

Head Lice

Background

For additional information regarding head lice treatment and eradication please refer to “Head Lice - A Lousy Problem” available at <https://resources.finalsite.net/images/v1708506212/bismarckk12ndus/bukcnnrx5rmvgoxulpri/headlice.pdf> and the American Academy of Pediatrics 2015 clinical report available at https://publications.aap.org/pediatrics/article/135/5/e1355/33653/Head-Lice?_ga=2.176749415.393729069.1652816358-789812490.1652816358.

Symptoms

- Itching on the head and scalp;
- A tickling feeling on the head or in the hair;
- Live lice;
- Nits (lice eggs) attached to hairs;
- Irritated spots on the head caused by the child scratching;
- Irritability and trouble sleeping.

Protocol for Head Lice Identification

1. Immediate or long-term exclusion of students with head lice is no longer recommended as best practice from the American Academy of Pediatrics and the North Dakota Department of Health. Students with an active infestation are referred to parents. However, if students are not picked up by parents, they may remain in class and return to school the next day after the appropriate treatment has been completed.
2. A *trained staff member or a school nurse will check any student reported to have symptoms of head lice. An active infestation (case) is defined as the presence of live lice or nits laid close (1/4 in.) to the scalp.
3. If an active case of head lice is found:
 - a. The teacher will be informed immediately and the child should not have head-to-head contact with other students.
 - b. Parents of the child with lice will be notified. If parents of the affected student are not able to come and get their child, the student will be allowed to stay in school

and will return to the classroom until the end of the school day. Staff will discreetly manage lice infestations by reducing the child's contact with others so that the student is not ostracized, isolated, humiliated, or psychologically traumatized.

- c. The school nurse will give parents of the affected student information for treating head lice. These resources are the ND Disease Fact sheet on head lice and the Quick Guide for Managing Head Lice which are available at <https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/Diseases%2C%20Conditions%20and%20Immunization/Diseases/HeadLice%20.pdf>.
 - d. Staff will maintain student confidentiality at all times.
 - e. Following treatment, the affected student will be checked by the school nurse or a *trained staff member once a week for 2 weeks or until the issue is resolved. Parents should be instructed to check their child daily for any signs of reinfestation and to continue to remove nits to avoid misdiagnosis.
- 4. Siblings of the affected student who attend BPS should be screened for head lice. Playmates who are known to have prolonged head-to-head contact will be screened and parents notified of results.
 - 5. Classroom screening will not be done unless the principal and school nurse feel there are unique circumstances that warrant a mass screening (i.e. certain preschool and kindergarten rooms where specific activities have included close head-to-head contact for prolonged periods of time). Parental consent is not required for classroom screening, however, parents will be notified.
 - 6. Custodians will perform the appropriate cleaning procedures as stated in "Head Lice - A Lousy Problem," from the North Dakota Department of Health.

***Trained staff:** Staff members who perform lice checks in the absence of the school nurse must receive prior training from the school nurse. Until a trained staff member has the opportunity to become skilled at identifying active head lice, the school nurse will need to perform the head check on students suspected of having head lice and will do so as soon as possible.