

**AVON MAITLAND DISTRICT SCHOOL BOARD  
ADMINISTRATIVE PROCEDURE  
NO. 318**

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**SUBJECT:     PEDICULOSIS (HEAD LICE)**

Legal References:     *Education Act: Section 265 (1) (j) Duties of Principal: Care of Pupils*

Related References:

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**1.     Management of Head Lice**

This administrative procedure is intended to assist with the management of head lice.

**2.     Procedures**

2.1   Attachments:

- Appendix A - Management and Control of Pediculosis: Guidelines for School Board Personnel
- Appendix B - Fact Sheet: Head Lice: A Nit – Pickin’ Nuisance
- Appendix C - Head Lice References

2.2   All staff members are expected to demonstrate the attributes described in the Avon Maitland District School Board’s *Cultivating Character*. This will ensure that issues and procedures related to pediculosis are dealt with in a sensitive and respectful manner.

**MANAGEMENT AND CONTROL  
OF PEDICULOSIS  
(Head Lice)**

**GUIDELINES FOR SCHOOL BOARD PERSONNEL**

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**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.

*“Exclusion from school and daycare due to the detection of the presence of ‘nits’ does not have sound medical rationale. Even the detection of active head lice should not lead to the exclusion of the affected child. Treatment should be recommended and close head-to-head contact should be discouraged pending treatment....Families of children in the classroom where a case of active head lice has been detected should be alerted that an active infestation has been noted, and informed about the diagnosis, misdiagnosis and management of head lice, and the lack of risk for serious disease.”*

The Huron District Health Unit and the Perth District Health Unit supports this position and concur that there is no medical reason to exclude students from school due to 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. School personnel will assist with communication and education regarding head lice.
3. Parents are responsible for reporting and treating head lice.
4. The parent/guardian must verify in writing that the child has been adequately treated and free of live lice.
5. All matters regarding head lice will be handled confidentially.
6. 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. The treatment and eradication of head lice is ultimately the parents/guardians responsibility, 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. Thorough nit removal after each treatment may decrease the chance of self re-infestation.
3. 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, Form 318A Notification of Head Lice and Appendix B Pediculosis Fact Sheet, to give to the parent or send home with the student. Prepare the letter (Form 318B or Form 318C) 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 has 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 the day of detection.
  - ⇒ Nit removal after each treatment may decrease the chance of self re-infestation.
  - ⇒ Form 318A is required to be signed, upon return of the student, verifying that the first treatment has been carried out.
  - ⇒ 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 speak to their health care provider as a different product may be necessary
  - ⇒ 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 Form 318B Notice to Parents Regarding Head Lice in Your Child's 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, Form 318B Notice to Parents Regarding Head Lice in Your Child's 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, Form 318C Notice to Parents Regarding Head Lice in Your Child's 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.

### ***Records***

1. Principals are advised to retain on file (separate from the O.S.R.) copies of the verification letters.
2. Records should be retained for a period of one year.

### ***Role of the Health Unit***

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 resources by contacting the appropriate Health Unit:

- ⇒ Information regarding the management and treatment of head lice
- ⇒ See Appendix C for further Health Unit materials

### ***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.

# Head Lice: A Nit-Pickin' Nuisance

## Facts about head lice

- Head lice pose no health risk; they are only a common nuisance.
- Head lice are spread by head-to-head contact with someone who has lice.
- Lice can also be spread by sharing personal items that are likely to come in contact with the scalp, such as headwear, scarves, towels, bedding, helmets and hair brushes.
- Getting head lice has nothing to do with cleanliness. Anyone can get head lice.
- Head lice spread quickly among children in child care programs, schools and recreational groups because of the close contact between children.
- Head lice cannot live on pets or animals, only on humans.
- Keeping hair short will not prevent head lice.
- It's possible to get head lice more than once.



## What are head lice?

- Head lice are tiny, brown insects about the size of a sesame seed (2mm to 4mm long) that live on the scalp. They cannot jump or fly, but can crawl quickly from one person's head to another.
- Adult lice live for 10 to 20 days on the head.
- The eggs (nits) are tiny, oval-shaped, yellowish-white specks that are firmly attached to the hair close to the scalp. The nits may also appear dark in colour.
- Nits hatch after 7 to 10 days. Baby lice are called nymphs.

## Checking for lice

- Check hair for nits and lice regularly and under good light (in front of a window or under a lamp). Part and lift strands of hair when checking, going from one side of the head to the other.
- Nits are usually found close to the scalp attached to the fine hair behind the ears, at the back of the neck and above the forehead. They may look like dandruff but will not flick off the hair. Live lice are usually found on the scalp or in the hair, but crawl very quickly and are hard to see.
- Head lice products **do not prevent** you from getting head lice. Use them only when you see lice or nits. Do not use these products on a routine basis!
- Check young school-aged children weekly for head lice; more often if there is an outbreak.

## What do I do if someone in my family has head lice?

If your child has head lice, tell the school or child care centre right away. They can tell other families to watch for and treat any lice that may appear. Everyone in the house with lice will need to be treated at the same time.



## How do I treat head lice?

Consult your healthcare provider or pharmacist regarding treatment of:

- children under the age of 2
- pregnant or breastfeeding women
- anyone with a skin irritation on the scalp
- anyone with a seizure disorder
- anyone with allergies
- lice or nits on the eyebrows, eyelashes or facial hair.



*Head lice magnified on a comb*

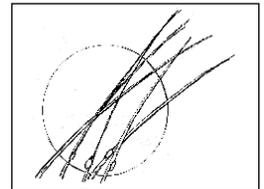
**Do not use** flea control products, turpentine, paint thinner, kerosene, etc.

### Treatment

- Treat head lice right away.
- Ask your pharmacist to suggest an effective treatment product. Check for ingredients that may trigger allergies.
- Follow the product instructions very carefully.
- Since no treatment product kills all the nits, we recommend that you remove all nits after each treatment.
- If you see live, active lice 8-12 hours after treatment, contact your healthcare provider or pharmacist. A different treatment product may be needed.
- Treat again with the head lice product in 7 to 10 days to prevent the lice from returning.
- Some treatment products are covered under the Ontario Drug Benefit Program – ask your healthcare provider or pharmacist.
- There is no evidence that home remedies or alternative products are effective in preventing or treating head lice.
- Continue to check for 2-3 weeks to be sure all lice and nits are gone.

## How do I remove all the nits?

- Sit under a bright light or by a window.
- Let your child watch television or a video/DVD, or read a book to keep busy.
- Nits are usually attached to the hair shaft, close to the scalp.
- Look for nits by parting the hair in small sections, going from one side of the head to the other.
- Remove nits by using your thumbnail against your first finger to grab the nit and slide it along the entire length of the hair shaft. A fine tooth comb may also be useful in removing nits.
- Place nits in a plastic bag. When you are done, seal or tie up the bag and throw away.
- Removing nits can be frustrating work, so be patient. Take breaks often, especially with young children.



*Magnification of nits*

## Cleaning personal items

- Washing combs, brushes, headwear, pillow cases and towels in hot water will help remove lice. The heat of the water or the hot cycle of your clothes dryer will kill any live lice and nits.
- Excessive house cleaning is not needed. Do not use insecticide sprays.

***Remember, anyone can get head lice. Be sensitive to your child's feelings.***

**For more information about head lice check out these websites:**

Perth District Health Unit – [www.pdhu.on.ca](http://www.pdhu.on.ca)

Huron County Health Unit – [www.huronhealthunit.com](http://www.huronhealthunit.com)

Canadian Paediatric Society – [www.caringforkids.cps.ca](http://www.caringforkids.cps.ca)

Center for Disease Control and Prevention – [www.cdc.gov/](http://www.cdc.gov/)

**For more information, call Health Line at the Perth District Health Unit**

**519-271-7600 ext. 267 or toll-free at 1-877-271-7348 ext. 267**

**OR the School Health Team at the Huron County Health Unit 519-482-3416 or 1-877-837-6143**



REVISED MAY 2014

## **Head Lice References**

### **Perth District Health Unit**

Website: [www.pdhu.on.ca](http://www.pdhu.on.ca)

On line resources

Pathway: For Professionals – Educators – Head Lice

- PowerPoint Presentation: Head Lice
- Fact Sheet: Head Lice: A Nit – Pickin’ Nuisance

Pathway: Topics A- Z – Head Lice

- Fact Sheet: Head Lice: A Nit – Pickin’ Nuisance
- Links to external sources of information

### **Health Line:**

Information and consultation available from a Public Health Nurse for Perth County educators and parents:

Monday – Friday 8:30 – 4:30

Call Health Line at 519-271-7600 ext. 267 or toll free 1-877-271- 7348 ext. 267

### **Huron County Health Unit**

Website: [www.huronhealthunit.com](http://www.huronhealthunit.com)

Online resources:

Pathway: For Professionals/Educator and Daycare Workers

Or Child Health / School Age 3-12/Head Lice

- PowerPoint Presentation: Head Lice
- Fact Sheet: Head Lice: A Nit – Pickin’ Nuisance
- Instructional video showing lice/nit removal process
- Links to external sources of information

### **School Health Team – Huron County Health Unit**

- Access to a health care professional to answer questions/offer suggestions about treatment/management. Available to Huron County educators and parents. Call the School Health Team at 519-482-3416 or toll free at 1-877-837-6143.

### **External Links and References:**

Canadian Paediatric Society “Head Lice Infestations: A Clinical Update” – [www.cps.ca](http://www.cps.ca)

Canadian Paediatric Society: Fact Sheet “Caring for Kids – Head Lice” – [www.caringforkids.cps.ca](http://www.caringforkids.cps.ca)

Center for Disease Control and Prevention – [www.cdc.gov/](http://www.cdc.gov/)

Motherisk: [www.motherisk.org](http://www.motherisk.org) or call 1-877-439-2744 for information regarding using medications while pregnant or breastfeeding

Telehealth Ontario: 1-866-797-0000 for 24 hours a day / 7 days per week access to a Registered Nurse