



THE AMERICAN SCHOOL OF SÃO PAULO

## Graded's Head Lice Policy

This policy aims to provide information to Graded School on how to deal with Pediculosis among its Community. According to the United States National Association of School Nurses, Head lice (*pediculosis capitus*) are small parasitic insects that live on the scalp and neck hairs of their human hosts. The presence of lice is most often detected through the presence of adult lice or nits (eggs) attached to the hair shaft of the host, most often at the nape of the neck and behind the ears. Complications of infestations are rare and involve secondary bacterial skin infection (Lebwohl, Clark & Levitt, 2007). Pruritus (itching) is the most common symptom of a lice infestation, along with the following additional symptoms:

- A tickling feeling or a sensation of something moving in the hair
- Irritability and sleeplessness
- Sores on the head caused by scratching. Sores caused by scratching can sometimes become infected with bacteria normally found on a person's skin (CDC, 2010)

Pediculosis can be considered a public health issue that is brought into the school setting. The Centers for Disease Control and Prevention (CDC) (2010) reports an estimated 6 million to 12 million infestations each year in the United States among children between three and 11 years of age. According to Instituto Oswaldo Cruz, the rate of occurrences in Brazil is the same.

There is a lack of evidence showing that routine class or school-wide screening reduces lice infestation rates (Frankowski, 2010). Therefore, class screenings will not be routinely done at Graded. Parents should check their children for lice regularly. If crawling lice are seen on a child at school, the parents will be called to pick up the child at school and be given information about head lice and its treatment. At home, all members of the family must be checked for head lice. This policy allows the parent to treat the child overnight. On the day following treatment, the child will be re-examined and admitted to class. If the child is still infested, then the parent will be re-contacted.

Head lice are not a risk for carrying communicable diseases, are primarily spread through direct head-to-head contact, and only live 18-24 hours off a host. The subsequent steps must be followed:

1. Students with suspicions of having head lice will be sent to the health clinic for evaluation by the nurse.
2. A thorough inspection of live lice and nits will be completed.

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THE AMERICAN SCHOOL OF SÃO PAULO

3. If live (crawling) lice or nits are noted, if the child has siblings, they will be called to the nurse's office for an inspection as well and the parents will be notified of the event by a phone call from the nurse. If nits are found, parents will be notified and the child may remain in school for the rest of the school day. If crawling lice are found, parents will be asked to come pick their child up from school.
4. The parents will be provided with information on the biology of head lice.
5. The parents will be instructed to inspect other household members for live lice.
6. The parents will be instructed in methods for elimination of infestation.
7. The parents will be instructed to continue daily combing until no live lice are discovered (7 days).
8. The parents will be instructed to daily wash pillowcases, pajamas, and towels.
9. The parents will be instructed not to share the combs and brushes of an infested child.
10. Students will not be excluded from school if nits (eggs) are found.
11. The parents of the other students in that classroom will receive a letter from the Lower School Office notifying that there was a case of head lice in their child's class and that they should inspect their child's head at home.

## REFERENCES:

CDC

<https://www.cdc.gov/parasites/lice/head/index.html>

<https://www.cdc.gov/parasites/lice/head/treatment.html>

<https://www.cdc.gov/parasites/lice/head/parents.html>

California Department of Public Health:

<http://www.cdph.ca.gov/HealthInfo/discond/Documents/2012SchoolGuidanceonHead>

Lice.pdf Warsaw Community Schools:

[http://www.schoolnurse.com/public/images/lice\\_procedure\\_09.pdf](http://www.schoolnurse.com/public/images/lice_procedure_09.pdf) National

Association of School Nurses:

<http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionState>

mentsFullView/tabid/462/smId/824/ArticleID/40/Default.aspx Instituto Oswaldo Cruz:

[http://www.ioc.fiocruz.br/pages/informerede/corpo/noticia/2006/marco/13\\_03\\_06\\_02.h](http://www.ioc.fiocruz.br/pages/informerede/corpo/noticia/2006/marco/13_03_06_02.h)

tm Blog Pediatrio:

<http://pediatrio.blogspot.com.br/2011/05/piolho-e-agora-o-que-eu-faco.html> Portal do

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