

Head Lice Protocol

Head lice is a common concern worldwide and is not indicative of health hazard or poor hygiene. A head lice infestation is **not** a communicable disease, and no health risks have been associated with head lice. **The DCSD will not exclude students for active infestation or when nits remain after appropriate lice treatment.** Exclusion from school adversely affects students emotionally, socially, and academically.

Prevention and Control

Head lice are spread by direct head-to-head (hair-to-hair) contact. Head lice cannot jump or fly. However much less frequently they are spread by sharing belongings that lice or nits on shed hairs may have fallen. Head lice survive less than 1-2 days if they fall off a person and cannot feed on human blood.

Prevention in the school setting by the below methods is the best way to reduce the prevalence of head lice:

- Educate staff, parents, and students on ways to prevent head lice.
- Keep mats, pillows and belongings separated.
- Avoid stacking/piling or hanging coats on top of each other.
- Encourage students to keep hats and scarves in their coat sleeves.
- Remind students not to share combs, brushes, scrunchies, barrettes, hats, and scarves.
- Avoid sharing earphones and helmets.
- Watch for signs i.e.: frequent head scratching and refer to the health office if needed.
- Dogs, cats, and other pets do not play a role in the spread of head lice.

Detection/Screening

The health office will complete a lice screening on a student that has been identified as exhibiting signs of an active infestation (i.e. itching of head, sores around scalp/hairline). Treatment should only be recommended if one live louse is found.

If live lice/louse is found, the health office will call the parent/guardian and notify them of the infestation and recommend treatment. DCSD Lice paperwork will be sent home with the child after review over the phone. The child will return to the classroom setting and will not be excluded from school.

Parents/guardians will be the only individuals notified that a student has an active case of headlice. Overcommunicating cases of headlice is not only a confidentiality concern, but it often causes others to unnecessarily treat for headlice when live lice are not present. This contributes to resistance to OTC treatment and psychological stress that is not necessary. Classroom letters of notification will no longer be sent.

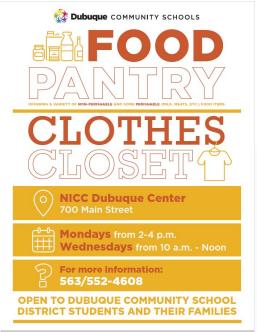


Treatment

Since head lice is not a communicable disease and does not pose a health threat to other students, the district cannot mandate a student be treated before returning to school. Parents/guardians have the right to determine which method of treatment is most appropriate for the student. The DCSD parent/guardian handout will be sent home with the student as a recommendation and the school nurse and/or designee will serve as a resource. If a parent/guardian is not treating the headlice and the infestation is creating other health concerns, follow appropriate reporting procedures.

If a parent/guardian identifies financial concerns about obtaining lice treatment, refer to the DCSD Food/Clothing pantry via the below process.

- You may request a supply of lice kits for your health office or a kit as needed for a specific student from the pantry via notifying Mary Martin by e-mail <u>mamartin@dbqschools.org</u>.
 - a. You may also send the family directly to the food/clothing pantry located at NICC Dubuque Center 700 Main Street in Dubuque, IA hours are listed below.
- 2. When you are giving a student a kit provided by the food pantry, please fill out the form for inventory tracking via the QR code below.
 - a. Question number 9 for what you are receiving today will be "other".
 - b. Question number 10 Are you receiving other items will be "yes".
 - c. A list of other items will display, please check on the option "lice kits".





DCSD Food Pantry Data (office.com)



Retreatment

If a live louse is found within 3 weeks of treatment for head lice, the health office should review with the parent/guardian the treatment utilized. Many over the counter headlice treatments require a retreatment as a part of the final treatment process.

Often treatments are not completed entirely, or the entire directions recommended are not followed leading to reoccurrence. If it appears that the family has properly treated the student and other issues (infested family members, etc) have been ruled out, the student may need further evaluation. Due to lice "super bugs" being prevalent in many communities, it may require a prescription treatment and the student should be evaluated by a provider to determine next steps.