

MANAGEMENT AND CONTROL OF PEDICULOSIS

(Head Lice)

GUIDELINES FOR SCHOOL BOARD PERSONNEL

Introduction

Infestation by head lice is an unpleasant nuisance, but not a health problem. Head lice do not carry or spread disease. Nevertheless, their management remains a problem for school staff, parents and the community. Outbreaks disrupt the educational program, result in school days lost and arouse strong emotions.

Head lice infestations can and do occur in many other locations. It is hoped that by increasing individual and community awareness about identification, transmission and treatment of head lice, much of the stigma and emotion attached to the problem will be alleviated. Therefore, management and control of head lice is the responsibility of the school, the parent and the community.

Based on current information available, this guideline has been revised to assist school personnel, parents and community in the management and control of head lice.

Guidelines for School Personnel

General Guidelines:

The School Will Check and Communicate

The Parent Will Check and Treat

The Health Unit Will Provide Resource Materials and Support

1. When school personnel suspect head lice, they will check the head and advise parents if suspicions are confirmed.
2. Principals may exclude and re-admit as per the *Education Act*.
3. School personnel will assist with communication and education regarding head lice.
4. Parents are responsible for reporting and treating head lice.
5. The parent/guardian must verify in writing that the child has been adequately treated and free of live lice and that all nits (the eggs) have been removed.
6. All matters regarding head lice will be handled confidentially.
7. Public Health Unit staff will continue to provide resources and support for staff and family education.

Management/Treatment Guidelines

The most critical interventions in addressing head lice outbreaks are:

1. Ensuring two treatments, with the second being 7 to 10 days after the first. This will kill newly hatched lice that emerge from eggs that survived the first treatment.
2. Ensuring all contacts of an affected child are informed so that other cases can be found and treated. This prevents re-infestations in a classroom.

Situation A — When a School Suspects Head Lice

1. The Principal or designate notifies parent by phone of the suspicion of head lice. The principal or designate will ask that all family members be checked for head lice and that any close contacts be notified e.g. playmates, sport teams, and childcare.
2. To avoid stigmatizing affected children, issues around pediculosis should be dealt with sensitively.
3. Prepare the letter of notification, Appendix A Pediculosis: Letter of Notification, and the fact sheet, Appendix B Pediculosis Fact Sheet, to give to the parent or send home with the student. Prepare the letter Appendix C or Appendix D as outlined below in notification to other parents, for all other students in the class or classes to receive.
4. The family or parent may also call the appropriate Health Unit regarding management and treatment of head lice.
5. A student can attend school when treatment and removal of all nits have been carried out and verification of such has been provided by the parent.
6. **If the student does not return to school within a reasonable time (three days) and the parent is non-compliant, the school principal should follow up with the parent.**

Situation B — When Parent or Guardian Reports Head Lice to the School

1. The principal or designate will inform the parent that:
 - Two treatments are necessary and that the first treatment should be done immediately.
 - Appendix A is required to be signed, upon return of the student, verifying that the first treatment has been carried out and all nits have been removed.
 - The second treatment is to be done 7-10 days after the first, even if it is believed that all the nits were removed in the first treatment. If live lice are seen before that time, the parent should be advised to treat immediately with a different product, followed by another treatment in 7-10 days.
 - A letter verifying second treatment (7-10 days after the first treatment) is also required.
2. The principal or designate will suggest that all family members be checked for head lice and that any close contacts be notified e.g. playmates, sport teams, and childcare.

3. The principal or designate will notify the classroom teacher and send home Appendix C Pediculosis: Notification to All Parents (Class)
4. **If the student does not return to school within a reasonable time (three days), the principal will follow up with the parent.**

Notification to Other Parents

1. If one case is reported or suspected in a classroom, the principal will send a letter to the parents of the classmates, Appendix C Pediculosis: Notification to All Parents (Class).
2. If an outbreak involving more than one classroom and more than one family occurs, a letter will be sent to parents of all students in the school, Appendix D Pediculosis: Notification to All Parents (School).
3. The school newsletter can be a means to remind parents to check regularly and the procedure to follow if head lice are found.
4. The school can also inform the parents to contact the appropriate Health Unit for more information regarding the management and treatment of head lice.

Persistent Head Lice Problems

1. If head lice are still suspected after two treatments 7-10 days apart, the parents should be directed to call the appropriate Health Unit to consult with a public health nurse for additional information about head lice management and treatment.
2. If there are ongoing problems with control of head lice among the school population, School staff can consult with the appropriate health unit.
3. Exclusion will be considered when parents fail to comply with recommended treatment.

Records

1. Principals are advised to retain on file (separate from the O.S.R.) copies of the verification letters and exclusion letters.
2. Records should be retained for a period of one year.
3. It is not necessary to report cases to the Health Units.

Role of the Health Unit

The Medical Officer of Health has no legal mandate to exclude a child with head lice from school, to compel a student to return to school after a reasonable length of time following exclusion for head lice, or to isolate a child with a suspected or confirmed infestation. The responsibility and authority to exclude a child from school rests with the school principal as described in the *Education Act* [Section 265 (1) (m)].

The primary role of the Health Unit in the management and control of head lice is to provide educational resource materials and support. School personnel and parents can access the following public health resources by contacting the appropriate Health Unit:

- ❖ Current information regarding the control and management of head lice.
- ❖ Educational resources for schools, parents and the community.
 - handout/fact sheet
 - PowerPoint
 - video
 - teaching kit
- ❖ Consultation, on request, to confirm head lice and provide advice about treatment, particularly in situations where there are persistent problems with infestation.

Prevention in School

Any child can become infested. Prevention is an important consideration in the control of head lice because of the degree of group activity that takes place in schools, especially younger grades. The following precautions will help to minimize spread in the school:

- ❖ Avoid activities that involve close head-to-head contact.
- ❖ Ask parents to tell the school as soon as they notice signs of head lice and to treat promptly, if confirmed.
- ❖ Educate parents and teachers about how to look for and recognize head lice infestation and to check regularly.
- ❖ Keep parents informed if there are cases of head lice in the school. This will encourage parents to check their children regularly and initiate treatment quickly if needed.
- ❖ Teach children about head lice, what to tell their parents/guardians and how they can help (age-appropriate).
- ❖ Teach children not to share headwear or hair accessories, e.g. brushes, combs.
- ❖ Fumigation of schools and buses is not recommended at any time.

Other Prevention Strategies

While schools may decide to implement the following strategies, there is inconsistent research support for them as effective or necessary prevention measures

- ❖ Permanently assign resting mats, towels or pillows to younger children. Keep these articles separated during use and storage.
- ❖ Assign individual coat hooks or lockers to students. Hooks should be at least 30 cm (12 inches) apart. If this is not possible, use plastic bags with handles to hang on the hooks. Hats, scarves, etc. can be placed in the plastic bags or stored in the sleeves of the students' coats.
- ❖ Have carpeted classrooms vacuumed regularly, especially in classes where younger children spend considerable time on the floor.