

SISD Lice Prevention, Control, and Treatment Policy

Based on recommendations from the American Academy of Pediatrics (AAP) 2015 and the 2013 update to the Texas Administrative Code (TAC Title 25, part 1, Chapter 97, Subchapter A, Rule 97.7), Sunray ISD has updated its' Lice Prevention, Control, and Treatment Protocol to reflect the most current guidelines in the control of lice.

Students should not be excluded from school due to head lice. The Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP), and the Texas Department of State Health Services (DSHS) support that there is little evidence that exclusion from school reduces the transmission of head lice (Texas Department of State Health Services, 2007, 2014).

Head lice are common for children ages 3-12. Head lice are not a health hazard and are not responsible for the spread of any disease. They are the cause of much embarrassment, misunderstanding, and many unnecessary days lost from work and school. "No-nit" policies which keep kids with lice home as long as they have any evidence of an infestation don't benefit these kids or their classmates and "should be abandoned" (American Academy of Pediatrics, 2015).

The goal of lice prevention and control in schools is to limit the spread of lice from one student to another student through accurate diagnosis, and meaningful and consistent communication and education (AAP, 2015). Lice control takes teamwork among home, school, after-school programs, and events in private or public locations, including student visits in each other's homes.

Questions regarding SISD Lice Policy, Protocol, and Procedures should be directed to the campus school nurse at 806-948-2043

Live Lice and Nit Prevention, Control, and Treatment Procedural Guidelines

Initial Identification of Infestation

Cases of lice should be confirmed by the School nurse.

Live Lice

- All students identified with live lice will be sent home at the end of the school day after contacting parent/guardian by phone. **They should not be excluded from school.**

- Parents/Guardians will be advised to treat their child for head lice. Educational materials about treatment and prevention will be given and explained to parent/guardian. Parents/Guardians should notify close contacts of diagnosis.
- Based on the AAP (2015) recommendations, alert letters will **only** be sent home in the event of a 50% or greater number of students infested in a classroom to the parents of that specific classroom. Because alert letters may violate privacy and cause unnecessary public alarm, parents of infested student when the number does not meet the threshold, should be strongly encouraged to notify close contacts of diagnosis and reminded that the school will not be sending out "Alert" letters.

Nits

- Students identified with **nits only** will have their parent/guardian contacted by the school nurse to see if treatment has taken place within the last seven days.
- Educational material about nit removal and prevention of lice will be provided to parent/guardian.

Responsibilities

Student Health Services

- The school nurse will screen students sent to nurse's office displaying symptoms.
- Screening will be done on an individual basis for students reporting or demonstrating symptoms (i.e. lice visible in hair, scratching scalp). Current evidence does not support the efficacy and cost effectiveness of classroom or school wide screening for decreasing the incidence of head lice among school children (Centers for Disease Control, 2007) (American Academy of Pediatrics, 2015)
- The school nurse will distribute educational materials about lice to parents and staff throughout the year, i.e. via student folders, or school websites.
- The school nurse will provide health teaching to students, staff, and parents regarding prevention, detection and treatment of lice as needed.

Sunray ISD staff

- All staff members should be familiar with the signs and symptoms of lice infestation. Detection of lice or nits, or suspicion of lice or nits, should be promptly reported to the school nurse.

Teaching Staff

- Survey the classroom environment regularly for students displaying signs of lice or items in the classroom that could be contributing to the spread of lice.
- Send students to the nurse's office for inspection if student has visible lice or uncontrolled scalp scratching.
- Forward any reports of lice received from parents/guardians to school nurse.

Parent/Guardian

- Parents/Guardians need to make lice screening a part of their family routine. Parents should check their children's head at least weekly. School screenings do not take the place of these more careful parental checks (AAP, 2015).
- Parents/Guardians should follow the recommendations and/or treatment guidelines for lice treatment and prevention.
- Parents/Guardians should consult their health care provider and/or school nurse for concerns about effective treatments.
- Parent/Guardians should notify close contacts of live lice diagnosis.

Screening Procedure

1. Provide as much privacy as possible. Do NOT indicate that a student has lice/nits in the presence of the other students.
2. Use two objects long enough to separate the hair and expose the scalp. Non-sterile cotton tipped applicators, coffee stir sticks, etc. can be used.
3. Check the back of the head and around the ears. If the hair is short in the back, check the area of the head where the hair is longer. If the child is itching, check the entire head.
4. Separate the hair and look for nits and moving lice. Nits will not move when the strand of hair is flicked. Dandruff, hair casts, lint and other debris will move when the strand of hair is flicked. Dispose of cotton tipped applicators or coffee stir sticks after one use.
5. Wash hands. Gloves are unnecessary.
6. Document findings as applicable.

INSTRUCTIONS FOR TREATMENT AND CONTROL OF HEAD LICE AND NITS

- Use a pediculicide lice shampoo or treatment. You might want to ask your doctor or pharmacist for recommendations. Follow directions on the bottle **exactly**. **Do NOT use flea shampoo, alcohol, or gasoline. These are very dangerous and not proven to be effective.**
- Repeat pediculicide (lice) shampoo treatment of the hair in 7 to 10 days (depending upon the pediculicide used) to assure that if any nits have hatched, the new lice will be killed before they can lay more eggs.
- Comb or pick out the nits: Using a good metal nit comb, comb the hair section by section. Nit removal aids in decreasing the risk of self-reinfestation.
- Clean environment: To ensure better treatment outcomes, household cleaning should be done on the same day as the child's treatment.
- Soak combs and brushes for one hour in a pediculicide lice shampoo or five to ten minutes in hot water (130°).
- Change into freshly washed clothes after treatment.
- Change and wash all sheets, pillowcases, blankets, and towels in hot water (130°) and machine dry on hot setting for at least 30 minutes.
- Wash all clothes, coats, and hats work in the past 48 hours.
- Rugs, carpets, and upholstered furniture, including the upholstery in the car, can be vacuumed.
- Pillows, stuffed animals or non-washable items may be either dry cleaned, or sealed in a plastic bag for 7 days or placed in a dryer for 20 minutes of hot air.
- Exhaustive cleaning measures are not beneficial.

Helpful Hints for Nit Removal

Removing nits is the most important step in preventing the recurrence of head lice. For the initial treatment, use a pediculicide shampoo or treatment to kill the live lice and then:

- Comb the hair with a regular comb if the hair is thick and/or long to remove the tangles.
- Comb the hair into one-inch sections and remove the nits in each section by using a metal nit or flea comb.
- A metal nit comb can be reused if washed and boiled.
- Remove remaining nits by hand if necessary.
- Remember the key to successful lice treatment is complete removal of ALL nits close to the scalp (1cm or closer). Nits farther away from the scalp should be removed for aesthetic reason, to reduce diagnostic confusion and the chance of unnecessary retreatment, and to reduce social stigmatization.

Helpful Hints for Cleaning the Environment

- Soak combs and brushes for one hour in a pediculicide lice shampoo or five to ten minutes in hot water (130°).
- Change into freshly washed clothes after treatment.
- Change and wash all sheets, pillowcases, blankets, and towels in hot water (130°) and machine dry on hot setting for at least 30 minutes.
- Wash all previously worn clothes, coats and hats.
- Vacuum rugs, carpets and upholstered furniture, including the upholstery in the car.
- Pillows, stuffed animals or non-washable items must be either dry cleaned, washed, sealed in a plastic bag for 7 days or placed in a dryer for 20 minutes of hot air.

Sunray ISD

Lice Notification Letter

Teacher/Grade: _____ / _____

DATE: _____

RE: HEAD LICE

Dear Parent/Guardian:

Your child, _____, has signs and symptoms of head lice. Even though they do not jump or fly, they can be spread from one person to another by close personal contact, and sharing personal items such as combs, brushes, clothing, and hats. Head lice can happen to anyone. It is not a sign of poor health habits, being dirty, or poor parenting.

To control the spread of head lice, please treat your child with a pediculicide shampoo or treatment.

It is recommended that all household members be checked and those with evidence of an active infestation should also be treated at the same time.

Working together we can meet this challenge. I have provided information about treatment and prevention. I am available to discuss any questions you might have concerning this matter.

Telephone Number

School Nurse

Sunray ISD

Lice Alert Notification

TO: Parents of _____ class

FROM: Sunray ISD

SUBJECT: HEAD LICE IN THE CLASSROOM

FOR YOUR INFORMATION: There are a significant number of students in your child's class with documented cases of head lice. We are sending you this letter to inform you of the high percentage of head lice and to encourage you to check your child this evening and at least once a week. Please be reassured that head lice are not considered a medical or public health hazard.

Head lice are parasitic insects which live on the scalp. The signs and symptoms of head lice are:

- a. Persistent itching and scratching of the scalp.
- b. Live lice are white/tan and about 1/16 inch long.
- c. The lice eggs are called nits and are shiny grayish, unlike dandruff they do not come off easily.

NOTE: Nits are shiny, grayish and look like dandruff, but won't flick off.

Head lice do not hop, jump, or fly. They crawl from one person to another by direct contact and by use of infested articles. To control and avoid lice:

- a. Do not share hats, coats, headgear, combs or brushes.
- b. Inspect hair weekly for presence of lice and nits.
- c. Notify your child's school if you find lice/nits.
- d. Treat promptly if you find live lice.

If you find your child has head lice, please notify the school. Material about prevention and treatment of head lice are also attached. Please call if you have any questions or concerns.

Telephone Number

School Nurse

Beginning of the Year Lice Education letter

Dear Parent or Guardian:

Welcome back! We are looking forward to a wonderful year!

As you may know, head lice cases have been on the rise. An estimated 6 to 12 million infestations occur each year in the United States, most commonly among children ages 3 to 11. I am writing to you to help you learn how to identify lice and provide information on what you can do if lice hit your home.

What are head lice?

Head lice are tiny, wingless insects that live close to the human scalp. They feed on blood. The eggs, also called nits, are tiny, tear-drop shaped eggs that attach to the hair shaft. Nits often appear yellowish or white and can look like dandruff but cannot be removed or brushed off. The nymph, or baby louse, is smaller and grow to adult size in one to two weeks. The adult louse is the size of a sesame seed appears tan to grayish-white. An itchy and inflamed scalp is a common symptom of lice. Although not common, persistent scratching may lead to skin irritation and even infection.

Who is affected by head lice?

Head lice are not related to cleanliness. In fact, head lice often infest people with good hygiene and grooming habits. Infestations can occur at home, school or in the community. Head lice are mostly spread by direct head to-head contact—for example, during play at home or school, slumber parties, sports activities or camp. Less often, lice are spread via objects that have been in recent contact with a person with head lice, such as hats, scarves, hair ribbons, combs, brushes, stuffed animals or bedding.

What to do if an infestation occurs?

If you think your child has head lice, it's important to talk to a healthcare provider to discuss the best treatment approach for your family. Resistance to some over-the-counter head lice treatments has been reported, but the prevalence of resistance is not known. There are new prescription treatment options available that are safe and do not require nit combing.

Sunray ISD wants to provide you with the information you need to ensure your children's health and educate the community.

Resources /References

Center for Disease Control

Parasites-Lice-Head Lice Content Source: Global Health- Division of Parasitic Diseases and Malaria; Page last reviewed: September 24, 2013

National Association of School Nurses

Policy Statement Pediculosis Management in the School Setting: Adopted: November 1999 Revised: July 2004, January 2011

American Academy of Pediatrics Head Lice PEDIATRICS 2015; Vol. 135 published online April 27, 2015, 31355-1365; DOI: 10.152/peds.2015-0746

Legal Notifications

Texas Department of State Health Services Recommendations on “No-Nit” Policies in Schools, September 2007 Managing Head Lice in the School Setting and at Home, November 2014

Texas Administrative Code, Title 25, Part 1, Chapter 97, Subchapter A, Rule 97.7, Update 2013