

Final Head Lice Policy & Procedure

Adopted 5/26/16

Policy: The Mora Schools are committed to utilizing best practice recommendations for lice management in our schools in a manner that respects the data privacy of students and families. Lice exclusions are viewed as necessary only when excessive infestations are present or there is lack of follow up with treating lice.

Head Lice Procedure

Purpose:

1. The Mora Schools recognize that head lice are not responsible for spreading or causing disease, but do cause unrest in our community.
2. Lice are typically not spread within the school setting. Lice transmission requires close head-to-head contact or the sharing of personal hair related items.
3. In general, exclusions from school due to lice are no longer considered best practice, supported by the US Center for Disease Control, MN Department of Health, American Academy of Pediatrics, and National Association of School Nurses.
4. While minor cases do not necessitate exclusion, excessive infestations may disrupt the school setting and therefore exclusions will be implemented in these cases.
5. Health office staff, experienced with lice recognition, can greatly assist families with needed lice education and be supportive of families' treatment efforts.
6. Health office and all school staff will assure student's and family's right to privacy.

Lice management plan separated by roles (Parents, Health Office, & School staff):

1. PARENTS - Management of lice is primarily the role of parents/guardians.

a. PREVENTION:

- i. Parents will stress the importance of their student avoiding head-to-head contact with non-family members or individuals known to have lice.
- ii. Parents will instruct students to avoid sharing items that have contact with their own head or with the heads of other persons at school.

b. MONITORING

- i. Parents need to monitor the status of their students heads weekly throughout the school year and ongoingly watch for symptoms of lice (itchy head).
- ii. When lice is discovered, parents need to follow through on treatment protocols and monitor the effectiveness of treatment which is enhance by combing through hair daily for a two week time period, removing nits and monitoring for new lice.
- iii. Parents are asked to inform the health office at their student's school when lice are discovered on their student.
- iv. If parents are uncertain if lice are present, they are advised to ask health office staff for an assessment prior to treating. Parents are advised to not treat 'just in case.'

c. TREATMENT

- i. Active cases of lice require treatment prior to returning to school. Health office staff can provide information on treatment options and can discuss the pros and cons of each.

d. COMMUNICATIONS

- i. Parents are asked to inform health office staff when their student has lice.

2. Lice management in the school will be overseen by the LSN, Licensed School Nurse, assisted by trained health clerks.

a. PREVENTION

- i. LSN will provide education to all elementary classrooms during the first two weeks of each school year.
 1. Will include information to decrease lice stigma.
 2. Lice prevention strategies.
 3. How lice are treated at home and managed at school.

b. MANAGEMENT

- i. LSN responsible for:
 1. Training health office staff on:
 - a. Recognizing active cases of lice.
 - b. Best practice lice treatment strategies with written educational materials to guide lice treatment efforts.
 2. Ensuring data privacy rights of families are respected.
 - a. Health office staff will use discretion when informing primary age students or special education students of lice status as they often lack the ability to discern/respect confidential information.
 3. Utilizing existing resources to communicate lice policy/procedure to the public:
 - a. Student handbooks
 - b. District website
- ii. Health office staff will provide lice checks in the following situations:
 1. Students self reporting or students referred to health office with symptoms or visual sightings of lice.
 2. Parents requesting head checks on their own students or themselves.
- iii. Health office will not check heads:
 1. Parents requesting head checks on students other than their own.
 2. Head checks requested without reasonable cause/symptoms.
- iv. Outcomes of head checks:
 1. GROSSLY INFESTED HEAD (10 or more lice found in 3 minute head check) - immediate exclusion.
 - a. Heads of all other students in this household must be checked by health office staff.
 - b. Treatment required before returning to school with health office check prior to returning to a classroom.
 - c. Health office will supply parents with information on best treatment options, which will include non-pesticide options.
 - d. Health office staff will be a source of support and encouragement to families during the treatment process and will caution families against over-treatment.
 2. LESSER LICE: 9 or fewer lice found within 3 minute head check.
 - a. Prompt call to parent/guardian with two options:
 - i. Parent has the option to come get student to treat, but health office staff will discourage parents from treating head during the school hours,, but rather treating student's head after school dismisses for the day

ii. Parents will be encouraged to allow their student to finish out the school day with the following requirements:

1. Agreement to treat head after school with student returning to school the next day for a head check prior to returning to a classroom.
 2. Agreement that if there is not significant improvement in the process of removing nits and minimal lice (fewer than 3 found in 3 minute head check) exclusion will be imposed at time of recheck.
 3. Agreement that health office may share student's lice status with his/her classroom teacher so activities can be discretely modified to minimize the chance of head-to-head contact with others in the school during the treatment phase. Teachers will also be notified when head has been successfully treated.
 4. Health office will offer to check the heads of any member of the household as all members with active lice should be treated in the same window of time.
 5. Health office will supply parents with information on best treatment options, sharing pros and cons, which will include non-pesticide options.
 6. Health office staff will be a source of support and encouragement to families during the treatment process and will caution families against over-treatment.
3. Parent report of suspected lice
- a. Health office will advise, if parent is uncertain of student's lice status, a head check be completed by health office staff (or other healthcare professionals familiar with lice) prior to treating.
 - b. Health office staff will discourage treatment 'just in case'.
4. Parent report of discovering lice and having treated.
- a. Health office will offer assistance to parents who report they have treated their students for lice. Follow-up by health office staff is at the discretion of the parent and is not required. Health office staff is available to:
 - i. Provide return to school head check.
 - ii. Head checks on siblings and other family members.
 - iii. Follow up head checks once per week, not to exceed a two week window with no signs of new lice.
5. Students found to have dark nits with no live lice.
- a. Health office staff will communicate to parents the existence of dark nits and provide treatment recommendations reflecting best practice.
 - b. No exclusion imposed.

- c. Student will be monitored with head checks once per week until a two week time period with no new lice is documented.
 - c. MONITORING:
 - i. Health office staff will provide weekly lice check monitoring once a known case has been successfully treated (no live lice seen), monitoring for recurrences.
 - 1. Head checks will be once per week until a two week time period without new lice being documented.
 - d. COMMUNICATIONS:
 - i. Classroom notices will be sent out when there are 3 confirmed cases of head lice within a two week time period in a particular elementary classroom.
 - ii. Will encourage elementary classroom teachers to remind parents of their need to monitor their students for lice a minimum of once per month.
 - iii. LSN will offer sessions explaining lice policy/procedure or to provide education to parents or staff as requested.

3. Lice management by classroom teachers:

- a. PREVENTION:
 - i. Classroom teachers will reinforce lice prevention strategies.
 - 1. Stressing the need for students to avoid head-to-head contact with others.
- b. MONITORING:
 - i. Classroom teachers will:
 - 1. Will refer students with lice symptoms (itchy heads) to the health office for head checks.
 - 2. Will discreetly send students to the health office for follow up head checks.
- c. COMMUNICATION:
 - i. Classroom teachers will:
 - 1. Inform the health office when they are informed of a case of head lice in their classroom.
 - 2. Remind parents monthly to do weekly head checks at home.
 - 3. Assure all communications are respectful of data privacy rights.
 - 4. Connect students with any missed classroom work resulting from lice management/treatment process.

4. School transportation:

- a. COMMUNICATIONS
 - i. No notifications will be made to bus drivers unless LSN indicates the need.
- b. MONITORING:
 - i. Students will not be denied access to school transportation due to lice status.