ENGLEWOOD SCHOOLS

**PROTOCOL REGARDING THE PRESENCE OF HEAD LICE AT SCHOOL**

Updated 10/2016

The goals of the Englewood School District are to:

1. Decrease school absenteeism.
2. Support families in their efforts to control and eliminate head lice.
3. Maintain student privacy.

PROCEDURES: FOR HEAD LICE DETECTION AND MANAGEMENT AT SCHOOL

In working with head lice and student surveillance, it is important to keep the following elements in mind:

1. Implementation of head lice surveillance and control procedures is based on current scientific research and best practice.
2. Information about head lice infestation is to be shared on a “need to know” basis as deemed appropriate by the building Certificated School Nurse.
3. Maintaining confidentiality of student information in compliance with FERPA and HIPPA.
4. Consideration of the student’s ability to understand whether or not they have head lice and if having this information is developmentally appropriate.
5. The importance of the School Nurse and/or school staff documenting head lice surveillance efforts.
6. Because nymphs and adult lice are very small, move quickly, and avoid light, they can be difficult to find. The diagnosis should be made by a health care provider or other person trained to identify live head lice.

**When a student is found to have *live* lice:**

* Notify parent/guardian by telephone and/or a note should be sent home with the child recommending prompt, proper treatment of head lice. A lice fact sheet from the Tri-County Health Department (TCHD) should be included in the notification, which includes information related to detection and elimination of head lice.
  + The parent is informed that the student must be treated before returning to school.
* The student is **not** sent home from school, however if the parent offers to pick up the student, that is acceptable. A child with an active head lice infestation should remain in class but discouraged from close direct head contact with others. However, all children are discouraged from direct head contact at all times as a prevention measure.
  + Rationale: A child with an active head lice infestation has likely had the infestation for 1 month or more by the time it is discovered and poses little risk to others from the infestation.
* In some cases (based on the School Nurse’s professional judgment), it may be appropriate to have the student’s head checked upon return to school by the health assistant.
  + If **lice** and/or **nits** are found, the parent is notified to keep nit-picking and combing (at least once daily for the next two weeks).
  + Follow up head checks may be done by school staff to confirm lice management efforts.
    - Record these head checks in PowerSchool as an office visit.
* If live lice/nits are found the process of notification to parents/guardians begins again.
* If a student is found to have head lice, documentation should take place in PowerSchool as a health office visit

**When a student is found to have *nits* present (*no live lice* detected)**:

*This protocol is based on the following best evidence-based practice: 1. Egg cases farther from the scalp are easier to discover, but these tend to be empty (hatched) or nonviable and, thus, are of no consequence. 2. Nits are cemented to hair shafts and are very unlikely to be transferred successfully to other people. 3. The burden of unnecessary absenteeism to the students, families and communities far outweighs the risks associated with head lice. 4. Misdiagnosis of nits is very common during nit checks conducted by nonmedical personnel.*

* The parent is notified and encouraged to treat the student and comb hair shafts (at least daily for the next two weeks). Include a lice fact sheet from the Tri-County Health Department (TCHD). Best practice is to also attempt contact personally.
* The student is **not**sent home from school.

**When to check beyond the identified student with live lice or nits:**

* If **live lice** or **nits** are detected in a student it is best practice to:
  + If the student has other siblings (not in the immediate school building), notify the parent/guardian of the advisability of checking family members and taking precautionary measures to avoid family infestation.
* **Full Classroom screenings for head lice are NOT done**: The American Academy of Pediatrics discourages head lice screenings, which have not been proven to have a significant effect over time on the incidence of head lice in the school setting and are not cost effective. Children should be checked only when demonstrating symptoms of head lice.
  + “Current evidence does not support the efficacy and cost-effectiveness of classroom or school-wide screening for decreasing the incidence of head lice among children” (per CDC, May 2007).
  + Head lice are not a medical or public health hazard as they are not known to spread disease.

**Environmental Control Measures**

* According to the CDC, most transmissions occur in the home environment (friends, vehicles, sleepovers, camp etc.). The classroom is only one of many environments where head lice can be transmitted.
* Classroom tips:
  + Notify the custodian to vacuum the affected classroom and all upholstered furniture.
  + Stuffed animals and pillows can be bagged for two weeks.
  + No environmental pesticide treatments (pesticidal bombs) are to be used.
  + Girls with long hair may want to wear their hair in “contained” hair styles (ponytails, buns, braids, etc.).
  + Ensure each student’s personal belongings (such as coats, scarves) are stored separately from other students.
  + Students should never share hats, combs, coats, pillows, or other personal items.

**Notification Procedures**

* The customary notification for the presence of head lice is to be done on an individual/case by case basis to the parent/guardian of an infested student. Classroom notifications are not done with typical head lice cases.
* In the rare case a student is to be excluded, a notice will be given to the parent in person, and a phone contact will be attempted and documented.
* In very unusual cases, it may be appropriate in the professional opinion of the School Nurse in collaboration with Tri-County Health Department and in consultation with the School Principal to consider a general parent/guardian notification for a high number of identified cases of head lice within one grade level or classroom. These notifications will be sent home within two business days of notification of School Nurse in guidance of Tri-County Health Department (TCHD).

**RESOURCES:**

1. Fact Sheet: Head Lice: TriCounty Health Department; March 2012.
2. Infectious Disease Guidelines in School and Child Care Settings: Colorado Department of Public Health and Environment; March 2016
3. Center for Disease Control: Head Lice: <http://www.cdc.gov/lice/head/schools.html>May 16, 2007.
4. Clinical Report On Head LiceBarbara L. Frankowski, MD, MPH, Joseph A. Bocchini, Jr, MD, Council on School Health and Committee on Infectious Disease, PEDIATRICS Vol. 126 No. 2 August 2010.
5. Exclusion of Children with Head Lice or Nits from Child Care  July 22, 2010. Washington State Department of Early Learning,
6. Head Lice: Guiding Principles for School Policy: Rhode Island Division of Infectious Disease and Epidemiology; November 2014
7. Managing Head Lice in the School Setting (PowerPoint). Cole, Marjorie, RN MSN. 2005. National Assembly of School Nurses Listserve.