

Purpose: To contain infestation, provide appropriate health information for prevention, referral and treatment, prevent overexposure to potentially hazardous chemicals and minimize school absence. The management of pediculosis should not disrupt the education process.

Objectives:

1. The school nurse will provide education to staff, students and parents about pediculosis.
 2. The school nurse will provide anticipatory guidance to the school community regarding best practices of pediculosis management.
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PROCEDURES

Referrals:

1. Any concerns, reports or requests regarding head lice will be reported directly to the school nurse or to the office in the absence of the nurse.
2. Based on information provided by the school nurse and the status of previous reports, the office will decide if a check is necessary that day or if follow-up by the nurse can be done.

Reasons to check the day of the report:

- Live lice are observed
 - Many, many nits/eggs are visible
 - Intense itching
3. When lice or nits are found the school nurse or office will contact the parent by phone to notify them of the findings as well as handle all necessary paperwork.

LIVE LICE: Any student with an active case of head lice (live lice or many, many nits) will be sent home for proper treatment.

NITS/EGGS: If the parent states the child has been treated and the child has only a few nits left they may remain in school. Contact the parents to continue to comb out the remaining eggs and refer the child to the school nurse for follow-up. ***If the child has not been treated or many nits remain the parent must pick the child up.***

4. When no one can be reached to take the child home, the child may return to the classroom and remain in school until the end of the day. Children will not be excluded from class and held in the office. Every effort should be made by the classroom teacher to prevent the child from exposing other students during activities that may involve close contact without undue attention. Under these circumstances the child will be sent home in the usual manner with a lice notification letter and the school lice treatment sheet.

5. If a check is necessary and the school nurse is not available, the office will ask the designated trained staff person to do a head check and report the findings to the office.
6. Due to privacy and confidentiality issues, the person making the referral will not necessarily get a report back. The teacher involved will be notified if the student will be going home, and also to take preventive measures in the classroom.
7. The decision to screen an entire classroom will be made by the school nurse.
8. Follow-up checks will be done by the school nurse, office or by designated staff at the request of the office.
9. All questions regarding treatment will be referred to the school nurse or the family's health care provider. School staff will not give advice about pediculosis products or "alternative" treatments.
10. Students with chronic infestations will be followed by the school nurse with assistance as needed from the district's Family Resource Specialist.
11. All treatment for head lice will be done by parents at home; school staff will not provide treatment at school.

Screening:

1. Screening will be done by the district nurse, building nurse or designated, trained staff only. Designated, trained staff members will only check students at the request of the office.
2. When head lice is reported by a parent or suspected by school personnel, the school nurse will be notified by the office. If the nurse is not available, a designated trained staff member will screen the student in question. The student will be screened individually and privately. Based on the outcome of the screening, the appropriate parent letters will be sent home with students in the affected classroom.
3. When there is evidence of an outbreak in a classroom (3 students identified in the same class, with active infestation (live lice) the school nurse will determine if the entire class should be screened. Classroom screening will be done by the school nurse and designated trained staff only. This screening can be done while children are seated or standing at their desks, or at a designated area within the classroom. Good lighting is a must and handwashing facilities in the area are preferable, if possible.
4. During screening to avoid transmission from one student to another, the examiner must either wash hands between each examination or use objects such as one time use tongue depressors, disposable gloves, or the wooden ends of Q-tips for examining each child. (Disposing of these objects in a lined garbage can after each use.) During screening measures should be taken to assure that those students with head lice are not identified to other students.
5. Due to the lack of evidence of efficacy, school wide screening will not be done.
6. Pediculicide sprays will not be used in classrooms or on school grounds.

When the Child Returns to School:

1. Children may return to school following adequate treatment. Proof of treatment should be confirmed by the school nurse or office. This can be done either verbally or in writing per school paperwork sent with the child.
2. Students sent home will be checked in through the office upon returning to school. They may remain in school with some nits as long as they are treated.
3. The decision to implement a "no nit" policy will only be made by the school nurse who can determine that the indications exist in a classroom or an individual student for implementation.
4. In cases when a student has had an extreme case with an exceptional number of nits in the hair, a "treated" child can return to school if the parent/guardian agree to continue the nit removal process and the school nurse or designee can follow progress of removal.
5. If a decision to implement a "no nit" process is in effect because of an individual with chronic infestation or a classroom outbreak, treated students must be examined to assure no nits are present before they are allowed to return to the classroom. This follow-up can be done by the school nurse or office.
6. Treated students ideally will be re-examined upon returning to school under any circumstances however can be checked in 8-10 days after returning if there has not been a "no nit" process in effect.

Other:

- Measures should be taken to assure that those students with head lice are not identified to other students or staff.
- Confidentiality, privacy and the self-esteem of these children are of the utmost importance.

Mount Baker head lice procedures are based on guidelines from Whatcom County Health Department, the Office of the Superintendent of Public Instruction Infectious Disease Control Guide, WA State Department of Health, The American Academy of Pediatrics and the National Association of School Nurses.