

## ADMINISTRATIVE PROCEDURE #5.12

# TREATMENT OF HEAD LICE IN SCHOOLS

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### BACKGROUND

Head lice are common and communicable and may spread in any situation where individuals gather and are in close contact. From time to time, students enrolled in schools may be infested with head lice. It is important to note that the presence of head lice on a student is not a reflection on the level of cleanliness or parenting and/or guardian skills in a home. Head lice do not transmit disease and are primarily a nuisance factor because of the itching and irritation they cause. Therefore, an outbreak of head lice in a school should not be the cause of exaggerated alarm and normal school activities should not be cancelled because of head lice.

The Board recognizes that the responsibility for identification, control and treatment of head lice is a joint responsibility of the parent(s) and/or guardian(s), the school and Municipal Health Department staff.

**THE SCHOOL PRINCIPAL, IN COOPERATION WITH THE COMMUNITY HEALTH NURSE, WILL ENSURE THAT A HEAD LICE CONTROL PLAN IS DEVELOPED AT EACH SCHOOL.**

### REGULATIONS

1. The school principal, in cooperation with the Community Health Nurse, will ensure that a head lice control plan is developed at each school in the event that there may be an outbreak at the school. The head lice control plan should include guidelines for the following activities:
  - a. training for school staff and /or parent(s)/guardian(s)/community volunteers in the identification and examination of students for head lice;
  - b. a process for examining individual students and their contacts who are suspected of having head lice;
  - c. a process for following students known to have repeated infestations of head lice;
  - d. an information meeting for parent(s) and/or guardian(s) on the topic including identification, examination and treatment methods; and,
  - e. distribution of the Health Department's information brochure on head lice and the presentation of the video entitled, "Lice Are Not Nice", as part of an appropriate educational program.
2. Once a student, or a number of students, has been identified as being infested with head lice, the control and treatment of head lice becomes a joint responsibility of the parent(s)

and/or guardian(s), school and Health Department staff. To ensure that efforts to control the problem will be most successful, the following procedures should be followed:

- a. The Community Health Nurse is notified so that the school plan of action is initiated. The District Medical Health Officer is also available for advice and support.
- b. Classmates and close friends of students who have been identified as having head lice should be examined.
- c. Students with head lice do not need to be sent home until the end of the school day. However, if someone is at home, they can be sent earlier. A parent and/or guardian of the student who has been identified as having head lice should be notified, preferably verbally, but also by note if necessary, and informed that the student has head lice. Health Department informational brochures outlining procedures for treatment and acceptable treatment agents should be given or sent to the parent(s) and/or guardian(s) as well.
- d. Notice should be sent home to parent(s) and/or guardian(s) indicating there is an active head lice problem in the school and that parent(s) and/or guardian(s) should maintain vigilance. The principal, in consultation with the Community Health Nurse, should determine if the notice is to be sent home with all members of the class or sent home with the entire student population. The confidentiality is to be maintained by staff and parent/guardian/community volunteers.
- e. The principal should ensure that all equipment that is used and shared by students, i.e. school patrol helmets, athletic uniforms, drama costumes, etc., is checked along with coatrooms and other appropriate classroom equipment and materials.
- f. Students with head lice are to be re-admitted to the school if no live lice or eggs are present in the hair.

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Date Adopted: 1988-06  
Date(s) Revised: 2008-02

Cross References: