managing head lice in our schools.

Their position is that no healthy child should be excluded from school, and since head lice do not make you ill, it is their recommendation to eliminate the "No Nit" practice and that students with nits remain in school and not be immediately excluded. They advise that when lice are found at school the parents are to be notified and the child will be dismissed. The student can return the next day after appropriate treatment is given. The rationale is that a school setting is not a high risk area for lice. It is much more common for head lice to be spread between close playmates and family members or passed on from overnight guests.

In following the recommendations of the CDC, ACP and NSNA on how we manage head lice in our schools, we will be safeguarding your child's health, and ensure that his or her education is not disrupted. Please, as always, be sure to watch for any signs of lice with your own child(ren) and treat when appropriate.

For more information on head lice we encourage you to visit the following websites.

- <http://www.peoriacounty.org/pcchd/head-lice/>  
Peoria County Health Department
- <http://www.cdc.gov/parasites/lice/head/schools.html>  
Center for Disease Control
- <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/smId/824/ArticleID/40/Default.aspx>  
National Association of School Nurses
- <http://pediatrics.aappublications.org/content/110/3/638.full.pdf>  
American Academy of Pediatrics
- <https://identify.us.com/>  
Richard J. Pollack, Ph.D. Harvard School Public Health

## **STAFF LICE MANAGEMENT PROTOCOL**

### **GOALS**

1. Minimize lost instructional time/absences
2. Support families in their efforts to control and eliminate head lice
3. Educate students, parents/guardians and staff

### **SCHOOL'S ROLE:**

- Adhere to school district's policy
- The CDC and the American Academy of Pediatrics do not support the practice of school-wide or classroom "head checks", the immediate exclusion of infested children, or a "no nits" policy. Therefore, none of these practices will be utilized.
- If a student is suspected of having head lice, the health aide, nurse, or designated staff member will examine the student to determine if there is an active infestation.
- Information about head lice cases will be shared on a "need to know" basis as deemed appropriate by the health aide or district nurse. This information will then be kept confidential
- Notification for the presence of head lice will be done on an individual basis to the parent/guardian of an infested student. Classroom notifications given to each student are not done with typical head lice cases.
- Provide privacy, confidentiality, support and education for the student and family.
- Post district lice policy at the beginning and mid-point of the school year via the school website or newsletter.

### **PARENT'S ROLE:**

Parents have the ultimate responsibility for their children. This includes:

- Becoming educated about head lice and teaching children how to minimize the chance of getting head lice.
- Treating a child with head lice as soon as possible and committing to following through until there are no longer signs of an infestation.
- Performing regular checks on all individuals in the home.

## **RECOMMENDED PROCEDURES**

Student identified during school hours to have an active case of head lice:

1. Notify parent/guardian directly. Parent will be encouraged to pick up their child but will not be required to do so.
2. Students may return to class. Immediate removal of the child is unnecessary – if the child has lice, they probably have been infested for weeks and prompt removal of the child may lead to embarrassment. The child can be sent home at the end of the day and should be allowed on the bus. This is supported by the CDC, American Academy of Pediatrics, and the National Association of School Nurses.
3. Parents of affected child will be notified their child must be properly treated and may return to school the day after treatment.

Classroom tips:

- Custodian to vacuum affected classroom and all upholstered furniture.
- Stuffed animals, pillows, and head phones can be bagged for two weeks.
- No environmental pesticide treatment (pesticidal bombs) are to be used.

Student returns to school after treatment:

1. The health aide, nurse, or designated staff member will re-examine the student's hair after the home treatment.
2. Periodic checks of the student's hair should be done over the next few weeks to assure successful treatment. \*\*Remember confidentiality is important.
3. Advise parent to retreat as necessary according to product label.
4. Request parent to continue daily lice checks and nit removal for the next two to three weeks.