

HEAD LICE MANAGEMENT

GOVERNANCE POLICY

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1.0 PRINCIPLES

- 1.1. The South Shore Regional School Board (SSRSB) believes that policies related to health issues should be developed in collaboration with Public Health Services.
 - 1.1.1. Head lice (Pediculosis) are common and can infest anyone, regardless of socio-economic status or level of personal cleanliness. Public Health Services takes the position that head lice are not a health hazard and do not spread disease and, therefore, automatic exclusion from school for students with head lice **is not** acceptable.
 - 1.1.2. Checking for head lice is the responsibility of parent(s)/guardian(s).
 - 1.1.3. The objective of the SSRSB is to minimize time missed from school as a result of head lice.

2.0 POLICY FRAMEWORK

- 2.1. This policy complies with the Education Act and other related provincial acts and policies.
 - 2.1.1. Pamphlet from Public Health Services – How To Find, Treat and Prevent Head Lice
http://novascotia.ca/dhw/publications/Public-Health-Education/07135_HeadLicePamphlet_En.pdf
 - 2.1.2. Guidelines for Treatment Of Head Lice
http://novascotia.ca/dhw/publications/Public-Health-Education/Head_Lice_Guidelines_for_Treatment.pdf
 - 2.1.3. Head Lice Infestations: A Clinical Update (from Canadian Pediatric Society)
<http://www.cps.ca/documents/position/head-lice>

3.0 AUTHORIZATION

The Superintendent is authorized to issue procedures in support of this policy.

HEAD LICE MANAGEMENT

ADMINISTRATIVE PROCEDURES

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1.0 PROCEDURES

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1.0 PROCEDURES

- 1.1. The suspected discovery of lice or their eggs in the hair shall not cause the student to be immediately isolated and/or sent home from school. The student has already been in the classroom for some time with head lice and a few more hours will not cause the spread of lice.
 - 1.1.1. The school shall notify the parents/guardians as soon as possible to ensure the student receives recommended treatment.
 - 1.1.2. Information regarding the treatment of head lice (Public Health Services Pamphlet *How to Find, Treat and Prevent Head Lice*) shall be sent home with the student in a sealed envelope or via email (if this is preferred method of contact) on the day lice are discovered. Information regarding the treatment shall be communicated to families of students within the classroom and/or school.
 - 1.1.3. The student may go home on the bus as usual.
 - 1.1.4. Confidentiality and sensitivity of families affected by lice shall be maintained at all times.
 - 1.1.5. Notify parents/guardians that anyone living or spending time in the residence/residences be checked for head lice. Consideration must be given to address individual student circumstances (i.e., shared custody, both parents must receive notification).
- 1.2. When several students are found to have lice in a class, the school shall send home with students in the class an information letter for parents. The information for parents will reflect information contained in this policy, Public Health Services Pamphlet *How to Find, Treat and Prevent Head Lice*, and a request that parents check their child for lice for the next two weeks.
- 1.3. Public Health Services recommends that:
 - 1.3.1. The treatment for head lice is one with permethrin, pyrethrin. Any questions regarding treatment options should be directed through a pharmacist. Sufficient product amounts must be used to saturate the hair as per product instructions.
 - 1.3.2. Two treatments are required, nine to ten days apart, with daily lice combing.
 - 1.3.3. Individuals who have been in close contact with the child should be checked for lice for at least two weeks following the last signs of active lice infestations.
- 1.4. If, after two treatments and a period of two weeks after the second treatment, lice are still present, it may be recommended that the student be retreated with an alternate, recommended product with diligent, daily combing, careful checking and cleaning of household items. It is appropriate to consider offering additional supports to families of students who, over a longer period of time, are returning to school with head lice.

2.0 RESPONSIBILITIES

It shall be the responsibility of the Superintendent to ensure these administrative procedures are followed.

Appendix “A”

Additional Information to Support Schools/Families in Identifying and Treating Head Lice

Head lice are blood-sucking lice of the order Anoplura. The mature female lays an egg surrounded by an egg casing (similar to an egg shell but not as fragile), which is called a nit. The nit is cemented firmly to a strand of hair approximately 6mm from the scalp. The nit takes 9-10 days to hatch. A hole develops in the egg casing prior to the louse hatching. Once hatched, the now empty egg case (nit) remains cemented to the hair and stays there unless it is pulled off or cut out when the hair grows.

The newly hatched louse grows through 3 nymph stages until it reaches maturity 9-10 days later. It does not lay eggs for this first 9-10 days while it is a nymph. Adult lice live for 20-30 days during which time the females can lay 3-6 eggs a day. Once lice are in the hair for a few weeks there will be lice at all different stages of development present—eggs, nymphs, adults and empty hatched nits. It is unlikely that a single treatment of any kind will kill them all. Pediculicides (treatments) are more effective at killing the hatched lice than the eggs. Eggs are most susceptible to the pediculicide when a hole in the casing has developed. A second treatment 9-10 days later is applied to kill any lice that hatch after the first treatment and before they have become mature enough to lay eggs. **The timing of the second treatment is critical.**

MISDIAGNOSIS

Frequently, school children and/or their family members are mistakenly diagnosed as having head lice and treated unnecessarily because of perceived treatment “failures”. Essentially, a misdiagnosis is made when individuals are not aware of the correct method of identifying head lice. They erroneously believe that certain signs indicate a head lice infestation, which may result in over-treatment with pediculicides. Following is a list of several of those signs:

- Persistent itchy scalp (may be caused by dry scalp or other scalp condition).
- Hair debris, such as desquamed epithelial cells (DEC), which are bright white, irregularly-shaped clumps or dandruff stuck to the hair shaft.
- Hair casts – encircle the hair shaft and are freely moveable. Nits, in contrast, are attached to one side of the hair shaft and are firmly cemented to the hair.
- Psychogenic itch of imaginary lice (often as a result of hearing about head lice, infestations with people whom individuals have contact).

Public education on head lice prevention and control is key to preventing misdiagnosis.

Inadequate and/or Inappropriate Treatment

- Using too little or too much pediculicide.
- Treating less or more often than recommended.
- Leaving the pediculicide on too long or not long enough.
- Rinsing off the pediculicide in bath or shower.

- Inability to read or follow directions.
- Pediculicide applied to inadequately towel-dried hair (applying pediculicide to wet hair results in significant dilution from the original concentration).
- Treatment with harmful and inappropriate home remedies (i.e., household pesticides).
- Treatment of contacts without evidence of head lice.
- **Use of hair products that interfere with the effectiveness of the pediculicide. Nix product directions state to use a conditioner free shampoo and not to use any conditioner for 10 days. It is crucial that the directions that are included in the pediculicides are followed, as they differ depending on the product used.**
- Lack of support and assessment of families with continuing or recurring infestations.

Conclusion

There are many pediculicidal products available. Many are chemically related, but instructions for use differ among products. This creates a challenge in developing appropriate instructions.

There are safety issues associated with use of pediculicides:

- -Concern for proper storage.
- -Allergies in children with allergies to ragweed.
- -Pregnancy.
- -Children less than 2 years old.
- -Over use.

Keys to success:

- **Two treatments, 9-10 days apart.**
- **Daily lice combing.**
- **Careful checking of people who have been in close contact with the child.**
- **Remembering there are no short cuts to lice removal.**
- **An assessment and support of families with recurring infestations.**

References:

- Microdex Inc. (R) Healthcare Series Volume 108 (accessed April 2001)
- Public Health Strategies for Head Lice Discussion Paper for Schools, Nova Scotia Public Health, Central Regional Health Board, August 2008
- Nova Scotia Public Health Services – Head Lice Protocol, August 2008
- Public Health Services, How to Prevent, Find and Treat Head Lice Pamphlet, July 2009 (Revised)
- Pickering, L.K. & al., 2012 Red Book – Report of the Communication on Infectious Diseases, 29th Edition, American Academy of Pediatrics; 2012
- Infection Control Manual – IWK Health Centre
- Medication Management Policy/Procedure (Head Lice Treatment): IWK Health Center

Appendix “B”

Letter for School to Send Home When Head Lice Identified Within a Classroom



Dear Parent/Guardian,

There has been a case of head lice identified within your child’s classroom/school. While head lice can cause significant frustration and stress for those impacted, please remember that lice is not considered a health hazard, as they do not spread disease and/or illness. **Identification of head lice is not cause for isolation or absence from school.**

Please remember that anyone can contract head lice and it is not associated with poor hygiene or social status. Head lice multiply quickly and can spread easily from person to person, especially in children, as they tend to have more head-to-head contact.

It is recommended that you check your child’s head for lice every day for the next 10 days. There is a helpful pamphlet that can be accessed online via the NS public health website titled **“How to Prevent, Find and Treat Head Lice”** (school will provide if no online access). **811** is also a great resource.

If you find live head lice on your child’s head, it is recommended to treat right away. For more information on treatment consult the above-mentioned pamphlet or your physician and/or pharmacist.

Please remember that **DAILY combing** for lice and nits, between and after shampoo treatments, is key to combatting head lice.

If head lice **are not** found, continue to inspect your child’s head once a week. You can also help prevent lice by:

- Encouraging children to keep their hats and scarves inside coat pockets and sleeves.
- Discouraging children from sharing combs/brushes, hair accessories, hats, scarves or earphones.
- Tying long hair in ponytails or braids.

Thank you for assisting our school with preventing and/or managing the spread of head lice.

We appreciate that lice cause great stress in a variety of ways. If you are finding it difficult to afford treatments, contact the school to discuss this further. Or if you have any questions or concerns feel free to contact the school for support.