

Christ the Teacher Catholic Schools

ADMINISTRATIVE PROCEDURES

SECTION: 300 - STUDENTS

CODE: AP 316

PROCEDURE: HEAD LICE (PEDICULOSIS)

BACKGROUND

The Division recognizes the importance of communication and cooperation among home, school and health agencies to ensure students have a healthy learning environment, particularly with respect to managing head lice outbreaks in school settings. The Division recognizes that issues and procedures related to pediculosis must be dealt with in a sensitive and knowledgeable manner.

PROCEDURES

1. It is important to remember that pediculosis is not a health issue, nor is it a communicable disease. Therefore, sending a student home or refusing to admit a student is a decision that must include consideration about the child's self-esteem and social relations with other students.
2. Whenever possible, if a child has been identified with head lice, the parents/guardians shall be notified and the child treated immediately. It is not necessary to remove a student from regular classes immediately after detection of head lice, but activities where head-to-head contact is possible are to be minimized. Parents/guardians may wish to keep their infected child home until treatment is completed, but medical evidence does not require excluding the student from school.
3. A protocol for treatment (AP 316 Appendix – Head Lice Counselling Guidelines) shall be provided to the parents/guardians. Additional copies could be given to the parents/guardians for circulation to the child's immediate contacts, i.e., neighbours, relatives and friends.
4. Screening of classmates and staff in contact with the identified student is a task that may be carried out by trained volunteers. School public health nurses from the health region are available to provide training to volunteers (staff and parents/guardians) on head lice, screening and treatment. Screening is to be conducted in a manner and at a location that respects the student's right to privacy.
5. Parents/guardians of all students in the classroom shall be notified that there is an outbreak of head lice in the classroom and that they are to inspect all family members for any appearance of head lice. Such notification is to be accompanied by a copy of AP 316 Appendix – Head Lice Counselling Guidelines.

6. It appears that the prolonged incidents at any school are largely attributed to individual children re-infestating themselves and then infestating classmates. A strong recommendation would be to conduct head checks on re-entry. If lice are still present, or if there are eggs located on hair shafts close to the scalp the Principal has the right to send the child home, requesting parents to either apply the special treatment if they have not done so, or to spend time removing the eggs by hand. Also, parents are to be reminded not only to apply the second treatment seven (7) to ten (10) days after the first application but to conduct daily head checks of the entire family between the two treatments and then on a weekly basis thereafter. Students may attend school between these two treatments as long as a head check at school does not reveal a situation that needs immediate attention.
7. For students repeatedly identified with head lice, a volunteer may recheck weekly until the head is clear. Parents/guardians will be informed of the need for rechecking.
8. In the case of recurring problems, schools are to contact the local public nurse for assistance.

Reference: Sections 85, 87, 108, 109, 175, 188, 190, 231 Education Act

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