

Administrative Procedure 318

HEAD LICE

Background

The District is committed to working with families and British Columbia Health Services to prevent and control head lice infestation.

The following procedures are intended to provide direction to parents, students and staff in the identification, treatment and protocols for dealing with incidents of head lice. This approach will provide consistency and support and ensure the confidentiality of the affected student and family. It is understood that parents have the primary responsibility for this issue.

Procedures

1. General

- 1.1. Information regarding the detection and treatment of lice will be distributed at the beginning of each school year. ([Appendix A](#))
- 1.2. Parents have the primary responsibility for performing regular lice checks for their children.
- 1.3. Parents will be informed that lice checks may be performed by a trained group of parents from time to time during the school year. A parent may request that a District employee rather than a parent perform the lice check on their child.
- 1.4. The principal will publish regular reminders for parents to check their children for lice.
- 1.5. If lice are found on a child during a home check, the parent must inform the school secretary and child's daycare.
- 1.6. If lice or nits are found on a child at school:
 - 1.6.1. The dignity of the child and family will be protected.
 - 1.6.2. District employees, not parents, will contact the affected child's parents and information will be forwarded to them on recommended treatments and school procedures. Principals may choose to send a lice kit home with the child to facilitate treatment.
 - 1.6.3. If a case of lice is discovered, the student(s) is to be returned to class and the teacher must be informed about the situation so any necessary adjustments can be made for group work or play time so students are not working in too close proximity.
 - 1.6.4. Staff and parents will educate and encourage students to limit close contact and the sharing of personal items (e.g. hats, coats, hair accessories).

- 1.6.5. If lice are found in a class, personal items will be separated. (e.g. hung on backs of chairs, coats kept in bags, etc.).
- 1.6.6. The principal will send a notice home to all parents of students in the affected child's class. The notice will inform them of the presence of lice and ask them to check their child.
- 1.6.7. The affected child is to return to school after appropriate lice treatment has been administered. The principal will determine what further action(s) may be required to support the child and family.
- 1.6.8. Support for children with chronic lice infestations can include:
 - 1.6.8.1. Purchase a lice kit (lice comb, bottle of conditioner, information and instructions) and lend it to families.
 - 1.6.8.2. Train a parent to assist other parents with the use of the lice kit.
 - 1.6.8.3. The Principal or PAC can enlist additional professional expertise
 - 1.6.8.4. Families can consult with a public health nurse for information and resources through Fraser Health.
- 1.6.9. Children who have been treated successfully for lice are to be checked again after one week to ensure the infestation has not returned. Additionally, it is recommended that the entire class be checked the following week.

2. Lice Checks

- 2.1. If the principal deems it necessary, a group of parents will be specially trained to conduct lice checks on a regular basis.
- 2.2. Lice teams are to be properly equipped and trained.
- 2.3. Parent volunteers must understand the need for confidentiality. Principals will ensure the members of the lice team sign a confidentiality agreement.

3. Effective Practice

- 3.1. Checking for lice is recommended after school breaks (e.g. Summer, Christmas, Spring Break).
- 3.2. Principals are to consider conducting lice checks on Fridays to allow infected children to be treated over the weekend.
- 3.3. Confidentiality will be maintained at all times. If a child is found to have lice or nits, school staff are to document it on a class list and maintain the information in a confidential location.
- 3.4. When lice checks have been completed, class lists are to be submitted to the principal to ensure parents are informed of the presence of lice.
- 3.5. Information about lice, recommended treatments, and school procedures can be included in school agendas, newsletters, and on school websites. (Appendix A)
- 3.6. Principals are to encourage all staff to lessen the stigma around contracting lice by communicating to parents and children that anyone can be affected by an infestation of lice. It may be helpful to think about lice as similar to the common cold – it can be a nuisance and when someone has it, it is wise to stay away from others so they will not be affected.

- 3.7. The focus is to be on having all families check their child for lice and having those affected complete the treatment quickly, thus saving the student embarrassment.
- 3.8. Parents and families need to know that stopping an infestation of lice in the classroom means that every child will have eliminated the pest. When one child or family does not deal with the issue, many other families can be affected. Principals are to regularly communicate the need for all parents to do their part.
- 3.9. Should there be any circumstance that prevents the parents purchasing treatment supplies, principals will make every effort to obtain the recommended products on behalf of the family.
- 3.10. If a parent or family cannot eliminate the infestation on their own, the principal may provide resources to assist. This may include a meeting between the family, school administration and public health to develop an action plan to facilitate successful treatment.
- 3.11. If it becomes necessary for the student to be absent from school to receive treatment, the principal will ensure that the student's educational program continues by providing homework as appropriate.
- 3.12. Before the first lice check, principals may want to organize a demonstration of the lice check process in order to alleviate potential anxiety and normalize the practice.

4. Considerations

- 4.1. Head lice are not a health hazard and do not cause or spread disease.
- 4.2. There is the possibility that the scratching could break the skin and lead to infection.
- 4.3. Principals are to recognize that current research shows that school withdrawal, early dismissal and no-nit policies do not prevent or control head lice infestations. Only 30% of children find lice itchy and without this early warning sign, students may attend school for days or weeks before lice is discovered. Sending affected students home has only a slim chance of preventing its spread.
- 4.4. Head lice infestations are often misdiagnosed. The presence of fluff or dandruff in the hair is often mistaken for nits. Furthermore, the presence of nits does not indicate a child has an active infestation. It is difficult to differentiate between nits and empty egg casings. Even under ideal conditions, 10-30% of nits do not hatch.
- 4.5. Head lice are frequently over diagnosed, which leads to overuse of chemical head lice products. Overuse of these products can be hazardous to a child's health and can decrease the effectiveness of them in treating head lice.
- 4.6. Poor reactions to head lice can adversely affect children by subjecting them to negative comments and teasing from others.

Reference: Sections 7, 17, 20, 22, 65, 85 School Act
 Child, Family and Community Service Act
 Island Health Recommended Head Lice Management
 American Academy of Pediatrics. Clinical Report – Head Lice, July 26, 2010, Pediatrics.
<http://pediatrics.aappublications.org/content/126/2/392.full.pdf>
 Canadian Pediatric Society, Head Lice, http://www.caringforkids.cps.ca/handouts/head_lice
 HealthLinkBC, Head Lice, <https://www.healthlinkbc.ca/healthfiles/hfile06.stm>
 Interior Health website on head lice management, which includes a power point presentation and video on the treatment of head lice,
<http://www.interiorhealth.ca/YourHealth/SchoolHealth/HeadLice/Pages/default.aspx>

Approved: June 15, 1992
 Revised: September 16, 1997; August 31, 2017; December 15, 2020