

POINT ISABEL INDEPENDENT SCHOOL DISTRICT LICE PREVENTION, CONTROL, AND TREATMENT PROTOCOL

Due to the changes in the Texas Administrative Code regarding the school exclusion criteria regarding head lice, the Point Isabel Independent School District has revised its head lice exclusion policy.

Head lice are common for children ages 3-12. It is important to note that head lice are not a health hazard, a sign of poor hygiene, 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. Despite this knowledge, there is significant stigma resulting from head lice infestations in many developed countries, resulting in children being ostracized from their schools, friends, and other social events. “No-nit” policies which keep kids with lice home if there is evidence of an infestation are not beneficial to children or their classmates and “should be abandoned” (American Academy of Pediatrics, 2015).

Historically, in an effort to decrease head lice infestations, many US schools adopted “No nit” policies. Subsequently, schools report extended student absences. Reports found that 12 to 24 million school days are lost annually due to exclusion of students with nits. “No nit” policies that require a child to be free of nits before they can return to school are not recommended (Centers for Disease Control, 2015).

The Texas Department of State Health Services is not alone in their stance against strict “No-nit” policies. A panel of scientist and public health officials convened at the Harvard School of Public Health to discuss these issues. In regards to “No nit” policies, the report shows that there is little evidence that exclusion from school reduces the transmission of head lice (Texas Department of State Health Human Services, 2007). The goal of lice prevention, control, and treatment in schools is to prevent the spread of lice from one student to another student. 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.

LIVE LICE AND NIT PREVENTION, CONTROL, AND TREATMENT PROTOCOL

Initial Identification of Infestation

Parents/Guardians are the first line of defense in helping to prevent lice infestation. Children should be examined at home regularly, especially behind the ears and at the nape of the neck, for crawling lice and nits if your child exhibits symptoms of a head lice infestation. If crawling lice or nits are found, all household members should be examined for crawling lice and nits every 2–3 days. Persons with live (crawling) lice or nits within ¼ inch or less of the scalp should be treated (Centers for Disease Control, 2015). Cases of lice at school should be confirmed by the RN or School Health Assistant.

Live Lice

- Parents/Guardians will be contacted by phone, and provided instructions, if necessary, for efficient treatment/removal of lice for their child to avoid lost instructional time.
- All students identified with **live lice** will be provided with a treatment letter instructing parents/guardians to treat their child for head lice.
- The name of the treatment product must be provided by the parent/guardian on the treatment letter. (See Resource Section)
- A school administrator or nurse of a public elementary school who determines or otherwise becomes aware that a child enrolled in the school has lice shall provide written or electronic notice of that fact to:
 - The parent of the child with lice as soon as practicable but not later than 48 hours after the administrator or nurse, as applicable, determines or becomes aware of that fact.
 - The parent of each child assigned to the same classroom as the child with lice not later than the fifth school day after the date on which the administrator or nurse, as applicable, determines or becomes aware of that fact.
 - The notice must include the recommendations of the Centers for Disease Control and Prevention for the treatment and prevention of lice, and may not identify the child with lice. (HB 1720)
- After the student has been re-checked by the school nurse or School Health Assistant and no live lice are seen, the student can return to school.
- Educational materials about treatment and prevention will be given and explained to parent/guardian.

Nits

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

Requirements For Readmission To School For Students Who Are Found To Have Live Lice

- Student must bring proof of treatment or a statement verifying treatment signed by parent/guardian.
- If the student has been treated and provides proof of treatment the student may be readmitted to school.
- If live lice are found at re-check, the RN should assess the adequacy of treatment and counsel the family before sending the student home.

Treatment Failures and Frequent Re-infestations

If live lice are found following treatment, the RN will investigate and make further recommendations to the family.

Classroom Control Measures:

- The School Nurse will provide teachers with the "Checklist for Classroom Lice Control."
- Contact the RN for any questions regarding classroom lice control.
- Teachers are expected to follow the guidelines to prevent the spread of lice.
- At all times, schools are encouraged to discontinue fabric-covered items, i.e., pillows, blankets used by more than one child.
- Teachers may request storage bags to separate all coats/sweaters.
- Teachers, Assistants, and Monitors should not allow piling of coats.

RESPONSIBILITIES

Student Health Services

- Screening students sent to health room 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, 2010) The health team has educational materials about lice available in the health room for students, staff and parents. Prevention and treatment methods to help reduce the number of school infestations will be made available on the PI-ISD website.
- The RN will provide health teaching to students, staff, and parents regarding prevention, detection and treatment of lice as needed.
- Educational materials will be distributed to students who are found to have live lice to share with their parents and will include any new prevention/treatment modalities.

PI-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 or School Health Assistant.

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.
- Implement the "Checklist for Classroom Lice Control" and make appropriate changes. (See Appendix for Checklist).
- Send students to the nurse's office for inspection by the RN or School Health Assistant if lice visible in hair or scratching scalp.

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.
- Parents/Guardians should follow the recommendations and/or treatment guidelines from Student Health Services.

Community Education and Cooperation

- The lice prevention, control, and treatment protocol will be shared with PI-ISD staff and staff of after-school programs for implementation in these programs, thus allowing for consistency when children are in school environments.
- The lice prevention, control, and treatment protocol and educational information may be shared as requested with surrounding private or parochial schools and with major after-school organizations, i.e., athletic or recreational facilities.

LICE RESOURCES

Screening Procedure

1. The RN and/or School Health Assistant will be responsible for screening. Classroom teachers are responsible for classroom surveillance.
2. Provide as much privacy as possible. Do NOT indicate that a student has lice/nits in the presence of the other students.
3. Use two objects long enough to separate the hair and expose the scalp. Nonsterile cotton-tipped applicators, coffee stir sticks, etc. can be used.
4. 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.
5. 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.
6. Wash hands or change gloves.

**PI-ISD STUDENT HEALTH SERVICES
CHECKLIST FOR CLASSROOM LICE CONTROL**

- _____ Play items are to be cleaned after each child's use

- _____ Sweaters, backpacks, and coats hung separately on hooks and. Sweaters, coats, scarves, and hats can be placed in each student's backpack

- _____ Children's personal items (combs, brushes, hats, scarves, sweaters, coats etc.) are not to be shared

- _____ No sharing of cloth or upholstered pillows, mats, etc.

- _____ Headphones are wiped with disinfectant after each child's use/daily

- _____ Observe children for:
 - Nits/lice in hair (on nape of neck, over ears, and within 1/4 inch of scalp)
 - Scratching of head and neck

INSTRUCTIONS FOR TREATMENT AND CONTROL OF HEAD LICE AND NITS

- **Use a pediculicide** lice shampoo such as Rid (non-prescription), or R&C (non-prescription). You might want to ask your doctor or pharmacist for recommendations. Follow directions on the bottle **exactly**. Nix, a nonprescription lotion is also effective and does not require a second treatment. **Do NOT use flea shampoo 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 out the nits:** Using a good metal nit comb, comb the hair section by section.
- **Clean environment:** To address this problem 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, and blankets in hot water and machine dry on hot setting.
- 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.

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.